CHAPTER 5

Getting Started

Contents

Note: Citations are listed by chapter in the reference section at the end of the document.

Chapter 4 reviewed the use of data in developing an adolescent health intervention. The next three chapters are designed to guide communities through the planning and implementation processes needed to develop, enhance, and expand programs and interventions.

Numerous resources are available for addressing the community planning process. These chapters are meant to serve as a starting point for communities undertaking an adolescent health initiative; more detailed information about the specifics of each step of the community planning process can be found in the other publications and resources listed in Chapter 8.

Chapter 5 focuses on the initial steps of program planning: coalition building and assessing needs and assets. Chapter 6 covers program planning (prioritizing and developing an action plan and program model), program monitoring, and evaluation. Chapter 7 covers communication, fundraising, and evaluation. The organization of these chapters is not intended to suggest a strictly linear process in program development and evaluation. For example, the section on coalition building precedes the needs-and-assets assessment section, even though these processes are interrelated and may take place concurrently. Or, a coalition might come together after a needs-and-assets assessment has been conducted and publicized by an existing agency, such as a health department.

Improving adolescent health from multiple levels is essential and should be reflected in all stages of program development, monitoring, and evaluation. We have delineated four levels of influence:

1. *Individual/Family*
2. *School/Peers*
3. *Community*
4. *Policy/Society*

These levels constantly interact. This multifaceted approach tries to account for the many factors that influence adolescent health. This document is guided by the principle that efforts to address young people's needs are more likely to occur with broad support from a wide array of partners. As discussed in Chapter 3, these partners include parents and families, schools, health care providers, community agencies that serve youth, faith-based organizations, media, postsecondary institutions, employers, and government agencies.

A youth development framework is essential for ensuring that adolescents adopt health-promoting behaviors. Youth development strategies enhance young people's confidence, competence, capacities, and citizenship in addition to increasing collaboration between adults and youth. The following sections present examples of how youth development practices can be employed as part of an adolescent health initiative.

Throughout the process of implementing adolescent health programs, it is important to remain realistic about what can be accomplished with available resources, which include time, personnel, funding, and level of community engagement. Communities that use this guide will have different goals and levels of expertise and experience. Organizations will spend varying amounts of time in program planning, monitoring, and evaluation. There is no "right" starting point for initiating or expanding an adolescent health initiative. An organization may begin focusing on adolescents after having a long-standing, exclusive focus on younger children. Perhaps an existing collaborative seeking to prevent teen substance use wants to expand its efforts to include violence because of the connections be-

tween the risk behaviors. Or, a sentinel event such as a teen's fatal, alcohol-related car crash may generate community interest in motor vehicle crashes and teenage drinking.

Political will and strong leadership are essential to meeting the 21 Critical Health Objectives for adolescents and young adults. Political will encompasses the community's willingness to recognize an existing problem and the community's conviction that change must take place. Leadership entails having the necessary vision, skills, and commitment to bring about this change.

Throughout the process of defining and implementing an adolescent health agenda, both experienced and inexperienced coalitions will encounter challenges, including lack of expertise, data, or resources; a sense of the daunting tasks they must face in order to successfully address the issue and make a difference; and competing occupational and personal demands. The challenges may seem overwhelming, but throughout this chapter, we recommend ways to address them. Reaching the 21 Critical Health Objectives for adolescents and young adults requires initiative, commitment, and the mobilization of diverse stakeholders and resources.

Coalition Building

Working with a coalition to improve adolescent health offers many advantages. As many of the 21 Critical Health Objectives are interrelated, integrating health issues within a collaborative framework can increase the chances of achieving larger goals. Ideally, working together will result in the delivery of consistent messages through multiple channels, more comprehensively reaching adolescents and the broader community. Coalitions present valuable opportunities for sharing the resources possessed by various people and groups, for developing joint goals and objectives, and for learning from the experiences of other groups. Effective collaboration decreases the likelihood of either duplicating or leaving out services, using resources inefficiently, and coordinating programs and services ineffectively. It also raises the likelihood that member organizations will work concurrently, as a group, at the four primary levels of influence on youth: individual/family, school/peers, community, and policy/society. An additional benefit to collaboration across sectors is greater inclusion of different viewpoints, experiences, and perspectives, which may make the coalition stronger and better able to gain the community's respect and trust.

Working in a coalition is not easy, however, and there are inherent challenges in planning and implementing programs as a group. Disagreements often arise in establishing project goals or strategies. Other potential challenges include turf and boundary issues between agencies and the competing demands of other worthy projects in the community. Disparate opinions and perspectives can sometimes immobilize a project; thus, groups should strive to find the right balance between diverse representation and having people who work well together. A community leader or agency might decide that working in a coalition at a particular time might not be the most effective use of available time and energy. Bringing in a wider range of stakeholders may be more fruitful at a later stage.

In getting started, it is important to recognize other efforts that are already under way in a community. This knowledge might help determine whether a new coalition is necessary or whether such an initiative would be better incorporated by existing efforts. The community probably already has individuals, coalitions, and organizations working on adolescent health issues and focusing on one or more of the 21 Critical Health Objectives. Thus, individuals or groups may choose to join an existing coalition, expand work currently under way, or launch a new coalition. If a new coalition is considered

the best route, it is respectful, diplomatic, and strategic to acknowledge existing groups. Joint efforts should be explored that might further leverage the groups' respective agendas. In some situations, one or two people (or their agencies) might initiate the most effective and appropriate action, later joining forces with a broader group of professionals and community representatives.

In considering whether a community needs to form a new group or redirect an existing effort, key players and organizations, assets in the community, and lessons learned from past projects should be identified. This background information can help in understanding how existing groups might perceive a new coalition and determine what kinds of relationships and alliances would strengthen new initiatives and avoid conflict.

Consider the following questions to help decide whether working as a coalition is the right choice and how best to proceed in meeting the needs of adolescents (see Worksheet 1 at the end of this chapter):

- What is the history and status of the 21 Critical Health Objectives for adolescents and young adults in the community?
- How does the community view these Objectives? What is the current political and social context in relation to the health issues covered by the Objectives?
- Who is concerned about and affected by these issues? Who has participated in the past? Who has not participated, and why haven't they been involved?
- What existing youth-focused groups or efforts address these issues? With which, if any, could we collaborate?
- Do we have sufficient information and resources?
- What information and resources (administrative, financial, and structural) do we currently have to work on this issue?
- What resources are we lacking?
- Does a current needs-and-assets assessment exist in the community?
- Do we need to conduct a needs-and-assets assessment specific to our selected Critical Objectives?
- Is working as a coalition the optimal option?
- Will working as a coalition help achieve goals that cannot be achieved independently?
- What are the pros and cons of working in a coalition or a collaborative right now?
- How official or formal do we want to be?
- Do we want to be identified with another organization working in this or a parallel area? Why or why not?
- What do we want to accomplish in the short term?
- Do we have a long-term goal? What do we want to accomplish in the future?

Note that various sources and groups define the terms "collaborative" and "coalition" differently. Throughout this guide, the terms are used interchangeably to mean a multisector group (consisting of private, public, and nonprofit organizations and community residents) that has come together to plan for community action toward meeting one or more of the Critical Objectives. Coalitions vary in size, duration, and activity. Ideally, the aims of a coalition are to plan, to bring new programs and activities to the community, to participate in evaluation, and to create longer-lasting, systems-level changes that encourage different sectors to better communicate and coordinate their work.

Nature and Types of Coalitions

Coalitions can take many forms, varying in such characteristics as structure and duration. The following list may help communities determine the form that best fits their needs.

Temporary Group

A temporary group may be an attractive solution if a relatively small task is to be accomplished and group leaders want the flexibility to decide later whether the group will become more permanent. This type of group might be convened solely to conduct a needs-and-assets assessment, or it might be convened as an advisory group for creating an action plan. Having the group be temporary may attract members who are apprehensive about committing to long timelines or intensive activities but who are able and willing to provide their expertise on a short-term basis. This type of group also allows for the composition of the group to change as the tasks change.

Subcommittee of an Existing Organization

A larger organization working on a wide set of issues might create a subgroup on adolescent health; in this arrangement, the parent organization exercises oversight. In some cases, the subgroup will develop activities to be carried out by the larger organization. Being part of the larger organization may give the group additional influence and resources, but it might also limit the activities it can undertake.

Expansion in Scope of an Existing Group

An already established group that is focused on youth (or the critical health issue the group wishes to address) and wants to expand its activities might represent an ideal platform from which to launch new adolescent health activities.

Agency- or Organization-based Coalition

A formally designated lead agency may establish a special coalition whose members include a diverse group of agencies and organizations. The coalition might have one primary sponsor or it may share sponsorship. Activities might include joint fundraising and collective policy development. One challenge with this type of structure might be the necessity of requiring individual members to obtain approval from their parent organizations to proceed—a process that may cause delays. Shared decision- making between organizations could also present complications. On the other hand, having multiple agencies work under one structure can facilitate the joint planning of new programs and better coordination of existing efforts.

Independent Coalition

An independent, private sector coalition is a more formal structure. It will likely include its own coordinator and staff to assure that the goals of the coalition emphasize convening a variety of individuals and community groups. Funding an independent coalition often depends on in-kind contributions and external fundraising. This type of coalition has the flexibility to implement a variety of strategies outside the purview of any one agency.

Government-mandated Group

Sometimes a legislature or governor decides on the type of group to establish. A government-initiated structure tends to be more formal than the other models and is generally created to carry out a specific set of goals and objectives. A group such as a governor's task force has specific responsibilities and often needs to report its results to a

governing organization. Timelines and funding for such efforts often depend on the elected leadership. Potential benefits stem from the highly visible nature of this structure and the public power and influence it wields because of its government sponsorship.

Forming the Coalition

The membership of the coalition should be designed strategically. Those responsible for this task should be mindful of the four levels in which change is desired: individual/family, school/peers, community, and policy/society. The coalition will benefit from having members who address or represent each of these areas. Correspondingly, it is important to maintain communication with teens and families, school administrators, the city council or board of supervisors, and any individuals involved in defining agency or community policies that affect adolescent health (see Figure 3 in Worksheet 1 at the end of the chapter).

Determining the most feasible group size, given a community or group's resources, and recognizing that the size of a coalition may change over time is also important. In the early stages of coalition development, it is common for a small steering committee to convene and formally consider the membership of the coalition (and how the coalition can complement other efforts under way in the community). It is helpful to first define the skills and resources needed to reach project goals, then develop a list of individuals who can contribute those skills and resources. For example, to complete the needs-and-assets assessment, it might be useful to have someone from a local university or research institute with data collection experience.

Members of the steering committee should determine whether they have existing relationships with people they would like to recruit or whether they will need to forge new connections. Individuals and agencies already working on the issue of interest, or those with a stake in adolescent health, are natural partners. Making master lists of the names of people who are already working on this issue as well as related networks and re-

CASE STUDY: *Working with diverse local partners can often yield innovative, mutually beneficial solutions.*

It is important to form partnerships with community stakeholders, including those not specifically focused on youth health.

The Chula Vista school district; the city of Chula Vista, California; the Sharp Chula Vista Medical Center (SCVMC); and another local hospital have teamed together to sponsor a mobile health clinic at five area schools with high absenteeism. The mobile clinic treats asthma and other health problems that have often kept pupils at home. The mobile clinic began after the assistant superintendent of schools found that certain schools with poor test scores also had poor attendance. He met the chief executive of SCVMC at a local Human Services Council meeting and found him concerned about uncollected medical bills for children without regular sources of health care; these children were using emergency rooms for nonurgent care. The two decision makers jointly created the mobile health clinic plan. The mobile clinic is tied to family centers (also located on school grounds) that help mothers learn English, enroll eligible children in various health plans, and work with families to maintain regular preventive health care for their children. In one participating school, three-quarters of the students now have health insurance, and the rest get free care at the mobile clinic. The mobile clinic is staffed by nurse practitioners and other nursing personnel who dispense medications and consult with the children's regular health care providers. The assistant superintendent believes that the mobile clinic has contributed to test score increases and other improvements in student learning, as well as yielding increases in attendance.

sources will be helpful. Similarly, it is helpful to consider who could extend the coalition's network to reach teens and families. To include teens, consider inviting members from a youth commission, a Boys and Girls Club, youth sport teams, and student government associations. Ideas for recruiting families include the school health councils, PTA/O, adult service clubs, and in small communities, notices posted in local food stores and libraries. Recruiting policy makers and representatives of any local philanthropic foundation is important for the coalition; their membership increases credibility and enhances potential funding opportunities once an intervention has been selected.

The following questions are useful for determining the composition of the coalition:

- What skills, information, and resources do we need?
- What assets already exist in the community?
- How are stakeholders reached?
- What services and expertise can other groups offer that this coalition cannot?
- What members of the community would help get the message across or bring credibility to the cause?

