

# The Role of Policy Advocacy in Assuring Comprehensive Family Life Education in California

Claire D. Brindis, DrPH  
Sara P. Geierstanger, MPH  
Adrienne Faxio

As part of their 10-year \$60 million Teenage Pregnancy Prevention Initiative, The California Wellness Foundation funded 18 state and local organizations to conduct policy advocacy to strengthen teen pregnancy prevention policies. This article describes how some of these grantees accomplished noteworthy goals, including the passage of the California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act (SB71), the prevention of the state's pursuit of federal "abstinence-only-until-marriage" funding, and the passage of a local school district FLE policy. Grantee progress is presented through a five-stage policy change framework: Institutional Capacity and Leadership Building, Policy Issue Recognition, Policy Prioritization, Policy Adoption, and Policy Maintenance. Implications are shared for advocates, policy makers, and funders who are developing initiatives aimed at improving the health of adolescents.

**Keywords:** *policy advocacy; adolescent pregnancy prevention; family life education; program evaluation*

Although national teenage birth rates have dropped dramatically over the past decade, the decline in California has been particularly significant. In 1991, California's rate was 72.9 births per 1,000 females ages 15 to 19, well above the national teen birth rate of 61.8. By 2004, the state's rate had dipped to a historic low of 38.1, well below the national rate of 41.2 (Hamilton, Joyce, & Venture, 2006). Multiple factors contributed to these declines. First, the number of 15 to 17 year olds who had sex declined from 37% in 1988 to 30% in 2002. Second, the proportion of sexually active 15 to 17 year olds who used a contraceptive method increased from 71% in 1995 to 83% in 2002 (Abma, Martinez, Mosher, &

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Claire D. Brindis, Sara P. Geierstanger, and Adrienne Faxio, Philip R. Lee Institute for Health Policy and the Bixby Center for Global Reproductive Health, University of California, San Francisco.

*Address correspondence to* Sara P. Geierstanger, Philip R. Lee Institute for Health Policy, University of California, San Francisco, 3333 California St., Ste. 265, San Francisco, CA 94118; phone (415) 476-0746; e-mail: Sara.Geierstanger@ucsf.edu.

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Dawson, 2004). Third, declines did not occur as a result of an increase in abortions. In fact, California documented a dramatic decline in teenage abortions—a 43% reduction between 1992 to 2000, from 63 to 36 per 1,000 for women ages 15 to 19, compared to a national 31% reduction (from 35 to 24; Alan Guttmacher Institute, 2006).

### **California's Strategies: Services and Educational Programs**

California's trends are a result of a confluence of local, state, and federal public and private financial and policy investments, reflecting the country's most comprehensive array of pregnancy prevention strategies. Strategies include increasing access to contraceptive information and services, as well as comprehensive family life education (FLE) that include both strong abstinence messages and information on contraceptives. Through California's Family PACT program, the numbers of sexually active teenagers receiving free contraceptive services has nearly doubled between 1996 and 2004 (Amaral et al., 2007). The availability of these services has occurred simultaneously with the documented reduction in the proportion of adolescents who are sexually active, substantiating research documenting that the availability of birth control services does not encourage earlier onset of sexual activity or increase the number of sexual partners (Kirby, 2007). This increase in family planning care has contributed to reducing California's teenage childbearing—approximately 25,000 pregnancies were averted among sexually active 15 to 19 year olds in 2002 (Amaral et al., 2007).

California law mandates that every school district have a publicly elected governing board, or school board, which is responsible for governing and managing local schools within the parameters of state and federal law. Together, with the school district administration, the school board is responsible for many local fiscal, personnel, instructional, and student-related policies. Consequently, although the State Department of Education mandates schools to provide HIV/AIDS education, it allows individual schools, local school boards, and districts to select the type of FLE curriculum implemented. In addition, the California's Department of Public Health, Office of Family Planning and their youth serving grantees provide FLE through diverse school and after-school programs and juvenile justice settings. Currently, there is no coordinated effort between education and health agencies in the provision of FLE at the local level. As a consequence, great variability in the type (if any provided), content, length, and timing of FLE exists across the state.

