



# The Power of Plain Talk

*Exploring One Program's Influence on the  
Adolescent Reproductive Health Field*

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Geri Summerville  
and Karen Canova

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Public/Private Ventures is a national nonprofit organization that seeks to improve the effectiveness of social policies and programs. P/PV designs, tests and studies initiatives that increase supports, skills and opportunities of residents of low-income communities; works with policymakers to see that the lessons and evidence produced are reflected in policy; and provides training, technical assistance and learning opportunities to practitioners based on documented effective practices.

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This report is the culmination of two years of interviews conducted with leading organizations and individuals in the adolescent reproductive health and related fields. Special thanks go to Debra Hauser, James Wagoner, Rachel Jones, Rena Large, Barbara Suglund, Michael Carrera, Lori Rolleri, Heather Johnston Nicholson, Anne Kubisch, Wilhelmina Leigh, Sara Brown, Brigid Riley, Nancy Nelson, Judy Ojeda, Michele Bayley, Bill Smith, Tamara Kreinin and Claire Brindis for their participation and insight during the interview process.

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## *Contents*

<b>Introduction</b>	<b>1</b>
<b>Influence on the Adolescent Reproductive Health Field</b>	<b>7</b>
<b>Influence on Adolescent Reproductive Health Practice</b>	<b>19</b>
<b>Conclusion</b>	<b>29</b>



# Introduction

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Created by the Annie E. Casey Foundation in the early 1990s, Plain Talk is a community-based initiative that helps adults develop skills to communicate effectively with teens about reducing sexual risk-taking. Plain Talk's primary goals are: 1) to create consensus among parents and other community adults about the need to protect sexually active teens by encouraging early and consistent use of contraceptives; 2) to provide parents and adults with the information and skills they need to communicate more effectively with teens about responsible sexual behavior; and 3) to improve adolescents' access to high-quality, age-appropriate and readily available reproductive health care, including contraception.

The United States has the highest rates of teen pregnancy and births in the industrialized world.<sup>1</sup> Nearly four in ten young women in the US become pregnant at least once before they reach the age of 20—almost one million pregnancies a year. Eight in ten of these pregnancies are unintended, and 79 percent are to unmarried teens.<sup>2</sup> Although the teen birth rate has declined in recent years, pregnancy rates in this age group remain high in many low-income communities of color, especially among Latino and African American teens. Fifty-one percent of Latina girls in the US become pregnant at least once by age 20.<sup>3</sup> A 2003 study showed that African American high school students were more likely than Latino and white students to report that they'd ever had sex—67 percent of African American students, compared to 56 percent of Latino students and 42 percent of white students.<sup>4</sup> And some teens are having sex earlier: data indicate that the only group of adolescent girls showing an increase in sexual activity are those under age 15. In 1999, 8.3 percent of students reported having had sex before they turned 13, a 15 percent increase over the 1997 statistic.<sup>5</sup>

In addition to its high teen pregnancy and birth rates, the United States has the highest rates of sexually transmitted diseases (STDs) in the industrialized world, with rates that are 50 to 100 times higher than in other, comparable countries. Black women and Latinas account for 79 percent of all reported HIV infections among 13- to 19-year-old women and 75 percent of HIV infections among 20- to 24-year-old women in the United States, although, together, they represent only 26 percent of US women in these age groups.<sup>6</sup>

Concern for America's at-risk, sexually active youth prompted the Annie E. Casey Foundation to develop Plain Talk in 1993. The program's premise was simple: if you increase adult/teen communication about sex, and increase sexually active teens' access to contraceptives, you will decrease the number of unwanted pregnancies and

the incidence of STDs and HIV/AIDS. Between 1993 and 1998, a demonstration project of the Plain Talk strategy was conducted in five US cities: Atlanta, Hartford, New Orleans, San Diego and Seattle. This demonstration produced significant evidence of Plain Talk's effectiveness. An evaluation completed by Public/Private Ventures (P/PV) in 1999 determined that communication about sex between youth and knowledgeable adults, combined with increased access to contraceptives, was positively associated with teens' accurate sexual knowledge and safer behavior. The evaluation found that the Plain Talk framework enabled communities to change the way adults communicated with teens about sex. More frequent communication was associated with improvements in the teens' sexual knowledge, attitudes and behaviors; the youth who talked with adults, compared with those who did not, knew more about and were more comfortable with contraceptives, used contraceptives more often, used reproductive health services more frequently, and were less likely to have an STD or a pregnancy.

In 2001, based on the positive evaluation findings and with new communities expressing an interest in implementing the program, the Annie E. Casey Foundation asked P/PV to conduct a replication assessment of the Plain Talk model. The assessment consisted of reviewing the implementation procedures used at each of the five demonstration sites, interviewing as many individuals as possible who were involved in the process, and reviewing all written documentation and evaluation findings. The assessment enabled P/PV to identify and define three major program components necessary to successfully replicate Plain Talk in new communities: Community Mapping, Walkers & Talkers and Home Health Parties.

The Community Mapping process gains information on the community's attitudes, knowledge and beliefs regarding teen sexual behavior, and it uses this information to recruit, involve and educate residents in developing solutions. Walkers & Talkers are resident volunteers who go into the community with the Plain Talk message. Their primary function is to inform and engage community residents and facilitate Home Health Parties in their neighborhoods. The purpose of a Home Health Party is to educate adults and parents about sexual health and to teach them the importance of communicating this knowledge to their children and other adolescents. A key goal of this component is to help recruit more "askable adults" in the community, which will, in turn, increase the accuracy and frequency of adult/teen communication about sexual issues.

After completing the replication assessment, P/PV developed a user-friendly Plain Talk implementation guide and launched the national replication effort. As new communities were implementing the model, the Casey Foundation began to wonder about the impact Plain Talk may or may not have had on the larger national dialogue in the adolescent reproductive health (ARH) field. P/PV set out to study this question.

Aiming to cultivate a cadre of diverse opinions, P/PV interviewed leaders from 15 of the most prominent organizations in the ARH field (see Appendix A for a complete list of interviewees). The first round of interviews took place in 2003, with follow-up interviews conducted in 2005.

This report compiles the results of these in-depth interviews, which explored whether there had been a general change or shift in attitudes and beliefs about parental involvement in the ARH field over the past decade, and whether or not Plain Talk had played a role in bringing about that change. The interviews also covered other important issues in the field, such as access to services and disproportionate rates of pregnancy and STDs among minority populations. The report examines the possible influence Plain Talk has had on service delivery in these areas as well.

