February 11, 1998

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Domestic Policy Council

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Clinton Administration Accomplishments

The Boys

Budget - CBPP

Budget Issues - OMB

Demonstrations - Community Program

Child Welfare Chat Sessions

Community - Based Care

Economic Development

Family Policy - Family Friendly Workplace (NPR)

Teen Pregnancy: Federal Efforts/ Proposals

Dr. Foster/ Teen Pregnancy (1)

Dr. Foster/ Teen Pregnancy (2)

Teen Pregnancy - Foster Announcement

Foster Scheduling

Foster/ Press

Henry Foster - Nomination 1995

Dr. Henry Foster

International

Teen Pregnancy : Model Programs

National Campaign to Reduce Teenage Pregnancy (1)

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National Campaign to Reduce Teenage Pregnancy (2)

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Policy Reports (2)

Clinton Administration
Record on Teen
Pregnancy

WHAT TO DO WITH THOSE TEENAGE MOTHERS

As the U.S. Senate takes up the welfare debate in earnest, Republicans are still deeply divided, with some conservatives insisting that the goal of welfare reform is punishing illegitimacy. Before they cut off payments to teen mothers in the name of morality, these Republicans might be interested in how one prominent member of their party dealt with the issue. In 1863, President Lincoln signed a charter establishing a home for orphans and "unprotected females"--as unwed mothers were then known--just a few blocks from the White House on Pennsylvania Avenue.

As our leaders compete to offer ideas bold enough to satisfy public indignation about teenage welfare mothers, they should consider Mr. Lincoln's practical solution. They should revive an old institution—the maternity home—in a new form. These new "second-chance homes" would be community-based residences in which teen mothers under age 18 would live with adult supervision, getting the help and support they need to become good parents and good citizens.

The idea will not be bold enough for those politicians who want to make teen mothers a "moral" issue and teach them a lesson. Yet it has the potential to accomplish a more valid goal for welfare reform. It would help move the youngest welfare mothers--those most in danger of getting stuck in the welfare system--toward self-sufficiency by helping them finish school and prepare for work. It would send a strong message that government no longer offers unconditional support for young women who bear children out of wedlock. And most importantly, it offers a solution that will be good for children-- those whom the welfare system was designed to protect.

If welfare reform is going to help teen mothers, that reform must be practical. It must be based on who they are and what they need--not on myths and stereotypes.

Who are teen mothers? These are the facts that must guide any solution.

They come from homes strained by poverty. The Alan Guttmacher Institute reports that 83 percent of teenagers who give birth come from economically disadvantaged households.

They have been badly nurtured. Many come from homes where they are subjected to neglect or physical violence. In a nation in which there were more than one million cases of child abuse or neglect confirmed in 1993, many of those victims are young women who are teen mothers.

The majority are victims of sexual abuse. Sexual abuse and rape play a significant—and largely ignored—role in teenage pregnancy. Studies show that as many as two-thirds of teen mothers were victims of rape or sexual abuse at an early age. These crimes are frequently committed by relatives or other adult males living in the same household with the teen mother.

They suffer from mental and emotional problems. Their histories of abuse damage the lives of young women in powerful and lasting ways. Clinical evidence shows that they are prone to psychiatric illnesses including spells of depression, suicidal tendencies, drug addiction, and alcoholism.

They are easy prey for older men. Young women who have been victims of early sexual abuse often develop emotional patterns that make them especially vulnerable to the attentions of older men. Most men who father children by teen mothers are not adolescents themselves. The National Center for Health Statistics reports that almost 70 percent of children born to teens are fathered by men aged 20 and older.

They generally do badly in school. While the stereotype suggests that teen mothers drop out of school after becoming pregnant, they are more likely to become pregnant after dropping out. Data from the National Longitudinal Survey of Youth demonstrate that 36 percent of students who score in the lowest fifth in basic academic skills become teen parents, compared with less than 5 percent of students in the highest fifth.

They are hindered by lack of socialization. Teen mothers are not the promiscuous and "worldly" young women of the stereotypes. They do not live in any "world" beyond the reality of their own neighborhoods. They are products of the streets where they grew up; they learn how to treat their own children from the parents who raised them; and they model their social behavior after peers who come from the same neighborhoods. These young women have little chance of emulating any other kind of life. They have few models for any other life.

What does it take to help a very young woman with a child to overcome these enormous obstacles? For many of these young women, it will take a new home and a new family: a "second-chance home." Prototypes for such "second-chance" homes already exist, created in communities where citizens and community organizations decided that a welfare check is not enough to help a fragile family.

These successful prototypes vary widely. But all offer the three elements that teen welfare mothers need to change their lives: socialization, nurturing and support, structure and discipline.

And they all offer a genuine social contract. The young mothers who live in these homes learn to cook and clean, to manage money, to get along with each other and resolve conflicts. Most importantly, they learn to nurture their children well. They get help with daycare and health care and schoolwork. They get protection from violent family members and abusive boyfriends. In return, they must stay drug free and abide by curfews. They must help with household duties, stay in school or job training, and take good care of their children.

Not every young woman who gets a second chance in one of these homes succeeds. Many drop out or are expelled because they are unable to cope with the rigid rules and requirements. Others cannot conquer drug abuse or mental health problems. Some are "reclaimed" by families eager to cash in on their welfare checks. And many of these young women cannot resist the power of old boyfriends who make new promises.

But in communities as varied as Los Angeles; New Albany, Indiana; and Wheeling, West Virginia, these homes have produced notable and promising results: fewer second pregnancies, slightly higher adoption rates, less child abuse, better maternal and child health, dramatically increased school completion rates for mothers, higher employment rates, and reduced welfare dependency.

These homes also serve as an important link between welfare mothers and the larger community. Most of the homes are shoestring operations reliant on community support. And they get support. Churches and Rotary Clubs and local businesses begin by offering money and other donations. Soon, they become engaged in the lives of the young mothers and children. Thus the homes offer a critical element now missing in most efforts to help welfare mothers: connection to community and community standards.

Finally, such homes would help ensure that the welfare system meets one of its most important responsibilities--removing vulnerable children from dangerous environments. Some of these teen mothers, left too long in dysfunctional homes, are so damaged that they can never learn to put the needs of their children ahead of their own.

On any given day in this country, nearly a half million children are in foster care or other temporary care because their biological parents are unable to care for them properly. Too many of these children, especially minorities, spend years of their young lives stuck in the system. They wait for mothers who need to kick drug habits, or to outgrow attachments to abusive boyfriends--or simply to grow up.

For some of these children, the right solution is terminating parental rights and placing them in permanent adoptive homes. An important function of "second-chance homes" would be to offer young mothers every opportunity to become good mothers and to offer child welfare officials judgments about their progress. Those who cannot care for their children must not be allowed to damage the lives of another generation.

As our political leaders debate the fate of young teenage mothers, they should resist the urge to attack these young women instead of attacking the broken system in which they are trying to raise their children. The solution to welfare reform is not to cut off the welfare checks of teen mothers. Nor, for a large percentage of these young women, is the answer to continue their welfare support and insist that they live in the homes where they grew up. Any politician who supports that alternative is ignoring reality. Those who support the idea that mothers must live at home "or in an adult-supervised setting" are hypocrites if they don't guarantee that young mothers will have such places to go.