### **Advancing Policy: The Teenage Pregnancy Prevention Initiative**

Behind the scenes of the aforementioned multiprong programmatic strategies are policy advocacy efforts aimed at assuring that the policy environment continues to support and/or expand a strong, multifaceted teen pregnancy prevention strategy. These efforts are rarely considered when probing what has contributed to the state's decade-long teenage pregnancy reduction. As policy advocacy is not often funded by government agencies, the state has benefited from the role that the private sector has played. In 1996, The California Wellness Foundation (TCWF) initiated a 10-year, \$60 million Teenage Pregnancy Prevention Initiative with four components: (a) policy advocacy and public education, (b) research, (c) professional development and leadership recognition, and (d) community grants. Three critical strategies were adopted: raise policy makers' awareness of teen pregnancy as both an adolescent and an adult problem, fund advocacy efforts to increase the availability of FLE through schools and other settings, and increase adolescent access to contraceptive services.

Table 1. The California Wellness Foundations' Policy Advocacy Grantees With a Family Life Education Policy Focus

Name of Grantee	Project Description
CA Center for Civic Participation and Youth Development (CA Center)	Conduct annual training workshop for youth on policy advocacy strategies and teen pregnancy prevention
California Family Health Council (CFHC)	To expand the Youth Public Leadership Project (YPLP) to train youth in public policy advocacy
Camp Fire USA: Orange County Council (Camp Fire)	To implement Speak Out!, a program that trains and supports youth in teen pregnancy prevention policy advocacy
Youth Leadership Institute (YLI)	To provide teen pregnancy policy advocacy training to youth and facilitate youth-developed policy briefs
Teen Pregnancy Prevention Coalition of San Mateo County (TPPCSMC)	To provide support to youth to become advocates for policies requiring comprehensive sex education in their school districts

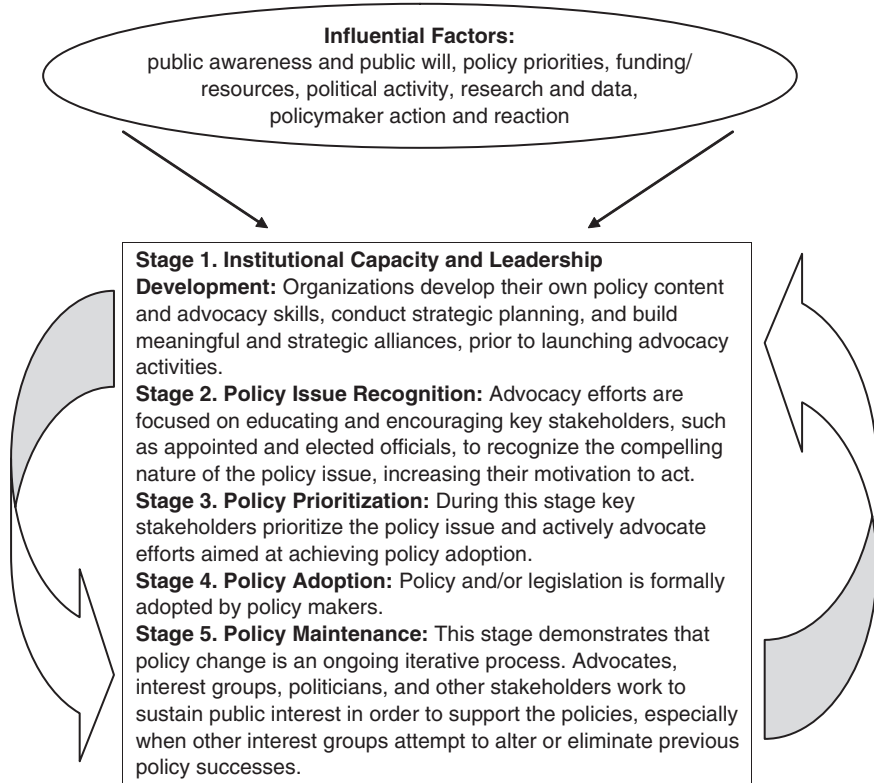
### A Profile of Policy Advocacy Grantees

During a 4-year period (2000-2004), TCWF funded 18 Policy Advocacy (PAs) grantees. Their goal was to build the capacity of organizations and institutions to educate policy makers to facilitate development, implementation, and advocacy of policies and regulations that promote healthy adolescent sexuality and reduce teen pregnancies. Five provided policy advocacy training to adults, seven provided training to youth or young adults, and all 18 produced and disseminated policy advocacy materials to educate the public and key stakeholders regarding the importance of adolescent pregnancy prevention. Although not all PAs focused on FLE, their collective training and advocacy efforts supported the goals of the PAs working on FLE.

