

Promoting Science-Based Approaches to Teen Pregnancy Prevention

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Abstract

Background: Hawai'i ranks 12th in the nation for teen pregnancy prevalence. Native Hawaiian and Pacific Islanders demonstrate a disproportionate share of teen pregnancies, accounting for more than 60% of the total teen births. Local organizations lacked the organizational capacity and funding to conduct needs assessments, select appropriate interventions, or evaluate results of teen pregnancy prevention programs. Youth workers had little knowledge of science-based programs and often believe that programs developed elsewhere will not work in Hawai'i.

Purpose: To address these issues, the Hawai'i Youth Services Network (HYSN) has worked with Hawai'i-based organizations since 2005 to build organizational capacity to select, implement and evaluate science-based approaches to teen pregnancy prevention.

Approaches: HYSN helps organizations assess community needs, develop goals and objectives, assess programs for community fit, make culturally appropriate adaptations to curricula, and implement, evaluate, and sustain their efforts. HYSN also provides intensive training and customized technical assistance, develops peer support, and identifies and removes barriers for organizations that want to offer more effective programs.

Findings: At the beginning of the project, few, if any, Hawai'i organizations were using science-based programs, and none were conducting evaluation. After two years, at least eight organizations have selected and implemented science-based curricula aimed at preventing teen pregnancy, and we are evaluating the effectiveness with Hawaiian, Pacific Islands, and Asian youth.

Discussion: This project demonstrates the critical importance of building peer support and offering ongoing training and technical assistance to build capacity to implement effective programs for the prevention of teen pregnancy.

Background

Hawai'i has the 12th highest rate of teen pregnancies in the United States.¹ Native Hawaiians and Pacific Islanders experience the greatest risk for teen pregnancy, accounting for more than 60% of the total births to mothers under age eighteen in 2005.² According to the 2006 Guttmacher Institute report, publicly funded family planning clinics serve only 15% of eligible women and girls. Hawai'i ranked 47th in availability of and 50th in the amount of public funding for family planning services.³ Mothers who have a baby in their teens are less likely to complete high school; have lower rates of labor force participation, lower earning, and less prestigious jobs with fewer opportunities for career advancement; and are at high risk of poverty and welfare dependence throughout life.⁴ Hawai'i's teen births cost taxpayers \$22 million per year.⁵

Efforts to prevent teen pregnancy in Hawai'i have been inadequately funded since the mid-1990's when an economic downturn forced the State of Hawaii to reduce funding for many health and social service programs. Many teens did not have access to pregnancy-prevention education programs as many schools did not offer reproductive health education opportunities, and the few programs that existed in Hawai'i had not been proven through rigorous evaluation to be effective.

Twenty-six programs have been proven effective by rigorous evaluation that demonstrated that the program led to at least two positive behavior changes among program youth, relative to controls, such as:

- Postponement or delay of sexual initiation;
- Reduction in the frequency of sexual intercourse;
- Reduction in the number of sexual partners / increase in monogamy;
- Increase in the use, or consistency of use, of effective methods of contraception and/or condoms;
- Reduction in the incidence of unprotected sex.

or:

- Showed effectiveness in reducing rates of pregnancy, STIs, or HIV in intervention youth, relative to controls.

¹Hawai'i Youth Services Network

These include programs that are school-based (example – Reducing the Risk), community-based (example – Be Proud Be Responsible), and clinic-based (example-Project Safe). They vary in terms of the number and length of sessions, target populations (e.g., inner city African-American youth), age of participants, and activities. None are specifically designed for or have been tested extensively with Asian and Pacific Islander youth.⁶⁻⁷

To begin to address this problem, the Hawai'i Youth Services Network (HYSN) applied for and received a 5-year Promoting Science-Based Approaches (PSBA) grant in 2005 from the Centers for Disease Control and Prevention (CDC). HYSN is a statewide coalition of more than 50 youth-serving organizations established in 1980. The goals of the PSBA project are to: 1) assist youth-serving organizations to select, implement, and evaluate a science-based approach to prevent teen pregnancies; 2) build the capacity of a 14-member statewide teen pregnancy prevention leadership team, called the Healthy Youth Hawai'i (HYH), created in 2005 to guide the project; and 3) disseminate information on science-based approaches to teen pregnancy prevention to youth workers and youth-serving organizations statewide. Elements of the scientific approach to programming include conducting needs assessment, selecting and adapting proven interventions to fit the population to be served, implementing programs with fidelity, and conducting evaluation to measure changes in knowledge, attitudes, and behavior of the population served.

