

NATIONAL CAMPAIGN TO PREVENT TEEN PREGNANCY HONOREES

The First Lady will highlight the following 12 individuals honored by the National Campaign to Prevent Teen Pregnancy.

Elayne Bennett, President and Founder, Best Friends Foundation

Best Friends is a school-based program for girls in grades five through nine that fosters self-respect and promotes responsible behavior and abstinence. Best Friends helps girls identify what self-respect is, and teaches them how they can succeed in life if they set goals and maintain their self-respect. Ms. Bennett formed the program in 1987 in Washington, D.C. and now approximately 2,000 girls participate in 50 schools in 15 cities.

Patricia Canessa, President of the Board, the National Organization on Adolescent Pregnancy, Parenting and Prevention (NOAPPP)

NOAPPP is a diverse national network of national, state and community leaders and health care, education and social service professionals dedicated to preventing teen pregnancy and addressing problems related to adolescent sexuality, pregnancy, and parenting. NOAPP provides technical assistance and training, informational materials, and organizes conferences to enhance state and local coalitions working to reduce teen pregnancy.

Russell C. Deyo, Vice President of the Johnson and Johnson Family of Companies.

Mr. Deyo serves as the Chair of Johnson and Johnson's Corporate Contributions Committee, which supports socially responsible charities and encourages civic improvements and better health and education for young people. Mr. Deyo and Ms. Canessa serve on the National Urban Adolescent Pregnancy Prevention Program, an effort that identifies, evaluates and disseminates information about successful adolescent pregnancy programs.

Sue Cameron, County Commissioner, Tillamook County, Oregon

County Commissioner Cameron has lead a successful county-wide effort which has reduced the teen pregnancy rate of girls under age 18 by nearly 75 percent between 1990 and 1994. Realizing that there are differing values and that no single approach can alone reduce teen pregnancy, Ms. Cameron used the debate over teen pregnancy as an opportunity to incorporate several different approaches into one coordinated effort to reduce teen pregnancy in Tillamook.

Gloria Feldt, President, Planned Parenthood Federation of America, Inc.

Planned Parenthood is the world's oldest and largest voluntary family planning organization which provides educational programs to enhance the understanding of individual and societal implications of human sexuality. Ms. Feldt has increased efforts to help parents talk with their children and teenagers about sexuality, growth and development through a comprehensive program, *Talking About Sex: A Guide for Families*.

Eric Graham, President of Children's Express

Children's Express is a national, non-profit youth development and leadership organization that uses journalism to give children a voice. Children's Express issues a weekly national column which is researched, reported and edited by children and adolescents and is syndicated to

newspapers around the country.

Susan Wilson, Executive Director for the Network for Family Life Education

The Network for Family Life Education publishes *Sex, Etc. — A Newsletter by Teens, for Teens*, which publishes the opinions of teens on social issues, including sexuality, abstinence, teen pregnancy, drugs, etc. It also provides educational information to teens on these issues.

Wade Horn, Ph.D., Director of the National Fatherhood Initiative

The National Fatherhood Initiative is a non-profit, non-sectarian organization that aims to improve the well-being of children by increasing the number of children growing up with loving, committed and responsible fathers. This organization promotes fatherhood through public awareness campaigns, conferences and community fatherhood forums.

Edward Pitt, Associate Director of the Fatherhood Project and Director for the National Practitioners Network for Fathers and Families at the Families and Work Institute.

The National Practitioners Network is a center for research-based solutions to the problems associated with changing trends in family life. Mr. Pitt has worked for the Urban League's Male Responsibility Campaign and has been a committed voice for the role of fathers and other men in the lives of children and teens.

Marion Howard, Clinical Director, Grady Teen Services Program.

The Grady Teen Services Program has been providing educational classes on *Postponing Sexual Involvement* since the 1970's. The classes evolved into a comprehensive program designed to help young teens understand the pressures influencing their sexual behavior; to understand their rights in social relationships and ways of meeting social and personal needs other than by sexual involvement.

Sheila Johnson, Executive Vice President of Corporate Affairs, Black Entertainment

Television (BET) Teen Summit is BET's award-winning, weekly talk show that focuses on African-American teens and engages teens and celebrities in frank discussions about issues affecting young people. In May 1997, as part of their Teen Summit programming, BET will air a live Town Meeting focusing on the consequences of teen pregnancy and on involving boys and men in preventing teen pregnancy. BET has also created teen pregnancy PSAs which will be broadcasted around the Town Meeting and shared with other networks who wish to promote the issue.

Ann S. Moore, President of People Magazine.

In the fall of 1994, Ms. Moore ran a cover article for *People* on teen pregnancy entitled, "Babies Who Have Babies: A Day in the Life of Teen Pregnancy in America." This issue was one of the highest selling issues in People Magazine history. The article focused on the stress teen pregnancy puts on teen mothers and all involved. The article and its sequel a year later raised the profile of the consequences of teen pregnancy.

TEEN PREGNANCY PREVENTION

May 2, 1997

Announcement

May marks both teen pregnancy prevention month and the first anniversary of the National Campaign to Prevent Teen Pregnancy. Today, in recognition of both these events, The First Lady recognizes the National Campaign to Prevent Teen Pregnancy's first 12 honorees — individuals from around the country whose efforts to prevent teen pregnancy are making a difference. The First Lady also discusses two new teen pregnancy prevention grant programs and findings from a new study of childbearing and family planning to be released later this month by the Department of Health and Human Services.

Background

The National Campaign to Prevent Teen Pregnancy is a private nonprofit organization dedicated to preventing teen pregnancy. It formed in response to President Clinton's challenge issued in his 1995 State of the Union address that "parents and leaders across the country... join together in a national campaign against teen pregnancy..." May 1997 marks the campaign's first anniversary.

Following his State of the Union comments, the President held a meeting at the White House with a group of prominent teen pregnancy prevention experts and advocates to discuss what might be done to combat the problem. From that meeting came a private sector planning effort that led to the creation of the national campaign.

The campaign is chaired by former New Jersey Governor Thomas H. Kean. Its Board of Directors includes Whoopi Goldberg, Katherine Graham, the Hon. Nancy Kassebaum-Baker, the Hon. Warren B. Rudman, and William A. Galston. Isabel V. Sawhill, President of the Campaign, was an Associate Director of the Office of Management and Budget during President Clinton's first term.

To commemorate the anniversary of the national campaign, the First Lady is recognizing 12 honorees chosen by the Campaign for their outstanding leadership. Each represents prevention approaches that are lowering teen pregnancy rates and strengthening communities. The honorees' work embodies several key themes that are essential to preventing teen pregnancy:

- Emphasizing values and self-esteem in working with adolescents;
- Forging partnerships with the corporate sector;
- Focusing the community on a "unity of goal" to prevent teen pregnancy even when there are conflicts over program approaches;
- Encouraging adult-child communication;
- Involving youth in the discussion;
- Emphasizing the importance of male involvement in prevention;
- Recognizing the importance of program evaluation; and
- Involving the media in reducing teen pregnancy.

Secretary Shalala's Announcements

In Los Angeles yesterday (May 1), Secretary of Health and Human Services Donna Shalala announced two new community grant programs to prevent teen pregnancy and promote responsible behavior. One program will be aimed at teenage girls and the other at teenage boys. Both grow out of HHS' new Girl Power! Campaign which is aimed at enhancing self-esteem, promoting good health, and preventing unhealthy behaviors among girls 9 to 14 years old. Each of the grant programs will total about \$1 million per year and involve public-private partnerships organized by individual communities.

The Secretary also discussed a new study, to be released later this month by HHS, which shows the percentage of teenagers who have had sex declined in the 1990s after increasing steadily for more than two decades. The decline is small -- 5 percentage points -- but is significant because it shows that the long-term increase in teenage sexual activity may finally be over. This data is part of a new study of child bearing and family planning covering all women 15-44.

BACKGROUND AND ACCOMPLISHMENTS FACT SHEET

Over the past four years, the Clinton Administration has launched a comprehensive effort to prevent teen pregnancy. Data shows we are making progress:

- Teen birth rates have fallen four years in a row, by 10 percent since 1991 (from 62.1 births per 1,000 women aged 15-19 in 1991 to 55.6 births in June 1996); and
- A new study, to be released later this month by HHS, shows the percentage of teenagers who have had sex declined in the 1990s (from 55 percent in 1990 to 50 percent in 1995).

However, there is still much work to do. More than 4 out of 10 young women become pregnant before age 20 -- nearly a million a year -- and 75 percent of those who give birth do so outside of marriage. Teen pregnancy remains a major social problem for this country and one that none of us can ignore. Yesterday, Secretary of Health and Human Services Donna Shalala announced two new community grant programs to prevent teen pregnancy and promote responsible behavior. Today, in honor of teen pregnancy prevention month and the first anniversary of the National Campaign to Prevent Teen Pregnancy, the First Lady will recognize 12 individuals from around the country whose efforts to prevent teen pregnancy are making a difference.

Administration Accomplishments

- Since 1993, the Administration has supported innovative and promising teen pregnancy prevention strategies tailored to the unique needs of communities. HHS-supported programs already reach about 30 percent or 1,410 communities in the United States.
- In his 1995 State of the Union address, President Clinton challenged "parents and leaders across the country ... to join together in a national campaign against teen pregnancy to make a difference." In response to his challenge, The National Campaign to Prevent Teen Pregnancy was formed. The national campaign is a private nonprofit organization dedicated to preventing teen pregnancy by supporting values and fostering actions that are consistent with a pregnancy-free adolescence. This month marks the national campaign's first anniversary.
- The President has consistently supported efforts to reduce teen pregnancy as part of welfare reform, and the law he signed in August 1996 contains several important provisions:
 - Unmarried minor parents are required to stay in school and live at home, or in an adult-supervised setting in order to receive assistance;
 - It encourages "second chance homes" -- adult supervised residential homes designed to provide teen parents with the skills and supports they need;
 - \$50 million a year in new funding for state abstinence education activities is provided starting FY 1998;
 - The law includes the toughest ever child support enforcement measurements that send a strong message to young boys and girls that they should not have children until they are ready to provide for them.

