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Dorothy Karayannis Craft (Subject Files)
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FOLDER TITLE:

Teen Pregnancy

2012-0255-S

rc628

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

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- b(1) National security classified information [(b)(1) of the FOIA]
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- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

THE WHITE HOUSE

WASHINGTON

October 4, 1995

TEEN PREGNANCY MEETING

Date: October 5, 1995
Time: 11:15 a.m.-12:15 p.m.
Location: Indian Treaty Room
From: Carol Rasco
Jeremy Ben-Ami
Janet Abrams

I. PURPOSE

In your State of the Union speech this year, you called on leaders across the nation to wage a "National Campaign Against Teen Pregnancy." Earlier this year, you approved the recommendation of Bill Galston and others that such a Campaign be formed not as a governmental entity (e.g., a Presidential Commission), but as an independent, non-partisan organization which could have a more lasting and meaningful impact on this complex problem. The model often referred to is the Partnership for a Drug Free America.

This meeting provides you the opportunity to make a personal appeal to more than twenty leaders of the business, media, foundation, and religious communities to create such a National Campaign. The individuals in the room have all expressed concern about teen pregnancy; many are actively engaged in prevention initiatives. Also represented today are experts and community practitioners in the field.

However, you should be aware that there is no shared understanding on the part of the participants that they have been invited for anything more than a discussion of whether and how a national effort could be organized. Our goal today is to motivate those in attendance to work together to launch this campaign. We hope that you will challenge participants to identify what they can do to motivate others in their fields to work on this issue and to make specific commitments for action. David Hamburg of the Carnegie Corporation is prepared to offer to host a follow-up meeting, and others in the group have indicated willingness to contribute to the organization of a national effort.

II. BACKGROUND

Since February, people inside the White House and out (Jody Greenstone, Belle Sawhill, Sarah Brown, to name a few) have been working to develop this initiative. They have conducted outreach to determine what is happening in the field and how a new national effort could be most helpful. Their work also led to the identification of the people invited to this meeting who might form the nucleus of such an effort.

Purposes of a National Campaign We have identified several useful roles for a potential national campaign:

- * *Supporting Community Efforts* -- A national campaign could celebrate, encourage, and assist efforts at the local level. It could help build networks among communities to share ideas and help get the private sector more involved at the community level.
- * *Research and Evaluation* -- There is a lot of good activity taking place in communities around the country, but evaluation has been fragmented. There is a role to be played by a national organization to conduct objective, respected evaluation and to disseminate information on best practices.
- * *Media* -- There is no national effort at present to develop and implement communications strategies to influence attitudes and behavior on teen pregnancy. There have been media campaigns on teen pregnancy which have had inconclusive results. Future media efforts should be integrated into a sustained, national strategy.

Background on Teen Pregnancy A fact sheet containing key statistics on teen pregnancy is provided as Attachment I. One important note: in recent data, the rapid growth of teen pregnancy rates has begun to level off. While encouraging, the numbers are still very high, and the U.S. still has the highest teen pregnancy rate among developed nations.

Administration Activity on Teen Pregnancy The effort to create this new entity is only part of the administration's work on teen pregnancy. Other components include:

- * *Welfare reform legislation* - The administration's proposals and those included in the Senate bill just passed take a comprehensive approach to teenage pregnancy prevention. Our bill included demonstrations to address teen pregnancy in a comprehensive way. The Senate bill includes the strong teen parent provisions the Administration has called for from the start including: your proposal to require custodial parents to live at home with an adult family member to qualify for assistance; grants to establish 'Second Chance' or adult-supervised group homes as alternative living situations; and requirements that teen parents remain in school and work or train for work after graduating from high school.
- * *New Initiatives* The administration is developing a new strategy for approaching the problem of teen pregnancy. This strategy is built on two main principles: catalyzing communities to build partnerships that bring all sectors of society together and investing in research and evaluation to find out what strategies work.

To that end, HHS is supporting new demonstration programs and expanding existing programs. Last week, 15 grants totalling \$4.2 million were awarded under the Adolescent Family Life Program (started under a previous administration) to support programs that encourage abstinence. Some of the ideas to be tested include: focusing on improving communication with parents and other adults about life decisions and sexual values, having older teens serve as mentors and role models, teaching assertiveness, and developing a series of age-appropriate abstinence messages.

Also, CDC has launched a \$6.5 million, two-year demonstration called the Community Coalition Partnership which has awarded thirteen grants to support community wide coalitions mobilizing and organizing their resources in support of teen pregnancy prevention programs. Activities under these grants include intensive school health education programs, community service, job skills development, and other opportunities for youth to build self-esteem.

- * *Ongoing Funding* - Federal funding through Title X Family Planning, Medicaid, and a range of other programs provided the primary support for community based efforts to address teen pregnancy - funding hotlines, clinics, adolescent pregnancy prevention programs - and research and evaluation efforts to determine what is effective.

A more complete description of HHS's accomplishments in this area can be found in Attachment II.

III. PARTICIPANTS

A list of participants can be found in Attachment III.

IV. PRESS PLAN

The meeting is closed to the press. This decision was made for several reasons:

- * The effort is supposed to be bipartisan and serious. To open up this initial discussion to media coverage would have made it more of a political showpiece - and it would have been difficult to attract the caliber of people from across the political spectrum who are attending today.
- * This is just an initial discussion. We hope that within a few months, something concrete will form from these efforts which at that time can be announced and given more publicity.

V. SEQUENCE OF EVENTS

Pre-program The meeting will have begun at 10:00 prior to your arrival. Carol Rasco and Secretary Shalala will have been leading a discussion with three objectives:

- * Providing an overview of the facts relating to teen pregnancy
- * Giving a sense of the national, state and local response to the problem
- * Outlining the need for and possible objectives of a new national effort in the private sector.

Arrival
(11:15) Carol Rasco and Secretary Shalala will summarize the discussion to that point and may ask one or more of the participants to reiterate points made in your absence.

Remarks
(11:20) You will give brief remarks (Attachment IV).

Discussion
(11:30) You will lead a discussion of "how a national initiative led by members of the private sector can complement government efforts at teenage pregnancy prevention." The goal of this discussion is to establish a consensus among as many of the participants as possible that there is a need for such an effort - and that in this room sit the people with the interest and the resources to launch such an effort.

Challenge
(12:00) After a half-hour of more open discussion, we hope you will challenge the group to give a concrete sense of what they will do from here. We have included notes on several key participants on whom you may wish to focus during the meeting and who may be in a position to commit to further concrete activity in support of this effort. (Attachment V)

VI. REMARKS

Remarks are attached (Attachment IV).

THE WHITE HOUSE
WASHINGTON

**PREVENTING TEEN PREGNANCY:
A CHALLENGE TO AMERICA'S LEADERS**

Thursday, October 5, 1995
10:00 am – 12:00 pm
Indian Treaty Room
Old Executive Office Building

MEETING AGENDA

- I. Welcome and Opening Remarks
- II. Overview: Teen Pregnancy and Current Prevention Efforts
- III. Discussion: The Role of a National Private-Sector Initiative in
Complementing Public-Sector Activities
- IV. Discussion: Next Steps

SCRIPT FOR MEETING ON TEEN PREGNANCY

SECTION I: WELCOME AND OVERVIEW

10:00	Welcoming Remarks	Carol Rasco Alexis Herman Elaine Kamarck
10:10	Review Scope of the Problem	Donna Shalala
10:15	What the Federal Government is doing - emphasis on "partnership" - emphasis on supplementing local activities - acknowledgement of constraints on federal role - comment on foundation involvement	Donna Shalala

* * * *

SECTION II: STATE AND LOCAL PREVENTION EFFORTS

GOAL OF SECTION II: Spend 10-15 minutes hearing from people who are really working on teen pregnancy at the state and local level to provide a sense of HOPE that something can, in fact, be done to address the problem.

SEGUE: While this is clearly an enormous problem with multiple dimensions and root causes, we remain optimistic that we can tackle this problem and make a real difference in young people's lives. That hope is inspired by the Marion Howards, the Sister Mary Roses and the rest of you who have dedicated your lives to helping young people. The flow of government and foundation dollars at the national level ends up in wonderfully diverse programs around the country.

10:20	Prevention activities at the State level	Carol Rasco
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SEGUE: A lot of the activity on this issue has been focussed at the state level. Our own CDC works in close conjunction with the states. Perhaps at this point, I could ask **Marge Clark** to comment on the array of efforts going on in the states.

(Options: **Tom Kean** and **Jane Fonda**)

10:30

Prevention activities at the Local level

Carol Rasco

SEGUE: In the end, this is a problem that we all agree has to be addressed at the local level -- in communities, families, and schools. We're honored to have with us today several people who are actively engaged in directly serving youth in our communities.

I'd like to ask **Michael Carrera** and **Elayne Bennett** to say a few words about what they're seeing in their community efforts / what, in their experience, does appear to work with young people.

(Options: **Sister Mary Rose / Marion Howard**)

* * * * *

SECTION III: FRAMING A NATIONAL RESPONSE

GOAL OF this section is to let the group begin to articulate for itself what could be gained from a coordinated national effort and to discuss in advance of the President's arrival some of the concrete ways in which they could help.

10:35

Open Discussion

Carol Rasco, moderating
Donna Shalala

SEGUE -- "With all this said, the question that brings us here today is what more can we do as a nation? Is there a need for an effort at the national level -- working in partnership with the public sector -- to support and encourage work at the state and local level on this issue."

Turn to **Belle Sawhill** at this point. She will lay out some of her thoughts on general outline of a national campaign -- who needs to be involved; what the structure might look like, and what some of the goals might be.

Option: **Sarah Brown** can comment on need for greater emphasis on evaluation so that we can all learn what works.

Option: **David Hamburg** can comment on the complexity of the problem of teen pregnancy and the need to address the many difficulties facing adolescents today with comprehensive approaches.

OPTIONS: Turn to **Marion Howard**: Yes. It would mean so much to us in the field if you could do X, Y, & Z... Turn to **Kris Moore**: Yes. An important role to be played in research, evaluation, sharing best practices.

OPEN DISCUSSION

11:00-11:15 (approx.) President and Vice President arrive.

Carol Rasco welcomes the President to the discussion. Provides quick summary of what has been discussed.

Option: Call on one or two of those who have spoken to reiterate their comments

11:20 Remarks by POTUS

 Remarks by VPOTUS (at his discretion)

11:25 Discussion resumes. POTUS chairing meeting

President asks how various communities, e.g. media, churches, might contribute to the solution.

11:55 Conclusion

PRESIDENT begins to wrap up discussion by asking: "So what specifically can we do? Where do we want to take this from here?"

David Hamburg may suggest that Carnegie host a meeting this fall to continue the discussion.

Charlotte Beers / Ann Moore may offer to organize the leaders of the media community to talk about how they might help.

Jane Fonda may express specific interest in helping with follow-up

Some members of the group may suggest continuing discussion over lunch.

12:15 THE END

REMARKS
Teen Pregnancy Meeting
10/5/95

Thank you very much for coming here today. I am truly impressed by the group we have gathered.

