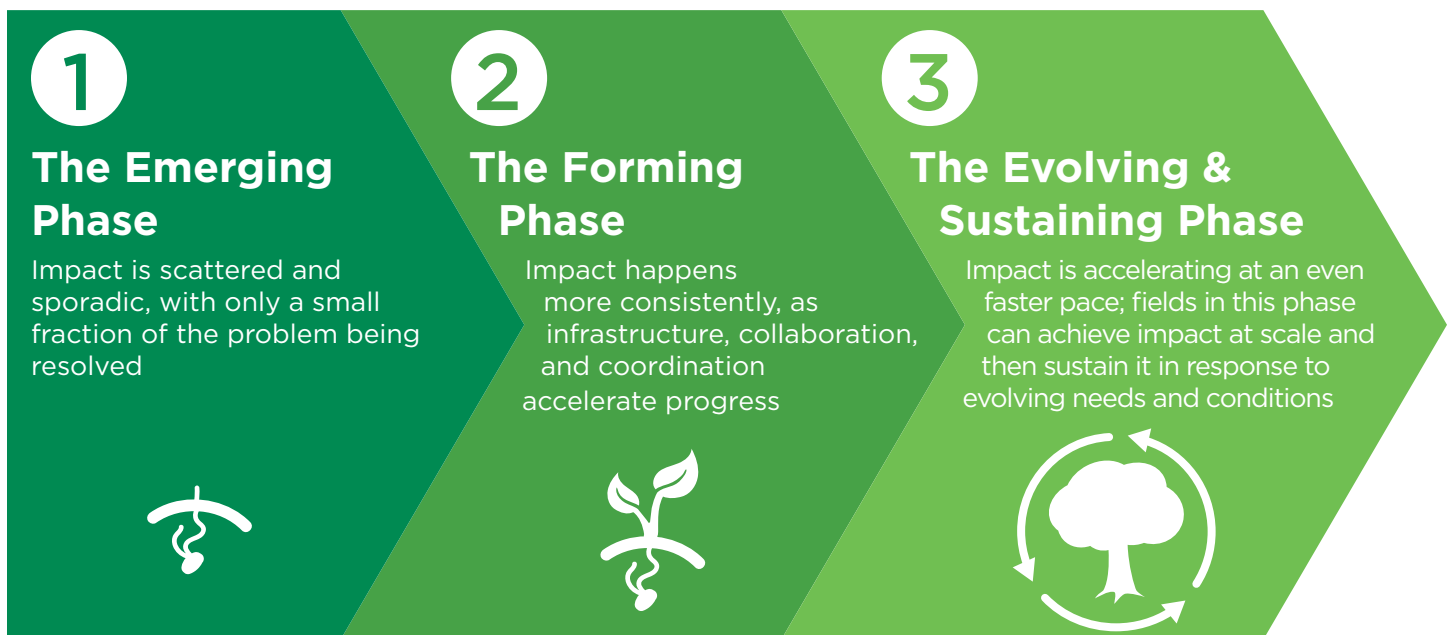


Field Diagnostic Tool: Assessing a Field's Progression

Fields are so varied and intricate, and their work and progress is so rarely linear, that skepticism toward drawing out parallels is understandable.

However, our research of 30 social change fields working towards population-level change found more commonalities than we anticipated. In studying a range of fields, we observed several patterns in how they progress toward achieving impact at scale. While every field's journey is unique, these patterns provide hand holds that can guide all types of field builders to success.

Our research suggests that a field's progression can be characterized by three distinct phases, oriented around its path to population-level change:



This tool can help you determine your field's current state. It charts five observable characteristics that are the markers of progress across the three phases of development. These characteristics act as building blocks for the field and can mature and develop with the right investment and support. Specifically, this tool is designed to help diagnose the state of problem-based fields (e.g., unintended teen pregnancy prevention) rather than broader issue-based fields (e.g., reproductive health). We have also included the unintended teen pregnancy prevention field in the US as an example, to illustrate how these characteristics progress across the three development phases. While this tool provides guidance, the true work is in forming relationships, collaborating, and discussing candidly the state of the field and how to advance it. Diagnosis is a collective process involving voices of those in practice and those closest to the problem.