- HHS last October released data showing an 8 percent drop in teen birth rates from 1991 to 1995, and the latest data available though June 1996 indicates that the decline has continued. The birth rate for teenagers as of June 1996 stood at 55.6 births per 1,000 women aged 15-19 years, compared to 62.1 in 1991, a decline of 10 percent since 1991.
- Just yesterday, Secretary of Health and Human Services Donna Shalala announced two new community grant programs to prevent teen pregnancy and promote responsible behavior. One program will be aimed at teenage girls and the other at teenage boys. Both grants grow out of HHS's new Girl Power! Campaign which is aimed at enhancing self-esteem, promoting good health, and preventing unhealthy behaviors among girls 9 to 14 years old. Each of the grant programs will total about \$1 million per year and involve public-private partnerships organized by individual communities.
- The Secretary also discussed a new study, to be released later this month by HHS, that shows the percentage of teenagers who have had sex declined in the 1990s after increasing steadily for more than two decades. The decline is small -- 5 percent -- but is significant because it shows that the long-term increase in teenage sexual activity may finally be over. This data is part of a new study of child bearing and family planning covering all women 15-44.

The Challenge

- As much as we have done and as much progress as we have seen, there is much more work to do.
- Every year in this country, over one million teenagers become pregnant and four in 10 girls become pregnant as least once before turning 20.
- The encouraging recent decline in the U.S. teen birth rate is counterbalanced by a negative trend: today, nearly three-quarters of teen births are to unmarried teens, up from 15 percent 30 years ago. Today, teen mothers make up the largest group (48 percent) of all first births to unmarried women.
- Early parenting limits a young mother's likelihood of completing high school -- less than one-third of teens who begin their families before age 18 ever complete high school -- and increases the likelihood that that young mother will end up in poverty.
- When compared to children of older mothers, children of teen mothers have more health problems, do much worse in school, live in home environments of lower quality, suffer higher rates of abuse and neglect, and are more likely to become teen mothers themselves.

Q&A MAY 2 TEEN PREGNANCY EVENT

Question: Why did you choose to honor these specific programs picked by the National Campaign to Prevent Teen Pregnancy?

Answer: Each of these people has offered tremendous leadership in the fight for teen pregnancy prevention. The honorees' work embodies several key themes that are essential to preventing teen pregnancy: emphasizing values and self-esteem in working with adolescents; forging partnerships with the corporate sector; encouraging adult-child communication; involving youth in the discussion; emphasizing the importance of male involvement in prevention; and involving the media.

Question: What was it that Secretary Shalala announced yesterday in California?

Answer: Just yesterday, Secretary of Health and Human Services Donna Shalala announced two new community grant programs to prevent teen pregnancy and promote responsible behavior. One program will be aimed at teenage girls and the other at teenage boys. Both grants grow out of HHS's new Girl Power! Campaign which is aimed at enhancing self-esteem, promoting good health, and preventing unhealthy behaviors among girls 9 to 14 years old. Each of the grant programs will total about \$1 million per year and involve public-private partnerships organized by individual communities.

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Question: What else is in the new study?

Answer: The study -- the National Survey of Family Growth, conducted by HHS' National Center for Health Statistics -- details information on child bearing and family planning for all women between the ages of 15 and 44. The survey also found that some 76 percent of all of those who began having sex in the 1990s used contraception at first intercourse, up from 64 percent in the late 1980s. The increase in contraception at first intercourse was a result of marked increases in condom use: up from 18 percent in the 1970s to 36 percent in the late 1980s and 54 percent in 1990s. As I mentioned, a copy should be available in about a month.

Question: How much has the teen birth rate fallen over the past several years?

Answer: HHS last October released data showing an 8 percent drop in teen birth rates from 1991 to 1995, and the latest data available though June 1996 indicates that the decline has continued. The birth rate for teenagers as of June 1996 stood at 55.6 births per 1,000 women aged 15-19 years, compared to 62.1 in 1991, a decline of 10 percent since 1991.

Question: Why do you cite teen birth rates but not teen pregnancy rates? Have teen pregnancy rates fallen too?

Answer: Teen pregnancy rates refer to the rate at which teens become *pregnant* while teen birth rates measure the rate at which teens actually *give birth*. Teen pregnancy rates and teen birth rates have *both* fallen over the last few years. Teen pregnancy rates fell slightly from a high of 117 pregnancies per 1,000 women in 1990 to 112 per 1,000 women in 1992 (the most recent year for which data is available). The reason we more often cite teen birth rates rather than teen pregnancy rates is that teen birth rates are more current.

Question: What causes the difference between the teen pregnancy rate and the teen birth rate?

Answer: More than half of teen pregnancies result in birth, one third end in abortion and another 14 percent end in miscarriage.

Question: In other words, are you saying that teen pregnancy increases the incidence of abortion?

Answer: Since 1990, abortion rates among teens have declined because fewer teens are becoming pregnant, and, in recent years, fewer pregnant teens have chosen to have an abortion. Today, one-third of teens end their pregnancies in abortion, and teens account for roughly one-quarter of all abortions performed annually. I believe there is no stronger argument for teen pregnancy prevention and family planning than the need to reduce the number of abortions in this country.

Question: Isn't abstinence alone the best way to prevent abortion? Don't family planning and sex education increase abortion?

Answer: We believe unmarried teenagers should abstain from having sex. We do not believe that a couple should engage in sexual intimacy until they are ready to commit to each other and are prepared to financially and emotionally support a child. However, it is unrealistic, even dangerous, to ignore the fact that some teens will, in fact, have sex outside of marriage and before they are ready for it. It is for that reason, that we *must* simultaneously preach abstinence and teach teen about family planning and sex including the use of birth control. By offering teens family planning and sex education, we are working to prevent abortion.

The conflict you raise is very important because it is a conflict that arises in communities around the country and can be very damaging to a community's efforts to combat teen pregnancy. The conflict over which approach to use can become so intense and destructive to the community that a community decides to do nothing at all. Let me share with you a story about a community that overcame this conflict and ending up dramatically decreasing the number of teen pregnancies and births in their community.

In 1990, the rural community of Tillamook County, Oregon had the highest teen pregnancy rate in the state but fought bitterly over a solution, including the Board of Education voting down several proposals. Finally, the County decided to embrace a new ethic of "unity of purpose, diversity of means," allowing various segments of the community to develop their own intensive initiatives, from creating a church-based abstinence program to improving access to family planning programs. By 1994, the county teen pregnancy rate had dropped by 70 percent, becoming the lowest in the state and today Tillamook County Commissioner Sue Cameron is one of the 12 leaders to be honored by the First Lady.

This story is an illustration of a finding supported in research. Dr. Kristen Moore, a member of the National Campaign to Prevent Teen Pregnancy board, has found that teen pregnancy programs that send mixed messages to teens actually work because the teen will be exposed to all messages and will take what works for her or him, whether it be abstinence, birth control, or self-esteem raising.

Question: Isn't teen pregnancy primarily a problem in African-American neighborhoods?

Answer: No. Teen pregnancy is a problem every, across racial and socio-economic lines. About half of all pregnant teens aged 15-19 are white. However, teen *birth rates* are higher among African-American and Hispanic teens than among white teens.

Question: What are the negative effects on a teen mother and her child?

Answer: Early parenting limits a young mother's likelihood of completing high school -- less than one-third of teens who begin their families before age 18 ever complete high school -- and increases the likelihood that young mother will end up in poverty, as well as causing other hardships. We should be especially concerned about the children of teen parents. When compared to children of older mothers, children of teen mothers have more health problems, do much worse in school, live in home environments of lower quality, suffer higher rates of abuse and neglect, and are more likely to become teen mothers themselves.

Question: What else has the Clinton Administration done to prevent teen pregnancy?

Answer: We have done a lot. Over the past four years, this Administration launched a comprehensive effort to prevent teen pregnancy.

Since 1993, the Administration has supported innovative and promising teen pregnancy prevention strategies tailored to the unique needs of communities. HHS-supported programs already reach about 30 percent or 1,410 communities in the United States.

In his 1995 State of the Union address, President Clinton challenged "parents and leaders across the country ... to join together in a national campaign against teen pregnancy to make a difference." In response to his challenge, The National Campaign to Prevent Teen Pregnancy was formed. The National Campaign is a private nonprofit organization dedicated to preventing teen pregnancy by supporting values and fostering actions that are consistent with a pregnancy-free adolescence. This month marks the National Campaign's first anniversary.

The President has consistently supported efforts to reduce teen pregnancy as part of welfare reform, and the law he signed in August 1996 contains several important provisions:

- Unmarried minor parents are required to stay in school and live at home, or in an adult-supervised setting in order to receive assistance;
- "Second Chance Homes" -- adult supervised residential homes designed to provide teen parents with the skills and supports they need to finish school, become good role models, and providers for their children -- are allowed and encouraged;
- \$50 million a year in new funding for state abstinence education activities is provided starting FY 1998;
- The new law includes tough child support measurements that send the strongest possible message to young boys and girls that they should not have children until they are ready to provide for them.

Question: Last year the President appointed Dr. Henry Foster as his senior advisor on teen pregnancy prevention and youth issues. What has Dr. Foster accomplished to date?

Answer: Dr. Foster is a wonderful man. He took on this unpaid position as advisor to the President on teen pregnancy prevention because he cares so deeply about our nation's young people. Dr. Foster is a key part of the Administration's effort to send a message to teenagers of the importance of postponing child bearing until they are emotionally, physically, and financially prepared for the responsibility. Dr. Foster has spent the last year-plus traveling around the country visiting with teenagers and community-based prevention programs. He is really making a difference in this country on the critical issue of teen pregnancy prevention.

Summary

Whatever Happened to Childhood?

Published by the National Campaign to Prevent Teen Pregnancy

On May 2nd, the National Campaign To Prevent Teen Pregnancy will release its report, "Whatever Happened to Childhood?"

The report aptly illustrates teen pregnancy as a social crisis that continues to break down family, community and common culture. The message the report sends is twofold: 1) although we are making some progress, there is much more work to do and we must not let our attention stray from this critical national issue and, 2) despite consistent community-based efforts, the evidence has not born out a simple solution to the problem so we must continue to be creative, innovative and persistent in our efforts.

Of the many community experiments around the country, the report states, most have exhibited mixed outcomes, and no one program stands out as having produced clear, replicable results. Community approaches include sex education aimed at delaying sexual activity and reducing the number of sexual partners and using birth control; abstinence only programs; support for community-based family planning services; comprehensive approaches stresses components from each approach and; programs dedicated to nurturing and guiding young people.

In addition to these conclusions, the report also presents some interesting observations that may have future policy implications.

