



RESEARCH REPORT

Promoting Adolescent Sexual Health and Safety, a Community-Based Collaboration

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Promoting Adolescent Sexual Health and Safety, a Community-Based Collaboration

I don't know where I would be without the PASS program. I used to hang out with 10 other boys, and the program kept 5 of us out of trouble. It gave us a place to go and be like a family. I've had a lot of fun over the years, and it has helped me to become a leader, not a follower.
—Mike (PASS participant)

All young people have the right to comprehensive sexual health education that gives them the tools to make informed decisions about their health and well-being. One life event that is often the focus of funding and programming around adolescent health is teenage pregnancy. Teen pregnancy has been steadily declining nationally for the past two decades (Kost and Maddow-Zimet 2016). However, rates among Black teens remain more than twice those of their white peers (Kost, Maddow-Zimet, and Arpaia 2017).

Disparities in teen pregnancy rates and research on risky behaviors that lead to unsafe relationships and sexual activity have prompted public health experts and researchers to find innovative approaches to promoting healthy sexual development and better outcomes for young people (CDC 2020). Unfortunately, many sexual health and relationship programs for teens are focused on personal decisionmaking, not the examination of social norms and expectations. The programs are often shaming, rather than empowering, and largely without culturally responsive content that recognizes the history, context, and systemic barriers that Black teens face. Most programs also do not engage participants or community members in program development.

Promoting Adolescent Sexual Health and Safety (PASS) is a unique, community-based effort in Washington, DC, to create and evaluate a program for teens that is focused on sexual health and tailored to their experiences and needs. PASS is the result of a partnership between the Benning Terrace District of Columbia Housing Authority (DCHA) community, including participating teens, and

the Urban Institute. The PASS collaboration was created to build on the strengths and resources in the Benning Terrace community while providing the teens with a safe environment and trusted mentors to guide them through a curriculum that would help them make informed life decisions. Teens from Benning Terrace face the stigma of living in public housing, have access to few resources because of underinvestment in their neighborhood, and may not feel safe traveling long distances to access resources elsewhere. In addition, some young people feel disconnected from their schools and in some cases from their families, who may have experienced various forms of trauma and cannot always provide the young people with the guidance and information they need. At the same time, Benning Terrace has many caring adults who embody the “it takes a village” approach to raising children. And many of the young people are independent and intuitively know how to keep themselves safe and achieve their goals.

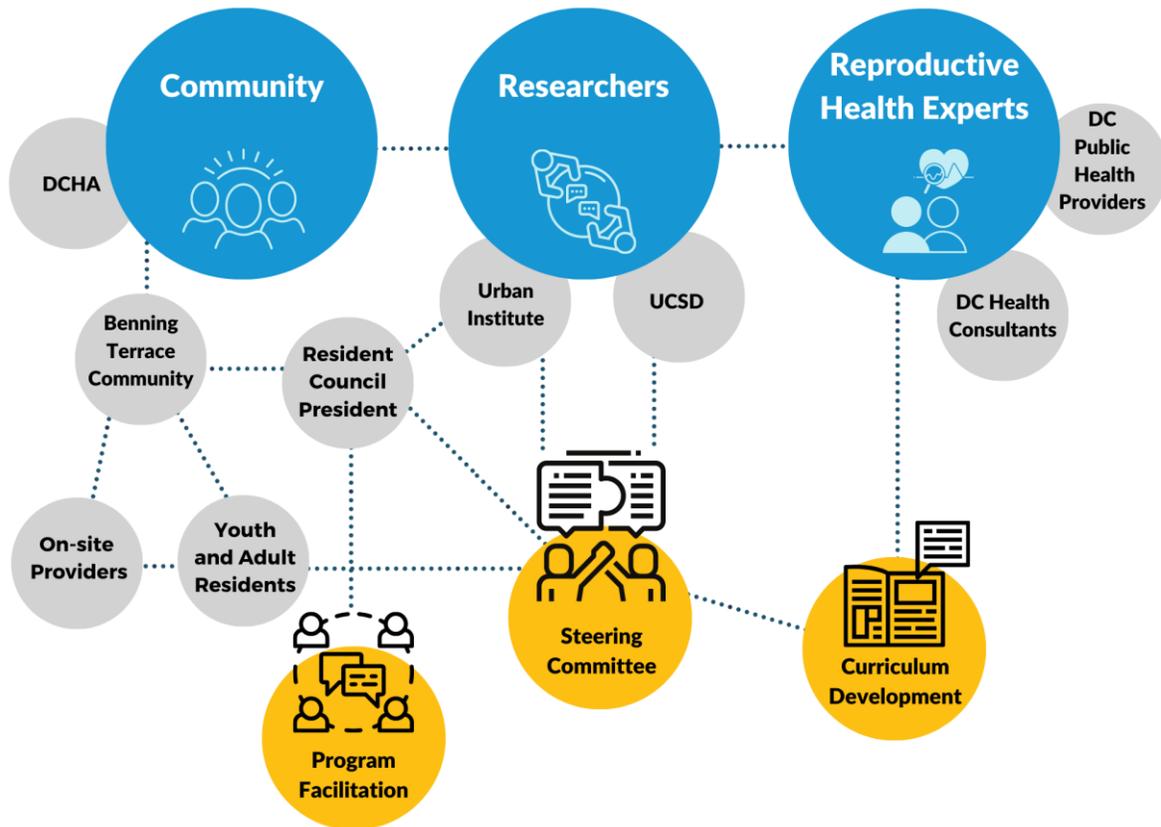
This report presents an overview of the PASS program model. We begin with a description of the PASS process and the community engagement theory behind the approach. We then present a discussion of participant outcomes and an implementation narrative that represents the experiences of both the PASS facilitators and participants. We also describe changes we made to the PASS model and innovations that occurred at least in part because of restrictions related to the COVID-19 pandemic. The final section presents the lessons learned and next steps for PASS.

An Innovative, Community-Based Approach

In 2012, Urban Institute researchers and collaborators from the University of California, San Diego (Jay Silverman and Leah Gordon)—with funding from the W.K. Kellogg Foundation and the National Institutes of Health—partnered with DCHA, Benning Terrace residents, and community-based organizations to create and test the PASS program. A steering committee of residents, local service providers, and researchers gathered for three years, with the goal of developing a program model that would both reduce risky sexual behavior and empower Benning Terrace teens and their caretakers to challenge gender and societal norms, build healthy relationships, and connect to local health services and sexual education. Figure 1 is an organizational chart that provides an overview of all the PASS partners and their various roles.

FIGURE 1

Partners Organizational Chart, Promoting Adolescent Sexual Health and Safety Program



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Source: Authors.

