Evaluation
Roundtable

"LOOKING FOR SHADOWS":
EVALUATING COMMUNITY CHANGE IN THE *PLAIN TALK* INITIATIVE

A Teaching Case Study

By Leila Fiester

Edited by Patricia Patrizi and Michael Quinn Patton

May 2006

This case study was prepared for the Evaluation Roundtable Teaching Form. The research and writing were funded by the Annie E. Casey Foundation (AECF). We thank AECF for its support but acknowledge that the findings and conclusions presented in this case study are those of the author alone and do not necessarily reflect the opinions of the Foundation.

CONTENTS

I. CONTEXT

Americans began the 1990s as ambivalent about sex as ever. "I wanna sex you up," sang Color Me Badd in the group's 1991 hit of the same name; "So honey can I do ya?" Pop star Madonna, arguably at the peak of her influence on young girls (and men of all ages), was preparing to publish *Sex,* a 128-page, Mylar-wrapped set of explicit photos celebrating sexual freedom. On the popular sitcom "Murphy Brown," the title character decided to become a single mother, sparking a national debate over family values that would spill over into the 1992 presidential campaign. Meanwhile, the nation was riveted and polarized by the U.S. Senate's televised inquiry into Anita Hill's assertion of sexual harassment by Supreme Court nominee Clarence Thomas.

Then things got *really* serious. Basketball star Earvin "Magic" Johnson announced in 1991 that he had tested positive for HIV. Suddenly, sex could be a matter of life or death. The mainstream public began paying attention to the decade-old HIV/AIDS epidemic, which by then had infected 199,516 Americans. Many people who thought AIDS only struck homosexual males and intravenous drug users were shocked to learn that, of the new AIDS cases reported among women and teenage girls in 1991 alone, 37% were acquired through heterosexual sex.[1]

The threat of fatal, sexually transmitted disease converged with another alarming trend: the rising rate of teen pregnancy. Data from the Annie E. Casey Foundation (AECF)'s KIDSCOUNT initiative, which tracks indicators of child well-being within each state and nationally, showed a steady increase between 1985, when 7.5% of all births were to unwed teenagers, and 1991, when the rate was 9%. Those babies faced daunting odds for long-term success. And their young parents, many of whom were undereducated and unemployed, faced a rocky road to self-sufficiency. With these two "crises" emerging as threats to young people's futures, the time was ripe for a new intervention targeting sexually active teens.

AECF Senior Program Associate Sharon Lovick Edwards jumped at the opportunity. Edwards, a passionate and experienced advocate of teen pregnancy prevention, had directed the privately funded, national Support Center for School-Based Health Clinics before joining AECF to develop the teen pregnancy prevention agenda within *New Futures,* a multi-site effort to reform education and human service systems that began in 1988. One of *New Futures'* target outcomes was a reduction in teen pregnancy.

By 1992, however, Edwards concluded that the teen pregnancy rate would not fall unless it was the sole focus of an initiative. "Given the opportunity, adults will find anything else to work on," she observes. "People will talk about comprehensive services and then opt out of [addressing] the more difficult things." So Edwards proposed a new AECF initiative: *Plain Talk*.

The timing was right for the foundation. Historically, AECF had focused on foster care services and family programs, the interests of founder Jim Casey.[2] But in the late 1980s and early 1990s, the foundation's resources grew rapidly with bequests from several Casey family members. AECF trustees wanted to expand the foundation's work without losing its emphasis on improving the lives of disadvantaged children and their families. "Teen pregnancy just bubbled up" as a major social problem, recalls Edwards—especially when the trustees also saw an opportunity to prevent HIV/AIDS transmission among teenagers.

[1] U.S. Department of Health and Human Services Centers for Disease Control. "HIV/AIDS Surveillance, 1991 Year-end Edition." (January 1992). Retrieved from www.cdc.gov/hiv/stats/surveillance91.pdf.
[2] Jim Casey, one of the founders of United Parcel Service, created the Foundation in 1948 with his three siblings. They named it after their mother.

The timing also was right for the philanthropic field at large. The 1990s marked the beginning of a shift by large national foundations from mainly programmatic investments to a deeper engagement in long-term, complex community change. "Comprehensive community initiatives" (CCIs) emerged as an exciting new approach. They were known for working across multiple sectors; seeking results at the individual, family, community, organizational, and systems level; focusing on building community capacity, social capital, and neighborhood empowerment along with more tangible outcomes; recognizing the contexts and conditions that affect outcomes; responding to community dynamics and therefore evolving over time; and attempting to saturate communities with an intervention.[3]

True to form, Plain Talk would pursue its goals by simultaneously mobilizing community action, improving programmatic interventions, and improving the performance of service systems. Community residents would be front and center as co-owners of the initiative. And the initiative would promote community change as a pathway to better outcomes for individuals.

STATUS OF THE EVALUATION FIELD

Social policy evaluators in the 1990s were, for the most part, quite good at measuring the impacts of single programmatic interventions. The typical method was straightforward: Look at the people who go into the program before and after their participation, and compare them with another group of people just like them who didn't go through the program. Evaluators were less good at measuring community change—something that often is abstract and intangible—and poorer still at measuring how initiatives influence systemic change.

The emergence of CCIs as a preferred approach presented evaluators with several challenges. CCI outcomes are difficult to quantify, and they often don't show up for many years. The initiatives take time to get off the ground; throughout the 1990s (and even today) their approach was "still under construction, using tools that were developed for different purposes and [were] inappropriate to the task…[So evaluators] had to make up the rules of good practice as they went along."[4]

The new field of CCIs sought change at many different levels, which complicated the unit of analysis and led evaluators to collect so much data that they struggled to make sense of it. The community-specific nature of the interventions made it very hard, if not impossible, to find a comparison group or to generalize lessons across locales. Longitudinal studies of change in outcomes were popular; but initiatives like Plain Talk operate in neighborhoods with highly mobile populations, and the study sample is unlikely to stay in the neighborhood over the life of the evaluation. And, because CCIs attempt to reach all members of a community, "it [was] infeasible to randomly assign individual residents to treatment and control groups for the purposes of assessing the CCI's impact."[5]

A "new" evaluation strategy was emerging to address the challenges. Theory of change evaluation, popularized in a 1995 publication by the Aspen Roundtable on Comprehensive Community Initiatives (now the Aspen Roundtable for Community Change), is a common-sense approach that involves mapping out how and why specific interventions, strategies, and resources are expected to produce specific results. The appeal of theory-of-change evaluation is that it clarifies the "mini-steps" that lead to long-term goals and it links an initiative's underlying assumptions to the conditions needed for change, program activities, measures of short-term and intermediate outcomes as well as long-term goals, and measurable indicators of success.[6]

---

[3] Auspos, P. and Kubisch, A.C. (2004). "Building knowledge about community change: Moving beyond Evaluation." New York: The Aspen Institute Roundtable on Community Change, p. 10.
[4] *Ibid.,* pp. 10-11.
[5] *Ibid.,* p. 10.
[6] Retrieved from http://www.theoryofchange.org/html.

The theory of change movement swept through the CCI evaluation world after publication of the Aspen Roundtable's first book. But that was three years after *Plain Talk* began—too late to shape its evaluation design. Furthermore, *Plain Talk's* own theory of change was still evolving when the evaluation began.

One other, still-emerging evaluation trend bears mentioning. Communities that had CCIs were beginning to insist that evaluators do a better job of understanding local perspectives and context. Ethnographic research was one way to fill the data gap, but traditional evaluation firms didn't have much experience with ethnography. "It was not done often, and often it wasn't done well," recalls Mary Achatz, one of Plain Talk's early evaluators. Still, funders like the Annie E. Casey Foundation had grown very interested in combining survey and ethnographic research—a shift that would profoundly influence the design, rollout, and findings of *Plain Talk's* evaluation.

CHRONOLOGY OF THE *PLAIN TALK* INITIATIVE AND EVALUATION

1992 Sharon Edwards develops *Plain Talk* concept.

1993 AECF invites Atlanta, Hartford, Indianapolis, New Orleans, San Diego, and White Center (Seattle) to join one-year, funded planning process. Susan Philliber leads community mapping process.

1994 Atlanta, Hartford, New Orleans, San Diego, and White Center begin demonstration phase. AECF headquarters moves from Connecticut to Maryland; Sharon Edwards leaves the Foundation and initiative. Debra Delgado becomes initiative manager. AECF selects Public/Private Ventures (P/PV) as evaluator. P/PV begins baseline survey and ethnography in Atlanta, New Orleans, and San Diego.

1995 P/PV issues report on *Plain Talk* planning phase. Michelle Gambone replaces Jim Connell as principal investigator for the evaluation. Karen Walker replaces Mary Achatz as leader of the ethnographic portion. Ethnography begins in White Center.

1997 P/PV begins *Plain Talk* outcomes study.

1998 *Plain Talk* demonstration phase ends. P/PV conducts follow-up survey and data analysis.

1999 P/PV issues final implementation report.

2000 *Plain Talk* replication begins in Chicago.

2001 P/PV issues outcomes report. Geri Summerville conducts replication assessment.

2002 Replication begins in three more prototype sites.

2004 Geri Summerville develops structure for replication.

2005 Replication expands, with P/PV as national intermediary.

2006 Debra Delgado leaves the Annie E. Casey Foundation to join the Atlantic Philanthropies.

II. PLAIN FACTS ABOUT PLAIN TALK

At the core of *Plain Talk* is a belief that providing young people with contraceptive services is the best way to prevent teen pregnancy. That premise was not popular 15 years ago, because it meant accepting adolescents' sexual activity and contraception as facts of life. Efforts to introduce contraception through school-based clinics and other health education programs often were opposed by parents and impugned by negative publicity. The Just Say No movement wasn't finding traction, either. The problem, recalls an expert, is that "you could teach kids more about contraception but that didn't mean they used it." Such tunnel vision frustrated Sharon Edwards, who pointed out that "with every other problem, when we know there's a solution we apply the fix." So Edwards began visiting communities to talk with residents about alternative approaches.

It didn't take long for Edwards to notice it was easy to talk explicitly about sex and pregnancy with young people, because "they knew what was happening," but much harder to talk openly with adults. Edwards realized that typical teen pregnancy prevention efforts focused on changing *youth* behaviors, not on developing the knowledge and communication skills of *adults* who influence teenagers. But Edwards knew from her experience establishing school-based health clinics "how you can overcome opposition by getting adults to understand." She talked with colleagues outside AECF, especially researcher Joy Dryfoos and evaluator Susan Philliber, about a new concept: a teen pregnancy prevention initiative that targeted outcomes in adolescents but targeted implementation mainly to adults, with the goal of changing both populations' behavior.

Edwards' colleagues describe her as a creative thinker, someone who is prepared to try new and untested strategies if they seem likely to mobilize people. She has strong convictions about reducing adolescent pregnancy and STDs and does not hesitate to promote and defend her point of view—which makes her a strong advocate but also, sometimes, a controversial one in communities and professional circles.

Edwards' sounding board and co-thinker was Susan Philliber, an independent researcher and program evaluator Edwards had met years earlier while running a school-based health clinic. Both women were then raising daughters, and they found much in common professionally and intellectually. "Susan reinforced some concrete thinking on my part about the complexity of factors involved in [teens'] decisions about something as intimate and personal about having sex," Edwards recalls. "We had lots of conversations about how previous programs had focused on creating *physical* access to condoms but not *psychological* access."

Philliber, whose doctorate is in sociology, had run the social science research unit for Columbia University's School of Public Health before forming her own research firm. Although AECF had not yet selected an evaluator for the initiative, Edwards envisioned an important role for Philliber as her research partner. Philliber's approach reflected Edwards' belief that "the program ought to drive evaluation, not the other way around." Edwards further explains:

> *Most evaluators start with a set of hypotheses and their thinking about what an evaluation should do. Susan is one of the few evaluators I've ever met who listens to the program person talk about what they do and then builds an evaluation to help the program person do their work better.... Her methods are not intrusive.*

Philliber's deep involvement in *Plain Talk* during its early development, coupled with Edwards' own respect for data, infused the initiative with a belief that data collection and analysis are integral parts of the work—not something to be added after other activities are underway. Edwards is a pharmacist by training, and she explains the data emphasis as a need to understand dosage: "Often, people involved in programming don't have a good idea of the amount of effort it takes to produce the change they're seeking. The only way you can know what the right dosage is is by having data."

On that premise, Edwards and Philliber gathered baseline data in each of the selected sites while the initiative was still under design. Philliber conducted oral surveys of adolescents and parents in the target communities to assess teens' sexual risk behaviors. She also surveyed physicians to learn how adults and institutions were serving sexually active adolescents, asking how many teenaged patients the providers saw and whether they routinely conducted sexual histories or determined whether the teens were sexually active.

Two findings emerged that would shape *Plain Talk's* theory, implementation, and evaluation. First, there was a huge disparity between the survey responses of adolescents and adults within the same communities. Parents said they had thoroughly discussed sexual behavior and consequences with their children, while the teens said the topic was never addressed. Moreover, both teens and adults were very uncomfortable talking about sex. Clearly, communication about safe and responsible sex would need to be a focal point of the initiative.