They should support legislation, based on a proposal by the Progressive Policy Institute, sponsored by Senators Tom Daschle, John Breaux and Barbara Mikulski. The legislation calls for government to work in partnership with communities to create a national network of second-chance homes. The goal is far from impossible. In 1993, the U.S. Department of Health and Human Services reported that there were just under 296,000 unmarried teen mothers on welfare. The large majority, however, were 18- and 19-year-olds. There were only about 67,000 welfare mothers under age 18. Surely a nation with more than 250,000 organized religious congregations, and tens of thousands civic and community groups can find a way to take in 67,000 mothers and their babies.

Politicians who want to make simple pronouncements about teenage mothers should visit St. Ann's, the maternity home that Lincoln chartered and which still operates today. They can go to Los Angeles' Crittenton Center for Young Women and Infants, or to the Lulu Belle Stewart Center in Chicago or to one of hundreds of such homes across the country..

While the circumstances and needs of these young women and children are vastly different from those of the first residents of St Ann's in Washington, they still meet Lincoln's definition. They are "unprotected females," still in need of society's support if they are to make decent lives for themselves and their children.

--Kathleen Sylvester is vice president for domestic policy of the Progressive Policy Institute

THE CLINTON ADMINISTRATION RECORD ON REDUCING TEEN PREGNANCY

A Summary Report

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

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

> *Responsible Behavior*: Personal responsibility has been a central part of the President's message to young people, as he has urged them not to become parents before they are adults, have finished school, and are ready to support their children. He has supported policies that embody this principle, including abstinence-based curricula, welfare reforms that discourage early parenting and require young mothers to live at home and stay in school, and tough new child support enforcement provisions that drive home the responsibility of parenthood to young men.
>
> *Opportunities for Youth:* Teen pregnancy cannot be addressed in isolation from the wide range of other problems confronting youth, their families, their communities and their schools. Much of the Administration's social and economic agenda, ranging from education to crime prevention to empowerment zones, is designed to provide increased opportunities for young people and to give them something to say 'yes' to. If our youth do not have access to education, health services, jobs, or safe places to go after school and on weekends, they will not have a chance to make the right choices.

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

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

January 27, 1996

The Facts About Teen Pregnancy

A NATIONAL EPIDEMIC

- Every year, about 1 million American teenagers become pregnant -- that's approximately 11% of women ages 15-19.

- From the 1950s through the early 1980s, the rate of births to teens decreased steadily. However, in 1986, that trend reversed, and over the period 1986-91, the rate grew by 24%. Recent news has been somewhat positive: From 1991 to 1993, the national rate declined by 4%.

- As the teenage population grows, teen births are expected to increase. Even if the teen birth rate remains constant, the number of births is expected to jump 30% by the year 2010.

TREND TOWARDS OUT-OF-WEDLOCK CHILDBEARING

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

INTERNATIONAL COMPARISONS

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

ROLE OF ADULT MALES

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

COSTS TO THE CHILDREN

- Children born to teens are more likely to die in their first year of life, to have lower cognitive achievement, to repeat a grade in school, to be victims of abuse and neglect, and to become teen parents themselves.

- 80% of children born to unwed teenage mothers who have not completed high school live in poverty. In contrast, of those children born to 20 year-old married parents who are high school graduates, only 8% live in poverty.

COSTS TO SOCIETY

- In 1990, slightly more than half of all mothers receiving Aid to Families and Dependent Children (AFDC) first had children as teenagers. And 43% of the long-term welfare recipients are women who gave birth at or before age 17.

- More than three-fourths of all unmarried teen mothers receive welfare (AFDC) at some point during the 5 years following the birth of their child.

Research and Evaluation:
Learning What Works to Prevent Teen Pregnancy

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

- Comprehensive Study: In June of 1995, the Department of Health and Human Services issued, "**Beginning Too Soon: Adolescent Sexual Behavior, Pregnancy, and Parenthood**," a two volume report containing a comprehensive and exhaustive review of the most recent research literature on teenage sexual behavior, pregnancy and parenthood and on effectiveness of teenage pregnancy prevention programs. This report was produced by Child Trends, Inc. with funding from the Department of Health and Human Services, and is now available on the Internet at http://aspe.os.dhhs.gov/hsp/cyphome.htm.

- State Data: In September 1995, HHS reported **state-level teenage pregnancy data** for 1991 and 1992. This marks the first time that HHS is able to report state-level teen pregnancy data. Updating trends on a state-by-state basis regularly provides more information for making effective policy decisions and enables us to see where we need to target our resources.

- Family Planning and Adolescent Family Life : HHS funds, as part of Family Planning and Adolescent Family Life programs, research projects and studies that focus on **adolescent sexual behavior.** Goals of these studies range from developing strategies to improve services to sexually active adolescents who are at-risk for contraceptive non-compliance and young women who visit family planning clinics, to learning more about: precursors and results of pregnancy and birth among adolescent males, the factors that influence teen attitudes toward sexual behavior, and the consequences for teen mothers who decide to parent as compared to those who place their children for adoption.

- New Mothers' Study: HHS funds The New Mothers' Study and has expanded its original scope to provide support for a 5-year follow-up to look at longer term outcomes, including employment and welfare dependency. *The Study focuses on research and analysis of a study in Memphis, Tennessee, where a sample of first-time, low-income, pregnant women received weekly visits from a nurse. Approximately 65% of the research sample were 18 or younger at enrollment. Early findings indicate that there were* ***significantly fewer repeat pregnancies*** *within two years following the birth of the child for those women who received home visits. It was originally started in 1988, and is also supported by other government agencies and private foundations.*

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

Reaching Into Our Communities And Promoting Partnerships to Prevent Teen Pregnancy

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

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

- Adolescent Family Life Program: In September of 1995, HHS's Adolescent Family Life Program awarded 15 grants totaling $4.2 million dollars for comprehensive demonstration programs aimed at preventing early teenage sexual activity and reducing teenage pregnancies. These programs feature innovative ways to **emphasize abstinence as the best way to prevent adolescent pregnancy** and to encourage the involvement of parents in these discussions with their children.

- Community Coalition Partnership Programs for Prevention of Teen Pregnancy: In September of 1995, Centers for Disease Control and Prevention launched the new Community Coalition Partnership Programs for Prevention of Teen Pregnancy by awarding 13 grants totalling $6.5 million over two years. These grants enable communities to develop plans for implementing and evaluating **community-wide interventions** that are innovative, comprehensive and sustainable. In addition, these demonstrations include an evaluation component.

- Healthy Schools/Healthy Communities: In 1994, the Administration started the new Healthy Schools/Healthy Communities program -- funding 27 **new school-based health centers** in 20 states and the District of Columbia. These centers provide for the health services and education needs of children and teenagers at high risk for poor health, teenage pregnancy, and other problems. A comprehensive evaluation of this program is currently being conducted.