First, the vast majority (85 percent) of pregnancies among teens are not fully planned or unintended. Rather they result from teens' ambivalence about pregnancy, accidents, their confusion about preventing pregnancy, and sometimes their failure to make any clear decision about sexual activity.

Second, many communities do not address the problem at all because the conflict over which approach to use can become so intense that a community decides to do nothing at all. Therefore, the report states, a new and emerging approach to teen pregnancy prevention is community conflict resolution. The report lays out an excellent example of this approach at work. In 1990, the rural community of Tillamook County, Oregon had the highest teen pregnancy rate in the state but fought bitterly over a solution (the Board of Education even voted down several proposals.) Finally, the County decided to embrace a new ethic of "unity of purpose, diversity of means," allowing various segments of the community to develop their own intensive initiatives, from creating a church-based abstinence program to improving access to family planning programs. By 1994, the county teen pregnancy rate had dropped by 70 percent, becoming the lowest in the state. *This story is an illustration of a finding supported in research. Dr. Kristen Moore, a member of the National Campaign to Prevent Teen Pregnancy board, has found that pregnancy programs that send mixed messages to teens actually work because the teen will be exposed to all messages and will take what works for her or him, whether it be abstinence, birth control, or self-esteem raising.*

Third, although the teen birth rate has decreased in the past few years, the number of births to teens increased in 1993 and 1994, reflecting an overall increase in the U.S. teen population. Because the number of teens is expected to increase further, so will the number of pregnancies and births, perhaps increasing by 26 percent by the year 2010 unless rates are reduced.

The report tells its story using mostly previously released data that remain relevant. Following are facts from the report worth reviewing.

- Every year in this country, over 1 million teenagers become pregnant and four in 10 girls become pregnant at least once before turning 20.
- The pregnancy rate increased among all girls age 15-19 by 23 percent between 1972 and 1990 from 95 to 117 pregnancies per 1,000 women, and then declined to 112 per 1,000 women in 1992 (the year for which the most recent data is available). At the same time, the pregnancy rate among sexually experienced girls decreased 19 percent, largely due to increased use of contraception.
- By 1991, the teen birth rate had reached 62 births per 1,000 women aged 15-19, its highest point in the past two decades. Since then, that rate has fallen slowly to 57 births per 1,000 women in 1995.
- The encouraging recent decline in the U.S. teen birth rate is counterbalanced by a negative trend: today, nearly three-quarters of teen births are to unmarried teens, while as recently as 1960, only 15 percent were. Today, teen mothers make up the largest group (48 percent) of all first births to unmarried women.
- Birth rates are higher among African-American and Hispanic teens than among white teens
- While most pregnant teens are 18 or 19 years old, about 40 percent are 17 or younger and about half of all pregnant teens ages 15-19 are white.
- Many of the fathers of children born to teen mothers are older -- nearly 40 percent of those young men who impregnate a minor teen (under 18) are 20 years old or older.
- More than half of the teen pregnancies result in a birth (1/3 end in abortion and 14 percent in miscarriage) and of those who give birth most keep their child rather than put it up for adoption.
- Early parenting limits a young mother's likelihood of completing high school -- less than one-third of teens who begin their families before age 18 ever complete high school.
- When compared to children of older mothers, children of teen mothers have more health problems, do much worse in school, live in home environments of lower quality, suffer higher rates of abuse and neglect, and are more likely to become teen mothers themselves.

Reed
file
The Joseph P. Kennedy, Jr. Foundation

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JUN 13 1994

file
Teens

June 10, 1994

Carol H. Rasco
Assistant to the President for Domestic Policy
The White House
Washington, D.C. 20500

Dear Ms. Rasco:

Thank you for taking the time to speak with me this morning about welfare reform and teenage pregnancy. It is encouraging to see teenage pregnancy and welfare reform linked together. The chances for a teen mother who drops out of school to successfully raise a child and lead a productive and independent life are slim. Our best chance is to prevent that teenager from becoming pregnant in the first place.

We had the chance to attend a recent presentation where evaluations of three large programs focused on mothers on AFDC were presented. The Manpower Demonstration Research Corporation evaluated the "New Chance" program, Mathematica Policy Research, Inc. evaluated the Teenage Parent programs funded by HHS, and Abt Associates evaluated the Comprehensive Child Development Program and compared it to Even Start.

All of these programs work very hard to help people on AFDC, especially young mothers, to become self-sufficient. All the evaluation results show that, at best, it is an uphill struggle to get a young woman with a child, who has dropped out of school, to become economically independent, even after two or three years of intensive and expensive financial support and social services, education and training assistance. The situation cries out for a concerted effort to stop teenagers from getting pregnant in the first place, and to keep them in school so they graduate. I know that this is easier said than done, but I think the President in his remarks and his plan could focus upon a few things:

1) Comprehensive school based values education programs, of which our Community of Caring is one, are effective in preventing teen pregnancy. Teen pregnancy is highly correlated to welfare dependency;

2) Teaching young people responsibility and values leads to their assumption of positive behavior (see attached from Armstrong High School - an inner-city school where most of the students live in public housing with a single parent heading the household). They have improved on every variable which leads to independence as an adult;

3) To be successful, Health and Social Welfare agencies, Churches, schools and community organizations and their leaders must all come together to instill a sense of belonging to young people who are disenfranchised;

4) Research shows that it is cheaper to prevent a teen pregnancy by the Community of Caring model, than it is to support a teen mother on welfare, by a factor of at least 10 to 1. According to "Childtrends", over 50% of the payments for Aid to Families with Dependent Children (AFDC/WELFARE) go to women who were 19 or younger when they first got these payments. This is where the financial benefit is for pregnancy prevention;

5) When the community is actively involved in working with schools, other benefits, such as support for schools, recognizing the value of young people, etc. are crucial side benefits.

The Community of Caring could well disarm critics of condom distribution

- o Provides opportunity for discussions detailing responsible behavior
- o Emphasizes goal setting on part of teenagers which reduces the risks of destructive behavior

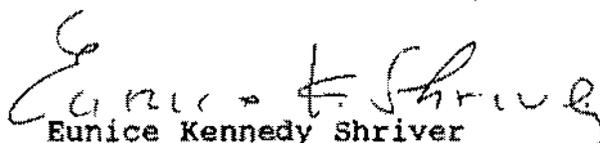
I would hope that the final plan the President presents would:

1) Include school-based programs which stress teaching responsibility and preventing teen pregnancy as part of any welfare reform legislation;

2) Create a grant program which requires department of education and HHS to work together with local schools, public welfare and community service programs. Target grant to the 500 places in the U.S. where welfare dependence is the highest.

I hope that the President can continue to talk about this approach in meetings and statements.

Sincerely,


Eunice Kennedy Shriver

**Evaluation of the Community of Caring School Program, conducted
by the Center for Health Policy Studies, 1991:**

1. Community of Caring schools report reduced pregnancies. One Community of Caring school reported reduced pregnancies from 14 to 2 over a two-year period.
2. Community of Caring students show greater gains in knowledge about the adverse consequences and risks of early sexual activity. On average, one Community of Caring school showed a 6% higher rate of knowledge than the control school.
3. Community of Caring "high risk" students were significantly more likely to plan postponing sex until after high school. One Community of Caring school showed a change from 0% to 24%.
4. Community of Caring "high risk" students were more likely to choose refraining from having sexual intercourse as the best method to avoid getting pregnant. For example, the percentage of students who said they would refrain rose 24% (to a total of 92% of the students surveyed) in one Community of Caring school and was up 15% in another Community of Caring school.
5. In two out of three school systems, Community of Caring students reported stronger values in terms of: helping others, attention to personal health, stronger relationships within the family and lasting peer relationships. In one Community of Caring school, 42% more students reported stronger values than the control school.

CONFERENCE BOARD
BEST IN CLASS AWARD
BY
JAMES RIVER CORPORATION

In 1987 James River Corporation adopted Armstrong High School, an inner-city school with all of the problems faced by urban schools, i.e. drugs, violence, dropouts, teen pregnancy, etc. The school specifically asked for James River's help in finding a solution to the teen pregnancy problem. James River Corporation hired a consultant to identify a tested and proven program of school-based values education aimed at preventing adolescent pregnancy and self-destructive behaviors. An interdisciplinary curriculum, The Community of Caring, developed by the Joseph P. Kennedy, Jr. Foundation, was selected and has been successfully implemented at the school. The program also receives direction from an advisory committee consisting of parents, student leaders, faculty, staff, business, community, and educational specialists. Initial teacher training and annual continuing education opportunities for staff development as well as a part-time consultant and lead teacher stipends have been underwritten by the corporation to assure quality and continuity of the program.

The recommended activities are directed toward building self-esteem, self-respect, respect of others and their property, the ability to assume responsibility for one's choices, and the strength of character to say "NO." One of the most outstanding activities is a TEEN FORUM. The students develop and lead the entire program addressing sensitive and significant issues with their peers. In May, 1992, the first class that has been in the program from grades 9 through 12 was graduated. The results have been phenomenal (see stats attached). Much of the success is due to the administration and their leadership in demonstrating "Caring." In addition to the Teen Forum, the company has supported the administration through "caring" programs such as internships, mentors, science fairs, workshops, college tours, legislative tours, career days, scholarships, and incentive awards. Employees are actively involved in classroom and extra-curricular activities such as working with the newspaper staff, tutoring accounting students, etc.

The statistics speak for themselves in the decline of teen pregnancy and the increase in student and teacher attendance, etc. The America 2000 goal of a 90% graduation rate has already been reached. There is an atmosphere of excitement, pride, and caring in the school upon which many fine programs have been built. Because the program has been so successful at Armstrong, it has been selected for implementation throughout Richmond Public Schools. Today James River is working to move the program into two other high schools, one middle school and two elementary schools in the inner city. Additionally, the program has been implemented in several cities across the Commonwealth.

Today the partnership is flourishing. New and innovative activities are being jointly piloted in areas such as SAT preparation and School-to-Work Transition. The corporation announced their STAR (Students: Tomorrow's American Resource) program designed to spread the success of this program by encouraging their 127 local plants and facilities to get involved in education in their communities. The business/school partnership has received the Richmond First Award and the Virginia Governor's Award for Outstanding Business/Education Partnership for 1993.

