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The Best Intentions

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SUMMARY

Free Teen Pregnancy THE BEST INTENTIONS

**Unintended
Pregnancy
and the
Well-Being
of Children
and Families**

INSTITUTE OF MEDICINE



THE WHITE HOUSE

WASHINGTON

May 4, 1995

MEMORANDUM FOR: THE FIRST LADY
MAGGIE WILLIAMS
MELANNE VERVEER

FROM: BILL GALSTON ^{WAG}
JANET ABRAMS

SUBJECT: ADMINISTRATION INITIATIVES IN TEEN
PREGNANCY PREVENTION

Since the State of the Union, efforts have been underway to create a national voluntary organization to serve as a focal-point for efforts to reduce teen pregnancy. As you have noted, it is important that this initiative be presented and perceived as a private-sector partner for administration initiatives. To that end, we have assembled summaries of the range of administration policies that contribute to reducing teen pregnancy. They include:

- o a number of service and research programs within the Department of Health and Human Services
- o programs across several agencies to promote youth development and address various risk factors associated with teen pregnancy
- o current and proposed welfare reform measures to provide young men and women with incentives to delay parenthood until they are married and able to support their children
- o a comprehensive attack on background economic and social factors contributing to rising teen pregnancy rates, including poverty, unequal educational opportunity, and disinvestment in distressed urban and rural communities

We attach first drafts of background documents on each of these categories. Suitably refined, these documents could be made public, or used as the basis of administration statements, when the new voluntary organization is announced. This approach would add substance and credibility to our overall message of public/private partnership to combat teen pregnancy.

Department of Health and Human Services Efforts in Adolescent Pregnancy Prevention

Numerous offices and agencies across the Department have programs that address the issue of adolescent pregnancy prevention, including repeat pregnancies. Only a few focus specifically on teen pregnancy. Given that the multiple problems adolescents face are often interrelated, the specific problems that other programs emphasize (i.e., substance abuse, education, etc.) are also related to adolescent pregnancy prevention. Below is a brief summary of some of these efforts. This list is not meant to be a comprehensive list, but one that demonstrates the types of activities occurring in the Department.

- Title X is the primary Federal grant program focused solely on family planning and reproductive health. Enacted in 1970 to provide comprehensive family planning services to all persons who desired them, the statute was amended in 1978 to expressly state that services to adolescents were mandated. Title X provides funding to 4,000 clinics nationwide that serve more than four million clients each year—approximately 30 percent of Title X clients are adolescents.
- Title XX is the only Federal grant program focused exclusively on the issues of adolescent sexuality, pregnancy and childbearing. This program funds demonstration and research projects that address the problems of adolescent sexual behavior and pregnancy. While the focus of the adolescent pregnancy prevention projects is to encourage abstinence from sexual activity, it is recognized that many adolescents are already sexually active—or will become sexually active—and thus, projects are encouraged to provide education about contraceptive methods and their role in reducing the risk of unintended pregnancy and STD/HIV infection.
- Through the MCH Services Block Grant and Special Projects of Regional and National Significance (SPRANS) funding, adolescent health has become a major component of each state's Maternal and Child Health program. Forty-three states and the District of Columbia have adolescent health coordinators/directors. The Maternal and Child Health Bureau has sponsored annual meetings since 1988 for training, networking, and resource sharing for these adolescent health coordinators/directors. The Bureau recently completed the State Adolescent Health Coordinator 1995 Profile of Adolescent Pregnancy Prevention which summarizes the assessment, policy development, and assurance activities found in 35 states.

A significant number of Bureau funded adolescent projects focus on adolescent pregnancy prevention; many focus on minority adolescents and adolescents with special health care needs. Currently the Bureau funds approximately 30 special projects which address adolescent pregnancy prevention.

The Bureau also funds MCHB-Block Grant Toll-Free numbers in 52 states which serve as a means of providing access to information regarding pregnancy prevention.

- The Centers for Disease Control and Prevention Division of Adolescent and School Health funds health education to schools in order to decrease the risk behaviors that cause high rates of morbidity and mortality through sexually transmitted diseases, drug

and alcohol abuse, tobacco use, unintentional and intentional injuries, diet and physical inactivity. These high risk behaviors are associated with increased risk of adolescent pregnancy.

- The Centers for Disease Control and Prevention Division of Reproductive Health and Division of Adolescent and School Health received approximately \$4.5 million in FY 1995 to develop a teen pregnancy prevention initiative. These funds are being used to improve teen pregnancy surveillance, to support the development of a national strategy for teen pregnancy prevention and to assist local communities in designing, implementing and evaluating Community Demonstration Programs for Teen Pregnancy Prevention. Surveillance activities include the enhancement of state-based vital records systems to provide the information for the calculation of teen pregnancy rates and the development of an ongoing system for routinely generating national and state pregnancy reports for teens. The national strategy is designed to enlist the assistance of various public and private partners in national communication and programmatic efforts necessary to positively influence teen decisions regarding abstinence, use of contraceptives and pregnancy. Approximately 12 Community Demonstration Programs will be funded to develop plans for implementing innovative, comprehensive, community-based interventions to reduce teen pregnancy. Eligible communities must have an existing community partnership, experience in dealing with prevention of teen pregnancy, a base population of at least 200,000 and a teen birth rate at least 1.5 times as high as the national average. Program evaluation assistance will also be provided to communities so that lessons learned by these programs can be used in support of other community-based efforts throughout the country to prevent teen pregnancy and related problems. This initiative is being developed and implemented in strong partnership with the Office of Population Affairs (OPA).
- The Administration on Children and Families (ACF) funds a number of programs that address a wide range of risk factors related to adolescent pregnancy and support youth development activities. These include runaway and homeless youth programs, Community Schools, Empowerment Zones and Enterprise Communities (EZ-EC), and National Youth Sports Program. In addition, the Comprehensive Child Development Program (CCDP) funds grantees to conduct a range of activities from providing health information to classes on self-esteem.
- In the fall of 1992, National Institute for Child Health and Human Development (NICHD) began the implementation of a set of eight cooperative agreements to develop, implement and evaluate coordinated programs of community based health behavior interventions designed to lower the unacceptably high rates of morbidity and mortality among minority youth. These projects are funded through the National Institutes of Health Office of Research on Minority Health.

The projects focus on strategies for decreasing violence-related injuries and deaths, sexually transmitted diseases (STDs) and unwanted or unintended pregnancies in minority youth ages 10-18. A few include strategies to help young people resist other health compromising behaviors such as smoking, alcohol and drug use. Several projects are collaborations between minority and majority institutions, and all include

community-based groups and organizations in both the design and the implementation phases. They are longitudinal, comprising at least two years of intervention and follow-up. They provide an interesting geographic range. Six projects will focus on programs for Black, Native American or Hispanic youth. The University of Washington project will be working in the multi-ethnic communities of Seattle. Three will have sites in a wide range of neighborhood or community organizations and the other four will provide at least some of the programs in local schools.

- The Substance and Mental Health Services Administration (SAMHSA) has sponsored several initiatives and campaigns targeted toward reducing teenage pregnancy. The Center for Substance Abuse Prevention funds many projects including demonstrations for pregnancy, postpartum women and their infants. Other CSAP demonstrations target female high risk adolescents to prevent, reduce, and delay the use of alcohol, tobacco, and other drugs for these adolescents.

In FY 1995 CSAP will let a contract to support a women's education campaign with a multi-faceted approach to reach female and male adolescents and their families who are believed to have significant gaps in their knowledge about the risks of using alcohol and other drugs (AOD) during pregnancy, the risks of becoming pregnant, and other associated risks such as HIV/AIDS, violence and school performance. The campaign will focus on changing knowledge and attitudes to reduce risks of alcohol and drug use and intent to use during pregnancy and changing social norms regarding use of alcohol and drugs and becoming pregnant.

OTHER YOUTH DEVELOPMENT PROGRAMS

Department of Education

- Drug-free schools and communities programs address risk factors related to teen pregnancy.
- Title I of the Elementary and Secondary Education Act allocates funds to schools with educationally disadvantaged students. A new provision in the law permits school districts to use up to 5% of their ESEA funding for coordinated services projects for youth.
- The Department funds postsecondary education outreach and student support services to encourage individuals from disadvantaged backgrounds to enter and complete college.

Department of Labor

- The New Chance Program funds demonstration grants aimed at increasing the long-term employability of teenage mothers.
- The Youth Fair Chance Program supports grants to facilitate the coordination of comprehensive services, including education, job training, employment, and related social services to youth.
- The Job Training and Partnership Act funds programs which support youth in successfully attaining and retaining employment. Services include employment training, vocational counseling, literacy and basic skills training, work experience, and social support and health services.
- The Young Unwed Fathers Project funds demonstrations aimed at improving the long-term employability and parenting capabilities of teenage and other young fathers.

Department of Agriculture

- 4-H Youth Development programs assist young people in acquiring knowledge and developing life skills that will enable them to become self-directing, productive members of society.
- The Youth at Risk Initiative supports school-age child care programs, reading and science literacy programs, and coalitions for high-risk youth.
- The Farmers Home Administration makes Youth Project Loans to rural youth to support income-producing projects.

Department of Interior

- The Department of the Interior funds Youth Conservation Corps, a summer employment program for youth 15-18 and additional career development and job corps programs that provide educational and vocational training, work experience, personal and career counseling, and health care services for youth and young adults. The Bureau of Indian Affairs supports programs aimed at high-risk youth in the areas of alcohol and other substance abuse prevention.

Department of Housing and Urban Development

- Youthbuild Opportunities Program provides job training and work experience for economically disadvantaged youth; a Youth Sports Program that provides sports, cultural, recreational, and educational activities for youth who are residents in public housing. They also funds a Public and Indian Housing Drug Elimination Program.

Department of Justice

- The Office of Juvenile Justice and Delinquency Prevention funds programs assisting criminally at-risk youth. Service areas include substance abuse, literacy, parrental involvement, and mentoring.

Department of Defense

- The Department of Defense supports activities for children of military families. Prevention programs focus on substance abuse, conflict resolution, teen pregnancy, self-esteem, recreation, job skills, and physical fitness.

WELFARE REFORM

In 1992, President Clinton made the groundbreaking commitment to "end welfare as we know it." The President's reform plan introduced in 1994 included several measures to motivate young people to delay parenthood until they are married and able to provide for their children financially:

- Teen mothers on welfare would be required to live at home with their parents, stay in school, identify the father, and move into employment within a limited period of time.
- Tough new child support laws would be strictly enforced, so that prospective teen fathers would know they had to provide child support for the next 18 years. The Clinton plan would increase child support collections by \$24 billion over the next decade. (In 1993, the Administration collected a record \$9 billion in child support, a 12% increase over the previous year.)
- States would have the flexibility to try innovative ways to encourage responsible behavior, such as rewarding teen recipients who make progress in school and sanctioning those who drop out.

The Clinton plan also included provisions to support communities in their teen pregnancy prevention efforts:

- Grants would be provided to school-based teen pregnancy prevention programs in high-risk areas of the country.
- A national teen pregnancy clearinghouse would be established to disseminate information on model prevention programs.

LIFELONG LEARNING

"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
State of the Union Address
January 25, 1994

Pre-School and Parenting, so that every child starts school ready to learn.

- Reformed Head Start to create tough new quality standards, reduce child-to-teacher ratios, expand services, and create the new Early Head Start for infants and toddlers.
- Expanded Head Start to enable over 130,000 more children to participate in 1995 than in 1993 -- with a proposed increase of 31,500 for 1996.
- Introduced the new Early Head Start for infants and toddlers.

Goals 2000 and School Improvement, to enable our K-12 students to pursue challenging academic standards -- and meet them.

- Signed the Goals 2000: Educate America Act, including the Safe Schools Act, and the Improving America's Schools Act, to provide top-down support for bottom-up reform.
- Empowered teachers, principals, and parents to change the way schools work -- with cutting-edge technology, challenging academic standards for what students should know, renewed commitment to involving parents in schools, and new, flexible partnerships with states and communities -- cutting red tape so that communities can tailor their schools to meet their children's needs.
- Kicked off anti-crime initiative inside schools to make sure students can learn in safety, no fear.