- The Corporation for National Service: Created under the Clinton Administration in 1993, the Corporation for National Service supports over 50 teen pregnancy programs in 20 states across the country -- working both to **prevent teen pregnancy and to assist teen parents**. National service participants provide case management, mentor pregnant teens, sponsor health fairs, teach parenting skills to teen parents, make presentations on teen pregnancy prevention to school-age youth, help youth access health care, provide referrals to health care providers, and develop social supports for teen parents. *National service programs are operated with members of AmeriCorps, Learn and Serve America, and the National Senior Service Corps, who work collaboratively with school districts, universities, churches, health departments, national non-profits, and community-based organizations.*

- Healthy Start Program: HHS continues to support the Healthy Start Program, which has demonstration projects underway in 22 communities nationwide to **reduce infant mortality in the highest-risk areas and to improve the health and well-being of women, infants and their families.** Among a broad array of services provided, thousands of teenagers participate in prevention programs exclusively designed for them that encourage healthy lifestyles, youth empowerment, sexual responsibility, conflict resolution, goal setting, and the enhancement of self-esteem. A comprehensive evaluation is ongoing and results are expected in 1997.

- The Home Visiting Services Demonstration: In September 1994, HHS launched this new grant program that is currently operating in three sites. Under the demonstration, paraprofessional home visitors provide first-time teenage parents on welfare with instruction and supportive guidance related to family planning, parenting skills, health care for themselves and their children, and child support. The visitors also facilitate the teenagers' participation in the required education and employment-related activities.

Promoting Personal Responsibility Among Young People

President Clinton has made personal responsibility a central part of his message to young people, urging young people not to get pregnant or father a child. Estimates indicate that over half the mothers who receive Aid to Families with Dependent Children were teenagers when they had their first child. To prevent welfare dependency in the first place, teenagers must get the message that staying in school, postponing sexual activity, and preparing to work are the right things to do.

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

Welfare Reform: The President supports welfare reform that sends a clear message to minor parents seeking assistance: to get help, you have to live with a responsible adult, you have to stay in school, and you have to prepare for work. Congress has endorsed the President's proposal requiring unmarried teen mothers to live at home and stay in school in order to qualify for assistance. Congress also supports the Administration's efforts to establish "Second Chance" homes, or adult-supervised group homes, as alternative living situations to help teen parents break the cycle of welfare dependency.

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

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

State Welfare Reform Demonstrations: The Administration has approved state welfare reform demonstrations to a record 35 states that include various provisions affecting minor parents. Nineteen states have authority to implement provisions linking AFDC benefits to the school attendance of minor parents. Seven states have received waiver authority to require minor parents to live with their parents or guardians or in an adult-supervised setting. A comprehensive evaluation will be conducted for each of these demonstrations.

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

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

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

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

LEARNING MORE ABOUT YOUTH AT-RISK

- National Adolescent Health Survey: Teens have been a significantly understudied sector of the population. In 1994, the National Institutes of Health began funding a new 5-year study known as Add Health, the first comprehensive study of the determinants of adolescent health. Using a national sample of 7th through 12th graders, Add Health examines the personal, familial, peer-related and community related influences on health behavior, taking a more **comprehensive look at the health of our nation's teenagers** in order to provide a better understanding of the complex forces that promote good health for our young people and those factors that put youth at risk.

- Preventing Youth Violence in Public Housing: This year, HUD and CDC have awarded a $550,000 grant to collect and develop information on youth violence prevention research. The intent is to disseminate existing information on successful programs to Indian and Public Housing authorities so that they can make more informed choices about prevention programs, which offer alternative services and activities for youth that can play a major role in preventing teen pregnancy as well.

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

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

- Review for Practitioners: *Family Life, Delinquency, and Crime: A Policymaker's Guide--Research Summary*, was completed in May of 1994 by the Department of Justice. Its findings indicate that **family is one of the most powerful socializing forces for young people**, and can therefore seriously impact children's behavior.

- Parenting Initiative: The Department of Justice completed research work in 1993 under a grant to the University of Utah and the Pacific Institute for Research and Evaluation. This four-year major parenting initiative resulted in a document entitled *Effective Parenting Strategies for Families of High-Risk Youth (December 1993),* which identified a representative group of 25 programs as potentially the most promising. The research findings underscore the **importance of a family-focused approach to prevention and intervention of youthful problem behavior.**

EXPANDING OPPORTUNITIES FOR YOUTH AT-RISK

- SafeFutures: In September 1995, the Department of Justice created the SafeFutures Program, a five-year program which will provide approximately $8 million per year to six jurisdictions for a comprehensive and coordinated **delinquency prevention and intervention program for at-risk and delinquent youth.** Several programmatic components allow the four cities, one rural jurisdiction and one tribal government, to address teen pregnancy and receive support for specific counseling and education services. These include support for family strengthening activities, mentoring, specific services to at-risk and delinquent females, and general delinquency prevention activities.

- High Risk Youth Demonstration: HHS supports the High Risk Youth Demonstration program, which funds **innovative and effective model programs for preventing alcohol and drug use among high-risk youth**. One component of the program targets the specific needs of females from 12 to 20 whose use of substances often occurs with special factors (e.g. sexual abuse and domestic violence) that underlie or contribute to women's addictive problems. Every component of the program is evaluated.

- School Health Programs: The CDC has established a national framework to support school health programs that are locally determined and consistent with community values. Programs in all 50 states and 18 major cities are designed to help young people avoid those risk behaviors that result in HIV infection, other sexually transmitted diseases, and unintended pregnancies. CDC's Youth Risk Surveillance System provides information about the prevalence of behaviors practiced by youth that put their health at risk, and states, cities, and CDC use this information to more effectively target and evaluate school health programs.

- Youth Development Initiative: Started in 1994 under the Departments of Veterans Affairs and Housing and Urban Development, the purpose of this initiative is to address the problem of violence in low-income communities by providing young people aged 13 to 25, with access to education and employment opportunities and supportive services. Offering these positive alternatives and services to youth to reduce violence are shown to be effective for affecting other teen behavior as well, such as sexual behavior that could lead to teen pregnancy.

- Youth Fair Chance: In July 1994, the Department of Labor implemented the Youth Fair Chance program, funding seventeen sites. Youth Fair Chance is a community-based program that targets money directly into **high poverty areas where youth problems are greatest**. Working in cooperation with local service providers, these sites use in- and out-of-school components to provide a variety of services that focus on youth problems, like teen pregnancy, unemployment, drug and gang involvement, and dropping out of school. Some of the sites utilize AmeriCorps volunteers.

- The Community Schools Youth Services and Supervision Grant: Through this new program established in 1994 under the Crime Bill, HHS provides matching grants to communities with significant poverty and juvenile delinquency for **after-school, weekend and summer recreation and education programs**. The program includes an evaluation component.

- Family Planning: In the face of strong opposition, the President has proposed budget increases for the federal Family Planning Program each year and successfully maintained the program. Among other reproductive health and education services, this program makes family planning information and contraception available to millions of women who might not otherwise get reproductive health care.

- 4-H Youth Development Program and Children, Youth and Families at Risk Initiative: The Department of Agriculture, through the Cooperative Extension System, funds these important initiatives serving young people. These programs work with communities to implement effective research-based programs which address a broad range of issues and needs, including teen pregnancy, child abuse, infant mortality, community crime and violence, and child care.

- Safe and Drug-Free School Act: Passed in 1994, this act responds to the continuing crisis of violence and drugs in our schools by **supporting comprehensive school-and community-based drug abuse and violence prevention programs**. Local school districts in high need areas are coordinating violence and drug prevention programs with comprehensive school health education programs.