[Acknowledgements:

The following people have been extraordinarily helpful in putting this meeting and effort together:

Bill Galston

Jody Greenstone (not present)

Belle Sawhill

Nancy Rubin

Sarah Brown

Henry Foster]

I am even more impressed that your presence means that you have an interest not only in the problem of teen pregnancy – but in working to find a solution.

Teen pregnancy is one of our nation's most difficult social problems. You know the scope of the problem, so I won't waste time repeating the grim statistics. And you also know this is not a problem that lends itself to an easy solution – particularly not one determined by the government here in Washington.

But it's not a problem we can run from either. The challenge should encourage us to redouble our efforts to address it.

The epidemic of teen pregnancy is, I believe, one of the most serious threats to our children today. For the teens who have children too young, the impact is so enormous on their life chances. You all know the consequences: education cut short, job opportunities lost, a dramatically high likelihood of ending up on welfare. And you know the consequences for the children of these young parents: low levels of pre- and post-natal health care, less chance of starting school on the right foot, child poverty and all its consequences.

Of course, early child-bearing is only one aspect of a larger set of social and economic problems facing our teenagers today. And we need to look at solutions in the broadest possible ways: providing opportunity and hope for our young people – through jobs and education. Not to mention providing productive outlets for their energy and creativity – by keeping schools open into the evening and through active community based programs.

But there's a lot to be gained through a simple and focussed message as well: Telling our youth not to have children until they are older, graduate from school, marry, and can support themselves and their children through work.

Last January, I called for a national campaign against teen pregnancy. I believe the only way we can tackle a problem like teen pregnancy is by coming together as a nation. Private sector in partnership with public sector. Leaders in entertainment, media, education, religion, medicine, foundations working together.

That's why I have asked all of you here today.

I wanted to talk with you seriously in a meaningful, non-partisan way about what we can do to address this difficult problem. That's why I have done everything I could to keep this a low-key off-the-record meeting. I want to have a real discussion with you – I didn't want a showcase meeting for the media.

So let's get to it. I'd like to hear your ideas and most important – and I'll be frank about my real purpose – I'd like to challenge you each as national leaders to talk a bit about what you think you individually or collectively can do to help us as a nation address this difficult problem.

THE WHITE HOUSE

WASHINGTON

July 24, 1995

MEMORANDUM TO THE PRESIDENT

FROM: Carol Rasco
Jeremy Ben-Ami
Janet Abrams

THROUGH: Leon Panetta

RE: Teen Pregnancy Initiative

BACKGROUND

In this year's State of the Union address, you urged parents and leaders of all sectors of society to join together in a national campaign against teenage pregnancy. You identified the epidemic of children-having-children as one of our most serious social problems and stressed that "government can only do so much" to solve this complicated dilemma.

We have met with the Chief of Staff about plans now underway for creating a nationwide, private-sector initiative on teen pregnancy. This memo requests your personal involvement to ensure that final commitments are made by the individuals we hope will spearhead the effort.

LAUNCHING THE CAMPAIGN

Since January, Jody Greenstone and Belle Sawhill have been working with members of the White House staff to lay the foundation for an independent, private-sector organization dedicated to reducing the incidence of teen pregnancy in the U.S.

The organization would be bi-partisan and would be led by prominent individuals from the business, religious, media, entertainment, civic, health care, education, and foundation communities. The new group would work to focus national attention on the problem of teen pregnancy and support community prevention efforts across the nation. Likely activities would include:

- spearheading a grassroots campaign to make teen pregnancy prevention a priority in communities throughout the U.S.
- establishing a clearinghouse of information on prevention efforts
(There is now no central source of data on who's doing what in teen pregnancy.)
- supporting the evaluation of promising prevention strategies
(A lot is going on in the field, but very few programs have been rigorously evaluated.)

- providing technical assistance to communities seeking to start programs
- conducting communications outreach on the issue.

A list of candidates to be founders of the organization has been developed. Belle Sawhill (now at the Urban Institute) and Sarah Brown (an expert on teen pregnancy at the Institute of Medicine) have agreed to take on lead operational roles. While many of the individuals targeted as board members have expressed positive interest in the proposed new venture, we believe your direct involvement is necessary to secure commitments from the group.

RECOMMENDED PLAN OF ACTION

(1) White House Discussion

We suggest that you convene a meeting with the approximately 15 prominent individuals on our target list, plus several experts in the field of teen pregnancy prevention. The event would take place in early September and would require approximately 1 hour of your time. Media strategy would be very low-key.

Experts would brief you and the group on what is being done in prevention at the local level and offer thoughts on what needs a national campaign might address. You would speak to the seriousness of the problem -- with its linkages to the debilitating cycle of poverty and welfare dependency -- and exhort the group to come together to combat this major threat to America's youth.

(2) Organizational Meeting

One of the participants in the White House meeting (ideally, the head of a major foundation) would agree in advance to host a follow-up event for the group of 15 and other interested individuals. This event would be a planning session for launching the envisioned private-sector organization.

(3) Launch

The new entity would be established by the end of the year. Foundations and/or private individuals would provide start-up funding. You would be present for the launch.

FYI ON DR. HENRY FOSTER

Based on the approval of the Chief of Staff, we met with Dr. Foster last week and offered him the following position:

Title: Senior Advisor to the President and to the Secretary of Health and Human Services on Teen Pregnancy and Youth

Position: Part-time consultant, paid by HHS.

Staff: There would be no staff reporting to Dr. Foster

Reports to: The Secretary of HHS and the President

Responsibilities: The President would charge Dr. Foster with leading the Administration's efforts to catalyze national action to combat teen pregnancy and provide positive opportunities for youth. He would be a visible spokesperson and would work closely with national leaders, urging them on behalf of the President, to take an active role in addressing the problem of teen pregnancy.

Role with the Private-Sector: Dr. Foster would be the President's liaison to the Private Sector Initiative. He may eventually serve on the board of the new group. He would not be the Chair or the day-to-day Director.

Other: Dr. Foster would not move to Washington, but would remain in Nashville and keep his tenured position at Meharry. Dr. Foster would be subject to Hatch on the days he is being paid, and would be subject to all ethics and conflict of interest rules.

We will wait to announce Dr. Foster's new position until a decision is made about nominating another individual for Surgeon General.

DECISIONS REQUESTED

- Please indicate if you approve of the proposed plan of action for the teen pregnancy initiative:

___ YES ___ NO

- Below is a preliminary list of invitees for the suggested White House meeting on teen pregnancy. Our aim is bring together 15-20 people, with representation from each of the following categories. Please review, and edit as desired.

Spiritual Voice

Andrew Young

Sister Mary Rose, Covenant House, NY

Entertainment

Oprah Winfrey

Visible Republicans

John Danforth

Jack Kemp

Anne McLaughlin, former Labor Secretary

Thomas Kean, President of Drew University

Public Health Leaders

C. Everett Koop

Henry Foster

Corporate Leaders/Fundraisers

Bill Gates, Microsoft Corp.

John Pepper, Procter & Gamble

Sharon (Mrs. Warren) Buffett

Irving Harris, retired CEO, Chicago

Paul Tutor Jone, Robinhood Foundation

Linda Wachner, Warnaco Inc.

John Bryan, SaraLee Corp.

A CEO member of the Mid-South Foundation

Community Practitioners

Marion Howard, Emory University, Atlanta

Michael Carrera, Children's Aid Society, NY

Elayne (Mrs. William) Bennett, BestFriends, DC

Communications

Charlotte Beres, Ogilvy & Mather

Jay Winston, Harvard School of Public Health

Academics

Kris Moore, ChildTrends, Inc.
Genie Rosoff, Guttmacher Institute
Doug Besharov, American Enterprise Institute

Foundation Executives

Angela Blackwell, Rockefeller Foundation
David Hamburg, Carnegie Foundation
Susan Beresford, Ford Foundation
Doug Nelson, Casey Foundation

Core Organizing Group

Jody Greenstone
Belle Sawhill, Urban Institute
Bill Galston
Sarah Brown, Institute of Medicine

Administration Participants

Donna Shalala
Carol Rasco
Alexis Herman

- Please indicate names of any other individuals you would like to participate:

THE WHITE HOUSE
WASHINGTON

October 12, 1995

MEMORANDUM TO THE PRESIDENT

From: Carol H. Rasco 
Jeremy Ben-Ami

Subject: Administration Initiatives on Teen Pregnancy

To follow up on our recent conversations regarding teen pregnancy and on the successful October 5 meeting with private sector leaders, we wanted to provide a brief overview of administration efforts on teen pregnancy including a work plan and timeline for next steps. To implement these plans, we will begin holding weekly meetings with appropriate White House and administration staff and will provide you with regular updates on our progress.

Overview

We propose to frame the administration's activity in this area as a five-part program:

1. *Research/Evaluation* The federal government has a clear and important role in supporting efforts to learn more about teen pregnancy and its root causes.
2. *Supporting and Promoting Local Demonstrations* The federal government is also uniquely well suited to fund demonstration efforts to determine what works in addressing the problem and to share that information with other communities.
3. *Private Sector Initiative* Addressing teen pregnancy will require, as you have said, a partnership among all sectors of society. We are working to encourage the formation of a private sector campaign/organization to mobilize the private components of a public/private partnership.
4. *Youth Initiative* Addressing teen pregnancy requires strategies to engage youth early and offer them positive alternatives to early parenting and ill-advised sexual behavior. The problems youth face run deeper than the symptoms – such as early child-bearing and substance and alcohol abuse – so the solutions we pursue must be broader as well. With OMB and the relevant agencies, we will develop a proposal for a youth initiative that could be a central element of your FY97 budget and 1996 State of the Union.
5. *Foster Care/Adoption* While not strictly teen pregnancy issues, we will still be looking at proposals in these areas since the failure of those systems is both a cause and effect of the high levels of teenage pregnancy.

Work Plan

The following is a brief status report and a list of next steps in each of these five areas:

Research and Evaluation

Last month, HHS completed an exhaustive review of recent literature on adolescent sexual behavior, pregnancy, and parenthood and on the effectiveness of teen pregnancy prevention programs. In addition, they have taken steps to improve the dissemination of the information by expanding and improving their clearinghouses.

- o Next steps: We will (1) develop a comprehensive listing of all recent research funded by all departments on teen pregnancy and related issues and (2) prepare a comprehensive overview of the agencies' research agenda for the coming year.

Supporting Local Demonstrations

HHS recently made awards in two significant demonstration programs, the Adolescent Family Life Program (\$4.2 million to 15 communities) and the Community Coalition Partnership Program for the Prevention of Teen Pregnancy (\$6.5 million to 13 communities). They have also encouraged communities to adopt innovative strategies in some of their other existing programs.

- o Next Steps: We will (1) develop a comprehensive list of all demonstration programs funded in the past year by all departments; (2) examine whether we can improve the way in which results from programs in all agencies can be made more easily available to communities and better publicized; (3) compile information about all upcoming grants in the coming year and make that information widely available to all communities.

Promoting a Private Sector Initiative

Your October 5th meeting was the culmination of months of groundwork, but also only the first step in making a private sector organization a reality.

- o Next Steps: (1) We will be working with participants in the meeting and others to make the most of the momentum from the meeting and to follow up on the commitments of resources and time that were made. We hope that agreement in principle about forming an organization and an initial structure can be worked out within a couple of months and that an announcement of its intended creation can be made before the end of the year.