School to Work Opportunities, to prepare all young people for further education and first jobs that lead to high-wage, high-skill careers.

- Signed the School-to-Work Opportunities Act to support efforts in all 50 states to create and reform school-to-work systems. The Act sunsets in 2001 -- a limited national catalyst for local initiatives.
- Every school-to-work initiative will enable all participants to develop high-level academic and technical skills, obtain a high school diploma and an occupational skills

certificate, and move toward further training and first jobs that lead to high-skill, high-wage careers.

National Service, so young people have a chance to help their communities -- and help pay for college, too.

- Signed the National and Community Service Trust Act, creating AmeriCorps, the new national service initiative.
- AmeriCorps gives young people the chance to spend a year or more in tough, direct service making our people safer, smarter, and healthier -- while earning an award of nearly \$5000 per year to pay for college or job training.
- AmeriCorps already engages 20,000 Americans as AmeriCorps Members in more than 350 community efforts around the country.
- AmeriCorps relies on the initiative of communities and the support of states to change communities from the inside out -- not with bureaucracy, but with citizens helping each other and building voluntary organizations -- getting things done.
- College Loans, so that every American is able to borrow the money to pay for college and pay it back on an affordable schedule.
- Signed into law the biggest change in student loans ever -- a new direct lending program which takes the middlemen out of the process.
- Will enable any student to get loans for college or job training and repay them in one of four ways, including "pay-as-you-can" repayments as a small percentage of income over time. Students can change repayment plans throughout the life of their loans, and "pay-as-you-can" gives them more freedom to choose careers without repayments as a dominant concern.
- Dramatically cut back red tape, making it faster and easier for students to get the money to pay for college.
- Will save taxpayers more than \$6 billion by the year 2000.

Training and Reemployment, so Americans can continuously learn to obtain better jobs and better wages.

- President Clinton has proposed comprehensive reforms for Congress to enact.

REWARDING WORK FOR WORKING FAMILIES

Earned Income Tax Credit

- The 1993 expansion gives 15 million working families a tax cut.
- The credit returns a total of \$21 billion to working families making up to \$28,500 per year.
- When fully phased in, the EITC will offer a maximum credit of about \$3,560 for families with two or more children, more than double the maximum basic credit of \$1,511 in 1993.

Making Work Pay -- The Minimum Wage

- The President has proposed increasing the minimum wage from \$4.25 to \$5.15 over two years through two 45-cent increases.
- The proposal would offer 11 million workers a raise and provide a full-time, year-round worker a raise of \$1800 a year -- as much as the average family spends on groceries in over 7 months.
- Over a dozen empirical studies show a proposal like the President's can increase wages without costing jobs.

Family and Medical Leave Act

- In February 1993, President Clinton signed the Family and Medical Leave Act, mandating 12 weeks of unpaid, job-guaranteed leave for childbirth, adoption, or illness of an employee or family member.
- The Department of the Treasury estimates that 42.5 million American workers are covered under the new legislation.
- The General Accounting Office estimates that up to 2.54 million workers were likely to need unpaid leave in 1993.

COMMUNITY EMPOWERMENT

"For a long time the government really thought that if we just had a solution designed here in Washington that was properly funded, we could solve the problems of every community in the country. Well, we learned that that wasn't true. But we've also learned ... that neglect is not a very good policy either. (There) needs to be a new partnership between Washington and the communities and the individuals of this country, and there needs to be a way of doing business in which we try to create the conditions in which people can seize opportunities for themselves."

President Clinton
January 17, 1994

Empowerment Zones and Enterprise Communities

- In 1993, President Clinton's Empowerment Zones and Enterprise Communities ("EZ/EC") legislation passed Congress, offering \$2.5 billion in tax incentives and \$1 billion in flexible block grants to more than 100 communities. The initiative is designed to create jobs and help communities to rebuild themselves from the inside out.
- 526 communities around the country engaged in long planning processes and submitted EZ/EC applications to the Administration.
- After a lengthy and thorough review process, on December 21, 1994, President Clinton and Vice President Gore announced nine EZs and two supplemental urban zones, along with the 95 ECs four of which received enhanced grants.

The Community Development Banking and Financial Institutions Act

- In 1994, the President's Community Development Banking and Financial Institutions Act became law, the first step to fulfilling his pledge to create a national network of community development financial institutions (CDFIs). In 1995, Congress appropriated \$125 million for the initiative, and the Administration has requested an additional \$375 million over the next four years.
- The Act creates a fund to provide equity investments, deposits, grants, loans, technical and training assistance to CDFIs that are starting up or expanding.
- When fully leveraged, the Act could create about \$2 billion in new investments by homeowners, businesspeople, and others who are building up low-and moderate-income communities.
- The Act will provide as many as 40,000 loans to entrepreneurs, expanding businesses, homeowners, and others who might not otherwise be able to obtain credit.

many contraceptive methods have appreciable failure rates even under the best circumstances, and the individuals who use them are not always as careful as is required for maximum efficacy. In addition, there will still probably be some couples who risk using no contraception at all for a period of time, despite having no clear desire to become pregnant. For those women who become pregnant unintentionally, access to both high-quality prenatal care as well as to safe abortion is needed in order to present women and couples with a range of options for managing the pregnancy. Unfortunately, access to both services is limited, especially in some areas of the country (Institute of Medicine, 1988; Henshaw and Van Vort, 1994), a situation that requires focused attention, advocacy, and resolution. Restricted access to safe, legal abortion, in particular, is often associated with maternal mortality and morbidity, as was the case before the full legalization of abortion in the United States over two decades ago (Institute of Medicine, 1975). Recent reports from Romania further underscore the horrors that women face when they must live in an environment that fails to provide accessible, medically safe termination of pregnancy (The Lancet, 1995).

Campaign Goal 1: Improve knowledge about contraception, unintended pregnancy, and reproductive health.

The first focus of the campaign to reduce unintended pregnancy should be to increase knowledge about contraception, unintended pregnancy, and reproductive health generally. The evidence presented in Chapter 5 indicates that individuals of all ages are poorly informed about these issues. The fact that many people mistakenly believe that childbearing is less risky medically than using oral contraceptives and that so few providers or consumers know about emergency contraception are sobering examples of this problem. Misinformation can impede the careful and consistent use of contraception, particularly because many reversible methods in particular require considerable skill to be used properly. Although knowledge alone is often insufficient to increase contraceptive vigilance, it can be viewed as a necessary precondition to other actions needed to reduce unintended pregnancy.

The committee recommends that the national campaign to reduce unintended pregnancy include a wide variety of strategies for educating and informing the American public about contraception, unintended pregnancy, and reproductive health in general. These activities should be directed to more than just adolescent girls, highlighting the common occurrence of unintended pregnancy among women age 20 and over, and especially among those over age 40 for whom an unintended pregnancy may carry particular medical risks. They must also include messages for boys and men,

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emphasizing their stake in avoiding unintended pregnancy, the contraceptive methods available to them, and how to support their partners' use of contraception, along with related material on their responsibility for the children they father and the importance of fathers in child development.

The specific inclusion of boys and men in this recommendation deserves special emphasis. As this report has noted repeatedly, males are too often excluded from reproductive health campaigns, and yet they often exert great influence on their partners' use of contraception. The need to engage males in reproductive health issues is also underscored by the material reviewed in Chapter 7 on violence and nonconsensual sex as contributors to unintended pregnancy. Comprehensive education about human sexuality should stress respect for girls and women and the essential role of consent and caring in human relationships, including sexual ones. The data also point to a need for more adult supervision of adolescents, especially young girls, in order to decrease opportunities for coercive or precocious sexual activity.

Parents, families, and both religious and community institutions should be major sources of information and education about reproductive health and family planning, especially for young people, and they should be supported in serving this important function. Schools also help to provide education and information on these topics. Although large majorities of Americans support family life and sex education in the schools, many communities have poor-quality programs or none at all. Sex education is mandated in 47 states, but only 3 states include coverage of contraception at both the junior and the senior high school levels, and condoms are mentioned only in five state curriculum guides (Chapter 5).

The topic of family life and sex education in the schools has been controversial in some communities; in particular, there is considerable concern that sexual activity may be increased by direct discussion of sexual behavior and contraceptive use. The available data suggest the contrary. In Chapters 5 and 8, for example, the point is made that many adolescents become sexually active before having had any formal family life or sex education. Data are also summarized suggesting that there is insufficient evidence to determine whether abstinence-only programs are effective. However, several studies have shown that sexual activity in young adolescents can be postponed and that use of contraception can be increased once sexual activity has begun by comprehensive education that includes several messages simultaneously: the value of abstinence at young ages especially, the importance of good communication between the sexes and with parents regarding a range of interpersonal topics including sexual behavior and contraception, skills for resisting pressure to be sexually active, and the proper use of contraception once sexual activity has begun.

The committee recommends that all U.S. school systems develop comprehensive, age-appropriate programs of family life and sex education that build on the emerging body of data regarding more effective content, timing, and teacher training for these courses. State laws and policies should be revised, where necessary, to allow and encourage such instruction.

One component of such courses should stress the magnitude and consequences of unintended pregnancies, and how both males and females can avoid such pregnancies over a lifetime (e.g., through reversible contraception and sterilization, as well as abstinence). Instruction on contraception should include specific information on where to obtain contraceptives, how much they cost, and where to receive subsidized care if expense is a problem. Care should be taken to discuss all available forms of contraception, including emergency contraception as well as such longer acting, coitus-independent methods as intrauterine devices and hormonal implants and injections. Instruction should include specific material on the details and mechanics of contraceptive use, emphasizing the fact that using many forms of contraception carefully and consistently requires specific skills. Material should also explain the value of using a condom and a female contraceptive method simultaneously to reduce the risk of both unintended pregnancy and contracting an STD.

The committee was impressed by the material suggesting that one of the main information and education sources in the nation—the media—is not helping in the task of conveying accurate, balanced information regarding contraception and sexual behavior, and too often highlights the risks rather than the benefits of contraception. Moreover, the electronic media especially continue to portray enticing, romantic, and “swept away” sexual encounters among unmarried couples. Only rarely do they present sexual activity in a manner that emphasizes responsibility, respect, caring and consent, and protection against both unintended pregnancy and STDs. Many television executives decline to advertise contraceptive products because they fear controversy, at the same time, they air advertisements that routinely use sexual innuendo to help sell consumer products and programs that are peppered with sexual activity of all types.

The committee recommends that the electronic and print media help to educate all Americans about contraception, unintended pregnancy, and related topics of reproductive health. The media should present accurate material on the risks and benefits (including the non-contraceptive benefits) of contraception and should broaden messages about preventing STDs to include preventing unintended pregnancy as well. Media producers, advertisers, story writers, and others should also review carefully the overall amount and content of the sexual activity portrayed in the media and balance current

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entertainment programming so that sexual activity is preceded by a mutual understanding of both partners regarding its possible consequences and is accompanied by contraception when appropriate. Similarly, advertising of contraceptive products and public service announcements regarding unintended pregnancy and contraception should be more plentiful.

There is reason to be optimistic about enlisting the help of the media to reinforce messages about preventing unintended pregnancy. Over the last decade and more, programming has increasingly avoided the portrayal of smoking or drinking as glamorous, high-status activities, and seat belt use by actors in many movies and television has increased significantly. Accordingly, it will be critically important to enlist the help of the media in preventing unintended pregnancy and to ensure also that any media-based social marketing efforts are theory-based, long-term, and carefully evaluated.

Campaign Goal 2: Increase access to contraception.