- Comprehensive Services for Teenage Parents on Welfare: In 1994, HHS funded these grants, which supported development of programs providing **comprehensive services to meet the personal, physical and social needs of teenage parents**, as well as aiding the cognitive, physical and emotional development of their children. They were implemented in conjunction with mandatory participation requirements for education and employment-related activities.

LIFELONG LEARNING: INVESTING IN OUR YOUNG PEOPLE

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

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

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

EMPOWERING COMMUNITIES TO SOLVE PROBLEMS

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

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CLINTON ADMINISTRATION EFFORTS TO REDUCE TEEN PREGNANCY

"Ultimately, what is needed to stop teen pregnancy is a revolution of the heart. We must all work to instill in every young man and woman a sense of personal responsibility. Having a child is the greatest responsibility any person can assume. It is not the right choice for a teen to make."

President Clinton
January 29, 1996

Overview: Each year, about 1 million American teenagers become pregnant -- approximately 11% of all women ages 15-19. To address this serious problem, the Clinton Administration has pursued policies which recognize the fundamental obligation of all Americans to exercise personal responsibility, while expanding opportunities for at-risk young people to make positive life choices. In addition, the President has stated clearly that government alone cannot solve the complex problem of teen pregnancy. He has called upon leaders in the private sector to join together to take action in their own communities.

Accomplishments:

- **Research and Evaluation**: The Administration has supported extensive research into the influences which contribute to the incidence of teen pregnancy, as well as evaluation of prevention programs across the country to learn what works best.

  Example:

  - In 1995, the Department of Health and Human Services issued a comprehensive review of recent research literature on teenage sexual behavior, pregnancy, and parenthood and on effectiveness of teenage pregnancy prevention programs. The report is entitled, "Beginning Too Soon: Adolescent Sexual Behavior, Pregnancy, and Parenthood."

- **Community Demonstrations**: The Administration has built partnerships with local governments and nonprofit organizations to promote the development of community-based interventions that are innovative, comprehensive, and sustainable.

  Examples:

  - In 1995, the Centers for Disease Control and Prevention launched the new Community Coalition Partnership Programs for Prevention of Teen Pregnancy. 13 grants totalling $6.5 million were awarded to communities to develop plans for implementing and evaluating community-wide interventions.

  - In 1994, the Administration started the Healthy Schools / Healthy Communities Program, funding 27 new school-based health centers in 20 states and the District of Columbia. These centers provide for the health services and

education needs of children and teens at high risk for poor health, teenage pregnancy, and other problems.

- **Promoting Personal Responsibility**: President Clinton has advocated welfare reform proposals that promote work, demand parental responsibility, and toughen child support activities.

  Examples:

  - The Administration has approved state welfare reform demonstrations to a record 37 states that include various provisions affecting minor parents. Nine of the states now have authority to link AFDC benefits to the school attendance of minor parents. Seven states have the authority to require minor parents to live with their parents or guardians or in another adult-supervised setting.

  - The Administration has pursued aggressive enforcement of child support laws. In 1995, a record $11 billion was collected in child support from non-custodial parents, an increase of 40% since 1992. Over that same period, paternity establishments rose by over 40%.

- **Comprehensive Approach to Youth**: The Administration has worked to address the complex ecoconomic and social factors which often underlie high rates of teen pregnancy and to support communities in offering young people positive alternatives to early sexual behavior and parenting.

  Examples:

  - Under the Clinton Administration, the Department of Education has launched a number of initiatives that address teen pregnancy prevention through improved schooling for disadvantaged students, coordination of health and social services, and school-to-work opportunities to increase economic self-sufficiency. Specific initiatives started or expanded include: Goals 2000; 1994 School -To-Work Opportunities Act; Head Start.

  - In 1995, the Department of Justice created the SafeFutures Program, a 5-year initiative which will provide approximately $8 million per year to 6 jurisdictions for a comprehensive and coordinated delinquency prevention and intervention program for at-risk and delinquent youth.

  - The Administration is implementing the Safe and Drug-Free Schools Act, passed in 1994, by supporting local school districts in high-need areas in their efforts to coordinate violence and drug prevention programs with comprehensive school health education programs.

TEEN PREGNANCY (filename: teenpreg.tp)
JANET ABRAMS, 456-2857
3/13/95

TEEN PREGNANCY

"We've got to ask our community leaders and all kinds of organizations to help us stop our most serious social problem: the epidemic of teen pregnancies and births where there is no marriage...Tonight, I call on parents and leaders all across this country to join together in a national campaign against teen pregnancy -- to make a difference."

President Clinton, 1995 State of the Union

BACKGROUND: TEEN PREGNANCY IS OUR MOST SERIOUS SOCIAL PROBLEM

- Twelve Percent of all Teenage Girls Got Pregnant in 1990 -- more than 1 million women between the ages of 15 and 19 -- 12% of all teenage girls.

- The rates are rising From the 1950s through the early 1980s, the rate of births to teens declined steadily, however, between 1986 and 1991, the teen birth rate rose 24%. The U.S. rate of births to teens is now twice as high as in the United Kingdom and six times as high as in France, Italy, and Denmark.

- And teen births are mostly outside marriage In 1960, only 15% of teenage mothers were unmarried. By 1992, that percentage had increased to 71%.

- In all Communities Out-of-wedlock childbearing has increased greatly among both black and white teens. The rate of births outside marriage among black teenagers rose from 64% in 1970 to 93% in 1992. For white teens, the percentage of births out of wedlock more than tripled over the same period, from 18% to 61%.

THE IMPACTS

- Children in Poverty 80% of children of unwed teen mothers who have not completed high schoool live in poverty. In contrast, of children born to married parents at least 20 years old with a high school degree, only 8% live in poverty.

- Mothers on Welfare More than three-fourths of all unmarried teen mothers will be on AFDC at some point during the 5 years following the birth of their child.

- Other Social Ills Children of teenage parents are more likely to die in their first years, have lower cognitive achievement, repeat a grade in school, be victims of abuse and neglect, and become teen parents than children of older parents.

- Society Pays In 1991, taxpayers spent about $34 billion to assist families begun by teenagers. 42% of families receiving AFDC were started by teen mothers, age 15-19.

- **Private-Sector Initiative**. In his 1995 State of the Union Address, President Clinton challenged leaders across the US to come together to address the serious problem of teen pregnancy. In response to this call for action, an independent, bipartisan organization has been formed. The new National Campaign to Prevent Teen Pregnancy has been established as a private, not-for-profit entity under the direction of Thomas Kean, former Governor of New Jersey and now President of Drew University, and Dr. Isabel Sawhill of the Urban Institute. The Campaign's board of directors includes prominent individuals from business, the media, entertainment, medicine and the philanthropic community.

- **Appointed Senior Advisor on Teen Pregnancy Prevention**: In January of this year, President Clinton appointed Dr. Henry Foster, Professor of Obstetrics and Gynecology at Meharry Medical College and founder of the "I Have A Future" teen pregnancy prevention program in Nashville, TN, to serve as Senior Advisor to the Administration on teen pregnancy and related youth issues. Dr. Foster will work in partnership with community-based organizations across the US to give young people the tools they need to build responsible and productive lives.

Agenda: President Clinton will continue to support government policies which promote responsible behavior on the part of America's teens and increase opportunities for young people to develop themselves in positive directions. In his FY97 budget request, the President has proposed a $30-million teen pregnancy prevention initiative. These funds will be used to implement and evaluate promising prevention strategies in communities which have demonstrated a commitment to community problem solving.