Second, the physicians with the most adolescent clients were dermatologists and allergists—and they were not about to ask patients about their sexual behavior. So *Plain Talk* would need to reach not only parents but the other adults who live, work, and interact with adolescents in the community.

INITIATIVE THEORY, GOALS, & ASSUMPTIONS

Plain Talk did not begin with an explicit theory of change, at least not the type of formal articulation that we now associate with the term. But the initiative was guided by a set of basic assumptions and goals. The first of these was a recognition that young people's attitudes and behaviors toward health are influenced by individual, institutional, cultural, and structural factors. Thus the initiative aimed "to explore whether a cultural shift in sexual attitudes could be achieved in American communities, and whether, when combined with greater access to contraceptives, teen pregnancy and [STD] rates would decline."[7] In other words, the initiative would not merely target adolescents' behaviors and beliefs—it would mobilize parents and other community adults to become agents of community change, and it would try to improve the policies and practices of health care agencies that served adolescents. In that sense, AECF considered *Plain Talk* not just a programmatic intervention but a community initiative.

> ***PLAIN TALK'S* HYPOTHESIS**
>
> Increasing the adult-youth dialogue and making contraceptive services physically and psychologically available to sexually active youth [will] result in earlier and more consistent use of contraceptives, which [will] in turn result in a decrease in the rates of pregnancy and STDs among youth in the community.
>
> *—Walker, K.E. and Kotloff, L.J. (September 1999). "Plain Talk: Addressing Adolescent Sexuality Through a Community Initiative." Final Evaluation Report. Philadelphia: P/PV.*

A second premise was that many adolescents have sex and probably will continue to do so, and therefore the solution is not to insist on abstinence but to ensure safe sex by encouraging the early and consistent use of contraceptives. *Plain Talk's* fundamental acceptance of teens' sexual activity conflicted with many parents' desire for a primary prevention or abstinence program, but Edwards knew from experience that if she could work directly with parents and other adults who were deeply invested in young people's well-being, she had a good chance of overcoming their opposition and winning their support. "When I wanted to get a school-based clinic [approved] by a school board, I wouldn't lobby teachers—I'd organize parents," she recalls.

A third premise was that teens receive inconsistent, confusing, contradictory, and inaccurate messages about sexual responsibility:

[7]Grossman, J.E., Walker, K.E., Kotloff, L.J., and Pepper, S. (December 2001). "Adult communication and teen sex: Changing a community." Philadelphia: Public/Private Ventures, p. 1.

[Their] parents often lack the information and confidence to engage [them] in frank and open discussions about sexual behavior… [and] professionals who work with youth may be uncertain that their messages to teens will be supported by their communities. At the same time, youth avoid approaching adults with questions about sex….As a result, they often turn to their peers for information about sexuality and contraceptives, and that information is often inaccurate.[8]

CORE STRATEGIES & COMPONENTS

The goals and assumptions outlined above led *Plain Talk's* developers to three intervention strategies:

Strategy 1: Develop community consensus about the need to protect sexually active young people.

Plain Talk's planners believed that "consensus around a topic as sensitive as adolescent sexuality could be achieved only if residents[9] helped shape and direct the course of the initiative."[10] Thus the initiative aimed to give community adults—young men and males, as well as the females typically targeted by pregnancy prevention programs—a pivotal role as co-owners and implementers of the effort. This was an unusual twist on teen pregnancy prevention, and it suggested a different starting point. The first step would be for residents to agree that there was a problem and to find a mutually acceptable way to address it.

AECF expected each site to "convene a **core group** composed of both community residents and staff from community agencies….to create and maintain a shared vision about the need to protect sexually active youth, and then to convey this message to others in the community."[11]

An important tactic for developing consensus and recruiting core group members was to help community adults obtain and use data on beliefs and behaviors toward adolescent sexual activity in the neighborhood. The data, Edwards and Phillber reasoned, would raise residents' awareness of the supports available (or unavailable) to sexually active adolescents and prepare them to communicate more effectively about the issues. So they developed the Community Engagement Process, also known as **"community mapping"** (see box at right).

COMMUNITY MAPPING AS A TOOL FOR REACHING CONSENSUS

In community mapping, research consultants convene the core group and tell them resources are available to address teen pregnancy in the neighborhood. They ask the group, "What do we need to know about this community?" (Not, "What do we need to *do*"; that comes later.) The residents brainstorm and propose questions they want answered. The consultants turn the questions into a survey instrument, which residents edit.

Residents recruit interviewers from the neighborhood and the research consultants teach them how to conduct interviews. Interviewers receive a *Plain Talk* t-shirt, an ID card, and a stipend ($7 to $8 an hour) for about three days of data collection. Each day begins with breakfast, provided by *Plain Talk,* after which interviewers fan out through the neighborhood. They reconvene at lunch to talk about what they are learning and give the consultants a chance to check survey quality. At the end of the day, interviewers turn in their surveys and receive a take-home snack. When the survey period ends, interviewers get a certificate verifying the hours of survey training and field service they accumulated.

The research consultants translate the survey data into a report that is heavy on graphics and light on text. The report compares responses from adults and teens to the same questions, thus revealing any discrepancies in understanding. Researchers invite the core group of residents and anyone else who is interested to a party, where they present the findings. Participants then discuss whether the data match what residents have seen and heard, and they select five to 10 pieces of data that residents want to act upon.

[8] Grossman *et al.,* 2001, p. 2.
[9] *Plain Talk* uses the term "resident" as a proxy for parents and other "authentic community members" who feature prominently in adolescents' lives, including adult neighbors, coaches, etc.
[10] Grossman *et al.*, 2001, p. 2.
[11] Walker, K.E. and Kotloff, L.J. (1999). "Plain Talk: Addressing adolescent sexuality through a community initiative." Final evaluation report. Philadelphia: Public/Private Ventures, p. v.

Philliber Research Associates produced site-specific reports on community mapping data, which answered such questions as:

- How many teens have had sex by the time they reach age 12-13, 14-15, 16, and 17-19 (according to adults and teens)?
- What percentage of parents believe their children are sexually active? Do teens think their parents know they have had intercourse?
- What do most pregnant girls do (according to adults and teens)—have an abortion, give the child to family, raise the child themselves, marry and raise the child with the husband, raise the child with family support, etc.?
- How do teens and parents view such issues as birth control, abstinence, sexuality before marriage, etc.? How comfortable are adults about talking to teens about sexuality issues (e.g., sex, birth control, STDs, AIDS, pregnancy, menstruation, homosexuality)?
- Do teens know very many people they can talk to about sexual issues? Who are those people? Do teens know of a place to get contraception in their community? Do teens really know how services are delivered at that place?
- How often do teens use protection? What type do they use, and how do they feel about it?
- What percentage of parents say they have talked to their teens about sex and contraception? What percentage of teens say their parents have talked to them about sex and contraception?
- What feelings do adults have if their children come to them with questions about sex (e.g., relief, happiness, worry, shock, fear, anxiety, embarrassment, anger, etc.)?
- How do adults think decisions are made in their households (about dating, birth control, having a baby)—by them and their child jointly, by the parent unilaterally, by the child, after a mutual discussion, etc.?

The information often pointed to knowledge gaps that *Plain Talk* would need to fill. In one site, for example, almost 80% of teens surveyed in 1994 believed that abstinence was the best way to prevent an unwanted pregnancy—but 65% said a girl didn't need birth control if she only had sex once in a while.

The community mapping process is more satisfying than traditional research, says one evaluator, because the participants get excited about the data. But the community mapping process was more than fun. It would become Plain Talk's seminal activity and, more than a decade later, the cornerstone of the initiative's replication.

"Community mapping is a powerful strategy. People can turn a deaf ear to [the Foundation's] data, but not to their own." —Cindy Guy

Strategy 2: Give adults the information and skills they need to talk with adolescents about responsible sexual behavior and to share accurate information about pregnancy and STDs.

The decision to make community members the chief communicators of *Plain Talk's* message was a radical departure from the traditional medical approach to teen pregnancy prevention, which relies on health educators and medical professionals to counsel teens. Tactics for educating adults in the neighborhoods included **home health parties** and **Walkers and Talkers.**

Walkers and Talkers are residents who are natural leaders of and advocates for the community. *Plain Talk* expected staff in each site to recruit a cadre of these "trusted advocates," coach them on the issues surrounding sexually active teens using a locally developed format and curriculum, and send them into the neighborhoods "to increase community awareness of the high rates of teenage sexual activity and its associated risks, and...to provide parents and other community adults with the information and skills they need to talk to their children about sex-related issues, including the need to use protection if and when they become sexually active.[12]

Home health parties are "small-group, interactive workshops in residents' homes or the *Plain Talk* office, co-facilitated by trained core group members and staff of *Plain Talk* or agency partners."[13] They have the advantage of providing access to community residents through pre-existing relationships, and they offer a safe, relaxing environment in which to discuss a sensitive topic.

> **Strategy 3: Work with local health agencies and service providers** to ensure that the policies and practices of various public systems give adolescents access to high-quality, age-appropriate reproductive health services, including contraception.

The small neighborhoods targeted by *Plain Talk* are highly meaningful to residents but too small to influence the decisions of system leaders, policymakers, and legislators or to ensure long-term community change. Therefore, AECF leaders insisted that the initiative also try to improve local delivery of reproductive health services. Given the resident and community focus of *Plain Talk,* however, this strategy proved difficult to follow at the local level.

Debra Delgado, who succeeded Sharon Edwards as AECF's *Plain Talk* director, readily acknowledges that none of the three core elements is "rocket science." All are basic tools that have been tested in various venues. It is the combination of the three, implemented with the unifying theme of improving the quantity and quality of communication between adults and adolescents, that creates "the power we need to produce community-level change," she says:

> *We've stripped down how we describe the Walkers and Talkers, home health parties, and community mapping to their core essence, so the same pieces are set into motion in the same ways during replication. But it's when you put them together in the community that you see [more complex] elements that are important. The process of building community consensus about what kids need, for example, leads to a community mobilization effort with a very specific target, which is to increase kids' access to reproductive health services. Communication, by itself, isn't adequate to bring about the changes we need; neither is access to reproductive health services, on its own.*

Delgado further points out that *Plain Talk's* combination of strategies works in some of the country's poorest, most politically and economically neglected communities—places where the mere thought of building community consensus is "quite phenomenal." Collectively, the three parts locate the community's social networks and use them both to increase communication and to mobilize action. "Across the sites, neighborhood institutions that form strong relationships with residents through *Plain Talk...* are able to tap into those social networks to spread the good word about their services, to deepen their reach in the neighborhoods, to get real-time feedback about how their services are received," Delgado says.

[12] Walker & Kotloff, 1999, p. vii.
[13] *Ibid.,* p. viii.

TARGET COMMUNITIES

In 1993, AECF invited six sites—Atlanta, Hartford, Indianapolis, New Orleans, San Diego, and White Center (Seattle area)—to undergo a one-year, funded planning process. Each site had high rates of poverty and teen pregnancy, a large number of sexually active adolescents, and "a demonstrated readiness to confront these problems."[14] The size of each site's target neighborhood ranged from 1,500 to 13,000 residents.

Site selection began with a scan of the 1990 U.S. Census data for cities with high rates of teen pregnancy, coupled with high poverty. AECF also looked for communities that had some history of grappling with adolescent reproductive health issues—through school-based health clinics, for instance, or comprehensive sex-ed courses in the schools. A third criterion was the existence of an implementing agency (i.e., an intermediary for the grant) with a history of working well with neighborhood residents.

After the initial screening, AECF looked for a racially and ethnically diverse sample of sites. When staff selected four sites that were predominantly African American or Latino, the foundation's board of trustees encouraged them to add a fifth site where they could test the strategies on a Caucasian population. Delgado and her colleagues subsequently added White Center—not realizing, at the time, the significant impact of Asian and Pacific Islander populations on that community.[15]

Plain Talk staff conducted "below-the-radar reconnaissance" to find local organizations with enough street credibility to serve as lead agency, instead of asking potential intermediaries to apply. Not all of the agencies selected for the demonstration phase were located in the target neighborhood (although that is a criterion for replication sites because it seems to improve the bond between agency and community collaborators).

Staff from the local lead agencies selected the target neighborhoods, in partnership with other community stakeholders. AECF provided a blueprint of the initiative's core requirements: it had to reach boys as well as girls, for example, and it had to be about fundamentally changing the way people operated—not merely about hiring an extra social worker or two. But the foundation didn't dictate how large the target neighborhood should be, how many people should be in the planning group, or even who should participate in local planning.[16]

Apart from the basic selection criteria, the *Plain Talk* planning sites varied greatly. The **Atlanta** community, Mechanicsville, is "a tract of land just a few miles from the heart of downtown and a few yards from the Atlanta Braves stadium. Made up of the McDaniel Glenn and Mt. Calvary Housing Projects (federally subsidized housing) as well as single-family homes, Mechanicsville is a combination of three-story brick apartment buildings, wooden one- and two-story town homes and bungalow-style houses. Almost all of the residents are African American."[17] In 1993, the poverty rate in Mechanicsville was 70% and 82% of youth aged 16-18 were sexually active. The neighborhood has very few community institutions, and residents' social networks "appeared to be fairly sparse."[18] Half of the neighborhood's youth said they were Baptist, and one-third said they had no religion.