HYSN is using a culturally competent approach that emphasizes peer support as well as identification and alleviation of barriers to establish norms that support science-based practices. The needs assessment conducted at the beginning of the 5-year program determined that participating organizations lacked capacity to conduct needs assessments, select and implement appropriate science-based approaches, and evaluate their results. They specifically wanted:

- Assessment tools to assess teen pregnancy prevention needs and identify strategies for using the data for planning.
- Technical assistance and training to identify science-based curricula, determining which approach or curriculum would be a good fit for the youth with whom they work, and making culturally competent adaptations that did not alter or eliminate the key components that made the curriculum effective in preventing teen pregnancies.
- Adequate funds to purchase curricula and supplies.

- Training for staff and volunteers in the science-based teen pregnancy prevention curricula and development of more locally trained expertise as the cost of out-of-state training was prohibitive for most agencies.
- Technical assistance and training to culturally tailor curricula and programs that are developed elsewhere. Organizations needed guidance to adapt materials to fit Hawai'i's unique cultural and ethnic mix, while maintaining fidelity with critical elements that made the approach effective in preventing pregnancy.
- Resources (both financial and people) to conduct process and outcome evaluations and applying the results to fine tune and improve their programs.

Method

In this section, we outline the activities we have undertaken toward our goals: 1) assisting organizations to select, implement, and evaluate science-based approaches; 2) building leadership in teen pregnancy prevention; and 3) disseminating information.

Assisting Organizations

HYSN began by identifying organizations that were providing services in communities with high teen pregnancy rates or working with youth populations at high risk for teen pregnancy (e.g., Native Hawaiians) and offered to work intensively with them over a 5-year period. These organizations were willing to select, implement, and evaluate a science-based approach or curriculum, to accept intensive assistance from project staff and consultants, and comply with CDC project requirements Hawai'i (Table 1).

Table 1. Criteria for Selecting Curricula for Promoting Science-Based Approaches (PSBA) Project.

Organization's goals and objectives
Demonstrated effectiveness with similar populations
Appropriate for setting (e.g., school-based, community-based)
Fits agency's time frame (e.g., number of sessions, length of sessions)
Selected organization's staff competencies and comfort level with approach
Ability to implement (or adapt if needed) with fidelity
Cost effectiveness
Addresses identified risk and protective factors

HYSN then worked with our leadership team, Healthy Youth Hawaii (HYH), to develop criteria for selecting curricula to use their youth audience. The group sought curricula for young people in grades 7-12 that could be used in a school-based or community setting. Desired characteristics for the curricula were: 1) total curriculum length preferably 10 hours or less; 2) activities and lessons that could fit within a 45-60-minute classroom or after-school instruction period; 3) a high level of interactivity; 4) appropriateness for Polynesian and Asian youth; 5) emphasizing abstinence as the preferred choice for pregnancy prevention while covering alternatives for those youth who become sexually active; and 6) addressing decision making and communication skills.

Participants reviewed three programs, Making Proud Choices, Reducing the Risk, and Teen Outreach Program. Making Proud Choices, developed in Pennsylvania by John Jemmott III, PhD and Loretta Sweet Jemmott, PhD, was the initial curriculum selected and implemented by most project participants. It can be presented in only 8 sessions, works with the full range of age groups, and is easy for facilitators/health educators to learn to use. Although not designed for or evaluated with Asians and Pacific Islanders, potential adopters felt it would need minimal adaptation for use with the populations they served and were committed to conducting evaluation to determine its effectiveness with this population. The other 2 programs require a much greater time commitment; for example, Reducing the Risk has 18 sessions.

In December 2006, HYSN sponsored its first training of trainers on Making Proud Choices. To address concerns about cultural competence while assuring that users retained elements critical for success, HYSN invited all potential users to an adaptation session where all parties came to agreement on what adaptations were necessary. The main changes were in role plays—changing names of characters, settings, and language—to make them more familiar, such as changing slang terms to Hawaiian pidgin. A Hawaiian language-immersion charter school was the first to begin implementation of the curriculum in late January 2007.

Later in 2007, HYSN offered training on the Teen Outreach Program, developed by the Wyman Center in St. Louis, Missouri. Several organizations are planning, but have not yet started, to implement this program, which features a strong service learning component. One organization is now using Reducing the Risk.