This article describes how a subset of these PAs successfully achieved changes in FLE policies at both the state and local levels, by focusing on (a) strengthening statewide and local FLE programs and policies and (b) preventing passage of legislation that would have required the state to implement abstinence-only programs. Research has shown abstinence-only education is an ineffective strategy to prevent teenage pregnancy, while FLE has been shown to delay the initiation of sexual activity, reduce the numbers of sexual partners, reduce the incidence of sexual activity, and increase the numbers of teenagers who use contraceptives effectively when they do initiate sexual activity (Kirby, 2002, Trenholm et al., 2007). As part of their strategies, these grantees also provided youth with advocacy training enabling them to conduct their own organizational FLE advocacy (Table 1). The TCWF provided PAs with guidelines regarding what constituted advocacy and lobbying. Specifically, they could present relevant information but could not lobby for passage of a particular piece of legislation.

### Policy Stage Framework

Different theories have emerged about how policy change occurs. Kingdon's (2003) framework is one that many social science researchers (Lieberman, 2002, Oliver, 2006)



**Figure 1.** The policy change continuum.

have applied to their analysis of policy change. His theory describes three important streams that converge to create a policy window. During the problem stream, an issue becomes recognized as worthy of being placed on the political agenda. In the policy stream, various solutions to the problem are proposed. Policy makers ultimately lend their political support to a chosen policy solution during the critical political stream. At this point, the issue may gain a foothold and an opportunity is available for policy to be made. Complementing Kingdon’s theory, Birkland (2001) suggested that policy change works within a systems model where inputs, such as election results, public opinion, and media coverage, impact the political system, which translates these into policy outputs in the form of laws, regulations, and decisions. In an iterative process, outputs impact inputs and the cycle continues. He also stressed the importance of environmental factors, such as structural, social, political, and economic influences.

For our analysis of how the PAs successfully achieved changes in FLE policies, we built on these ideas and developed a modified theoretical model of the policy change continuum (Figure 1). We begin with an Institutional Capacity and Leadership stage because the organizational focus on research, training, and networking helped to propel the success of these policy efforts. We then build on the policy streams of Kingdon (2003) by including Policy Issue Recognition, Policy Prioritization, and Policy Adoption stages. We also incorporated Birkland’s (2001) systems theory by acknowledging that policy change is an iterative process and thus includes a Policy Maintenance stage. Finally, we stress that each stage is influenced by numerous external factors (see Figure 1).

## METHOD

Both quantitative and qualitative data were collected between January 2001 and December 2004 to document the impact of the PAs on the FLE policy issue. The Committee on Human Research, University of California, San Francisco approved the research protocols. In 2002 and 2003, Pre- and Postpolicy Leadership Surveys were administered on the first and then last day of program participation to 57 youth (71% response rate) who participated in  $\geq 4$ -day advocacy trainings. These surveys assessed the degree to which the participants' knowledge of teen pregnancy prevention policies, as well as their advocacy and leadership skills, changed as a result of training. Telephone interviews were conducted with a random sample of 22 youth (100% response rate) to assess the impact of training on their personal lives, career goals, and political activity.

In 2003, after obtaining a low response rate when adult researchers attempted to conduct surveys, high school interns were hired, trained, and monitored and proved more successful in administering a policy maker survey to 21 state senators and staff (52% response) and 29 state assembly members and staff (45% response). Surveys assessed these stakeholders' knowledge of teenage pregnancy, as well as their level of support for specific policy options. Although the high school interns approached nearly all state representatives (95%), approximately half participated in the survey. We are unable to ascertain any potential bias in the willingness of policy makers to respond. However, given the survey results reflect the existing overall positive climate for teenage pregnancy prevention in the state, we believe that the results are representative. Throughout the grant, data were also gathered through PAs' quarterly grantee progress reports, an annual online survey, and annual telephone interviews. Data collection efforts tracked progress in reaching targeted policy objectives and documented grantee activities, successes, and challenges.