---

[14] Walker & Kotloff, 1999, p. iv.

[15] It wasn't until the communities entered the planning phase that *Plain Talk* leaders realized the public schools' demographic data would have given a more accurate picture of sites than that provided by the U.S. Census.

[16] This has changed slightly for replication sites. *Plain Talk* leaders now suggest that the strategies work best if the target area is neither too small nor too big—say, between 13,000 and 30,000 residents.

[17] Retrieved from http://aecf.org/initiatives/plaintalk/p1-atlanta.htm.

[18] Grossman, *et al.,* 2001, p. 3.

The entire *Plain Talk* community in **New Orleans** was located in St. Thomas, "the oldest public housing development in Louisiana, located near the Warehouse District of New Orleans."[19] St. Thomas' residents were African American. Neighborhood poverty was 86%, and 75% of youth aged 16-18 were sexually active. Eighty percent of youth said they were Baptist. The housing development had a highly organized Resident Council which, "coupled with the relative stability of the local population over a number of years, supported the maintenance of dense [social] networks"[20] that aided—and complicated—*Plain Talk.*

San Diego's *Plain Talk* community, Logan Heights (also known as Barrio Logan), is home to people of Mexican heritage. In 1993, 44% of residents were immigrants. Sixty-three percent of neighborhood youth said they were Catholic, and 51% of youth age 16-18 were sexually active. Forty-four percent of residents lived below the poverty line. Residents had strong informal networks, and the neighborhood comprised several small businesses and other institutions.

Hartford's *Plain Talk* community, Stowe Village (or "The Vill"), "sits at the very north end of Hartford, a few miles from downtown yet worlds away. It is made up of a series of rectangle-shaped brick buildings set on a flat, un-landscaped plot of land. Rows of nondescript buildings are distinguished from each other only by different graffiti messages."[21] Stow Village's residents are Hispanic and African American. In 1993, the poverty rate was 70%.

Seattle's target community, White Center, is a small but diverse locale where 40% of the residents are Asian/Pacific Islanders (from Cambodia, Laos, Vietnam, and the Philippines). Other residents include growing populations of Eastern Europeans, Latin Americans, and African Americans. In 1993, the poverty rate was 50%.

In **Indianapolis**, the poverty rate was much lower (27%) than in other planning sites. Residents were African American and Caucasian.

In 1994, all of the planning sites except Indianapolis received $1 million each (not including technical assistance or evaluation costs) for *Plain Talk's* three-year demonstration phase, later extended to four years. Indianapolis leaders chose not to continue because they did not want to commit to the assumption that adolescents are sexually active.

LOCAL IMPLEMENTATION STRUCTURE

Each *Plain Talk* site uses a **lead agency** to manage and support the work locally. AECF selects lead agencies that have a history of credible work in the neighborhoods and a tradition of high-quality, community-based programming. *Plain Talk* program staff consider such factors as whether the agency has a record of activities within the proposed target community; whether the agency has demonstrated the ability to engage neighborhood residents in meaningful and productive ways; whether agency staff are willing to tackle the issue of contraception in an up-front way. The lead agency's role is to raise and administer funds and to generate support from partners outside the target community, often by integrating their work with that of service provider coalitions. Examples of lead agencies include the Center for Black Women's Wellness (Atlanta), Hartford Action Plan on Infant Health (Hartford), St. Thomas Irish Channel Consortium (New Orleans), Logan Heights Family Health Center (San Diego), and Neighborhood House (White Center).

Each site also has a local **project coordinator** and a project assistant, one or two community organizers (outreach workers), and an administrative assistant, who work as a team.

---

[19] Douglas, E. (1999). *Plain Talk Starter Kit.* Baltimore: The Annie E. Casey Foundation, p. 58.
[20] *Ibid.,* p. 3.
[21] Retrieved from http://aecf.org/initiatives/plaintalk/p3hartford.htm.

Community Resident Boards drive the work onsite. Although these groups have different structures and titles from site to site, their role is always to keep people focused on neighborhood priorities.

HOW PLAIN TALK FIT WITH AECF'S TRADITIONS

Plain Talk was conceptually different from previous initiatives, by AECF or any other foundation, in that it tried to improve adolescent health outcomes by changing a community's social context. The initiative positioned teen pregnancy and STD prevention in the context of families, adults, and neighborhoods. It supported community-level processes. And, although systems change was an expected outcome—at least for AECF leaders—the primary goal of *Plain Talk* was not to reform a specific system, as prior initiatives tried to do.

The neighborhood focus was new to AECF, which had never tried to engage a large number of residents in a specific neighborhood. Moreover, previous AECF initiatives concentrated on children; the shift to including, even *leading with,* parents and community adults was a huge change. And the premise that providing adults with information was the key to change was a powerful but untested idea.

Logistically, *Plain Talk* marked a shift within AECF from an initiative developed by consultants to one fleshed out and managed in-house. It was not unusual, however, for AECF to invest heavily in an initiative's evaluation. "This was one more in a long line of seemingly impossible evaluations to pursue," recalls Tony Cipollone, now AECF's Vice President for Assessment and Advocacy. "By the time *Plain Talk* came around, the philanthropic field was more oriented toward complex evaluations, to looking at the effects of what we and others were trying to promote with [community] initiatives."

SELECTION OF AN EVALUATOR

Selecting an evaluator for *Plain Talk* was no simple task, and it became more difficult because of the initiative's troubled start programmatically. Adolescent sex is a sensitive topic, so Sharon Edwards felt she couldn't dive right into the conversation about contraception with community members. "I spent a lot of time listening to [residents] talk about crime, the lack of jobs, all kinds of things. That took time, but it paid off," Edwards says. Furthermore, since Edwards was trying to engage adults in the initiative, many of the early community conversations centered on the adults' own values and issues toward sexuality. Others at the foundation, however, wanted an approach that was more outcomes-oriented, less process-oriented, and more directly focused on reforming public health systems and policies.

In 1994, when the foundation moved its headquarters from Connecticut to Baltimore, Edwards chose not to stay with AECF. Debra Delgado was recruited to lead *Plain Talk* through the end of its planning phase, implementation, and, ultimately, replication. Delgado, who had worked both in philanthropy and as a coordinator for the federal Title X program, a source of funding for family planning programs, viewed *Plain Talk* as a groundbreaking effort to conjoin approaches that had not been blended before in the health field: community mobilization, sexuality education, and teen pregnancy reduction. Susan Philliber stayed with *Plain Talk* until the 12-month planning phase was complete to oversee the community mapping.

Disagreements about program design spilled over into decisions about who would evaluate *Plain Talk.* Edwards' choice had been Susan Philliber, despite—or perhaps because of—Philliber's intimate involvement with the initiative's design. "I thought [Susan] understood what we were trying to do, and I worried that it would take another evaluation team too long to come up to speed, to 'get it.' These were complex, new ways of thinking about things," Edwards says. But AECF Senior Research Associate Cindy Guy and then-Evaluation Director Tony Cipollone wanted a third-party evaluator, to ensure that a broad audience would consider the evaluation findings objective.

Cipollone had joined AECF three years earlier to work on the *New Futures* initiative and to build an in-house evaluation unit—one of the first at a major national foundation. Cipollone had already spent more than a decade studying, evaluating, and writing about at-risk youth, school improvement, collaborative service delivery systems, and other youth and family issues. His path led from a childhood in Queens, NY to Harvard, where he earned a doctorate in administration, planning, and social policy. Along the way, he had worked as a teacher, school administrator, counselor, group home houseparent, program evaluator, and social researcher in low-income communities. Before joining AECF he was an evaluation consultant to Abt Associates and Public/Private Ventures; he also was a senior research associate at Education Matters, a Cambridge-based consulting firm, where he helped states, cities, school, agencies, and foundations (including AECF) find better ways to work with disadvantaged children. After joining AECF, Cipollone and the new evaluation unit developed evaluations for several multi-year, multiple-site initiatives, including *New Futures, Family to Family,* and the *Juvenile Detention Alternatives Initiative.*

Those experiences undoubtedly strengthened characteristics that would surface as Cipollone helped to shape the *Plain Talk* evaluation: a drive to understand not just whether something works but *how* it works; an appreciation for the complexity of social issues; high standards for accuracy and clarity; and sensitivity to the importance of collaboration. Cipollone also was interested in developing new evaluation models and approaches:

> *It was clear to us that no traditional evaluation models existed to capture the breadth, depth, and complexity of what we were trying to accomplish with our initiatives, which were grounded in policy and practice reform, involved more community stakeholders, operated for a longer term, and were designed to build capacity. That meant it was very difficult to do a standardized, random-assignment evaluation design or to find an evaluation design that would attribute causality.*
>
> *We didn't have much help from the evaluation field. The progress of our reform efforts outpaced the progress of the field of evaluation…until Carol Weiss and Aspen [Roundtable on Community Change] began to concretize what we had been doing.*

Cindy Guy also had an extensive research background. She began her career in the 1980s as a cultural anthropologist, conducting fieldwork among Indian immigrants in Israel. MDRC hired Guy in 1985 to conduct field research on welfare reform in Chicago, but she soon moved to New York City to become one of the firm's research associates. MDRC's core expertise is in hard-line, scientific impact studies and cost-benefit studies, but Guy found her niche doing qualitative implementation and process research on projects such as *New Chance,* a program for adolescent mothers. That work bolstered Guy's belief that evaluation is not just a management or technical assistance tool but has its own legitimacy and purpose: "to find out what works." Still, she was eager to work on a wider variety of research and evaluation projects. When Cipollone invited her to become the third member of Casey's research and evaluation staff in 1992, Guy accepted. And, given her connection to the *New Chance* initiative, it made sense for her to direct *Plain Talk's* evaluation.

The debate over what role an evaluator should play in *Plain Talk's* evaluation reflected changing values in the philanthropic field generally, which had long fluctuated between purely independent evaluations and those in which evaluators also serve as initiative developers or technical assistance providers. By the time *Plain Talk* came along, the CCI movement was getting off the ground. Among other things, CCIs aimed to build local capacity for self-evaluation and to feed data back to implementers in real time. Those goals guaranteed that evaluators would become involved with grantees in ways that a completely "objective" evaluator couldn't. For that reason, Cipollone and Guy agreed that the *Plain Talk* evaluators would have to work as part of a team rather than completely independently from other key players. They also would need to have experience working with community residents.

Guy and Cipollone had several other factors in mind as they considered potential evaluators. First, the initiative's target outcome—a reduction in teen pregnancy and STD rates—would be difficult to link to the intervention strategy. Second, there were many measures related to the strategy that were important but difficult to measure. Third, each site was allowed to adapt *Plain Talk* to local needs and circumstances, which introduced cross-site variation—but the evaluation focus had to be consistent across the sites. Fourth, if they were going to remain true to the initiative's intent, objectives, and strategy, the evaluation had to have a strong community component and the evaluator had to be able to work at a "grassroots" level. Fifth, the evaluator needed skills in standard and sometimes complicated statistical analysis. And sixth, the evaluator had to be willing and able to use atypical data collection instruments, such as ethnography, to capture changes in community processes.

Guy and Cipollone expressed those needs in the *Plain Talk* evaluation Request for Proposals—the first such RFP ever issued by the foundation.[22] The RFP defined *Plain Talk's* desired outcomes, a reduction in teen pregnancy and STD rates; outlined the data and data collection processes that AECF anticipated needing to obtain information on the outcomes; and outlined the expected products over a four-year time frame. The RFP specified a combination of survey and qualitative research—as Guy recalls, "We wanted to know *how* it worked as well as *if* it worked"—and short feedback loops, so the evaluation findings could feed back into *Plain Talk's* technical assistance activities.

"[At Casey], we think you're likely to get better results when you've got Foundation staff, the grantees—and I use that term very globally—the technical assistance providers, and the evaluators all working together.
—Tony Cipollone

Several social policy research firms groups responded to the RFP, but most pushed back on the idea of evaluating a process that involved adults communicating with adolescents. "Kids only talk to kids," they insisted. An exception was Public/Private Ventures (P/PV). Moreover, P/PV proposed a team of evaluators who possessed "the technical, the political, and the social-skills chops" to evaluate a complex initiative like *Plain Talk*, Cipollone recalls. P/PV also had experience with ethnographic work from some of its larger evaluations.

And so P/PV became *Plain Talk's* evaluator. The team included:

- **Jim Connell**, an expert in developmental psychology and, in the early 1990s, an emerging leader of the theory-of-change evaluation movement. Connell was the first principal investigator and co-designer of the *Plain Talk* evaluation, but within six months he became P/PV's Senior Vice President and was replaced on the *Plain Talk* team by Michelle Gambone.