The second focus of the campaign to prevent unintended pregnancy should stress increasing access to contraception, especially the more effective methods that require contact with a health care professional. The committee was persuaded that one of the reasons for such high rates of unintended pregnancy in the United States is that, through a combination of financial and structural factors, the health care system in the United States makes access to prescription-based methods of contraception a complicated, sometimes expensive proposition. Private health insurance often does not cover contraceptive costs; the various restrictions on Medicaid eligibility make it an unreliable source of steady financing for contraception except for very poor women who already have a child; and the net decline in public investment in family planning services (especially those services supported by Title X of the Public Health Service Act), in the face of higher costs and sicker patients, may have decreased access to care for those who depend on publicly-financed services. Condoms, the most accessible form of contraception, provide valuable protection against STDs but must be accompanied by other contraceptive methods (preferably those that require a prescription) to afford maximum protection against unintended pregnancy. Unfortunately, other accessible nonprescription methods such as foam and other spermicides neither prevent the transmission of STDs nor offer the best protection against unintended pregnancy.

The two recommendations that follow take different approaches to increasing access to contraception: reducing financial barriers and broadening the pool of health professionals and institutions that promote pregnancy planning. These reflect the committee's conclusion that financial barriers may limit access to

prescription-based methods of contraception, especially for low income women, and that, overall, there are too few health professionals who actively promote contraception and pregnancy planning (Chapter 5). As is the case for the first recommended campaign goal—increasing knowledge—the committee views access to contraception as a basic first step toward reducing unintended pregnancy—a necessary precondition, and a fundamental requirement.

The committee recommends that financial barriers to contraception be reduced by: (1) increasing the proportion of all health insurance policies that cover contraceptive services and supplies, including both male and female sterilization, with no copayments or other cost-sharing requirements, as for other selected preventive health services; (2) extending Medicaid coverage for all postpartum women for 2 years following childbirth for contraceptive services, including sterilization;¹ and (3) continuing to provide public funding—federal, state and local—for comprehensive contraceptive services, especially for those low-income women and adolescents who face major financial barriers in securing such care.

The first part of this recommendation addresses the need for contraceptive services to be covered more adequately by health insurance, as is increasingly the case for such other preventive interventions as immunizations. Mandates at the federal or state level would accomplish this goal quickly; it may also be possible to move in the needed direction by educating and encouraging all purchasers of health insurance to select policies that offer comprehensive coverage of contraceptive services and supplies.

The second and third elements in the recommendation above speak to the major role that such public financing programs as Title X and Medicaid have played in helping millions of people secure contraception, especially those who are young or poor. The Title X program in particular also has a long history of offering general health care to many low-income women, over and above family planning services, because in some communities, there are few alternative providers of primary care. Moreover, the clinical guidelines developed by the program, especially its protocols for annual visits, have helped to set a standard of care for both public and private gynecologic services. The program also laid the foundation for payment to county public health clinics as providers of direct services to the poor.

¹Currently, women who are enrolled in Medicaid through some avenue other than Aid to Families with Dependent Children (AFDC) are typically covered for only 60 days postpartum.

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Although evaluation research has not yet defined the precise effects of either Medicaid or Title X on unintended pregnancy, those studies that have been completed on the effects of publicly-funded family planning services (which typically include both Medicaid and Title X funding) generally show a positive impact on a wide variety of fertility-related outcomes, including reduced adolescent birth rates. Moreover, there is no question that these programs help to finance contraceptive services for many women (and some men), the principal means by which unintended pregnancy is prevented. Whatever the current antagonism to both Medicaid and to Title X, including suggestions that both be either severely reduced or even eliminated, the important role that they have performed in supporting contraceptive care and related services must be recognized. It is essential that such public investment be maintained as part of the overall effort to help men and women avoid unintended pregnancy and achieve their reproductive goals.

One strength of the Title X program, in particular, is that because it is a federally administered program, states are prohibited from imposing restrictions on services at the local level that may limit access to contraception (such as not allowing minors to receive contraceptive care in clinics supported in whole or in part by Title X). If Congress decides to fold the Title X program into a block grant to the states, federal requirements and oversight of the program should continue to ensure maximum access to services at the local level. In addition, foundations and government should fund high-quality evaluations of public programs that help to support contraceptive services, Title X and Medicaid especially. Without better data regarding their impact on unintended pregnancy or other related outcomes, they remain particularly vulnerable to attack, and it is difficult to know how best to strengthen them.

To increase access to contraception, the committee also recommends that the campaign to reduce unintended pregnancy broaden the range and scope of health professionals and institutions that promote and provide contraception.

Three steps will help meet this goal. First, medical educators should revise, where necessary, the training curricula of a wide variety of health professionals (physicians, nurses, and others) to increase their competence in reproductive health and contraceptive counseling for both males and females and, when appropriate, in actually providing contraceptive methods. Pediatricians in particular should include pregnancy planning and interconceptional care in their scope of practice to increase the proportion of pregnancies that are intended (e.g., counseling parents of infants and young children about the benefits of pregnancy planning and spacing for themselves and their young families). Second, administrators should increase the coordination, sometimes even co-location, between basic family planning services and many other health and

social programs that typically serve individuals at high risk of unintended pregnancy, such as STD clinics, homeless centers, drug treatment programs, WIC offices (that is, offices that provide services financed by the Special Supplemental Food Program for Women, Infants and Children), and well-child and immunization clinics. Third, those who provide social work, employment training, educational counseling, and other social services should be taught (in their initial training as well as through in-service programs) about the importance of talking with their clients regarding the benefits of pregnancy planning and how to carry it out.

Campaign Goal 3: Explicitly address the major roles that feelings, attitudes, and motivation play in using contraception and avoiding unintended pregnancy.

Although increasing knowledge about and access to contraception (Campaign Goals 1 and 2) are important first steps, they are not enough. The data presented in Chapter 6 suggest that (1) personal and interpersonal factors exert a profound effect on whether and how well contraception is used, (2) using contraception carefully to avoid pregnancy requires strong, consistent motivation, and (3) such motivation is often based on the perception that pregnancy and childbearing, at a given point in time, are less attractive than other alternatives. In truth, avoiding unintended pregnancy is hard to do; it requires steady dedication over time, often from both partners, and specific skills. A significant portion of the unintended pregnancy experienced by low-income adolescents especially may be due to weak or inconsistent motivation to use contraception. Although pregnancy may not be fully intended in this population, there may be insufficient incentives to practice contraception scrupulously; pregnancy is the common result. This dynamic has been observed primarily among adolescents, but it is undoubtedly seen among older individuals as well. Being pregnant and having a child often bring significant psychological and social rewards, and there must be good reason to forego them.

These realities pose a great challenge to service providers and educators. For example, those who teach about contraception as well as those who provide it may well need to spend as much time on issues of personal feelings and interpersonal relationships as on the mechanics of contraceptive use. Accordingly, the third element of the campaign to reduce unintended pregnancy emphasizes the importance of motivation in using contraception and avoiding unintended pregnancy and the potent role that social environment can play in shaping such motivation at all ages.

In order to increase the careful and consistent use of contraception, the committee recommends that contraceptive services be

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sufficiently well funded (through adequate reimbursement rates, increased public-sector support, or both) to include extensive counseling—of both partners, whenever possible—about the skills and commitment needed to use contraception successfully. Similarly, school curricula and programs that train health and social services professionals in reproductive health should include ample material about the skills that contraception requires and about the influence of personal factors on successful contraceptive use, along with more conventional information about reproductive physiology and contraceptive technology.

The influence of motivation in pregnancy prevention also underscores the importance of longer-acting, coitus-independent methods of contraception (e.g., hormonal implants and injections and, when appropriate, intrauterine devices) because they require only minimal attention once the method is established. Although few women and couples rely on these methods (Chapter 4), their long-term potential for reducing unintended pregnancy is great. When offered with careful counseling and meticulous attention to informed consent, these methods constitute an important component of the contraceptive choices available in this country. They do not, however, protect against the transmission of STDs, which requires that condoms be used also, as noted throughout this report. Earlier recommendations offered specific suggestions for increasing knowledge about and access to contraception; all of these efforts, including augmented provider training, should give special attention to longer-acting, coitus-independent methods.

On a broader level, policy leaders need to confront the likelihood that, particularly for those most impoverished, achieving major reductions in unintended pregnancies may well require that other more compelling alternatives to pregnancy and childbearing be available. These alternatives include better schools, realistic expectations that a high school diploma will lead to an adequate income, and jobs that are available and satisfying. Put another way, increasing knowledge about contraception and improving access to it as well may not be enough to achieve major reductions in unintended pregnancy when the surrounding environment offers few incentives to postpone childbearing. This comment is not meant to suggest that unless poverty is eliminated unintended pregnancy cannot be reduced. The point is rather that, in the poorest communities especially, only small reductions in unintended pregnancy will likely be achieved by the usual prescription of "more education, information and services." Although the committee has no simple recommendation about how to reduce poverty or its corrosive effects on human behavior, it does offer a modest suggestion.

File Teen Pregnancy

~~THE WHITE HOUSE~~

WASHINGTON

May 4, 1995

MEMORANDUM FOR: THE FIRST LADY
MAGGIE WILLIAMS ✓
MELANNE VERVEER

FROM: BILL GALSTON *WAG*
JANET ABRAMS

SUBJECT: ADMINISTRATION INITIATIVES IN TEEN
PREGNANCY PREVENTION

Since the State of the Union, efforts have been underway to create a national voluntary organization to serve as a focal-point for efforts to reduce teen pregnancy. As you have noted, it is important that this initiative be presented and perceived as a private-sector partner for administration initiatives. To that end, we have assembled summaries of the range of administration policies that contribute to reducing teen pregnancy. They include:

- o a number of service and research programs within the Department of Health and Human Services
- o programs across several agencies to promote youth development and address various risk factors associated with teen pregnancy
- o current and proposed welfare reform measures to provide young men and women with incentives to delay parenthood until they are married and able to support their children
- o a comprehensive attack on background economic and social factors contributing to rising teen pregnancy rates, including poverty, unequal educational opportunity, and disinvestment in distressed urban and rural communities

We attach first drafts of background documents on each of these categories. Suitably refined, these documents could be made public, or used as the basis of administration statements, when the new voluntary organization is announced. This approach would add substance and credibility to our overall message of public/private partnership to combat teen pregnancy.

Department of Health and Human Services Efforts in Adolescent Pregnancy Prevention

Numerous offices and agencies across the Department have programs that address the issue of adolescent pregnancy prevention, including repeat pregnancies. Only a few focus specifically on teen pregnancy. Given that the multiple problems adolescents face are often interrelated, the specific problems that other programs emphasize (i.e., substance abuse, education, etc.) are also related to adolescent pregnancy prevention. Below is a brief summary of some of these efforts. This list is not meant to be a comprehensive list, but one that demonstrates the types of activities occurring in the Department.

- Title X is the primary Federal grant program focused solely on family planning and reproductive health. Enacted in 1970 to provide comprehensive family planning services to all persons who desired them, the statute was amended in 1978 to expressly state that services to adolescents were mandated. Title X provides funding to 4,000 clinics nationwide that serve more than four million clients each year—approximately 30 percent of Title X clients are adolescents.
- Title XX is the only Federal grant program focused exclusively on the issues of adolescent sexuality, pregnancy and childbearing. This program funds demonstration and research projects that address the problems of adolescent sexual behavior and pregnancy. While the focus of the adolescent pregnancy prevention projects is to encourage abstinence from sexual activity, it is recognized that many adolescents are already sexually active—or will become sexually active—and thus, projects are encouraged to provide education about contraceptive methods and their role in reducing the risk of unintended pregnancy and STD/HIV infection.
- Through the MCH Services Block Grant and Special Projects of Regional and National Significance (SPRANS) funding, adolescent health has become a major component of each state's Maternal and Child Health program. Forty-three states and the District of Columbia have adolescent health coordinators/directors. The Maternal and Child Health Bureau has sponsored annual meetings since 1988 for training, networking, and resource sharing for these adolescent health coordinators/directors. The Bureau recently completed the State Adolescent Health Coordinator 1995 Profile of Adolescent Pregnancy Prevention which summarizes the assessment, policy development, and assurance activities found in 35 states.