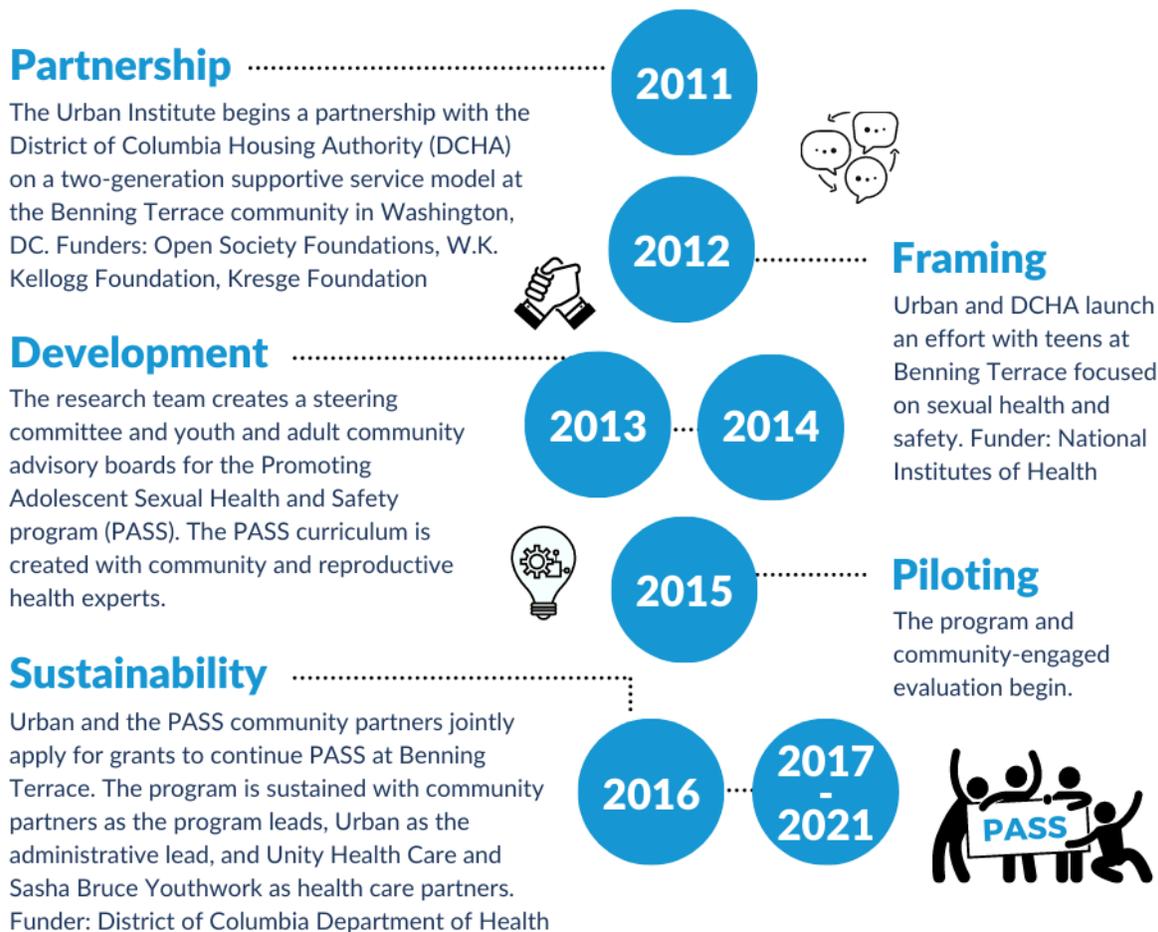
Notes: DCHA = District of Columbia Housing Authority. UCSD = University of California, San Diego.

Subsequent funding from the District of Columbia Department of Health sustained the program through 2020 and allowed Urban staff and the lead community partners to refine the PASS model for replication in other Washington, DC, communities. From January 2017 to December 2020, 9 cohorts with a total of 189 participants were enrolled. More than half the young people enrolled chose to participate in the program a second or third time. Figure 2 is a timeline of the various phases and funders of the PASS project.

PASS differs from many other programs in that it uses a community-based participatory research approach to create equity between the research team and the community. This approach focused on putting the community in the driver's seat,¹ where community members helped define the direction of the program and informed research strategies to evaluate its effectiveness at engaging young people.

FIGURE 2

Timeline, Promoting Adolescent Sexual Health and Safety Program



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Source: Authors.

Community engagement approaches use a set of activities implemented by an entity or organization to work in partnership with a group of people on issues that affect their well-being (Fawcett et al. 1995; Scantlebury 2006). Incorporating people with lived experience in research, policy, and practice is an effective way of centering those who are most directly affected and leads to more respectful, accurate, effective, and sustainable results.² Researchers who do community-based participatory research categorize “community” three ways: by geography (people who live in the same physical place, neighborhood, or geographic region), by interaction (people with shared social relationships that may or may not be tied to a specific place, such as an alumni network), and by identity (people who share a sense of belonging based on common beliefs or shared histories, values, or experiences) (Bowen, Newenham-Kahindi, and Herremans 2010).

Some scholars note the shallowness of many community engagement processes, which lack cultural competency and prevent meaningful contributions from marginalized or less empowered stakeholders. Instead, if done properly, with true community participation, these methods can repair and rebuild broken trust between community residents and institutions (Biedrzycki and Koltun 2012). As shown in figure 3, basic forms of engagement begin with ensuring community members are informed and grow to incorporate increasing levels of interaction and decisionmaking power. Acting on public values and priorities via community engagement can galvanize support for further collective action, contributing to a key tenant of community-based work, sustainability (Bulkeley and Mol 2003).

FIGURE 3
Spectrum of Community Engagement



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Building PASS

Community members were an integral part of the PASS team, as members of the steering committee with decisionmaking power and through community advisory boards. Steering committee members included three residents: a coach from the Benning Terrace football team, a service provider who worked with girls and their mothers, and the community outreach staff person from the local police precinct. The researchers on the committee together had only one vote, to ensure the community's vision and votes would lead all decisionmaking. Steering committee members also helped develop the curriculum and design surveys, which were used to evaluate the program. PASS had two advisory boards (one for young people and one for adults), both of which provided input and feedback through all phases of the project. The advisory boards met monthly, and members received stipends for each meeting they attended. Steering committee members attended the advisory board meetings, ensuring that the boards' input was understood and incorporated into the approach and content of the project.

I'm going to be perfectly honest with you. I was more so like, 'Hmm. They're talking what we want to hear. Now, you have to show me.' Because, once again, we had a lot of programs that come in, and they'll talk a good talk, but then when it's time to walk the walk, it was like, 'Well, this happened, that happened. We came,' so on and so forth.

—Coach Stan (PASS facilitator)

Community members were also instrumental in reaching and engaging Benning Terrace residents and building awareness of the program. The research team structured the project around honoring community voices and incorporating partners at each step, ensuring residents would be partners in developing the programming content and approach and, ultimately, create and sustain a useful resident-driven program for young people.

Two members of the Urban team were at Benning Terrace weekly, or more often, recruiting for the community advisory boards or for program participants. For the first several months, the Urban team held conversations with various community leaders and service providers to understand the history and context of the neighborhood and to determine who would be interested in collaborating on PASS work on an ongoing basis. Once the steering committee was created, the members spent several weeks sharing information about PASS with residents and DCHA staff at Benning Terrace. The committee wanted to prioritize open communication and opportunity for anyone interested to be involved. Through flyers, word of mouth, and door knocking, the steering committee recruited 11 adults and 12 young people for the advisory boards. Eventually, 3 steering committee members became PASS facilitators, and the majority of youth advisory board members became the first participants to pilot the program.