- **Michelle Gambone,** a sociologist who was P/PV's Deputy Director of Research. Gambone was part of the *Plain Talk* evaluation's design team and became its second principal investigator; she stayed with the evaluation through its first report, after which she left P/PV to form her own youth policy and research consulting firm. Cipollone praises Gambone as someone who is "smart, no-nonsense, technically sound, and no shrinking violet about interacting with sites."

- **Mary Achatz,** the other co-designer of the evaluation, who oversaw the ethnographic component until late 1995, when she left P/PV to join another research firm. Achatz, an expert in ethnographic research, is known for her calm demeanor and ability to establish rapport with almost anyone.

[22] Previously, AECF program directors simply approached a reputable evaluator and asked him or her to take on the evaluation. The shift to RFPs reflected Casey's organizational development, both within the evaluation unit and for the foundation overall.

- **Lauren Kotloff,** who joined the evaluation during the study of *Plain Talk's* planning year. Kotloff had a doctorate in developmental psychology and an interdisciplinary degree in human development/family studies from Cornell University; she had been at P/PV about a year when she joined the team. When Achatz left P/PV, Kotloff became project director for the *Plain Talk* evaluation. She developed site visit protocols and headed the annual data collection visits to all five *Plain Talk* sites. She was the primary author of P/PV's report on the planning year and co-author of the implementation report. When AECF wanted to expand the ethnography, Kotloff hired and supervised an ethnographer for the additional site. Colleagues credit Kotloff with maintaining the evaluation's continuity and institutional memory and say that her "very rigorous thinking style" played an important role in shaping the reports.

- **Karen Walker,** an urban sociologist whom P/PV hired in late 1995 to oversee *Plain Talk's* ethnographic component when Mary Achatz left the firm. Walker's post-doctoral work on family management strategies, conducted with Frank Furstenburg at the University of Pennsylvania, gave her valuable experience working with families. Walker was the primary author of P/PV's report on *Plain Talk's* implementation.

- **Jean Baldwin Grossman,** an evaluation design expert with a doctorate in economics. Grossman, who joined P/PV in 1986 and became the firm's senior vice president for research in 1994, had expertise in programs and policies for health care, welfare, and youth development, and employment. Grossman's role in the evaluation was minimal during the early implementation study, but she played a pivotal role in devising the analytical model and interpreting results for the outcomes study.

EXPECTATIONS FOR THE EVALUATION

AECF leaders were hopeful but uncertain about the evaluation's feasibility. After all, Guy noted, this was an attempt to measure community change—not a program evaluation. Cipollone was skeptical that the evaluation would be able to gain the communities' trust and find methods to measure the outcomes. His concern was with getting the information AECF needed, not on making history with a design that would influence the evaluation field.

"This wasn't a slam dunk. It wasn't a linear model. And the fact of the matter is, [teens' sexual activity] is a very politically charged issue. We weren't just saying, 'Let's improve reading scores.'" —Tony Cipollone

The evaluators, meanwhile, were excited by the challenge. Michelle Gambone saw it as a chance to push the limits of both initiative and evaluation design. "We were thinking a lot at P/PV at the time about moving more into community interventions," she recalls. "Organizationally, we were trying to develop a pilot project for community-level intervention. So this was a real opportunity to spend time thinking about that and to advance our thinking."

Mary Achatz and, later, Karen Walker, were especially eager to see how ethnography would improve their understanding of neighborhood change. "I was very excited at the idea of using ethnography in a cross-site analysis," Walker explains. "I also thought that if you were going to try something on a local level you should have a good understanding of local conditions, and you don't get that very well in a typical process or outcomes evaluation." Achatz, meanwhile, was intrigued by the opportunity to unpack assumptions that influence outcomes:

> *Often, the assumptions don't fit with what is really happening in the lives of the people an intervention is trying to affect. The assumptions have to do with relationships between the funders and the people hired within the community [to implement the initiative], and between the evaluator/researchers and community residents. Those relationships are always being negotiated throughout the life of the initiative and the evaluation.*

III. DESIGN CHOICES

P/PV outlined four research questions for the evaluation of *Plain Talk's* implementation:

- Were sites able to create a community consensus?
- How effective were the communication strategies in educating a large number of adults?
- Did the sites improve access to high-quality, age-appropriate reproductive health services?
- Did *Plain Talk* have an effect on adolescents' behaviors and teen pregnancy rates?

The evaluation design pleased Cipollone and Guy, for the most part. It combined within-site and cross-site analysis and featured multiple data collection strategies, including a **baseline and follow-up survey, a heavy emphasis on qualitative research, and review of administrative data.**

SURVEYS

P/PV proposed conducting two cross-sectional surveys, one in 1994 and one in 1998, of a random set of 12- to 18-year-olds. The survey would assess adolescents' knowledge, behaviors, and patterns of communication about sex before and after *Plain Talk.* Because sites began implementation at different times, P/PV chose not to group sites into cohorts based on their date of entry. They viewed each site as operating individually on a continuum from planning to outcomes.

To keep costs within budget, P/PV and AECF limited the survey to three sites, which were not randomly selected. Atlanta, New Orleans, and San Diego were chosen because they were the first sites to get *Plain Talk* up and running. Foundation and evaluation staff "saw something there to build on and work with; they seemed the most likely to succeed," one decision-maker recalls. Moreover, the San Diego site had a large Latino population of interest to the foundation, while Hartford's neighborhood was too small (just 1,500 residents) to produce meaningful survey data.

The decision to conduct two cross-sectional surveys, rather than sampling and tracking a cohort of youth touched by the initiative, had a more philosophical basis. First, *Plain Talk* was a comprehensive community initiative. It was about changing the way a community works—its ethos—not changing or providing services to specific youth. Youth didn't enroll in *Plain Talk;* rather, they were exposed to a changed community. If *Plain Talk* was successful, any young person living in or moving into the community would have access to many adults willing and able to help him or her be more sexually responsible. Thus, the evaluators felt it was important to capture the experiences of a cross-section of youth and adults in the neighborhoods.

Second, by 1998 the youth who had been age 12-18 during the first survey administration would be 16-22. One of *Plain Talk's* goals was to lower childbearing and pregnancy rates among 12- to 18-year-olds. *Plain Talk* was not expected to affect childbearing among 19- to 22-year-olds. So members of the older sample would not be relevant to the evaluation.

Third, if the second survey only involved the youth who participated in the baseline survey, the evaluators would not be able to examine *Plain Talk's* effect on youth who became sexually active in a *Plain Talk* environment.

Using a prepared research protocol, field workers would randomly select households to survey. One teen in each household was then randomly selected to be interviewed in their homes. The process would be repeated for the second survey, four years later. The random selection process made it very unlikely that the adolescents interviewed for the baseline survey would be interviewed again during follow-up.

ETHNOGRAPHY

In many ways, qualitative research was the heart of this evaluation, the piece that would explain what changed in the neighborhoods and whether it was *Plain Talk's* activities and message that made the difference. So-called ethnographers—researchers with strong journalistic and social skills but *not* formally trained in ethnography—would spend 20 hours a week for more than a year in three of the five sites (a fourth was later added) to observe community outreach and health education activities, collect and review written materials, and interview program staff, residents in the "core group" of adult participants, and institutional partners. Their mission was to understand the broad community culture; situate *Plain Talk* within that culture; identify issues that might influence outcomes; and ascertain why *Plain Talk* worked when it did.

The evaluators believed that the controversial and private nature of *Plain Talk's* message made it extra important to understand cultural implications. "The initiative touched on a lot of [cultural factors] in terms of how adults and children interact, how parents relate to their children and influence them, how institutions approach the community and deal with youth. [People make] assumptions that low-income communities are homogenous in how these factors play out, but they have very little factual knowledge," one says.

Ethnography also was an approach well-matched to an initiative design that was also evolving. Instead of tracing a theory of change or espousing no theory at all (as a pure anthropologist would do), P/PV's team began with *Plain Talk's* assumptions and added its own hypothesis about change. During the planning year it was easy, because the foundation laid out a clear set of requirements (e.g., core groups had to have male members as well as females, core groups had to develop relationships with faith institutions). But when implementation began, the evaluators looked more generally at how and why activities were developing and how people in the community interacted with each other. If ethnographers noticed something new or surprising they could pursue the thread of information and it might become a new strand of the evaluation.

Foundation staff welcomed the ethnographic approach. "Traditional evaluation methods are inadequate for capturing changes in the heart and minds of people," one explains. "Most evaluations do telephone interviews, surveys, things that can touch a lot of people quickly. But in doing that, you don't touch them deeply…[and] elicit how people really feel about things."

SITE VISITS

Lauren Kotloff visited each of the five *Plain Talk* sites periodically to observe activities and conduct interviews apart from the survey and ethnography. P/PV also examined data provided by the sites from pre- and post-tests given to adults who attended home health parties and other educational workshops. These data sometimes included multiple entries for individuals who took more than one workshop, however, and information was not always entered consistently into a site's database, so their use was limited.

REVIEW OF ADMINISTRATIVE DATA

To put the survey and ethnographic data in context, P/PV decided to use hospital and health department data on pregnancy and births by teenagers and on the incidence of STDs among teens, before and after *Plain Talk.* This would prove to be extremely difficult, because the selected neighborhoods did not line up with the U.S. Census tracts or Zip Codes that hospitals and health departments use to organize data.

OTHER DESIGN CHOICES

P/PV argued successfully against using **comparison sites,** although Cipollone and Guy initially requested them. Their choice was driven both by the cost of surveying and by a belief that comparisons don't make sense for this type of intervention. Grossman pointed out that comparisons only work for short interventions of, say, two years. And, although the *Plain Talk* grants were for one year of planning and three of implementation, the foundation's original message to grantees was that funding might continue for several more years if their efforts showed progress. No one will believe us if we say community attitudes are exactly the same a decade later in the control site, Grossman insisted; it would be an expensive waste of money.

Debra Delgado similarly dismissed the need for a comparison study. If teen pregnancy prevention is going to work, she argued, it will be because of community change—and it's impossible to find an appropriate comparison group for community change.

Instead, P/PV proposed an approach "in which the program's theory or logic is quantitatively tested":[23]

> *We statistically examine if the hypothesized chain of relationships between adult-youth communication (about sexuality) and the sexual attitudes and behaviors for the communities' youth exist. We also examine whether the effect of Plain Talk's key mechanism, adult-youth communication, changed over time.*

In keeping with most evaluations of the period, **resident involvement** was not part of P/PV's evaluation design process. The designers would need to revisit that choice during implementation, however—sometimes painfully and not always to everyone's satisfaction.

Overall, the key to the *Plain Talk* evaluation was an **iterative design process** that allowed tweaks in the evaluation design to match changes in program implementation. When program staff observed that a strategy was or wasn't working particularly well they would change course, and the new direction would become a topic for evaluation. To Mary Achatz, therefore, part of her role as an evaluator was to understand how the initiative director saw the pieces of work fitting together. "Sharon...had a point of view about the outcomes she wanted and about what needed to be done differently from other initiatives to achieve those outcomes. Within that [framework], there was some flexibility and willingness to sit back and see how things played out," she recalls. Lauren Kotloff, who joined the P/PV team after Edwards left AECF, learned about changes through periodic conversations with Debra Delgado, by attending cross-site conferences, or by reading copies of communication between AECF and the grantees.

P/PV also adapted the evaluation design to incorporate emerging knowledge. In the final outcomes analysis, for instance, Grossman looked for evidence that adolescents who talked to their parents or other adults about sex showed improvements in the effectiveness of that communication. That would not have occurred to the team at the start of the evaluation, Walker says: "We would have just looked at the number of kids who talked to adults, [defining] improved communication as being *increased* communication. But as the ethnography went on it became clear that it was *more effective* communication that really mattered."

[23] The description that follows comes not from the original proposal but from a report published by P/PV in February, 2006. Grossman, J.B., Walker, K.E., Pepper, S., and Kotloff, L.J. (2006). "Adult Communication and Teen Sex: Changing a Community's Attitude about Protecting Sexually Active Youth." Philadelphia: Public/Private Ventures, pp. 5-6.

CONCERNS ABOUT THE CHOICES

Despite the strengths of the evaluation design, from the beginning everyone knew there were significant flaws. The biggest hitch initially was the projected cost. Even though P/PV's proposal included very detailed survey work, which typically is expensive, the bid was surprisingly low: around $800,000. When asked if they really could do the evaluation for that amount, P/PV staff said they could. A few weeks later, however, it was clear that the price tag would be much higher.[24] Negotiations between AECF and P/PV's new president, Gary Walker, resulted in some compromises. One was a decision to limit the survey and ethnography to three of the five sites—Atlanta, New Orleans, and San Diego—which undermined P/PV's ability to compare outcomes across sites. (Later in the initiative, when *Plain Talk* partners in White Center recognized the huge impact of racial diversity on their work, they requested and received an ethnographer to document that aspect of the initiative. Even so, P/PV and AECF learned much less about White Center and Hartford than about the other three sites.)