Strong opinions were expressed throughout the interview process, and strong consensus was reached about many issues. Occasionally there were questions the respondents felt unable to answer. Either there was nothing in the field to draw conclusions from, or the information that was available was limited. It could be construed that in those instances Plain Talk had limited or no influence.

In other cases, it seemed clear that Plain Talk had played a role in how ARH leaders and practitioners think about and approach their work. We tried to draw out both the successes associated with Plain Talk and the ongoing frustrations and concerns expressed by those we interviewed. To ensure accuracy and help avoid misinterpretations, we included direct quotations in the report whenever possible. We divided our findings into two distinct sections—*Influence on the ARH Field* (which deals with broad trends and attitudes across the field) and *Influence on ARH Practice* (which considers on-the-ground practices used to promote adolescent reproductive health).





# Influence on the Adolescent Reproductive Health Field



In order to determine how much or what kind of influence Plain Talk has had on the ARH field, interviews were conducted with individuals from nine leading national organizations that help shape advocacy and policy on ARH issues:

- Advocates for Youth
- The Joint Center for Political and Economic Studies
- The National Campaign to Prevent Teen Pregnancy
- The Guttmacher Institute
- The Sexuality Information and Education Council of the United States (SIECUS)
- The Center for Applied Research and Technical Assistance (CARTA)
- Education, Training, Research Associates (ETR)
- Center for Reproductive Health Research and Policy, University of California at San Francisco
- Minnesota Organization on Adolescent Pregnancy, Prevention and Parenting (MOAPPP)

The interview questions focused on areas of work that Plain Talk has been involved in over the past decade, and centered around the following five themes:

- Has knowledge about the value of parental engagement/involvement in the ARH field increased?
- Has there been an increase in public opinion research regarding parental engagement/involvement?
- Has there been an increase in knowledge of the importance of providing reproductive health care services/contraceptives to sexually active youth?
- What has been done to address the disparity that exists for African American and Latino families?
- What types of networking or information/knowledge exchanges are available for organizations that fund or work in the ARH field?

The respondents were asked to be candid with their answers, and to give specific examples whenever possible.

## Findings

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### Knowledge Has Increased Concerning the Value of Parental Engagement.

Every person we interviewed gave an emphatic “yes” when asked if they felt there has been an increase in the value placed on parental engagement in the ARH field over the past decade. Additionally, they all cited Plain Talk as playing a large role in demonstrating the value of parental involvement in advocacy and decision-making. This finding is important because it is one strategy in adolescent reproductive health that appears to have support from both ends of the political spectrum.

James Wagoner, president of Advocates for Youth, said:

*I think because of the specific strategies Plain Talk has employed it has made major inroads in the field. Prior to Plain Talk’s intervention, the field was skeptical about including parents. There was a wall built between parents and adolescents around confidentiality issues. Plain Talk helped to persuade the legal arm that there was a path in bringing the two sides together.*

Wagoner went on to discuss Plain Talk’s impact on one of the Plain Talk demonstration cities:

*Plain Talk brought about a shift in sex education programming within the Hartford community. It is one of the few areas of the country to have comprehensive sex education in K-12 grades. Monumental changes like this cannot be accomplished unless parents are informed and involved on the right side of the issues. Plain Talk did that. Although this occurred locally, it has had an influence on the field nationally.*

In both the 2003 and 2005 interviews, respondents strongly agreed that knowledge about the value of parental engagement and communication with teens about sex had increased. Barbara Sugland, executive director of the Center for Applied Research and Technical Assistance (CARTA), felt that not only had the level of such knowledge increased, but that it had become more sophisticated as well. While basic parent/child communication is seen as an important area, the field is acknowledging that parenting styles, including the emotional connection, are also critically important.

Rachel Jones, senior research associate at The Guttmacher Institute, believes that as more ARH leaders and professionals “go public” about the value of parental

engagement, it should build momentum and provide the impetus for additional support throughout the field. She told us that, on some level, there has always been strong support for parental involvement within clinics; however clinic staff often feel that their hands are tied in this area because of actual or perceived murkiness in policies related to parental rights and patient confidentiality—this murkiness results in uncertainty among staff about how to proceed. Jones argued that as support for parental engagement continues to increase throughout the ARH field, clinic staff will feel emboldened to do much more in this area.

Research conducted by ADD Health<sup>7</sup> in the 1990s was cited by many of those interviewed as an important source substantiating Plain Talk’s message. In this research, more than 10,000 adolescents and parents were initially surveyed, with two follow-up surveys completed. The data show that parent/child connectedness is a strong protective factor in preventing teen pregnancy and STDs. Several interviewees noted that had it not been for programs like Plain Talk bringing parental involvement to the fore, this important research may never have been conducted.

Over the past decade, the tentacles of the parental engagement message have spread in numerous directions—to include prevention programs aimed at tobacco use, drug use and other areas of risky adolescent behavior. According to Sara Brown, executive director of the National Campaign to Prevent Teen Pregnancy, “It’s not just the words spoken but the quality of the relationship that matters. You need talk with knowledge and values added. Teens want context and values.” Plain Talk reinforces the importance of parents sharing their beliefs and values with their children.

Over the past five years the Sexuality Information and Education Council of the United States (SIECUS) has been a leader in producing materials promoting parent/teen communication about sex. Tamara Kreinin, former executive director, feels that SIECUS’ move towards providing more information on the value of parental engagement was directly influenced by Plain Talk. She stated:

*I think we’ve seen the biggest institutional change in communities where we see programs like Plain Talk. Plain Talk is the highlight program in changing social norms. We need to start saying this is an adult problem, not just a teen problem. I think Plain Talk has taken a leadership role in this. Change has to be from the bottom up at a meaningful level to make state political leaders sit up and take notice. Plain Talk effectively does that.*

Barbara Sugland of CARTA said that Plain Talk has been effective because it not only promotes communication but empowers parents by giving them accurate information. “On some level parents would rather defer communication about sex to a health professional because they don’t feel they have accurate information. Plain Talk has empowered parents to talk with their teens by giving them accurate information, together with powerful communication tools and skills development, while at the same time providing parents with the opportunity to share their values.”

Sugland also believes that Plain Talk has demonstrated the value of parents as agents in low-income communities, especially in communities of color, on matters related to adolescent sexual and reproductive health. A real strength of the Plain Talk initiative is the way it builds networks of askable adults in the community who are confident and comfortable discussing this sensitive topic.