During the initial trials of these curricula in Hawai'i, project staff maintained regular contact via telephone, e-mail, and on-site visits. For example, HYSN staff co-facilitated the initial use of the pregnancy prevention curriculum and met with workers after pregnancy curriculum sessions to identify what worked and what didn't and why. To address financial limitations of organizations, HYSN purchased curricula and videos for users, provided funds to laminate posters for durability, and purchased student supplies where needed.

HYSN also worked with partners to address community and school concerns about the use of a comprehensive pregnancy prevention curriculum. For example, at one school, administrators refused to allow students to practice putting condoms on wooden models. HYSN and the partner organization's staff met with school administrators to discuss why that part of the curriculum was essential for success, and the school is now allowing the full curriculum to be used. At several schools, parent meetings are held to inform and share with parents the material that would be used with their children. This has helped to alleviate parent concerns about sexual content.

Our findings showed that "adopters," or organizations that implemented curricula, wanted to know if their pregnancy prevention efforts were effective, but they lacked skill and resources to conduct a formal evaluation. HYSN's evaluator designed pre- and post-tests and follow-up surveys for use by all adopters, trained health educators on how to use the materials, and analyzed data. At the same time, workshops were offered and individual assistance was provided to our intensive partner agencies. As users become more skilled and accustomed to conducting evaluations, we anticipate that evaluation of programs will become a routine part of program development and agencies will take more responsibility for this.

Building Leadership in Teen Pregnancy Prevention

In July 2006, HYSN convened a teen pregnancy prevention leadership team, known as Healthy Youth Hawai'i (HYH). Members represent entities providing services, advocacy, or government leadership in teen pregnancy. As HYH members, they agreed to incorporate science-based approaches or programs in his/her teen pregnancy prevention work; promote science-based approaches among his/her peers; and help HYSN meet the requirements of the CDC cooperative agreement. The composition of this group reflects Hawai'i's ethnic, gender, cultural diversity and represents all geographic areas of Hawai'i. Several, but not all, of the members are representatives from organizations receiving intensive assistance (Table 2).

Table 2. Healthy Youth Hawai'i (HYH)teen pregnancy prevention leadership team composition.

Participating organizations and individuals	Receiving intensive assistance	HYH member	Adopted science-based approach	Promotes science-based approaches	Trains others
Planned Parenthood of Hawai'i	X	X	X	X	X
Ka Hale Ola Makamae	X	X	X	X	
Child and Family Service		X		X	
Parents and Children Together	X	X	X	X	
Bay Clinic	X	X	X	X	X
Catholic Charities Hawai'i	X				
Hawai'i Department of Education		X		X	
Hawai'i State Dept. of Health		X		X	
Healthy Mothers Healthy Babies Coalition of Hawai'i		X		X	X
Hale Kipa	X	X	X	X	
Kokua Kalihi Valley	X	X	X	X	
Kalihi YMCA		X		X	
Kauai Rural Health Association		X		X	
Waimanalo Health Center	X		X		
Tia Robert, Social Work Student		X	X*	X	X

*Used science-based curriculum in former job before entering graduate program.

With assistance from facilitators, the group established its name (HYH), wrote its mission (Table 3), adopted a set of common values, and developed a work plan. At quarterly meetings, members review progress toward accomplishing tasks in the work plan. For example, as noted above, this group developed criteria for curriculum selection, reviewed science-based teen pregnancy curricula, and worked with HYSN staff to identify and test culturally appropriate adaptations for Making Proud Choices. Most HYH members that work directly with youth have implemented a science-based curriculum or are in the process of selecting a curriculum, and all are actively promoting science-based approaches among their peers. Several HYH members also have become trainers of trainers. Finally, HYH members identified barriers related to talking to teens and educators about sex, and thus designed two workshops: 1) "Avoiding the Giggles and Wide-Eyed Stares," on how to talk about sex with youth and 2) "Sex Education 101 for Educators," an introduction to puberty and contraception.

Table 3. Hawai'i Youth Services Network Mission Statement.

"Creating networks and promoting effective programs for Hawai'i's youth that support healthy and informed choices."

We Believe...

Youth are a vital part of our community and should have a voice in making decisions that affect their lives

In promoting, implementing, and evaluating effective, science-based, culturally competent pregnancy prevention programs for Hawai'i's youth.

Youth, when informed, educated, and empowered will make healthy choices regarding sexual expression.