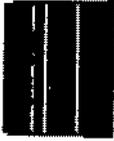
Armstrong High School's Community of Caring:

A Success Story at a Glance

Pregnancies among 9th graders	12 in 1987-88 1 in 1991-92
Pregnancies among all students	36 in 1987-88 19 in 1991-92
Increases in test scores (percentiles) for same students in 9th grade in 1989, 10th grade in 1990, 11th grade in 1991:	
Mathematics	33rd in 1989, 37th in 1990, 39th in 1991
Reading comprehension	30th in 1989, 38th in 1990, 39th in 1991
Science	58th in 1989, 60th in 1990, 61st in 1991
Social studies	32nd in 1989, 34th in 1990, 42nd in 1991
Written expression	48th in 1989, 56th in 1990, 59th in 1991
Students promoted to next grade:	77.7 percent in 1987-88 83.9 percent in 1991-92 Goal of 87.0 percent in 1992-93 Goal of 90.0 percent in 1993-94
Students going on to 2-year and 4-year colleges:	47.2 percent of Class of 1989 48.3 percent of Class of 1990 56.1 percent of Class of 1991 59.3 percent of Class of 1992
Drop-out rate:	14.9 percent in 1988-89 10.3 percent in 1991-92
Students caught with drugs, alcohol or weapon at school:	0 from 1988 to present
Student attendance:	83.6 percent in 1987-88 85.9 percent in 1991-92
Teacher attendance:	5 teachers with perfect attendance in 1987-88 24 teachers with perfect attendance in 1991-92
Prominent graduates:	Governor L. Douglas Wilder Richmond Mayor Walter Kenney Richmond School Supt. Lucille Brown Max Robinson, first black anchor for network TV U.S. Circuit Judge Spottswood Robinson, III Admiral S. L. Gravelly, Jr.
School Address:	1611 N. 31st Street, Richmond, VA 23223
School Principal:	George W. Bowser

THE WHITE HOUSE
WASHINGTON

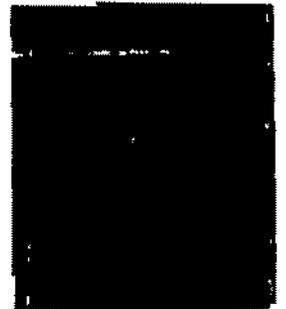
DATE: June 11, 1994



TO: George S., Bruce Reed

FROM: JOHN D. PODESTA
Assistant to the President and
Staff Secretary

The attached has been forwarded
to the President.





JIM 7 1997

MEMORANDUM FOR THE PRESIDENT

Purpose: The Alan Guttmacher Institute (AGI) will be releasing "Sex and America's Teenagers" today. The report raises a number of important findings about America's teenagers and is likely to receive press attention. It may also focus attention on your health and welfare reform proposals.

AGI is a major and well regarded research, policy analysis, and public education organization. Its efforts focus on reproductive health, including issues such as sex education, contraceptives, abortion, maternal and child health, and the use and availability of family planning services. In a field where there is often a lack of good data, AGI is viewed as using the best available data. Prior to the Reagan Administration, AGI did a substantial amount of work for the DHHS. The Department has recently awarded a \$2 million research grant to them.

This memorandum provides a brief summary of the AGI report and highlights the actions taken by your Administration to address many of the concerns raised in the report.

Steps to Unwed Teenage Parenthood

One helpful aspect of the AGI report is that it desegregates the various steps which lead a teenager to becoming an unwed parent and examines each. To become a parent, a teen must first have sex outside of marriage, must fail to effectively use contraception, must become pregnant, and must carry the pregnancy to birth while remaining unmarried. All of these behaviors have changed over time. The evidence provided in the AGI report suggests that to have an impact on teenage childbearing, it is imperative to intervene at each of the steps contributing to teenage parenthood outside of marriage.

Early Premarital Sex--It is widely recognized that early sexual activity has increased dramatically in recent years. While less than 30 percent of women began having sex before their 18th birthday in the mid 1950s, today almost 60 percent have. Nearly 3/4s of men have sex before the age of 18. Perhaps less well understood is that part of the pattern reflects a rather dramatic decline in the age of puberty (menarche) along with an equally dramatic rise in the age of marriage. Girls come of age 2 years earlier and marry 2 years later than they did a century ago. Thus the interval between puberty and marriage--the potential period for premarital sex--has widened by more than 4 years.

The report also highlights that we should not think that early sexual activity always involves young men and women of similar ages in consensual activity. The AGI report notes that almost half of women under 15 who have had sex did so involuntarily--"rape or forced to have sex against her will". The male partner is often considerably older. Some 20 percent of teen mothers who gave birth became pregnant by a man at least 6 years older, and 30 percent of mothers aged 15 reported the father was 21 or over. It may be difficult for teenage girls to insist on using contraception in situations like this--especially condoms, which require the cooperation of the male partner.

Use of Contraception--The good news in the report is the finding that contraceptive use is rising among sexually active teens. While less than half of all teens used contraception at the time of first intercourse in 1982, by 1988, nearly 2/3s reported such use. Nearly all of the increase can be traced to a dramatic rise in condom use. Condom use also has the benefit of significantly reducing the risk of acquiring a sexually transmitted disease (STD), though condoms are not one hundred percent reliable in preventing pregnancy. Indeed, some groups are now promoting the "double dutch" method of contraception, where both parties take steps, thus greatly reducing the risk of pregnancy and also reducing the dangers of STDs.

Teen Pregnancy--Unfortunately, though press reports have not emphasized this fact, the incidence of early sexual activity has increased faster than the use of contraception. Thus, while a smaller fraction of sexually experienced teens get pregnant, so many more women are having sex that teen pregnancies overall are up.

A Pregnancy Leading to an Unwed Birth--Many teen pregnancies do not lead to unwed births. Some women choose to marry before the birth of the child. This was relatively common in the 50s and 60s, but it is rare today. Adoption also is selected by a very small group of women today. Another group loses their child due to spontaneous abortion or premature birth. Finally some women have medically performed abortions. Abortions rose dramatically with the legalization of abortion, but since 1980, they have declined steadily. There is too little evidence to determine whether the decline in abortions was due to changing availability or altered attitudes regarding abortion and childbearing.

These trends together: more sexual activity, better contraception, changed patterns of pregnancies to birth, and declining marriage, adoption and abortion, have collectively led to the dramatic increase in unwed births to teens which plagues the country.

Who is At Risk

The risk of teen pregnancy is not shared equally. One of the most powerful charts in the AGI report is one which shows the proportion of women at each stage who are low income (below twice the poverty line) in 1994. Some 38 percent of all teenagers are in this disadvantaged group, yet 85 percent of all teens who become pregnant outside of

marriage come from such low income backgrounds. Why? Because at every stage along the way low income women are at greater risk: they are somewhat more likely to be sexually active, much less likely to effectively use contraception, and more likely to have a pregnancy lead to a birth.

The report also indicates that there are very heavy costs to those who become teenage parents.

Policy Directions

The AGI report calls for:

- sex education, including lessons on interpersonal skills to withstand the pressure to engage in sexual activity and accurate information about preventing pregnancy and STDs;
- clear messages to teenagers about the importance of making conscious decisions about whether or not to have intercourse; and
- easy access to contraceptive services, STD screening and treatment, and abortion to women of all income levels.

AGI calls for teenagers to be assured that access to confidential services, including abortion, be maintained and expanded, regardless of any changes to the health care system. On the issue of welfare reform, AGI asserts that denying eligibility to unmarried teenage mothers might cut the welfare rolls, but would not address poverty.

Issues and Administration Responses:

The AGI report underscores the need to pursue vigorously multiple initiatives for preventing adolescent pregnancy. Our approach encompasses a broad range of adolescent health and education services. As the Surgeon General and I have repeatedly emphasized, abstinence is, and will continue to be, an important component of our comprehensive strategy.

The proposals of this administration on health care and welfare reform are significant steps towards addressing many of the concerns raised by the AGI report.

Health Policy

The Health Security Act includes a comprehensive benefit package that would provide all teenagers access to preventive services including regular clinician visits and services for pregnant women with no cost sharing; and family planning services including prescription contraceptives. The Act also authorizes two new programs for school health

education including motivating teens to avoid teen pregnancy and stay in school, and school health services targeted especially to those areas with high levels of poverty and high rates of health risk among children and youth.

In addition, your Administration has ended the restriction on discussing all pregnancy outcome options in the Title X Family Planning Program and has recommended an \$18 million increase in FY 1995 for family planning services.

Welfare Policy

The welfare reform proposal focuses on sending two clear messages to young people: you should not have children until you are able to nurture and provide for them, and if you do have a child, there will be clear responsibilities for both mothers and fathers.