Three other issues also caused concern:

- **Confounding variables.** The pre/post survey design couldn't account for all the powerful social influences that might affect pregnancy and STD rates. Because of the HIV/AIDS threat, for example, young people in the mid to late 1990s tended to become sexually active at older ages and to have less unprotected sex—whether or not they were touched by *Plain Talk.* Although P/PV tried to benchmark the survey data against local and national health data, the evaluators acknowledge it was an imperfect comparison.

- **Ability to demonstrate outcomes.** Tony Cipollone worried that the evaluation design focused too heavily on community-level change and would not capture what happened to the individuals who actually participated in the interventions. He pushed Cindy Guy and P/PV to revisit the plan and find a way to measure effects on the adolescents touched by *Plain Talk.* But to do that, they would have to define what a *Plain Talk* intervention was—and that was anything but clear at that point in the initiative. This issue was not fully addressed until the last stage of evaluation, the outcomes study, when Jean Baldwin Grossman devised a statistical model that compared actual and predicted outcomes for the same youth.

  In retrospect, Grossman says that if enough money had been available she would have added a longitudinal study that tracked a sample of average neighborhood adolescents against a comparison group from outside the community, coupled with a pre/post-intervention survey of the youth who were most involved in *Plain Talk,* and qualitative research.

- **Proving causality.** The *Plain Talk* evaluation establishes correlations, but it does not prove causality. This troubled the evaluators more than the foundation. "Trying to do something as sophisticated as random sampling, and crafting an evaluation so airtight that it establishes causality—that's fine for evaluating a programmatic intervention but not for this work," says Cipollone. Above all, AECF was eager to gauge *Plain Talk's* effect, and leaders didn't want to spin their wheels any longer than necessary. "The initiative and issues we [AECF] engage in, and the communities we work with, are complex and long-term," Cipollone observes. "What I wanted was an evaluation that could influence audiences to think about a new way of doing business." He got that—and more.

[24] The total cost of the evaluation, over five years, was $1,940,000. However, that amount included an extra ethnography added midway through the evaluation and an outcomes study and monograph added at the end of the implementation study, neither of which was in the original scope of work outlined by the RFP.

IV. THE EVALUATION PROCESS

The evaluation process for *Plain Talk's* implementation encompassed three phases: a process study of planning (six sites) and implementation (five sites) from 1993-98, an outcomes study from 1997-2001, and a replication assessment from 2001-2002. The implementation study included baseline and follow-up surveys in three sites, conducted door to door; ethnography; and review of administrative data. The outcomes study used the 1994 and 1998 survey data and statistical modeling as a proxy for comparison data. The replication assessment involved site visits, interviews with local staff and neighborhood residents involved in *Plain Talk*, and a review of site documents.

SURVEY DATA COLLECTION

P/PV's first and biggest task was to survey people in the *Plain Talk* communities. It was a daunting challenge, as Grossman observes:

> *The Plain Talk survey is probably the most difficult survey you could ever imagine doing, because it uses place-based sampling. You have to go knock on every fourth door, then find the kids who live there, then have the interviewer randomly pick a sample kid. You don't know names in advance; you do your sampling on the spot. So you have to have incredibly well-qualified interviewers. And you're talking about a topic that people don't really want to talk about. And you have to get parents to say it's OK to talk to their kids about all kinds of things having to do with sex.*

RESIDENT INVOLVEMENT IN DATA COLLECTION

Plain Talk was one of AECF's first attempts to involve residents in data activities, which added a layer of complexity to survey administration. P/PV designed the 35-minute baseline survey in-house to ensure clarity about the kinds of outcomes being measured and the measures used to capture change over the study's time period. However, residents were asked to review survey items and comment on the wording.

The task of administering the survey went to another research firm, which hired professional interviewers in every site but New Orleans, where the neighborhood resident council insisted that residents serve as field staff. P/PV resisted the use of residents, concerned that teens wouldn't tell the truth about their sexual behavior and attitudes to people they knew or might see on the street. But community leaders were adamant, and they got their way. The research subcontractor hired residents; familiarized them with the survey language and each question's intent; and trained them in basic survey techniques, such as screening interviewees on the spot, asking questions without biasing the answer, and following skip patterns.

When surveying actually began in New Orleans, however, a uproar broke out that threatened to derail everything. Residents of the New Orleans *Plain Talk* neighborhood were skeptical about the survey to begin with, and suspicious of the outsiders' interest in their children's sex lives. The researchers and survey firm, meanwhile, did not fully appreciate how people unfamiliar with scientific research would react to conventional practices such as enforcing random selection. "There were stories about interviewers including people who weren't in the survey sample just because they were neighbors who asked to be in the survey," Gambone recalls. "Those weren't issues we or the trainers anticipated, so they weren't addressed" ahead of time.[25]

[25] Another unexpected obstacle was the need to hire extra interviewers and give each person part-time work, or else seek special waivers, because most of the interviewers were AFDC recipients with strict limits on earned income. Other challenges of working with resident-governed initiatives are thoroughly detailed in Walker, K.E., Watson, B.H.,

During training, the sub-contractor's survey supervisor assumed the role of an expert, as a professional trainer often does with new employees. That raised the hackles of residents who were sensitive to being disrespected by outsiders. Resident interviewers also took offense when the sub-contractor checked up on the quality of their work. The monitoring was routine by professional research standards, but to residents it signaled a grievous lack of trust.

The final straw came when a quality check revealed some problems, and the survey firm fired a resident interviewer. Dozens of angry residents called a toll-free P/PV number set up to field complaints; they called the foundation directly; and they declared that they would no longer tolerate evaluators in their community. AECF's own inexperience exacerbated the problem. "We didn't feel we had to spend a lot of time and effort legitimizing the evaluation in the eyes of local people," Cindy Guy acknowledges.

To heal the rift, P/PV put Mary Achatz in charge of the survey and transferred the sub-contract to a different firm with more experience in low-income neighborhoods. Achatz went with Gambone to New Orleans to meet with residents. "We had a lot of strategic meetings at P/PV about how to help people understand why…we needed to be able to document the successes they were having in their community," Gambone says:

> *We had a big evening meeting at the housing development, we met with all of the resident groups and also key leaders. There was an older woman who was a real political broker in the community, who was vocal and active and very good at [mobilizing resistance]. When Mary and I got to go to her house for dinner, that's when we knew we were OK.*

Plain Talk's local coordinator would later tell AECF that Gambone's "cool demeanor and bottom-line focus" were crucial to getting the job done. Achatz, meanwhile, stayed in New Orleans for a month and debriefed the field interviewers daily. She began to see why it was hard for some residents to apply standards of objectivity in their own communities:

> *They had opinions about the neighborhoods and cared about them. Some were very upset by the answers they got from folks, and they would do what they called an 'intervention' to correct that person's attitude….They would say to me, 'This [Plain Talk] is an intervention. So why can't we talk to [residents] about what they need to do?'*
>
> *The debriefing sessions helped folks stay centered and not get frustrated or overwhelmed, and it helped me see what I needed to do to reorient the interviewers….For example, it turned out a group of people were sharing one pair of eyeglasses. The interviewer who had the glasses that day was super; but if she didn't have them, she couldn't do it. So I took a group of them down to Walgreen's and fitted them with eyeglasses.*

These were hard-won lessons, but they paved the way for survey work to continue.

CONNECTION BETWEEN THE SURVEY AND COMMUNITY MAPPING

As P/PV's work progressed, it became clear that the evaluation survey paralleled but had no connection to the community mapping process,[26] and they didn't produce the same data. The community mapping interview was a dialogue, intended more to draw residents out and mobilize them than to collect standardized information. Community mapping also had "minimal sampling discipline," Cindy Guy notes. Community mappers interviewed whoever answered the door, "leading to an overrepresentation of young

---

and Jucovy, L.Z. (1999). "Resident Involvement in Community Change: The Experiences of Two Initiatives." Philadelphia: Public/Private Ventures.

[26] Community mapping was part of the planning process, so it was over by the time P/PV conducted its baseline survey. Still, the evaluation made no effort to build on the communities' data activities or to engage the same residents in both data activities.

girls and an underrepresentation of young men in the sample, thereby skewing the data and undermining generalization to the larger population," Guy says. "We couldn't have used the data for the baseline and follow-up comparison that is at the heart of an outcome evaluation."

Edwards and Philliber feel that position unfairly discounts their data activities. The community mapping process, they point out, controls data quality in several ways:

- Trainers lead new recruits through several practice exercises in which they read questions aloud, practice giving the survey to each other, and interview the trainer.

- After completing their first real survey, interviewers reconvene with their trainers to go over each item line by line. After the first day, trainers visit some of the sampled households to learn how interviewees were treated.

- Interviewers work in pairs, which reduces the chance of fraud.

- At the end of the mapping process, participants are asked to mark up any questions asked in a nonstandard way so the data analyst can take any inconsistencies into account.

Residents, meanwhile, were either confused or angered by the duplication of survey activities. Cindy Guy is sympathetic to their frustration. "We were there basically saying their results weren't good enough for evaluation purposes," she says. "It's a sticky situation. But you can't do a good community mapping survey that is also a good evaluation baseline survey," because the goal of engaging residents will always trump scientific rigor. Guy acknowledges, however, that the initiative could have done a better job of engaging community members in P/PV's surveys.

Karen Walker agrees. "Had P/PV been a different organization at the time, we would have incorporated residents in a way that we didn't. When Susan Philliber did her community mapping…she involved the residents in a way that suited them. We could have done that."

Mary Achatz takes Walker's analysis a step further. Evaluators are naturally possessive of their skills, knowledge, and professional qualifications, she observes:

> *Even in the 1990s, that [attitude] was pretty ingrained. There were a few voices proposing alternatives, but they weren't being heard.…This experience showed me how much there is to learn [from communities], and how if I wanted to achieve the goals of the initiative—which I believed in and thought worth testing—then I would have to give up some of my power and rethink my relationship, both to my profession and the communities in which I work. I was conscious of those tensions at the time. Once I let go and realized that [community members] were helping me do my job, it just flowed from there.*

VARIATION ACROSS SITES

Demonstration sites were encouraged to tailor *Plain Talk* to their own needs, circumstances, and interests, so they approached the strategies in very different ways.[27] Some grantees used parents and community adults to communicate the *Plain Talk* message; others used health professionals. Some reached out only to teenagers' parents, while others included all of the community's adults. Some provided parents only with factual information about adolescent sex and health risks, while others also coached parents in *how* to communicate with their children.
San Diego and New Orleans used home health parties and the Walkers and Talkers model to educate

[27] Variance is not a characteristic of the current replication phase, during which AECF expects sites to implement a proven model with fidelity.

large numbers of adults about healthy sexual behaviors. Atlanta tried those strategies but defaulted to offering six-week classes for community members at the local health agency. White Center chose to work with the school system and ended up coordinating with the Parent-Teacher Association to hold school-based classes for adults. "It was not so much a community initiative as a sex education class," an observer recalls. White Center also spawned some home health parties and outreach through community-based organizations, but nothing really found traction. Hartford was able to get sex education delivered through schools but used the lead agency's own staff to do everything; community residents did not serve as peer educators, and the agency did not promote home health parties.

Evaluators worried about the variation's effect on outcomes and the survey's ability to produce data that were applicable across sites. They found some reassurance in the fact that annual cross-site conferences and peer learning matches helped some practices spread across sites. For the most part, however, P/PV relied on ethnography to account for and explain differences across sites.

ETHNOGRAPHY

P/PV hired and supervised an ethnographer for each of four sites: Atlanta, New Orleans, and San Diego beginning in 1995, and White Center beginning in 1996. The decision to conduct ethnography in some but not all sites was driven by fiscal constraints. With a larger evaluation budget, P/PV would have conducted qualitative research in all *Plain Talk* sites, Grossman says. Instead, AECF staff and the evaluation team agreed to focus on the three "research sites" where the survey was already collecting more robust data—New Orleans, San Diego, and Atlanta. White Center was added a year later because its large, diverse Asian population offered a unique learning opportunity and because of strong local interest in having an ethnography.

The ethnography was slated to begin in early 1995, but difficulties with hiring delayed the start until September. Mary Achatz hired the first ethnographers; after she left P/PV in October, Karen Walker took over the ethnography with assistance from Kotloff and Gambone. They used personal contacts and outreach to professional organizations to identify job candidates. They visited sites and met with applicants to assess their technical skills, their ability to develop personal rapport with

ETHNOGRAPHIC WORK IN THE *PLAIN TALK* EVALUATION*

The *Plain Talk* ethnographers were broadly charged with providing background information about the community, observing community education sessions, interviewing staff and participants, and just hanging out to observe the daily work of staff and other participants.