Five Characteristics of a Field

1. Knowledge Base
2. Actors
3. Field-Level Agenda
4. Infrastructure
5. Resources

1. Knowledge Base

A field's knowledge base is the body of academic and practical research that helps actors better understand the problem, identify and analyze shared barriers to solving it, and develop solutions.

Progression by Phase



The Emerging Phase: The knowledge base is relatively new or narrow, often focusing on research describing the magnitude and severity of the problem.



The Forming Phase: The knowledge base is growing, with field actors drawing on it and contributing to it in meaningful ways. It includes both research and practice-based insights that hold the promise of greater impact if spread more broadly in existing systems (e.g., school districts) or channels with population-level reach (e.g., large networked service providers).



The Evolving and Sustaining Phase: Researchers and practitioners work together to continuously update the knowledge base per the field's evolving understanding of the problem, barriers to progress, and effectiveness of solutions, leading actors to adapt based on new insights and evidence.



Questions for Reflection

- To what extent do key field actors have a developed and shared understanding of:
 - The problem and its causes?
 - The barriers and gaps to address to solve the problem?
 - What works, for whom, and why?
 - How effective approaches can spread or be scaled?

Sample Knowledge Base Progression: Unintended Teen Pregnancy Prevention in the United States

Emerging Pre-1996	Forming 1996-2015	Evolving & Sustaining 2016-Present*
Limited research shows the US experiences higher teen pregnancy rates than other developed countries. However, unintended teen pregnancy is not yet conceptualized as a problem that would benefit from social policy intervention. ¹ In 1995, President Clinton describes teen pregnancy as the country's "most serious social problem." ²	Researchers analyze barriers to reducing unintended teen pregnancy rates (e.g., lack of access to information and contraceptives). Research links unintended teen pregnancy declines to increased use of contraception, decline in non-use, and delayed onset of sexual activity. Subsequent research questions the effect of delaying sex and instead emphasizes contraceptive use.	Knowledge and approaches continue to deepen and evolve, particularly on persistent disparities across racial groups and recognition that unintended pregnancy rates remain highest among teens aged 18-19 and women in their 20s. There is increasing recognition of the role of inequality of access to quality sexual health information and contraceptive services. Research highlights the benefits of girls having visible pathways to succeed beyond motherhood and of other social influences. Researchers explore how changing social norms and even the overall economy may also be contributing to progress.

*Note: Present refers to December 2019 when the research for this report was conducted.

2. Actors

A field's actors are the set of individuals and organizations that together bring a sense of shared identity and common vision to the field.

Progression by Phase



The Emerging Phase: The field has a small set of actors that often includes researchers and practitioners who are developing the knowledge base and working on targeted solutions to address part of the problem. They see the need to engage others and define an objective beyond their own organization, discipline, or initiative.



The Forming Phase: The set of actors grows and diversifies to include field catalysts, government actors (for systemic problems), and funder champions. They have a sense of shared identity anchored in seeing the problem in a common way, but through a diversity of lenses—including insights from those most proximate to the problem. They share the goal of resolving the problem in order to achieve their individual missions. Leaders who are respected across the field also emerge to help direct the field's progress.



The Evolving and Sustaining Phase: A broad set of heterogeneous and complementary actors identify with the field, and a set of diverse, representative leaders continues to lead the field toward greater impact. Field catalysts and other field intermediaries play a key coordinating and convening role as well. Funders play more targeted roles in the field, including thoughtfully exiting or transitioning into less prominent roles, as appropriate.