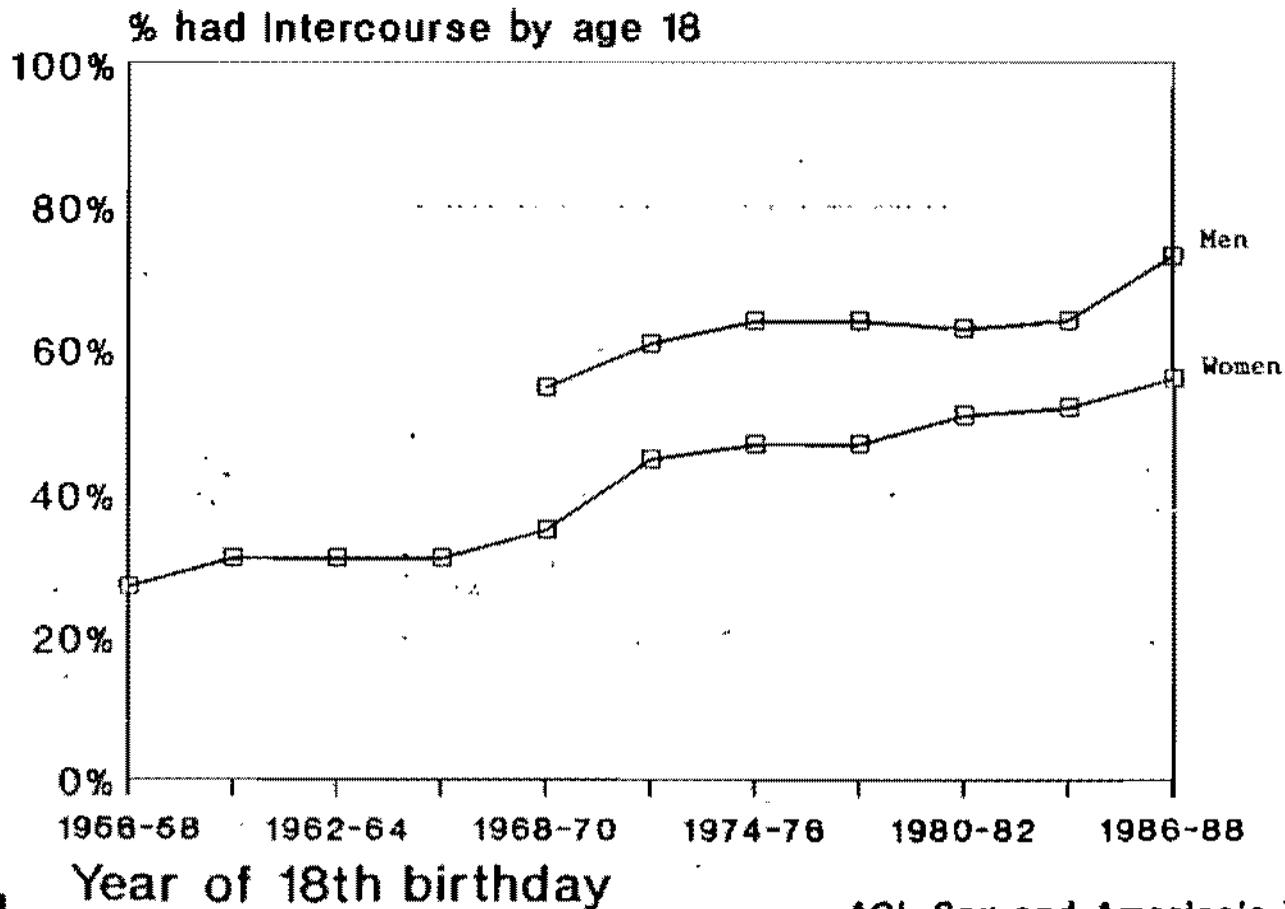
Specific proposals include a national campaign against teenage pregnancy. This will include teenage pregnancy prevention grants for areas with high poverty or high teenage birth rates and comprehensive service demonstration grants for various prevention approaches. It will require young people who have children to live with their parents or another responsible adult. It allows states to deny additional benefits to parents who conceive additional children while on welfare. It requires intensive case management for teens on AFDC and helps them access services such as parenting classes and child care. It seeks to ensure that paternity is established in every case, and that fathers meet their responsibilities along with mothers. It also encourages states to set up mandatory training and work programs for fathers as well as mothers.

In short welfare reform is heavily focused on sending a clear message of work and responsibility to young people while seeking to help young parents escape welfare and long term dependence.

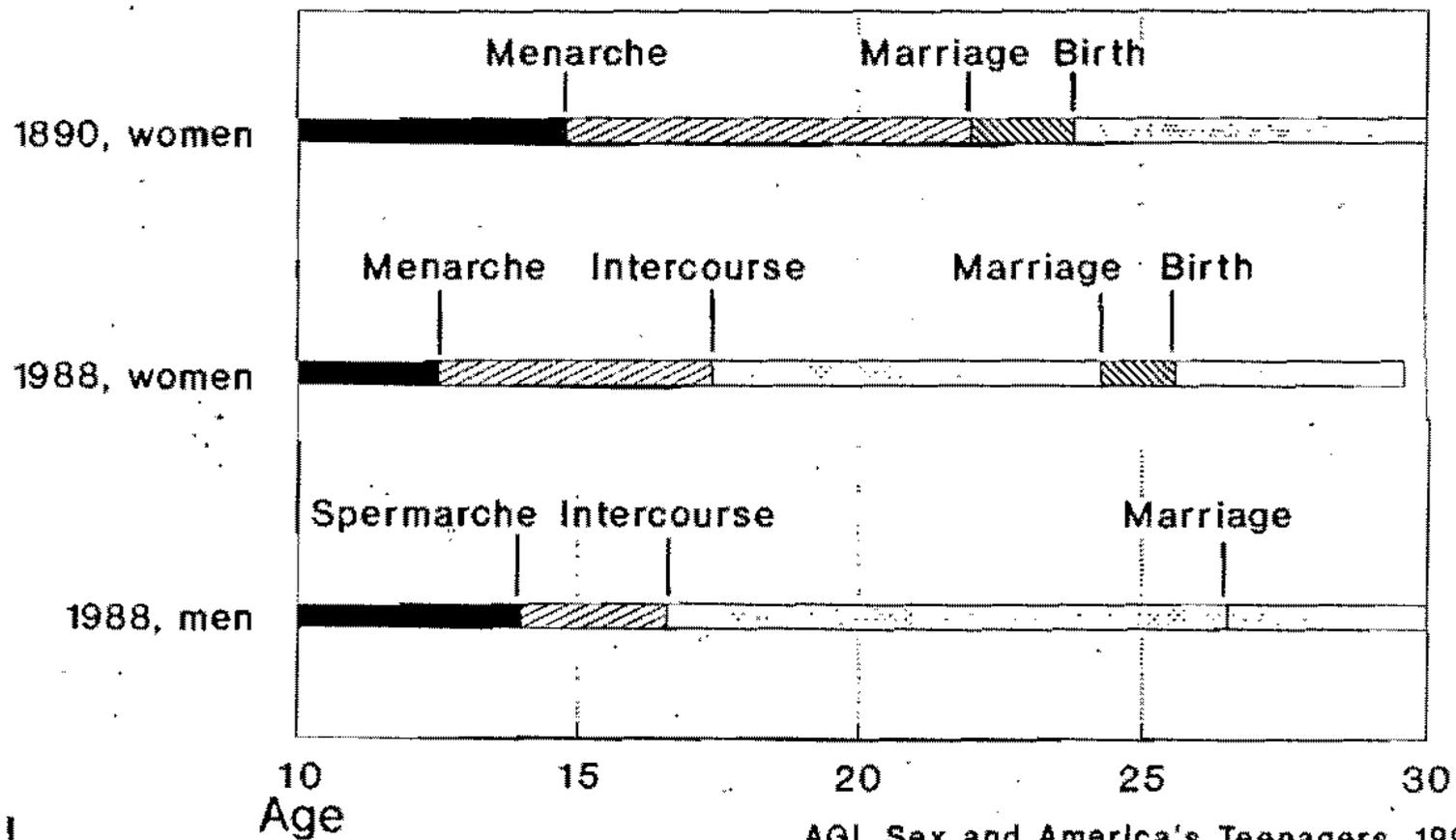


Donna E. Shalala

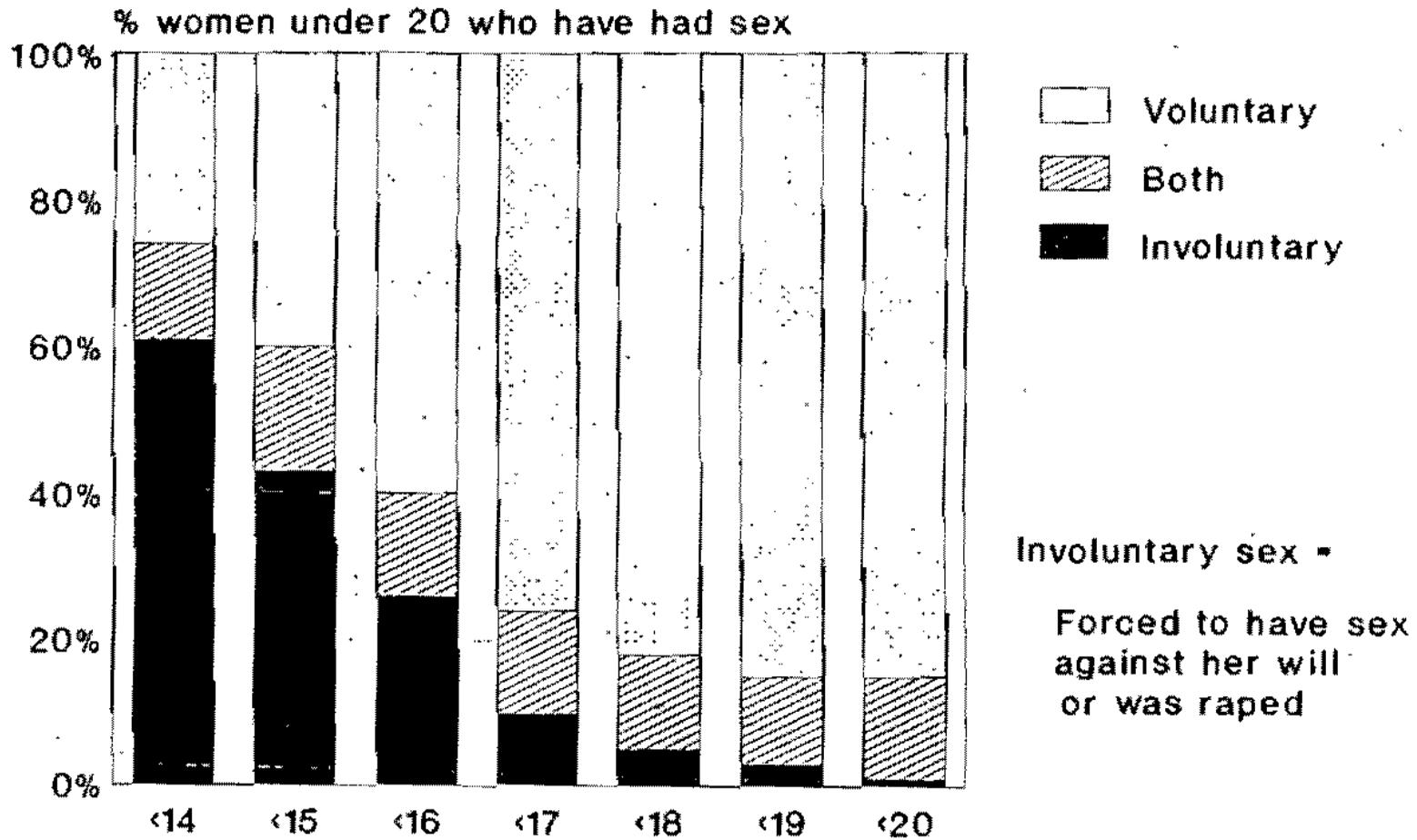
More women and men now begin sex as teenagers. Today 56% of women and 73% of men have sex before age 18



Interval from puberty to marriage rose for women from 7.2 to 11.8 years over last century; it is 12.5 years for men