A significant number of Bureau funded adolescent projects focus on adolescent pregnancy prevention, many focus on minority adolescents and adolescents with special health care needs. Currently the Bureau funds approximately 30 special projects which address adolescent pregnancy prevention.

The Bureau also funds MCHB-Block Grant Toll-Free numbers in 52 states which serve as a means of providing access to information regarding pregnancy prevention.

- The Centers for Disease Control and Prevention Division of Adolescent and School Health funds health education to schools in order to decrease the risk behaviors that cause high rates of morbidity and mortality through sexually transmitted diseases, drug

and alcohol abuse, tobacco use, unintentional and intentional injuries, diet and physical inactivity. These high risk behaviors are associated with increased risk of adolescent pregnancy.

- The Centers for Disease Control and Prevention Division of Reproductive Health and Division of Adolescent and School Health received approximately \$4.5 million in FY 1995 to develop a teen pregnancy prevention initiative. These funds are being used to improve teen pregnancy surveillance, to support the development of a national strategy for teen pregnancy prevention and to assist local communities in designing, implementing and evaluating Community Demonstration Programs for Teen Pregnancy Prevention. Surveillance activities include the enhancement of state-based vital records systems to provide the information for the calculation of teen pregnancy rates and the development of an ongoing system for routinely generating national and state pregnancy reports for teens. The national strategy is designed to enlist the assistance of various public and private partners in national communication and programmatic efforts necessary to positively influence teen decisions regarding abstinence, use of contraceptives and pregnancy. Approximately 12 Community Demonstration Programs will be funded to develop plans for implementing innovative, comprehensive, community-based interventions to reduce teen pregnancy. Eligible communities must have an existing community partnership, experience in dealing with prevention of teen pregnancy, a base population of at least 200,000 and a teen birth rate at least 1.5 times as high as the national average. Program evaluation assistance will also be provided to communities so that lessons learned by these programs can be used in support of other community-based efforts throughout the country to prevent teen pregnancy and related problems. This initiative is being developed and implemented in strong partnership with the Office of Population Affairs (OPA).
- The Administration on Children and Families (ACF) funds a number of programs that address a wide range of risk factors related to adolescent pregnancy and support youth development activities. These include runaway and homeless youth programs, Community Schools, Empowerment Zones and Enterprise Communities (EZ-EC), and National Youth Sports Program. In addition, the Comprehensive Child Development Program (CCDP) funds grantees to conduct a range of activities from providing health information to classes on self-esteem.
- In the fall of 1992, National Institute for Child Health and Human Development (NICHD) began the implementation of a set of eight cooperative agreements to develop, implement and evaluate coordinated programs of community based health behavior interventions designed to lower the unacceptably high rates of morbidity and mortality among minority youth. These projects are funded through the National Institutes of Health Office of Research on Minority Health.

The projects focus on strategies for decreasing violence-related injuries and deaths, sexually transmitted diseases (STDs) and unwanted or unintended pregnancies in minority youth ages 10-18. A few include strategies to help young people resist other health compromising behaviors such as smoking, alcohol and drug use. Several projects are collaborations between minority and majority institutions, and all include

community-based groups and organizations in both the design and the implementation phases. They are longitudinal, comprising at least two years of intervention and follow-up. They provide an interesting geographic range. Six projects will focus on programs for Black, Native American or Hispanic youth. The University of Washington project will be working in the multi-ethnic communities of Seattle. Three will have sites in a wide range of neighborhood or community organizations and the other four will provide at least some of the programs in local schools.

- The Substance and Mental Health Services Administration (SAMHSA) has sponsored several initiatives and campaigns targeted toward reducing teenage pregnancy. The Center for Substance Abuse Prevention funds many projects including demonstrations for pregnancy, postpartum women and their infants. Other CSAP demonstrations target female high risk adolescents to prevent, reduce, and delay the use of alcohol, tobacco, and other drugs for these adolescents.

In FY 1995 CSAP will let a contract to support a women's education campaign with a multi-faceted approach to reach female and male adolescents and their families who are believed to have significant gaps in their knowledge about the risks of using alcohol and other drugs (AOD) during pregnancy, the risks of becoming pregnant, and other associated risks such as HIV/AIDS, violence and school performance. The campaign will focus on changing knowledge and attitudes to reduce risks of alcohol and drug use and intent to use during pregnancy and changing social norms regarding use of alcohol and drugs and becoming pregnant.

OTHER YOUTH DEVELOPMENT PROGRAMS

Department of Education

- Drug-free schools and communities programs address risk factors related to teen pregnancy.
- Title I of the Elementary and Secondary Education Act allocates funds to schools with educationally disadvantaged students. A new provision in the law permits school districts to use up to 5% of their ESEA funding for coordinated services projects for youth.
- The Department funds postsecondary education outreach and student support services to encourage individuals from disadvantaged backgrounds to enter and complete college.

Department of Labor

- The New Chance Program funds demonstration grants aimed at increasing the long-term employability of teenage mothers.
- The Youth Fair Chance Program supports grants to facilitate the coordination of comprehensive services, including education, job training, employment, and related social services to youth.
- The Job Training and Partnership Act funds programs which support youth in successfully attaining and retaining employment. Services include employment training, vocational counseling, literacy and basic skills training, work experience, and social support and health services.
- The Young Unwed Fathers Project funds demonstrations aimed at improving the long-term employability and parenting capabilities of teenage and other young fathers.

Department of Agriculture

- 4-H Youth Development programs assist young people in acquiring knowledge and developing life skills that will enable them to become self-directing, productive members of society.
- The Youth at Risk Initiative supports school-age child care programs, reading and science literacy programs, and coalitions for high-risk youth.
- The Farmers Home Administration makes Youth Project Loans to rural youth to support income-producing projects.

Department of Interior

- The Department of the Interior funds Youth Conservation Corps, a summer employment program for youth 15-18 and additional career development and job corps programs that provide educational and vocational training, work experience, personal and career counseling, and health care services for youth and young adults. The Bureau of Indian Affairs supports programs aimed at high-risk youth in the areas of alcohol and other substance abuse prevention.

Department of Housing and Urban Development

- Youthbuild Opportunities Program provides job training and work experience for economically disadvantaged youth; a Youth Sports Program that provides sports, cultural, recreational, and educational activities for youth who are residents in public housing. They also funds a Public and Indian Housing Drug Elimination Program.

Department of Justice

- The Office of Juvenile Justice and Delinquency Prevention funds programs assisting criminally at-risk youth. Service areas include substance abuse, literacy, parental involvement, and mentoring.

Department of Defense

- The Department of Defense supports activities for children of military families. Prevention programs focus on substance abuse, conflict resolution, teen pregnancy, self-esteem, recreation, job skills, and physical fitness.

WELFARE REFORM

In 1992, President Clinton made the groundbreaking commitment to "end welfare as we know it." The President's reform plan introduced in 1994 included several measures to motivate young people to delay parenthood until they are married and able to provide for their children financially:

- Teen mothers on welfare would be required to live at home with their parents, stay in school, identify the father, and move into employment within a limited period of time.
- Tough new child support laws would be strictly enforced, so that prospective teen fathers would know they had to provide child support for the next 18 years. The Clinton plan would increase child support collections by \$24 billion over the next decade. (In 1993, the Administration collected a record \$9 billion in child support, a 12% increase over the previous year.)
- States would have the flexibility to try innovative ways to encourage responsible behavior, such as rewarding teen recipients who make progress in school and sanctioning those who drop out.

The Clinton plan also included provisions to support communities in their teen pregnancy prevention efforts:

- Grants would be provided to school-based teen pregnancy prevention programs in high-risk areas of the country.
- A national teen pregnancy clearinghouse would be established to disseminate information on model prevention programs.

LIFELONG LEARNING

"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
State of the Union Address
January 25, 1994

Pre-School and Parenting, so that every child starts school ready to learn.

- Reformed Head Start to create tough new quality standards, reduce child-to-teacher ratios, expand services, and create the new Early Head Start for infants and toddlers.
- Expanded Head Start to enable over 130,000 more children to participate in 1995 than in 1993 -- with a proposed increase of 31,500 for 1996.
- Introduced the new Early Head Start for infants and toddlers.

Goals 2000 and School Improvement, to enable our K-12 students to pursue challenging academic standards -- and meet them.

- Signed the Goals 2000: Educate America Act, including the Safe Schools Act, and the Improving America's Schools Act, to provide top-down support for bottom-up reform.
- Empowered teachers, principals, and parents to change the way schools work -- with cutting-edge technology, challenging academic standards for what students should know, renewed commitment to involving parents in schools, and new, flexible partnerships with states and communities -- cutting red tape so that communities can tailor their schools to meet their children's needs.
- Kicked off anti-crime initiative inside schools to make sure students can learn in safety, no fear.

School to Work Opportunities, to prepare all young people for further education and first jobs that lead to high-wage, high-skill careers.

- Signed the School-to-Work Opportunities Act to support efforts in all 50 states to create and reform school-to-work systems. The Act sunsets in 2001 -- a limited national catalyst for local initiatives.
- Every school-to-work initiative will enable all participants to develop high-level academic and technical skills, obtain a high school diploma and an occupational skills

certificate, and move toward further training and first jobs that lead to high-skill, high-wage careers.

National Service, so young people have a chance to help their communities -- and help pay for college, too.

- Signed the National and Community Service Trust Act, creating AmeriCorps, the new national service initiative.
- AmeriCorps gives young people the chance to spend a year or more in tough, direct service making our people safer, smarter, and healthier -- while earning an award of nearly \$5000 per year to pay for college or job training.
- AmeriCorps already engages 20,000 Americans as AmeriCorps Members in more than 350 community efforts around the country.
- AmeriCorps relies on the initiative of communities and the support of states to change communities from the inside out -- not with bureaucracy, but with citizens helping each other and building voluntary organizations -- getting things done.
- College Loans, so that every American is able to borrow the money to pay for college and pay it back on an affordable schedule.
- Signed into law the biggest change in student loans ever -- a new direct lending program which takes the middlemen out of the process.
- Will enable any student to get loans for college or job training and repay them in one of four ways, including "pay-as-you-can" repayments as a small percentage of income over time. Students can change repayment plans throughout the life of their loans, and "pay-as-you-can" gives them more freedom to choose careers without repayments as a dominant concern.
- Dramatically cut back red tape, making it faster and easier for students to get the money to pay for college.
- Will save taxpayers more than \$6 billion by the year 2000.

Training and Reemployment, so Americans can continuously learn to obtain better jobs and better wages.

- President Clinton has proposed comprehensive reforms for Congress to enact.

REWARDING WORK FOR WORKING FAMILIES

Earned Income Tax Credit

- The 1993 expansion gives 15 million working families a tax cut.
- The credit returns a total of \$21 billion to working families making up to \$28,500 per year.
- When fully phased in, the EITC will offer a maximum credit of about \$3,560 for families with two or more children, more than double the maximum basic credit of \$1,511 in 1993.

Making Work Pay -- The Minimum Wage

- The President has proposed increasing the minimum wage from \$4.25 to \$5.15 over two years through two 45-cent increases.
- The proposal would offer 11 million workers a raise and provide a full-time, year-round worker a raise of \$1800 a year -- as much as the average family spends on groceries in over 7 months.
- Over a dozen empirical studies show a proposal like the President's can increase wages without costing jobs.

Family and Medical Leave Act

- In February 1993, President Clinton signed the Family and Medical Leave Act, mandating 12 weeks of unpaid, job-guaranteed leave for childbirth, adoption, or illness of an employee or family member.
- The Department of the Treasury estimates that 42.5 million American workers are covered under the new legislation.
- The General Accounting Office estimates that up to 2.54 million workers were likely to need unpaid leave in 1993.

COMMUNITY EMPOWERMENT

"For a long time the government really thought that if we just had a solution designed here in Washington that was properly funded, we could solve the problems of every community in the country. Well, we learned that that wasn't true. But we've also learned ... that neglect is not a very good policy either. (There) needs to be a new partnership between Washington and the communities and the individuals of this country, and there needs to be a way of doing business in which we try to create the conditions in which people can seize opportunities for themselves."