Questions for Reflection

- Are the actors needed to solve the problem and achieve impact at scale participating in the field?
 - Where are there gaps in covering critical activities?
 - For the actors that are engaged, how diverse are they (e.g., identity, perspectives, experiences)?
 - How many actors are working in proximity to the issue being addressed?
- To what extent do these actors share a common identity centered on working on the problem?

Sample Actors Progression:

Unintended Teen Pregnancy Prevention in the United States

Emerging
Pre-1996

Some actors within the broader reproductive health field do work that touches on unintended teen pregnancy prevention, but they do not have a sense of shared identity given that unintended teen pregnancy is not yet seen as a problem to address.

Forming
1996-2015

Clinton-era "Third Way" momentum drives conservative and liberal interest in unintended teen pregnancy prevention, drawing in political actors. In addition to existing actors, the field grows to include new actors as well; some focus on narrative change (MTV's 16 and Pregnant), advocacy (ACLU), services (Planned Parenthood), and/or intermediary work (The National Campaign to Prevent Teen & Unplanned Pregnancy).

Evolving & Sustaining
2016-Present

The field's actors continue to work together to maintain and potentially further reduce the unintended teen pregnancy rate by increasing access to quality contraceptive services and information. Increased focus on communities of color is engaging actors who are more broadly focused on issues of race and social mobility.

3. Field-Level Agenda

A field-level agenda refers to the strategic suite of approaches that aims to address shared barriers and unlock collective progress. It is co-created (and continuously adapted) by the field’s actors.

Progression by Phase



The Emerging Phase: The field’s actors are often focused on distinct pieces of the core problem and are working in their “own lanes,” often in ad hoc, localized, or informal ways. Their work is usually narrowly focused on small segments or within tight geographic boundaries.



The Forming Phase: Work expands to include a broader set of solutions, such as advocating for policy change or providing technical assistance to field practitioners. These solutions are designed with scale in mind and are informed by practitioners and those most proximate to the problem. Initially, the efforts overlap as actors experiment and learn about what works. Over time, actors coordinate and adapt their efforts more intentionally. Coupled with growing evidence, the field agrees on the most effective approaches to scaling impact.



The Evolving and Sustaining Phase: Heterogeneous, complementary, and adaptive approaches (e.g., advocacy, education, etc.) are used in concert. This coordinated effort is guided by a co-created, emergent field strategy that serves to guide the field’s progress. Supporting policy and regulatory wins further sustains impact and funding for the field as well.

Questions for Reflection



- What approaches are critical to achieve impact at scale (e.g., changes in policy, norms, standards of practice)?
- What approaches are being used? What gaps exist?
- How effectively are these approaches designed to spread and scale?
- To what extent are the field’s actors aligned on an overarching vision of how their collective efforts will lead to the desired change?

Sample Field-Level Agenda Progression:

Unintended Teen Pregnancy Prevention in the United States

Emerging Pre-1996	Forming 1996-2015	Evolving & Sustaining 2016-Present
<p>The primary approaches in place are direct services, specifically providing sex education and access to contraceptives. Reproductive health groups lead these efforts, focusing not on unintended teen pregnancy but broader health issues (e.g., STDs).</p>	<p>Moving beyond abstinence-only education, The National Campaign launches in 1996 with a numeric goal in reducing the nation’s teen pregnancy rate and adopts a two-part, non-partisan strategy: (1) coordinating a grassroots movement with young people and (2) working through the entertainment media, faith communities, and other channels to influence social values. It convenes stakeholders, works to expand partnerships with those groups not necessarily focused on unintended pregnancy, and fills gaps for specific populations (e.g., joining with NCLR to launch an initiative in the Latinx community).³</p>	<p>The field’s agenda has been adapting to the changing political landscape which has threatened access to reproductive health care, counseling, and contraceptives. Actors receiving funding from the government-funded Teen Pregnancy Prevention Program have filed successful lawsuits to reverse sudden cuts in federal funding. There is intensified effort to preserve and protect contraceptive access and to support agency and consent for young people.</p>

4. Infrastructure

Field infrastructure is “connective tissue” that strengthens each of the other four field characteristics as well as the complementarity between them. Infrastructure exponentially enhances the efforts of actors in the field by making them more coordinated, connected, and effective.