Responsibility goes hand in hand with honoring sexuality as part of the natural human experience

It is important to respect the diversity of values and beliefs about human sexuality and reproductive health.

Each community member can have a positive influence on social norms that affect teen sexual health.

Every community member deserves access to accurate and complete reproductive health information and care.

Teen pregnancy prevention efforts need to be holistic and address multiple risk and protective factors.

Through our leadership work, we can help support agencies and communities to make a difference in the lives of young people.

HYSN has established incentives for participating in HYH that are greatly valued by members and designed to further the project goals. Incentives include funds to attend out-of-state training programs or conferences, for which their respective organizations have little if any funding. Since many of the out-of-state training programs are designed as training of trainers, this practice helps to develop a pool of skilled trainers in Hawai'i. Also, quarterly HYH meeting includes training customized to meet the needs of members. For example, when members questioned why some pregnancy prevention curricula were identified as "promising" rather than "science based," HYSN conducted training in which participants reviewed evaluation reports for several promising curricula and identified flaws in the evaluation methodology or conclusions.

Dissemination of Information

HYSN disseminates information on science-based approaches to teen pregnancy prevention broadly through a wide variety of venues. This includes an e-mail listserv with 250 members who receive information weekly on research and best practices, funding and training opportunities, and other useful data. To build the listserv, HYSN sent invitations to its member organization staff; individuals from the non-profit, government, and faith-based sectors who had participated in previous HYSN-sponsored training and networking programs; and members of the Teen Pregnancy, Prevention, and Parenting Council. The listserv has continued to grow as HYSN teen pregnancy prevention work has become known throughout the state.

HYSN also seeks opportunities to share information through media coverage, newsletter articles, and informal networking at meetings or conferences. This is a low intensity effort, involving no more than twenty percent of project resources.

Findings and Accomplishments 2005-2008

HYSN has gained widespread acceptance for science-based teen pregnancy prevention programs in its first three years and garnered national recognition for its work in making culturally appropriate adaptations to pregnancy prevention programs and materials. Eight of its partner organizations are offering a science-based pregnancy prevention program to teens in school and community settings. HYSN has begun to identify what works in pregnancy prevention with Asian and Pacific Islander youth in Hawai'i and has shared its evaluation data with the CDC and other national organizations. In 2008, HYSN created a culturally competent HIV prevention video. Specific accomplishments are discussed below.

Adoption of Science-Based Curricula

Eight organizations on three islands have selected, implemented with fidelity, and are evaluating a science-based curriculum with initial training and ongoing support and encouragement provided by HYSN. Two curricula are in use in public and charter schools, after-school youth development programs, and residential care settings. All are conducting pre- and post-tests and expect to do follow-up surveys to track changes in knowledge, attitudes, and behavior. More than 100 youth workers, health educators and teachers from additional organizations have participated in training in either Making Proud Choices or Teen Outreach Program (See Table 2).

Finding Out What Works with Asian and Pacific Island Populations

Research on what is effective in preventing teen pregnancy has largely ignored Asian, Native Hawaiian and Pacific Island populations. Because all adopters are conducting evaluation of their efforts and more than 1,000 youth have participated to date, thus creating an adequate sample size, this project provides opportunities to find out what really works with these often overlooked minorities. Initial post-intervention data show substantial increases in knowledge and changes in attitudes about teen pregnancy and sexually-transmitted infection prevention that was sustained in the 3-month follow-up survey. A sampling of evaluation data is shown in the following chart.

Developing Leadership in Pregnancy Prevention

The influence of dynamic leadership is critical in establishing social norms that influence attitudes and policies related to adolescent reproductive health. The individuals invited to form HYH were selected because they were already recognized as leaders in teen pregnancy prevention. HYSN has helped these individuals to form a cohesive group with common goals and values, while enhancing and building skills in such areas as managing controversy, group facilitation, and planning.

Increasing Local Training Capacity

HYSN is establishing a cadre of skilled local trainers on topics specifically related to teen pregnancy prevention (e.g., trainers on specific pregnancy prevention curricula) as well as the skills needed for thorough needs assessment, planning, and evaluation of programs. Whenever possible, HYSN conducts training of trainers. It has invested in out-of-state training for five HYH members who, in turn, are training others. HYH members have already contributed approximately 100 hours of training to the project, e.g. on Making Proud Choices, logic modeling, evaluation, "Avoiding the Giggles and Wide-Eyed Stares," and "Sex Ed 101 for Educators."