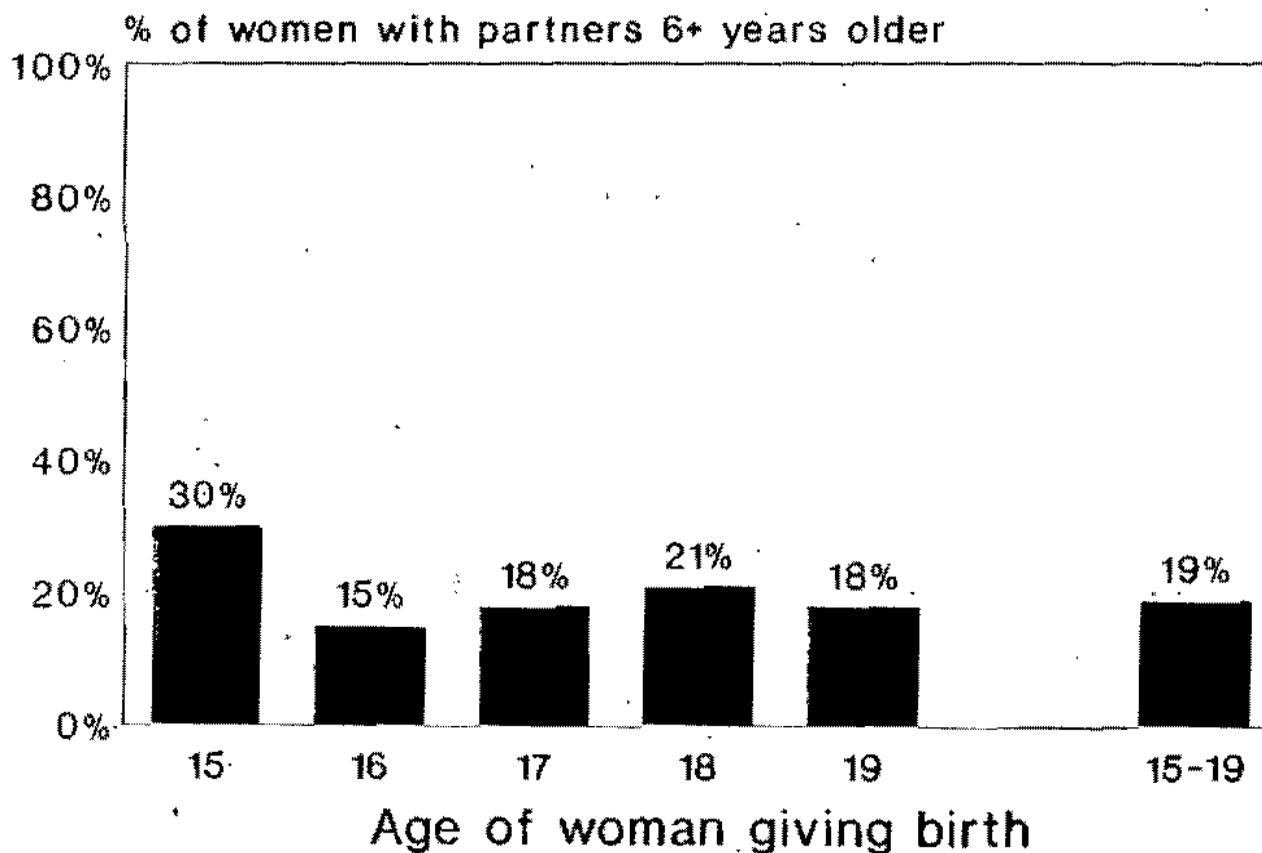
The younger a sexually experienced teen, the more likely sex was involuntary



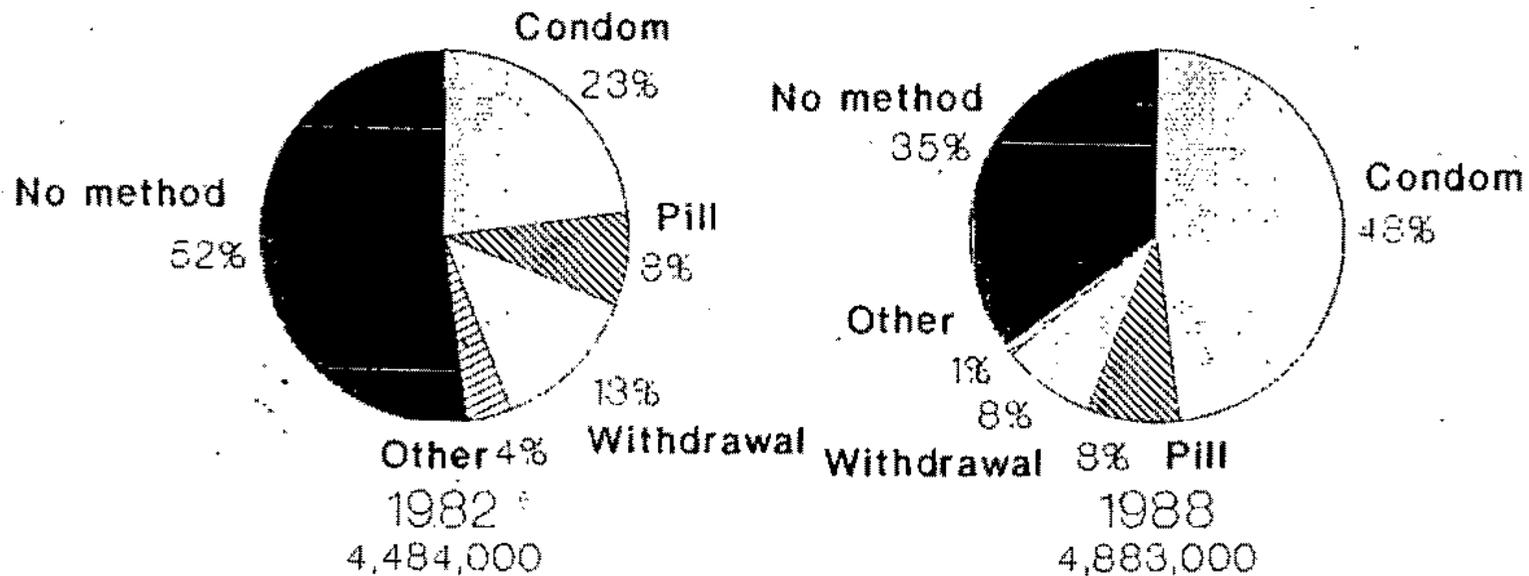
AGI

AGI, Sex and America's Teenagers, 1994

For many young women becoming mothers, the baby's father is considerably older - by six years or more

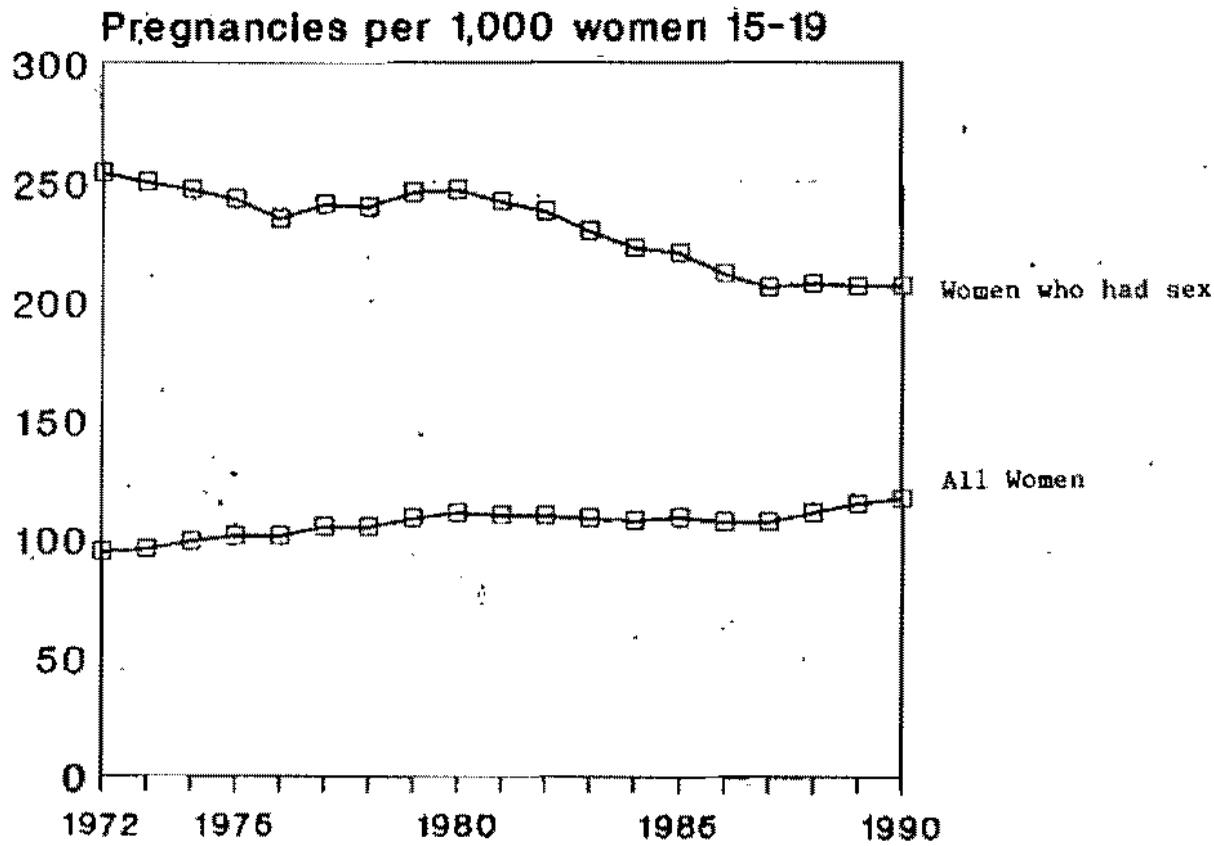


Contraceptive use at first sex rose from 1982 to 1988; condom use doubled.