The President will also continue to urge leaders from all sectors of society to marshal their resources on behalf of America's youth. The Administration will work in partnership with the newly formed National Campaign to Prevent Teen Pregnancy, which has set the goal of reducing teen pregnancy in the United States by one-third by the year 2005.

Contact: Debbie Fine, 220 OEOB, 456-5572
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Last Update: March 25, 1996

THE CLINTON ADMINISTRATION RECORD ON REDUCING TEEN PREGNANCY

A Summary Report

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

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

> *Responsible Behavior:* Personal responsibility has been a central part of the President's message to young people, as he has urged them not to become parents before they are adults, have finished school, and are ready to support their children. He has supported policies that embody this principle, including abstinence-based curricula, welfare reforms that discourage early parenting and require young mothers to live at home and stay in school, and tough new child support enforcement provisions that drive home the responsibility of parenthood to young men.
>
> *Opportunities for Youth:* Teen pregnancy cannot be addressed in isolation from the wide range of other problems confronting youth, their families, their communities and their schools. Much of the Administration's social and economic agenda, ranging from education to crime prevention to empowerment zones, is designed to provide increased opportunities for young people and to give them something to say 'yes' to. If our youth do not have access to education, health services, jobs, or safe places to go after school and on weekends, they will not have a chance to make the right choices.

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

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

January 27, 1996

The Facts About Teen Pregnancy

A NATIONAL EPIDEMIC

- Every year, about 1 million American teenagers become pregnant -- that's approximately 11% of women ages 15-19.

- From the 1950s through the early 1980s, the rate of births to teens decreased steadily. However, in 1986, that trend reversed, and over the period 1986-91, the rate grew by 24%. Recent news has been somewhat positive: From 1991 to 1993, the national rate declined by 4%.

- As the teenage population grows, teen births are expected to increase. Even if the teen birth rate remains constant, the number of births is expected to jump 30% by the year 2010.

TREND TOWARDS OUT-OF-WEDLOCK CHILDBEARING

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

INTERNATIONAL COMPARISONS

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

ROLE OF ADULT MALES

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

COSTS TO THE CHILDREN

- Children born to teens are more likely to die in their first year of life, to have lower cognitive achievement, to repeat a grade in school, to be victims of abuse and neglect, and to become teen parents themselves.

- 80% of children born to unwed teenage mothers who have not completed high school live in poverty. In contrast, of those children born to 20 year-old married parents who are high school graduates, only 8% live in poverty.

COSTS TO SOCIETY

- In 1990, slightly more than half of all mothers receiving Aid to Families and Dependent Children (AFDC) first had children as teenagers. And 43% of the long-term welfare recipients are women who gave birth at or before age 17.

- More than three-fourths of all unmarried teen mothers receive welfare (AFDC) at some point during the 5 years following the birth of their child.

Research and Evaluation:
Learning What Works to Prevent Teen Pregnancy

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

- Comprehensive Study: In June of 1995, the Department of Health and Human Services issued, "**Beginning Too Soon: Adolescent Sexual Behavior, Pregnancy, and Parenthood**," a two volume report containing a comprehensive and exhaustive review of the most recent research literature on teenage sexual behavior, pregnancy and parenthood and on effectiveness of teenage pregnancy prevention programs. This report was produced by Child Trends, Inc. with funding from the Department of Health and Human Services, and is now available on the Internet at http://aspe.os.dhhs.gov/hsp/cyphome.htm.

- State Data: In September 1995, HHS reported **state-level teenage pregnancy data** for 1991 and 1992. This marks the first time that HHS is able to report state-level teen pregnancy data. Updating trends on a state-by-state basis regularly provides more information for making effective policy decisions and enables us to see where we need to target our resources.

- Family Planning and Adolescent Family Life : HHS funds, as part of Family Planning and Adolescent Family Life programs, research projects and studies that focus on **adolescent sexual behavior.** Goals of these studies range from developing strategies to improve services to sexually active adolescents who are at-risk for contraceptive non-compliance and young women who visit family planning clinics, to learning more about: precursors and results of pregnancy and birth among adolescent males, the factors that influence teen attitudes toward sexual behavior, and the consequences for teen mothers who decide to parent as compared to those who place their children for adoption.

- New Mothers' Study: HHS funds The New Mothers' Study and has expanded its original scope to provide support for a 5-year follow-up to look at longer term outcomes, including employment and welfare dependency. *The Study focuses on research and analysis of a study in Memphis, Tennessee, where a sample of first-time, low-income, pregnant women received weekly visits from a nurse. Approximately 65% of the research sample were 18 or younger at enrollment. Early findings indicate that there were* ***significantly fewer repeat pregnancies*** *within two years following the birth of the child for those women who received home visits. It was originally started in 1988, and is also supported by other government agencies and private foundations.*

- Safe and Drug-Free School Act: Passed in 1994, this act responds to the continuing crisis of violence and drugs in our schools by **supporting comprehensive school-and community-based drug abuse and violence prevention programs**. Local school districts in high need areas are coordinating violence and drug prevention programs with comprehensive school health education programs.

- Comprehensive Services for Teenage Parents on Welfare: In 1994, HHS funded these grants, which supported development of programs providing **comprehensive services to meet the personal, physical and social needs of teenage parents**, as well as aiding the cognitive, physical and emotional development of their children. They were implemented in conjunction with mandatory participation requirements for education and employment-related activities.

LIFELONG LEARNING: INVESTING IN OUR YOUNG PEOPLE

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

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

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

EMPOWERING COMMUNITIES TO SOLVE PROBLEMS

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

- School Health Programs: The CDC has established a national framework to support school health programs that are locally determined and consistent with community values. Programs in all 50 states and 18 major cities are designed to help young people avoid those risk behaviors that result in HIV infection, other sexually transmitted diseases, and unintended pregnancies. CDC's Youth Risk Surveillance System provides information about the prevalence of behaviors practiced by youth that put their health at risk, and states, cities, and CDC use this information to more effectively target and evaluate school health programs.

- Youth Development Initiative: Started in 1994 under the Departments of Veterans Affairs and Housing and Urban Development, the purpose of this initiative is to address the problem of violence in low-income communities by providing young people aged 13 to 25, with access to education and employment opportunities and supportive services. Offering these positive alternatives and services to youth to reduce violence are shown to be effective for affecting other teen behavior as well, such as sexual behavior that could lead to teen pregnancy.

- Youth Fair Chance: In July 1994, the Department of Labor implemented the Youth Fair Chance program, funding seventeen sites. Youth Fair Chance is a community-based program that targets money directly into **high poverty areas where youth problems are greatest**. Working in cooperation with local service providers, these sites use in- and out-of-school components to provide a variety of services that focus on youth problems, like teen pregnancy, unemployment, drug and gang involvement, and dropping out of school. Some of the sites utilize AmeriCorps volunteers.

- The Community Schools Youth Services and Supervision Grant: Through this new program established in 1994 under the Crime Bill, HHS provides matching grants to communities with significant poverty and juvenile delinquency for **after-school, weekend and summer recreation and education programs**. The program includes an evaluation component.