Developing Culturally Appropriate Materials

In 2008, HYSN partnered with Hawai'i Student Television (HSTV) to create a DVD on HIV prevention designed specifically for Hawai'i's unique ethnic and cultural mix. *You Cannot Get HIV Ladatt* featured ordinary activities (hula class), multi-ethnic characters, familiar settings (school, tattoo shop), appropriate clothing (rubber slippers), and local speech patterns and dialect. It addressed risk factors specific to the culture. For example, IV drug use is not common among Hawaii teens, but tattooing is common. The video debuted in July 2008 and HYSN has begun to evaluate the impact with youth.

Table 4. Making Proud Choices Pre-Post Test — All Reporting Schools Fall 2007 and Spring 2008

Total Gender: 341 Female, 346 Male, 1 other
 Age/Grade: 64 (9%) High School (shaded in gray in table) and 624 (91%) Middle School Students
 Total Ethnicity: 333 (48%) Native Hawaiian/Pacific Islander; 205 (30%) Asian; 77 (11%) Caucasian, 73 (11%) Other

	<i>% with correct answer pretest/posttest</i>						
	<i>Moloka'i HS (n=15)</i>	<i>Baldwin HS (n=49)</i>	<i>Wash MS F07 (n=115)</i>	<i>Wash MS S08 (n=120)</i>	<i>PACT after-MS (n=6)</i>	<i>Ilima MS F07 (n=187)</i>	<i>Ilima MS S08 (n=196)</i>
1. A girl can get pregnant the first time she has sex, even if she hasn't had her first period yet.	Pre=20 Post=100	Pre=33 Post=86	Pre=20 Post=54	Pre=28 Post=74	Pre=17 Post=100	Pre=30 Post=57	Pre=31 Post=64
2. Becoming a teen parent makes you an adult.	Pre=73 Post=100	Pre=79 Post=76	Pre=70 Post=77	Pre=73 Post=97	Pre=50 Post=100	Pre=66 Post=72	Pre=66 Post=76
3. When a boy and a girl have a baby together, it means that they will be in love forever.	Pre=93 Post=100	Pre=98 Post=98	Pre=90 Post=93	Pre=85 Post=90	Pre=100 Post=100	Pre=86 Post=93	Pre=88 Post=93
4. If you feel uncomfortable with the way someone is touching you, you have the right to say "no."	Pre=87 Post=100	Pre=98 Post=100	Pre=97 Post=97	Pre=93 Post=96	Pre=100 Post=100	Pre=98 Post=98	Pre=98 Post=99
5. Boys should worry about teen pregnancy, even though they can't get pregnant.	Pre=93 Post=100	Pre=96 Post=96	Pre=86 Post=91	Pre=78 Post=88	Pre=83 Post=100	Pre=76 Post=91	Pre=78 Post=93
6. Being a teen parent can be hard and can cost a lot of money.	Pre=100 Post=100	Pre=98 Post=98	Pre=97 Post=98	Pre=87 Post=93	Pre=50 Post=100	Pre=80 Post=90	Pre=87 Post=97
7. Being a teen parent makes it harder to reach your goals.	Pre=93 Post=100	Pre=98 Post=100	Pre=95 Post=98	Pre=91 Post=98	Pre=50 Post=100	Pre=96 Post=94	Pre=83 Post=96
8. Because teen girls' bodies are still growing, having a baby can be harder on the body.	Pre=87 Post=100	Pre=76 Post=90	Pre=77 Post=87	Pre=63 Post=88	Pre=50 Post=67	Pre=56 Post=74	Pre=62 Post=85
9. I know where to get or buy condoms.	Pre=80 Post=100	Pre=86 Post=98	Pre=37 Post=88	Pre=53 Post=89	Pre=17 Post=100	Pre=48 Post=86	Pre=60 Post=97
10. I know how to put on a condom correctly.	Pre=10 Post=100	Pre=53 Post=94	Pre=15 Post=96	Pre=18 Post=93	Pre=0 Post=100	Pre=16 Post=80	Pre=21 Post=99
11. If I don't use condoms or birth control, I have a higher chance of getting pregnant or getting a girl pregnant.	Pre=100 Post=100	Pre=98 Post=96	Pre=76 Post=95	Pre=74 Post=90	Pre=67 Post=100	Pre=78 Post=91	Pre=84 Post=97
12. If I don't use condoms, I have a higher chance of getting an STD, including HIV and AIDS.	Pre=100 Post=100	Pre=98 Post=98	Pre=70 Post=97	Pre=73 Post=95	Pre=50 Post=100	Pre=72 Post=98	Pre=70 Post=99

Awards

In September 2008, the US Centers for Disease Control recognized HYSN capacity building work in teen pregnancy prevention with the Horizon Award for Excellence in Health Education. The video, *You Cannot*

Get HIV Ladatt, was a winner in the Annual Creativity Awards, an international student video competition.