The committee should consider who has not been involved previously but would be an asset to the collaborative. It might think about how the health issue relates to other

CASE STUDY: *Involving youth in the coalition has numerous advantages.*

By encouraging youth involvement, a coalition can gain substantial credibility among various sectors of the community, especially young people themselves. Moreover, youth may provide valuable insights into how a particular problem manifests itself and devise effective, innovative solutions. Youth can improve a coalition's outreach and allow it to make inroads that may otherwise have been impossible. Finally, the process of involvement can be tremendously empowering to youth and provide them with leadership and advocacy skills that will benefit them in their future occupations and experiences.

The Coalition for a Drug-Free Greater Cincinnati (http://www.drugfreecincinnati.org/) is involved in promoting drug-free environments for youth and supporting anti-drug coalitions. It brings business leaders, parents, schools, law enforcement officials, and young people together to work on preventing substance abuse among youth. The coalition works through several task forces, such as the Media/Public Awareness Task Force and the Parent School Youth Task Force. The latter group directs the Student Congress, a 75-member body representing 23 communities. After monthly meetings, individual members return to their communities to try to implement environmental initiatives concerned with substance abuse prevention programs and policy development. In 1999, the Congress produced a Parents Survival Kit that included guides such as *The Top Ten Ways Teens Trick Their Parents*, *What Are the Signs and Symptoms?,* and *Teen Parties and the Law*. Finally, the Congress educated law enforcement officials about inconsistent enforcement of substance abuse laws.

Besides this task force involvement, local youth are able to participate in coalition activities by completing the Personal Drug Use Survey, which compares findings from previous local and national surveys. In 2002, almost 67,000 youth were surveyed to examine whether coalition activities are leading to decreases in substance abuse. The survey results were also used to show that parents can have a strong effect in preventing youth drug use. Potential of parental influence has helped launch the Strong Voices, Smart Choices campaign to help adults have age-appropriate conversations with young people about the dangers of substance use and abuse.

Forming a Coalition on Adolescent Mental Health (Illustrative Example)

A group in a university town decides to work towards **Critical Health Objective 18-07: Increase the proportion of children with mental health problems who receive treatment.** It has already conducted a needs-and-assets assessment and decided to develop a media campaign to both increase awareness and reduce stigma about mental health issues among adolescents in the community. Using the four-level framework of influences (individual/family, school/peers, community, and policy/society), it brainstorms answers to the following questions:

What skills, information, and resources do we need in our collaborative?

- Knowledge about different categories of mental disorders, and how they affect adolescents and families
- Information about the experiences and perspectives of youths with mental health disorders and their families
- Knowledge of mental health services in the community
- School time and access to students and families
- Social marketing media skills and access to different media channels
- Funding

What assets already exist in the community?

- Teachers
- Students at junior high schools, high schools, and universities
- Parent Teacher Associations
- School clubs and counselors
- Mental health care providers
- Health care providers
- Teen centers
- Local media
- Local chapter of National Mental Health Association

Which stakeholders need to be reached?

- Youth and parents
- Health care providers
- Teachers and school support staff
- Faith-based communities
- Media
- Social and community service clubs
- Youth-serving organizations

What services or options can other groups offer that this coalition cannot?

- Knowledge of mental health care policy (e.g., access to care, school funding for mental health programs)
- Connections with larger professional societies (e.g., medical and mental health associations) and academic institutions
- Marketing experience
- Funds
- In-kind staff (e.g., university and high school students interested in psychology, health, or journalism)

social systems (e.g., faith, business, juvenile justice, foster care) and invite representatives from these sectors to join. For example, it might consider recruiting members from the local business association if a goal is to prevent teen smoking and tobacco sales to minors.

Because of limited time or other constraints, some members will be more symbolic than active. Therefore, the committee needs to be creative in maximizing the time and resources that different people bring to the coalition. The committee might keep a list of potential

members and maintain regular communication with them, involving them at different stages. Project updates could be e-mailed periodically to interested and relevant parties to keep these key stakeholders involved.

To be inclusive, the committee might consider everyone who expresses an interest in joining. Understanding who they are, their perspectives and goals, and the compatibility of these goals with the coalition's mission is important. The committee might also consider the possible consequences of not including someone, such as alienating members of the community.

Finally, the committee might consider that when it extends an invitation to an organization it must accept the organization's choice for a representative.

Once specific people are identified to participate in the collaborative, the committee might consider:

- What can each potential member contribute? What unique perspective, resource, or experience does the person bring (e.g., staff time, money, space, allies, data, media relations, credibility, skills, community appeal)?
- Do individuals represent different constituent groups that can work towards strategies at the individual/family, school/peers, community, and policy/society levels?
- Is each potential member committed and able to work on the issue?
- Is the committee interested in the agency or the individual member? Is the member limited by agency obligations?
- Does the person representing each organization have the power to act on behalf of that organization? Does he/she need to get formal approval for major decisions made by the coalition? (If so, this step should be incorporated in the timeline.)
- Will certain organizations or individuals need incentives to join? What do they gain by joining the effort (e.g., increased skills, networking, access to policy makers)?
- What constitutes membership within the collaborative (are there different levels of membership, options of membership dues or in-kind contributions)?

Tips for Involving Youth:

- Include partners who respect youth and are willing to work with teens to sustain their engagement.
- Train adults in the skills needed to work with young people.
- Involve youth early in the planning of program goals and activities (e.g., creating a mission statement, conducting focus groups).
- Let teens guide the coalition's understanding of how young people think and feel about an initiative or strategy being developed.
- Provide youth with the training and guidance necessary to promote meaningful participation in the group.
- Encourage and train youth to be media and community spokespersons.
- Offer incentives, awards, salary, or recognition for the work teens do for the organization or collaborative.
- Consider what specific strategies young people can undertake that affect their peers (e.g., being a peer educator), their families, and their schools and communities (e.g., working on policy changes).

Adapted from National Campaign to Prevent Teen Pregnancy 2000

Once a list of members has been compiled, the committee can consider the overall mix of the coalition. It is important to have diversity in individuals, backgrounds, and perspectives while ensuring that the group will be able to work well together. The involvement of young people and families is highly valuable. Involving youth will strengthen the coalition's understanding of youth perspectives on programs, projects, and strategy development. It is important not to underestimate the knowledge, experience, and ideas of young people and their potential contributions.

Inviting Members

When extending an invitation to join the coalition, meeting with potential members individually provides those persons with an opportunity to share their concerns and priority issues. It also presents an opportunity to express the importance of the collaborative, the timeliness, and relevance of the issue of interest and what the group has accomplished or aims to accomplish. Good relationships are often instrumental in gaining support—whether in the form of coalition membership, political support, or funding. When approaching individuals who may be reluctant to join, come prepared with talking points that clearly state why adolescent health should be a priority and how the health of the community's adolescents directly affects that stakeholder. Another option is to have a well-respected or well-known person (e.g., local elected official, advocate or concerned celebrity) write or sign an invitational letter.

Invitation Strategies

The coalition could also do the following:

- Plan an exciting introductory meeting that will motivate people to attend (e.g., kick off luncheon, inspirational speaker, panel discussion).
- Send an invitational letter to potential members. This letters should:
  - Be explicit about the goals of the first meeting and include the agenda.
  - Incorporate a local case study or local statistics to illustrate the impact of the adolescent health issues in the community. Include a youth perspective.
  - Include background information on the issue(s) (e.g., fact sheets, results of a needs assessment, other community data).
  - Include a short biographical paragraph about each current coalition member.
  - Emphasize why the coalition wants the potential members' involvement and why they are important.
- If invitees do not accept at first, the coalition could ask if someone else in the organization is interested. If the invitees would like to be on the mailing list, the coalition could offer to check on their availability and interest later (perhaps after a plan of action has been established).

Creating a Mission Statement and Goals

A mission statement broadly describes a coalition's core principles and purpose. The goals and objectives identified for the coalition's specific intervention should be consistent with its overall mission. Group leaders may decide that all members should be involved in creating a mission statement or may find it more effective to have a group draft one for others to review. Youth should always be involved when drafting or revising the group's mission statement.

Collaborative Decision-making Processes

To assure that the coalition will work effectively as a group, members must establish governance and decision-making processes. Aim to create an open environment that engenders trust and makes people feel comfortable expressing themselves. Early on, establish processes to reach resolution and address disagreements. Neglecting to formalize decision-making processes from the start will likely cause problems later. Depending on the size and diversity of opinion among the group, decision-making processes can range from informal to very formal; possibilities include decision by majority rule and consensus.

Majority Rule

When using majority rule, decisions are made by voting or polling after some discussion. If the majority is in favor, its vote is accepted as a decision. The facilitator must allow adequate time for discussion from a variety of viewpoints. The group may adopt formal rules of conduct, such as *Robert's Rules of Order*, if desired.

- Simple majority: a vote of more than 50% of those present is required to pass a motion.
- Super majority: a vote of either 60% or two-thirds of those present is required to pass a motion.

Consensus

Consensus is not the same as unanimity; it is the arrival at a decision that each member can accept. This is one of the most time-consuming methods because it involves every member. It is also an approach for exposing and exploring conflicting viewpoints before making a decision.

- General consensus: almost everyone has to agree, but there may be one or a very small number of people who are not completely comfortable with the decision.
- Total consensus: absolutely everyone has to agree. A single person can be a "holdout," and here the group must continue to discuss the matter until the person agrees with the decision or until changes are made that make the outcome acceptable to the holdout. This method requires a high level of trust within the group and a very skilled facilitator.

Brindis 1991

When defining their mission statements, coalitions can be encouraged to:

- Be inclusive and encourage all members to contribute.
- Allow a generous amount of time to brainstorm and discuss thoughts and ideas.
- Identify common themes and combine ideas.
- Refine the statement until there is consensus among the group.
- Finalize the statement after sharing it with other coalition members or partners.

A coalition's mission is distinct from its individual goals. Goals help to lay a strong organizational foundation. More challenging and long-term goals may need to be broken down into smaller steps. Due to the nature of collaborative work, it is likely that goals for the coalition will change over time. For example, simply establishing a coalition might be an immediate goal. The next goal might be to conduct a comprehensive needs-and-assets assessment—its findings will help the coalition decide on its next steps. It is important to note that the coalition's goals at this point are different from its goals and objectives developed

Creating a Mission Statement for the "Coalition for Active Youth"

(This is a fictitious scenario for illustrative purposes.)

The mission of the Coalition for Active Youth is to reduce obesity and increase physical activity among young people in the community. This example refers to the following Critical Health Objectives:

- Reduce the proportion of children and adolescents who are overweight or obese. (Critical Health Objective 19-03)
- Increase the proportion of adolescents who engage in vigorous physical activity that promotes cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion. (Critical Health Objective 22-07)

(Note: As many of the Critical Health Objectives are closely related, it often makes sense to focus on a cluster of objectives. The Coalition for Active Youth example focuses on two Critical Health Objectives because they are interrelated: An integral aspect of reducing the number of teens who are overweight or obese is increasing physical activity levels among young people.)

A sample mission statement for the Coalition for Active Youth would be:

- Finalize the statement after sharing it with other coalition members or partners.
- "The Coalition for Active Youth supports adolescents and their families in achieving a healthy weight and increasing participation in physical activities."

The Coalition for Active Youth will later develop its goals, which are more specific:

Long-term goals:

- Implement a community-wide health education campaign focused on improving teens' and adults' knowledge levels on healthy eating and the importance of regular physical activity.
- Create environments that encourage and support physical activity among community members by, for example, improving the safety and facilities at a centrally located park.
- Collaborate with schools to offer affordable low-fat snacks and lunch items, including fresh fruits and vegetables.

Short-term goals:

- Conduct a needs-and-assets assessment to help determine what strategies should be implemented to address high obesity rates and low physical activity levels among teens.
- Hold teen focus groups to discuss their concerns regarding body image and obesity, their needs, and the services they desire for the community.
- Survey teens and their families on their eating and exercise habits.

(Note: It is important for a coalition to be aware of overloading itself with too many goals and spreading itself too thinly. Coalitions may want to decide on a realistic, but comprehensive, set of short- and long-term goals instead of taking on a larger set of goals.)

later. At this early stage the coalition's goals should refer to the activities it will undertake to keep its efforts focused.

Coalition Stages

Once membership and operational issues (e.g., frequency of meetings, decision-making processes, and governance structures) are established, the coalition will likely undergo a natural progression in its development. The following paragraphs briefly discuss these stages.

Coalitions may be advised to plan for dealing with the possible challenges inherent in each phase.

Understanding the stages of a coalition can assist members in addressing challenges when they arise. Coalitions rarely proceed through these stages sequentially, and aspects of each stage may need to be revisited at any given time. Strong coalitions will have the flexibility to respond rapidly to changing realities, and they should recruit new members as appropriate (e.g., when new resources such as individual and organizational skills are needed).

Early Stage: Initial mobilization and establishment of organizational structure

In this stage, generally a group of people come together who share common beliefs and goals. At first, the group may function informally in terms of goals, agenda, and membership. Challenges often encountered include insufficient staff or resources, limited power and authority, and struggle over which directions to pursue. At the end of this stage, the coalition has generally begun to establish the structure needed to proceed.