President Clinton
January 17, 1994

Empowerment Zones and Enterprise Communities

- In 1993, President Clinton's Empowerment Zones and Enterprise Communities ("EZ/EC") legislation passed Congress, offering \$2.5 billion in tax incentives and \$1 billion in flexible block grants to more than 100 communities. The initiative is designed to create jobs and help communities to rebuild themselves from the inside out.
- 526 communities around the country engaged in long planning processes and submitted EZ/EC applications to the Administration.
- After a lengthy and thorough review process, on December 21, 1994, President Clinton and Vice President Gore announced nine EZs and two supplemental urban zones, along with the 95 ECs four of which received enhanced grants.

The Community Development Banking and Financial Institutions Act

- In 1994, the President's Community Development Banking and Financial Institutions Act became law, the first step to fulfilling his pledge to create a national network of community development financial institutions (CDFIs). In 1995, Congress appropriated \$125 million for the initiative, and the Administration has requested an additional \$375 million over the next four years.
- The Act creates a fund to provide equity investments, deposits, grants, loans, technical and training assistance to CDFIs that are starting up or expanding.
- When fully leveraged, the Act could create about \$2 billion in new investments by homeowners, businesspeople, and others who are building up low-and moderate-income communities.
- The Act will provide as many as 40,000 loans to entrepreneurs, expanding businesses, homeowners, and others who might not otherwise be able to obtain credit.

*File Teen
pregnancy*

INSTITUTE OF MEDICINE
NATIONAL ACADEMY OF SCIENCES

2101 CONSTITUTION AVE. N.W. WASHINGTON, D.C. 20418

Division of Health Promotion
and Disease Prevention

Phone: (202) 334-1736
Fax: (202) 334-2939

June 5, 1995

Memorandum:

To: Margaret Williams

From: Sarah Brown 

Re: Unintended Pregnancy

Bell Sawhill tells me that she gave you a pre-publication copy of the recent Institute of Medicine report on unintended pregnancy. I am following up with today with copies of the full report and separate summary. I have also sent copies to Melanne Verveer with whom I discussed this project some months ago.

You will see that this report contains, among other things, a detailed discussion of the effectiveness of various approaches to reducing unintended pregnancy, and also comments on the growing problem of unintended pregnancy among women of all ages, not just teenagers. Because these issues are highly relevant to the Administration's deepening interest in preventing adolescent pregnancy, Dr. Henry Foster has been involved all along, and numerous people from DHHS have also been briefed and supplied with copies, including Secretary Shalala, Assistant Secretary for Health Dr. Phil Lee, and Peter Edelman.

Perhaps you would be kind enough to share the report with The First Lady as I believe this is an area of deep interest to her. Needless to say, I'd be pleased to provide your office with more copies or information about our findings if you wish.

TV STORYBOARD

CLIENT/PRODUCT:

Ad Council/Stop Teen Pregnancy

TITLE

"President"

DATE 05/05/95

PAGE 1

LENGTH 00:10

VIDEO

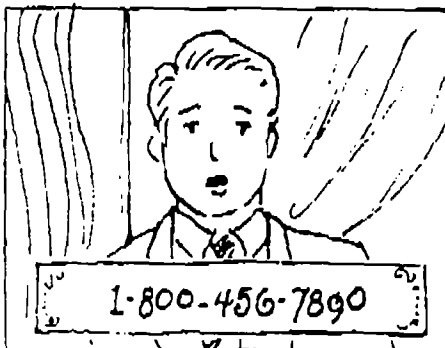
President Clinton Speaks
from Oval Office.



AUDIO

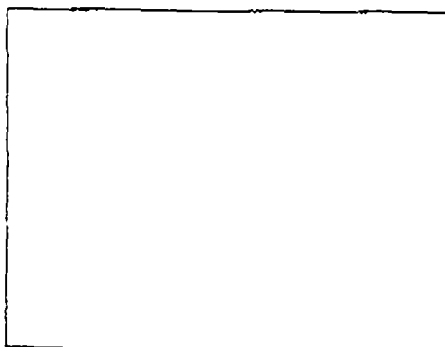
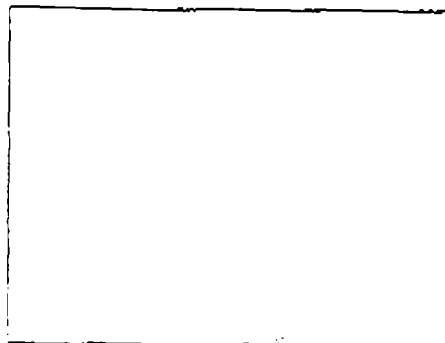
Last year one million
teenagers in America
became pregnant.

SUPER: 1-800-555-1212



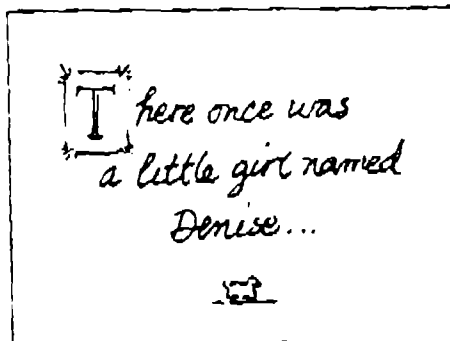
We need to show young
people that they can make
other choices with their
lives.

Find out how you can get
involved.



VIDEO

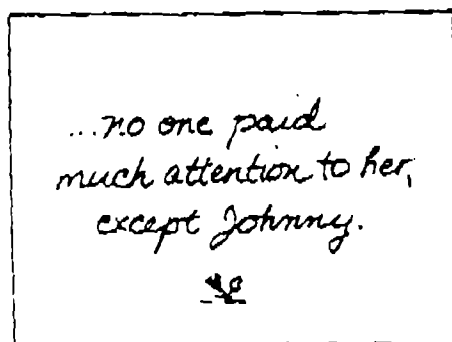
A series of titles done in storybook fashion.



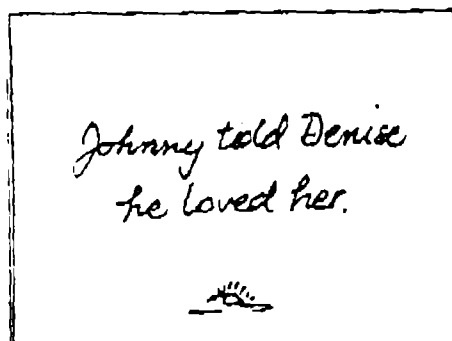
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SFX:(music under)

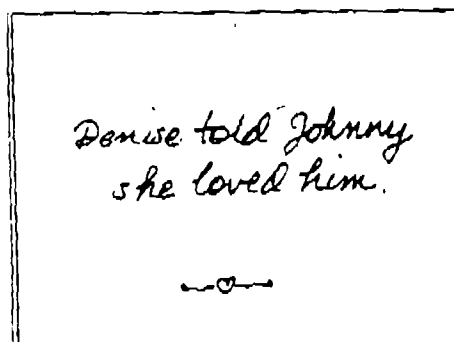
MOTHERLY V/O:
There was once a little girl
named Denise...



...no one paid much
attention to her, except
Johnny.



Johnny told Denise he loved
her.



Denise told Johnny she
loved him.

CLIENT/PRODUCT

Ad Council/Stop Teen Pregnancy

TITLE

"Unhappy ending"

DATE 5/3/95

PAGE 2

LENGTH :60

VIDEO

AUDIO

*Johnnie told Denise
he loved her.*



Johnny told Denise he loved her.

*Denise told Johnnie
she loved him.*



Denise told Johnny she loved him.

*So the little boy
named Johnnie
and the little girl
named Denise...*

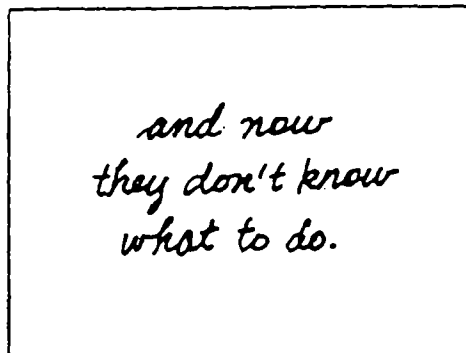
So the little boy named Johnny and the little girl named Denise...

...had a baby.

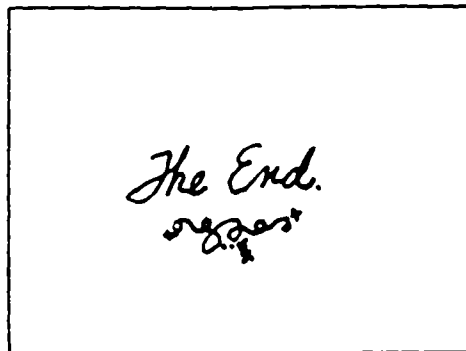


...had a baby.

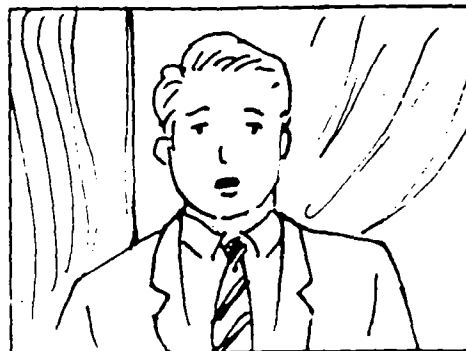
VIDEO



TITLE: The end.



Go to President Clinton in the oval office.



AUDIO

And now they don't know what to do.

PRESIDENT CLINTON:
If this seems like an inappropriate subject for a children's story, consider the fact that last year one million teenagers became pregnant. That's one out of every eight teenage girls in this country.

I urge each of you to start paying attention to the young people in your community. Show them how to take responsibility for their lives.

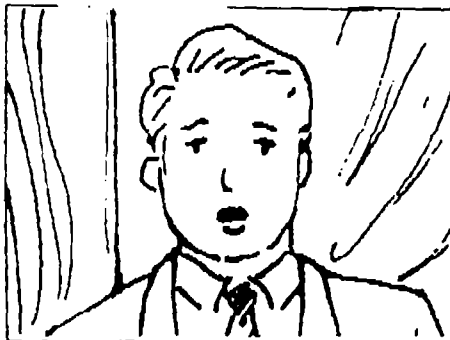
TV STORYBOARD

CLIENT/PRODUCT: Ad Council/Stop Teen Pregnancy
TITLE "Unhappy ending"

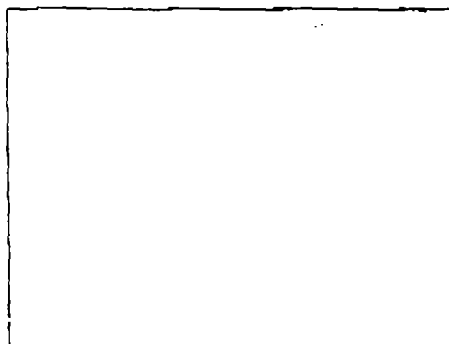
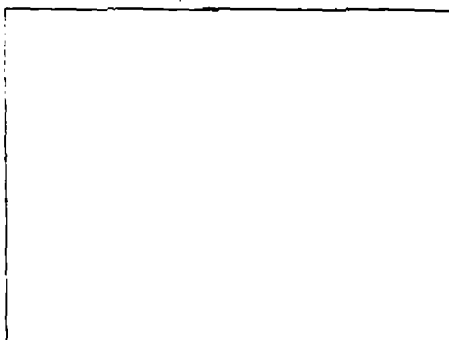
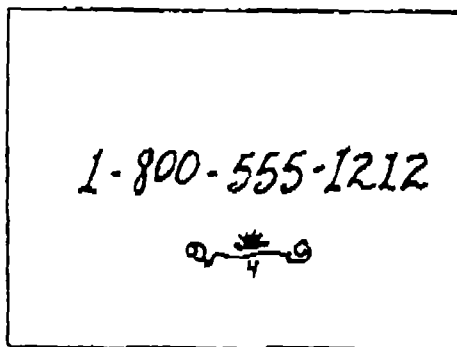
DATE: 05/05/95
PAGE 4
LENGTH :60

VIDEO

President Clinton continues.