While observing a community education session, for example, an ethnographer would:

- Count the number of people attending, listing their first names and their gender
- Note the presence of new participants
- Note where the workshop took place, how long it lasted, and what the agenda covered, along with the facilitator's style and pace
- Record the content of all presentations made by the workshop facilitator and all group discussions
- Collect handouts, worksheets, videos, or other materials used
- Note the appearance, behavior, and mood of the participants
- Record participants' questions and responses

The ethnographer also recorded her impressions about the workshop, such as the atmosphere created by the facilitator, the depth with which topics were covered, and the accuracy of the information conveyed.

P/PV staff held monthly telephone conferences with the ethnographers to talk about emerging issues, both across and within the sites. Ethnographers often wrote analytic memos on specific topics that served as the basis of conversation and comparison during the teleconferences.

**Excerpted from Walker, K.E. and Kotloff, L.J. (1999). "Plain Talk: Addressing Adolescent Sexuality Through a Community Initiative. A Final Evaluation Report Prepared for The Annie E. Casey Foundation." Philadelphia: P/PV. Appendix C, pp. 89-91.*

community members while maintaining a primary responsibility to the study's goals, and their ability to handle the complexity of the assignment. They also solicited site coordinators' preferences. It wasn't easy to locate people with the requisite combination of skills, capacities, and experience, but P/PV eventually found them.

The next step, equally difficult, was for ethnographers to build a relationship with their site coordinator. As neighborhood outsiders, the ethnographers had to make their role understood. And the site coordinator's support was crucial for getting residents to talk with an outsider about a topic as private and sensitive as sex. In what amounted to a social network model, the site coordinator identified the first group of people who were willing to talk to the ethnographer, and the researcher branched out from there. During the early conversations, ethnographers asked where young and adult residents liked to gather, and they began to spend time at those locations.

STRUCTURE OF THE ETHNOGRAPHY

Plain Talk's ethnography, like other aspects of the evaluation, developed iteratively. Ethnographers began with a list of questions, topics for observation, and places to visit suggested by P/PV. It was a deliberately broad starting point that prevented the researchers from floundering but didn't cut off potential avenues of learning at too early a stage. The list also contained some questions common to all sites, to make cross-site comparisons possible.

As the study unfolded, the evaluators and ethnographers discussed what they were learning and refined their focus. Ethnographers routinely submitted their field notes to P/PV, where the evaluators began to differentiate shared themes from contextual differences and matched the content of ethnographers' data against the foundation's learning objectives.

The site visits to hire ethnographers underscored the need for ethnography to explain what the *Plain Talk* intervention meant within the context of residents' lives. "In New Orleans in particular, I remember listening to adults [respond] the initiative's message," an evaluator recalls. "They were saying, 'Adult-youth communication is part of [the answer], but we adults also need to be healed. We have bad relationships and we communicate that to youth. We don't feel comfortable with our own sexuality, so how can we be constructive in our interactions with youth on that topic?'"

Residents didn't immediately share the conviction that ethnography was important, however, and the process of winning them over never ended. Nowhere was this more apparent than in New Orleans, where the *Plain Talk* community had a long history of poor race relations fueled by feelings of vulnerability, distrust, and hostility toward outsiders. Local leaders believed they could do the ethnography on their own; to them, it was an empowerment issue. P/PV was unwilling to give up control of the qualitative research. When Achatz left P/PV and the evaluation, the job of working out a compromise fell to Karen Walker.

Shortly after Walker arrived, site leaders fired *Plain Talk's* entire local professional staff, including a health educator who had clashed with residents. They replaced her with a resident Walker and Talker who ultimately proved to be a talented leader and a strong resource for *Plain Talk* and the foundation—but at the time, evaluators viewed her as a wild card.

And then Walker made what she calls "a huge mistake." She was interviewing candidates for the ethnographer's job and, under pressure from the residents, agreed to let the local Resident Council participate. But she didn't realize until too late that she should vet the applicants before sending them to the resident group. Five minutes after meeting with one woman (who asked if it was safe to visit the *Plain Talk* neighborhood), Walker knew the applicant was ill-suited to the job. But Walker didn't prevent the leadership team from meeting her, and "they really ripped into her." It was an important lesson and a vivid example of the ethnography's challenges.

ETHNOGRAPHY'S CONTRIBUTION TO THE EVALUATION

Ethnographic data augmented the *Plain Talk* evaluation in several ways. First, the data **bolstered P/PV's ability to make conclusions about effects.** The most powerful example, according to Grossman, is the ethnographer's practice of tracking how many adults attended *Plain Talk* activities over time. "It was one of those little things that had incredible implications," Grossman says:

> *We found that all but two of the sites abandoned the idea of training community residents to be communicators [of the Plain Talk message] and went with health professionals, because training a core group of residents was so hard and there was so much turnover and it was going so slowly. In one site, when you looked at the end of the second year, they had trained no one. In another, 25 adults attended meetings [compared with 600 and 800 adults in the remaining two sites]. Simply by counting people, at the end of the initiative I could tell you what percent of adults in the community had been exposed to the message.*

Second, the data **explained incongruous results.** Atlanta, for instance, focused implementation around a pre-existing plan to change the public school curriculum, which planners saw as an opportunity to insert a sex education program. When school leaders changed their minds about the program's content, *Plain Talk* had to regroup—yet the data still showed a drop in teen pregnancy rates. Because there was an ethnographer onsite, P/PV knew that *Plain Talk's* hypothesis was not borne out in Atlanta despite the change in numbers.

Third, the data **helped explain what "resident-driven" meant.** By observing resident activities, talking with residents in the community, interviewing resident members of local committees, and speaking with community agency staff who worked in the neighborhoods, the ethnographers revealed how, and to what extent, residents were involved in *Plain Talk.* The final implementation report noted, for example, that "it was through comparisons of interviews with residents in different sites that we came to understand the importance of community networks in determining each site's successes in recruiting people to workshops.[28]

ADMINISTRATIVE DATA REVIEW

Plain Talk's evaluators faced predictable challenges to obtaining administrative data and applying them in useful ways. The first was **confidentiality concerns,** which at first prevented P/PV from getting hospital data on teen pregnancy. Achatz negotiated with workers at the local departments of health or vital records in several sites to extract information only on *Plain Talk* neighborhoods from their databases and to provide summary numbers.

The summary numbers had their own flaws, however. The **neighborhood populations were so small**—one had only 1,500 residents—that a rare event, such as a birth to a teenager, had to be averaged over multiple years to create a stable statistic. That erased the distinction between baseline and follow-up data for a relatively short-term initiative like *Plain Talk.*

Furthermore, the **administrative databases did not align with the initiative's neighborhoods.** *Plain Talk* communities did not follow exact Census tracts, Zip Code areas, or hospital catchment areas. "We got all this messy data that I didn't think were strong enough to say anything about effects," Grossman says. Near the end of the implementation study, at AECF's urging, P/PV added survey data from the Centers for Disease Control's Youth Risk Behavior Surveillance to the analysis. The YRBS is administered every other year to a nationally representative sample of high school students. While not definitive, the city-level averages produced by YRBS helped to put *Plain Talk's* survey data in context.

[28] Walker & Kotloff, 1999, Appendix C, p. 91.

OUTCOMES STUDY

Plain Talk's demonstration phase ended in 1997. Between then and 2000, P/PV completed its follow-up household survey and data analysis to produce a report on the implementation process. In 1999, the evaluators issued a final implementation report.

Debra Delgado describes the period between 1998 and 2000 as intellectually fallow. The national program staff talked with site partners about what they needed to continue and expand the work, with varied success. Hartford launched a citywide policy intervention geared at distributing condoms and contraceptives in school-based health centers. San Diego's collaborators got local funding to continue *Plain Talk* and add a second neighborhood. Atlanta's project was written into state legislation, which provided a constant flow of funding. New Orleans' program, which was located entirely in one huge public housing development, ended when the housing was demolished as part of a Hope VI project. White Center "just kind of went away."

From Walker and Kotloff's perspective, the difficult period began even earlier. Although they both found this project personally compelling and professionally stimulating, it sometimes felt as if they were slogging through an endless series of obstacles. The *Plain Talk* evaluation was something of an embarrassment within P/PV, due to the early snafu in budgeting. P/PV's relationship with AECF was fragile, and the turnover among P/PV's project staff didn't help.

Meanwhile, AECF struggled to figure out how the foundation could generate value from the PT experience. "We believed that the role of parents and community adults was an important message for the field," Delgado explains, "but do you promote that by investing more in program demonstration or by shifting to a policy reform framework?" Delgado stayed in touch with the original sites, providing small grants so they could respond to inquiries from other communities interested in *Plain Talk*. She also disseminated information from P/PV's implementation report at professional conferences, to build the initiative's visibility among national partners.

But the researcher in Cindy Guy was convinced that the future of *Plain Talk* lay in taking the evaluation a step further. As the implementation study was ending she asked P/PV to conduct an outcomes study. Guy and Cipollone had pushed for an outcomes study early in the design process, but the challenges of evaluating *Plain Talk* had relegated outcomes to the back burner. "Because I thought the implementation study was not going to reveal that *Plain Talk* had really penetrated the sites in a meaningful way, I didn't think it would show changes in STD or pregnancy rates," explains Jean Baldwin Grossman:

> *Even if pregnancy rates were lower in the second cross-sectional survey, they were lower everywhere in the country as youth responded to the threat of AIDS. This wouldn't say anything conclusively about Plain Talk's effectiveness. I had hoped the Casey Foundation had just forgotten about the outcomes evaluation or would decide it didn't make sense....I really didn't want to do it.*

Guy hadn't forgotten, and she persuaded Grossman to accept the task. Mindful of the earlier budgeting problem, for which P/PV absorbed the costs, Guy agreed to have another firm administer the survey if P/PV would design it and monitor the administration.

Because pregnancy rates had declined nationwide, merely looking at pre/post data would not yield a useful analysis of program effects. How could one determine how much of the observed decrease was due to *Plain Talk,* versus the effects of the nationwide trend? Grossman had an intriguing idea:

> *I knew I was going to need [a regression analysis] anyhow, because communities are not static and I had to control for demographic changes. Well, once I was going to do regressions and make adjustments there, why not test the basic links that we're hypothesizing will happen? Theoretically, Plain Talk was expected to increase the communication that happens [between sexually active teens and adults]. If there's more of it going on you'd expect kids to know more about what their risks are and where to get birth control—*

the kind of knowledge that supports responsible decisions about sexual activity. It was a matter of connecting what teens reported about adult communication with what they reported knowing and how they behaved. So, Grossman statistically modeled whether youth who talked to adults:[29]

(a) knew more about birth control,
(b) had better access to contraception (as measured by knowing where to go to get birth control),
(c) felt more comfortable using condoms and birth control in general,
(d) were more likely in 1998 to use routine reproductive health services (as measured by being tested for STDs),
(e) were more likely to use contraceptives (at last intercourse),
(f) were less likely to be treated for (i.e., to have) an STD,
(g) were less likely to have had or have created a pregnancy, and
(h) were less likely to have had a child.

In essence, Grossman's statistical models examined how a young person's attitudes and beliefs, and the behaviors that exposed him or her to STD and pregnancy, would change if the person had talked to an adult about reproductive health issues (e.g., contraception, STDs, pregnancy). "It's like looking for shadows," Karen Walker notes: Do teens know more? Which teens know more—those who say they talk more with adults or those who say they talk *at all* with adults?

Grossman didn't stop there. P/PV had collected data on young people in the *Plain Talk* communities before the intervention and in 1998.[30] She could have analyzed data from 1994 and 1998 separately, but she realized that by examining the correlations together she could tell not only whether more of "it" was happening but also whether "it" was having a different effect on adolescents in 1998.

Both sets of survey data indicated that communication improved adolescent sexual behavior and attitudes. But the evaluators found that the effect of adult-youth communication was larger in 1998 on some key measures: knowing where to find birth control, reducing the likelihood of getting an STD, reducing the likelihood of getting pregnant or fathering a child, and reducing the likelihood of having a child.[31]

"The outcome study brought home to me how much funders and practitioners really need to draw on the expertise of technically sophisticated researchers to find the most creative ways of using data to learn something. Sometimes the lessons data have to teach us are very hidden. You can't just do a cross-tab or two-points-in-time comparison. It's more a series of if/then propositions." —Cindy Guy

Then Grossman asked, what if the amount and effectiveness of adult-youth communication had stayed the same between 1994 and 1998? What proportion of sexually active teens should one expect to have become pregnant or to have fathered a

[29] Grossman *et al.,* 2006, pp. 7-8.
[30] Although the youth population surveyed in 1998 was different from the population surveyed in 1994, the group profile remained similar in terms of age, gender, and race. The main change was that in 1998, adolescents reported attending religious services less frequently than they had four years earlier, and more youth in 1998 considered themselves nondenominational Christians (Grossman *et al.,* 2001, p. 10).
[31] Grossman *et al.,* 2006, p. 17.

child? To simulate that scenario, she predicted outcomes using the demographic characteristics of the 1998 community with the 1994 coefficients for communication. P/PV then compared the prediction—38% of sexually experienced youth would have conceived or fathered a child—with the actual proportion, which was 27%. "Almost all of this decrease is due to the estimated increased effectiveness of communication," P/PV found.[32]

The flaw, of course, was that the difference could be attributable to communication from a source other than *Plain Talk*—a local media campaign against teen pregnancy, for instance, as happened in Atlanta, or communication between teens without adult interaction. So P/PV included site dummies and site-time interactions in each of the regressions. "By differencing out each site's unique time trend, we [removed] all changes in youth's attitudes and behaviors that are not related to adult-youth communication or to the other variables included in the regressions," Grossman later wrote.[33] (P/PV also included demographic variables in the regressions to adjust for differences in the characteristics of survey respondents, since the individuals interviewed in 1998 were not the same ones interviewed in 1994.)