Some interviewees also issued caveats about the increased emphasis on parental engagement. Bill Smith, vice president for public policy at SIECUS, expressed concern that, despite the substantial increase in such knowledge, this awareness has not translated into increased public funding for related programming. In other words, although Plain Talk has influenced leaders in the field, it hasn’t had quite the same influence on federal policy and funding.

### Public Opinion Research Has Increased but Isn’t Widely Disseminated

In the 2003 interviews, respondents agreed that there had been an increase in public opinion research about parental involvement and adult/teen communication about sex. There was also consensus that programs like Plain Talk have been largely responsible for the field’s growing interest in this type of research. According to Debra Hauser, vice president of Advocates for Youth:

*There has no doubt been an increase in the past ten years and Plain Talk was a huge contributor to it. Because of this increased research, there is now a more pragmatic parental acceptance of contraceptive use among teens and more support for confidentiality issues when framed the right way. Additionally, the research has shown that motivation for parental involvement was not as negative as the ARH field had previously presumed.*

What was not agreed on during the interviews was whether or not there was a need to conduct still more public opinion research. Several interviewees felt that, before conducting new polling, funds should be spent on disseminating the positive results already compiled. Barbara Sugland stated: “There has been a lot of polling

conducted by SIECUS, the Kaiser Foundation, Advocates for Youth and other ARH organizations. The problem is that it hasn't been widely disseminated. We need to do a better job of using the media to get the polling results out." A few interviewees expressed concern about the actual usefulness of survey research. Wilhelmina Leigh, senior research associate at the Joint Center for Political and Economic Studies, said that "surveys paint one type of picture, but you usually don't get at the 'guts' of the issue when you force the answers into a survey response."

Claire Brindis, co-director of the Center for Reproductive Health Research and Policy at the University of California, San Francisco (UCSF), agreed. She noted:

*There has already been a lot of polling conducted. The California Wellness Foundation funded polling of mainly African American and Latino parents and teens for their Let's Get Real campaign. The results can be found on their website.<sup>8</sup> I would make better use of the polling data already completed rather than invest in more. I would like to see money invested in a marketing campaign to help us get the really important messages out. We have clearly failed with countering the message that "if we give kids too much information they're going to go out and have sex." Parents shouldn't be afraid of knowledge.*

On the other hand, some felt it would be good to "strike while the iron is hot." Since inroads have been made to enlighten parents and communities about the importance of talking to teens about sex and protecting sexually active youth, now might be the time to conduct more polling to demonstrate how attitudes are changing. Tamara Kreinin said, "I think the latest public opinion polling shows that many parents do want comprehensive sex education. I think if we do more polling in states and communities showing how parents really feel, it can help open more doors for programs like Plain Talk."

Beyond basic public opinion polling, some interviewees expressed a desire for more research on important topics such as: the barriers to good communication in communities of color; attitudes and perceptions about the spread of HIV in these communities; and the role of family structure and economics in new immigrant communities, including views on contraception and parental consent. Some respondents noted that the work currently being implemented in new Plain Talk communities could contribute a great deal of information about these important subjects.

## Knowledge Has Increased About the Importance of Access to Contraception

In 2003, most interviewees felt there had been some progress made in educating parents, communities and society as a whole about the importance of providing protection to sexually active youth—the consensus was “some progress, but not enough.” Interviews conducted in 2005 revealed a somewhat more pessimistic tone, in light of recent political setbacks at the national level.

Some likened the progress to opening a door just a crack: you can look in, but still cannot walk through. Several were optimistic that even small changes are meaningful. They indicated that there are a number of things contributing to the shift in opinion—namely the AIDS epidemic and community programming like Plain Talk.

According to Wilhelmina Leigh at the Joint Center for Political and Economic Studies, “The AIDS epidemic, particularly in the African American community, has helped to make adults wake up and realize it is a different world we are living in now. Many in the community have the attitude that when the fear of death is involved, then you do what you have to do. The outdated thought that if we give teens contraceptives they will have more sex is now being looked at and challenged.”

Claire Brindis from UCSF echoed Leigh’s perspective: “I think we’ve gotten the word out but have much more to do. The whole ARH field had a major boost, unfortunately, through the HIV/AIDS outbreak. We are at a crucial point where there is still discomfort with giving kids access to contraceptives, but there is also fear for them not to have access.”

Tamara Kreinin argued that knowledge about the value of protecting sexually active teens hasn’t increased nearly as much as it could have over the past decade. However she did note there were some exceptions:

*I do think Plain Talk communities are the exception to the rule. It occurs to me that in New Orleans the community really made a difference in providing a clinic and opening the door for discussion around contraceptives. If more communities do this, we will see institutional changes take place on a larger scale. That’s what we need.*

While Barbara Sugland felt that there had always been support for access among many in the ARH field, she warned that it might be misleading to characterize the field as a monolithic, cohesive unit. It is composed of clinicians and providers,

educators, researchers and program staff, which makes it somewhat difficult to generalize. But Sugland did say that there had been increased diligence in the ARH field about protecting youth's access to contraception and services—and that this diligence had grown in direct proportion to the increasing policy threats to such access.

### Explanations Vary for Racial and Ethnic Disparities

Most interviewees agreed that there is disparity when examining the teen pregnancy and STD rates for African American and Latino youth versus the general youth population. Each interviewee had a unique opinion of what this disparity really means. Some saw it as rooted in different cultural norms, while others viewed the disparity through more of a socioeconomic lens. How much of the disparity is dependent on cultural differences and how much is dependent on economic conditions is clearly debatable.

Research conducted by Claire Brindis of UCSF regarding this disparity pointed to a combination of both cultural factors (a “culture of silence,” the influence of the church and the role of women in African American and Latino cultures) and widespread poverty. Brindis stated, “One major factor is the economic pressure on ethnically diverse groups. Just the amount of time they have available for their kids is problematic. When you are holding down two jobs and you aren't around that much for your kids, it is hard to have that open communication and be effective.” She felt very strongly that “if you place these communication issues alongside the basic survival issues that many of these families face day in and day out, on Maslow's hierarchy-of-needs scale, adult/teen communication would fall very low.” She added that with so many families dealing with fundamental issues of poverty, racial discrimination, high rates of incarceration and major health problems, these competing problems may always be a challenge for programs like Plain Talk, especially in the neediest communities.