Progression by Phase



The Emerging Phase: The field has some informal, ad hoc mechanisms (such as casual meet ups) to connect actors, so they can share early lessons and insights. Actors are mainly working in silos.



The Forming Phase: The field relies on more formalized structures, including technical assistance providers and convenings. Intermediaries (often including a respected field catalyst) strengthen connections across once disjointed efforts and diverse actors—including those closest to the ground level of the work. This infrastructure collectively helps ensure that the rapidly growing understanding of both the problem and effective approaches spreads across the field.



The Evolving and Sustaining Phase: Intermediaries and technical assistance providers continue to strengthen connections, cultivate collaboration, and build the capacity of actors. Their efforts help to sustain progress as it occurs, and also enable the field’s actors to adapt to meet new challenges as the context in which they operate evolves.



Questions for Reflection

- What organizations and structures are helping the field’s actors develop and maintain relationships with each other, specifically, to learn from one another, strengthen their work, and collaborate?
- Do the actors in the field consider those organizations and structures to be useful and effective in building “connective tissue”?
- What are current infrastructure-related activities focused on (e.g., forging early connections between actors, helping established actors adapt to an external shock)?
- How effective are they?

Sample Infrastructure Progression:

Unintended Teen Pregnancy Prevention in the United States

Emerging Pre-1996	Forming 1996-2015	Evolving & Sustaining 2016-Present
Collaboration among actors occurs within the boundaries and through the channels of existing reproductive health organizations.	Intermediaries (most notably The National Campaign) play a key role in strengthening the field’s “connective tissue” by convening actors, publishing research, sharing knowledge, and building organizations’ capacity to scale. In 2005, The National Campaign expands its mission beyond teens to focus on unintended pregnancy more broadly.	Intermediaries continue to play critical roles as the field evolves and is forced to adapt to the changing political context. Funders are also playing a convening role in response to the changing context. Private philanthropy begins investing more heavily in protecting access to abortion rather than prevention given direct challenges to abortion access.

5. Resources

A field's resources comprise both financial forms of capital as well as nonfinancial support.

Progression by Phase



The Emerging Phase: Funders support research, learning, and innovation. However, there is little formal or long-term commitment of resources for building the field.



The Forming Phase: Funders bring greater cohesion to their collective support, putting aside individual, “branded” initiatives and efforts in service of a broader field-level goal. Funders provide both financial capital and social capital (e.g., connecting grantees to other funders, hosting convenings to share knowledge).



The Evolving and Sustaining Phase: A committed set of funders continues to invest in the field. In fields tackling systemic problems, the systems begin to transform, and policy change unlocks greater, consistent resources for the field as a whole.