- Family Planning: In the face of strong opposition, the President has proposed budget increases for the federal Family Planning Program each year and successfully maintained the program. Among other reproductive health and education services, this program makes family planning information and contraception available to millions of women who might not otherwise get reproductive health care.

- 4-H Youth Development Program and Children, Youth and Families at Risk Initiative: The Department of Agriculture, through the Cooperative Extension System, funds these important initiatives serving young people. These programs work with communities to implement effective research-based programs which address a broad range of issues and needs, including teen pregnancy, child abuse, infant mortality, community crime and violence, and child care.

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

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

- Review for Practitioners: *Family Life, Delinquency, and Crime: A Policymaker's Guide--Research Summary*, was completed in May of 1994 by the Department of Justice. Its findings indicate that **family is one of the most powerful socializing forces for young people**, and can therefore seriously impact children's behavior.

- Parenting Initiative: The Department of Justice completed research work in 1993 under a grant to the University of Utah and the Pacific Institute for Research and Evaluation. This four-year major parenting initiative resulted in a document entitled *Effective Parenting Strategies for Families of High-Risk Youth (December 1993),* which identified a representative group of 25 programs as potentially the most promising. The research findings underscore the **importance of a family-focused approach to prevention and intervention of youthful problem behavior.**

EXPANDING OPPORTUNITIES FOR YOUTH AT-RISK

- SafeFutures: In September 1995, the Department of Justice created the SafeFutures Program, a five-year program which will provide approximately $8 million per year to six jurisdictions for a comprehensive and coordinated **delinquency prevention and intervention program for at-risk and delinquent youth.** Several programmatic components allow the four cities, one rural jurisdiction and one tribal government, to address teen pregnancy and receive support for specific counseling and education services. These include support for family strengthening activities, mentoring, specific services to at-risk and delinquent females, and general delinquency prevention activities.

- High Risk Youth Demonstration: HHS supports the High Risk Youth Demonstration program, which funds **innovative and effective model programs for preventing alcohol and drug use among high-risk youth**. One component of the program targets the specific needs of females from 12 to 20 whose use of substances often occurs with special factors (e.g. sexual abuse and domestic violence) that underlie or contribute to women's addictive problems. Every component of the program is evaluated.

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

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

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

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

LEARNING MORE ABOUT YOUTH AT-RISK

- National Adolescent Health Survey: Teens have been a significantly understudied sector of the population. In 1994, the National Institutes of Health began funding a new 5-year study known as Add Health, the first comprehensive study of the determinants of adolescent health. Using a national sample of 7th through 12th graders, Add Health examines the personal, familial, peer-related and community related influences on health behavior, taking a more **comprehensive look at the health of our nation's teenagers** in order to provide a better understanding of the complex forces that promote good health for our young people and those factors that put youth at risk.

- Preventing Youth Violence in Public Housing: This year, HUD and CDC have awarded a $550,000 grant to collect and develop information on youth violence prevention research. The intent is to disseminate existing information on successful programs to Indian and Public Housing authorities so that they can make more informed choices about prevention programs, which offer alternative services and activities for youth that can play a major role in preventing teen pregnancy as well.

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

Reaching Into Our Communities And Promoting Partnerships to Prevent Teen Pregnancy

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

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

- Adolescent Family Life Program: In September of 1995, HHS's Adolescent Family Life Program awarded 15 grants totaling $4.2 million dollars for comprehensive demonstration programs aimed at preventing early teenage sexual activity and reducing teenage pregnancies. These programs feature innovative ways to **emphasize abstinence as the best way to prevent adolescent pregnancy** and to encourage the involvement of parents in these discussions with their children.

- Community Coalition Partnership Programs for Prevention of Teen Pregnancy: In September of 1995, Centers for Disease Control and Prevention launched the new Community Coalition Partnership Programs for Prevention of Teen Pregnancy by awarding 13 grants totalling $6.5 million over two years. These grants enable communities to develop plans for implementing and evaluating **community-wide interventions** that are innovative, comprehensive and sustainable. In addition, these demonstrations include an evaluation component.

Promoting Personal Responsibility Among Young People

President Clinton has made personal responsibility a central part of his message to young people, urging young people not to get pregnant or father a child. Estimates indicate that over half the mothers who receive Aid to Families with Dependent Children were teenagers when they had their first child. To prevent welfare dependency in the first place, teenagers must get the message that staying in school, postponing sexual activity, and preparing to work are the right things to do.

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

Welfare Reform: The President supports welfare reform that sends a clear message to minor parents seeking assistance: to get help, you have to live with a responsible adult, you have to stay in school, and you have to prepare for work. Congress has endorsed the President's proposal requiring unmarried teen mothers to live at home and stay in school in order to qualify for assistance. Congress also supports the Administration's efforts to establish "Second Chance" homes, or adult-supervised group homes, as alternative living situations to help teen parents break the cycle of welfare dependency.

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

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

State Welfare Reform Demonstrations: The Administration has approved state welfare reform demonstrations to a record 35 states that include various provisions affecting minor parents. Nineteen states have authority to implement provisions linking AFDC benefits to the school attendance of minor parents. Seven states have received waiver authority to require minor parents to live with their parents or guardians or in an adult-supervised setting. A comprehensive evaluation will be conducted for each of these demonstrations.

- Healthy Schools/Healthy Communities: In 1994, the Administration started the new Healthy Schools/Healthy Communities program -- funding 27 **new school-based health centers** in 20 states and the District of Columbia. These centers provide for the health services and education needs of children and teenagers at high risk for poor health, teenage pregnancy, and other problems. A comprehensive evaluation of this program is currently being conducted.

- The Corporation for National Service: Created under the Clinton Administration in 1993, the Corporation for National Service supports over 50 teen pregnancy programs in 20 states across the country -- working both to **prevent teen pregnancy and to assist teen parents**. National service participants provide case management, mentor pregnant teens, sponsor health fairs, teach parenting skills to teen parents, make presentations on teen pregnancy prevention to school-age youth, help youth access health care, provide referrals to health care providers, and develop social supports for teen parents. *National service programs are operated with members of AmeriCorps, Learn and Serve America, and the National Senior Service Corps, who work collaboratively with school districts, universities, churches, health departments, national non-profits, and community-based organizations.*

- Healthy Start Program: HHS continues to support the Healthy Start Program, which has demonstration projects underway in 22 communities nationwide to **reduce infant mortality in the highest-risk areas and to improve the health and well-being of women, infants and their families.** Among a broad array of services provided, thousands of teenagers participate in prevention programs exclusively designed for them that encourage healthy lifestyles, youth empowerment, sexual responsibility, conflict resolution, goal setting, and the enhancement of self-esteem. A comprehensive evaluation is ongoing and results are expected in 1997.

- The Home Visiting Services Demonstration: In September 1994, HHS launched this new grant program that is currently operating in three sites. Under the demonstration, paraprofessional home visitors provide first-time teenage parents on welfare with instruction and supportive guidance related to family planning, parenting skills, health care for themselves and their children, and child support. The visitors also facilitate the teenagers' participation in the required education and employment-related activities.