Storybook style title of 800 number.



AUDIO

PRESIDENT CLINTON:
Help them see that making
the right choices can lead to
a happy ending.

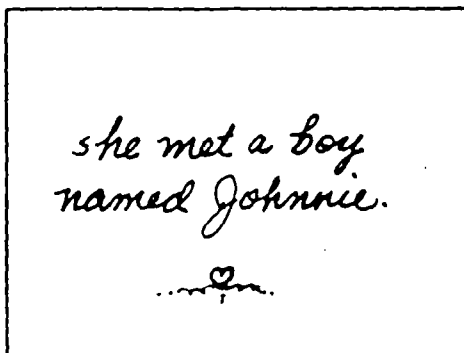
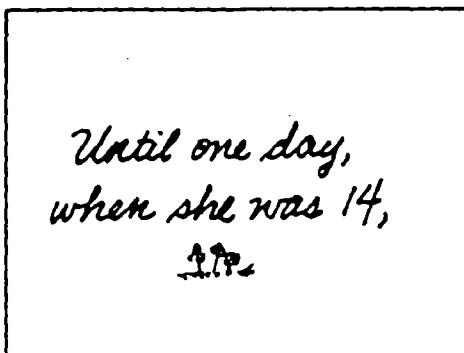
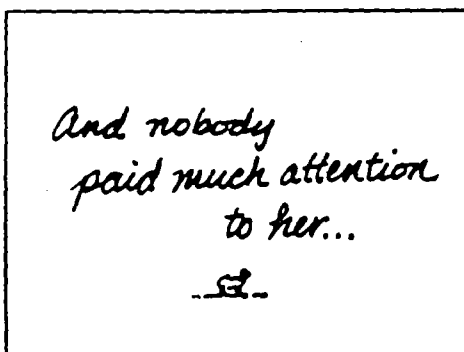
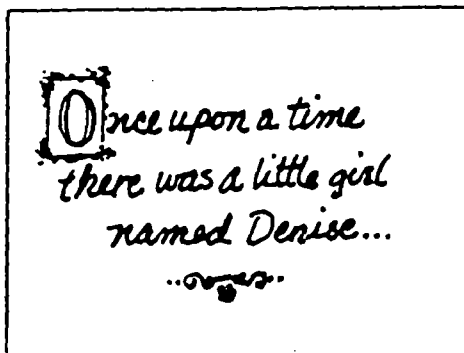
ANNOUNCER:
For information on how to
get involved with teens in
your community, call 1-800-
555-1212.

CLIENT/PRODUCT Ad Council/Stop Teen Pregnancy
 TITLE "Unhappy ending"

DATE 5/3/95
 PAGE 1
 LENGTH :60

VIDEO

A series of titles done in storybook fashion.



AUDIO

SFX: (music under)

MOTHERLY V/O:
 Once upon a time there was
 a little girl named Denise...

And nobody paid much
 attention to her...

until, one day, when she
 was 14,...

she met a boy named
 Johnny.

TV STORYBOARD

CLIENT/PRODUCT

Ad Council/Stop Teen Pregnancy

TITLE

"Unhappy Ending"-.

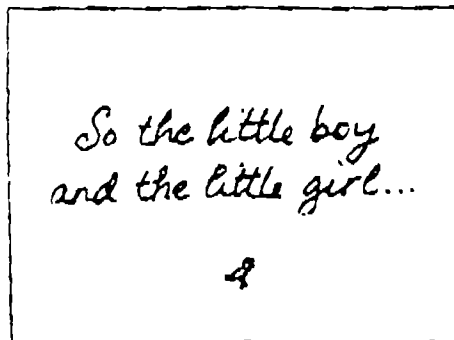
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PAGE 2

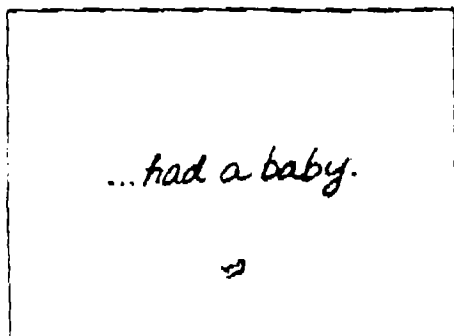
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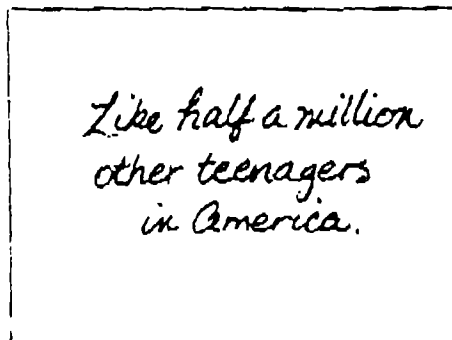
AUDIO



So the little boy and the little girl...

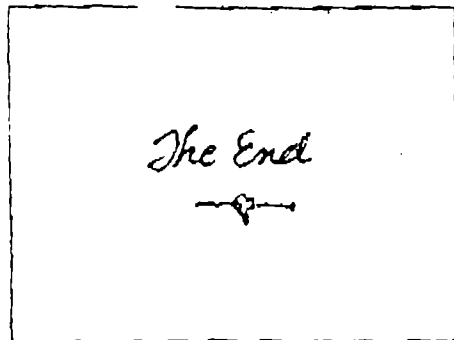


...had a baby...



Like half a million other teenagers in America.

TITLE: The End



TV STORYBOARD

CLIENT/PRODUCT:

Ad Council/Teen Pregnancy

TITLE:

"Unhappy ending"

DATE: **05/05/95**

PAGE **3**

LENGTH: **00:30**

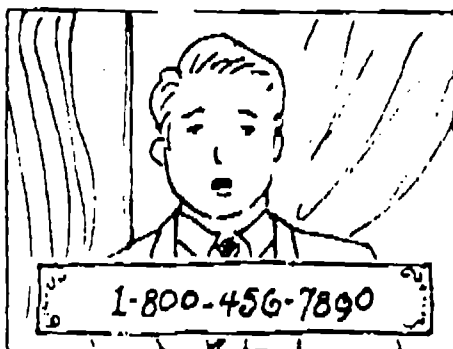
VIDEO

Go to President Clinton in
the Oval Office.

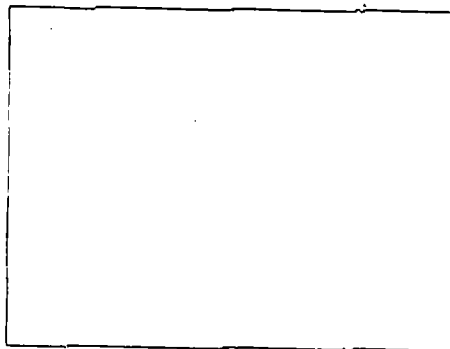
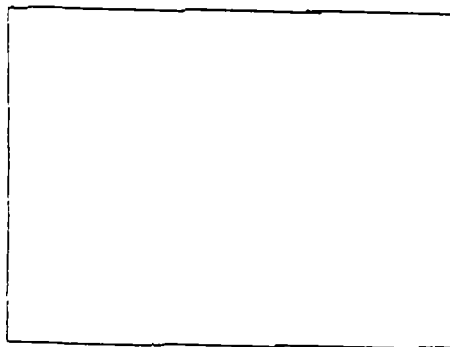


AUDIO

PRESIDENT CLINTON:
Last year one out of every
eight teenage girls in
America became pregnant.



I urge you to call and get
involved with an
organization in your
community. Help show
young people that making
the right choices can lead to
a happy ending.





File Teen Pregnancy

Memorandum

To: INTERESTED PARTIES
From: Will Marshall, PPI President
Subject: FORUM ON TEEN PREGNANCY

How should the welfare system treat teen mothers?

Though only about 8 percent of the nation's welfare recipients are teen mothers, the issue of how the welfare system treats these young women and their children looms large in the current welfare debate.

The issue is critical for two reasons. First, unmarried teen mothers are the most likely of any welfare recipients to become long-term dependents on the system. Second, their treatment creates expectations among other teens about how the welfare system works. Thus, it is vital that welfare policies affecting teen mothers be designed to help them move quickly toward self sufficiency and discourage other teens from making the same choice.

The Progressive Policy Institute's (PPI) proposal on these two issues is a national network of "second chance homes"—community-based group residences in which teen mothers would live with their children in structured and stable environments. Such homes would provide support for teen mothers as they meet their obligations to society and their children by staying in school, entering the workforce and learning to be good parents.

At a forum on June 23, PPI's vice president for domestic policy, **KATHLEEN SYLVESTER**, will present a paper illustrating the benefits of this proposal. Then a panel featuring Senate Democratic Leader **TOM DASCHLE** and Senator **JOE LIEBERMAN** will examine how the federal government might catalyze a national network of second chance homes. Participants will also include teen parents whose lives have been changed by such programs, and directors from several successful homes that can serve as national models.

Date: Friday, June 23
Time: 10:00 a.m. - Noon
Place: 562 Senate Dirksen Office Building

ALL ARE INVITED. Refreshments will be served. RSVP to Doron Weiss at (202) 547-0001.

File Teen Pregnancy
President's Initiative
STOP TEEN PREGNANCY

Program Objectives, Strategies

Overall Initiative Objective: To reduce over time the number of teen age pregnancies in this country.

Current Program Objectives:

1. To communicate that teen pregnancy is one of most serious problems facing America today.
2. To inspire the target to take personal action and to participate now in the program of their choice in their own community.

Current Program Strategy: Utilize a personal message from the President (PSA) to activate personal action broadscale. For those who want to get involved but do not know how to get involved, offer a directly mailed brochure. The brochure will provide:

- information about what individuals can do, and
- ways to contact a range of organizations that take different approaches to addressing teen pregnancy.
- the brochure will provide information on the scope of the problem

Message Target: Both communications will be aimed primarily at community members, inclusive of community leaders, involved in the issue. People whose commitment and participation can make a difference. People who are willing to help shape the direction of the community as a whole as well as the personal lives of today's teenagers.

Key Message: The President must convince community members and leaders on all sides of the issue to get involved in the lives of local teenagers -- helping and encouraging these young men and women to choose not to become pregnant.

Reason Why: Today's teens are a generation at risk (statistic to come). Unless community members take action we can lose them.

End Benefit: The target can personally help save a generation of teenagers -- child by child, community by community.

"way to a happy ending"

For those who wish to act but do not know how, Health and Human Services and the Ad Council will provide a brochure listing:

- the facts on teenage pregnancy in the US today
- the major organizations addressing the issues from all sides, including a short summary of what each does and how to contact them

An 800 number will be provided in the PSA to obtain the brochure. Within the advertising, the announcement of the 800 number will be handled in such a way as to communicate how easy it is to take action now. A memorable 800 would be helpful.

Tonality

The message must be inspiring, motivating and Presidential. It should not lecture and point fingers.