Using a community-engaged approach for PASS was not always a smooth process. The key for Urban staff and community partners was to work continually on building trust, have regular communication, and be prepared to respond to all questions and challenges.

From the project's outset, community members and early collaborators were skeptical of outsiders and the research components of the proposed work. In particular, efforts to communicate how a community-based participatory research effort would be different from previous experiences that community members had had with researchers and service providers resulted in misunderstandings that nearly upended the project. The research team shared that PASS would be a three-year collaboration, with shared decisionmaking, including on resource allocation. While this was true, the kinds of allowed expenses and the topical focus of the work were limited, as is the case with most

government and private grants. On-site service providers believed they were applying to Urban for funding for their existing work with young people, rather than to participate in conversations to determine how to collaborate on a new sexual health initiative for teens. Some community leaders stepped down at that point, but others remained engaged after Urban assured them the project would invest in existing community leaders, rather than contracting out only to external groups to be the providers and facilitators of the PASS curriculum.

As part of a needs assessment later in the collaboration, the research team presented data, including US Census Bureau data that showed the high rates of HIV infection in Washington, DC. Community members were offended by the implications, suspicious of the data source, and, ultimately, skeptical of the researchers' motivations. Urban researchers changed their tactics, returning months later to host a Data Walk, in which community members could share their insights and conclusions (Murray, Falkenburger, and Saxena 2015). The Data Walk created a bridge between researchers, DCHA officials, youth service providers, and community members, and this meant the Urban team had the trust necessary to move forward. Community members, researchers, government officials, and human service providers all bring unique qualities and expertise that make a Data Walk a productive collaboration and separate it from opportunities for discussion like town halls that can become contentious or have significant power imbalances. But ensuring that the information translates across differences and that the various Data Walk participants understand one another takes trust and sound communication.

Along with an equitable and open collaboration with adult community leaders, PASS developed an inclusive, youth-centered approach to developing the curriculum and piloting the program. The youth community advisory board provided essential insights into what young people did and did not like about other programs and sexual education curricula. The board also provided a vision for a program that would cover relationships more broadly and include content that was empowering, rather than condescending or shaming. The members of the youth board, like each group of PASS participants, had a strong sense of racial pride and were focused on ensuring PASS would be a program designed by Black teens for Black teens.

The youth board (along with the adult community advisory board and the steering committee) interviewed local reproductive health experts from organizations based in Washington, DC, to determine who would be part of curriculum development and program piloting. The most important criterion was the experts' level of understanding of the young people's daily lives and their vision for a youth program. A second criterion was the rapport the person built in the short amount of time they sat with the community. Finally, the committee considered the person's abilities and experience covering a

wide range of sexual health and safety topics—people typically specialize in teen pregnancy prevention, HIV/sexually transmitted infections (STIs), or healthy relationships but rarely all three.

Over time, the PASS partners selected Melinda Coles (previously of the DC Rape Crisis Center), Irwin Royster (previously of Planned Parenthood’s Ophelia Egypt Center), and Dorinda Williams (a consultant with the Egypt Center). The partners also collaborated on curriculum development with Men Can Stop Rape. All external service providers and consultants collaborated with community members who were hired and trained as co-facilitators. Several years into the partnership at Benning Terrace, PASS created new collaborations with the Unity Health Care clinic on Benning Road and the POWER program at Sasha Bruce Youthwork.

The only PASS component that an external consultant fully provided was Parents Matter,³ an evidence-based program that enables parents and other caring adults to talk accurately and confidently about sex and relationships with young people. The adult advisory board provided input that facilitating a dialogue with adults in the community was crucial to building a program that would support local youths. Two of the external reproductive health experts had experience with Parents Matter, and community members selected them to run that program.

When PASS first started, I didn’t try, I have trust issues. I have trust issues because people always say they’re coming to do something, especially for the youth. And when the money run out, they leave. This program to me has been consistent. We have proven that it was standing and it was staying. And then I guess when Urban isn’t there anymore, we can still sustain and run the program ourselves.

—Ms. Dannielle (PASS facilitator)

After developing and testing the PASS program over two years, the PASS team collaborated on several funding proposals to ensure that the programming and partnership could be sustained at Benning Terrace. After four proposals and letters of intent were declined, PASS was awarded a DC Department of Health teen pregnancy prevention grant. With four years of funding, Urban staff members and community partners were able to refine the program and expand the PASS presence among Benning Terrace residents. The Urban team’s role shifted with the new funding from working collaboratively on building the program to administering and evaluating the grant. Community partners did all the recruiting, conducted the programming, led on adjustments and additions to the curriculum, and determined what new partnerships were needed and how they would be incorporated.



Top-left, top-right, and middle photos by Lydia Thompson; top-middle and bottom-left photos by Nora Hakizimana; middle-left and bottom-right photos by Coach Peedy Monroe; and middle-right photo by Matt Johnson.

PASS Curriculum and Implementation

PASS is tailored for young people ages 13 to 19 and has two parallel curricula, Sisters Rising for girls and Brothers Rising for boys.⁴ Sisters Rising is largely based on the Sisters Informing, Healing, Living, and Empowering program,⁵ which was adapted to include broader topics around sexual health and relationships. Brothers Rising is largely based on programs developed by Men Can Stop Rape and incorporated material from consultants who worked with the team.

Both curricula are written for Black adolescents and use a positive youth development lens, covering issues related to relationships and healthy sexuality and centered around racial pride. The 10 two-hour sessions include interactive exercises such as games, small- and large-group discussions, role playing, and sisterhood and brotherhood bonding. The weekly lessons are sequenced so participants are eased into more difficult topics (table 1). Sharing opinions and experiences is vital to the program, so facilitators focus on building rapport with participants. The young people also have an opportunity to

tour a local health clinic, interact with medical professionals from the clinic on site at Benning Terrace, and receive on-site HIV/STI testing and counseling.

I love how we turn what we learn into games and stuff...I learned how to interact more, because I was a very shy person. Like I said before, I don't really like opening up, but when I'm around the girls in the group, I just feel like we're family and we all understand each other.
 –Sky (PASS participant)

TABLE 1
Curriculum Session Topics for the Promoting Adolescent Sexual Health and Safety Program

Sisters Rising	Brothers Rising
Young, Gifted, and Black	Introductory Workshop: More Than Meets the Eye
Race, Gender, and Sexual Orientation	Racial Identity and Leadership
I Know and Love My Body	Gender and Sexual Orientation
Pregnancy, Choice, and Power	Power, Relationships, and Community
Safer Sex is the Best Sex	Building Healthy Relationships
The Company You Keep	Family Planning and Fatherhood
R-E-S-P-E-C-T, Find Out What It Means to Me	HIV/AIDS/STIs: What Are They and How Are They Transmitted?
No Means No	Condom Negotiation
Everything That Glitters Ain't Gold	Coercion and Myths
Become the Change You Want to See	Rape Culture and Bystander Responsibility

Sources: sade adeeyo, Tia Newman, Jay Silverman, Leah Gordon, and Melinda Coles, *Sisters Rising Curricula: Girls Component of Promoting Adolescent Sexual Health and Safety* (Washington, DC: Urban Institute, 2020); sade adeeyo, Tia Newman, Jay Silverman, Leah Gordon, Melinda Coles, Lydia Watts, Ericka Hines, and Lisa Fish, *Brothers Rising Curricula: Boys Component of Promoting Adolescent Sexual Health and Safety* (Washington, DC: Urban Institute, 2020).