FAX TRANSMISSION

U.S. Department of Health and Human Services
Office of the Secretary

DATE: June 25, 1996

TO: Ms. Lynn Hogan

DPC - White House

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TOTAL NUMBER OF PAGES TRANSMITTED: 31

COMMENTS:

As requested:
(1) Teen birth press release (6/24/96)
(2) HHS TP ~~fact~~ sheet (6/11/96)
(3) Administration Record on TP (compiled by Debbie Fine, 1/27/96)
(4) POTUS remarks on TP from 1/23/96 & 1/24/95 State of the Union
(5) POTUS remarks: Robin Hood Press conf. at White House (6/13/96)
(6) POTUS remarks: Nat'l Campaign (1/29/96)
(7) Dr. Foster on ABC News (6/22/96)

Hope this helps!

Lisa

U.S. Department of Health and Human Services
Office of the Secretary

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Transcript # 625-6

SHOW-TYPE: Package

SECTION: News

LENGTH: 582 words

HEADLINE: Dr. Henry Foster - The Doctor Is In

HIGHLIGHT: The politics of abortion kept Dr. Henry Foster from becoming U.S. surgeon general, but that rejection didn't stop him. He's found a different path to help young people, fight teen pregnancy, go on with his life

BODY:

AARON BROWN: One year ago, the Senate said no to President Clinton's choice for surgeon general, Dr. Henry Foster. No one questioned his medical credentials. It was politics that cost him the job, specifically, the politics of abortion. Foster left the public stage, but as ABC's Deborah Weiner discovered, he hardly gave up his life's work.

DEBORAH WEINER, ABC News: [voice-over] To Dr. Henry Foster, what happened one year ago was only an episode, not his biggest crisis. Nearly four decades of practicing medicine has provided more difficult moments.

Dr. HENRY FOSTER, former Surgeon General Nominee: The toughest thing in your life is not being able to find a pumping artery in a patient at 2:00 in the morning and her blood pressure won't stabilize. That is pressure. This other stuff is just stuff.

DEBORAH WEINER: [voice-over] The stuff of politics. Because Dr. Foster had performed abortions, his nomination became a heated political issue. In fact, conservative opposition blocked the confirmation vote in the Senate. The President offered Dr. Foster a consolation.

[on camera] Dr. Foster was made senior adviser to the President on teen pregnancy and youth issues, and consultant to the Department of Health and Human Services, a big title with no salary.

[voice-over] In his new job, Dr. Foster is in high demand, booked through November, mobilizing grassroots efforts to reduce teen pregnancy, and talking with young people.

Dr. HENRY FOSTER: When people say, 'You're not getting anything' for this job I'm doing, they don't understand how the world works, and that is more important to me than money, what we do for these kids.

DEBORAH WEINER: [voice-over] Dr. Foster preaches abstinence and encourages early education about sexuality and health. He says he has a closeness with young people he might not have had as surgeon general.

Dr. HENRY FOSTER: In this country, I guess the sun would quit rising in the east if we advertised condoms on television.

DEBORAH WEINER: [voice-over] Dr. Michael Carrera, who also works with young people, has known Henry Foster for nearly 10 years.

Dr. MICHAEL CARRERA, Children's Aid Society: Dr. Foster, because of his work, working with young people and families, experienced, many times, great despair. This makes you very tough, and it is this toughness that we're seeing right now.

Dr. HENRY FOSTER: When one door closes, another opens. I'm doing- I'm really just simply getting my message through a different venue.

DEBORAH WEINER: [voice-over] To earn a living, Dr. Foster teaches medicine at Meharry Medical College in Nashville, as he has for years. Even without the title of surgeon general, he believes he is making a difference. Deborah Weiner, ABC News, Washington.

AARON BROWN: It took riot police and tear gas to bring calm back to Ann Arbor, Michigan today, when a small rally by Ku Klux Klan members-

[voice-over] -was met by thousands of angry counterdemonstrators. The Klan rally drew barely a dozen people, but the counterdemonstration quickly became violent. The Klan members were finally hustled away.

[on camera] We'll be right back.

[Commercial break]

The preceding text has been professionally transcribed. However, although the text has been checked against an audio track, in order to meet rigid distribution and transmission deadlines, it has not yet been proofread against videotape.

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THE CLINTON ADMINISTRATION RECORD ON REDUCING TEEN PREGNANCY

A Summary Report

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

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

> *Responsible Behavior*: Personal responsibility has been a central part of the President's message to young people, as he has urged them not to become parents before they are adults, have finished school, and are ready to support their children. He has supported policies that embody this principle, including abstinence-based curricula, welfare reforms that discourage early parenting and require young mothers to live at home and stay in school, and tough new child support enforcement provisions that drive home the responsibility of parenthood to young men
>
> *Opportunities for Youth:* Teen pregnancy cannot be addressed in isolation from the wide range of other problems confronting youth, their families, their communities and their schools. Much of the Administration's social and economic agenda, ranging from education to crime prevention to empowerment zones, is designed to provide increased opportunities for young people and to give them something to say 'yes' to. If our youth do not have access to education, health services, jobs, or safe places to go after school and on weekends, they will not have a chance to make the right choices.

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

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

January 27, 1996

The Facts About Teen Pregnancy

A NATIONAL EPIDEMIC

- Every year, about 1 million American teenagers become pregnant -- that's approximately 11% of women ages 15-19.

- From the 1950s through the early 1980s, the rate of births to teens decreased steadily. However, in 1986, that trend reversed, and over the period 1986-91, the rate grew by 24%. Recent news has been somewhat positive: From 1991 to 1993, the national rate declined by 4%.

- As the teenage population grows, teen births are expected to increase. Even if the teen birth rate remains constant, the number of births is expected to jump 30% by the year 2010.

TREND TOWARDS OUT-OF-WEDLOCK CHILDBEARING

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

INTERNATIONAL COMPARISONS

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

ROLE OF ADULT MALES

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

COSTS TO THE CHILDREN

- Children born to teens are more likely to die in their first year of life, to have lower cognitive achievement, to repeat a grade in school, to be victims of abuse and neglect, and to become teen parents themselves.

- 80% of children born to unwed teenage mothers who have not completed high school live in poverty. In contrast, of those children born to 20 year-old married parents who are high school graduates, only 8% live in poverty.

COSTS TO SOCIETY

- In 1990, slightly more than half of all mothers receiving Aid to Families and Dependent Children (AFDC) first had children as teenagers. And 43% of the long-term welfare recipients are women who gave birth at or before age 17.

- More than three-fourths of all unmarried teen mothers receive welfare (AFDC) at some point during the 5 years following the birth of their child.

Research and Evaluation: Learning What Works to Prevent Teen Pregnancy

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

- Comprehensive Study: In June of 1995, the Department of Health and Human Services issued, "**Beginning Too Soon: Adolescent Sexual Behavior, Pregnancy, and Parenthood**," a two volume report containing a comprehensive and exhaustive review of the most recent research literature on teenage sexual behavior, pregnancy and parenthood and on effectiveness of teenage pregnancy prevention programs. This report was produced by Child Trends, Inc. with funding from the Department of Health and Human Services, and is now available on the Internet at http://aspe.os.dhhs.gov/hsp/cyphome.htm.

- State Data: In September 1995, HHS reported **state-level teenage pregnancy data** for 1991 and 1992. This marks the first time that HHS is able to report state-level teen pregnancy data. Updating trends on a state-by-state basis regularly provides more information for making effective policy decisions and enables us to see where we need to target our resources.