Brindis went on to talk about the role of women as another factor contributing to the disparity:

*In the Latino community, women play a more subservient role. If a Latina teen gets pregnant, she gets married, stops going to school and raises her kids. In that culture, many times it is taboo to discuss sex openly. All of these factors have to be considered and that's what a program like Plain Talk does. For example, in New Orleans there was recognition that many of the African American women in that community were sexually abused. Plain Talk helped the healing process, which enabled those women to effectively communicate with their own kids about sex in a positive manner.*

Barbara Sugland feels that minority communities may underestimate the importance of family and parents as communicators of information about sex and that it might actually be hard to convince parents and other adults that they can make a difference—that they actually have that kind of power and can be agents of change in their communities. Plain Talk addresses this at the community level.

Brigid Riley, executive director of MOAPPP, agreed; she described the Community Mapping component of Plain Talk as a valuable means of assisting fragile communities to become empowered. She added, “Plain Talk has done a lot to demystify the subject of adolescent sexuality by providing parents with concrete tools to communicate with their children.”

Wilhelmina Leigh believes that by creating a cadre of “fictive kin” through its development of askable adults in the community, Plain Talk is supplementing and supporting families, many of which are fragile. “Many teens can’t talk to their parents, no matter what, but they might more easily and comfortably ‘tell Aunt Susie.’ This is a valuable role that Plain Talk plays in helping to address disparities regarding information about reproductive health and contraception.”

Others interviewed saw the disparity problem more from an access standpoint. Barbara Suglund said: “A city like Philadelphia has tons of clinics available, but if you go to South Carolina there are only about 10 in the whole state. Services are clustered in urban communities, but there is a tremendous access problem in rural and suburban communities.”

Some raised issues about what happens when an African American or Latino youth decides to seek services from an ARH facility. Do they feel discriminated against, or even feared? Are there culturally sensitive individuals working there? Does staff speak their language? Are they treated with respect and dignity? All of these factors hamper access and feed the existing disparity. Most respondents felt these issues can only be fully addressed at the community level and suggested that, for this reason, programs like Plain Talk are crucial in low-income communities of color.

Another view on access came from Wilhelmina Leigh. She described access as a larger socioeconomic policy issue. “Access means having health insurance coverage and thereby being able to get quality medical care for all health needs delivered by a culturally competent provider in a conveniently located and user-friendly facility, whenever needed and at an affordable price.” Most individuals

living in low-income minority neighborhoods either have no health insurance or are dependent on Medicaid. This may limit the quality of services these populations are able to access.

Claire Brindis also saw a larger political dimension to the access issue: “Because so few states are implementing Title X, there are greater demographic needs related to family planning, which, in turn, impedes access.” Brindis argued that Plain Talk should be more vocal on issues pertaining to access to reproductive health care and contraception.

Rachel Jones at The Guttmacher Institute brought up the issue of other minority groups, such as Native Americans and Asian Americans. She understood that Plain Talk had primarily been addressing African American and Latino communities in its first years, but she wondered about the needs of other groups, and what role Plain Talk might play in addressing them. Jones also spoke about the overlap of Latino and Native American culture, especially in southwestern states, suggesting that this might be something for Plain Talk to address now that it is being implemented in New Mexico.

### More Networking and Information Exchange Are Needed

Nearly everyone interviewed felt that a large chasm exists in the realm of networking and information exchange within the ARH field. There are currently only a few networks that bring funders together. There are several other networks and listservs that are geared for information sharing.

The Funders Network was the one network that all the interviewees seemed to be aware of. This network has a group that meets around ARH issues. According to James Wagoner of Advocates for Youth, “The Funders Network has been involved in pooling information in the field, but progressive parental engagement has not had a strong voice here. It would be good to have parents as advocates, as part of the network. Plain Talk could give them the external validation needed for this work.”

A second network mentioned was Grantmakers in Health (GIH). GIH is a non-profit, educational organization dedicated to helping foundations and corporate giving programs improve the nation’s health. It has a subgroup for adolescent health issues, but it wasn’t evident to any of the interviewees how widespread GIH’s work is.

Two other networks named are more focused on school health: The Comprehensive Health Education Network (CHEN) and The National Coordinating Committee on School Health. CHEN is a network operated by the Council of Chief State School Officers. It is a forum for health educators to share experiences and ideas and exchange information. The National Coordinating Committee on School Health is a collection of organizations that network around adolescent and school health issues. Although reproductive health is considered part of their agenda, academic and nutritional issues are at the forefront.