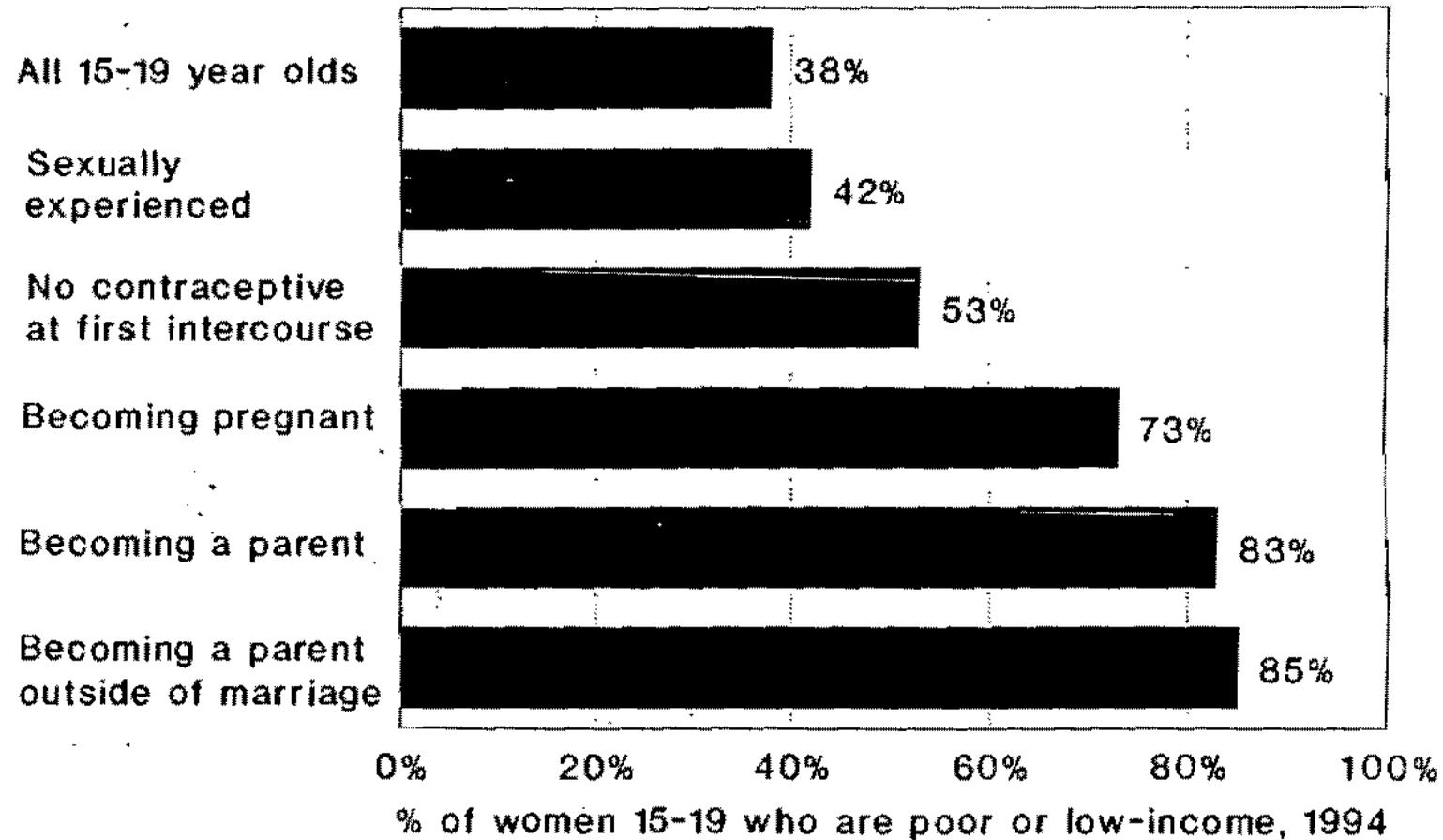


Sexually experienced women 15-19 at interview

Fewer sexually experienced teen women now get pregnant, but since more teens have had sex, total pregnancies are up



At each successive stage, teenagers are more likely to be already disadvantaged



Teen Pregnancy \$

JANUARY 16, 1994

P-1

Sex Educators for Young See New Virtue in Chastity

By JANE GROSS

Special to The New York Times

SAN DIEGO, Jan. 14 — Lori Brown, 14 years old, is practicing how to say no to sex, learning strategies to save her virginity.

Her instructor is Dajahn Blevins, a health educator from the Urban League here, who plays the role of the girl's would-be seducer and tests her with the crude patois of the street and the sweet promises of a fairy tale.

Mr. Blevins tells Lori that she is the only girl at Roosevelt Junior High School who is not "hooking up." He says it's time to "take your panties off" or be dumped for someone who will.

She looks him straight in the eye and says, "No," just as she

was taught, without excuse or explanation.

Still, he badgers her, saying she must be stuck up or scared. Then he whispers that he wants her so badly he will do anything: beg, crawl, buy her expensive gifts.

But Lori is steadfast. "Stop pressuring me," she says. "I'm not into that now. I'm into education."

Learning to Resist

Lori is one of a growing number of teen-agers around the country, 180,000 of them here in California, who are learning the rewards of postponing sex. In classrooms, community centers and church basements, these young people, often in the impressionable junior high school years, are being encouraged to resist the messages of rap lyrics and the bullying of their peers and to prepare for success rather than settle for pregnancy and poverty.

These programs, which emphasize abstinence rather than contraception, were scoffed at until recently by most family planning experts, who assumed teen-agers were going to have sex whether adults liked it or not so the grown-ups should stop preaching and pass out condoms. In fact, the model for the California program, devised at Grady Memorial Hospital in Atlanta, showed impressive results nearly a decade ago, but drew hardly a ripple of inter-

est from elsewhere in the nation until recently.

But chastity seems to be making a comeback.

"The pendulum is finally swinging," said Jacqueline Jackson, the director of education at the San Diego Urban League, one of 28 community organizations teaching the California abstinence curriculum. "It's been on the other side for so long and led to the destruction of so many young people."

California's three-year, \$5 million initiative, now in its second year, is one of several examples, both secular and religious, of this trend, which experts say is inspired in large measure by AIDS and the epidemic of teen-age pregnancy.

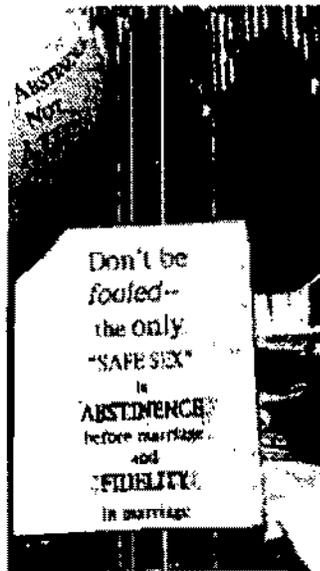
In Maryland, for instance, it is virtually impossible to drive the highways or ride the buses without seeing posters that say "Abstinence Makes the Heart Grow Fonder" or billboards trumpeting that virginity is "Not a Dirty Word." State officials say that the messages, part of a \$5 million advertising campaign, are responsible for reducing teen-age pregnancy by more than 10 percent in two years.

Religious groups as well, spearheaded by the Southern Baptist Convention, say they are reaching huge new audiences, though with a different approach, with entreaties about reserving sex for marriage. The Baptist campaign, called "True Love Waits," will culminate with a rally in Washington next summer, when hundreds of thousands of teen-agers of many denominations are expected to pledge their purity and listen to Christian rap artists, like DC Talk, whose lyrics urge young people to "wait for the mate that's straight from God" while better-known rappers populate their songs with "bitches" and "whores."

Proud Purity

At the same time, characters who are virgins and proud of it are showing up on popular television shows like "Beverly Hills 90210" and "L.A. Law." And a group of professional athletes, led by A. C. Green of the Phoenix Suns, are boasting of their virginity and touring high schools with an abstinence video.

Some young people are joining virgin clubs, like the Abstinence Girls at Southern High School in Baltimore, to meet like-minded friends. And even college students are pushing chastity, among them the members of a Christian group on the California State University campus at Fullerton who distribute literature on abstinence at lunchtime and criticize "promiscuous life styles."



Martessa Roth for The New York Times

MORE...

Sex Educators Now Urging Chastity

CONTINUED...

The new interest in chastity is "part of a broader cultural shift," said David Blankenhorn, president of the Institute for American Values, a New York City research group that studies families and children. "There is now a widespread, gnawing fear about the environment our children live in regarding sexual behavior."

Judith Pratt, who coordinates the California program in the Office of Family Planning, agreed. "I don't see this as a particular interest in chastity," she said. "It's more a general concern about our poor kids and the rough world they live in."

Mr. Blankenhorn and other experts said Americans of all political persuasions seem to have arrived at the conclusion that the nation has lost its way in values, a position first staked out by former Vice President Dan Quayle and derided by many of his opponents during his re-election campaign in 1992.

But a conversation about values seems easier with a Democrat in the White House. Mr. Blankenhorn and others said. "For liberals and moderates it's now O.K. to say some of these things," he said. "If they'd have done that under Bush and Quayle, they'd have been aiding and abetting" a political ideology they opposed.

William Kristol, Mr. Quayle's chief of staff who is now the director of the Project for a Republican Future in Washington, finds the newfound enthusiasm for chastity predictable.

"All cultural movements look hopeless to start with and build momentum," Mr. Kristol said. "And it may be inevitable that you need a Democratic Administration to legitimize the discussion of values. It's too easy to shoot the messenger when the messenger is Dan Quayle."

Practical Consequences

For those who provide care and counsel to America's teen-agers, the issue is not values but the sharply increased levels of sexual activity among young people and the attendant rise in AIDS and teen-age pregnancy. Each year, more than one million teen-agers, 1 in 9 of girls ages 15 to 19, become pregnant.

According to experts who evaluate programs intended to curb sexual activity by adolescents, the most effective efforts are those that combine sex education and the distribution of condoms with lessons in how to resist social and peer pressure.

One of the earliest and most successful of those was begun by Marion Howard, a professor of gynecology at Emory University in Atlanta who is director of a clinic for teen-agers at Grady Memorial Hospital. In the mid-1970's, Dr. Howard and her colleagues began teaching junior high school stu-

dents in the Atlanta public schools about birth control, pregnancy and sexually transmitted diseases, without having an effect on their level of sexual activity or use of contraception.

So in 1985 Dr. Howard added a segment to the existing curriculum that involved training in assertiveness, role playing and other techniques to give young people the skills to resist early intercourse. At the time, and for many years afterward, this approach was the butt of jokes in the family planning field, said Marie E. Mitchell, the program supervisor. "Nobody wanted to hear about it," she said.