## RESULTS

Although the following results highlight the outcomes achieved by the five PAs that most devoted themselves to advocating for FLE policies—California Center; California Family Health Council (CFHC), Camp Fire, Teen Pregnancy Prevention Coalition of San Mateo County (TPCSMC), and Center for Health Improvement/Youth Leadership Institute (CHI/YLI)—nearly all PAs played a role in laying the groundwork for Stages 1 and 2. As their efforts provided support toward achieving the FLE outcomes, their experiences in the early phases of their work are also included in this section.

### **Stage 1: Institutional Capacity and Leadership Building**

With teen birth rates on a decline, the PAs were concerned that the issue of teen pregnancy prevention would be seen as a problem that had been solved, rather than an ongoing compelling problem. To counter this threat, each PA sought to enhance their internal capacity so they could engage in effective teenage pregnancy prevention advocacy. Thus in Stage 1, the grantees worked on increasing their own institutional capacity by educating themselves through conducting background research and creating strategic alliances, helping the network of community and state organizations to enhance their own leadership capacity in the area of teenage pregnancy.

*Getting Grounded: Conducting Background Research on Teenage Pregnancy*

The PAs conducted background research to ascertain the most important needs and policy options in the field of teenage pregnancy, both at the local and statewide level. They conducted extensive literature reviews (more than 1,000 articles reviewed) to assure that the best evidence would inform their selected policy directions and strategies. They also gathered expert opinion through interviews ( $n = 493$ ) and surveys ( $n = 5,122$ ) of state and local experts, program staff, policy makers, and other stakeholders. They found that despite strong evidence of parental, provider, and policy maker support for FLE, abstinence-only messages were the only information provided to students in many communities, pointing to major gaps in the availability and quality of FLE statewide.

*Advocacy Trainings: Youth*

To further enhance their advocacy capacity, the PAs conducted advocacy trainings that reached 434 youth. To assure a socioeconomic diverse group of youth participants, grantees solicited referrals from a wide range of youth-serving agencies. All grantees required the youth to submit a written application and provided incentives for participation, avoiding placing low-income youth at a disadvantage if they had to work part-time jobs. The priority to achieve ethnic and socioeconomic diversity influenced the selection criteria. During the trainings, participants learned about the public policy process, advocacy strategies, and teenage pregnancy prevention policy issues.

At the local level, approximately 30 Camp Fire youth and 24 TPCSMC youth were trained on a biweekly basis throughout the school year, receiving ongoing guidance in their efforts to promote the adoption of FLE policies in their own school districts. Before launching their advocacy work, both youth groups conducted a review of local curriculum and state sex education guidelines, as well as local demographics. Youth developed surveys they administered to their peers, parents, and teachers to assess their level of support for the existing FLE curricula. Survey results documented that most respondents supported implementing a formalized FLE policy requirement.

At the state level, the California Center and CFHC provided youth leadership development training to 24 youth from geographically diverse regions in California. These groups convened for two 3-day periods. The participants were trained in how to conduct focus groups with their peers to ask about their views on FLE. Youth also met with local school officials to assess their school's FLE policy. In many districts, the youth learned that the actual provision of their school's sex education contradicted the state sex education code. Two PAs, CHI and YLI, collaborated in providing three 1-day regional workshops to approximately 150 youth. Participants received training in the policy-making process and teen pregnancy prevention policy issues. Ten youth from each regional group formed writing groups to develop three policy briefs, presenting their recommendations, including the need for effective implementation of FLE policies.