(2) Dr. Foster -- As you know, we have worked out for Dr. Henry Foster to join the administration in a part-time role as a Senior Advisor to the President on Teen Pregnancy. We would like to announce his position and put out a comprehensive update on the administration's teen pregnancy initiatives in early November.

Youth Initiative

Secretary Shalala, senior officials at OMB and other Departments, and your Domestic Policy staff are very interested in preparing for your consideration a series of options for a major Youth Initiative that could be a centerpiece of the FY97 budget and the 1996 State of the Union. Truly addressing teen pregnancy requires an effort that goes far beyond dealing with sex education and increasing pressure to defer child-bearing. We must find a way to communicate hope and opportunity to our youth on a broad scale. We realize that this initiative needs to have a creative and exciting new angle to make it newsworthy and must not involve considerable new resources.

- o Next Steps: We will be convening a work group this week to begin developing options for your consideration as part of the budget process.

Foster Care and Adoption

With the pressures on the foster care system increasing and the level of resources available to it decreasing, and with the ongoing need to increase adoption, we will set a group to working on options for further Presidential and federal action in this area as part of our work group on teen pregnancy. We will consider the recommendation to create a Presidential Advisory Commission on the subject as well as other more action-oriented steps.

Conclusion

As you know, a lot of activity has been taking place throughout the administration on these issues. We intend to expand this activity, improve coordination among the various agencies around this issue, and to publicize better what we are and plan to do through a series of events and announcements this fall. By the 1996 State of the Union, we believe you will have a significant track record of achievement to point to in fulfillment of your pledge in the 1995 address.

Shirley Segawa →

606-5000

fx.

Distrib.

from Carol

(fixed)

THE WHITE HOUSE
WASHINGTON

October 17, 1995

MEMORANDUM FOR DISTRIBUTION

FROM: Carol Rasco
Assistant to the President and Director of Domestic Policy Council

SUBJECT: Teen Pregnancy Follow-Up

As you know, the President has made a strong public and personal commitment to addressing the high rate of teen pregnancy in this country, most prominently in his State of the Union address this year. Administration activity to fulfill that commitment is taking place in five areas:

1. Research/evaluation
2. Supporting local demonstrations
3. Spurring private sector activity
4. Development of a broader youth initiative
5. Foster Care/adoption initiatives

There has been extensive ongoing activity in many agencies in each of these areas. Focusing specifically on the first two, we would like to prepare two reports for the President: (1) A brief 4-5 page summary of the highlights of the administration's relevant research and demonstration activity (which we need to prepare by the middle of next week), and (2) a longer, more complete report on these activities which should be complete by the end of the year.

The specific information we are looking for is:

1. *Research/Evaluation:*

- a comprehensive inventory of research funded since January 1992 on teen pregnancy and related issues;
- a comprehensive overview of upcoming research projects for the next year;
- a characterization where possible and appropriate of how the agency's approach has differed from its approach under previous administrations.

2. *Dissemination of Information:*

- a comprehensive profile of the various methods for information dissemination to the public within each of the agencies on existing programs, grants and research results/analysis; for example, clearinghouses, and distribution of brochures -- with a focus on changes since 1992 and any upcoming plans for the next year.

3. *Supporting Local Demonstrations:*

- a comprehensive list of all demonstration programs funded since 1992;
- a comprehensive outline of all upcoming grants in the next year;
- a characterization of how our approach to programs that pre-date this administration differs from other administrations where possible;

Please indicate which of these programs, both past and future, were initiated by this administration.

We need to collect this information in two phases, as indicated above: highlights of your activity by Tuesday October 24 and more complete information in the weeks that follow. Please identify a contact or contacts from your agency to work with Debbie Fine by c.o.b. Tuesday October 17. Debbie will be setting a meeting for Wednesday October 18 with the staff contacts to explain the project and process in more detail. Debbie can be reached at 456-5572, or by fax at 456-7028.

Thank you in advance for your cooperation.

DISTRIBUTION:

Peter Edelman, HHS

Tom Glynn, Labor

Shay Bilchik/Reggie Robinson, DOJ

Mike Smith, Education

Shirley Segawa, Corporation for National Service

Michael Stegman, HUD

THE WHITE HOUSE
WASHINGTON

October 12, 1995

MEMORANDUM TO ERSKINE BOWLES

From: Carol H. Rasco 
Jeremy Ben-Ami

Subject: Administration Initiatives on Teen Pregnancy

Attached is a memorandum we sent to the President regarding follow-through on the teen pregnancy meeting. We wanted you to have a more detailed sense of our thinking about next steps and timeline than we felt appropriate to share with the President:

Week of October 9	Follow up phone calls with most participants in 10/5 meeting. Thank you letters from President drafted and sent.
Friday October 13	Meeting with OMB, HHS, NEC regarding youth initiative
Week of October 16	Begin weekly meetings with Cabinet agencies on Research and Demonstration agenda (HHS, Education, Justice, HUD, Labor and National Service) Working group of private sector individuals meets to draft mission statement, plan next steps
End of October/early November	Next meeting of private sector individuals Prepare report for President on status of all research and demonstration initiatives Possible announcement of Dr. Foster in conjunction with release of report on administration teen pregnancy efforts
End of year	Aim for announcement of creation of private sector organization Consideration of youth initiative for inclusion in budget and State of the Union.

We hope this is helpful. Please call if you want to discuss.

THE WHITE HOUSE
WASHINGTON

October 5, 1995

JBA -
FYI -
Original w/
Dorothy + Ian
for Carol's
brother.
The.
Diabre

**KEY POINTS FOR CAROL RASCO TO MENTION IN
WELCOME REMARKS AT TEEN PREGNANCY MEETING**

PLEASE NOTE:

Alexis Herman will make initial welcoming remarks, touching on the following:

- the importance of this issue to the President;
- the significance of building coalitions comprised of people from a variety of sectors and backgrounds who embrace different approaches to this issue to work together towards solutions.

She will then introduce you.

You may want to touch on the following areas:

- **Acknowledge the concern and hard work that so many around the table bring to this issue.**
- **Continue to underscore that addressing this problem is a priority for the President and has been for a long time, as is reflected in his experience as Governor of Arkansas in particular.**
- **Discuss the importance the Clinton Administration has placed on approaching children as whole, as well as in the context of their family and their community.**
- **Emphasize how important we believe it is for the federal government to address these issues in partnership with state and local communities in order to more effectively assess what works, what the needs are and what brings us closer to finding solutions.**
- **Introduce Secretary Shalala, who will review the scope of the problem.**

THE FACTS ABOUT TEENAGE PREGNANCY

A National Epidemic

- Every year, about 1 million American teenagers become pregnant -- that's about 11% of women ages 15-19. Recent news has been somewhat positive: From 1991 to 1992, the majority of states saw a decline in teen pregnancy rates for 15-19 year-olds.
- From the 1950s through the early 1980s, the rate of births to teens decreased steadily. However, in 1986, that trend reversed, and over the period 1986-91, the rate grew by 24%. From 1991 to 1993, the rate declined by 4%.
- As the teenage population grows, teen births are expected to increase. Even if the teen birth rate remains constant, the number of births is expected to jump 30% by the year 2010.

Trend towards out-of-wedlock childbearing

- In 1960, only 15% of teenage mothers were unmarried. Today, 72% are unmarried.

International Comparisons

- The U.S. rate of births to teens is now twice as high as in the United Kingdom and six times as high as in France, Italy, and Denmark.

Role of Adult Males

- A recent survey indicates that at least half the babies born to teenage women ages 15-17 are fathered by adult men ages 20 or older.

Costs to the Children

- Children born to teens are more likely to die in their first year of life, to have lower cognitive achievement, to repeat a grade in school, to be victims of abuse and neglect, and to become teen parents themselves.
- 80% of children born to unwed teenage mothers who have not completed high school live in poverty. In contrast, of those children born to 20 year-old married parents who are high school graduates, only 8% live in poverty.

Costs to Society

- More than three-fourths of all unmarried teen mothers will be on welfare (Aid to Families and Dependent Children) at some point during the 5 years following the birth of their child.

DRAFT

THE CLINTON ADMINISTRATION RECORD ON REDUCING TEEN PREGNANCY

A Summary Report

President Clinton has called teen pregnancy one of the nation's most serious social problems, and reducing its incidence has been a key goal of this administration's policy for young people. All over the country Americans are beginning to address this and other issues by reasserting responsibility for themselves, their families and their communities, and they are starting to make a difference -- the teen pregnancy rate has fallen slightly two years in a row.

Although there has been progress, teenage pregnancy remains a profound problem, and we need to do more. Real solutions lie at the grassroots level, with families, communities and young people themselves. The federal government can help focus resources in support of work at the local level, and most important, it can help ensure that our policies support our national values. The Clinton Administration's policy on teen pregnancy, and on youth generally, have been built on two fundamental values:

Responsible Behavior: Personal responsibility has been a central part of the President's message to young people, as he has urged them not to become parents before they are adults, have finished school, and are ready to support their children. He has supported policies that embody this principle, including abstinence-based curricula, welfare reforms that do not encourage or reward early parenting, and tough new child support enforcement provisions that drive home the responsibility of parenthood to young fathers.

Opportunities for Youth: Teen pregnancy cannot be addressed in isolation from the wide range of other problems confronting youth, their families, their communities and their schools. Much of the Administration's social and economic agenda, ranging from education to crime prevention to empowerment zones, is designed to provide increased opportunities for young people. If our youth do not have access to education, health services or jobs, they will not have a chance to make the right choices.

This summary report provides some facts about teen pregnancy in the United States and highlights some of the key components of Administration's teen pregnancy and youth agenda, including: (1) Research and Evaluation to learn more about the causes of teen pregnancy, (2) Community demonstrations to help communities try different approaches to learn what works, (3) Policies that promote responsible behavior among young people, and (4) Policies that provide young people with greater opportunities.

Recognizing that government cannot solve this problem alone, the President has called for a national private sector campaign on teen pregnancy, and the administration has been working to catalyze such an effort. This report does not address the status of private sector initiatives, nor does it provide a comprehensive description of all federal efforts directed at teens.

The Facts About Teen Pregnancy

A NATIONAL EPIDEMIC

- Every year, about 1 million American teenagers become pregnant -- that's approximately 11% of women ages 15-19.
- From the 1950s through the early 1980s, the rate of births to teens decreased steadily. However, in 1986, that trend reversed, and over the period 1986-91, the rate grew by 24%. Recent news has been somewhat positive: From 1991 to 1993, the national rate declined by 4%.
- As the teenage population grows, teen births are expected to increase. Even if the teen birth rate remains constant, the number of births is expected to jump 30% by the year 2010.

TREND TOWARDS OUT-OF-WEDLOCK CHILDBEARING

- In 1960, only 15% of teenage mothers were unmarried. As of 1993, 71% were unmarried.

INTERNATIONAL COMPARISONS

- The rate of births to teens in the United States is now twice as high as in the United Kingdom and six times as high as in France, Italy, and Denmark.

ROLE OF ADULT MALES

- A recent survey indicates that at least half the babies born to teenage women ages 15-17 are fathered by adult men ages 20 or older.