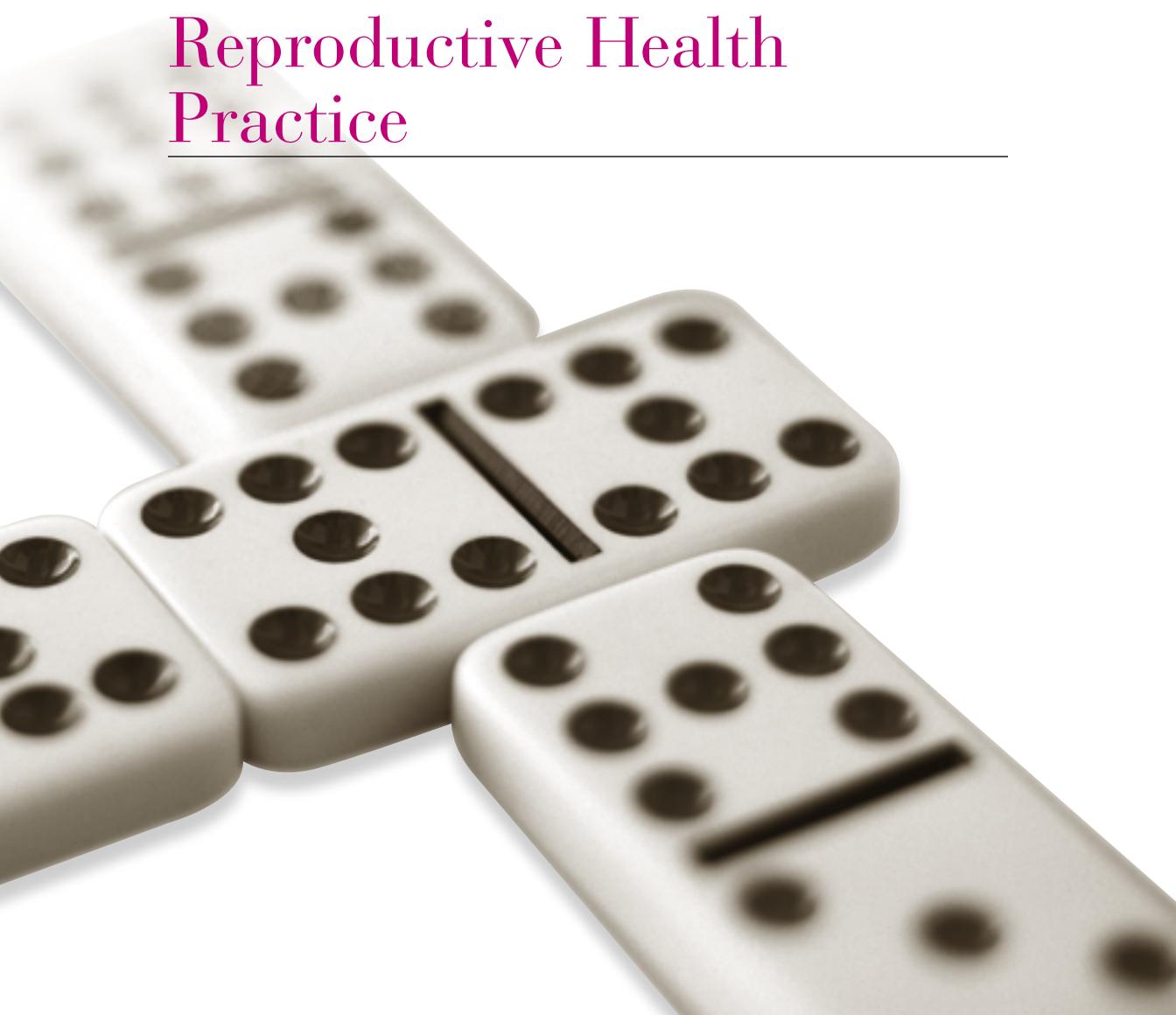
Additionally, several listservs were mentioned, such as those maintained by ETR (RECAPP) and by the Association of Maternal and Child Health Programs (AMCHP). However, these are mainly used as an informal means of information exchange or as bulletin boards to relay current news and events.

The availability of opportunities to network around ARH issues is obviously an area where Plain Talk had little or no influence. There was consensus on the part of everyone interviewed that more should be done to increase networking and information exchange, but no one was quite sure how to accomplish this task. Several felt that a good start would be to develop a centralized clearing-house bringing together all of the work being done in the ARH field around parental engagement.



# Influence on Adolescent Reproductive Health Practice

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To examine what kind of influence Plain Talk has had on practice in the ARH field, interviews were conducted with individuals from seven leading organizations that either provide direct services or work closely with practitioners who provide direct services:

- Healthy Teen Network (HTN), formerly known as the National Organization on Adolescent Pregnancy, Parenting and Prevention (NOAPPP)
- Association of Maternal and Child Health Programs (AMCHP)
- Planned Parenthood of New York City (PPNY)
- The Children’s Aid Society, National Adolescent Sexuality Training Center
- Girls, Inc.
- Minnesota Organization on Adolescent Pregnancy, Prevention and Parenting (MOAPPP)
- The Aspen Institute’s Roundtable on Comprehensive Community Initiatives, now known as the Roundtable on Community Change

Each interviewee was asked a series of questions related to the following five major themes:

- Has Plain Talk had a direct or indirect influence on your practice?
- Have newly developed Plain Talk materials had an influence on the quality of your practice?
- What influence have Plain Talk presentations had at national and state conferences?
- What information, training and technical assistance is available in the ARH field around parental engagement/involvement?
- What types of infrastructure need to be in place to support this work?

Since the interviewees were experienced practitioners, we asked them to reflect back on their work in the ARH field during the past decade. Several were cognizant of the fact that Plain Talk helped shape their views on working with families and communities around teen sexuality and pregnancy prevention. Others were surprised to realize, upon reflection, how Plain Talk had influenced their work.

## Findings

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### Plain Talk Has Had a Direct and Indirect Influence on Practice

The Association of Maternal and Child Health Programs (AMCHP) is a good example of how Plain Talk has had an indirect influence on practice. AMCHP's primary membership is composed of Maternal Child Health Title V block grant program directors. Most of these directors also have someone assigned as the state adolescent health coordinator. The Annie E. Casey Foundation is funding AMCHP to help build this network and increase the capacity of adolescent health coordinators to address reproductive health issues. Rena Large, former senior program director at AMCHP, said:

*At first I thought Plain Talk didn't have much impact on our work because we don't personally deliver services. Then the more I thought about it, the more I realized that the strategies of Plain Talk are in the back of our minds in everything we do. We've written a document called Core Capacity for Adolescent Health: A System Improvement Tool, and Plain Talk has directly influenced much of our thinking in this document. This document is used by those who do provide direct services. We've taken the theory behind Plain Talk—adult/teen communication and parental/community involvement—and have infused it into much of the work we are doing.*

Another program impacted by Plain Talk was the Children's Aid Society's teen pregnancy prevention program developed by Dr. Michael Carrera. This comprehensive program deals with all aspects of a teen's life in order to develop and build responsible sexual behavior. While the program is strong and has produced good evidence of effectiveness, Carrera felt it lacked the amount of parental involvement needed to reach further into the communities it serves. In 2003, Carrera decided to implement Plain Talk's Walkers & Talkers component in his program sites in New York City:

*The Walkers & Talkers component has clearly influenced parental confidence in our work. We are working with the parents of the kids in our programs and have made it clear to them that we are a very credible source of reliable information. It has enhanced our mission as we move forward with their children. It is a work in progress because we mainly work with parents who come from family systems and cultures that have precluded direct conversations between grown-ups and children, especially about sex. This serves as a good vehicle to deconstruct some of those long-held cultural views that prohibit informative conversation about the subject.*

The work of the Healthy Teen Network (HTN, formerly known as the National Organization on Adolescent Pregnancy, Parenting and Prevention) has also been shaped by Plain Talk. According to former associate director Karen Canova (who has since come to work for P/PV and coauthored this report):<sup>9</sup>

*Plain Talk has had a direct impact on how we do things. We develop resources and disseminate materials through our clearinghouse and conferences to practitioners. Our practice is now focused much more on family and community, and I think Plain Talk was the catalyst for that. Plain Talk was one of the pioneer programs in making sure that family and community are central in this work.*