But the two-part course, now taught to 4,000 eighth graders in Atlanta each year, was evaluated and found to postpone sexual involvement in those youngsters who had not already had intercourse. And those who subsequently had sex reported less frequent sexual activity and higher condom use than teen-agers who had not taken the classes.

A similar approach is being used in some middle schools in Baltimore, although the main focus in Maryland is an advertising campaign devised by the Baltimore agency of Richardson, Myers & Donofrio. The effort includes billboards and posters, which Maryland has sold to other states, including Arkansas, Illinois and New Jersey.

There is no comparable campaign in New York, and the school systems have largely adopted a standard sex education approach, with some heated disputes about the appropriate way to distribute condoms.

The Maryland campaign includes 13 television commercials, many of them stark and affecting. In one, the only sound at first is the piercing wail of an infant. Then comes the voice of a narrator: "If you get pregnant, this is what the rest of your teen-age years are going to sound like. You can go farther if you don't go all the way."

No Preaching

The California initiative combines the curriculum from Atlanta, a sophisticated advertising campaign and eventually an evaluation by independent researchers at the University of California at Berkeley.

"I don't think this is a panacea," said Gayle Wilson, the wife of Gov. Pete Wilson. "But if we can just get them to postpone until they're 16, we'll have accomplished something. And we're teaching them their rights in a social relationship. How many of us know that instinctively?"

In San Diego, 3,600 teen-agers a year are enrolled in the program, which is taught by Mr. Blevins, his partner, Pam Riley, and three older teen-agers, all of them wise to the ways of the street and fluent in the language of Snoopy Doggy and Ice Cube.

There is no preaching here, no explicit references to chastity, but rather some practical reasons for abstaining: Because one can get herpes, genital warts or crabs while using a condom. Because once a girl has sex, she is likely to be labeled the neighborhood "hoopie." Because a boy cannot support a baby on lunch money. Because there are better ways to be a real man or a real woman.

"We don't tell kids never to have sex," said Mr. Blevins, who helped found the first black theater company here. "We tell them the opportunity to get an education can pass you by but the opportunity to have sex ain't going nowhere. We tell them we need them to be contributors, not menacers to society. We tell them if they don't make something of themselves they're selling out on our struggle. And kids hate being sellouts."

The teen-agers seem grateful. Royal Honor, a 16-year-old peer counselor, said he mended his wild ways after considering the pain he had caused girls. "You see them crying, confused," he said. "They say they love you but you don't love them. Some sex is scary, some sex is sad and some sex is loving. But kids only see the sad and scary parts."

Lenisha Bradley, another 16-year-old counselor, said she never had a hard time shunning sex because she was brought up in the church. "I don't go by what other people say," she said. "But the kids that make fun of virgins are probably not doing it anyway, and if they are, they're messing up their lives."

Sherise Payne, a 15-year-old at Roosevelt Junior High here, said the role-playing with Mr. Blevins helped her defend her virginity. "It's easier to say no than you think it is," she said. "once you know how to put a guilt trip on someone."

File:
Teen
Pregnancy

A Proposal for Adolescent Health
June 22, 1993

Background

The President's budget requests continued level funding (\$7.8 million) for the Adolescent Family Life Program (the so-called "Chastity Program") in FY 1994. However, in the absence of an Administration proposal to revise the program or Congressional action to reauthorize it, it is very likely that no funding will be included in the appropriation packages.

The House Appropriations Committee is scheduled to vote on the FY 1994 Labor/HHS Appropriations bill next week and the Senate Committee is also primed to begin action on HHS appropriations legislation.

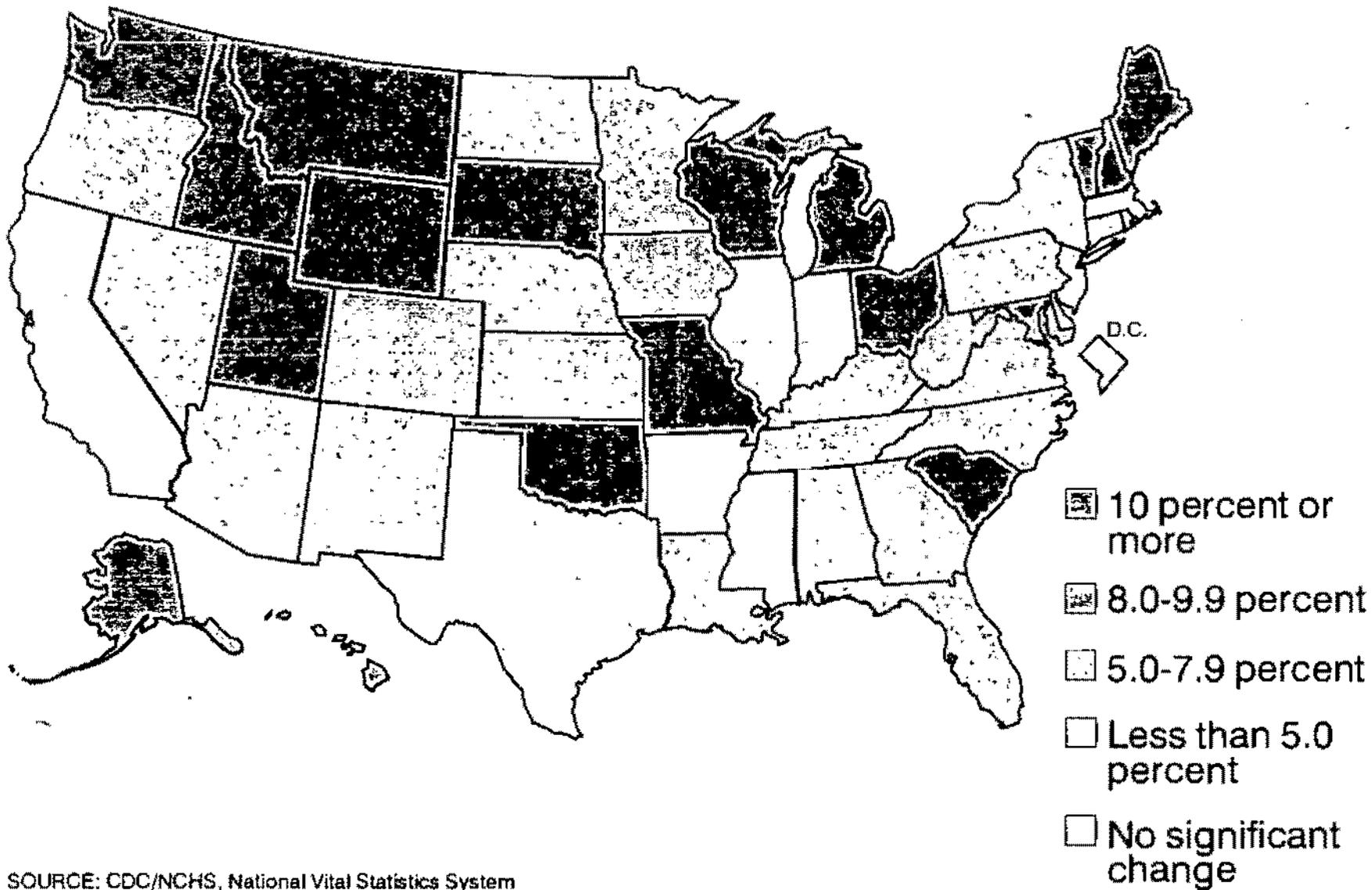
Proposal

We propose retaining the FY 1994 Adolescent Family Life Program and using the current \$7.8 million as a vehicle for implementing part of a broader PHS adolescent health initiative. Essentially, the AFL authority would be revised to implement an adolescent health policy coordination function at the Office of the Assistant Secretary of Health (DASH) level through an Office of Adolescent Health authorized in the Preventive Health Amendments of 1992.

In order to implement this proposal, HHS needs to take immediate steps to secure a FY 1994 continued appropriation with a broader adolescent health focus.

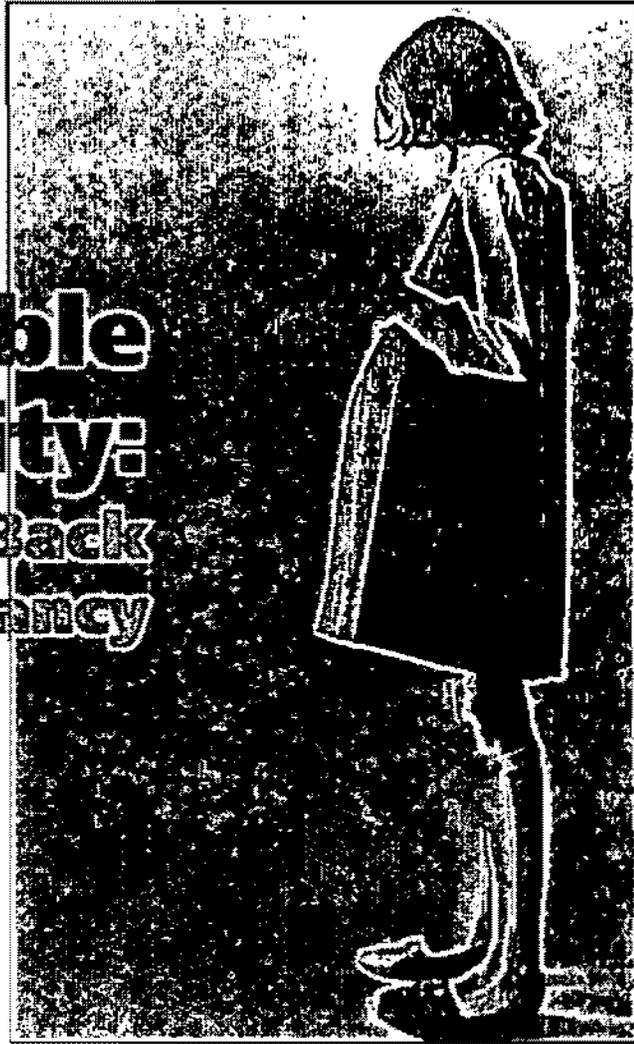
The alternative is to leave the existing Family Life authority as is for FY 1994 and develop a funding proposal for the FY 1995 budget.

State declines in teenage birth rates, 1991-94



SOURCE: CDC/NCHS, National Vital Statistics System

**Preventable
Calamity:
Rolling Back
Teen Pregnancy**



Progressive Policy Institute
Policy Report No. 22

Kathleen Sylvester

November 1994



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