COSTS TO THE CHILDREN

- Children born to teens are more likely to die in their first year of life, to have lower cognitive achievement, to repeat a grade in school, to be victims of abuse and neglect, and to become teen parents themselves.
- 80% of children born to unwed teenage mothers who have not completed high school live in poverty. In contrast, of those children born to 20 year-old married parents who are high school graduates, only 8% live in poverty.

COSTS TO SOCIETY

- In 1990, slightly more than half of all mothers receiving Aid to Families and Dependent Children (AFDC) first had children as teenagers. And 43% of the long-term welfare recipients are women who gave birth at or before age 17.
- More than three-fourths of all unmarried teen mothers receive welfare (AFDC) at some point during the 5 years following the birth of their child.

Research and Evaluation: Learning What Works to Prevent Teen Pregnancy

The Clinton Administration supports comprehensive approaches to research and evaluation with an emphasis on prevention of both first and repeat pregnancies. Working to understand teen populations and the many forces that influence behavior both in and outside of the home, monitoring and targeting new data, and evaluating old and new programs to learn more about what approaches may be most effective in lowering teen pregnancy rates in the United States are priority elements of our approach to research and evaluation. Following are some examples:

- Comprehensive Study: In June of 1995, the Department of Health and Human Services issued, "**Beginning Too Soon: Adolescent Sexual Behavior, Pregnancy, and Parenthood**," a two volume report containing a comprehensive and exhaustive review of the most recent research literature on teenage sexual behavior, pregnancy and parenthood and on effectiveness of teenage pregnancy prevention programs. This report was produced by Child Trends, Inc. with funding from the Department of Health and Human Services, and is now available on the Internet at <http://aspe.os.dhhs.gov/hsp/cyphome.htm>.
- State Data: In September 1995, HHS reported **state-level teenage pregnancy data** for 1991 and 1992. This marks the first time that HHS is able to report state-level teen pregnancy data for intercensal years, now possible because of population data made available by the Census Bureau. Updating trends on a state-by-state basis regularly provides more information for making effective policy decisions and enables us to see where we need to target our resources.
- Family Planning and Adolescent Family Life : HHS funds, as part of Family Planning and Adolescent Family Life programs, research projects and studies that focus on **adolescent sexual behavior**. Goals of these studies range from developing strategies to improve services to sexually active adolescents who are at-risk for contraceptive non-compliance and young women who visit family planning clinics, to learning more about: precursors and results of pregnancy and birth among adolescent males, the factors that influence teen attitudes toward sexual behavior, and the consequences for teen mothers who decide to parent as compared to those who place their children for adoption.
- New Mothers' Study: HHS funds The New Mothers' Study and has expanded its original scope to provide support for a 5-year follow-up to look at longer term outcomes, including employment and welfare dependency. *The Study focuses on research and analysis of a study in Memphis, Tennessee, where a sample of first-time, low-income, pregnant women received weekly visits from a nurse. Approximately 65% of the research sample were 18 or younger at enrollment. Early findings indicate that there were **significantly fewer repeat pregnancies** within two years following the birth of the child for those women who received home visits. It was originally started in*

1988, and is also supported by other government agencies and private foundations.

- Teenage Parent Demonstration: In order to gain further insight into the occurrence of repeat pregnancies, in 1993, HHS funded a 5-year follow-up evaluation of the Teenage Parent Demonstration, initially conducted from 1986 to 1991. This program targeted the high-risk population of teenage mothers on welfare, providing case management and support services such as education, training and child care. The follow-up evaluation continues to monitor these mothers and focuses on the occurrence of repeat pregnancies.

Reaching Into Our Communities And Promoting Partnerships to Prevent Teen Pregnancy

"I'm trying to do things that I believe will help our country meet the challenges we face today so that young people will have a better future. And it's obvious to me that.... unless young people have good, healthy, constructive lives at the grass-roots level, the things that I do will not succeed in getting you the future you deserve." **President Clinton; August 9, 1995**

The Clinton Administration encourages local governments and communities to pilot new and innovative demonstration efforts to prevent teenage pregnancy, and works with them to help make these programs a reality. The Administration has sponsored a range of approaches from abstinence-based education to service-oriented community collaborations. If a program proves effective, one goal of collaboration is to foster sustainability so that it can eventually operate without government assistance. Following are some examples of programs funded under the Clinton Administration:

- Adolescent Family Life Program: In September of 1995, HHS's Adolescent Family Life Program awarded 15 grants totaling \$4.2 million dollars for comprehensive demonstration programs aimed at preventing early teenage sexual activity and reducing teenage pregnancies. These programs feature innovative ways to **emphasize abstinence as the best way to prevent adolescent pregnancy** and to encourage the involvement of parents in these discussions with their children.
- Community Coalition Partnership Programs for Prevention of Teen Pregnancy: In September of 1995, Centers for Disease Control and Prevention launched the new Community Coalition Partnership Programs for Prevention of Teen Pregnancy by awarding 13 grants totalling \$6.5 million over two years. These grants enable communities to develop plans for implementing and evaluating **community-wide interventions** that are innovative, comprehensive and sustainable. In addition, these demonstrations include an evaluation component.

- Healthy Schools/Healthy Communities: In 1994, the Administration started the new Healthy Schools/Healthy Communities program -- funding 27 **new school-based health centers** in 20 states and the District of Columbia. These centers provide for the health services and education needs of children and teenagers at high risk for poor health, teenage pregnancy, and other problems. A comprehensive evaluation of this program is currently being conducted.
- The Corporation for National Service: Created under the Clinton Administration in 1993, the Corporation for National Service supports over 50 teen pregnancy programs in 20 states across the country -- working both to **prevent teen pregnancy and to assist teen parents**. National service participants provide case management, mentor pregnant teens, sponsor health fairs, teach parenting skills to teen parents, make presentations on teen pregnancy to school-age youth, help youth access health care, provide referrals to health care providers, and develop social supports for teen parents. *National service programs are operated with members of AmeriCorps, Learn and Serve America, and the National Senior Service Corps, who work collaboratively with school districts, universities, churches, health departments, national non-profits, and community-based organizations.*
- Healthy Start Program: HHS continues to support the Healthy Start Program, which has demonstration projects underway in 22 communities nationwide to **reduce infant mortality in the highest-risk areas and to improve the health and well-being of women, infants and their families**. Among a broad array of services provided, thousands of teenagers participate in prevention programs exclusively designed for them that encourage healthy lifestyles, youth empowerment, sexual responsibility, conflict resolution, goal setting, and the enhancement of self-esteem. A comprehensive evaluation is ongoing and results are expected in 1997.
- The Home Visiting Services Demonstration: In September 1994, HHS launched this new grant program that is currently operating in three sites. Under the demonstration, paraprofessional home visitors provide first-time teenage parents on welfare with instruction and supportive guidance related to family planning, parenting skills, health care for themselves and their children, and child support. The visitors also facilitate the teenagers' participation in the required education and employment-related activities.

Promoting Personal Responsibility Among Young People

President Clinton has made personal responsibility a central part of his message to young people, striving to prevent both first and repeat pregnancies for young mothers and fathers. Estimates indicate that over half the mothers who receive Aid to Families with Dependent Children were teenagers when they had their first child. To prevent welfare dependency, teenagers must get the message that staying in school, postponing sexual activity, and preparing to work are the right things to do.

With his welfare reform proposal that includes strong teen parent and child support enforcement provisions, tough work requirements and provisions for worker training, President Clinton has tried to send a message that, "Nobody should get pregnant or father a child who isn't prepared to raise the child, love the child, and take responsibility for the child's future."

Welfare Reform: The President's welfare reform proposals have incorporate a clear message to minor parents seeking assistance: to get help, you have to live with a responsible adult, you have to stay in school, and you have to be committed to supporting yourself and your children after high school. Congress has adopted the President's proposal requiring custodial parents to live at home with an adult family member in order to qualify for assistance. Pending legislation would allow provide states grants to establish "Second Chance" homes, or adult-supervised group homes, as alternative living situations to help teen parents break the cycle of welfare dependency.

Strengthening Child Support Enforcement: In 1994 the Administration collected a record of nearly \$10 billion in child support from non-custodial parents, an increase of 11%. From 1992 to 1995, collections have grown by nearly 40% and paternity establishments have risen by over 40%. In addition, the preliminary data for fiscal year 1995 shows 24% increase in paternity establishment, to an estimated 735,000. This increase includes, for the first time, paternities established as part of the Clinton Administration's voluntary in-hospital paternity establishment regulation.

President Clinton proposed a comprehensive child support enforcement plan as a part of his welfare reform legislation. The plan would streamline paternity establishment; require new hire reporting; make child support laws uniform across state lines; computerize state-wide collections to speed up payments; and require States to use the threat of denying drivers' and professional licenses to parents who refuse to pay child support. The House and the Senate have adopted these provisions in their welfare reform bills -- changes that should increase child support collections by \$24 billion over the next 10 years.

In addition, in 1995 the President signed an Executive Order to crack down on Federal employees who owe child support.

State Welfare Reform Demonstrations: The Administration has approved State Welfare Reform Demonstrations that include various provisions affecting minor parents. 12 states have authority to implement provisions linking AFDC benefits to the school attendance of minor parents. Nine states have received waiver authority to require minor parents to live with their parents or guardians or in an adult-supervised setting. A comprehensive evaluation will be conducted for each of these demonstrations.

Teen Pregnancy Prevention As Part Of A Comprehensive Approach to Youth Policy

The Clinton Administration has worked to address the high rate of teen pregnancy by confronting the complex economic and social factors often behind these high rates. We have stressed the importance of investing in young people and in the communities where they live in order to offer them positive alternatives to early parenting and sexual behavior. Critical to this effort are Administration initiatives to invest in early childhood and adolescent development, to provide equal educational opportunities for our children and youth, to invest in distressed urban and rural communities, and to create more jobs. ○

Researchers have documented correlations between poor academic skills and early childbearing; high dropout rates, illiteracy, a history of physical and/or sexual abuse, and poor employment prospects are all risk factors for early childbearing. Research has also shown that the "risk factors" for teen pregnancy, violent behavior, delinquency, and drug use are similar and that comprehensive programs focused on changing behaviors related to alcohol, drugs and teen pregnancy -- such as focusing on raising self-esteem -- have an impact.

Following are examples of programs and initiatives in this area that the Administration supports:

LEARNING MORE ABOUT YOUTH AT-RISK

- National Adolescent Health Survey: Teens have been a significantly understudied sector of the population. In 1994, the National Institutes of Health began funding a new 5-year study estimated to cost \$23 million known as Add Health, the first comprehensive study of the determinants of adolescent health. Using a national sample of 7th through 12th graders, Add Health examines the personal, familial, peer-related and community related influences on health behavior, taking a more **comprehensive look at the health of our nation's teenagers** in order to provide a better understanding of the complex forces that promote good health for our young people and those factors that put youth at risk.
- Preventing Youth Violence in Public Housing: This year, HUD and CDC have awarded a \$550,000 grant to collect and develop information on youth violence prevention research. The intent is to disseminate existing information on successful programs to Indian and Public Housing authorities so that they can make more informed choices about prevention programs, which offer alternative services and activities for youth that can play a major role in preventing teen pregnancy as well.