The first successful replication of Plain Talk was accomplished in Minnesota with help from the Minnesota Organization on Adolescent Pregnancy Prevention and Parenting (MOAPPP). MOAPPP's outreach coordinator, Judy Ojeda, said:

*The reason we chose Plain Talk was because it provided a safe environment for parents and teens to communicate in a more effective manner. Parents feel empowered and teens feel like they're being heard. Most adults feel that teens need reproductive health services available to them. They want their kids to be able to talk with other adults in the community and receive accurate information on where to get services if they need them. What we like about Plain Talk is that it is built at the community level so it totally reflects the culture of the community it is trying to reach.*

Brigid Riley, MOAPPP's executive director, stated that:

*Plain Talk is one of the evidence-based approaches that we promote to communities to encourage them to consider as a response to teen pregnancy, HIV and STDs. We also bring information about Plain Talk to decision-makers and the media. It's such an easy approach to talk about —most people immediately understand it. Plain Talk offers an easy-to-grasp response to adolescent reproductive health concerns.*

## Plain Talk Materials Have Had an Influence on the Quality of Practice

Written and published in 2002, *The Plain Talk Implementation Guide* has received strong positive feedback from the field. Not only have practitioners found the guide to be helpful with program start-up, but policy and advocacy groups have also reported that after reading the guide they've gained a better understanding of what it takes for communities and parents to become involved at the ground level.

The guide was initially written as a resource to help new program sites get up and running. In recent years, several program sites have benefited from having a Plain Talk guide available to accelerate their implementation process. An example is the Plain Talk site in Minnesota. MOAPPP was able to acquire state funding to implement Plain Talk in their state with the stipulation that the funds had to be used within a few months. This meant that the first phase of Plain Talk—Community Mapping—had to be completed in a relatively quick period of time. Without the implementation guide to lead them through the process, it would have been difficult to meet the demands of the funding source. According to Judy Ojeda, “We kept looking back at the implementation guide to see how other sites proceeded through the Community Mapping process. The guide gave us direction, and we also found it extremely helpful when presenting Plain Talk to potential funders. It gave us the answers to many of their questions.”

A second important tool for program sites—*Walking the Plain Talk: A Training Guide for Walkers & Talkers and Home Health Parties*—was written and published in 2004, and updated and expanded in late 2005. During the earlier interviews, practitioners said they were looking forward to using this new curriculum. Recent interviewees agreed that the new Plain Talk training guide is a valuable tool in the growing collection of Plain Talk materials.

### Plain Talk Presentations at Conferences Have Influenced Practice

Several respondents agreed that Plain Talk presentations at professional conferences have been valuable in helping practitioners and program managers think positively about evidence-based approaches to parent/teen communication and access to reproductive health information and services. Brigid Riley of MOAPPP stated that “Plain Talk’s presence at national conferences has brought skeptics along, generated a lot of interest, and ‘hooked’ new potential Plain Talk sites. It’s also been valuable to have Plain Talk’s growing body of evidence presented in front of decision-makers and those who control the purse strings.”

One of the leading national conferences in the ARH field is held by HTN (formerly NOAPPP), and for the past several years Plain Talk has been presented there as a unique program that addresses teen pregnancy prevention at the community level. The national conference is attended mainly by practitioners, and attendance usually runs between 600 and 800.

Karen Canova, formerly of HTN, felt that Plain Talk was one of the most well-received programs presented at their conference. She said, “The feedback we’ve gotten on Plain Talk has been very positive. People call from their communities after they’ve seen a Plain Talk presentation...to ask us how they can get more information on implementing it.” In fact, MOAPPP first heard about Plain Talk at the NOAPPP conference in 2002. Nancy Nelson, MOAPPP’s former executive director, was impressed with the program and decided to have Plain Talk present at the MOAPPP state conference in Minnesota a few months later. This in turn led to the funding to begin Plain Talk in Minnesota in 2003.

Also in 2003, Plain Talk was presented at the Aspen Institute’s Roundtable on Comprehensive Community Initiatives. This was an international conference funded by the Rockefeller Foundation in the United States and the King’s Fund in the United Kingdom, with a variety of attendees, including top-level staff from the Health Development Agency in the UK. According to Anne Kubisch, co-director of the conference, “The Roundtable was looking for initiatives that were about community change and had a community base. We also wanted initiatives that had positive evaluations completed.” Plain Talk fit the bill, and the Casey Foundation and P/PV were asked to make a presentation about the initial evaluation and subsequent replication of Plain Talk. The presentation was enthusiastically received, and within a month the Health Development Agency asked Casey and P/PV to conduct seven additional presentations on Plain Talk at government offices in London.

In the past two years, Plain Talk has also been presented at numerous conferences sponsored by state coalitions focused on adolescent pregnancy prevention. These presentations, combined with those at the national conferences of HTN and AMCHP, have been highly influential in Plain Talk’s rapid expansion throughout the US and Puerto Rico. Presentations at the American Public Health Association (APHA) in 2005 have further helped to expand Plain Talk’s reach.

### Information and Technical Assistance on Parental Engagement Are Needed

During the interview process, it became evident that parental engagement is seen as a strategy that works in practice. Most practitioners interviewed felt that teen pregnancy prevention programs need to have an element of parental engagement that promotes the sharing of values and an atmosphere of open communication in the home. That said, many were at a loss when asked where parents and practitioners can go to receive information, training and technical assistance on this important topic.

For information on parental involvement, all named SIECUS as a good source of information, with Advocates for Youth, The National Campaign to Prevent Teen Pregnancy, The Guttmacher Institute and Healthy Teen Network close behind. These organizations provide web-based materials on the importance of parent/teen communication, national statistics, polling, research and some programming information.

The information question was much easier to answer than the training and technical assistance question. When asked where parents or practitioners could go to receive training and technical assistance, the majority answered, “I don’t know.” A few noted that some Planned Parenthoods have training available, but they weren’t sure how extensive that training is. It was also suggested that ETR Associates might have some training on parental involvement and that CARTA was currently working on these issues. It was interesting to discover that every practitioner interviewed felt the ARH field has come to realize that parental involvement is paramount to effective programming, and yet there appears to be very little in the way of formal support and training in this area. Because Plain Talk is still in its early stages of replication, it does not appear to have had much of an impact on training and support across the field.