Results from the Pre- and Postpolicy Leadership Survey show that youth participants increased their policy knowledge. The proportion of participants who reported having an understanding or strong understanding of the California legislative process increased from 21% ( $n = 15$ ) to 72% ( $n = 41$ ), and those who reported being familiar or very familiar with teenage pregnancy prevention policies increased from 41% ( $n = 29$ ) to 58% ( $n = 33$ ). Parallel findings emerged through interview data: 75% ( $n = 17$ ) of the teens felt that their knowledge had increased substantially, and 33% ( $n = 7$ ) perceived increases in their leadership skills and self-confidence to engage in health advocacy.

### *Moving Forward With Policy Goals*

The results of the PAs background research, training, and institutional capacity building helped to establish two key policy goals: (a) strengthening local and statewide FLE policies and programs and (b) preventing the state's acceptance of abstinence dollars. For the first goal, PAs found that despite California's informal but progressive FLE policies, there was great variability in the policies adopted across and within school districts; there was also little consistency in the types, levels, and quality of existing FLE. For the second goal, some school districts were found to be teaching abstinence-only education, in spite of education code stipulation that at a minimum, HIV/STI prevention education be included, specifically education regarding condoms (Burlingame, 2003; Friedman et al., 2003). Ensuring the availability and adoption of FLE emerged as a policy priority.

### **Stages 2 and 3: Policy Issue Recognition and Prioritization**

PAs focused on increasing policy makers' recognition and prioritization of their two policy targets by increasing their awareness of the teenage childbearing problem.

#### *Disseminating Materials*

The PAs disseminated the results of their research through mail, e-mail, and in-person meetings. Approximately 41,500 brochures, 4,500 flyers, 12,850 posters, 15,000 fact sheets, 65,500 policy reports, and 8,500 press releases were distributed to policy makers, key stakeholders, and media outlets. The documents focused on the problem of teenage pregnancy, the poor and uneven quality of statewide FLE, and the importance of increasing teen access to contraception. Other grantees whose policy focus was not specifically FLE also contributed to these advocacy efforts. For example, the Public Health Institute (PHI) wrote a monograph, *No Time for Complacency: Teen Births in California* (Constantine & Nevarez, 2003), which presented the current and projected financial cost of teen births by legislative district. Additionally, 12 PAs jointly produced *Adolescent Health and Pregnancy Prevention: Policy Brief for California Lawmakers* (Get Real About Teen Pregnancy Public Education Program, 2003) which included key teen pregnancy prevention policy recommendations.

#### *Media Exposure*

Grantees also used media advocacy and obtained significant coverage, including 180 news articles, 18 public service spots, and 32 TV and 15 radio spots that reached multiple audiences. For example, in conjunction with their report's release, PHI's media outreach generated newspaper coverage in *Los Angeles Times*, *Sacramento Bee*, and *San Francisco Chronicle*.

#### *Policy Maker Contacts*

Once new visibility of teenage pregnancy was raised through the dissemination of materials and media exposure, PAs worked to ensure that policy makers prioritized their policy recommendations. At the state level, grantees held individual meetings and group events, including policy briefings at the State Capitol, public events, and community

forums. The California Center youth advocates hosted a State Capitol policy forum where they presented their focus group findings and provided recommendations that included supporting evidence-based statewide FLE and followed up with individual legislative staff meetings. In total, PAs reported 1,307 contacts with state and 366 local policy makers, during which they emphasized the need for passing new policies, while supporting existing teen pregnancy prevention laws and financing programs.

State senators and assembly members appeared to be open to this level of intense public education. Policy Maker Survey results reveal nearly all (94%.  $n = 47$ ) supported funding teen pregnancy prevention programs; 90% ( $n = 45$ ) supported maintaining teen access to contraceptive services; 87% ( $n = 44$ ) supported teen access to emergency contraception; 86% supported mandating age-appropriate FLE. Only 38% ( $n = 19$ ) supported mandating abstinence-only sex education. These findings document the receptive and supportive legislative environment for the adoption of desired teen pregnancy prevention policies, if there was policy action that was feasible to pursue, given available resources.