- Comprehensive Strategy and Guide for Implementation: In December of 1993, the Department of Justice published a *Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders*, following up with a *Guide* to implementing the *Comprehensive Strategy* in June of 1995. Studies on the causes and correlates of delinquency, which used large random samples of inner-city, high-risk youth in three sites, provided the research underpinnings for these publications. All three studies showed that **chronic violent delinquent offenders have higher rates of dropping out of school, gun ownership for protection, gun use, gang membership, teenage sexual activity, teenage parenthood, and early independence from their family.**

Comprehensive Strategy and its *Guide* for implementation provide an alternative to increasing reliance on the criminal justice system by calling for the establishment of a **coordinated system of prevention** and graduated sanctions programs that provide a continuum of care for each child.

- Review for Practitioners: *Family Life, Delinquency, and Crime: A Policymaker's Guide--Research Summary*, was completed in May of 1994 by the Department of Justice. Its findings indicate that **family is one of the most powerful socializing forces for young people**, and can therefore seriously impact children's behavior.
- Parenting Initiative: The Department of Justice completed research work in 1993 under a grant to the University of Utah and the Pacific Institute for Research and Evaluation. This four-year major parenting initiative resulted in a document entitled *Effective Parenting Strategies for Families of High-Risk Youth (December 1993)*, which identified a representative group of 25 programs as potentially the most promising. The research findings underscore the **importance of a family-focused approach to prevention and intervention of youthful problem behavior.**

EXPANDING OPPORTUNITIES FOR YOUTH AT-RISK

- SafeFutures: In September 1995, the Department of Justice created the SafeFutures Program, a five-year program which will provide approximately \$8 million per year to six jurisdictions for a comprehensive and coordinated **delinquency prevention and intervention program for at-risk and delinquent youth.** Several programmatic components allow the four cities, one rural jurisdiction and one tribal government, to address teen pregnancy and receive support for specific counseling and education services. These include support for family strengthening activities, mentoring, specific services to at-risk and delinquent females, and general delinquency prevention activities.
- Youth Development Initiative: Started in 1994 under the Departments of Veterans Affairs and Housing and Urban Development, the purpose of this initiative is to address the problem of violence in low-income communities by providing young people aged 13 to 25, with access to education and employment opportunities and supportive services. Offering these positive alternatives and services to youth to reduce violence are shown to be effective for affecting other teen behavior as well,

such as sexual behavior that could lead to teen pregnancy.

- Youth Fair Chance: In July 1994, the Department of Labor implemented the Youth Fair Chance program, funding seventeen sites. Youth Fair Chance is a community-based program that targets money directly into **high poverty areas where youth problems are greatest**. Working in cooperation with local service providers, these sites use in- and out-of-school components to provide a variety of services that focus on youth problems, like teen pregnancy, unemployment, drug and gang involvement, and dropping out of school. Some of the sites utilize AmeriCorps volunteers.
- High Risk Youth Demonstration: HHS supports the High Risk Youth Demonstration program, which funds **innovative and effective model programs for preventing alcohol and drug use among high-risk youth**. One component of the program targets the specific needs of females from 12 to 20 whose use of substances often occurs with special factors (e.g. sexual abuse and domestic violence) that underlie or contribute to women's addictive problems. Every component of the program is evaluated.
- The Community Schools Youth Services and Supervision Grant: Through this new program established in 1994 under the Crime Bill, HHS provides matching grants to communities with significant poverty and juvenile delinquency for **after-school, weekend and summer recreation and education programs**. The program includes an evaluation component.
- Family Planning: In the face of strong opposition, the President has proposed budget increases for the federal Family Planning Program each year and successfully maintained the program. Among other reproductive health and education services, this program makes family planning information and contraception available to millions of women who might not otherwise get reproductive health care.
- 4-H Youth Development Program and Children, Youth and Families at Risk Initiative: The Department of Agriculture, through the Cooperative Extension System, funds these important initiatives serving young people. These programs work with communities to implement effective research-based programs which address a broad range of issues and needs, including teen pregnancy, child abuse, infant mortality, community crime and violence, and child care.
- Safe and Drug-Free School Act: Passed in 1994, this act responds to the continuing crisis of violence and drugs in our schools by **supporting comprehensive school-and community-based drug abuse and violence prevention programs**. Local school districts in high need areas are coordinating violence and drug prevention programs with comprehensive school health education programs.
- Comprehensive Services for Teenage Parents on Welfare: In 1994, HHS funded these grants, which supported development of programs providing **comprehensive services to meet the personal, physical and social needs of teenage parents**, as well as aiding the cognitive, physical and emotional development of their children. They were

implemented in conjunction with mandatory participation requirements for education and employment-related activities.

LIFELONG LEARNING: INVESTING IN OUR YOUNG PEOPLE

"We can do all these things -- put our economic house in order, expand world trade, target the jobs of the future, guarantee equal opportunity -- but if we're honest, we'll admit that this strategy still cannot work unless we also give our people the education, training, and skills they need to seize the opportunities of tomorrow." President Clinton; January 25, 1994

Under the Clinton Administration, the Department of Education has launched a number of initiatives that address teen pregnancy prevention through improved schooling for disadvantaged students, coordination of health and social services, and school-to-work opportunities to increase economic self-sufficiency. Drop-out prevention and drug-free schools and communities programs address risk factors that are the same or related to those leading to teen pregnancy.

Specific initiatives started or expanded include: **The Goals 2000: Educate America Act**, **Improving America's Schools Act**, **Title I Program**; **1994 School-To-Work Opportunities Act**; and **Head Start**.

EMPOWERING COMMUNITIES TO SOLVE PROBLEMS

The Clinton Administration has worked hard to encourage investment in distressed communities, to create jobs and to help these communities rebuild themselves by designing initiatives like the **Empowerment Zones and Enterprise Communities** and **The Community Development Banking and Financial Institutions Act**.

THE WHITE HOUSE
WASHINGTON

January 25, 1996

MEMORANDUM FOR DISTRIBUTION

FROM: Jeremy Ben-Ami
Debbie Fine

SUBJECT: Meeting with the President on Teen Pregnancy Prevention

On Monday, the President will be meeting with a small group of people who work in the area of teen pregnancy prevention to follow-up on his challenge in the State of the Union. At that time, we will announce Dr. Foster as a liaison to the private sector on behalf of the President. Participating in the meeting will be Dr. Foster and several prevention program coordinators.

Attached are draft materials that we had prepared for the December announcement that was postponed: a press release announcing Dr. Foster's appointment and questions and answers for internal use. They have been revised to incorporate your comments at that time. (We are not recirculating the summary of Administration activity in this area, which will be released on Monday as well. Please call Debbie, 456-5572, if you have questions about this document.)

Please review these documents and send any comments or edits to Jeremy Ben-Ami by 2pm at fax: 456-7028.

We will be in touch with details on a briefing for outside organizations with Dr. Foster that we hope to schedule at a later date. Thank you for your help.

DISTRIBUTION:

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DRAFT

PRESIDENT CLINTON ANNOUNCES APPOINTMENT OF DR. HENRY FOSTER AS SENIOR ADVISOR ON TEEN PREGNANCY

The President today announced the appointment of Dr. Henry Foster as Senior Advisor to the President on Teen Pregnancy and Youth Issues. Dr. Foster will also be serving as an Expert Advisor to the Director of the Centers for Disease Control and Prevention and to the Secretary of Health and Human Services.

The announcement follows the President's State of the Union address in which he challenged Americans to strengthen families and do everything possible to reduce the rate of teenage pregnancy. While pregnancy rates are beginning to come down among teenagers, much remains to be done. In the State of the Union, the President announced that a group of prominent Americans is about to form a National Campaign to Reduce Teenage Pregnancy, designed to support grass roots community efforts in this area.

Today, he met with people working at the state and local level to reduce teen pregnancy and asked Dr. Foster to serve as his liaison to the National Campaign. Dr. Foster will also be working to bring national attention to the issue, to galvanize activity at the local level and will be advising the Administration on policies related to teen pregnancy. He will be meeting with leaders in business, media and other fields to mobilize and intensify their interest and efforts in this area.

"I am pleased that Dr. Foster has agreed to this position," the President said. "I was very disappointed last year when the Senate denied the country the opportunity to be served by this outstanding and dedicated public health leader. I am pleased that he has agreed to work with us in our efforts to reduce teen pregnancy and promote hope and opportunity for our youth."

"Teen pregnancy is one of our most pressing social problems. All of us must work together to send a clear message to our young people that staying in school, postponing sexual activity, and preparing to work are the right things to do. Nobody should get pregnant or father a child who is not prepared to be a parent."

Dr. Foster is presently a Professor of Obstetrics and Gynecology at Meharry Medical College in Nashville, Tennessee. He has in the past been the Dean of the School of Medicine at Meharry and Chairman of the Department of Obstetrics and Gynecology.

The appointment of Dr. Foster is effective immediately.

FOSTER Question and Answers

What will Dr. Foster really be doing?

He will be the President's ambassador to the private sector and to community organizations to stimulate their involvement in the prevention of teen pregnancy and other related problems.

[The President has consistently said that teen pregnancy and other problems cannot be solved by government alone. The country as a whole, and all the sectors of society such as business, religious institutions, schools, and communities will have to work together in a true partnership to address these issues. Dr. Foster will be reaching out on the President's behalf outside of government to help stimulate this partnership.]

Dr. Foster will also be the President's liaison to efforts to establish a national campaign on teen pregnancy in the private sector.

Dr. Foster will be travelling and speaking throughout the country to national and local groups, working to bring attention to the issue and to galvanize activity at the local level.

He will be advising the Administration on issues related to teen pregnancy.

Why has it taken so long to make this announcement regarding Dr. Foster?

We began discussing possible roles with Dr. Foster right after the Senate vote. He has had an active speaking schedule and has been involved in some of the planning discussions for the private sector campaign. His announcement now is related to the impending launch of the National Campaign.

What will be done about the Surgeon General position?

There is an acting Surgeon General, Audrey Manley, and she has been serving in that capacity now for over a year. She will continue to act in that capacity, and we have no announcement to make at this time regarding another nominee for the position.

NATIONAL CAMPAIGN Question and Answers

What is the National Campaign the President talked about in the State of the Union?

In this year's State of the Union Address, the President called on leaders of all sectors of society to join in a national campaign to prevent teen pregnancy.

This year, the President announced that that call has been answered: a diverse and bipartisan group of prominent Americans are about to form a new national organization: A National Campaign to Reduce Teenage Pregnancy.

The organization will be completely independent of government, funded by private entities such as foundations and businesses. It is modelled on efforts such as the Partnership for a Drug Free America which marshalls private sector resources to address another pressing social problem: drug use.

The organization will be formalized this coming month, and the President is looking forward to meeting with its Board of Directors around the time of their first meeting.

What was the Administration's role in the creation of this organization?

This is truly a private sector organization. Administration officials and the President himself provided assistance to the group's organizers when it was helpful, but the groundwork has been laid by experts in the field who will be staffing and managing the effort once it is fully underway.

The President has felt strongly that the best way to catalyze and support a sustained effort to reduce the incidence of teen pregnancy in the U.S. , the effort must be non-partisan and non-ideological.