The PASS program is intended to empower young people to be critical thinkers so they can make healthy and informed decisions about their bodies, relationships, personal development, self-expression, and identity. The curricula aim to help young people build new skills that promote self-awareness, confidence, and self-efficacy. The goal is to change behavior patterns and prepare participants for specific, familiar situations. Both curricula feature activities that help young people practice negotiating with a partner about condom use, intervening with positive bystander behavior in

the face of violence or harassment, and navigating available public health resources. The sessions help participants develop awareness of unhealthy gender expectations that reinforce inequality. They also help participants address other norms that reinforce passive behavior around sex and dating relationships and physical and psychological abuse.

For me, it was more so about getting to learn more about myself, learning more about a positive relationship and how to be in a positive relationship and knowing the signs of domestic violence, things like that. I mean, I am somewhat aware, but it's always good to expand your knowledge on those things because they are real in society.

—Alexis (PASS participant)

Two characteristics of PASS that distinguish it from other sexual education programs are that it is community-based and delivered by community residents. Using community settings, rather than a school, means the program can reach young people who are disengaged from school; increase content relevance for participants; and rely on trusted adults to deliver content and reinforce messages outside program hours. Programming typically takes place at the community center on site at Benning Terrace, although other community landmarks, including football fields and basketball courts, have also been used. The PASS team trained two men and two women who live, volunteer, and/or work in the community as cofacilitators. These trusted adults can reach teens where they live and make the program materials more accessible and relatable. Relying on community leaders to deliver the curricula means the knowledge and experience stay with the community rather than disappearing when the program funding ends.

I can't say what I want to say in the school program because I don't feel comfortable around the people that's running the program. So the PASS program is the people that watched me grow up, and I'm comfortable telling them about my life.

—Mike (PASS participant)

The community facilitator approach has been very successful. Over the years, PASS has had no facilitator turnover, and the facilitators have cultivated a safe environment in which participants are comfortable interacting with one another. According to program participants, the facilitators have invested time in them over an extended period, have a “be there no matter what” commitment, empathize with their life situations and challenges, and offer help without judgment. The young people are comfortable approaching the facilitators in their community for support, encouragement, mentoring, and help navigating daily life.

It's very open and helpful...because, knowing that I have people I could trust and talk to, I could always turn to some people because they already know a lot. And what we talk about in the group doesn't get talked about outside of the group.

—Sky (PASS participant)

Evaluating PASS

Urban implemented a mixed-methods program evaluation during the original community-based participatory research project to develop the PASS program and during the four years of programming funded by the DC Department of Health. Urban staff members partnered with the lead program facilitators to conduct pre-surveys and post-surveys with each cohort of participants. The Urban team also interviewed the facilitators annually, regularly observed the program, and met with the young people as a group to discuss their experiences.

The surveys were used to track participant outcomes. They asked questions about demographics, neighborhood context, perceptions of healthy dating relationships, and available reproductive health services. They also tracked outcomes related to participants' knowledge of condoms and how to use them, their comfort negotiating contraception use with sexual partners, and norms around teen pregnancy. Lastly, the surveys assessed racial pride, self-esteem, and self-efficacy (one's ability to accomplish goals and tasks and to overcome challenges). The young people took the surveys through Qualtrics, a web-based platform, at the start of each new program cohort and again upon completion of the curriculum. A total of 108 young people completed the pre-survey, while 121 completed the post-survey.

Despite providing data on participants' knowledge gains, the surveys have limitations: they are long (more than 50 questions), and some questions are highly personal and sensitive. As a result, the young people tended to skip many questions or move quickly through the survey, which affected data quality. The COVID-19 pandemic also added complications. The PASS team had to stop in-person programming at Benning Terrace in March 2020 to ensure that participants and partners were following stay-at-home guidelines. Although the program was reinstated virtually, administering the pre-surveys and post-surveys was a challenge. As a result, survey data are missing from March to October 2020. To track outcomes during this time, we collected qualitative data from monthly calls with program facilitators and conducted debrief interviews with PASS participants and facilitators. Because facilitators could not conduct their usual weekly in-person meetings with young people, the Urban team worked with the community partners on strategies for using online platforms to sustain relationships, recruit new PASS participants, and offer program content. Eventually, survey administration resumed; participants were sent a link to access them.

Urban staff members also conducted a process study of PASS, documenting the decisions that affected the program, the challenges in implementing the programming or experienced by the young people, and PASS's major milestones. They also conducted annual debrief interviews with the facilitators. The Urban team tried to make the research as approachable and as unobtrusive as possible. Before the pandemic, the PASS team held an event that served as a graduation for participants and used a game-show structure to give the young people the opportunity to demonstrate what they had learned and make suggestions for the future. More recently, the Urban team had hoped to hold a Data Walk that would allow PASS participants to reflect on the data they provided through surveys, as well as photographs they took during an exercise with Photovoice (which uses photography to enable people to record and reflect their community's strengths and concerns, promote dialogue and knowledge about important issues through large- and small-group discussions about photographs, and reach policymakers). However, the pandemic has made a traditional Data Walk or an extensive Photovoice experience infeasible. A few participants did participate in a modified Photovoice process using prompts and a disposable camera.

Despite the challenges presented by COVID-19-related restrictions and the incomplete survey data, we can report on six primary outcomes for which we have consistent data from the survey, facilitator debrief interviews, and input from the young people. Those outcomes are level of comfort seeking help from a trusted adult, condom use, condom negotiation, health services access, abuse identification, and bystander intervention. They are linked to three key components of the PASS program model: the cultural and contextual responsiveness of the community-based setting and

facilitators, access to reproductive health resources through key partnerships, and the comprehensive curriculum that focused on critical thinking and empowerment.

Cultural and Contextual Responsiveness

As noted earlier, the PASS program was designed by and for Black teenagers. Survey results showed that PASS participants maintained a consistently high level of racial pride throughout the program (an average score of 3.76 out of a 5-point scale).⁶

The participants felt engaged and comfortable with content that was designed for them and implemented by adults from their neighborhood. The facilitators could take the culturally appropriate content from the curriculum and apply specific examples and details from the immediate neighborhood to make the discussions and lessons relevant and memorable.

It's different because it's genuine here. A lot of schools do [sexual education] because they have to do it, and that's what a lot of kids are saying: 'Oh, well, we're doing the program because they have to do the program. But it's genuine when it's coming from you all. It's like, okay, we can sit down and tell them any and everything and not worry with nothing. But at the schools, you have some staff members we'd tell stuff [to], then you hear it from this kid in the school, that kid in the school. Why is my business out in the school?' So, it wasn't as genuine and real as it is with PASS.

—Coach Peedy (PASS facilitator)

Although PASS sessions were generally only once a week, the young people frequently reached out to the facilitators for advice and support outside the group meetings. This created challenges for the facilitators, but it was crucial both for building trust with the participants (so they would feel comfortable discussing sensitive subjects and sharing personal experiences) and for ensuring the young people would continue to participate in the weekly groups. At the conclusion of the PASS curriculum, more than 70 percent of participants reported that they felt comfortable discussing “issues that really matter” with a trusted adult some or all of the time.