### Infrastructure Is Needed to Support This Work

The interviews spawned a mixed bag of thinking on what type of infrastructure is needed to support comprehensive ARH programs like Plain Talk. The three types most often cited were: public health departments, community-based organizations and state offices of family planning. Since there was no consensus on this point, it is important to consider the thinking behind all three approaches.

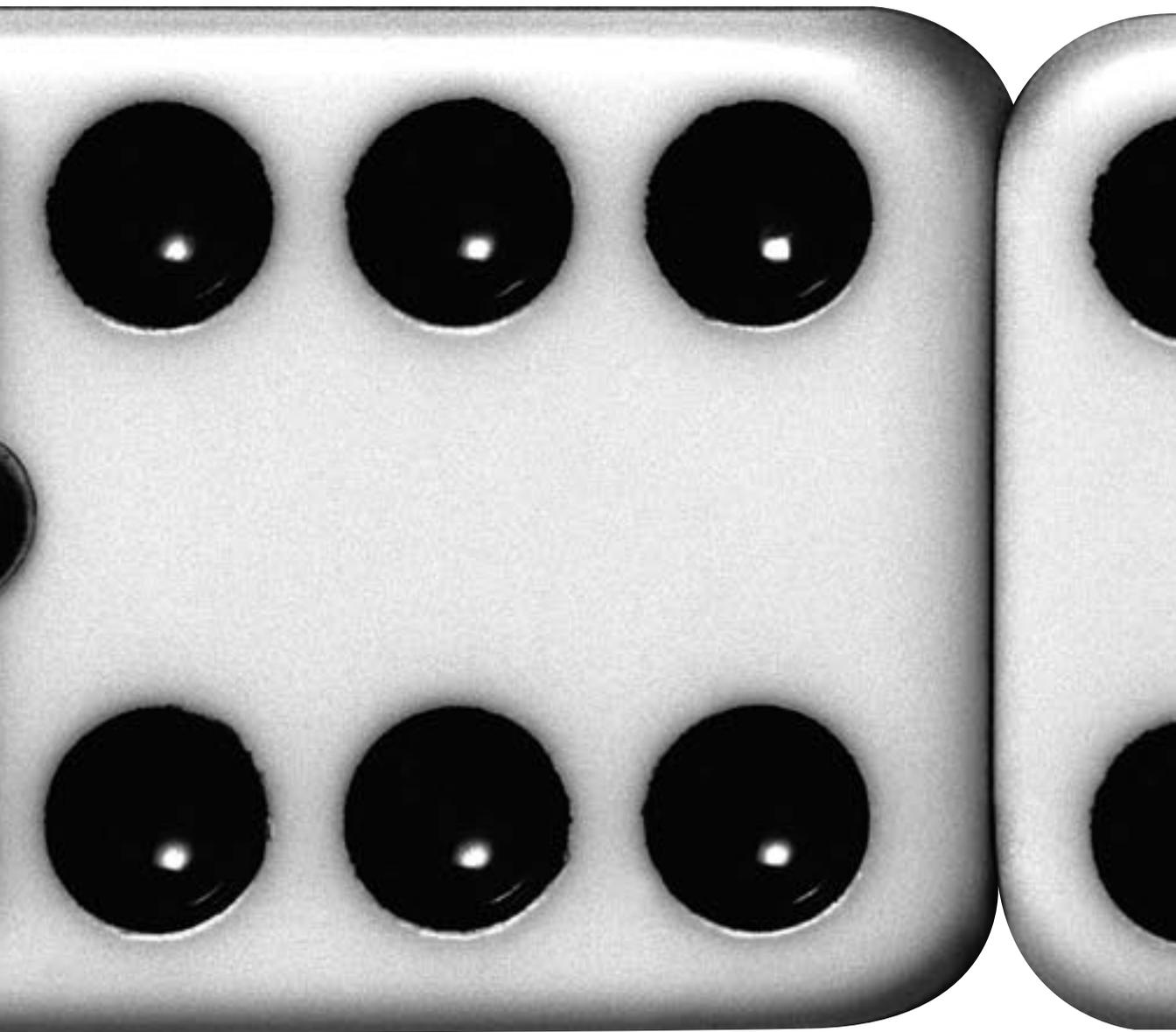
About half of the respondents agreed that the public health department would be the most advantageous home for programs centered on adolescent reproductive health and teen pregnancy prevention. Some felt that an organization such as AMCHP would be in the best position to increase awareness and support for comprehensive ARH programs since it is comprised of Maternal Child Health directors. Rena Large of AMCHP said, “I think that the public health sector is the right venue for programs like Plain Talk. While everyone knows that adolescence is a crucial time of development, the family is the best way to get to the kids consistently before they get all of the other messages society gives them.” As AMCHP is composed of state adolescent health coordinators, it may well be the key that unlocks the door to the public health domain.