What will this new private-sector organization do?

The specific agenda of the organization will, of course, be determined by its leadership. Activities of the new group are likely to include:

- spearheading a national grassroots campaign to make teen pregnancy prevention a priority in every community;
- launching a long-term, multi-dimensional media campaign to encourage and reinforce local efforts and instill a new ethic of responsible parenting;
- maintaining an accessible national database of teen pregnancy prevention programs and providing better opportunities for those active in the field to learn from one another;
- supporting the comprehensive evaluation of promising programs and other research as needed;

- seeking to be the most credible, independent resource available to anyone interested in preventing teen pregnancy and providing training, conferences, newsletters, briefings, and speakers.

Why did it take a year for this campaign to get off the ground?

A lot of work has gone into making sure this is a serious and successful effort. Planning funding was obtained from foundations, hundreds of meetings have been held, a draft prospectus was developed, and significant outreach was conducted to find out what was happening throughout the country on this issue.

The bottom line is: Within one year of his first calling for a new national effort, we are on the verge of its launch. This has taken enormous work on the part of a lot of people around the country, and the President is please and grateful for their effort.

What else has the Administration done to address the problem of teen pregnancy?

The administration is releasing today a summary of its activities in the teen pregnancy area. This is a complex and multidimensional social problem without a simple solution. Our strategy emphasizes the importance of two basic values in addressing this problem: opportunity and responsibility.

Promoting Responsible Behavior -- The President has made personal responsibility a central part of his message to young people, urging that they must not become parents before they are adults, have finished school, and are ready to support their children. He has supported welfare reform legislation that embodies this principle and tough new child support enforcement provisions that drive home the responsibility of parenthood to young fathers.

Promoting Opportunities for Youth -- Teen pregnancy cannot be addressed in isolation from the wide range of other problems confronting youth, their families, their communities and their schools. Much of the administration's social and economic agenda ranging from education reform to empowerment zones to crime prevention programs is designed to offer young people positive alternatives to early parenting and sexual behavior.

We have worked in three primary areas to put these values into practice:

1. Research -- We have supported numerous efforts to learn more about what has caused us to have such a high rate of teen pregnancy, and to learn more about what works to reduce it.
2. Community Demonstrations -- We have also funded numerous community demonstrations to try different approaches to the problem to determine what works in practice and then to share that with other communities. These grants support local programs to prevent teenage sexual activity, promote abstinence, and reduce teenage pregnancy.
3. Private Sector Involvement -- Recognizing that government cannot solve the problem alone, we have worked hard to engage the private sector in the issue. Dr. Foster will be actively involved in that and we have worked to catalyze a major private sector campaign.

THE WHITE HOUSE

WASHINGTON

January 17, 1996

MEMORANDUM TO DON BAER

VICKI RADD

FROM:

Jeremy Ben-Ami 

SUBJECT:

Teen Pregnancy/State of Union Rollout

Attached is a memo on the current status of the National Campaign to Reduce Teenage Pregnancy as well as the current draft of the status report on the administration's record on the issue that we would like to release.

We can put together an event for the President with the Campaign's leaders with a little lead time, if it fits into the rollout from the speech.

If we do not schedule something for the first week or two, we will plan on rescheduling the release of Dr. Foster's position and this report for the week of January 29th -- so that we can get this over with.

Please let me know as soon as you know what you want us to do.

cc: Carol Rasco
Mike McCurry
Rahm Emanuel
Bruce Reed
Michael Waldman
Janet Abrams
Debbie Fine
Deborah Both

January 16, 1996

MEMORANDUM FOR CAROL RASCO AND JEREMY BEN-AMI

FROM: Janet Abrams *ja*
RE: Teen Pregnancy Initiative

The leadership council for the national private-sector campaign is taking shape. As of today, the following individuals have agreed to serve:

- Whoopi Goldberg
- Andrew Young
- Hugh Price, Urban League
- Charlotte Beers, Ogilvy & Mather
- David Hamburg, Carnegie Corporation
- Nancy Kassebaum
- Kay Graham
- Belle Sawhill

Others likely to sign on include:

- Jane Fonda
- C. Everett Koop
- Tom Kean
- Warren Rudman
- Gloria Estefan
- Judy McGrath, MTV

A meeting is being held on January 30 at the Carnegie Corporation in NYC to move forward with planning the campaign. All individuals who attended the White House event in October have been invited, plus a number of others.

I will update you as soon as we receive additional information. Thanks.

DRAFT

THE CLINTON ADMINISTRATION RECORD ON REDUCING TEEN PREGNANCY

A Summary Report

President Clinton has called teen pregnancy one of the nation's most serious social problems, and reducing its incidence has been a key goal of this administration's policy for young people. All over the country Americans are beginning to address this and other issues by reasserting responsibility for themselves, their families and their communities, and they are starting to make a difference -- the teen pregnancy rate has come down two years in a row.

Although there has been progress, teenage pregnancy remains a profound problem, and we need to do more. Real solutions lie at the grassroots level, with families, communities and young people themselves. The federal government can help focus resources in support of work at the local level, and most important, it can help ensure that our policies support our national values. The Clinton Administration's policy on teen pregnancy, and on youth generally, have been built on two fundamental values:

Responsible Behavior: Personal responsibility has been a central part of the President's message to young people, as he has urged them not to become parents before they are adults, have finished school, and are ready to support their children. He has supported policies that embody this principle, including abstinence-based curricula, welfare reforms that discourage early parenting and require young mothers to live at home and stay in school, and tough new child support enforcement provisions that drive home the responsibility of parenthood to young men.

Opportunities for Youth: Teen pregnancy cannot be addressed in isolation from the wide range of other problems confronting youth, their families, their communities and their schools. Much of the Administration's social and economic agenda, ranging from education to crime prevention to empowerment zones, is designed to provide increased opportunities for young people and to give them something to say 'yes' to. If our youth do not have access to education, health services, jobs, or safe places to go after school and on weekends, they will not have a chance to make the right choices.

This summary report provides some facts about teen pregnancy in the United States and highlights some of the key components of Administration's teen pregnancy and youth agenda, including: (1) Research and Evaluation to learn more about the causes of teen pregnancy, (2) Community demonstrations to help communities try different approaches to learn what works, (3) Policies that promote responsible behavior among young people, and (4) Policies that provide young people with greater opportunities.

Recognizing that government cannot solve this problem alone, the President has called for a national private sector campaign to prevent teen pregnancy, and the administration has been working to catalyze such an effort. This report is not intended to address the status of private sector initiatives, nor does it provide a comprehensive description of all federal efforts directed at teens.

The Facts About Teen Pregnancy

A NATIONAL EPIDEMIC

- Every year, about 1 million American teenagers become pregnant -- that's approximately 11% of women ages 15-19.
- From the 1950s through the early 1980s, the rate of births to teens decreased steadily. However, in 1986, that trend reversed, and over the period 1986-91, the rate grew by 24%. Recent news has been somewhat positive: From 1991 to 1993, the national rate declined by 4%.
- As the teenage population grows, teen births are expected to increase. Even if the teen birth rate remains constant, the number of births is expected to jump 30% by the year 2010.

TREND TOWARDS OUT-OF-WEDLOCK CHILDBEARING

- In 1960, only 15% of teenage mothers were unmarried. As of 1993, 71% were unmarried.

INTERNATIONAL COMPARISONS

- The rate of births to teens in the United States is now twice as high as in the United Kingdom and six times as high as in France, Italy, and Denmark.

ROLE OF ADULT MALES

- A recent survey indicates that at least half the babies born to teenage women ages 15-17 are fathered by adult men ages 20 or older.

COSTS TO THE CHILDREN

- Children born to teens are more likely to die in their first year of life, to have lower cognitive achievement, to repeat a grade in school, to be victims of abuse and neglect, and to become teen parents themselves.
- 80% of children born to unwed teenage mothers who have not completed high school live in poverty. In contrast, of those children born to 20 year-old married parents who are high school graduates, only 8% live in poverty.

COSTS TO SOCIETY

- In 1990, slightly more than half of all mothers receiving Aid to Families and Dependent Children (AFDC) first had children as teenagers. And 43% of the long-term welfare recipients are women who gave birth at or before age 17.
- More than three-fourths of all unmarried teen mothers receive welfare (AFDC) at some point during the 5 years following the birth of their child.

Research and Evaluation: Learning What Works to Prevent Teen Pregnancy

The Clinton Administration supports comprehensive approaches to research and evaluation with an emphasis on prevention of both first and repeat pregnancies. Working to understand teen populations and the many forces that influence behavior both in and outside of the home, monitoring and targeting new data, and evaluating old and new programs to learn more about what approaches may be most effective in lowering teen pregnancy rates in the United States are priority elements of our approach to research and evaluation. Following are some examples:

- Comprehensive Study: In June of 1995, the Department of Health and Human Services issued, "**Beginning Too Soon: Adolescent Sexual Behavior, Pregnancy, and Parenthood**," a two volume report containing a comprehensive and exhaustive review of the most recent research literature on teenage sexual behavior, pregnancy and parenthood and on effectiveness of teenage pregnancy prevention programs. This report was produced by Child Trends, Inc. with funding from the Department of Health and Human Services, and is now available on the Internet at <http://aspe.os.dhhs.gov/hsp/cyphome.htm>.
- State Data: In September 1995, HHS reported **state-level teenage pregnancy data** for 1991 and 1992. This marks the first time that HHS is able to report state-level teen pregnancy data. Updating trends on a state-by-state basis regularly provides more information for making effective policy decisions and enables us to see where we need to target our resources.
- Family Planning and Adolescent Family Life : HHS funds, as part of Family Planning and Adolescent Family Life programs, research projects and studies that focus on **adolescent sexual behavior**. Goals of these studies range from developing strategies to improve services to sexually active adolescents who are at-risk for contraceptive non-compliance and young women who visit family planning clinics, to learning more about: precursors and results of pregnancy and birth among adolescent males, the factors that influence teen attitudes toward sexual behavior, and the consequences for teen mothers who decide to parent as compared to those who place their children for adoption.
- New Mothers' Study: HHS funds The New Mothers' Study and has expanded its original scope to provide support for a 5-year follow-up to look at longer term outcomes, including employment and welfare dependency. *The Study focuses on research and analysis of a study in Memphis, Tennessee, where a sample of first-time, low-income, pregnant women received weekly visits from a nurse. Approximately 65% of the research sample were 18 or younger at enrollment. Early findings indicate that there were **significantly fewer repeat pregnancies** within two years following the birth of the child for those women who received home visits. It was originally started in 1988, and is also supported by other government agencies and private foundations.*

- Teenage Parent Demonstration: In order to gain further insight into the occurrence of repeat pregnancies, in 1993, HHS funded a 5-year follow-up evaluation of the Teenage Parent Demonstration, initially conducted from 1986 to 1991. This program targeted the high-risk population of teenage mothers on welfare, providing case management and support services such as education, training and child care. The follow-up evaluation continues to monitor these mothers and focuses on the occurrence of repeat pregnancies.