That was the most important part: that they knew whatever they said within the group, it stayed within the group. It never went outside. It never went through the neighborhood where anyone questioned or asked anything about it. So it was more of building a rapport and trust and consistency with them. That's what made the group work.

—Coach Stan (PASS facilitator)

Unlike many programs for teens, PASS did not have issues with program attendance. During the research team's observations of the group sessions, many young people clearly had already established a rapport with the facilitators, and those meeting the facilitators for the first time followed the cues from their peers. Facilitators and participants mentioned these relationships as a key reason that young people consistently participated in the program and were willing to engage quickly with the challenging content. That the program took place in the community, rather than a school, added a layer of confidentiality that was helpful for discussing sexual health.

We took a pause with the group. In the in-between, they would come and... 'Man, where is group?' And 'we wanted group.' I think group was an outlet for a lot of them to open up to talk about other things that they felt uncomfortable with... Things might have been going on in their life, but they got a chance to open up about it in group.

—Coach Peedy (PASS facilitator)

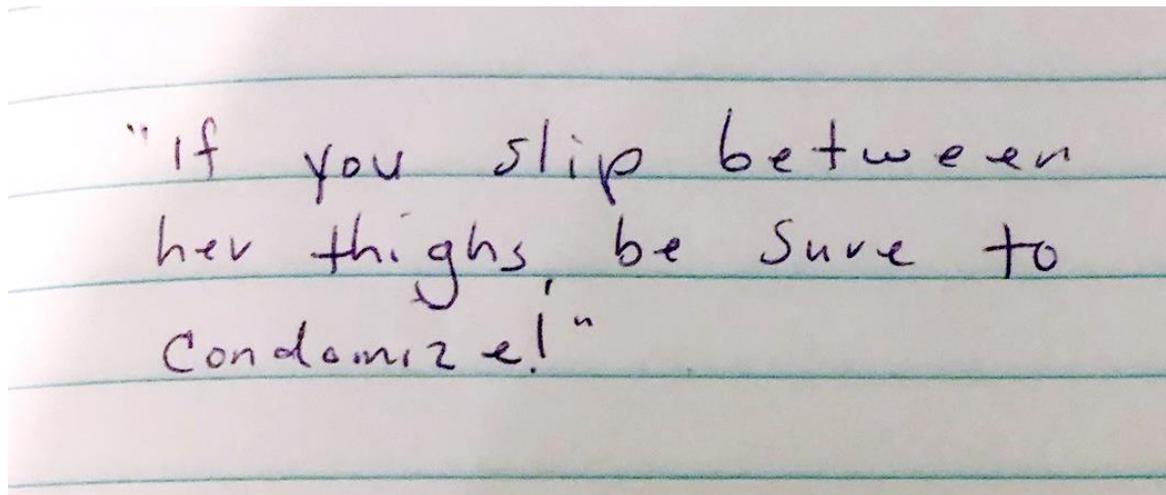


Photo by Coach Peedy Monroe.

Key Partnerships and Access to Reproductive Health Resources

One of the PASS program's key goals was to ensure that young people understood where and how to access contraception, as well as testing and treatment for STIs. The DC Department of Health provided supports such as condoms, anatomy models, contraception examples, and informational pamphlets.

The PASS facilitators said that the most important lessons the boys learned were about condom use and condom negotiation. During program sessions, facilitators demonstrated how to check the expiration date on condom packaging and how to put on a condom. They also ensured that participants had access to condoms each week and led a discussion about how to talk about condom use with a partner and to respect a partner's desire to use protection.

The survey results echo the facilitators' assessment, showing an increase in condom efficacy, or correct use of a condom. Overall efficacy was scored on a 1–5 scale, with 1 representing the poorest efficacy. The average score among participants was 3.92 pre-programming and increased to 4.01 post-programming. Additionally, after programming, young people indicated feeling more comfortable discussing condom use with their partners. Comfort with condom negotiation increased significantly, from an average score of 3.72 to 4.13 on a 1–5 scale, with 5 representing the highest level of comfort.

Before, a lot of the young males, they wouldn't use a condom...and the ones that wasn't [having sex] didn't even know how to put a condom on until the group, so that was something big.
—Coach Peedy (PASS facilitator)

The PASS team also established partnerships with two entities that helped respond to health care needs: Unity Health Care and Sasha Bruce Youthwork. Unity Health Care operates a network of clinics that serve the Washington, DC, area. Sasha Bruce Youthwork is focused on improving the lives of runaway, homeless, abused, and neglected young people and their families in the Washington, DC, area. Sasha Bruce Youthwork's POWER program offers HIV and STI testing and counseling using a mobile van.

The PASS team partnered with the Unity Health Care clinic near Benning Terrace to ensure that PASS participants would feel comfortable seeking health services should they need them and would know where to access them. The head of the teen clinic at Unity attended one PASS session each cohort to speak to the young people about anatomy and reproductive health. Two PASS cohorts received a

tour of the clinic and were introduced to the receptionist, an often undervalued but essential clinic staff member who can help teens feel welcome, answer questions, and share important information to ensure young people receive the health care services they need. One challenge was that the hours set aside for adolescent health appointments were during school hours, making it difficult for clinic tours to be a regular part of the PASS curriculum. Also, having transportation to the clinic and an adult to accompany them was crucial to participants' feeling comfortable entering a new space.

It's just the fruits that you see from your labor, like I did down at Unity clinic, the new one they built. I was down there, and I saw two fellas down there...one of the fellas was from Peedy's group. They were getting the free condoms that was there. The one that was in the group went right in and got the condoms, and the other fella was standing at the door and he was like, 'Man, get me a couple of them.' So he grabbed a couple of them...It's things like that that let you know, and I'm glad that we were able to let them know about those types of resources within the community. Those things that were in the curriculum that we used for the kids to enable them to be able to get out there and use them to prevent a whole lot of things.

—Coach Brenda (PASS facilitator)

The opportunity to speak to a doctor and adolescent reproductive health expert in their community was important for many PASS participants. The young people commented that talking to a doctor outside a clinical setting was both unusual and helpful. Also, the facilitators appreciated the external support in providing accurate and complex details about the reproductive system. The rapport the Unity Health Care doctor and her staff created during a single program session created a vital link between PASS participants and crucial health services.