At the local level, similar strategies were used. Both Camp Fire and TPCMSC sponsored a total of 12 public forums in their communities, convening an average of 70 community members at each forum to share survey findings and recommendations for the adoption of local standardized FLE policy. Youth built on community support and met with individual school board members and at school board meetings presented their survey findings and recommendations. As a result of the Camp Fire presentation to the district school board, a committee was convened to review sex education curricula, reflecting that local policy makers had prioritized this policy arena for potential action.

#### **Stage 4: Policy Adoption**

The variety of strategies pursued by the PAs and their networks of constituents contributed to policy successes (see Table 2). At the state level, passage of the California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act (SB71), which requires that evidence-based, scientifically proven information be presented to students, was key. Although the law required no new funding, it helped to standardize the Education Code; SB71 was also used by PAs to advocate for the availability and quality of FLE at the local community level. For example, the Sequoia Union High School District agreed to the policy proposed by the TPCSMC youth. This corrected inconsistent FLE policies across the district and expanded FLE education from a total of 2 to 14 hours. It also required teachers to have at least 8 hours of training before teaching the subject and 8 hours of yearly continuing education. This represented a substantial policy success in increasing the quality of what is taught and presented even more stringent standards than those required by SB71. Thus, although the state department of education adopted new guidelines, it was the local school board that made the final decisions regarding the specific content provided in its schools.

#### **Stage 5: Policy Maintenance**

In the final stage of the policy change process, advocates worked successfully to prevent the erosion of existing policies and maintain current laws. A major success was reflected in the fact that California did not seek federal abstinence-only education funds

Table 2. Teen Pregnancy Prevention Initiative Family Life Education Policy Outcomes

Policy Issue	Outcome	Type of Policy Outcome
The California Center and YLI advocated against statewide abstinence-only education legislation	Legislation defeated in March 2003.	Policy maintenance
California Center, CFHC, and TPCSMC advocated for SB 71, legislation to consolidate and standardize the California Education Code regarding students receiving scientifically accurate, age-appropriate information on abstinence, human sexuality, contraception, pregnancy, and STIs	The governor signed SB71 into law October 2003; effective January 2004.	Policy adoption
TPCSMC youth advocates proposed a FLE policy to the Sequoia Union High School District mandating that 9th graders receive $\geq 14$ hours of comprehensive FLE, taught by teachers that have received $\geq 8$ hours of training	The Sequoia Union High School District voted to adopt the policy proposal in January 2004.	Policy adoption
When the Santa Ana Unified School District committee reviewed FLE curricula, they proposed the adoption of an abstinence-only curriculum. Camp Fire youth advocates and other community organizations mobilized against this proposal	The school board members vetoed the proposed abstinence-only FLE curriculum in April 2003.	Policy maintenance

NOTE: YLI = Youth Leadership Institute; CFHC = California Family Health Council; TPCSMC = Teen Pregnancy Prevention Coalition of San Mateo County; FLE = family life education.

in March 2003. At the local level, the Santa Ana Unified School District voted to reject an abstinence-only sex education curriculum that would have replaced the district's FLE program. Board members who opposed the program were quoted as saying that the proposed curriculum contained no information about contraception nor would it meet state FLE guidelines nor STIs/HIV/AIDS mandates. The outcome of this local action was not only noted in one community but also posted on a national list serve (Kaiser Family Foundation Daily Reproductive Health Report, 2003); their experience reached thousands of advocates, practitioners, and researchers. Each of these results reflects the policy stage framework and the ongoing nature of policy advocacy, from background preparation and prioritization to policy maintenance.

## DISCUSSION

The PAs worked through each of the five stages of our theoretical model of policy change to successfully transform FLE policies in California. First, in the Institutional Capacity and Leadership Development stage, they increased their own capacity to engage in advocacy through research, advocacy training of both youth and adult advocates, and networking with other advocates. Next, in the Policy Issue Recognition stage, they increased awareness of teenage pregnancy as a problem through the dissemination of informational materials, media advocacy, policy maker education, and hosting policy forums. By pursuing realistic policy goals that required no additional funding at a time when the state was facing a major economic crisis, the PAs gained a valuable wedge against pursuing funding that would be at odds with legislation they successfully helped to pass. As a result, they succeeded at the Policy Prioritization stage and policy makers did indeed come to regard FLE as a key policy issue. This helped to move the issue along the continuum to the Policy Adoption stage where new policies were enacted, including passage of the California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act (SB71), as well as local school policies that expanded FLE education. The confidence they gained also provided an impetus for the PAs to remain vigilant during the Policy Maintenance stage. They played an important policy watch dog role to protect their hard-earned victories. For example, advocates worked to prevent the erosion of existing FLE policies and laws by convincing California not to accept federal abstinence-only education and, at the local level, not to implement an abstinence-only sex education curriculum.