Media

- Television - :30/:10
- Additionally, community based media will be considered:
 - Radio
 - Outdoor

TV STORYBOARD

CLIENT/PRODUCT:

Ad Council/Teen Pregnancy

TITLE:

"Get involved"

Free Teen Pregnancy

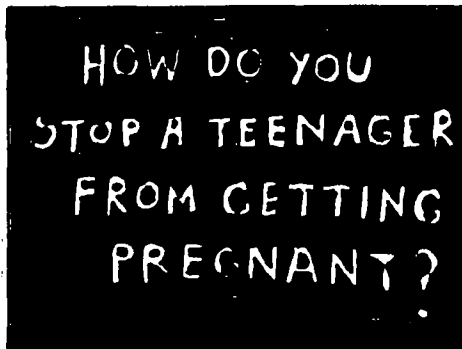
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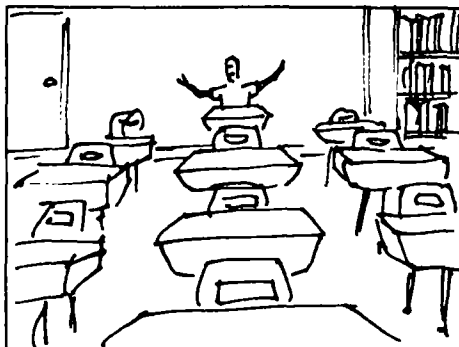
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VIDEO

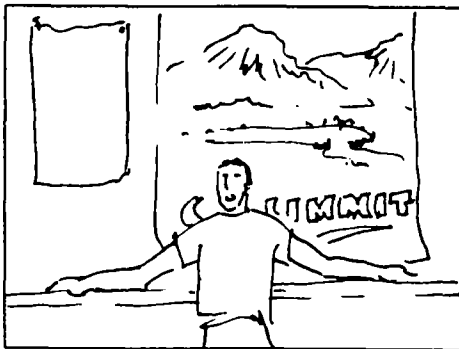
TITLE: How do you stop a teenager from getting pregnant?



A series of different teenagers in and around a high school deliver lines to camera.



"Tell me why school's so important."



"Show me a real mountain."



"Ask me how my day was."

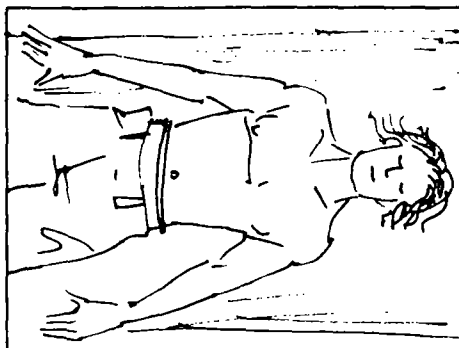
TV STORYBOARD

CLIENT/PRODUCT: **Ad Council/Teen Pregnancy**
TITLE: **"Get involved"**

DATE: **6/20/95**
PAGE: **2**
LENGTH: **00:30**

VIDEO

Teenagers continue to answer.



AUDIO

"Take me around a hospital."

"Show me how to do that lay-up."

"Tell me about the future."

"Be my friend."

TV STORYBOARD

CLIENT/PRODUCT: Ad Council/Teen Pregnancy
TITLE: "Get involved"

DATE: 6/20/95
PAGE: 3
LENGTH: 00:30

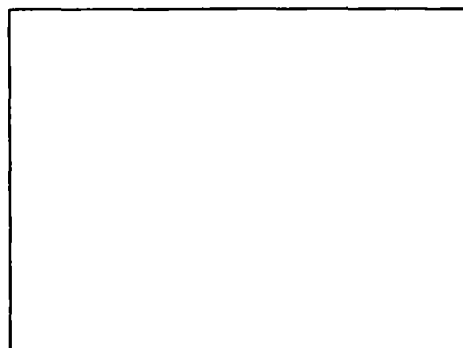
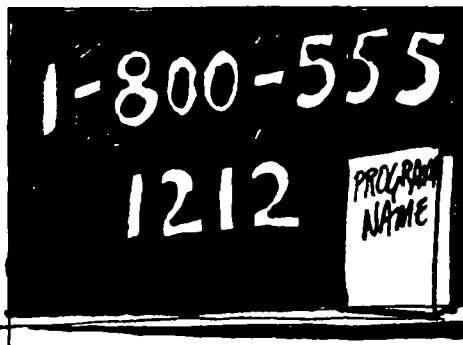
VIDEO

President sits on edge of teacher's desk in high school classroom with American flag in background.

** If this set-up proves logistically impractical, the President can be filmed in the White House.*



800 number is written on a blackboard and brochure is resting on ledge with chalk and erasers.



AUDIO

PRESIDENT CLINTON:
These may not sound like solutions to a problem as big as teen pregnancy. But if enough of us take even a small role in showing our young people a way to a better future, it *will* make a difference.

The time to get involved is now.

You can start by calling this number.

PRESIDENT'S PROGRAM TO STOP TEEN PREGNANCY

RADIO :60 revised 6/20/95

ANNCR: President Bill Clinton.

PRESIDENT CLINTON: Every year, American teens have almost half a million babies. Most of them are doomed to poverty.

You and I can agree this is not where we want our society heading. So let's change it. Join with me to help prevent teen pregnancy.

What can you do?

In your community, give one teen who's shy on confidence, the courage to say no.

Give one teen who feels he has no future, the pride of a job well done.

Show one teen the way a grownup handles responsibilities.

Do you have a dream? Share it with a teen who may not know what a dream is.

You don't need special training, or hours of time to do something about teen pregnancy.

If you help one young person choose not to become pregnant, you have done your part to save a generation.

We the people created the United States. Together, we can change our society for the better.

ANNCR: Start by calling 1-800-0000 for a free brochure.

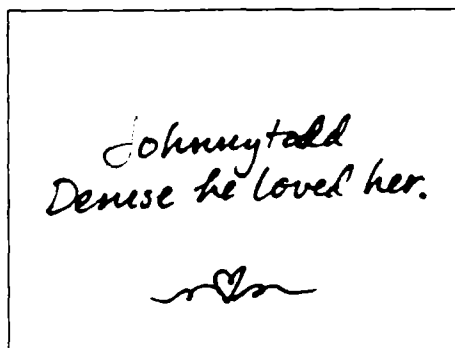
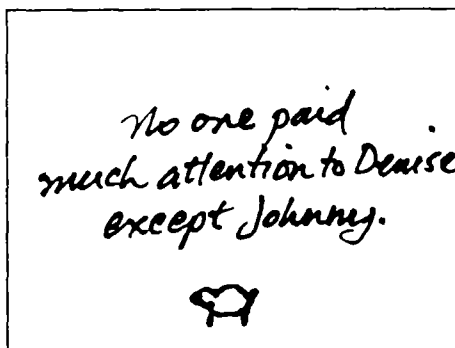
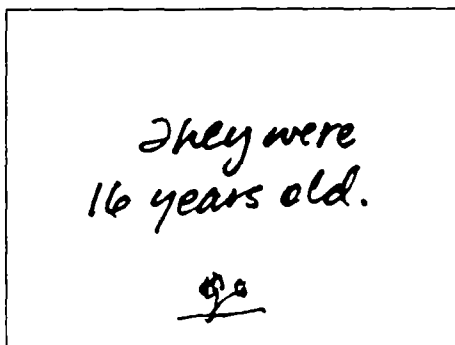
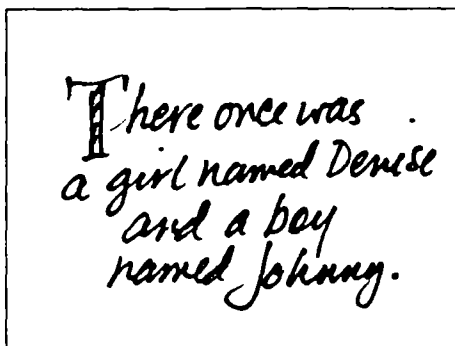
TV STORYBOARD

CLIENT/PRODUCT: Ad Council/Teen Pregnancy
TITLE: "Unhappy ending"

DATE: 6/20/95
PAGE: 1
LENGTH: 00:30

VIDEO

A series of titles done in
storybook fashion.



AUDIO

SFX:(music under)

MOTHERLY V/O:
There was once a girl
named Denise and a boy
named Johnny.

They were 16 years old.

No one paid much attention
to Denise, except Johnny.

Johnny told Denise he loved
her.

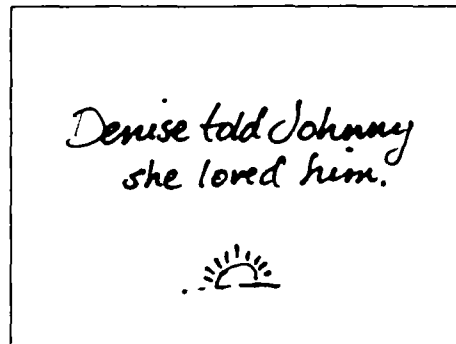
TV STORYBOARD

CLIENT/PRODUCT: **Ad Council/Teen Pregnancy**
TITLE: **"Unhappy ending"**

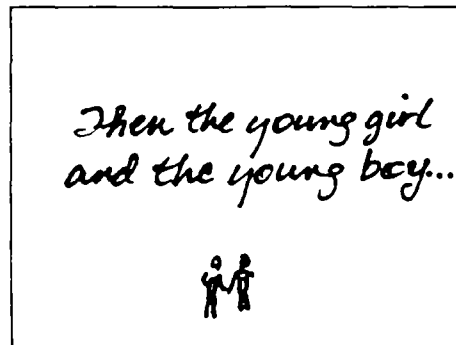
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VIDEO

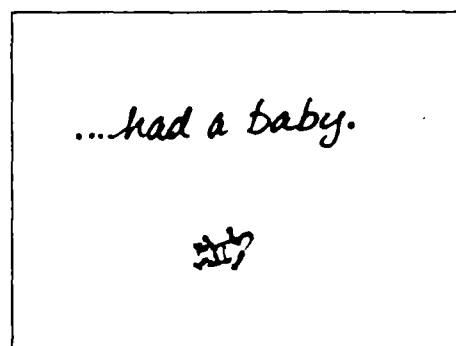
AUDIO



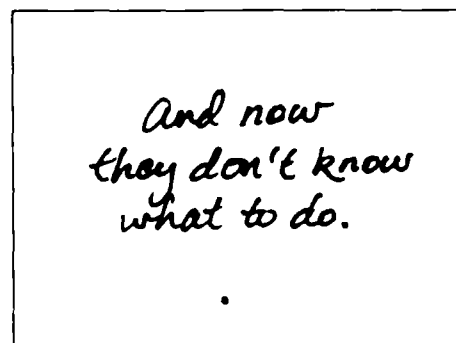
Denise told Johnny she
loved him.



Then the young girl and the
young boy...



...had a baby.



And now they don't know
what to do.

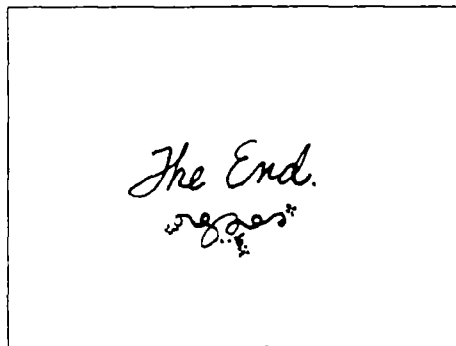
TV STORYBOARD

CLIENT/PRODUCT: **Ad Council/Teen Pregnancy**
TITLE: **"Unhappy ending"**

DATE: **6/20/95**
PAGE **3**
LENGTH: **00:30**

VIDEO

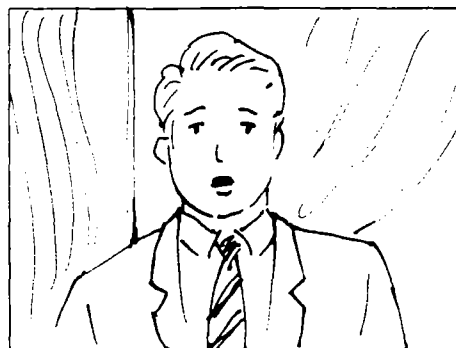
TITLE: The End



Go to President Clinton in the Oval Office.

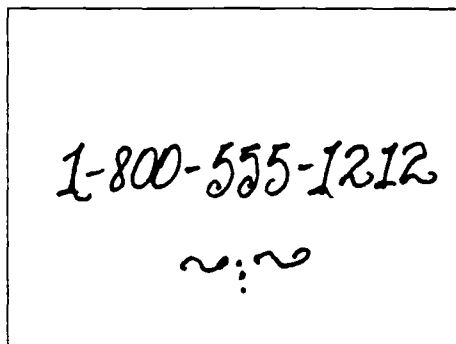


PRESIDENT CLINTON:
Last year one out of every eight teenage girls in America became pregnant.