Grossman was confident she had done the best possible job of devising a way to measure *Plain Talks'* outcomes. It was only when P/PV had to analyze the outcome data that evaluators realized they were missing a critical piece of information. The data captured how frequently adults attended *Plain Talk* events, but P/PV hadn't systematically assessed how much adults knew about pregnancy and STDs before participating in *Plain Talk.* And feedback from program staff indicated that knowledge was minimal for some adults.

"One can consider both the amount of communication and its effectiveness. During interviews, a number of…parents reported that they regularly told their children to 'use protection.' However, unless a young person knows what protection is, how to use it, and where to get it, an increase in that type of communication is unlikely to [help] prevent pregnancy or STDs."

—Grossman *et al.,* (February 2006), p. 12.

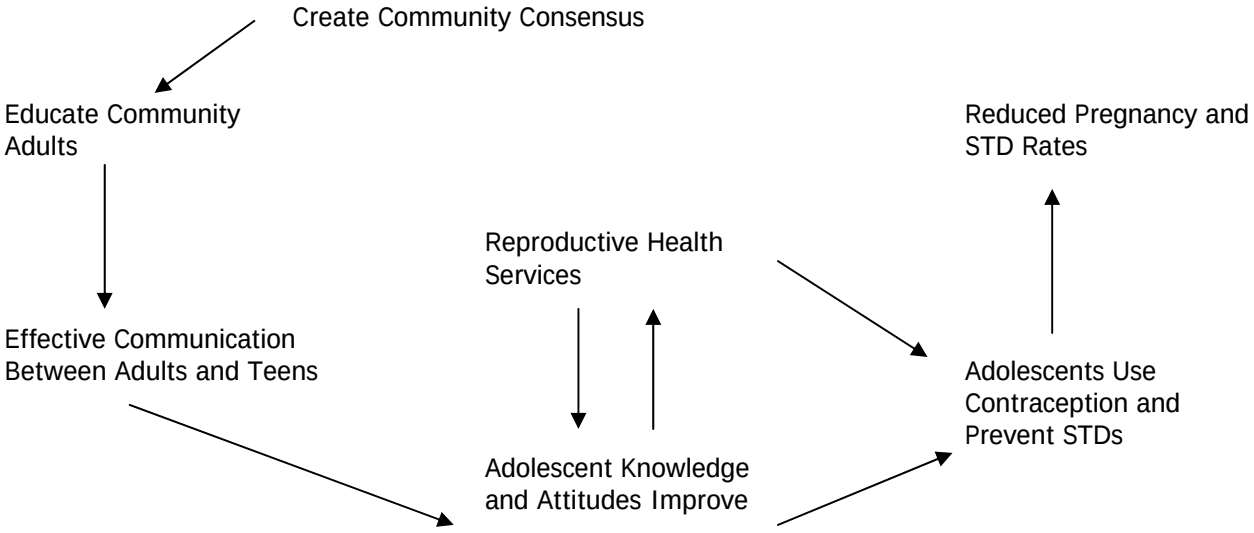
Nor did P/PV know from survey data whether adults were saying anything different to teenagers than they had before *Plain Talk*. "If you find adults are talking more but still saying the same things, and the pregnancy rates are going down, you could say it's the act of communication rather than the message" that makes the difference, Grossman says. The ethnography, however, had revealed the opposite: the quality of communication was more important to teenagers than the quantity.

P/PV's outcomes report was crucial for AECF's decision to replicate *Plain Talk*. Concerns about the small units of analysis in the final implementation report, and the lack of a comparison group, had stalled the initiative when the first round of grants ended. "It really was Jean Grossman's regression analysis that made us confident about moving forward," Delgado says. In addition, P/PV's work helped to clarify *Plain Talk's* theory of change, as expressed on p. 28.

But the outcomes study, on its own, was not enough to ensure the initiative would expand. It took a replication assessment to tip the scale.

[32] *Ibid.,* p. 18.
[33] *Ibid.,* p. 9.

PLAIN TALK'S THEORY OF CHANGE



REPLICATION ASSESSMENT

People around the country began calling as soon as AECF published the implementation report, eager to bring *Plain Talk* to their communities. In 2000, AECF tried to replicate the initiative in Chicago by having local leaders visit the two strongest sites, New Orleans and San Diego, without providing much other support. It took a year and a half just to complete the community mapping in Chicago, and the work never really got off the ground.

In 2001, Debra Delgado asked Geri Summerville, deputy director of Replication Program Strategies (RPS), to conduct a replication assessment in Atlanta, New Orleans, and San Diego. At the time, RPS was housed in P/PV's offices but operated as a separate company founded by P/PV, the Pew Charitable Trusts, and The Conservation Company. (In late 2002, RPS merged with P/PV and became the research firm's replication and expansion division.)

Summerville has expertise in social policy, health administration, and program replication. Before joining RPS, she was research coordinator of the University of Pennsylvania's Center for Mental Health and co-facilitated a continuous quality improvement initiative for Delaware's state mental hospital. For *Plain Talk*, her task was to identify the core elements and strategies of *Plain Talk's* most successful outcomes. Over a nine-month period, she visited *Plain Talk* sites to interview residents, staff from the grantee organizations, Walkers and Talkers, hosts of the home health parties—anyone who was involved in *Plain Talk* in any way. She also reviewed whatever documentation sites could provide to learn what tools were available, what materials were absent, and what materials might need to be developed to move replication forward. Even though each site approached *Plain Talk* differently, Summerville hoped to find some common threads in the sites that were most successful. And, where *Plain Talk* hadn't worked, she wanted to know why.

Summerville focused on how the *Plain Talk* model had developed locally, the internal capabilities of the lead organization, and the environment in which *Plain Talk* was implemented. She did not read P/PV's outcomes report at this stage because she didn't want it to influence her. "I wanted to see first how *Plain Talk* worked on the ground—not just people's perceptions but also hard [local] data on who they reached and what the results were," she recalls. Those perceptions were hard to collect, however, because *Plain Talk's* demonstration phase had ended three years earlier. RPS had to track down

residents who played pivotal roles in the initiative but had since moved on. Their memories weren't always reliable, and there was little documentation to back up the oral information, so Summerville had to interview enough people to generate a consistent pattern of responses. New Orleans posed the biggest challenge. The six or seven buildings in the *Plain Talk* neighborhood no longer existed, and 1,500 families had scattered in many directions. Fortunately, the site coordinator still lived nearby and was able to reconvene the Walkers and Talkers for interviews.

After Summerville reached her own conclusions about the most successful components and strategies, she reviewed the P/PV evaluation report—and found perfect agreement. Both studies found that (1) the use of neighborhood residents as Walkers and Talkers reached the largest number of adults; (2) sites where people hosted health education parties in their homes had greater success reaching community members; and (3) sites that focused equally on teaching adults about reproductive health and terminology (i.e., how people get pregnant) *and* on how to communicate the facts to teens, instead of on one topic or the other, reached more adolescents and prevented more pregnancies.

Based on these and other findings, RPS identified three core strategies for replication:

- **Community mapping** as a tool for improving residents' knowledge and mobilizing the community;
- **Walkers and Talkers** as a tool for peer education; and
- **Home health parties** as a way to disseminate information and tips for communicating with adolescents.

Summerville was confident that sites could implement *Plain Talk* and achieve good results using those strategies, partly because of the convergence between RPS' and P/PV's findings. Delgado puts it this way: "The evaluation let us know this worked, and the replication assessment told us *what* made it work." In another sense, however, the replication assessment underscored the limitations of the evaluation model. "It's only after the evaluation is done that you want to go back and say, 'How did [the initiative] *do* that?'" Cindy Guy observes.

V. EVALUATION FINDINGS

Overall, P/PV concluded that "communication between a youth and a knowledgeable adult about sexuality, combined with an increase in access to contraceptives, is positively associated with teens' sexual knowledge and behavior, much as the theory behind *Plain Talk* posits."[34]

SUMMARY OF FINDINGS

P/PV's implementation and outcomes studies contained these highlights:

HEALTH OUTCOMES

The pregnancy rate declined in *Plain Talk* communities. In 1994, 33% of sexually experienced youth reported a pregnancy. In 1998, the proportion dropped to 27%. Based on statistical modeling, P/PV estimated that the pregnancy rate would have been 38% without an intervention in place. Citywide (i.e., outside the area affected by *Plain Talk*), the rate of becoming pregnant or causing a pregnancy did not change for sexually active youth in New Orleans, either boys or girls; in San Diego, it decreased slightly

[34] Grossman *et al.,* 2001, p. iii.

for girls but remained stable among boys.[35]

Compared to similar youth who did not talk to adults, youth who did:[36]

- **Had more accurate knowledge about birth control**, scoring an average of 0.89 points higher on a 15-question quiz; and

- **Felt more comfortable about condoms and birth control in general**, scoring an average of 0.74 points higher on a 13-question quiz.

Among sexually experienced youth, those who had talked with an adult:[37]

- **Were 79% more likely in 1998 to get tested for STDs**, a proxy for having a routine reproductive health check-up;

- **Were half as likely to be treated for (i.e., to have) an STD**;

- **Were half as likely to have had or have created a pregnancy**—and, among sexually active *girls only,* "talkers were almost three-quarters less likely to get pregnant; and

- **Were half as likely to have a child**. (Again, among sexually active *girls only,* "talkers" were almost three-quarters less likely to have a child.)

RESIDENT ENGAGEMENT AND CONSENSUS BUILDING

Sites that used residents as trainers delivered more explicit sexual information and trained more residents than did sites that used professional trainers.[38] New Orleans, for example, trained an estimated 62% of the neighborhood's residents over age 20, and San Diego trained 17%. Atlanta and White Center, which used health professionals, trained less than 7% and 5%, respectively.

"Two of the three sites with diverse ethnic groups had difficulty involving representatives of all groups. The effort had to address language barriers, a dissonance between *Plain Talk's* message and cultural norms and beliefs, and a history of distrust between groups."[39]

"Involving men proved to be a challenge....Men focused on employment needs and tended to regard teen sexuality as an issue best handled by women."[40]

"Using local data collected through a 'community mapping' process was an effective strategy for awakening residents' interest in the initiative....The findings, according to many residents, had a profound and continuing impact on their understanding of the issue. The mapping process also helped recruit residents to the core groups, forge their commitment to *Plain Talk,* and increase their sense of ownership of the project."[41]

[35] CDC's Youth Risk Behavior Surveillance, on which citywide data are based, does not collect data in Atlanta.
[36] Excerpted from Grossman *et al.,* 2006, p. 16.
[37] *Ibid.,* p. 17.
[38] Grossman *et al.,* 2001, p. 2.
[39] Walker & Kotloff, 1999, p. v.
[40] *Ibid.*
[41] *Ibid.*

EDUCATION AND COMMUNICATION

"The sites' emphasis on resident involvement generally had impressive results in their efforts to spread information about sexuality and the importance of protecting sexually active youth....In all sites, staff convened a core group of residents who came to accept the *Plain Talk* message."[42]

The amount of sex-related discussion between adults and sexually active youth increased, from 61% in 1994 to 70% in 1998.

Adolescents who talked with adults knew more about sexuality and birth control than teens who did not talk with adults. They were 1.4 times more likely to know where to get birth control in 1994 and 2.1 times more likely to know in 1998.

Sites that focused equally on improving adults' knowledge about sex and their ability to communicate with teens about sexual issues had more success than sites that focused on one type of communication or the other.

It took much more time and effort than expected to prepare core group members to co-facilitate home health parties and other workshops. After one year, "none of the four sites was ready to send residents into the community as lay educators. As a result, Atlanta [relied] on a professional health educator; San Diego and New Orleans...delivered a new round of intensive training, with good results; and Hartford eventually instituted a workshop series led by the assistant project director."[43]

Despite the difficulty of preparing resident educators, sites that relied on them reached more adults in a short period of time. "New Orleans was able to reach 800 adult residents and San Diego 1,350 adults in one year, while the two sites relying on professionals, White Center and Atlanta, reached 300 and 125, respectively, over three years."[44]

CHANGING SERVICES AND INSTITUTIONS

All of the sites saw improvements in the availability of reproductive health services. Service hours for community clinics increased or improved, making birth control more accessible to youth. Two sites opened new clinics in the target community, and clinicians saw more young people in 1998 than in 1994. However, "much less change occurred among public schools and social services, businesses, and churches...[suggesting] that having a neighborhood organization lead efforts to generate broad institutional reform may be an unrealistic goal."[45]

REACTIONS TO THE FINDINGS

Jean Baldwin Grossman is proud of the evaluation's creative elements but dissatisfied with its limitations, especially the fact that the statistical analysis can only show correlations, not test causality.