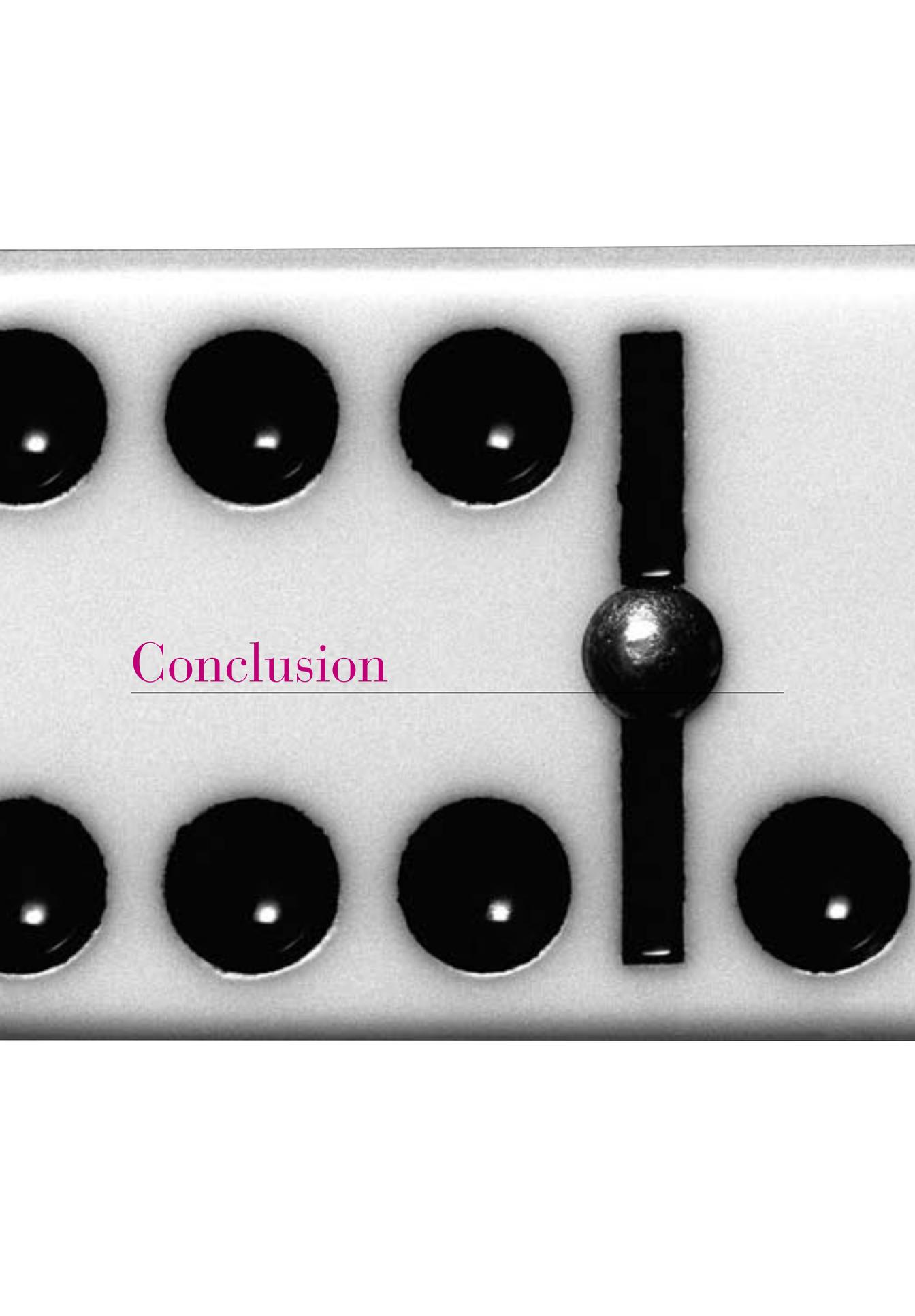
On the flip side, several respondents thought the public health departments might be too nervous to touch comprehensive programs in light of the conservative, abstinence-only atmosphere that exists in the political arena. Concern was expressed that the contraceptives-access piece of Plain Talk could possibly erode if placed within some cautious health departments. Some respondents also noted that the current, post-9/11 emphasis on bio-terrorism is leading many health departments in a new direction.

Community-based organizations (CBOs) were a second venue mentioned as the best infrastructure for comprehensive ARH programming. Some felt that CBOs are less restrictive and have fewer demands placed upon them than do governmental agencies. In other words, there isn't as much red tape or bureaucracy to muddle through. The downside is that CBOs come in all shapes and sizes. Many CBOs do not have the wherewithal to implement new programs effectively, and some may not be as well-connected in the community as is required by a program like Plain Talk. Michelle Bayley of Planned Parenthood New York City felt it should not be an either/or situation. "I don't see it as being exclusively public health departments or community-based organizations. You have advantages and disadvantages with both. Some communities may have strong, well-connected CBOs while others may find a better fit in the health department."

Lastly, several interviewees commented on the possibility of implementing programs through State Offices of Family Planning, also known as Family Planning Councils. These agencies usually act as the funder/administrator for programs and then contract out with health departments and CBOs to implement them in the community. This would have to be done on a state-by-state basis, and some felt Plain Talk would be well received in this arena.







Conclusion

Before the 1990s, parental involvement in the ARH field was often seen as a nuisance rather than an asset. In many cases, parents were seen as the enemy or a force to be reckoned with. Things have begun to change. Over the past decade, the Plain Talk message has spread at a rapid pace. The ARH field, and hopefully society as a whole, is beginning to see the value of engaging parents in an effort to communicate with their children about sex accurately and effectively. In recent years, a growing body of scientific evidence has emerged that supports the importance of parent/child connectedness and the benefits of parent/child communication.

Both advocates and practitioners are realizing that many parents want to help their children navigate the years of sexual development but feel inadequate to provide accurate information. Some parents may not have the communication skills needed to provide an open atmosphere and to seem approachable, while others may come from a culture that has taught them that it is wrong to talk openly with their kids about sex. Now that the field has acknowledged the need for parental involvement, there remains a wide gap in services available to help parents and other adults move in this direction.

This report indicates that Plain Talk has made a notable difference in the ARH field. When asked what other programs like Plain Talk are available for communities to implement, most of the field's leaders could only think of one or two that were somewhat similar. Interviewees described Plain Talk as unique and needed for the following reasons:

- It empowers parents;
- It provides accurate information to parents;
- It is community-based and reflects the culture of the community;
- It respects parents' values;
- It respects teen's feelings and opinions;
- It gets the community working together to solve the problem; and
- It changes social norms.

The one theme that became clear throughout the interview process was that the leaders in the ARH field have a great deal of respect for Plain Talk's groundbreaking work. Many cited Plain Talk as a "catalyst" for parental involvement in the ARH field. It would be difficult to make the case that Plain Talk was the only influence positively affecting this shift, since there was also an increase in "talking to your kids" campaigns on various other issues, such as smoking and drugs. However, in the realm of reproductive health, Plain Talk certainly appears to be a contributing factor.

The Plain Talk program is now being spread throughout the country, as part of the national replication effort funded by the Annie E. Casey Foundation. P/PV's Replication and Expansion unit acts as the national intermediary providing Plain Talk program sites with a range of technical support to ensure that Plain Talk is implemented in a cost-effective and efficient manner, and with fidelity to the program model. This support includes: assistance with all aspects of initial implementation; on-site training related to Plain Talk's three major components; meetings and conference calls with key stakeholders; advocating for the program with community and political decision-makers; data collection, analysis and reporting; sharing knowledge of available funding sources; ongoing technical assistance and problem-solving; providing opportunities for peer-to-peer learning with other Plain Talk sites nationwide; and helping mature Plain Talk sites expand their reach to neighboring communities. For more information on the Plain Talk program or replication effort, go to [www.plaintalk.org](http://www.plaintalk.org).

## Endnotes

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- 9 Karen Canova left HTN in January 2005 to become a senior program officer at Public/Private Ventures, assisting with Plain Talk's national replication and expansion.

## Appendix A

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