Reaching Into Our Communities And Promoting Partnerships to Prevent Teen Pregnancy

"I'm trying to do things that I believe will help our country meet the challenges we face today so that young people will have a better future. And it's obvious to me that.... unless young people have good, healthy, constructive lives at the grass-roots level, the things that I do will not succeed in getting you the future you deserve." **President Clinton; August 9, 1995**

The Clinton Administration encourages local governments and communities to pilot new and innovative demonstration efforts to prevent teenage pregnancy, and works with them to help make these programs a reality. The Administration has sponsored a range of approaches from abstinence-based education to service-oriented community collaborations. If a program proves effective, one goal of collaboration is to foster sustainability so that it can eventually operate without government assistance. Following are some examples of programs funded under the Clinton Administration:

- Adolescent Family Life Program: In September of 1995, HHS's Adolescent Family Life Program awarded 15 grants totaling \$4.2 million dollars for comprehensive demonstration programs aimed at preventing early teenage sexual activity and reducing teenage pregnancies. These programs feature innovative ways to **emphasize abstinence as the best way to prevent adolescent pregnancy** and to encourage the involvement of parents in these discussions with their children.
- Community Coalition Partnership Programs for Prevention of Teen Pregnancy: In September of 1995, Centers for Disease Control and Prevention launched the new Community Coalition Partnership Programs for Prevention of Teen Pregnancy by awarding 13 grants totalling \$6.5 million over two years. These grants enable communities to develop plans for implementing and evaluating **community-wide interventions** that are innovative, comprehensive and sustainable. In addition, these demonstrations include an evaluation component.

- Healthy Schools/Healthy Communities: In 1994, the Administration started the new Healthy Schools/Healthy Communities program -- funding 27 **new school-based health centers** in 20 states and the District of Columbia. These centers provide for the health services and education needs of children and teenagers at high risk for poor health, teenage pregnancy, and other problems. A comprehensive evaluation of this program is currently being conducted.
- The Corporation for National Service: Created under the Clinton Administration in 1993, the Corporation for National Service supports over 50 teen pregnancy programs in 20 states across the country -- working both to **prevent teen pregnancy and to assist teen parents**. National service participants provide case management, mentor pregnant teens, sponsor health fairs, teach parenting skills to teen parents, make presentations on teen pregnancy prevention to school-age youth, help youth access health care, provide referrals to health care providers, and develop social supports for teen parents. *National service programs are operated with members of AmeriCorps, Learn and Serve America, and the National Senior Service Corps, who work collaboratively with school districts, universities, churches, health departments, national non-profits, and community-based organizations.*
- Healthy Start Program: HHS continues to support the Healthy Start Program, which has demonstration projects underway in 22 communities nationwide to **reduce infant mortality in the highest-risk areas and to improve the health and well-being of women, infants and their families**. Among a broad array of services provided, thousands of teenagers participate in prevention programs exclusively designed for them that encourage healthy lifestyles, youth empowerment, sexual responsibility, conflict resolution, goal setting, and the enhancement of self-esteem. A comprehensive evaluation is ongoing and results are expected in 1997.
- The Home Visiting Services Demonstration: In September 1994, HHS launched this new grant program that is currently operating in three sites. Under the demonstration, paraprofessional home visitors provide first-time teenage parents on welfare with instruction and supportive guidance related to family planning, parenting skills, health care for themselves and their children, and child support. The visitors also facilitate the teenagers' participation in the required education and employment-related activities.

Promoting Personal Responsibility Among Young People

President Clinton has made personal responsibility a central part of his message to young people, striving to prevent both first and repeat pregnancies for young mothers and fathers. Estimates indicate that over half the mothers who receive Aid to Families with Dependent Children were teenagers when they had their first child. To prevent welfare dependency, teenagers must get the message that staying in school, postponing sexual activity, and preparing to work are the right things to do.

By supporting welfare reform proposals that promote work, demand responsibility, and toughen child support enforcement activities, President Clinton has sent a message that, "Nobody should get pregnant or father a child who isn't prepared to raise the child, love the child, and take responsibility for the child's future."

Welfare Reform: The President's welfare reform proposals incorporate a clear message to minor parents seeking assistance: to get help, you have to live with a responsible adult, you have to stay in school, and you have to be committed to supporting yourself and your children after high school. Welfare reform proposals passed by the House and the Senate have adopted the President's proposal requiring unmarried teen mothers to live at home with an adult family member in order to qualify for assistance. The pending legislation would also allow states grants to establish "Second Chance" homes, or adult-supervised group homes, as alternative living situations to help teen parents break the cycle of welfare dependency.

Strengthening Child Support Enforcement: In 1995 the Administration collected a record of \$11 billion in child support from non-custodial parents, an increase of 40% since 1992. From 1992 to 1995, paternity establishments have also risen by over 40% to an estimated 735,000. This increase includes, for the first time, paternities established as part of the Clinton Administration's in-hospital paternity establishment program.

President Clinton proposed a comprehensive child support enforcement plan as part of his welfare reform legislation. The plan would streamline paternity establishment; require new hire reporting; make child support laws uniform across state lines; computerize state-wide collections to speed up payments; and require states to threaten denying drivers' and professional licenses to parents who refuse to pay child support. Both House and Senate have adopted these provisions--changes that should increase child support collections by \$24 billion over the next 10 years. In addition, in 1995 President Clinton signed an Executive Order to crack down on Federal employees who owe child support.

State Welfare Reform Demonstrations: The Administration has approved State Welfare Reform Demonstrations that include various provisions affecting minor parents. 12 states have authority to implement provisions linking AFDC benefits to the school attendance of minor parents. Nine states have received waiver authority to require minor parents to live with their parents or guardians or in an adult-supervised setting. A comprehensive evaluation will be conducted for each of these demonstrations.

Teen Pregnancy Prevention As Part Of A Comprehensive Approach to Youth Policy

The Clinton Administration has worked to address the high rate of teen pregnancy by confronting the complex economic and social factors often behind these high rates. We have stressed the importance of investing in young people and in the communities where they live in order to offer them positive alternatives to early parenting and sexual behavior. Critical to this effort are Administration initiatives to invest in early childhood and adolescent development, to provide equal educational opportunities for our children and youth, to invest in distressed urban and rural communities, and to create more jobs.

Researchers have documented correlations between poor academic skills and early childbearing; high dropout rates, illiteracy, a history of physical and/or sexual abuse, and poor employment prospects are all risk factors for early childbearing. Research has also shown that the risk factors for teen pregnancy, violent behavior, delinquency, and drug use are similar and that comprehensive programs focused on changing behaviors related to alcohol, drugs and teen pregnancy -- such as focusing on raising self-esteem -- have an impact.

Following are examples of programs and initiatives in this area that the Administration supports:

LEARNING MORE ABOUT YOUTH AT-RISK

- National Adolescent Health Survey: Teens have been a significantly understudied sector of the population. In 1994, the National Institutes of Health began funding a new 5-year study known as Add Health, the first comprehensive study of the determinants of adolescent health. Using a national sample of 7th through 12th graders, Add Health examines the personal, familial, peer-related and community related influences on health behavior, taking a more **comprehensive look at the health of our nation's teenagers** in order to provide a better understanding of the complex forces that promote good health for our young people and those factors that put youth at risk.
- Preventing Youth Violence in Public Housing: This year, HUD and CDC have awarded a \$550,000 grant to collect and develop information on youth violence prevention research. The intent is to disseminate existing information on successful programs to Indian and Public Housing authorities so that they can make more informed choices about prevention programs, which offer alternative services and activities for youth that can play a major role in preventing teen pregnancy as well.

- Comprehensive Strategy and Guide for Implementation: In December of 1993, the Department of Justice published a *Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders*, following up with a *Guide* to implementing the *Comprehensive Strategy* in June of 1995. Studies on the causes and correlates of delinquency, which used large random samples of inner-city, high-risk youth in three sites, provided the research underpinnings for these publications. All three studies showed that **chronic violent delinquent offenders have higher rates of dropping out of school, gun ownership for protection, gun use, gang membership, teenage sexual activity, teenage parenthood, and early independence from their family.**

Comprehensive Strategy and its *Guide* for implementation provide an alternative to increasing reliance on the criminal justice system by calling for the establishment of a **coordinated system of prevention** and graduated sanctions programs that provide a continuum of care for each child.

- Review for Practitioners: *Family Life, Delinquency, and Crime: A Policymaker's Guide--Research Summary*, was completed in May of 1994 by the Department of Justice. Its findings indicate that **family is one of the most powerful socializing forces for young people**, and can therefore seriously impact children's behavior.
- Parenting Initiative: The Department of Justice completed research work in 1993 under a grant to the University of Utah and the Pacific Institute for Research and Evaluation. This four-year major parenting initiative resulted in a document entitled *Effective Parenting Strategies for Families of High-Risk Youth (December 1993)*, which identified a representative group of 25 programs as potentially the most promising. The research findings underscore the **importance of a family-focused approach to prevention and intervention of youthful problem behavior.**

EXPANDING OPPORTUNITIES FOR YOUTH AT-RISK

- SafeFutures: In September 1995, the Department of Justice created the SafeFutures Program, a five-year program which will provide approximately \$8 million per year to six jurisdictions for a comprehensive and coordinated **delinquency prevention and intervention program for at-risk and delinquent youth.** Several programmatic components allow the four cities, one rural jurisdiction and one tribal government, to address teen pregnancy and receive support for specific counseling and education services. These include support for family strengthening activities, mentoring, specific services to at-risk and delinquent females, and general delinquency prevention activities.
- High Risk Youth Demonstration: HHS supports the High Risk Youth Demonstration program, which funds **innovative and effective model programs for preventing alcohol and drug use among high-risk youth.** One component of the program targets the specific needs of females from 12 to 20 whose use of substances often occurs with special factors (e.g. sexual abuse and domestic violence) that underlie or contribute to women's addictive problems. Every component of the program is evaluated.

- School Health Programs: The CDC has established a national framework to support school health programs that are locally determined and consistent with community values. Programs in all 50 states and 18 major cities are designed to help young people avoid those risk behaviors that result in HIV infection, other sexually transmitted diseases, and unintended pregnancies. CDC's Youth Risk Surveillance System provides information about the prevalence of behaviors practiced by youth that put their health at risk, and states, cities, and CDC use this information to more effectively target and evaluate school health programs.
- Youth Development Initiative: Started in 1994 under the Departments of Veterans Affairs and Housing and Urban Development, the purpose of this initiative is to address the problem of violence in low-income communities by providing young people aged 13 to 25, with access to education and employment opportunities and supportive services. Offering these positive alternatives and services to youth to reduce violence are shown to be effective for affecting other teen behavior as well, such as sexual behavior that could lead to teen pregnancy.
- Youth Fair Chance: In July 1994, the Department of Labor implemented the Youth Fair Chance program, funding seventeen sites. Youth Fair Chance is a community-based program that targets money directly into **high poverty areas where youth problems are greatest**. Working in cooperation with local service providers, these sites use in- and out-of-school components to provide a variety of services that focus on youth problems, like teen pregnancy, unemployment, drug and gang involvement, and dropping out of school. Some of the sites utilize AmeriCorps volunteers.
- The Community Schools Youth Services and Supervision Grant: Through this new program established in 1994 under the Crime Bill, HHS provides matching grants to communities with significant poverty and juvenile delinquency for **after-school, weekend and summer recreation and education programs**. The program includes an evaluation component.
- Family Planning: In the face of strong opposition, the President has proposed budget increases for the federal Family Planning Program each year and successfully maintained the program. Among other reproductive health and education services, this program makes family planning information and contraception available to millions of women who might not otherwise get reproductive health care.
- 4-H Youth Development Program and Children, Youth and Families at Risk Initiative: The Department of Agriculture, through the Cooperative Extension System, funds these important initiatives serving young people. These programs work with communities to implement effective research-based programs which address a broad range of issues and needs, including teen pregnancy, child abuse, infant mortality, community crime and violence, and child care.