Middle Stage: Building capacity for action and implementation of interventions

During this stage, the coalition establishes a sense of stability, with some staff and other resources available on a more regular basis. The coalition further defines its committee structure, and membership may be expanded. Challenges can emerge as the initial euphoria of finding a common cause gives way to the reality of the size and complexity of the task. Other problems might include insufficient resources, burnout and frustration of key players, and disagreements about policies and activities.

Late Stage: Refinement of interventions and possible institutionalization of coalition

The coalition establishes a relatively permanent staff and secures financial resources during this stage. Membership also becomes more stable, and a more elaborate organizational structure may develop. A broad recognition of the coalition as a major stakeholder within the community is also established. This phase is difficult to achieve, and a fully developed coalition needs relatively stable sources of funds to sustain and pursue its goals. It also needs to be independent enough to pursue its own agenda. Challenges encountered at this point include obtaining the necessary resources, gaining access to and influencing other key decision makers, sustaining the enthusiasm of the stakeholders, and maintaining the effort. For coalitions that do not want to be institutionalized, this stage would mean completing the final project and dissolving the coalition.

Making Collaborations Work

Coalitions will undoubtedly encounter challenges in trying to achieve the 21 Critical Health Objectives. To overcome them, a coalition should continually re-evaluate its structure, implementation of the project, and group processes and dynamics. When challenges arise, the coalition should examine the root of the problem. Revisiting the mission statement, action plan, and other accomplishments may be required. Focusing on ways to maintain the group's initial momentum and energy and not fearing the restructuring of the coalition or its work are crucial to success. For an example of an assessment form that can be used to evaluate the coalition and how it functions, see Worksheet 2 at the end of this chapter.

The following nine items are important ingredients for managing and maintaining a healthy and productive coalition:

1. Create a positive and motivating mission.

A motivating mission or vision for what the coalition wants to accomplish will help the group when challenges arise (e.g., a feeling that project work is stagnant or frustrating). Having an unclear purpose, goal, or vision might send the coalition in unplanned and unwanted directions. For instance, if the initial goal was to implement action, but recent meetings seem to have turned the coalition into simply a discussion group, there may be a disconnect between the original mission and current action.

The mission statement may need to be refined as time goes on. For example, once work begins on the issue, the coalition may find that what it originally believed to be the most effective course of action or focus has changed. Working in a coalition is a continual process of action and reflection, and there should be flexibility to restructure and change focus as knowledge and experience are gained.

2. Establish strong management and leadership.

Selecting a leader or a core group that will initiate coalition processes, such as a steering committee or a lead agency with a coordinator, is crucial. This action is especially important for larger groups and helps in establishing responsibilities, timelines, and next steps. Unclear and unrealistic expectations often result in frustration, lost motivation, and miscommunication. Over time, leadership can be defined and consistent or it may be shared and rotated.

Leadership roles include:

- Encouraging participation and contributions from all members.
- Structuring fair and productive group interactions.
- Negotiating among organizations and individuals with diverse agendas.
- Maintaining enthusiasm through good and bad times.

3. Respect the community.

Respect for the community norms, trying to understand the community, and involving its members are all critical in advancing the National Initiative. Not involving key community members and appearing exclusive will likely create distrust and cause alienation. The coalition should determine how community interest and support can be garnered and how controversial issues can be handled in a respectful manner. It will take time to establish credibility and gain the trust of the community. If the coalition encounters conflict and resistance, it should not lose sight of the young people and the health issue at the heart of its work.

4. Establish clear ground rules and policies.

Generally, establishing ground rules (e.g., how to conduct meetings, create records/minutes, make decisions, and work with media) will avoid future confusion. Members of the coalition can take turns leading, facilitating, or hosting meetings if appropriate. They might also consider rotating meeting places and times. Over time, the group will integrate what works best for coalition members.

Differences in views are inevitable, and thus it is important to create an open environment where people feel comfortable expressing themselves. Early on, the group should establish processes for reaching resolution and addressing disagreements. Neglecting to formalize decision making processes from the start will likely cause later problems. The coalition can review these processes as time moves forward and adjust them as necessary.

5. Create a clear action plan.

Once an action plan has been developed to reach the 21 Critical Health Objectives for adolescents and young adults, it is important to be explicit about who will do what, how it will be done, and by when. Not assigning responsibilities or deadlines for action will likely cause confusion and project delays. Building in predetermined evaluation processes (e.g., biyearly reviews of progress made) is beneficial in monitoring accomplishments.

The coalition should address the planned agenda and analyze the effectiveness of its actions. If a review demonstrates little action, the coalition can consider what factors have contributed to the limited success and rethink future strategies. If work has been successful, it is also important to assess what factors contributed to this success.

6. Validate and respect members and staff.

As in all group processes, interpersonal relationships are critical. Common challenges include the politics/territoriality of individual group members, conflicting loyalties, vested interests, and difficult past or current relationships (organizational or personal). Respecting the familial, personal, and professional obligations of each member of the coalition is vital, as is working to ensure that coalition roles and obligations are appropriate.

Common mistakes when organizing a coalition:

- Neglecting to involve (or at least advise) key people in the community about the group.
- Spending too long (e.g., 6 months) trying to define the group's purpose.
- Beginning with a needs assessment study that takes a year, precluding other decisions or actions from taking place.
- Becoming preoccupied with organizational structure, including bylaws, without working on the actual agenda of the group.
- Developing a great plan but neglecting to assign responsibility for carrying it out.
- Neglecting to assign deadlines or at least target dates.
- Failing to develop the ability to deal with hard issues, such as group leadership and agency "turf."
- Turning into a discussion rather than an action group.
- Failing to build in a process for self-evaluation.
- Losing sight of the young people the group is supposed to serve.
- Allowing only a vocal minority to dictate policy or action; in other words, failing to engage all sectors of the community.
- Taking on a highly controversial strategy before developing credibility in the community.
- Allowing one agency to dominate or control the group.
- Failing to rotate members off the board of directors.
- Failing to establish decision-making rules.
- Trying to achieve 100% agreement on every decision or issue.

It is important to allow time for meaningful discussion so that people feel they are being heard. Responding actively to concerns when issues are raised and determining what needs to be done next are all crucial to maintaining a healthy coalition. Validation of members' feelings and beliefs will help sustain motivation. Even if there are no obvious communication or interpersonal problems, evaluating the coalition from time to time using a process perspective is important (Are the group members feeling validated, useful, and respected? Do they understand their and others' roles? How often are group meetings held? Who decides? How well is information being shared? Do members feel a sense of ownership?).

7. Address administrative barriers.

Administrative barriers such as inadequate staff support or funding may cause tension or stagnation, making the coalition less productive. It is important to recognize the relationship between administrative barriers and project work, discuss these barriers, and do what is possible to address them.

There may be times when the coalition needs outside guidance or resources to address issues or problems; it is important to ask for and accept help when necessary.

8. Encourage group cohesion.

The coalition should encourage the formation of relationships both within the coalition and in the community. Keeping people motivated about the project and the coalition's efforts is important. Failing to have fun and celebrate successes will increase the chances of coalition work feeling like "just another meeting."

9. Set realistic expectations and goals.

Frustration and impatience in meeting short- or long-term goals is a common problem. It might be better to successfully meet smaller goals than to set coalition goals extremely high. Build on successes as the coalition strives to achieve the next set of goals and objectives. Conducting periodic reviews of accomplishments (e.g., semiannually) is important, as is having explicit, achievable goals for each meeting so that accomplishments are easy to measure.

Summary

There are significant challenges in establishing a collaborative effort that focuses on specific aspects of adolescent health. The sheer complexity of meeting any of the 21 Critical Health Objectives for adolescents and young adults requires a concerted effort to mobilize a wide variety of community resources. By bringing together a diverse, representative group of committed individuals and agencies that can work in concert, a community can increase its likelihood of success, especially if the coalition adopts multilevel strategies.

This overview raises some of the issues to be considered in developing a new collaborative structure or building on an existing one. Coalition leaders may wish to explore these topics further with others in their community to increase the likelihood of success for their collaborative efforts.

Once the coalition's membership has been established, processes have been identified to support effective group functioning, and a mission and goals have been identified, the group is ready to move to the next step. If a needs-and-assets assessment has not already been completed in the community, the coalition will need to conduct one to guide its future efforts. The following section describes how to assess community needs and

assets and how to use this information to further mobilize the community and create an effective action plan.

EAT RIGHT COALITION CASE STUDY

(This fictitious example is woven into the document for illustrative purposes.)

How Coalitions Are Formed

The Eat Right Coalition (ERC) was formed when local public health department officials in a predominantly poor, rural town of 40,000 received numerous comments from area family practice physicians about an alarming increase in the number of overweight and obese adolescents in their practices. These physicians estimated that the number of overweight children attending their practice had doubled during the past 5 years. When six popular practitioners were asked by the health department to perform an informal inventory from their patient records, they found that the number of overweight adolescents in their practice had increased by 30% over the past 3 years. After informally speaking with area teachers, religious leaders, and police, health officials found that those groups, too, had made these observations. Teachers had noticed fewer youth engaging in outdoor activities and instead playing video games; clergy had noticed more overweight teens attending Sunday morning services; and police had seen fewer children playing outside and more young people "hanging out" at local fast-food restaurants. The combination of these different indicators reflecting the same theme convinced the health department of the need to create a community coalition that would address the issue of childhood obesity. It decided to form the ERC.

Before moving further, health department personnel believed it would be best to invite local residents to be involved in the coalition. They decided not to have restrictive criteria for involvement, instead accepting everyone who wanted to be included and permitting them to participate according to their interest, ability, and availability. Over the next several months, they targeted businesses, local policy makers, parents, schools, youth-serving organizations, the media, health care personnel, and youth themselves to attend introductory meetings. In making these overtures, several strategies were employed:

- All community members perceived as vital to the coalition received formal invitation letters; these persons included the mayor, local school board members, local physicians and health officials, PTA leaders, business leaders, clergy, and members of teachers' unions. After explaining the coalition's background, the invitation implored potential participants to help create and guide the coalition's activities. It stressed that the coalition was in its inception and stated that reducing childhood obesity was its only goal. Most importantly, it emphasized how relevant the issue of childhood obesity was to all community residents. It asked them to pass the invitation to other people they believed would also be important to involve.
- Whenever possible, influential community leaders and decision makers were called personally and invited to attend the introductory meetings.
- Advertisements for the meetings were published in local newspapers, and the local news station ran a story about childhood obesity that mentioned ERC as a contact. In addition, numerous flyers were posted around the town, many near schools, library branches, and area businesses.
- Young people perceived as leaders or as influential (e.g., members of student councils, sports teams, and various school groups) in each of the town's high schools and middle schools received formal invitations. Coalition members also asked physical education teachers, health teachers, and school counselors to recommend students.

Two months later, the first meeting took place at a local high school cafeteria. Among the approximately 80 attendees were clergy, school principals, youth, school board

members, health care personnel, and many parents. The mayor sent a letter expressing support. Several members of the initial start-up group (e.g., physicians, members of the health department) had prepared a slide presentation detailing their findings and concerns. Numerous teachers and several prominent officials had been asked to offer their personal perspective about how the community had been affected by this problem. After the presentations, a spirited town meeting took place about the next course of action. Some speakers thought that steps must be taken immediately to restrict the amount of unhealthy snack food in schools. Others believed a community-wide exercise campaign would be the best course. Many attendees were not even convinced there was a real problem and argued that community efforts should be focused on the larger socioeconomic issues affecting the entire area.

Through a series of discussions, it was decided that the most appropriate course of action would be to form a grants committee that would seek funds to perform a local needs assessment. Because the health department director had experience with nutritional programs, she wanted the needs assessment and the coalition's other activities to focus initially on addressing healthy eating, adding an exercise component later. The needs assessment would detail the number of obese schoolchildren and what they ate, what they wanted to eat, where they are, and what they knew about healthy eating. It would also look at the number and types of existing programs working to alleviate the obesity problem, factors that promoted this problem, and best practices and strategies employed elsewhere to address the issue. The health department formed a grants committee of existing personnel that would be involved in applying for grant funds.

Another small committee, the assessment group, was formed to spearhead the needs-and-assets assessment process. It would focus on general community assessment and research. It was charged to design the needs-and-assets assessment and to formulate the specific questions. It was composed of volunteer health department staff, local researchers with experience in data collection, and other interested individuals. Community youth were also invited to be trained for the information gathering process (e.g., interviewing, data collection). They were to receive extra credit for participating as they learned these research skills. All other audience members would be kept on a mailing list and regularly updated on the coalition's activities. Another series of meetings were to be held after the completion of the needs assessment for presenting the key findings, considering what priorities to establish, and deciding what types of intervention strategies should be pursued.

Needs-and-Assets Assessments

Before conducting a needs assessment, a community should have already determined which clusters of the 21 Critical Health Objectives for adolescents and young adults it wishes to address. To further refine its efforts, the coalition will need to gather more in-depth information related to those Critical Health Objectives. A needs-and-assets assessment can help the coalition have a clearer understanding of what antecedent factors are related to its selected Critical Health Objectives, how the community perceives the problems, and what resources and assets exist within the community to help address the problems.