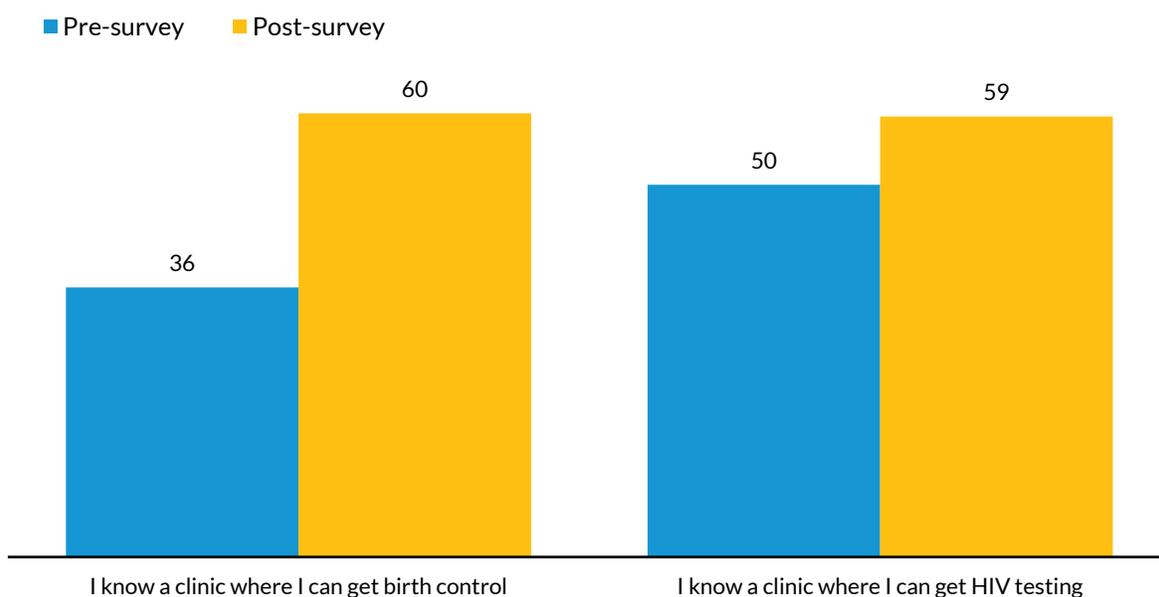
The lead staff person from Sasha Bruce Youthwork's POWER program invested time in building rapport with the young people, joining a group session once per cohort and sharing thoughts of his own. He conducted STI and HIV testing in the van for PASS participants, informing the young people how and when they would get their results. Several times, he had trouble reaching young people to guide them through the next steps to get health services. While preserving the young people's confidentiality, he collaborated with PASS facilitators to reach all the participants; this allowed him to avoid having to report the cases to the Department of Health for outreach to people unresponsive to their test results,

as required by law (DC Health 2019). The PASS facilitators, who are protective of participants, were impressed with his approach and invited him to return to the program regularly.

Survey data support the effectiveness of these partnerships. At the conclusion of the PASS program, 60 percent of survey respondents reported that they knew a clinic where they could get birth control, an increase of more than 20 percentage points from the start of the program (figure 4). Additionally, 59 percent of respondents reported knowing a clinic where they could get HIV testing after participating in PASS.

FIGURE 4
Change in the Knowledge of Local Health Care Services among Participants in the Promoting Adolescent Sexual Health and Safety Program

Share of young people who responded “yes” to the given prompts



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Source: Authors' analysis of results from the Promoting Adolescent Sexual Health and Safety program survey.

Notes: The sample for the birth control question is 69 respondents for the pre-survey and 52 for the post-survey. The sample for the HIV testing question is 66 respondents for the pre-survey and 42 for the post-survey.

The programs at my school don't talk about health and the clinics you could go to and your body and your race. They don't talk about nothing at all that we talk about in the group with Dannielle...I've changed tremendously...I've been maturing and growing, especially now that I have a daughter of my own. Like I said before, I go to the clinic more, so I care about my health more, obviously.

—Sky (PASS participant)

Critical Thinking and Youth Empowerment to Make Healthy Decisions

Both PASS facilitators and participants commented that the conversations about healthy relationships were particularly productive and generated a lot of discussion and questioning of norms. As part of the baseline survey, young people reported understanding various forms of abuse beyond physical. Participants were asked to rate a list of behaviors on a scale of 1 to 5, where 1 was “not abusive” and 5 was “very abusive.” “Taking sexual photos of someone without their consent” and “hitting” received the same average score of 4, indicating that participants were entering the program with a solid understanding of abuse. Program facilitators leveraged this knowledge to explore more nuanced aspects of abuse, such as refusing to wear condoms during sex or spreading rumors, that were not as obvious to participants. Fewer young people initially rated these behaviors as abusive. The scores on forms of abuse did not increase in the post-surveys. However, debrief interviews and discussions with young people indicate that their perspectives on appropriate behaviors and their ability to advocate for themselves progressed during the program.

Several PASS sessions focus on sexual power dynamics, and consent was discussed at length by both the girls and boys. One participant shared the following with a member of the Urban team during a debrief interview at the end of the program:

Participant: One thing, it changed how I think about sexual relationships. What's the word you...What is the C word? When both...I forgot the word, but everyone has to come to...You got to come to an agreement. You can't just pressure someone else into having sex. I forgot the word, but it's a C word...

Urban team member: Is it consent?

Participant: Consent. Right. You got to have consent. Just because someone says yes doesn't mean that they want to do it or they are actually willing...that's what I learned.

It was definitely consent because that's one thing I talked about in school too a lot. I had a health class in my junior year, and we talked a lot about consent and just body language. How do you know if someone is...That's technically rape if it is not consent. If someone isn't really willing to do it...You might actually not be trying to force them to do it, but you think that it's, that they are okay. And then it's not, so it's a lot of mental things, with the mental aspect. Just watch body language; always make sure that it's a mutual agreement to do it, not just go along or be peer-pressured into things. Also, yeah, peer pressure too. That was another topic I like.

Another young person touched on peer pressure during a debrief interview with Urban staff members, emphasizing the importance of making your own decisions and moving at your own pace:

Participant 2: Coach Peedy was my football coach. So I was always the fastest on the team, so he said if I slow down a little bit, I can get more yards, to get more touchdowns. So by me slowing down when I was young, it helped me get more touchdowns...As the PASS group come up, he told me, "Think of this like football, slow down and play and work at your own pace." As I've been working at my own pace, I've been succeeding.

Changes in bystander behaviors such as speaking up in potentially risky situations proved more challenging to quantify. Seventy-one of the young people who took the pre-survey answered the bystander questions, and even fewer respondents answered the post-survey questions (42 respondents). Respondents were asked how they would react if they witnessed behaviors such as catcalling, physical abuse, and sharing of sexual photos. The options were "not say anything," "tell the person in public that acting like that is not okay," "laugh or go along with it," or "talk to a trusted adult." Although drawing conclusions from the available data is difficult, the number of respondents who stated that they would intervene in public or seek out a trusted adult increased slightly. A longer follow-up period and more robust measurement methods may provide a clearer picture of behavior changes and movement toward shifting cultural norms.

Lessons from PASS

At the start of the PASS project, the Urban Institute had been working with DCHA for 13 years but had never worked directly in or with the Benning Terrace community. Developing and strengthening this partnership required a continual building of trust that relied on four pillars: transparent communication, consistency, sustainability, and heeding community input. Throughout the eight-year partnership with the Benning Terrace community, the Urban team learned numerous lessons, many of them from instances in which community input was not prioritized or incorporated.