- Safe and Drug-Free School Act: Passed in 1994, this act responds to the continuing crisis of violence and drugs in our schools by **supporting comprehensive school-and community-based drug abuse and violence prevention programs**. Local school districts in high need areas are coordinating violence and drug prevention programs with comprehensive school health education programs.
- Comprehensive Services for Teenage Parents on Welfare: In 1994, HHS funded these grants, which supported development of programs providing **comprehensive services to meet the personal, physical and social needs of teenage parents**, as well as aiding the cognitive, physical and emotional development of their children. They were implemented in conjunction with mandatory participation requirements for education and employment-related activities.

LIFELONG LEARNING: INVESTING IN OUR YOUNG PEOPLE

"We can do all these things -- put our economic house in order, expand world trade, target the jobs of the future, guarantee equal opportunity -- but if we're honest, we'll admit that this strategy still cannot work unless we also give our people the education, training, and skills they need to seize the opportunities of tomorrow." **President Clinton; January 25, 1994**

Under the Clinton Administration, the Department of Education has launched a number of initiatives that address teen pregnancy prevention through improved schooling for disadvantaged students, coordination of health and social services, and school-to-work opportunities to increase economic self-sufficiency. Drop-out prevention and drug-free schools and communities programs address risk factors that are the same or related to those leading to teen pregnancy.

Specific initiatives started or expanded include: **The Goals 2000: Educate America Act, Improving America's Schools Act, Title I Program; 1994 School-To-Work Opportunities Act; and Head Start.**

EMPOWERING COMMUNITIES TO SOLVE PROBLEMS

The Clinton Administration has worked hard to encourage investment in distressed communities, to create jobs and to help these communities rebuild themselves by designing initiatives like the **Empowerment Zones and Enterprise Communities** and **The Community Development Banking and Financial Institutions Act.**

Promoting Personal Responsibility Among Young People

[NOTE:SECTION TO BE UPDATED AS WELFARE REFORM DEBATE EVOLVES]

President Clinton has made personal responsibility a central part of his message to young people, striving to prevent both first and repeat pregnancies for young mothers and fathers. Estimates indicate that over half the mothers who receive Aid to Families with Dependent Children were teenagers when they had their first child. To prevent welfare dependency, teenagers must get the message that staying in school, postponing sexual activity, and preparing to work are the right things to do.

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Welfare Reform: The President's welfare reform proposals incorporate a clear message to minor parents seeking assistance: to get help, you have to live with a responsible adult, you have to stay in school, and you have to be committed to supporting yourself and your children after high school. Welfare reform proposals passed by the House and the Senate have adopted the President's proposal requiring unmarried teen mothers to live at home with an adult family member in order to qualify for assistance. The pending legislation would also allow states grants to establish "Second Chance" homes, or adult-supervised group homes, as alternative living situations to help teen parents break the cycle of welfare dependency.

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January 16, 1996

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

January 29, 1996

**PRESIDENT CLINTON ANNOUNCES APPOINTMENT OF
DR. HENRY FOSTER AS SENIOR ADVISOR ON TEEN PREGNANCY**

The President today announced the appointment of Dr. Henry Foster as Senior Advisor to the President on Teen Pregnancy and Youth Issues. Dr. Foster will also be serving as an Expert Advisor to the Director of the Centers for Disease Control and Prevention and to the Secretary of Health and Human Services.

The announcement follows the President's State of the Union address in which he challenged Americans to strengthen families and do everything possible to reduce the rate of teenage pregnancy. While pregnancy rates are beginning to come down among teenagers, one million teenage girls still become pregnant every year.

In the State of the Union, the President announced that a group of prominent Americans will launch a National Campaign to Reduce Teenage Pregnancy, designed to support grass roots community efforts in this area. A dozen people have already agreed to be a part of this effort, including C. Everett Koop, David Hamburg of the Carnegie Corporation, Urban League President Hugh Price, Whoopi Goldberg, former Senator Warren Rudman, former Governor Tom Kean, Ogilvy and Mather CEO Charlotte Beers, and MTV President Judy McGrath.

Today, the President will meet with people working at the state and local level to reduce teen pregnancy and ask Dr. Foster to serve as his liaison to the National Campaign. Dr. Foster will also be working to bring national attention to the issue, to galvanize activity at the local level and will be advising the Administration on policies related to teen pregnancy. He will be meeting with leaders in business, media and other fields to mobilize and intensify their interest and efforts in this area.

"I am pleased that Dr. Foster has agreed to work with us in our efforts to reduce teen pregnancy and promote hope and opportunity for our youth," the President said. "Teen pregnancy is one of our most pressing social problems. All of us must work together to send a clear message to our young people that staying in school, postponing sexual activity, and preparing to work are the right things to do."

Dr. Foster is presently a Professor of Obstetrics and Gynecology at Meharry Medical College in Nashville, Tennessee. He has in the past been the Dean of the School of Medicine at Meharry and Chairman of the Department of Obstetrics and Gynecology. The appointment of Dr. Foster is effective immediately.

A NATIONAL CAMPAIGN TO REDUCE TEENAGE PREGNANCY

2100 M STREET, N.W., SUITE 500, WASHINGTON, D.C. 20037

(202) 857-8531 Office, (202) 728-0232 Fax

BOARD MEMBERS

(As of January 26, 1996)

Charlotte L. Beers, Chairman and Chief Executive Officer, Ogilvy and Mather

Katharine Graham, Chairman of the Executive Committee, The Washington Post Company

Whoopi Goldberg, actress

Dr. David Hazburg, President, Carnegie Corporation of New York

Irving B. Harris, Chairman, The Harris Foundation

Nancy Kassebaum, U.S. Senator

Thomas Kean, President, Drew University

Dr. C. Everett Koop, former Surgeon General

Judy McGrath, President, MTV

Hugh Price, President, National Urban League, Incorporated

Warren B. Rudman, former U.S. Senator, Paul, Weiss, Rifkind, Wharton & Garrison

Andrew J. Young, former Ambassador to the U.N. and Co-Chairman, Atlanta Committee for the Olympic Games

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001a. list	Appointment List re: SSN and DOB (partial) (1 page)	01/29/1996	P6/b(6)

COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Dorothy Karayannis Craft (Subject Files)
OA/Box Number: 8999

FOLDER TITLE:

Teen Pregnancy

2012-0255-S

rc628

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Date
29-Jan-1996

Appointment with
BEN AMI, JEREMY

Room No. Bldg.
Roosevelt Rm

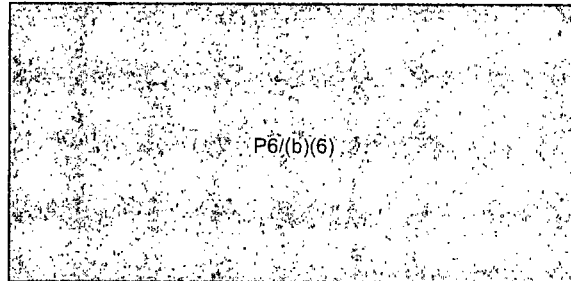
Requested by
Dorothy L. Karayannis

Phone #
456-5571

Comments:

W# 54213

TIME	VISITOR'S LAST, FIRST NAME	BIRTHDATE	SOC. SEC. #
11:00am	Hyman	Andrew	
11:00am	Gilmore	Lisa	
11:00am	Porterfield	Daniel	
11:00am	Stewart	Felicia	
11:00am	Thurm	Kevin	
11:00am	Donahue	Mary Beth	
11:00am	Edelman	Peter	



[0019]

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001b. list	re: SSN and DOB (partial) (1 page)	n.d.	P6/b(6)

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- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Here is a revised list from me. There are some new names in this.
Thanks.

Martha Easton

P6/(b)(6)

[0016]

Sarah Brown-- she'll be cleared in by me for 9:30 meeting. don't know why.

Ann Guthrie Hingston

National Program Coordinator for Best Friends

P6/(b)(6)

Andrea Massengile

DC Program Coordinator for Best Friends

P6/(b)(6)

Vera M. White

(principal of Jefferson Junior High School)

P6/(b)(6)

Christine Childs

P6/(b)(6)

Shevan Lassiter

P6/(b)(6)

Shenerah Lassiter

P6/(b)(6)

Lavetta Adams

P6/(b)(6)

Dr. Andrew Bernstein

I will clear him in for 9:30 meeting -- he's accompanying 18 year old.

John Podesta

P6/(b)(6)

Felicia Stewart

Office of Population Affairs

?

Tom Crank (sp?)

Office of Population Affairs
?

Ann Segal
HHS

Elisa Koff
HHS

Amy Nevel
HHS

TEEN PREGNANCY EVENT

1. Purpose/Message of event

PURPOSE OF THE EVENT: Demonstrate follow through on President's challenge and announcement in the State of the Union regarding teen pregnancy:

"To strengthen the family, we must do everything we can to keep the teen pregnancy rate going down. It is still far too high. Tonight I am pleased to announce that a group of prominent Americans is responding to that challenge by forming an organization that will support grass roots community efforts in a national campaign against teen pregnancy."

NEWS/MESSAGE: The President will announce the appointment of Dr. Henry Foster as a Senior Advisor to the President on Teen Pregnancy and Youth Issues. He will also be meeting with a small group of people who have been working at the state and local level on the issue to discuss how their work can be replicated in other communities with the help of a National Campaign. Some of the organizers of the National Campaign will be joining the discussion as well.

2. Structure of the event

Proposed: 30 minute discussion in Oval (closed press)
- 12 participants: POTUS, Shalala, Foster, Belle Sawhill, 8 others TBD
Statements to press following discussion in Roosevelt Room?
- Shalala, POTUS, Foster (10-12 minutes total); No Q/A

3. Outreach to National Campaign

At this point, none of the people who have agreed to be a part of the Campaign can make it on Monday; some calls still to be made. Belle Sawhill will be there.

4. State/Local reps

- Debbie Fine vetting with HHS, other friends - working with Belle
- goal is geographically diverse; fallback on Maryland
- will have names/bios by noon Saturday

5. Foster

- 9:00 Monday briefing for Foster in JBA office: Press, OPL, HHS should come
- He will not do press on Monday.

6. Pre-brief

- for participants at 9:30 in room 180.

7. Media Plans

- we may well have some regional media opportunities with the invitees. Debbie will work with Media Affairs by mid afternoon, once we know who is coming.

9. Group Briefing

- we plan to set up a briefing on teen pregnancy for interest groups early the week of February 5. The briefing will include Foster and more info on the National Campaign.

10. Other courtesy calls: Leg, other?