Conducting a needs-and-assets assessment is the process of gathering and analyzing information to better understand the context surrounding specific health issues. More specifically, this process examines the social, environmental, and political factors that contribute to the health issues prevalent among a defined population or in a geographic area. The assessment forms the basis for program planning, monitoring, and evaluation. It yields specific information about the health status and resources in a community—information that can help communities use resources most effectively. The assessment is

also a way to engage communities in defining their own health agenda and shaping solutions.

A community-oriented assessment emphasizes a community's assets, not just its needs. **Assets** are resources available to individuals, groups, and communities that improve the health of a designated population. People, places, organizations, funding, and material goods are all community assets. Communities might already have many assets and resources that can be mobilized to address the 21 Critical Health Objectives. For example, existing PTA groups, teachers' associations, and youth councils can participate in or offer resources to an adolescent health initiative. A **need** is a problem or lack of resources that either indicates or leads to negative outcomes for a community or group. A need can exist at the individual, institutional, or community level. For example, adolescents in a community might be engaging in very little physical activity, schools might lack funding to offer adequate physical education, or neighborhoods might lack parks and recreation facilities.

A needs-and-assets assessment encourages community involvement in designing, implementing, analyzing, and presenting the information gathered about the community. Ideally, a community invested in long-term change will conduct a needs-and-assets assessment every 3 to 5 years to gauge its progress and identify emerging needs.

Purpose

The needs-and-assets assessment is a multistage process of collecting, analyzing, and presenting information. Its purpose is to answer the following questions:

- What are the extent and scope of a problem in a community?
- Are there demographic groups and geographic areas with relatively greater need around selected problems?
- What are local perceptions of the problem?
- What causes the problem, and how might it be prevented?
- What is the current knowledge about "what works" in addressing a particular health issue?
- What current efforts are under way to address that problem?
- What gaps are there in existing services?
- What community capacities and strengths exist, and how can they be mobilized?

With this information, practitioners, policy makers, and community members can identify priority issues and measure how well the community is meeting the needs of its young people. The assessment can also point toward areas for improvement and effective strategies and interventions.

Using data and quantifiable information, the needs-and-assets assessment helps provide an objective picture of a community's health status. Perhaps teens in the community are becoming involved in alcohol-related traffic crashes more frequently; an assessment showing that the rate of drinking and driving among community adolescents is higher than state and national rates establishes the existence of a problem and helps mobilize the community. Such data also demonstrate to potential funders the extent of need in the community. Similarly, a needs-and-assets assessment can quantify the types and amount of services available and the extent to which those services are meeting the needs of adolescents. Collecting data on the health of adolescents and available resources can also serve as a baseline from which progress can be measured after an intervention has been implemented.

The needs-and-assets assessment also provides a subjective view of the community and its health concerns from the perspectives of many stakeholders, including families, policy makers, school officials, the medical community, and adolescents themselves. Gathering these multiple perspectives sheds light on how the community defines the problem and what factors affect the Critical Health Objectives being assessed. Knowledge gained about these factors will help the coalition determine which strategies are most appropriate for addressing its selected Critical Health Objectives. Furthermore, stakeholders are more likely to "buy in" to an adolescent health initiative if they can provide input, ideas, and opinions.

Tips for Conducting a Needs-and-Assets Assessment

Carefully define the parameters of the community:

Before getting started, it is important to define the community that will be assessed. A community can be defined along political, geographic, or social boundaries. Groups undertaking an assessment might define their community by school district or county but make comparisons across zip codes, race/ethnicity and age groups. However narrow or broad the definition of the community, those conducting the assessment must be clear about its parameters from the outset.

Involve young people in the assessment process:

It is important to give youth an opportunity to create their own definitions of the problems they face and identify their own assets and priorities. When adults speak for teens without soliciting their input, they risk designing interventions that do not resonate with youth. Involving young people in the assessment helps recognize and mobilize their strengths and assets. Youth can help design the questions or data collection instruments, collect and interpret data, and present the findings. By participating, they learn important skills in research, community organizing, public speaking, and community planning.

Actively engage community members:

The coalition should establish a "learning community" environment in which communities affirm and celebrate their strengths and assets while recognizing their responsibility to address problems and lessen any disparities. Involving community members and groups in the data-gathering process helps create a sense of ownership, which will likely encourage mobilization and stir positive excitement. Active community representation is integral to creating a successful intervention and makes its sustainability more likely. The adolescent health issue must be "owned" by the community and not be seen as a problem manufactured by outsiders. Conducting an assessment presents a real opportunity to develop a trusting relationship between a coalition and the community, as it demonstrates and reinforces the coalition's dedication and interest. Involving a diverse group of community members and stakeholders is also an excellent opportunity to inform and educate one another regarding the community's needs, gaps in services, and available assets.

Emphasize community assets:

Emphasizing community assets helps to avoid "reinventing the wheel" and engages people and resources that may be undervalued or underused. Focusing on assets also encourages residents to take pride in improvements. This approach also treats residents as agents in control of issues faced by the community and active shapers of solutions rather than passive clients or receivers of services.

Obtain the cooperation of key stakeholders:

Gaining the support of key stakeholders in the assessment can help build consensus around an adolescent health initiative. With the cooperation of stakeholders such as parents, school administrators, and other formal and informal community leaders, the coalition will gain better access to important data and information. Involving stakeholders in the assessment process also helps forge relationships that will be important in the planning and implementation phase.

Collect data at each of the four levels:

The coalition is encouraged to structure its assessment according to the four levels of influence: individual/family, school/peers, community, and policy/society. The assessment should determine the scope of the problem at each level and how it is viewed there. The assessment should also examine current efforts to address the problem at each level and how those efforts can be improved. Representatives from each level should be on the coalition or actively engaged in conducting the assessment.

Determine what data are already available:

Before beginning data collection, it is important to determine whether other groups have conducted an assessment in the community. If the information is still current and has been collected and reported accurately, it can be used. Groups can then focus on supplementing the information with new data. This step also helps avoid surveying community members and health care providers repeatedly about an issue.

Be prepared to spend a fair amount of time:

Communities should be prepared to spend a fair amount of time on the project. The coalition must collect enough data and engage enough stakeholders obtain meaningful findings, but it should be realistic about what can be accomplished with the time, staffing, funding, and other resources available. Partnering with other organizations or local universities is a way to maximize resources. Coalitions might also consider conducting the assessment in a specific neighborhood, with a specific population, or on a specific health issue. It is much better to scale back and undertake a manageable project than to try to accomplish an enormous amount in a little time.

Be sensitive to community reaction:

Because communities can feel as though they are under a microscope during a needs-and-assets assessment, it is important to frame the assessment in terms of its ultimate benefits to the community, including its value in helping the community's voice be heard. All communities include groups with diverse interests and perspectives, so that the coalition should frame findings in an objective and noninflammatory way. Still, the coalition should not shy away from important issues simply because of disagreement; debate can lead to innovative solutions. "Hot" issues uncovered by a needs assessment might provide the coalition with a focus for its adolescent health initiative.

Consider using consultants:

For a thorough community assessment, a coalition may want to consider hiring an outside consultant, which might make the assessment seem more objective. On the other hand, an outside consultant will have less knowledge of the community's history, politics, and important contacts. If resources allow, the coalition can hire a consultant to coordinate the data gathering or needs assessment processes; assist in determining the scope of the needs assessment and research questions; select methodologies; review existing guidelines, best practices and evidence-based programs; train and supervise community members to collect data; and analyze data and present the results. It may

not be necessary to hire a consultant if the community decides to conduct a brief needs assessment or if there are alternatives, such as partnering with a university, community, or agency representatives.

Overview of Assessment Steps

Recruiting Team Members

The National Initiative encourages people to build partnerships within their communities, and joining with a variety of stakeholders. Having broad partnerships will help yield more meaningful and comprehensive findings, because the persons involved in data collection influence the scope and depth of the assessment. Involving community leaders as well as experts in data collection broadens the scope of the persons who commit themselves to the assessment process and the action plan that will follow.

It is important to be strategic when assembling the assessment team by thinking about the tasks to be completed, the skills (e.g., survey design, data analysis, report writing) and resources (e.g., access to young people and community residents) necessary, and whether current coalition members bring these skills and resources. The coalition might begin by developing a list of individuals and organizations that can provide these skills and resources (see Worksheet 3 at the end of this chapter). These individuals and organizations might bring strengths to a range of tasks, such as obtaining permission to survey young people at school, designing interview questions, photocopying the report, or publishing an article about the assessment in the newspaper. Clearly, the assessment team must be a diverse group, composed, for example, of a school board member, graduate students from a local university, a reporter, and a local businessperson.

Involving community residents, both young people and adults, can benefit the community by affirming their diverse assets and teaching them about the principles and techniques of social inquiry. By participating in the assessment, community members learn to collect, interpret, and use data to support their perceptions and ideas for future efforts on behalf of the community. Involving community members also facilitates data collection by increasing access to, and building trust within, the community. For example, a community leader might be more successful than a service provider in convening a group of parents for a focus group. Inclusiveness also strengthens coalitions and helps them develop relationships with others interested in the Critical Health Objectives. Individuals involved in the data gathering will likely need training in conducting interviews and focus groups, ensuring confidentiality, interpreting data, and presenting findings.

It is important to "get the team on board" before starting the assessment. Convening small meetings with key stakeholders or conducting one-on-one interviews with them will help the coalition build relationships and get a sense of how it wants to focus the assessment. These meetings might also shed light on potential community politics around adolescent health and on turf issues concerning resources for young people. Names of key informants and key sources of data may emerge from these meetings. This initial relationship building will also be a first step in defining the scope of the needs assessment, as those conducting it start to learn what data have already been gathered and what other assessments related to adolescent health have been completed.

Once recruited, community members and stakeholders should participate in the entire process, from defining the scope of the assessment to collecting the data, presenting the findings, and translating findings into actions. Once the assessment team takes shape, it is advisable for the group to work out certain logistics and understand the roles and responsibilities of team members. For example:

- · Who will contact schools, program directors, city or county officials, and other sources of information or possible partners?
- Who will head the data collection process, either as an internal expert or by finding and hiring a consultant?
- What level of funding is necessary to conduct the assessment? What in-kind contributions can be used (for example, existing staff)?
- If necessary, who will manage or seek funding to carry out the assessment process?
- What types of training or skills development are needed to conduct this assessment?

In addition to assessing these roles, it is important to determine how often the group should discuss progress, obstacles, and any changes in initial goals and timelines. For example, how much in-person communication is desired or necessary, and how much can be done electronically, through conference calls, or in face-to-face meetings?

Determining the Goals and Scope of the Assessment

The coalition should start by deciding what it hopes to accomplish by completing a needs-and-assets assessment. Establishing goals will guide the assessment, determining the questions to ask and the types of data to be collected. Thus, by deciding what it hopes to achieve through a needs-and-assets assessment, the coalition will create a road map to keep the project on course.

Needs assessments can be performed for a variety of reasons. They can provide baseline data that can be revisited after an intervention has been implemented. They can be very focused, looking at a specific community or health issue, or more comprehensive, exam-

CASE STUDY

Needs assessments can vary in size and scope. Important factors for deciding such issues include who is conducting the assessment (e.g., the public health department or a specialized agency such as a university's community health program?), its purpose (e.g., is it primarily focused on trying to change existing programs or trying to create new programs) and what time and funding constraints it faces. The following example describes a needs assessment that is more limited in size and scope. It is important to remember that the structure and administration of an assessment has as much to do with surrounding circumstances as with prevailing needs.

In December 2000, the North Carolina Title V Program, the Special Services Unit of the Division of Public Health, and the North Carolina Office on Disability and Health produced a report titled "Assessing the Health-related Needs of Youth with Disabilities and Chronic Health Conditions in North Carolina" (http://www.fpg.unc.edu/~ncodh/execsum.pdf). The report, based on focus groups and individual interviews held with disabled youth and their parents, focused on responses to several key health issues, including barriers to maintaining a healthy lifestyle, satisfaction with the health care environment, suggestions for improving the health care environment, and concerns regarding transitions from pediatric to adult health care. Teens reported forming new provider relationships and finding providers with adequate disability knowledge who could interact in an age-appropriate way as major concerns. The participants also completed a health survey that assessed insurance coverage, health conditions, health status, and plans for the future, and they were asked to prioritize particular health-related information needs and transition supports. Using the assessment responses, suggestions were made for improvements in schools, health care, the community, and the State Title V Program. Sample suggestions included having transition-related programs contain opportunities for adolescents with special health care needs to have meaningful interaction with positive adult role models who themselves have special health care needs. It was hoped that these suggestions would be used to formulate a comprehensive plan that was developed with the input of all relevant stakeholders.

ining a region of several counties or looking at several health issues simultaneously. Some communities might use their assessment to focus on specific levels of intervention. For example, a community might have adequate individual-level interventions under way but want to assess what can be done on other levels (individual/family, school/peers, community, and policy/society). Another community might want to engage a particular sector, such as the business community, and focus its assessment on how to involve that community on all four levels.