Transparent Communication

Transparent communication was a PASS steering committee priority from the outset of the partnership. Transparency meant listening to community members and acknowledging the harm that researchers and service providers had caused in the past. The researchers working on PASS had to acknowledge that even though they may not have been personally involved in those experiences, they needed to recognize their identities as researchers and discuss both the privilege and the damaging practices that accompany the profession. The Urban team and other external stakeholders discussed their motivations and goals so intentions and commitments to the community were clear from the start. Over time, the PASS partners through the steering committee took regular stock of the project's progress and challenges, jointly determined the allocation of resources, and honestly expressed themselves when partners disagreed or felt uncomfortable with any element of the work. It was crucial to acknowledge partners' different communication styles and preferences, which meant that phone calls, text messages, emails, and printed documents were used and that most meetings were held in person and in the community.

The Urban team had to demonstrate early and often that it would share all information and resources and would not overpromise. The team was transparent about the project budget, contractual obligations, and where the scope or approach to the work could be flexible. This information was reiterated several times during the early planning phase (some details took time to explain or share) while the team was simultaneously engaged in trust building.

Perhaps most importantly, the Urban team hired a community leader as a part-time staff person to be a liaison between the members of the project. This decision demonstrated the Urban team's desire to invest resources in the community and build community capacity for research and direct service provision. The community liaison, Tia Newman, was the president of the Benning Terrace resident council. Newman was also on the steering committee, whose members received compensation each quarter and at a rate that acknowledged their experiences as expertise that is as valuable as a PhD or professional accreditation.

The PASS project also reached out and collaborated with other community leaders and service providers, rather than focusing on youth service providers or sexual health experts from elsewhere. The Benning Terrace Soldiers football and cheerleading teams were among the best-organized and longest-serving groups in the community and worked with many young people. One of the coaches, Coach Peedy, was both a steering committee member and a program facilitator, and two other coaches joined as facilitators, Coach Brenda and Coach Stan. Other community leaders met with the Urban team or

partnered with the PASS team briefly but found being part of an initiative with predetermined requirements and boundaries (because of the grant's parameters) to be difficult. The Urban team and DCHA had drafted the original National Institutes of Health grant proposal with some input from the Benning Terrace community, but it did not develop organically through community input. This reality made collaboration at the outset of the partnership difficult and impossible for some.

I've been there since 1997, working with a lot of youth in the community. When we first met with Elsa from Urban, she didn't make us no promises. She was straight up with us. So, I think that that built the bridge to have a relationship in Benning. And everything was straight up. 'This is what we're trying to do, and would you guys mind?'...Out of all my years, this is the best program, besides the football and what I do with them with the sports outlet. But this program, I think it needs to be implemented more and more into the housing projects in Washington, DC.

—Coach Brenda (PASS facilitator)

Consistency

A key component of building trust was ensuring consistency in all elements of Urban's work. The community was scarred from decades of seeing researchers, government agencies, elected officials, and service providers come and go from Benning Terrace, sometimes taking more than they had offered. This history left residents feeling abandoned and used and mistrustful of newcomers. It was essential for the research team to show up regularly and on time, ensure that community members were compensated for their work in a timely manner, and demonstrate that it was committed to the work even through challenging moments in the partnership or during turmoil in the community. When the curriculum and program model were ready for implementation, it was imperative that the team ensure the day and time when the sessions were held remained consistent, that dinner was welcoming, and that participation incentives were provided in a timely fashion, as promised. When any of these things did not happen, the young people felt restless and reluctant to commit to the weekly participation required to receive the program's full benefit.

Consistency and trust. I mean, we had a lot of programs that came, and the kids were suspect about it. The consistency wasn't there. It was like, 'Oh, we'll come this week.' Then you don't see them for two, three weeks. Then they pop back up. So it's like going to see a therapist. You see one this week, then a month later you got to transfer to see another one and tell them everything you just told the first one. So the consistency wasn't there with those programs. With Urban, they came, and the consistency was there off the top...but it was just the trust part. The kids had to trust them, like okay. So, as they've seen us as adults in the neighborhood there all the time like, 'Come on. Come with us. Come with us.' That's when the trust started to build, the consistency. It lasts. I wish it could last another eight years.

—Coach Stan (PASS facilitator)

Sustainability

Prioritizing sustainability as both a continual practice and a goal was a crucial element from the partnership's beginning. As mentioned earlier, community members were not interested in another short-term initiative. They wanted something that would invest in their community and in people who had proved they would be there for the young people and their families through thick and thin and would show up when needed and expected. Sustainability also meant treating the community and their goals comprehensively. Although community partners viewed adolescent sexual health and safety as a priority, they had other needs, including street safety and food security. Throughout the project, Urban offered its organizational capacity to apply for additional grants related to gun violence, summer programming, and family social services. The Urban team also used its contacts to build relationships with stakeholders, help young people graduate from high school or find employment, and support community partners in their efforts to form nonprofit organizations.

At first, in the beginning, when Elsa came, I thought that it was going to be just another organization coming into a community that's the hot topic in the city...But they kind of shocked us because they actually stuck with it. It became more of like...The relationship became more as family, family-oriented. And the kids...the whole community embraced it. So...no program has been embraced like that before.

—Coach Peedy (PASS facilitator)

Importance of Heeding Community Input

Throughout the eight-year partnership with the Benning Terrace community, the Urban team and its community partners made numerous collaborative decisions. However, other decisions were made that overrode community input—in some cases, because it was infeasible. Each of those decision points offers valuable lessons about the importance of prioritizing community input or taking an iterative approach that layers in new ideas over time.

In a few instances, the community partners were emphatic about their vision for PASS, and those elements were formative for the direction and success of the program. The first imperative for members of both the adult advisory board and the steering committee was that those implementing the programming should be residents or long-time leaders of the community, not external consultants or service providers. A consensus existed among community partners that this was necessary for ensuring sustainability, centering community priorities and vision, and, most importantly, reaching the young people.

A second imperative from community partners was that programming should be available for parents and caring adults who wanted to support the young people by having accurate information and feeling comfortable talking about sex with them. In response to this input, the PASS team identified the Parents Matter program to ensure other caring adults in the neighborhood could foster conversations outside the weekly PASS program sessions.

One recommendation from community members that the Urban team did not act on was to shorten the survey used as part of the program's evaluation. The community members had been on the receiving end of many surveys and understood the young people, the language and concepts with which young people are familiar and comfortable, and the steps required to ensure PASS participants would be willing to take the survey and answer questions honestly and completely. The research team and

community partners engaged in a back-and-forth process of suggesting vetted survey questions that would capture the key program outcomes. They ultimately designed and piloted a strong survey that began with easier, strength-based questions; included formatted questions to be visually appealing; and used terminology familiar to the young people. Community members, however, insisted repeatedly that the survey was too long, averaging 30 to 45 minutes for a young person to complete.⁷

The girls just recently took the survey, and they were like, 'That survey was so long.' I was like, 'I know, I know.' I was like, 'Thank you for taking it.'...I know me. I don't like taking surveys, especially when they're really long. And you got to take it at that time and spend your time, like the attention span of it. It was just frustrating, but I understand why they have to take it in the beginning and why the youth have to take it in the end. I understand that now, but at first, I was like, 'Survey?'