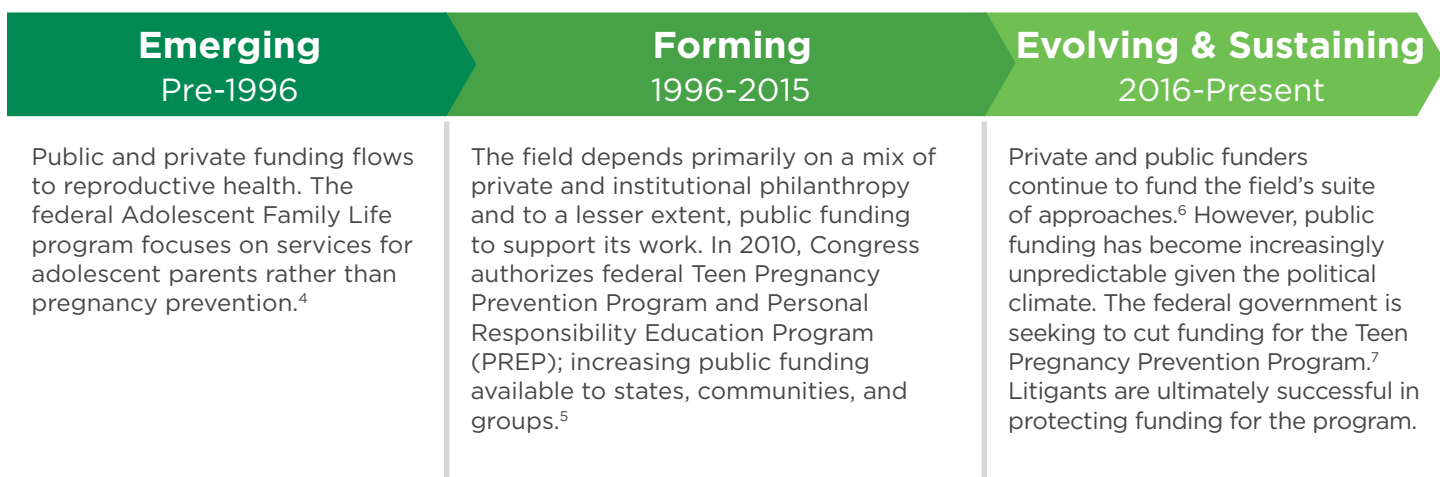
Questions for Reflection



- Who are the main funders in the field, and what are they supporting?
- To what extent have funders made long-term commitments to building the field?
- To what extent are the funders coordinating their efforts?
- For systemic problems, have funding flows within the system shifted in line with the field's long-term resource needs?

Sample Resources Progression:

Unintended Teen Pregnancy Prevention in the United States



Example Field Progression: Unintended Teen Pregnancy Prevention in the United States