The following questions might help the coalition focus its assessment:

- Which questions do we want to answer?
- What do we already know about these issues?
- What outside resources can we tap to help us understand these issues?
- Which forms of data collection are feasible?
- What is a realistic timeline for completing the assessment?
- How much staff time, funding, and other resources do we have right now to conduct the assessment?

The scope and depth of the assessment partly depends on how much time, staffing, and funding are available. These constraints notwithstanding, it is important to conduct some assessment, even if small. The coalition can always build upon existing assessments. Or, one piece of a larger assessment can be done first, with a more comprehensive assessment at a later time.

The type of information often collected for a needs-and-assets assessment, organized by the four levels, is presented in the box. Guided by the goals of the assessment, communities should determine the most important data to collect for each level. For example, does the coalition want to focus on a specific aspect of service delivery such as service coordination or after-school programs? The coalition also needs to consider what types of information will help it understand the different topics. For example, would rosters of existing services help assess the availability of services? Identifying whether any of this information has already been collected in the community is also an important step.

Sample Needs-and-Assets Outline

I. Individual/Family
   - A. Socioeconomic status
   - B. Family structure/composition
   - C. Family connectedness within or to external community
   - D. Development
   - E. School performance
   - F. Attitudes and knowledge

II. Schools/Peers
   - A. School connectedness among students, teachers, and parents
   - B. School services/classes/programs
   - C. School environment

III. Community
   - A. Community attitudes and perceptions of adolescent health
   - B. Availability of health and social services/programs
   - C. Safety
   - D. Opportunities for community services and employment

IV. Policy/Society
   - A. Policies and regulations
   - B. Funding
   - C. Media

A literature review may help coalition members gain a better sense of the questions they should ask when gathering information for the assessment; it should familiarize them with the antecedent factors linked to the Critical Health Objectives being addressed. Antecedent factors either put young people at risk for negative outcomes or provide protection from these outcomes (e.g., observable behavior) (see Figures 1 & 2). A review of literature on teen suicide, for example, would show connection to others as protective and school failure and substance abuse as risks. When collecting data and interviewing community members, the coalition may want to examine school success and interview teens about what helped them feel connected to their peers, family, school and the community. The more a coalition understands a particular health issue, the better equipped it will be to address it. A careful consideration of antecedent factors can suggest effective intervention strategies. Furthermore, it can help identify groups of young people who are at particular risk. Antecedent factors may differ among groups of young people; these differences may point to the need for tailored interventions.

Traditionally, public health models have focused on changing individual behaviors by addressing risk factors without also supporting and enhancing protective factors (e.g., assets and strengths). By focusing on individual health risk behaviors, these models also ignore larger environmental and societal issues. It is important to recognize that risk factors and protective factors can exist at multiple levels, including individual/family, school/peer, community, and policy/society, and that interventions need to operate at multiple levels.

Literature reviews (and summaries of literature reviews) are available for many of the health areas addressed by the 21 Critical Health Objectives. The coalition may choose to appoint a special ad hoc group or task force to read these literature reviews and examine the existing knowledge base (see the box below). Information from a literature review will also be helpful when the coalition is ready to design the intervention. Once priority health issues have been identified, knowledge of antecedent factors related to the health issue will indicate points for intervention. The information should be revisited when the coalition reaches the action plan/prioritization phase (see Chapter 6).

How to conduct a literature review

1. Review public health search engines and databases for referrals to relevant journal articles and information:
   - Healthfinder: *www.healthfinder.gov*
   - PubMed: *www.ncbi.nlm.nih.gov/PubMed/*
   - Medline Plus: *www.medlineplus.gov*
2. Consult recognized experts in the field:
   - Ask them whether they know of literature reviews, publications, or program evaluations that might be relevant to the selected Critical Objectives.
3. Contact national organizations that have expertise regarding the issue.
4. Search the World Wide Web:
   - Enter key phrases in established search engines (e.g., www.google.com).
   - Be aware of the sources of information and make sure they are credible.

Specifying Questions

Determining the scope and depth of the assessment sets the stage for specifying the questions the coalition would like it to answer. Using the sample needs-and-assets out-

Figure 1: Observable Behaviors—Antecedent Risk and Protective Factors at Four Contextual Levels

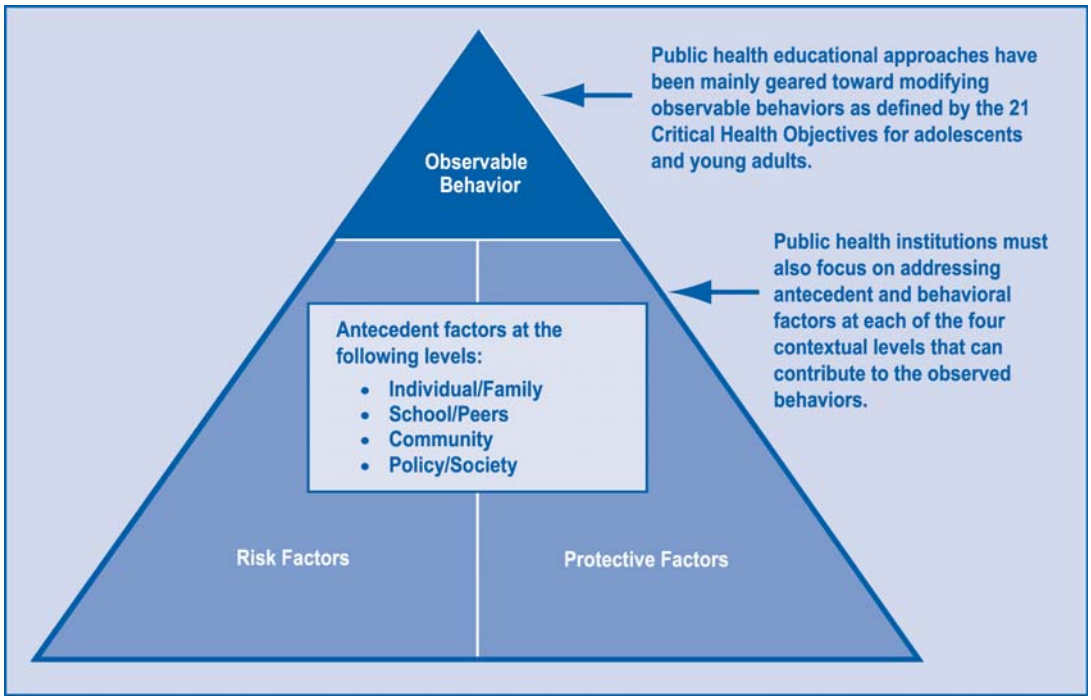
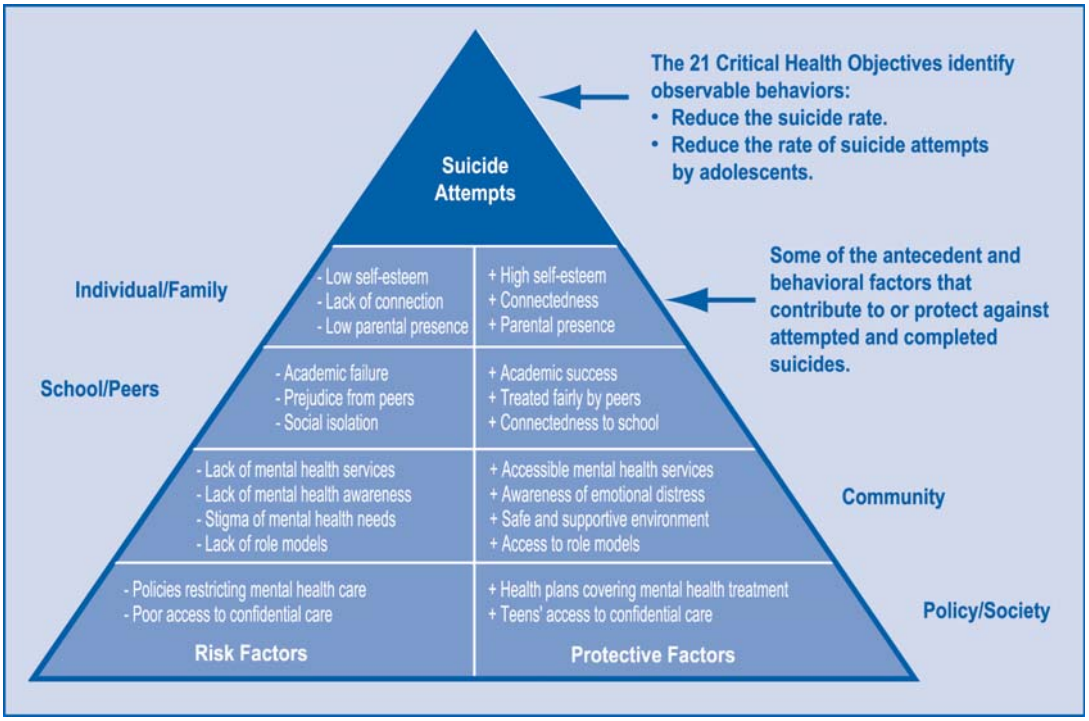


Figure 2: Suicide Attempts and the Antecedent Risk and Protective Factors at Four Contextual Levels



line, the coalition can further refine the aims of the assessment by determining questions for each section (see Worksheet 4 at the end of this chapter). When designing the questions, it is important to keep in mind the goals for the assessment and the different audiences for its results. The answers to the questions can serve several purposes: guiding the design of the action plan, creating support for the plan among community residents, and demonstrating need for action to potential funders. In this section, we outline some of the larger questions communities might want their assessment to answer.

Needs-and-assets assessments for adolescent health have often focused primarily on risk factors related to the health issues of interest and the services available for those problems. These foci provide useful information for developing an action plan. In the area of risk factors, for example, one might look at the social and demographic characteristics of the community to obtain insights on teens' quality of life. Some useful variables include the number of teens living in poverty, the percent of single-parent households, rates of unemployment, educational attainment of adults and teens, percent of teens graduating from high schools, and the relative number of recreational facilities for youth. In looking at services, the coalition might document the range of services related to the 21 Critical Health Objectives being addressed, including services from different sectors: community-based organizations, health care, schools, the faith-based community, juvenile justice, and other key players specific to the community. The coalition may look at gaps and duplications in services, barriers teens face in accessing services, or barriers and opportunities related to coordination between agencies.

Although information about individual risk factors and community services is needed, this document encourages coalitions to go beyond these two areas, guided by the four levels presented at the beginning of this chapter. One important area of inquiry is community environment and norms (e.g., how parents, teens, policy makers, practitioners, and other stakeholders perceive teens and the selected Objectives). Assessing community norms may help the coalition understand what interventions would best motivate community involvement.

In summary, the collaborative needs to develop a deeper understanding regarding the issues it is addressing to determine which directions to take and to frame a realistic timeline. It is important to identify positive as well as negative indicators in the community. Important questions that any needs-and-assets assessment should answer include:

- What is the scope of the problem?
- What are the ranges and profiles of the problem at the individual/family, school/peers, community, and policy/society levels?
- What are the antecedent factors influencing the outcomes reflected in the selected Critical Health Objectives? What does the literature review tell us about antecedent factors on all four levels?
- How ready are people to prioritize and act on the selected Critical Health Objectives? What types of actions would they most likely support?
- Do different sectors of the community view the problem differently? If so, how?
- What efforts are already in place?
- What is the range of current activities related to the Critical Health Objective(s) at each of the four levels? What, if any, gaps exist in these efforts (e.g., lack of programs, lack of policies)?
- Should we expand or enhance existing efforts? If so, how?
- Does the issue require creating new interventions; for example, should we develop an intervention for a level not previously addressed?
- What additional resources do we need, and how can we pursue them?
- What funding sources already support these activities, and which funding resources might be used for future support? How can current resources be redeployed for more effective or efficient use?

Collecting the Information

Now that the coalition has decided which persons/groups to involve in the assessment, defined the assessment's goals and scope, and developed a prioritized list of questions, it is time to determine the types of data to collect and to identify the sources of these data. The coalition needs to consider the resources and time available in selecting the range of questions, the data collection tools, the numbers of key persons to interview, and the size of the survey sample.

It may be useful to begin by gathering existing data from a variety of sources, including state and county health departments and the US Census. To fill in gaps and confirm conclusions drawn from existing data, the coalition will want to collect new data using tools such as surveys of representative samples of individual repondents, focus groups, and interviews of key informants. Worksheet 5 can help determine sources of necessary existing data, new data the coalition needs to collect, collection methods, persons responsible, and timelines. This section describes different types of data, sources of data, and suggestions for ways to collect new data.

To compensate for the inherent limitations of a given data source, it is important to employ multiple sources (sometimes called "data triangulation"). The more varied the sources, the more likely the needs-and-assets assessment will accurately reflect the factors that influence the selected Critical Health Objectives. Focus groups and interviews can provide qualitative information that rounds out a quantitative description of the health issue. For example, data indicating high rates of substance use can be supplemented by information on contextural factors from focus groups and interviews.