—Ms. Dannielle (PASS facilitator)

Another suggestion from community partners that the Urban team did not take was to include middle-school-aged children younger than 13 in PASS programming. The adult advisory board and the steering committee were adamant that 13 years old was too late to be reaching a young person with basic sex education, critical thinking skills for relationships, and empowerment to make healthy decisions. Two challenges stood in the way of including 11- and 12-year-olds. First, Urban's institutional review board felt that innovating on sexual health programming with children younger than 13 was risky, particularly if they would be mixed in with older teens. Second, a program and curriculum created for people ages 13 to 19 would not fit the developmental needs of children younger than 13. With limited time and resources, developing two program approaches and curricula was not possible. Developing and implementing separate programs for girls and boys, as well as one for adults in the neighborhood, accounted for all the time and funding. The Urban team did conduct focus groups with younger boys and girls, but developing a curriculum for them remains on the list of next steps.

Because it's so many children and so many teenagers in need...a lot of the parents have come up to Danielle with younger kids between the ages of 10 and 11 and 12 asking about this program. She was telling them that the program starts at 13, but now we're talking about those preteen years. She said because the kids are exposed to so much more now, whether it be TV or in the neighborhood, at the schools, or whatever, they're more promiscuous now at an earlier age...We noticed a lot of the young youth started engaging more and more with each other in sex.

—Coach Brenda (PASS facilitator)

One instance when the Urban team was delayed in heeding community feedback involved the identification of mental health supports for PASS participants. Facilitators regularly provided coaching and assistance for young people, and on several occasions, they contacted the Urban team to say participants had needs and challenges beyond what they felt equipped to handle. In these cases, Urban staff members identified professional mental health supports to help the young people through their challenges and to talk the facilitators through the process of reaching out to parents and discussing difficult circumstances such as physical abuse or self-harm. The Urban team and the community partners agreed that having a regular source of mental health support would be helpful, especially for moments of crisis. As a result, the Urban team identified a service provider that could connect PASS participants with a mental health coach whom they could text for support during certain hours each day. The facilitators pushed back against this proposal, stating that the young people would not respond well to either the “office hour” restrictions or to texting someone they had never met. The Urban team asked the service provider to come to Benning Terrace to speak with the young people about their services and to answer the facilitators’ questions. Although the service provider’s representatives gave an excellent presentation and demonstrated a high level of care and passion for their work, what they offered was clearly not a match for PASS or the Benning Terrace community. Despite having invested several months in the partnership, the Urban team heeded the community input and ended the initiative.

At first, people...different programs was trying to intertwine with this program. 'Well, let's try this way, let's try that way.' And we were like, 'No, that's not going to work. We don't see it working. We don't want that.' And then sometimes we agreed, 'Okay, let's try it.' And it didn't work. So we had to fix it a couple...and it worked. That's what I mean by disagreements...We were like, 'No, we're not, we don't want that.' And Urban was like, 'Okay, okay.'

—Ms. Dannielle (PASS facilitator)

PASS Evolution and Next Steps

Over time, the PASS team made various adjustments to the program, improving it iteratively. An early lesson was that facilitators needed time to experience the curriculum themselves, before leading sessions for participants. The curriculum was developed with joint participation by researchers, reproductive health service providers, and community members. Much of the content challenges cultural norms that run deep in our personal experiences and beliefs. The facilitators themselves needed time to process all the content and find ways to foster constructive dialogues with the young people on topics they were still exploring themselves. Gender norms and sexuality were particularly challenging. The team had originally planned to have debriefs after piloting each session and quickly found that facilitators needed that time to unpack their own opinions and experiences, not just talk about what did or did not work for participants. As the Urban team has expanded PASS to new communities and facilitators, it has incorporated time for facilitators to have an experiential training, to work through the curriculum content.

Another crucial change to PASS was building in time to the first few sessions for participants and facilitators to focus on getting to know one other, building trust, and sharing personal information and stories. At the start of each session, facilitators made sure that participants could talk about whatever had happened to them that day or events from school or the community that week. Often, because the facilitators are integral members of the community, they were already aware of things that had happened and could hold time to talk through anything on the young people's minds while they shared dinner, before diving into the curriculum material.

Before the onset of the COVID-19 pandemic, the facilitators suggested trying a retreat model in which they would implement PASS during a weekend away with the young people. As a pilot, the Urban team planned and organized a two-day retreat that gave 10 PASS alumni an opportunity to reconnect

and receive training as peer mentors and gave partners the chance to test a condensed version of a program that normally takes place over 10 weeks. In addition to reviewing the curriculum content and objectives, the peer mentors discussed their roles and what being a peer leader means. The facilitators reported that the participants were engaged and excited to learn so they could share their new knowledge with their friends. According to the facilitators, several girls started the session saying things like, “Okay, let’s go! I’m ready to use my experience to help others!” Facilitators noted that the young people seemed to open up more easily at the retreat, with one facilitator saying the following:

When we were on a retreat...they was really getting in their own zone. It’s like we met them where they were at. We were in our pajamas. It was almost like a pajama party. They were doing nails, we were talking, they were engaged. A lot of things came out. Everybody was just laid back. That got them away from the neighborhood. When we got there, they was like, ‘Oh, we’re away from the neighborhood.’...Sometimes when you’re able to drop some of that stuff off, you’re able to do a lot more.

As the PASS team at Benning Terrace seeks funding to sustain the programming long term, it will focus on opportunities to do the following:

- Build youth leadership and mentoring into the program approach. This will provide an opportunity for program participants to remain engaged longer term and speaks to the youth participation that was crucial to the development of PASS.
- Support Benning Terrace partners in developing their own 501(c)(3) organization.
- Create materials to help ensure the curriculum is flexible and can be applied in various community-based settings and on more condensed timelines or can be woven into other youth programs that would like to incorporate content on sexual health and safety.

Notes

- ¹ Reed Jordan and Elsa Falkenburger, “What Happens When Communities Develop Their Own Programs And Policies?” *Urban Wire* (blog), Urban Institute, November 18, 2015, <https://www.urban.org/urban-wire/what-happens-when-communities-develop-their-own-programs-and-policies>.
- ² Somala Diby, Sade Adeeyo, and Elsa Falkenburger, “Making Their Voices Heard: Improving Research Through Community Collaboration,” Urban Institute, January 10, 2017, www.urban.org/features/making-their-voices-heard-improving-research-through-community-collaboration.
- ³ See “Parents Matter,” Centers for Disease Control and Prevention, <https://npin.cdc.gov/parentsmatter/>.
- ⁴ Gender nonconforming young people can participate in whichever group they prefer.
- ⁵ See “SIHLE,” What Works in Youth HIV, updated March 2017, <https://whatworksinyouthhiv.org/evidence-based-interventions/sisters-informing-healing-living-and-empowering-sihle>.
- ⁶ Nearly all respondents answered this survey question. For comparison, a study that assessed racial pride among a group of Black adolescent boys found an average score of 2.42 (Butler-Barnes, Williams, and Chavous 2012).
- ⁷ This survey was used for seven years of the PASS program at Benning Terrace and has been used for programming and research at other sites in Washington, DC. The challenges of a lengthy survey that asks highly personal and sensitive questions have been consistent across all sites and community partners: not only incomplete data and difficulties with analysis and evaluation, but also the dilemma of creating a school-like testing environment at the program’s start, a key moment for engagement and trust building.

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