In fact, Grossman points to an example of reverse causality in the report that occurred in the 1994 data. In 1994, teens who talked to adults were much more likely to have an STD than teens who

"Unlike an experimental design, our approach requires significant testing and re-testing of hypotheses from different perspectives, using the qualitative data to test and investigate the quantitative findings. The confidence one has in the results must be less than that one would have if an experiment had been possible....However, the concurring and supportive nature of the findings strengthens one's confidence that *Plain Talk* was effective."

— Grossman *et al.*, 2006, pp. 21-22

[42] *Ibid.,* p. iii.
[43] *Ibid.,* p. viii.
[44] Grossman *et al.,* 2001, p. ii.
[45] *Ibid.,* p. iii.

did not communicate with adults, suggesting that in 1994 adolescents who suspected they had an STD talked to adults—i.e., the communication did not cause the STD. In 1998, teens who talked to adults were much *less* likely to have an STD. While this flip supports the effectiveness of *Plain Talk,* Grossman worries that some effect of reverse causality still lurks in the findings.

Grossman also remains bothered by the data's lack of statistical power. The difference between 1994 and 1998 in the effectiveness of teen-adult communication is too small to be statistically significant, even though it moves in the right direction. "One thing I didn't do was to say, If we use all these models and these coefficients, how many fewer pregnancies are being caused because of an X percent increase in communication? I knew it would be a trivial amount. So what we showed in the analysis is really just that the *Plain Talk* theory works," Grossman notes.

For Tony Cipollone, P/PV's finding that residents were coming together to talk about and take action on adolescents' reproductive health was a good outcome but not, by itself, enough to justify replication or to generate widespread interest in the model. "If resident mobilization and conversation were the 'it,' then communities might say, 'Great—let's apply the approach to something safe and uncontroversial, like getting kids to wear seatbelts,'" he notes. Cipollone was far more intrigued by the drop in the pregnancy rate, the increase in adolescents' knowledge, and the improved access to reproductive services.

Debra Delgado, meanwhile, sees the findings as an important bridge between *Plain Talk's* past and future. The amount of time it took to reach *Plain Talk's* current vantage point could have sapped the initiative's momentum after the demonstration phase ended, she notes. That didn't happen, partly because the evaluation kept *Plain Talk's* ideas alive until AECF was ready to commit to replication.

Still, in retrospect she wishes the evaluation had produced more data on *Plain Talk's* side-effect on families. Apparently, many parents believed that in order to be effective messengers to their children they had to become more positive role models. "We hear lots of stories now about how adults stopped drinking, cleaned up their eating habits, got jobs, got married," Delgado says. "We hear from [adults in] the Latino community that they decided they had to learn English and get an education. They directly associate those changes with their *Plain Talk* experience."

VI. EPILOGUE AND TAKE-AWAYS

Between 2001 and 2003, AECF launched prototype replications of *Plain Talk* in Chicago and St. Paul to test assumptions about the model's cost, feasibility, and potential for achieving results. Delgado and Summerville zeroed in on three essential elements for *Plain Talk* replication sites: a powerful, evidence-based intervention model; powerful partners with clear roles; and powerful co-investors of political, financial, and social capital. To support the first of those elements, RPS wrote two implementation manuals—one that explains *Plain Talk's* history, components, and activities, and one on how Walkers and Talkers can develop and teach communication skills (see box on next page). AECF also commissioned training guides on community mapping and working with families, which the foundation disseminated to more than 8,000 practitioners, policymakers, advocates, researchers, and funders.

In January 2004 AECF asked Summerville, who had become Vice President of P/PV's Replication & Expansion Division, to develop a structure for replicating *Plain Talk.* A year later, 22 communities in 14 states and Puerto Rico were in various stages of development, with P/PV as the national intermediary. Ten sites had secured funding, including more than $1.5 million from non-Casey sources, and seven sites had begun replication.

By the end of 2005, *Plain Talk* staff had established solid partnerships with the health departments, pregnancy prevention coalitions, and communities of interest in California, Colorado, Georgia, Minnesota, New Jersey, New Mexico, New York, North Carolina, Ohio, Rhode Island, Wisconsin, and Puerto Rico. St. Paul's project had expanded to include the city's large Hmong community and had spread across the river

to Minneapolis. By mid-2006, 12 Plain Talk sites will be fully operating and another 10 will be in the initial stages of development. Summerville expects that *Plain Talk* could spread to as many as 100 sites by 2010-2015.

In February 2006, Debra Delgado left the Annie E. Casey Foundation to become a senior program officer at the Atlantic Philanthropies. Sharon Edwards, now at Cornerstone Consulting in Houston, and Susan Philliber, still operating her New York-based research firm, have adapted their Community Engagement Process to other initiatives and disseminate it nationally.

And so *Plain Talk* is poised between a successful past and a challenging but promising future. P/PV's replication staff hold workshops at national, regional, and state conferences; convene site representatives annually and maintain a listserv for ongoing support; provide intensive training on core program components for new sites; facilitate peer visits to demonstration sites; designed a Web-based data collection system, enabling sites to standardize data, create monthly reports, compare survey responses from year to year, and measure against national benchmarks; and developed a *Plain Talk* funding guide.

AECF leaders explored the possibility of a *Plain Talk* cost-benefit analysis with an expert on the costs of teen pregnancy prevention programs. They were persuaded to give up the idea, at least for now, by the researcher's position that it was too difficult to quantify or "monetize" such outcomes as increased activism/empowerment, leadership development, and community dialogues on many topics. "...[T]he results of this estimation would be difficult to defend because there is no basis for making the quantitative link between [the goals] and other measurable outcomes. We don't know how many hours of consensus building or of adult-teen communication is associated with averting X cases of gonorrhea," the researcher added.[46]

Lessons from the *Plain Talk* evaluation, meanwhile, continue to influence AECF's approach to results measurement. Perhaps more than any other Casey

"The *Plain Talk* evaluation set the standard within the foundation for combining the richness of qualitative information with some hard evidence that an initiative was worth replicating."

—Cindy Guy

PLAIN TALK GUIDES SUPPORT TRAINING & REPLICATION

The *Plain Talk Implementation Guide* (2002) provides an overview of the initiative and its components, including: community mapping (e.g., choosing an implementing agency, staffing, recruiting community members); Walkers and Talkers (e.g., recruiting, training, responsibilities, monetary incentives); home health parties (e.g., party structure, recruitment of hosts, training and incentives); and performance measures.

A companion resource, *Walking the Plain Talk: A Guide for Trainers* (2003) is organized around five training units for Walkers and Talkers. Each five-hour unit has an agenda, objectives, lectures, homework, and suggested readings.

Unit 1, Getting to Know *Plain Talk,* covers the initiative's history and evaluation.

Unit 2, Attitudes and Values, acknowledges differences in beliefs about teen sexual behavior and raises the need to dispel myths and taboos. Activities help participants understand how their own ways of relating may affect their ability to talk openly and honestly with teens.

Unit 3, Reproductive Health Education, ensures that participants understand how teens grow and develop, how pregnancy occurs, how STDs are transmitted and prevented, and methods of birth control.

Unit 4, The Importance of Communication, offers strategies for talking with teens.

Unit 5, Home Health Parties, covers the format and content of home health parties through role-playing.

[46] Email correspondence to Debra Delgado, March 29, 2005. Used by permission.

initiative, *Plain Talk* showed it was possible to create local learning partnerships, involve residents in meaningful data activities, measure elusive effects, and use data to advance the work in communities. Those concepts are cornerstones of *Making Connections* and other AECF initiatives that aim to improve outcomes at the child, family, and community level. As Tony Cipollone observes, "We had long been advocates and proponents of using data as a driver for administrative change at the state level, or to drive policy changes among audiences that had more history and comfort with data and evaluation because of their professions. *Plain Talk* was the initiative in which we gained more confidence that you could use data to drive interaction and change [in communities] as well."

VII. THEMES TO CONSIDER

1. **Complex initiatives that aim to change communities require a multi-faceted evaluation strategy, an iterative approach to evaluation design, and a collaborative team of evaluators** whose skills and perspectives break through barriers of race, culture, and life experience in low-income communities.

2. **Traditional evaluation models are ill-suited to evaluations of community-change initiatives, but creative alternatives do exist and can be used successfully.** Unless a funder is willing to randomly assign dozens of communities and support data collection in all of them, random-assignment experimental designs, in particular, are not feasible for initiatives that seek community-wide participation and initiatives whose target outcomes are influenced by many social forces. The *Plain Talk* evaluation demonstrates that it is possible and worthwhile to find correlations between strategies and outcomes, along with qualitative verification of the links, and to simply establish whether an initiative's underlying theory works, even if the evaluation can't prove causality.

3. **Complicated evaluations involve complicated, trusting relationships between evaluators, program staff, and neighborhood residents; those relationships require thoughtful care and management.** This is especially true when the evaluation and intervention both involve data activities; when residents participate in data collection and analysis; and when a site has a history of bad experiences with outsiders. Ethnographers, in particular, can build trusting relationships over the course of an evaluation, but they tread a fine line between protecting residents' confidentiality and keeping program staff well-informed. The key is for researchers to work in partnership with their funder and the implementers onsite while also preserving their credibility as a third-party evaluator.

4. **The quality of the relationship between evaluators and the initiative's leader and staff is as vital as relationships between evaluators and program sites, if not more so.** P/PV's close working relationship with Sharon Edwards and Debra Delgado gave the evaluation team an entrée into the communities and an imprimatur of trust. This didn't prevent serious conflicts from erupting in sites, but ultimately it helped overcome the experiential divide that alienates residents of low-income communities from evaluators.

5. **When both the initiative and its evaluation are continually evolving, important decision points come up frequently.** Different types of decisions, by different types of actors, need to be made at different times to keep the evaluation on the same track as the initiative. Funders, program staff, and evaluators all have to be comfortable with the need for an agile, flexible evaluation design and management process—to shift, as Michelle Gambone says, "from a posture of compliance with [an evaluation proposal] to having faith that the evaluator will do the best possible job"—and they can't view changes in design as evidence that the evaluator has been co-opted. They also need to communicate with each other so all parties know where the initiative is headed (see themes 3 and 4).

6. **A strong conceptual model should guide evaluators through twists and turns in the evaluation process.** Michelle Gambone says it best: "When [program] activities don't work and have to change, as an evaluator you might have to pick new indicators. But the framework in your

head still tells you what you need to measure, even if the way you measure it changes from year to year [and even if]...you end up with some discontinuity in what you're measuring."

7. **Data activities are a tool and vehicle for learning, and their products should support that function.** Community mapping helped to inform, mobilize, and unify the *Plain Talk* communities; serving as field interviewers helped neighborhood residents develop new skills; and RPS' findings encouraged the foundation to create a replication model. If learning is a goal, however, the evaluation has to capture information on the initiative's processes—what people did, and why and how they did it—as well as on its outcomes, and evaluators have to feed information back to people in useful, real-time formats. "You have to get into the meeting-presentation, soundbite mode. You don't always get to write reports," Gambone says. "You have to be very creative about what data are important to people and how you present them. Don't put things in tables; don't use decimal points in your percentages; use bar charts and pie charts."

8. **Community populations change over time, which has implications for evaluation design.** Community-change initiatives, almost by definition, last five years or more because it takes that long to change things. During that time, people will move in and out of the target neighborhood. This affects decisions about whether to include longitudinal tracking and how to account for "churning" during data analysis.

9. **A solid understanding of community context makes it easier to interpret results accurately.** The contextual data gathered through qualitative research help to explain quantitative results and shed light on how they were achieved. Both types of data, therefore, are necessary for evaluations of complex initiatives with outcomes that are hard to trace.

10. **CCI evaluations are expensive, and the high cost necessitates tradeoffs in design choices.** Designing an evaluation is much like building a house: One starts with grand plans, sees the price tag, and begins paring down, trying to retain the best elements while staying within budget. The choices one makes can strengthen or undermine the final product considerably.

ABOUT THE AUTHOR

Leila Fiester is an independent writer, researcher, and editor with a background in journalism, social research, program evaluation, and cultural anthropology. She specializes in issues, initiatives, and policies that affect children, families, communities, and service systems; and in efforts to improve philanthropic practices. She helps national foundations and organizations plan, assess, and describe their strategies; analyze practices and outcomes; distill lessons and implications; and share their stories.

Leila previously served as a senior associate of Policy Studies Associates in Washington, DC, which conducts education research and evaluation, and as a reporter for *The Washington Post.* She holds a B.A. in Anthropology from Macalester College and an M.A. in Journalism from the University of Maryland. She lives in Frederick, Maryland.