Coalitions might choose to create an advisory group to ensure that the data collected accurately represents the community. This group can convene periodically throughout the data collection process to review findings and ensure that the assessment gives equal consideration to assets and needs. The advisory group can also review survey instruments and other data collection tools to ensure they are clear and culturally appropriate, and can point out additional questions to ask.

Types of Data

This section very briefly describes types of data and their potential uses in a needs-and-assets assessment. The coalition will likely collect both primary and secondary data as part of the assessment and should seek a balance of quantitative and qualitative data, which can be either primary or secondary.

Primary: Original data the coalition collects and analyzes (e.g., responses from a parent focus group, results from key interviews or a community survey). It is desirable to reach a variety of stakeholders from different sectors of society (e.g., youth, parents, staff working in such areas as health and social services, education, law enforcement, community agencies, business) to gain a sense of the community's awareness regarding the selected Critical Health Objectives.

Secondary: Data that others have previously collected but which the coalition can analyze or reanalyze (e.g., statistics from state and local health departments, government or local agency reports). The coalition must be selective with secondary data because the information may not be specific to its community. To note any trends and changes, it is advantageous to compile data over a 5-10-year period.

Qualitative: Data presented in narrative form that usually cannot be expressed numerically. Examples include information gathered from focus groups, key informant interviews, community forums, and public hearings. Gathering qualitative primary data:

- Brings in community perceptions of adolescent health.

- Helps provide a context for the collection and analysis of quantitative data.
- Provides a better understanding of health behaviors and attitudes.

Quantitative: Data presented in numerical terms (e.g., vital statistics, responses to closed-ended questions on surveys). Gathering quantitative data:

Where to gather data?

Schools and households represent convenient settings to conduct research. Conducting surveys in schools offers a broad demographic range of adolescents. Drawbacks include needing to gain access to schools, time involved in obtaining parental consent, potential bias, and administering a questionnaire in a restricted amount of time. It is generally easier to obtain parental consent for household surveys, but teens may be more reluctant to discuss risk behaviors when at home. Several strategies can be used to address this problem, including the use of individualized tape recorders or laptop computers to protect confidentiality. To study select populations, you may want to conduct research in out-patient health care settings, juvenile justice facilities, inpatient psychiatric hospitals, and community agencies that serve troubled youth.

For further information, review Gans, J.E., & Brindis, C.D. Choice of research setting in understanding adolescent health problems: Journal of Adolescent Health. 1995; *17*(s): 306-313.

CASE STUDY

Comparing national and state data

In January 2001, the California Adolescent Health Collaborative (AHC) — a collaborative involving more than 40 public and private organizations committed to improving the health and well-being of adolescents throughout California — released *Investing in Adolescent Health: A Social Imperative for California's Future*.* This strategic plan makes policy recommendations for improving health outcomes. The plan uses national and state data to profile seven action areas: injuries, mental health and suicide, nutrition and physical activity, substance use, teen pregnancy and STDs, oral health, and environmental and occupational health.

To ascertain the prevalence of adolescent health problems, the AHC reviewed data that assessed how California compares to the rest of the US. The review included the effects of various car and road safety programs. In the 1990's, California implemented a variety of programs, including having police officers stop drivers if they were not wearing a seat belt (failure to use a seat belt is an important antecedent to vehicle injures and deaths). Other strategies included a graduated driver's license program (which places restrictions on young drivers) and programs aimed at reducing drinking and driving, another major cause of highway fatalities.

Trends in Motor Vehicle Death Rates Among Youth 15-19 in the U.S. and California (Deaths per 100,000)

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998
U.S.	34.0	32.8	30.4	27.5	27.8	28.5	27.9	27.9	27.0	26.0
CA	33.0	27.6	27.6	23.5	21.7	21.5	20.2	18.5	18.5	17.5

Source: National Highway Traffic Safety Administration, Fatal Analysis Reporting System, 1989-1998

*(Clayton et al. 2001). To view or download the entire strategic plan, please go to: *http://www.californiateenhealth.org./strategic.html*

Note: Please see Appendix 5-1 for examples of Sources of Local Data

- Can provide information about a large population sample.
- Allows tracking of trends and changes within a population.
- Is necessary to determine and monitor health indicators.

Coalitions can gather secondary and qualitative data from local and state reports, newspapers, journals, and data gathered by local branches of government (e.g., health, education, law enforcement) and planning commissions.

Analyzing the Information

Careful analysis of the information gathered in the needs-and-assets assessment will help the community develop a more effective intervention. It may be helpful to prioritize the information obtained, identifying what will most interest the various stakeholders and audiences. This section provides a brief description of considerations for analyzing data; several available resources provide more detailed information and instruction. If funds allow, the collaborative may wish to work with a consultant to analyze its data. It might also task a subcommittee to conduct initial analyses, interpret the data, and provide ideas for presenting key findings to various audiences.

Quantitative data can be analyzed with computerized data analysis packages [e.g. Statistical Package for the Social Sciences (SPSS) or Statistical Analysis System (SAS)]. The findings can be summarized using such statistics as percentages, averages, and differences among different demographic groups or geographic areas. An analysis of quantitative data can yield information about changes in health indicators over time and provide comparisons across groups. Creating charts and graphs helps to interpret the data and illustrate trends and differences.

Analyzing qualitative data involves organizing ideas and information captured in notes from meetings, focus groups, interviews, and site visits. Information might also be recorded on audiotapes or videotapes. The information is organized around topics, themes, observations, descriptions, and conclusions. It is very easy to interpret qualitative data subjectively, and thus several people should review the data to guard against bias. Qualitative data analysis programs such as Ethnograph and Atlas can be helpful for presenting the information objectively.

It is important to consider the Critical Health Objectives not only in terms of individual problems but also as issues affected by events at the individual/family, school/peers, community, and policy/society levels. One way to organize the analysis follows:

1. Provide an epidemiological profile of the problem, using both primary and secondary data (e.g., hospital discharge data). The "who, what, where, and when" framework is useful (e.g., who is affected? where is the problem most evident?).
2. The profile of the problem should examine the existing observable behavior and how it is affected by the four levels of influence (individual/family, school/peers, community, and policy and society). It should also consider any information pertaining to antecedent factors—for example, families who drink and drive, or lax enforcement of laws regarding the sale of liquor to minors could affect rates of injury.
3. A summary should be made of the perspectives of both adolescents and adults (e.g., parents, teachers, other community stakeholders, policy makers) regarding the Critical Health Objectives of concern, including whether the issue is perceived to be a problem in the community, perceptions regarding its causes and potential solutions, and interest in and willingness to "adopt" this issue as a policy priority.
4. The community's assets should be described, including programs, strategies, policies, and funding currently in place to deal with the specific Critical Health Objectives. The needs-and-assets analysis should also review community resources that could potentially be directed to the issue.

5. The coalition might revisit its literature review to ascertain how well existing community efforts are matched with what the research base indicates would work. If such information is not readily available or documented (e.g., prevention of adolescent depression and suicide attempt), communities may consider reviewing more general data on adolescent risk behaviors, as many of the behaviors are interrelated and cluster.
6. The analysis should also include suggestions or recommendations for action. This approach provides an opportunity to incorporate voices and perspectives from different perspectives and helps illustrate areas of consensus and divergence of opinions.

A report summarizing each component of the assessment becomes a powerful tool in planning for action. The collaborative may use it to broaden the community's knowledge regarding the Critical Health Objectives by widely disseminating the results. From this effort, additional members may be attracted to working with the collaborative to develop an action plan.

Sharing the Results

Widespread and effective dissemination of findings from the needs-and-assets assessment lays the foundation for action. A special effort should be made to make the findings accessible, both to the larger community and to special groups. The findings should be organized around a few key points and presented clearly and simply. Graphs, charts, and other visual representations can make the information more easily understandable. It might help to work with a public relations or media consultant to create a dissemination plan that involves different stakeholders and creates media attention.

The coalition should identify different audiences for the assessment, including community residents, potential funders, policy makers, other agencies and collaborators, and the coalition itself. The coalition should also decide who will present the information to each audience as well as the format for each presentation. For example, it might be more appropriate to have a young person and a community resident present findings to the community at large, while someone from a lead agency involved in the assessment might present the findings to potential funders. The information can be presented as a formal written report, or it might be condensed into an executive summary, fact sheet, press release, or a slide presentation. These documents can be tailored to different audiences. Effective presentation strategies might also include creative forms such as skits, theater, and video. Sharing the assessment findings offers an opportunity to incorporate youth development activities in the coalition's efforts. For example, the coalition might provide young people with training and support to present results through community forums, legislative briefs, and letter-writing campaigns.

If the coalition decides to produce a report, its members should work on and review all the drafts. Obtaining feedback from the coalition and various stakeholders helps people feel included in the process and helps to ensure that the report is inclusive and comprehensive. It also enhances relationships with agencies and individuals who might be important partners for creating and implementing an action plan. Lastly, when people are involved in the process they are more interested and engaged when it comes time to shape solutions.

Information gathered from the needs-and-assets assessment serves several purposes:

- Findings may be used within the coalition as baseline data against which to monitor progress after a program or series of interventions have been implemented.
- Findings can be shared with other community organizations and stakeholders working on relevant issues, especially those involved in the assessment process. Interested parties can join the coalition or use the findings independently to address related health issues.
- Findings, conclusions, and recommendations can be distributed (in the form of reports, summaries, or related fact sheets) to local and state policy makers, program planners and

Table 5-1: Eat Right Coalition Case Study (continued) Partial Analysis of the Needs and Assets Assessment by Level of Intervention

Needs/Assets Question(s)	Individual/Family	Schools/Peers	Community	Policy/Society
What is the scope of the problem? (e.g., How many teens are overweight or obese? Which populations are most affected?)	Thirteen percent of teens are overweight or obese.	Only 35% of surveyed teens report participating in physical activities.	Females report low physical activity levels. Males, African Americans, and Latinos have high rates of obesity.	There are few sources of affordable fresh fruits and vegetables.
What are the perceived causes for overweight or low levels of physical activity among teens?	Many families have parents who work and do not prepare meals for their children. Many adults and youth have very sedentary lifestyles.	Physical education (PE) is not required throughout high school. Females are less likely to participate in PE classes and after-school sports.	There are many fast-food establishments, which are perceived as offering convenient meals. Fresh fruits and vegetables are not readily available.	No existing policies regulate cafeteria food or vending machine sales in middle and high schools.
How ready are people to prioritize and act on the selected Critical Objectives? What types of actions would they more likely support?	Parents don't want their teens to watch so much TV and want them to be more physically active (but in a safe environment).	Many teachers want students to eat better and exercise more but feel constrained by pressures to improve academic outcomes.	Many people recognize that few stores offer affordable quality produce. They say they would buy (and eat) more fruits and vegetables if available.	There are not many efforts or incentives in place for grocery stores to carry more fresh fruits and vegetables.
What recommendations have we found in the literature review?	Reduce intake of high-fat and caloric-dense fast food. Increase exercise. Reduce soda consumption.	Increase students' level of physical activity through PE class. Reduce access to soda.	Encourage more walking, bike riding, and more active lifestyles overall.	Provide safe and well-lit parks and walking and bike paths. Reduce access to soda.
What efforts are already in place?	Don't know. Requires further investigation.	Few teens participate in nonteam sports.	Some community agencies have youth sports programs, but many families can't afford the fees.	Policy makers assume that low-income students are well-served by free or reduced-price breakfast and lunch programs.
Should we expand or enhance existing efforts? If so, how?(ideas suggested by participants)	Screen and recruit teens to participate in supportive and existing group activities aimed at decreasing the prevalence of overweight.	Better publicize school sports programs. Provide better health education. Engage youth in developing strategies. Institute cooking clubs, food preparation, demonstration of, and supporting groups for parent-child weight reduction.	Increase community health education about diet and exercise.	Support family-focused weight control efforts.
Does the situation require creating new interventions?	Review existing school-based programs to assess whether new programs need to be initiated or existing programs can be further developed.	Create policy to enforce regular physical education for students up to the 12th grade, emphasizing individual lifelong sports.	Assess the gap between existing need and current programs and resources.	May need to get additional information.
What additional resources do we need, and how can we pursue these?		Identify funds or invite community agencies (e.g., parks and recreation) to provide support to interested teens who cannot afford to join high school sports programs.	Cross-train teachers, providers, and others who work with youth in the areas of diet and nutrition and physical activity and show them how to integrate these messages in existing programs.	Identify federal and state demonstration funds to support testing of new programs.

managers, and funding sources to garner more support among key players in the community who may not be formally involved.

- Findings can be shared with the media and be publicized in a variety of ways (e.g., as a newspaper article or editorial, as a fact sheet distributed with the newspaper).
- A working group can be convened to put the plan into action.