	Emerging Pre-1996	Forming 1996-2015	Evolving & Sustaining 2016-Present
Impact	After increasing steeply in the mid and late 1980s (e.g., teen birth rates increased 25% between 1987 and 1991), the US teen pregnancy rate peaks at 11.7% in 1990 (117 pregnancies per 1,000 females ages 15-19) ^{8, 9}	The US teen pregnancy rate declines by 63% from 1990-2013, plummeting to 43 pregnancies per 1,000 females ages 15-19. There are declines in all 50 states and among all population groups regardless of age, marital status, race, or ethnicity but declines are uneven among groups. ¹⁰	The US teen birth rate continues to decline. In 2017, there were 18.8 births per 1,000 females ages 15-19—down 7% from 2016 (and 70% from its 1991 peak of 61.8). Although declines continue among all racial/ethnic groups, disparities remain by race, income, and location. ¹¹
1. Knowledge Base	Limited research shows the US experiences higher teen pregnancy rates than other developed countries. However, unintended teen pregnancy is not yet conceptualized as a problem that would benefit from social policy intervention. ¹² In 1995, President Clinton describes teen pregnancy as the country's "most serious social problem." ¹³	Researchers analyze barriers to reducing unintended teen pregnancy rates (e.g., lack of access to information and contraceptives). Research links unintended teen pregnancy declines to increased use of contraception, decline in non-use, and delayed onset of sexual activity. Subsequent research questions the effect of delaying sex and instead emphasizes contraceptive use.	Knowledge and approaches continue to deepen and evolve, particularly on persistent disparities across racial groups and recognition that unintended pregnancy rates remain highest among teens age 18-19 and women in their 20s. There is increasing recognition of the role of inequality of access to quality sexual health information and contraceptive services. Research highlights the benefits of girls having visible pathways to succeed beyond motherhood and of other social influences. Researchers explore how changing social norms and even the overall economy may also be contributing to progress.
2. Actors	Some actors within the broader reproductive health field do work that touches on unintended teen pregnancy prevention, but they do not have a sense of shared identity given that unintended teen pregnancy is not yet seen as a problem to address.	Clinton-era "Third Way" momentum drives conservative and liberal interest in unintended teen pregnancy prevention, drawing in political actors. In addition to existing actors, the field grows to include new actors as well; some focus on narrative change (MTV 16 and Pregnant), advocacy (ACLU), services (Planned Parenthood), and/or intermediary work (The National Campaign to Prevent Teen & Unplanned Pregnancy).	The field's actors continue to work together to maintain and potentially further reduce the unintended teen pregnancy rate by increasing access to quality contraceptive services and information. Increased focus on communities of color is engaging actors who are more broadly focused on issues of race and social mobility.
3. Field-Level Agenda	The primary approaches in place are direct services, specifically providing sex education and access to contraceptives. Reproductive health groups lead these efforts, focusing not on unintended teen pregnancy but broader health issues (e.g., STDs).	Moving beyond abstinence-only education, The National Campaign launches in 1996 with a numeric goal in reducing the nation's teen pregnancy rate and adopts a two-part, non-partisan strategy: (1) coordinating a grassroots movement with young people and (2) working through the entertainment media, faith communities, and other channels to influence social values. It convenes stakeholders, works to expand partnerships with those groups not necessarily focused on unintended pregnancy, and fills gaps for specific populations (e.g., joining with NCLR to launch an initiative in the Latinx community). ¹⁴	The field's agenda has been adapting to the changing political landscape which has threatened access to reproductive health care, counseling, and contraceptives. Actors receiving funding from the government-funded Teen Pregnancy Prevention Program have filed successful lawsuits to reverse sudden cuts in federal funding. There is intensified effort to preserve and protect contraceptive access and to support agency and consent for young people.
4. Infra-structure	Collaboration among actors occurs within the boundaries and through the channels of existing reproductive health organizations.	Intermediaries (most notably The National Campaign) play a key role in strengthening the field's "connective tissue" by convening actors, publishing research, sharing knowledge, and building organizations' capacity to scale. In 2005, The National Campaign expands its mission beyond teens to focus on unintended pregnancy more broadly.	Intermediaries continue to play critical roles as the field evolves and is forced to adapt to the changing political context. Funders are also playing a convening role in response to the changing context. Private philanthropy begins investing more heavily in protecting access to abortion rather than prevention given direct challenges to abortion access.
5. Resources	Public and private funding flows to reproductive health. The federal Adolescent Family Life program focuses on services for adolescent parents rather than pregnancy prevention. ¹⁵	The field depends primarily on a mix of private and institutional philanthropy and to a lesser extent, public funding to support its work. In 2010, Congress authorizes federal Teen Pregnancy Prevention Program and Personal Responsibility Education Program (PREP); increasing public funding available to states, communities, and groups. ¹⁶	Private and public funders continue to fund the field's suite of approaches. ¹⁷ However, public funding has become increasingly unpredictable given the political climate. The federal government is seeking to cut funding for the Teen Pregnancy Prevention Program. ¹⁸ Litigants are ultimately successful in protecting funding for the program.

Endnotes

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- 8 Kathryn Kost and Stanley Henshaw, *U.S. Teenage Pregnancies, Births and Abortions, 2010: National and State Trends by Age, Race, and Ethnicity*, Guttmacher Institute, May 2014, <https://www.guttmacher.org/report/us-teenage-pregnancies-births-and-abortions-2010-national-and-state-trends-age-race-and>.
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- 10 Heather D. Boonstra, “Teen Pregnancy: Trends and Lessons Learned,” Guttmacher Policy Review, (Volume 5, Issue 1) February 1, 2002, <https://www.guttmacher.org/gpr/2002/02/teen-pregnancy-trends-and-lessons-learned>.
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- 18 Democracy Forward, “One Year of Successful Battles to Protect the TPP Program Against Trump Administration Unlawful Actions; Fights Remain as Administration Continues to Assault on Evidence.”