Hawai'i Next Steps 2009 and Beyond

While sustaining and expanding the initiatives described above, in the next two years HYSN will

expand its reach to include Micronesia Youth Service Network members in the outer Pacific Islands, work to include involve youth in pregnancy prevention efforts, and plan for sustainability. Increased funding for training, technical assistance, and evaluation received in 2008 will enable HYSN to provide intensive support to eight to ten additional organizations that want to implement a science-based teen pregnancy prevention program, build a stronger partnership with the State Department of Education, and conduct more comprehensive evaluation.

HYSN staff will conduct training on program planning, science-based approaches to teen pregnancy and STI prevention, and an overview of science-based programs at the 2009 Micronesia Youth Services Network conference. Staff will make follow-up site visits to two Pacific Island organizations that decide to implement a science-based pregnancy prevention program.

HYSN and HYH members plan to establish a youth group that will promote teen pregnancy and STD prevention with their peers, families, schools, communities, and public policy makers. Youth that participate in the project will have opportunities to develop leadership and advocacy skills, conduct needs assessments, set goals, develop strategic plans, and create marketing campaigns.

HYSN will evaluate the effectiveness of its HIV video through focus groups, feedback from users, and comparison of pre/post-tests and follow-up surveys prior to and after inclusion of *You Cannot Get HIV Ladatt*. HYSN will also review other video and print materials in use in pregnancy prevention programs to identify needs for additional adaptations to improve effectiveness with Hawai'i adolescents.

HYH members have begun discussion of sustainability options in the event that CDC support does not continue past this 5-year period or to fund projects that are beyond the scope of the Promoting Science-Based Approaches Project. For example, the group has begun discussion with senior staff at Aloha United Way about possible financial support.

Discussion

HYSN's approach to organizational capacity building features several key elements that were critical to success: building relationships and trust, removing barriers, ensuring that interventions are culturally competent, and providing ongoing support and encouragement after initial training and implementation.

Without trusting relationships, our messages about the importance of using a science-based approach to teen pregnancy prevention would not have been heard and believed. It was equally important for HYSN to address barriers such as lack of training or funding to

purchase curricula and supplies, the lack of curricula tailored for Hawai'i's unique ethnic and cultural mix, and the lack of locally-based trainers. Guiding adopters in identifying appropriate adaptations without eliminating elements critical to desired outcomes was an important step in gaining buy-in and implementation with fidelity.

Finally, we know that ongoing support and technical assistance is important for successful and sustained implementation. Workers may become discouraged if supports are not available when problems arise. With ongoing monitoring and support, fidelity to essential elements is more likely to occur, leading to more effective outcomes for youth at risk of pregnancy.

Key factors to HYSN's success to teen pregnancy prevention capacity building include:

1. Listen to what service providers and community members have to tell you about their needs, goals, resources, and capacities. Remember and respect their expertise. Do not assume that you know what is needed.
2. Recognize that each individual and organization is unique. You may need to adapt your methods to fit the organization and community.
3. Take time to build trusting relationships. If people do not know and respect you, they will be less willing to accept what you have to offer. Especially in minority communities, many people are wary of outsiders offering "help."
4. Adopt a barrier-removal approach. Determine what is keeping individuals and organizations adopting the desired approach or program and figure out what you and others can do to address it. Be flexible and willing to adapt to address perceived needs and barriers. Avoid the words, "We've always done it this way,"
5. Avoid developing dependency on your expertise. Encourage participants to build their own skills and help them develop the skills to train others. Make sure that participants are capable of sustaining their efforts after you have moved on.
6. Build peer support systems.

The effectiveness of HYSN's approach to organizational capacity building for teen pregnancy prevention is demonstrated by the number of organizations that have successfully adopted and are sustaining science-based approaches, and evaluation findings that demonstrate positive changes in knowledge, attitudes, and behavior among participating teens. Equally important is the positive feedback from organizations and individuals that have received intensive training and technical assistance from HYSN. In closing we would like to share a comment from one of our partners in this project.