Keep in mind how coalition members and the larger community may interpret the assessment findings, particularly regarding the needs of the community. It is important to anticipate how to present the assessment findings thoughtfully and delineate next steps to encourage mobilization and avoid feelings of being overwhelmed, should the information from the assessment appear daunting.

CASE STUDY: Report on the Status of Children, Youth, and Families, Alameda, California 2000-2001.

The Alameda Collaborative for Children, Youth and Their Families, formed in 1996, was composed of community-based service providers, public officials, citizens, parents, and youth. The collaborative undertook a needs-and-assets assessment with data from the City of Alameda, Alameda County, the State Department of Justice, the State Department of Education, standardized test scores, and focus groups. The data were compiled over 3 years. The Collaborative wrote a report summarizing its findings and also wrote a **Report Card** on the status of programs and resources for youth in Alameda. It ranked ("A" to "F") child care, safety, education, basic needs (housing and transportation), maternal and child health, teen services and activities, and community resources for similar programs and services in Alameda County and in the state. The end result was an interesting and easy way to illustrate the needs and assets of services for youth in its community.

(Alameda Collaborative for Children, Youth and Their Families 2001). The Report Card can be viewed at: *http://www.alamedayouth.org/REPORTsm.pdf*

EAT RIGHT COALITION CASE STUDY (continued)

The ERC's assessment group started doing some background research for the assessment using existing community data, including information from sources such as the health department and the Youth Risk Behavior Survey (YRBS). It also researched best practices regarding obesity and nutrition to learn what had and had not worked in other communities. During this time, the grants committee also applied for assessment funding from serveral community foundations.

Six months later, the coalition received a foundation planning grant of $75,000 to conduct a needs assessment. A consultant familiar with nutritional needs assessments/surveys was hired who subsequently trained several health care personnel, parents, and youth in specific techniques of survey questionnaire administration, literature review, and focus groups. The training took longer than expected and delayed the needs assessment by nearly 6 weeks. Finally, however, a survey was conducted that obtained information on weight, height, and nutrition for 2,000 area high school and middle school students, and several focus groups were held with parents, policy makers, business leaders, teachers, physicians, dieticians, and youth to identify what factors promoted or hindered a healthy diet within the town.

Concurrently, to more specifically identify best practices related to improving childhood diet, one member of the group was assigned to perform literature reviews, while another three members conducted expert interviews and site visits. Specific attention was focused on program implementation in towns that resembled the coalition's in terms of socioeconomic status, race, industry, and surrounding farmland.

After almost 9 months, the results were compiled and analyzed by the consultant and the grants committee. They were shared with community members for review and feedback. A 10-page summary report was compiled and mailed to the persons on the coalition's list, local and state policymakers, principals and teachers, physician practices, the chamber of commerce, and student leaders who had been targeted for the coalition's introductory meeting. A press release was sent out to the local newspaper, to TV and radio stations, and to area school newspapers. This media outreach resulted in a short piece on the local evening news and several articles in community and school newspapers. Simultaneously, a flyer was sent out publicizing the coalition's next meeting.

The needs-and-assets assessment showed numerous areas for both concern and hope. In particular, the results illustrated challenges in students' nutritional knowledge and habits:

- 30% were obese according to their body mass index (BMI).
- 70% had misconceptions about a healthy diet.
- 60% received at least one of their daily meals from a restaurant or vending machine.
- 20% "almost never" ate a meal that was cooked in the home.
- 50% felt they were not eating very healthfully during the school day.
- 70% felt there were not many healthy and appetizing food options in the schools.
- 50% cited their willingness to try healthier foods if they were made available at schools and if they were appetizing.

The focus groups also yielded many interesting results:

- Most parents spoke of time constraints that limited their ability to cook even 3 days a week.
- Teachers, parents, and physicians cited the proximity of fast-food restaurants to schools and the availability of unhealthy snack foods and sodas on school grounds.
- Community parents and adults remarked on the lack of accessible grocery stores in their neighborhoods that sold quality produce.
- Business leaders and principals cited the lost revenue if soda and candy were disallowed for competitive sale.
- Members of advocacy groups and the clergy spoke of how unhealthy eating behaviors and food choices had become part of the town's social fabric. They detailed how restaurants sponsored town events, the media promoted consumption of foods high in fat and sugar, and town citizens had made many aspects of poor eating habits a part of social ritual ("Chili Dog Nite" at Frank's was specifically cited).

Despite these findings, it was clear there were many pathways by which the problem could be addressed:

- 80% of students received the majority of their nutritional influence from their home environment, peers, the media, sports coaches, or physicians.
- 60% of the students wanted more nutrition information provided at school.
- Most teachers and parents were very supportive of school nutrition and cooking classes.
- Many parents supported school policies that would prohibit students from leaving the school campus for meals and that would require the removal of unhealthy snacks and sodas from school vending machines.

- Many parents wanted affordable healthy school lunches to be more available.
- Most parents wanted affordable grocery stores that provided quality food and produce.
- Principals and teachers supported healthy food options in the schools as well as restrictions on access to nearby restaurants during school hours.

The needs assessment also revealed many challenges standing in the way of change:

- 85% of students felt that healthy foods "were not as appetizing."
- 40% of students said that nutrition wasn't important to them.
- Students, policy makers, and business leaders heavily opposed restrictions on access to unhealthy snacks in school vending machines and area fast-food restaurants.
- Many principals were opposed to competitive food restrictions that might affect school revenues/budgets.

Finally, the research on best practices yielded numerous avenues to approach the problem including:

- Providing comprehensive nutrition education.
- Creating a supportive school food service environment.
- Involving communities and family members in supporting and reinforcing nutrition education.

With all of this information, the ERC needed to decide its priorities.

Summary

The needs assessment process, however, can seem very long, involved, and complex. It can also be expensive. Still, communities can tailor a needs assessment to fit their goals and resources. It is much better for a community to conduct a scaled-down needs assessment than not to do one at all or to take on a large project without adequate resources. Regardless of the size of the assessment, it is important to involve young people, community members, and stakeholders early on. The coalition should also have clearly defined goals and a well-thought-out plan. By engaging young people and the larger community in an assessment process, a coalition can create a great deal of energy and momentum around adolescent health. It can also strengthen relationships that are instrumental for taking action to improve supports and opportunities for young people once the coalition has decided on a plan of action. Ultimately, the needs-and-assets assessment provides information essential for prioritizing action and identifying resources for improving adolescent health. Once the coalition has conducted the needs-and-assets assessment, it is ready to move on to the next steps, which are outlined in Chapter 6.

APPENDIX 5-1: Sources of Local Data

The following resources are possible sources of local data.

Department of finance or municipal planning publishes population data providing information on such areas as poverty levels, expected population growth, racial groups, and foster care youth.

State and county departments of health (and programs supported by them) collect data on types of unintentional and intentional injuries and their rates, vital statistics, suicide rates, the prevalence of violence, mental health, pregnancy or birth rates, and rates of HIV and other STDs.

Hospital discharge data, available from the county department of health, include emergency room visits and the causes of hospitalization. This information may be valuable in determining and monitoring levels of violence and mental health diagnoses as well as the rates and causes of intentional and unintentional injuries.

School districts have data on school attendance, dropout and graduation rates, which are useful for demographic profiling. Identifying both struggling students and those who excel may offer insight on what types of programs and supports are successful and where to focus additional efforts. In addition, school districts may have administered surveys assessing the health behaviors and attitudes of students.

Clinics, youth-serving agencies, and youth programs may have conducted their own needs-and-assets assessments. These data may be useful in identifying where services are located (or are in need), what types of youth services exist, the populations served, and how many persons have access to services.

Juvenile justice/youth authority institutions may provide data on crimes, the prevalence of violence and arrests for driving under the influence, or use of alcohol or other illicit substances. Police reports and court records are also valuable sources.

Community assessments, annual reports, and report cards from community agencies (e.g., United Way) and governmental institutions may already contain significant amounts of information related to any of the Critical Health Objectives or special populations, such as youth with disabilities or homeless youth. *(Many of the agencies listed in Chapter 8 publish reports on adolescent health that use national and state data.)*

Journals, newspaper articles, reference manuals, clearinghouses, and online literature may provide background information (and potential solutions) pertinent to the adolescent health concerns in the community. It is important to be aware of any biases and to know the data source, especially for information found online.

Survey questionnaires allow data collection for large numbers of respondents on a wide variety of health behaviors and young people's perceptions of these behaviors. Generally, administering surveys at schools, school-linked services, community-based organizations, and teen health centers is effective for collecting data on youth behaviors and attitudes. Surveys of adults are useful for documenting their perceptions of youth issues and strategies that adults might accept. Community settings, such as the work site, and parks and other recreation sites, as well as door-to-door or telephone data collection, are useful for obtaining data.

Interviews can complement questionnaire data by eliciting more in-depth responses from youth, parents, providers, teachers, and other stakeholders. Carefully selecting persons for interview is important, as this method may be more time-consuming. It provides an opportunity for building relationships with community members most heavily affected by the issue being studied. Bias can be introduced by using a non-representative, convenience sample.

Focus groups are selectively held with target populations to gain better insight into their perceptions of the issues of concern and how to address them. Sessions usually involve a facilitator, note taker, and 8-10 participants. Special consideration of who leads the group is necessary; ideally, the skilled facilitator is matched by sex and ethnicity/racial background to the groups being led.

Observational appointments (site visits) help coalition members better understand the scope of the problem by transforming statistics and numbers into real people, and real organization providing services to community members. Visits to schools, community centers, health centers, and other sites provide invaluable insights into their efforts to better meet the needs of adolescents.

Brindis 1991

Worksheet 1: A Coalition Planning Tool

This form should be completed by a steering committee, a community group, or others who have come together to start an adolescent health initiative. Completing this form will help the group begin to shape the initiative and determine who should be involved. In the spaces provided, please answer the questions listed, which are about history, norms, and politics around the Critical Health Objectives; which key stakeholders should be involved; what resources are needed; what other efforts are taking place in the community; and what is the best course of action for engaging the community to meet the needs of adolescents. This form can also be used to facilitate a group discussion.

What are the history and status of adolescent health and the Critical Health Objectives in the community?

How does the community view these issues? What is the current political and social climate in relation to these issues?

_____

_____

_____

Who is concerned about and affected by these issues? Who has participated in the past? What is their relation to these issues?

_____

_____

_____

Who has not participated, and why haven't they been involved in these issues?

_____

_____

_____

What existing youth-focused groups or efforts address these issues? With which, if any, could we collaborate?

_____

_____

_____

Do we have sufficient information and resources?

What information and resources (administrative, financial, and structural) do we have right now to work on this issue?

_____

_____

_____

What resources are we lacking?

_____

_____

_____

Does a current needs-and-assets assessment exist in the community?

What are the advantages or disadvantages of using this assessment?

What are the possible benefits and challenges of conducting a new needs-and-assets assessment?

Is working as a collaborative or a coalition the optimal option?

Will working as a group help achieve goals that cannot be achieved independently?

What are the pros and cons of working in a coalition or a collaborative right now?

How official or formal do we want to be?

Do we want to be identified with another organization working on this issue or in a parallel area? Why or why not?

What do we want to accomplish in the short term?

Do we have a long-term goal? What do we want to accomplish in the future?

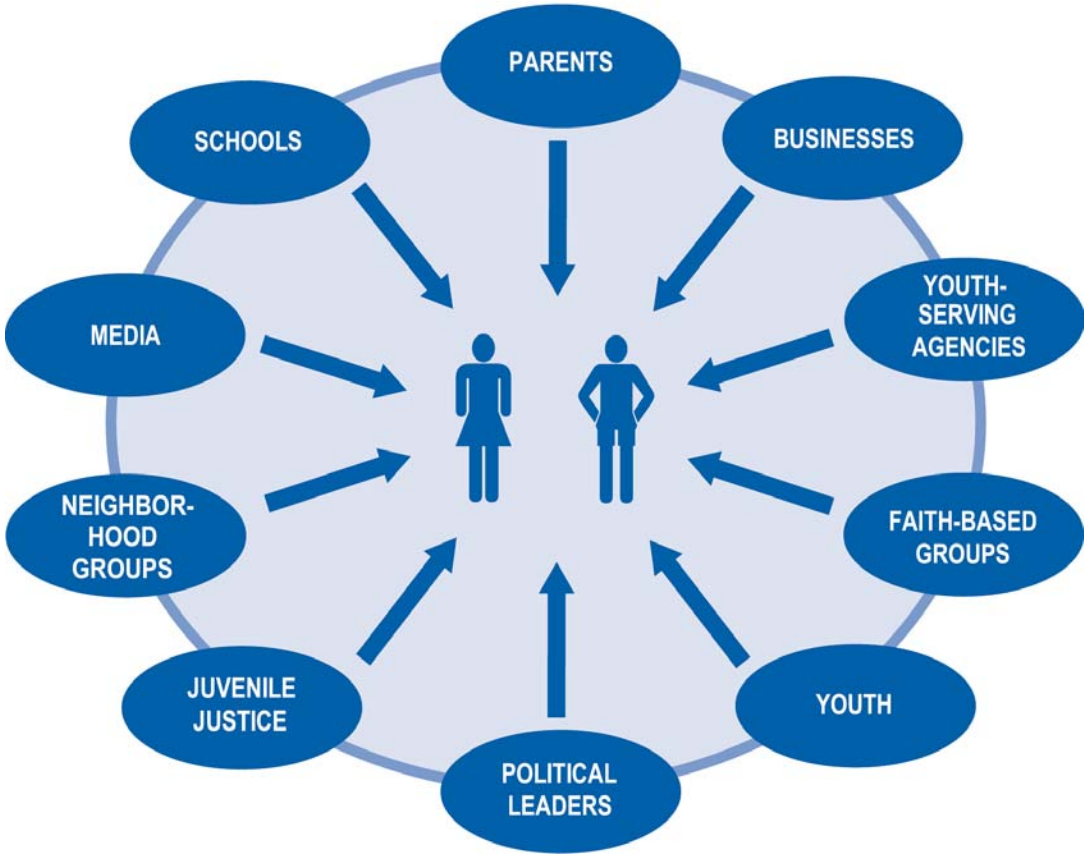
_____

_____

_____

Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health; Health Resources and Services Administration, Maternal and Child Health Bureau, Office of Adolescent Health; National Adolescent Health Information Center, University of California, San Francisco. *Improving the Health of Adolescents & Young Adults: A Guide for States and Communities.* Atlanta, GA: 2004.