### California's Policy and Political Climate

A factor that contributed to the PAs success was the state's overall supportive policy and political climate. Despite California's history of policies that have supported FLE and family planning care for adolescents, the state is far from being immune from the national debate regarding requiring abstinence-only education and eliminating FLE. Furthermore, at a time of severe budgetary constraints, not pursuing approximately \$14 million dollars in abstinence-only funding was also questioned by the governor, administrators, policy makers, and cash-strapped school districts. Thus, there was political pressure to pursue abstinence-only funds and a clear need for monitoring and political mobilization. The key importance of California's policy is that the state's rate of teenage pregnancy decline was substantially steeper as compared to states that allowed for abstinence-only federal funding. Given that 1 in 8 adolescents living in the United States lives in California (Clayton, Brindis, Hamor, Raiden-Wright, & Fong, 2001), this state's success also contributed substantially to the national reductions in the rate of teenage pregnancy. Most of this decline has been shown to be the result of improved contraceptive use (86%), whereas a smaller proportion of the decline (14%) can be attributed to teens waiting longer to start having sex (Santelli, Lindberg, Finer, & Singh, 2007). Thus, a supportive policy climate that enables teenagers to access contraceptive care is also vital.

A major challenge that the PAs encountered was how to assure that policy makers continue to recognize the enormous, ongoing economic and social costs to the state resulting from teenage pregnancy. With the decrease in teenage pregnancy, policy makers' attention could have easily been directed to other pressing social issues, reversing important inroads. Ensuring that budget cuts in prevention programs were

avoided and FLE policy was strengthened were the only options in the budgetary climate, although new funding may actually have been a preferred but untenable target.

Given the economic and political circumstances, it was more realistic for PAs to achieve a short-term, no-cost policy win that would assure that the policy issue remained on the policy radar. By standardizing the Education Code, the PAs helped to achieve a substantial policy win. Even with the successful passage of the law, however, the lack of financial support for training, monitoring, and technical assistance may result in the law having relatively limited impact. The law's most important role may be in its symbolic ability to prevent the state from pursuing federal abstinence-only funding.

### **The Role of the Foundation**

As a whole, the PAs reflected TCWF's premise that the most effective way to build on a policy-friendly environment is by supporting simultaneous and synergistic advocacy activities. The TCWF demonstrated its commitment to engaging new advocacy groups to work on the topic of teen pregnancy prevention by funding grantees with varying and complementary levels of expertise in policy advocacy and teen pregnancy prevention. Independent funding of PAs was key in assuring that an FLE policy agenda could be pursued, as the state departments of education and/or health could not play an advocacy role. The TCWF might have further helped achieve their agenda by serving as a neutral convener, helping grantees to overcome naturally occurring territorial issues. This leadership is necessary because although all the grantees represented organizations that were motivated to collaborate, they were also concerned that their individual organization's identity might become subsumed in group efforts. In other words, agencies dependent on a diversified portfolio of funding were concerned that their unique contributions might be overlooked in a group strategy.

The opportunity to demonstrate their unique contributions allowed them to remain viable agencies, as traditionally there have been few funders supporting collaborations. That so many grantees did collaborate on different policy-related efforts is noteworthy. For example, PAs provided policy trainings to each other, shared youth-written policy briefs promoting FLE, and invited youth to each other's project events. A sense of shared mission and commitment to youth contributed to greater cooperation. Furthermore, in the second funding cycle, TCWF organized networking convenings and grantees responded positively. Without the ability to join forces and mobilize their allies, PAs would have had less political clout in the highly competitive policy environment. Instead of a single organization, policy makers were now met with greater numbers of organizations representing multiple constituencies, resulting in greater political pressure to respond.