I urge you to work with teens in your community, to help show young people the way to a happy ending.

Title : 1-800-555-1212



You can start by calling this number.

WASHINGTON

Senate GOP blunts House's bold budget ax

By William M. Welch
USA TODAY

From Medicaid abortions to schools, Senate Republicans are undoing some of the House's boldest spending cutbacks and revising provisions that would impose conservative social policies.

A subcommittee of the Senate Appropriations Committee approved a spending bill Wednesday restoring \$1.5 billion the House previously voted to cut from federal spending on education next year.

Among programs to be saved is President Clinton's "Goals 2000," to help school systems set and meet performance standards. The Senate restores \$310 million the House cut.

"This is cutting through ideology to pragmatism," said Sen. Arlen Specter, R-Pa.

The bill also eliminates more than a dozen legislative provisions the House approved, like restrictions on Medicaid abortions and on lobbying by groups that get federal grants.

Among other spending that would be restored in the Senate version:

- ▶ \$900 million for home energy assistance for the poor.
- ▶ \$246 million for job training.
- ▶ \$153 million for the Labor De-

partment, including \$42 million for enforcement of job-safety laws.

While not yet approved by the Senate, the actions set the stage for an internal Republican budget battle in a conference committee of House and Senate members.

"We'll have to work that out in conference. We will work that out in conference," House Appropriations



USA TODAY
LIVINGSTON: Cites 'scare campaign'

Chairman Bob Livingston, R-La., said when informed of the reversals. "Obviously, we're going to have some tough negotiating."

Outside the Capitol, Democrats staged a mock "bake sale" to make the point local schools will have to raise money to make up for spending cutbacks, while the rich benefit from GOP tax cuts.

Livingston accused the administration of "a shameful scare campaign."

The education funds are in a \$62.8 billion Senate spending bill for the departments of Labor, Education, and Health and Human Services, \$1.8 billion more than a House bill.

Senate Democrats support the measure, reasoning it was better than any alternative, even though it is \$9.2 billion below what Clinton wants to spend. It is \$4.3 billion below comparable spending this year.

No easy remedies for moms on welfare

By Leslie Phillips
USA TODAY

Kerrie Williamson knows firsthand what it's like to be an unmarried teen-age mother on welfare.

But Williamson, 22, the single mother of a 6-year-old, recently celebrated her first year as a self-supporting adult. Now, as a social worker with the Massachusetts Social Services Department, she's helping others shoot for independence.

So she took an interest Wednesday as the Senate, trying to overhaul the welfare system, debated how to stem the rising rate of out-of-wedlock births. Senators rejected two proposals: one to deny aid to mothers under 18, and one to deny additional benefits to women already on welfare who have more children.

"I don't think people should multiply when they can't afford their first" child, Williamson says. "But I just can't see a teen-ager with zero money. You need diapers. You need clothes. You need toys. I've been there. I know how difficult it is."

But why charge taxpayers? asks Gary Bauer, director of the conservative Family Research Council: "There should be no legal requirement that compels the rest of us to subsidize that behavior."

More than 30% of all births in the USA are to unmarried women, up from 5% in 1960.

But remedies are elusive. Conservatives have pushed three proposals. Each is part of the welfare reform bill passed by the House, but a Senate bill may include none of them:

- ▶ Denying additional cash benefits for a child born to a woman already on welfare. Wednesday, the Senate rejected that "family cap."
- ▶ Denying benefits to mothers under 18. The Senate rejected the plan.
- ▶ A financial reward for a state that lowers its out-of-wedlock birth rate without raising the abortion rate. A Senate vote may come today.

No one denies the enormity of the

problem, especially among teens: More than 80% of all births to girls 15, 16 and 17 are outside marriage; 72% of unwed teen mothers will be on welfare at some point within five years of giving birth.

Teen mothers are 5% of the welfare caseload, but 53% of all women on welfare were adolescent mothers.

"What we are doing is perpetuating a system that subsidizes illegitimacy, which gives cash bonuses to people who have more and more children on welfare," said Sen. Phil Gramm, R-Texas, a conservative presidential candidate.

Research shows the children of unmarried teens are most likely to be poor, be slow learners and eventually be single parents themselves.

Conservative groups promoting traditional values made the teen cut-off and the family cap legislative goals after Republicans won a congressional majority last November.

The House adopted the measures, but time and a less conservative Senate have worked against them.

New Jersey, the only state now denying welfare mothers additional aid for additional children, found no link between the family cap and unmarried birth rates after one year.

And states with low benefits see no fewer out-of-wedlock births by teens than states with high benefits.

Louisiana has a maximum monthly check for Aid to Families with Dependent Children of \$190; Mississippi's maximum is \$120. Those are among the lowest benefit levels in the nation, yet those states have among the highest unmarried teen birth rates — Louisiana ranks fourth and Mississippi second.

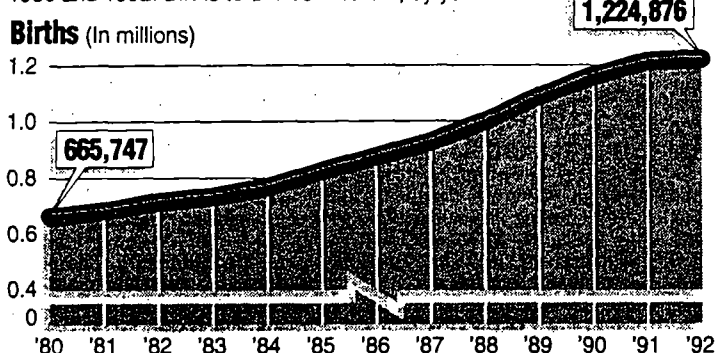
Another key to Wednesday's action: Senators were unwilling to be seen as punishing children for the actions of their parents.

"If a child is born, we're going to look at that child as an innocent victim," says Sen. John Breaux, D-La.

▶ Senate rejects benefit cuts, 1A

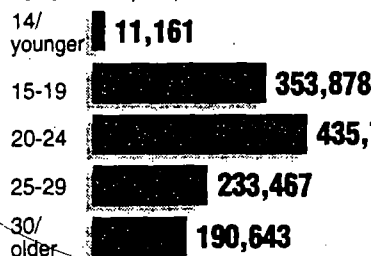
Births to unwed mothers rise

The number of births to unwed mothers nearly doubled between 1980 and 1992. Births to unwed mothers, by year:

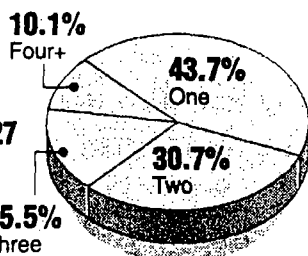


Age of unwed mothers

1992 total: 1,224,876



Number of children in welfare families



Sources: National Center for Health Statistics, Centers for Disease Control and Prevention

By Gary Visgallis, USA TODAY

Teen Pregnancy

*File
Teen
Pregnancy*

THE WHITE HOUSE
WASHINGTON

FVI

DE

October 12, 1995

MEMORANDUM TO ERSKINE BOWLES

From: Carol H. Rasco *CHR*
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.

File Teen Pregnancy

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.

File Teen Pregnancy

Document No. _____

WHITE HOUSE STAFFING MEMORANDUM

DATE: 1/27/96 ACTION/CONCURRENCE/COMMENT DUE BY: 1/28 3:00 PM

SUBJECT: Teen Pregnancy Remarks

	ACTION	FYI		ACTION	FYI
VICE PRESIDENT	☒	☐	McCURRY	☐	☒
PANETTA	☒	☐	McGINTY	☐	☐
McLARTY	☐	☐	NASH	☐	☐
ICKES	☒	☐	QUINN	☐	☐
LIEBERMAN	☒	☐	RASCO	☒	☐
RIVLIN	☐	☐	SOSNIK	☐	☐
BAER	☒	☐	STEPHANOPOULOS	☒	☐
CURRY	☐	☐	STIGLITZ	☐	☐
EMANUEL	☐	☐	STREETT	☐	☐
GIBBONS	☐	☐	TYSON	☐	☐
GRIFFIN	☐	☐	WALLEY	☒	☐
HALE	☐	☐	WILLIAMS	☒	☐
HERMAN	☒	☐		☐	☐
HIGGINS	☐	☐		☐	☐
KLAIN	☐	☐		☐	☐
LAKE	☐	☐		☐	☐
LINDSEY	☐	☐		☐	☐

REMARKS:

Comments to Gabrielle Bushman

RESPONSE:

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2*

Staff Secretary
Ext. 6-2702

**PRESIDENT WILLIAM JEFFERSON CLINTON
STATEMENT ON TEEN PREGNANCY
ROOSEVELT ROOM
JANUARY 29, 1996**

[Acknowledgements: Secretary Shalala; Senators Pell, Murray and Chafee; Representatives Clement, Schroeder, Stokes, Clayton and Watt]

I'm pleased to report to all of you today about the progress being made toward launching a national effort to address the issue of teen pregnancy.

As I said in my State of the Union, we are living in an age of enormous possibility. More Americans, from all walks of life, will have more chances to build the future of their dreams than ever before. Of course, any time of great change brings its share of great challenges as well.

The first challenge I issued last Tuesday night was to cherish our children and strengthen America's families. And it is no accident that this was the first challenge I mentioned. Family is the foundation of American life. And if we have stronger families, we will have a stronger America.

That is why we must do all we can to make sure that every child who comes into this world has two loving parents who are ready to support and care for their child. Although the teen pregnancy rate is down, over one million young women become pregnant every year. And 80% of the babies born to unwed teen mothers who dropped out of high school will live in poverty.

We must all work together to solve this problem. Last year, in my State of the Union address, I called on Americans across the country to join together in a national campaign against teen pregnancy. Today, I'm pleased to announce that a group of prominent Americans have responded and will launch a full-scale National Campaign to Reduce Teenage Pregnancy. A dozen people are ready to begin this effort, including leaders in the field, such as C. Everett Koop and David Hamburg of the Carnegie Corporation. Others who have agreed to play a role include former governor Tom Kean, former senator Warren Rudman, Charlotte Beers, the Chairman of Ogilvy and Mather, Urban League President Hugh Price, Whoopi Goldberg and MTV President Judy McGrath. And I'd like to especially thank Dr. Isabel Sawhill, of the Urban Institute, for her work in spearheading this effort.

This is a serious, bi-partisan effort to address a difficult problem in a substantive manner. Many of them will be meeting tomorrow in New York, and in the next month, this group will be up and running. And on February ____, when the National Campaign to Reduce Teenage Pregnancy holds its first board meeting in Washington D.C., I'd like to invite them to the White House to commend their commitment to this important work.

Government can and must play a part in this effort. That's why today I'm pleased to announce that Dr. Henry Foster has agreed to serve as my senior advisor on this issue, and will be my liaison to the work of the National Campaign. His own program in Nashville is a model of the type of community-based effort we are hoping to develop throughout this country.

But ultimately, this campaign must be a revolution of the heart. We must all work to instill in every young man and woman the sense of personal responsibility. They need to know that having a child is not the right choice for a teen to make.

This message needs to be reinforced to our children all the time. And this message must be carried by individuals and community organizations, like the ones represented here today. These groups, whether they are social clubs, mentoring programs or school-based classes, bear the primary responsibility of carrying this message to teenagers.

We need to make sure every teenager learns this message: Do not become pregnant or father a child before you are married, have finished with school and are ready to support your child.

This is the way we need to meet our challenges -- by working together -- on national and local levels, in families and in communities, and in the public and the private sectors.

The era of big government is over, but we can't go back to the era where we simply tell people to fend for themselves. We have to move forward to the era of all Americans working to meet our challenges together.

I'd like to thank all of you for being here today. If we all work together to solve the problem of teen pregnancy, we will make a difference.