Figure 3: Community Partnership For Youth



Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health; Health Resources and Services Administration, Maternal and Child Health Bureau, Office of Adolescent Health; National Adolescent Health Information Center, University of California, San Francisco. *Improving the Health of Adolescents & Young Adults: A Guide for States and Communities.* Atlanta, GA: 2004.

Worksheet 2: Coalition Self-Assessment

This form should be completed by coalition members to assess how the group is functioning. Answers will be used to determine areas in which the coalition can improve. Respondents should rate how well the coalition measures up to each statement below. Using a scale of 1 to 5, circle the number that best fits your opinion. Please answer each question as honestly as possible. Your name will not appear anywhere on this form.

Staffing and Resources	Not At All		Somewhat		Outstanding
The coalition has stable staff.	1	2	3	4	5
The coalition has a designated person to serve as the coordinator of the coalition.	1	2	3	4	5
The coalition has secured diverse funding streams.	1	2	3	4	5
The coalition has secured needed in-kind contributions (meeting space, volunteer time, supplies, etc.).	1	2	3	4	5
The coalition uses existing resources.	1	2	3	4	5
Leadership	**Not At All**		**Somewhat**		**Outstanding**
The coalition leadership is committed to the coalition's mission.	1	2	3	4	5
The coalition leadership has knowledge in the content area.	1	2	3	4	5
The coalition leadership promotes equal status and collaboration among members.	1	2	3	4	5
The coalition leadership provides an opportunity for different points of view to be heard.	1	2	3	4	5
The coalition leadership is competent in negotiation, problem solving, and conflict resolution.	1	2	3	4	5
The coalition leadership is effective in managing meetings.	1	2	3	4	5
The coalition leadership values members' input.	1	2	3	4	5
The coalition leadership celebrates accomplishments of the coalition and its members.	1	2	3	4	5
Structure	**Not At All**		**Somewhat**		**Outstanding**
The coalition provides a forum for joint planning.	1	2	3	4	5
The coalition has bylaws/rules of operation.	1	2	3	4	5
The coalition has a clear mission statement in writing.	1	2	3	4	5
The coalition has goals and objectives in writing.	1	2	3	4	5
The coalition has an action plan.	1	2	3	4	5
The coalition has regular, structured meetings.	1	2	3	4	5
The coalition has a process for decision making.	1	2	3	4	5
The coalition has a mechanism for holding members accountable for completing tasks in a timely manner.	1	2	3	4	5
Membership	**Not At All**		**Somewhat**		**Outstanding**
The coalition has been successful in bringing together people with different views about how to approach adolescent health.	1	2	3	4	5

Members share the coalition's mission.	1	2	3	4	5
Members actively plan, implement, and evaluate coalition activities.	1	2	3	4	5
Members regularly attend meetings.	1	2	3	4	5
The coalition includes key players in the community.	1	2	3	4	5
The coalition includes young people in planning and decision making in a meaningful and substantive way.	1	2	3	4	5
The coalition includes members who are knowledgeable about the adolescent health issue being addressed and ways to prevent it.	1	2	3	4	5
Function	**Not At All**		**Somewhat**		**Outstanding**
The coalition has conducted a needs assessment/drawn up a resource map to establish areas of need.	1	2	3	4	5
The coalition has established a formal, comprehensive plan of action.	1	2	3	4	5
The coalition has engaged diverse partners to take part in implementing the action plan.	1	2	3	4	5
The coalition has been successful in instituting new programs in the community.	1	2	3	4	5
The coalition has been successful in getting new policies implemented.	1	2	3	4	5
The coalition has been successful in getting stakeholders to work together more effectively.	1	2	3	4	5
Community	**Not At All**		**Somewhat**		**Outstanding**
The coalition is able to obtain political support at the community level.	1	2	3	4	5
The coalition has credibility within the community.	1	2	3	4	5
The coalition engages the community as its partner with decision-making power.	1	2	3	4	5

Currently, how involved are each of the following groups in your coalition?					
	Not At All		**Somewhat**		**Very Much**
Youth	1	2	3	4	5
Parents	1	2	3	4	5
Business leaders	1	2	3	4	5
School administrators and school board members	1	2	3	4	5
Teachers	1	2	3	4	5
Grassroots or neighborhood groups	1	2	3	4	5
Youth-focused organizations	1	2	3	4	5
Health care providers	1	2	3	4	5
Juvenile justice	1	2	3	4	5
Social service providers	1	2	3	4	5
Media	1	2	3	4	5
Political leaders	1	2	3	4	5
Clergy/religious leaders	1	2	3	4	5

Do you have any comments on how to improve the coalition's functioning?

Any other comments?

Thank you!

Adapted from: Brindis, C.D., & Davis, L. (1998). Mobilizing for action. In Advocates for Youth, *Communities responding to the challenges of adolescent pregnancy prevention, Vol. 1*. Washington, DC: Advocates for Youth. North Carolina Department of Health and Human Services, North Carolina Diabetes Prevention and Control Unit. (2000). *Coalition self-assessment tool*. Retrieved September 23, 2002, from *http://www.ncdiabetes.org/WhatWeDo/pdf/Coalition_Self-Assessment_Tool.pdf*

Worksheet 3: Needs Assessment Team Planning Tool

Use this worksheet to identify the skills, resources, and expertise the coalition will need to conduct a needs assessment; how to access those resources within the community; and who should serve on the needs assessment team. The list of resources will most likely include items such as research and data skills, expertise in the area of best practices, entrée into the schools, and funding. In creating such a list, the coalition may find that many of the resources it needs can be found within the coalition. For missing resources, this tool can help the group identify organizations with which it might want to partner or contract, and people it might recruit to participate in the needs-and-assets assessment process.

Skills Resources, or Expertise Needed (e.g. in-kind, technical expertise, skills, funds)	Individual, Organization, or Institution That Can Provide Resources	Contact Information	Person Willing to Contact

Source: Card, J., Brindis, C.D., Peterson, J., & Niego, S. (2001). *Guidebook: Evaluating teen pregnancy prevention programs* (2nd ed, Chapter 4). Los Altos, CA: Sociometrics.

Worksheet 4: Needs Assessment Questions

Use this worksheet to brainstorm a list of questions to guide the needs-and-assets assessment. You may find that, depending upon the topic the community is exploring, all the questions may not be relevant. After brainstorming, the coalition will need to narrow the list by prioritizing questions. Prioritizing should be guided by the resources available to the coalition, the previously agreed-upon scope and depth of the assessment, and the relevancy of the questions.

Youth Profile Questions

Our top three questions about the demographics and socioeconomics of young people in our community are:

1. _____

_____

_____

2. _____

_____

_____

3. _____

_____

_____

Our top three questions about [insert adolescent health issue being addressed] and its antecedent factors are:

1. _____

_____

_____

2. _____

_____

_____

3. _____

_____

_____

Our top three questions about school-related issues are:

1. _____

_____

_____

2. _____

_____

_____

3. _____

_____

_____

Our top three questions about other related health and social issues facing young people are:

1. _____

_____

_____

2. _____

_____

_____

3. _____

_____

_____

Community Resources Questions

Our top three questions about health and social services available to young people in the community are:

1. _____

_____

_____

2. _____

_____

_____

3. _____

_____

_____

Our top three questions about best practices are:

1. _____

_____

_____

2. _____

_____

_____

3. _____

_____

_____

Our top three questions about school resources in our community are:

1. _____

_____

_____

2. _____

_____

_____

3. _____

_____

_____

Our top three questions about youth development efforts in our community are (for example, volunteering, employment, civic engagement, mentoring, and relationships with adults):

1. _____

_____

_____

2. _____

_____

_____

3. _____

_____

_____

Our top three questions about adolescent health and youth development initiatives in our community are:

1. _____

_____

_____

2. _____

_____

_____

3. _____

_____

_____

Environment and Norms Questions

Our top three questions about community attitudes and perceptions of [insert adolescent health issue being addressed] are:

1. _____

_____

_____

2. _____

_____

_____

3. _____

_____

_____

Our top three questions about Federal, State, and city/county policies and laws related to [insert adolescent health issue being addressed] are:

1. _____

_____

_____

2. _____

_____

_____

3._____

_____

_____

Our top three questions about funding are:

1. _____

_____

_____

2. _____

_____

_____

3. _____

_____

_____

Sources: Card, J., Brindis, C.D., Peterson, J., & Niego, S. (2001). *Guidebook: Evaluating teen pregnancy prevention programs* (2nd ed, Chapter 4). Los Altos, CA: Sociometrics. Brindis, C.D., Card, J.J., Niego, S.. & Peterson, J. L. (1996). *Assessing your community's needs and assets: A collaborative approach to adolescent pregnancy prevention*. Los Altos, CA: Sociometrics.

Worksheet 5: Needs Assessment Data Chart (Youth Profile)

Use these worksheets (5, 5.1, 5.2) to map out what information is needed to answer each needs-and-assets assessment question, the sources of data, how data will be collected, who will collect it, and the time frame. Complete the applicable worksheet for each segment of the assessment (youth profile, community resources, environment and norms).

Needs Assessment Question	Information Needed to Answer Questions	Sources of Existing Data	Data to be Collected (if existing data are not available)	How Data Will Be Collected	Persons/ Group Responsible	Time Frame
Question 1: Example: What is the economic profile of young people and their families in our community?	% adolescents living in poverty by race/ ethnicity	US Census			Graduate student intern	2 weeks
	% adolescents living in single-parent Households by race/ethnicity	US Census			Graduate student intern	2 weeks
	% adolescents receiving free or reduced-cost lunch	US Department of Agriculture, School district			Graduate student intern	2 weeks
Question 2:						
Question 3:						

Source: Card, J., Brindis, C.D., Peterson, J., & Niego, S. (2001). *Guidebook: Evaluating teen pregnancy prevention programs* (2nd ed, Chapter 4). Los Altos, CA: Sociometrics.

Worksheet 5.1: Needs Assessment Data Charts (Community Resources)

Needs Assessment Question	Information Needed to Answer Questions	Sources of Existing Data	Data to be Collected (if existing data are not available)	How Data Will Be Collected	Persons/ Group Responsible	Time Frame
Question 1: Example: Are teen-friendly clinical services available to adolescents in the community?	Are there health care centers that serve teens?		No. of health care centers that serve teens	Survey of health care centers	Dr. Smith, with assistance from other Needs Assessment team members	2 months
	Do health care centers have policies and procedures that reduce barriers for teens to access care?		No. of teen-friendly practices implemented by health care centers	Survey of health care centers	Dr. Smith, with assistance from other Needs Assessment team members, including two youth	2 months
Question 2:						
Question 3:						

Source: Card, J., Brindis, C.D., Peterson, J., & Niego, S. (2001). *Guidebook: Evaluating teen pregnancy prevention programs* (2nd ed, Chapter 4). Los Altos, CA: Sociometrics.

Worksheet 5.2: Needs Assessment Data Charts (Environment and Norms)

Needs Assessment Question	Information Needed to Answer Questions	Sources of Existing Data	Data to be Collected (if existing data are not available)	How Data Will Be Collected	Persons/ Group Responsible	Time Frame
Question 1: Example: Why is there low utilization of health services among young people?	What are the attitudes and perceptions of young people when it comes to accessing health care?		▪ Perceived barriers to accessing health care ▪ Perceived benefits of seeking health care	Focus groups	Superintendent Jones; Boys and Girls Club staff	2 months
Question 2:						
Question 3:						

Source: Card, J., Brindis, C.D., Peterson, J., & Niego, S. (2001). *Guidebook: Evaluating teen pregnancy prevention programs* (2nd ed, Chapter 4). Los Altos, CA: Sociometrics.