### **Engaging Youth in Policy Advocacy**

Another innovative approach was the incorporation of effective, well-trained youth messengers to achieve important FLE state and local policy wins. The full integration of ethnically and racially diverse youth required real commitment by adults. Teenagers were involved in conducting the background research; conducting interviews with other young people, their parents, teachers, and other community members; writing and designing background materials; and conducting policy briefs and meetings with policy makers. Adults played a key role in training, supervising, and nurturing the youth.

Youth brought a refreshing and energetic voice, influenced policies, and acquired increased self-confidence and leadership skills by capturing the attention of stakeholders. They showed that the issue was of vital concern not only to adults but also to youth who are most directly impacted by the myriad outcomes of early childbearing.

### **Limitations**

California represents a unique state with an established history of investments in teenage pregnancy prevention, thus it is difficult to ascertain whether the same policy advocacy strategies would have flourished in another state's environment. The added value of a foundation willing to make substantial investments in policy advocacy is also unique and may or may not be transferable to other states. Although private funding enabled PAs to devote themselves to these issues, there are no comparable states where a comparative study could be conducted. Finally, although a variety of data sources were used, assuring reliability of results, full attribution remains difficult.

### **Implications for Practice**

Effective policy advocacy requires a specific set of strategies at all stages of the policy change process, including adequate preparation among advocates, the right combination of diverse constituents, awareness of the policy and political climate, prioritizing and pursuing a realistic policy goal, active engagement of young people, and adequate funding and/or other resources. The stages are key not only in understanding what it takes to assure that an issue is adopted but its long-term sustainability. If several organizations are funded simultaneously to work on similar policy issues, greater opportunities for systemic collaboration are needed; funders can play an incentive role as the initial convener. Otherwise, there is greater likelihood of duplicative efforts, for example, in the sheer numbers of different materials developed by the separate organizations.

Establishing a shared policy agenda can facilitate grantees' working together in a more focused way far earlier in the funding cycle. For example, the funder can encourage grantees to develop a joint advocacy strategy with common goals, objectives, and an action plan in which each grantee plays a specific role. This needs to be balanced by the recognition that individual organizations require time to first gain their own level of content expertise and capacity. Organizations also need to consider whether or not developing a variety of materials may be an effective strategy as information can be tailored to different audiences; the sheer repetition of the message from different organizations plays a role in convincing policy makers to act.

Policy advocacy efforts need to be considered in light of where to invest limited resources. For example, although private funds could have helped provide direct services in communities where FLE was not available as public funding may not reach all eligible students, selecting this alternative would not have enabled an even broader policy goal to be achieved: the provision of high quality FLE statewide. Active engagement of young people and their communities also led to a secondary goal of helping train the next generation of leaders and the enhancement of their own confidence to pursue advocacy goals. Their role as positive youth models likely contributed to presenting viable alternatives to early childbearing to their peers, communities, and themselves.

Sustaining policy advocacy efforts, especially when public funding is limited, is key. This is particularly true in the case of adolescent pregnancy. Although California has made important investments that have resulted in reduced rates of teenage pregnancy,

the increase in the overall number of adolescents, and in particular, low-income Latino youth that have high pregnancy rates, will likely reverse trends unless current investments are enhanced. The unique opportunity that this initiative presented provides a case for why private investments may be necessary to maintain and pursue additional policy wins in the future. The controversy surrounding teenage pregnancy prevention and other issues impacting adolescent health will not likely evaporate as communities search for viable solutions. Agencies need to enhance and develop additional strategies aimed at sustaining policy efforts, particularly in light of the yearly addition of new cohorts of adolescents needing FLE and the state's increase in low-income, ethnically diverse youth at risk of early childbearing. Given legislators' term limits and the changing political environment, successful advocates need to implement a portfolio of creative strategies tailored for specific audiences and at different stages of policy development. They also need to continually strive to expand the numbers and types of constituents they mobilize. Working simultaneously at the local and state level throughout each of the policy stages also helps assure that state "tree tops" policy action is influenced and responsive to the local community "grass roots" experiences and needs.

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