- Family Planning and Adolescent Family Life: HHS funds, as part of Family Planning and Adolescent Family Life programs, research projects and studies that focus on **adolescent sexual behavior**. Goals of these studies range from developing strategies to improve services to sexually active adolescents who are at-risk for contraceptive non-compliance and young women who visit family planning clinics, to learning more about: precursors and results of pregnancy and birth among adolescent males, the factors that influence teen attitudes toward sexual behavior, and the consequences for teen mothers who decide to parent as compared to those who place their children for adoption.

- New Mothers' Study: HHS funds The New Mothers' Study and has expanded its original scope to provide support for a 5-year follow-up to look at longer term outcomes, including employment and welfare dependency. *The Study focuses on research and analysis of a study in Memphis, Tennessee, where a sample of first-time, low-income, pregnant women received weekly visits from a nurse. Approximately 65% of the research sample were 18 or younger at enrollment. Early findings indicate that there were significantly fewer repeat pregnancies within two years following the birth of the child for those women who received home visits. It was originally started in 1988, and is also supported by other government agencies and private foundations.*

- Teenage Parent Demonstration: In order to gain further insight into the occurrence of repeat pregnancies, in 1993, HHS funded a 5-year follow-up evaluation of the Teenage Parent

Demonstration, initially conducted from 1986 to 1991. This program targeted the high-risk population of teenage mothers on welfare, providing case management and support services such as education, training and child care. The follow-up evaluation continues to monitor these mothers and focuses on the occurrence of repeat pregnancies.

Reaching Into Our Communities And Promoting Partnerships to Prevent Teen Pregnancy

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

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

- Adolescent Family Life Program: In September of 1995, HHS's Adolescent Family Life Program awarded 15 grants totaling $4.2 million dollars for comprehensive demonstration programs aimed at preventing early teenage sexual activity and reducing teenage pregnancies. These programs feature innovative ways to **emphasize abstinence as the best way to prevent adolescent pregnancy** and to encourage the involvement of parents in these discussions with their children.

- Community Coalition Partnership Programs for Prevention of Teen Pregnancy: In September of 1995, Centers for Disease Control and Prevention launched the new Community Coalition Partnership Programs for Prevention of Teen Pregnancy by awarding 13 grants totalling $6.5 million over two years. These grants enable communities to develop plans for implementing and evaluating **community-wide interventions** that are innovative, comprehensive and sustainable. In addition, these demonstrations include an evaluation component.

- Healthy Schools/Healthy Communities: In 1994, the Administration started the new Healthy Schools/Healthy Communities program -- funding 27 **new school-based health centers** in 20 states and the District of Columbia. These centers provide for

the health services and education needs of children and teenagers at high risk for poor health, teenage pregnancy, and other problems. A comprehensive evaluation of this program is currently being conducted.

- The Corporation for National Service: Created under the Clinton Administration in 1993, the Corporation for National Service supports over 50 teen pregnancy programs in 20 states across the country -- working both to **prevent teen pregnancy** and to **assist teen parents**. National service participants provide case management, mentor pregnant teens, sponsor health fairs, teach parenting skills to teen parents, make presentations on teen pregnancy prevention to school-age youth, help youth access health care, provide referrals to health care providers, and develop social supports for teen parents. *National service programs are operated with members of AmeriCorps, Learn and Serve America, and the National Senior Service Corps, who work collaboratively with school districts, universities, churches, health departments, national non-profits, and community-based organizations.*

- Healthy Start Program: HHS continues to support the Healthy Start Program, which has demonstration projects underway in 22 communities nationwide to **reduce infant mortality in the highest-risk areas and to improve the health and well-being of women, infants and their families.** Among a broad array of services provided, thousands of teenagers participate in prevention programs exclusively designed for them that encourage healthy lifestyles, youth empowerment, sexual responsibility, conflict resolution, goal setting, and the enhancement of self-esteem. A comprehensive evaluation is ongoing and results are expected in 1997.

- The Home Visiting Services Demonstration: In September 1994, HHS launched this new grant program that is currently operating in three sites. Under the demonstration, paraprofessional home visitors provide first-time teenage parents on welfare with instruction and supportive guidance related to family planning, parenting skills, health care for themselves and their children, and child support. The visitors also facilitate the teenagers' participation in the required education and employment-related activities.

Promoting Personal Responsibility Among Young People

President Clinton has made personal responsibility a central part of his message to young people, urging young people not to get pregnant or father a child. Estimates indicate that over half the mothers who receive Aid to Families with Dependent Children were teenagers when they had their first child. To prevent welfare dependency in the first place, teenagers must get the message that staying in school, postponing sexual activity, and preparing to work are the right things to do.

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

Welfare Reform: The President supports welfare reform that sends a clear message to minor parents seeking assistance: to get help, you have to live with a responsible adult, you have to stay in school, and you have to prepare for work. Congress has endorsed the President's proposal requiring unmarried teen mothers to live at home and stay in school in order to qualify for assistance. Congress also supports the Administration's efforts to establish "Second Chance" homes, or adult-supervised group homes, as alternative living situations to help teen parents break the cycle of welfare dependency.

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

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

State Welfare Reform Demonstrations: The Administration has approved state welfare reform demonstrations to a record 35 states that include various provisions affecting minor parents. Nineteen states have authority to implement provisions linking AFDC benefits to the school attendance of minor parents. Seven states have received waiver authority to require minor parents to live with their parents or guardians or in an adult-supervised setting. A comprehensive evaluation will be conducted for each of these demonstrations.

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

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

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

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

LEARNING MORE ABOUT YOUTH AT-RISK

- National Adolescent Health Survey: Teens have been a significantly understudied sector of the population. In 1994, the National Institutes of Health began funding a new 5-year study known as Add Health, the first comprehensive study of the determinants of adolescent health. Using a national sample of 7th through 12th graders, Add Health examines the personal, familial, peer-related and community related influences on health behavior, taking a more comprehensive look at the health of our nation's teenagers in order to provide a better understanding of the complex forces that promote good health for our young people and those factors that put youth at risk.

- Preventing Youth Violence in Public Housing: This year, HUD and CDC have awarded a $350,000 grant to collect and develop information on youth violence prevention research. The intent is to disseminate existing information on successful programs to Indian and Public Housing authorities so that they can make more informed choices about prevention programs, which offer alternative services and activities for youth that can play a major role in preventing teen pregnancy as well.

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

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

- Review for Practitioners: *Family Life, Delinquency, and Crime: A Policymaker's Guide--Research Summary*, was completed in May of 1994 by the Department of Justice. Its findings indicate that **family is one of the most powerful socializing forces for young people**, and can therefore seriously impact children's behavior.

- Parenting Initiative: The Department of Justice completed research work in 1993 under a grant to the University of Utah and the Pacific Institute for Research and Evaluation. This four-year major parenting initiative resulted in a document entitled *Effective Parenting Strategies for Families of High-Risk Youth (December 1993)*, which identified a representative group of 25 programs as potentially the most promising. The research findings underscore the **importance of a family-focused approach to prevention and intervention of youthful problem behavior.**

EXPANDING OPPORTUNITIES FOR YOUTH AT-RISK

- SafeFutures: In September 1995, the Department of Justice created the SafeFutures Program, a five-year program which will provide approximately $8 million per year to six jurisdictions for a comprehensive and coordinated **delinquency prevention and intervention program for at-risk and delinquent youth.** Several programmatic components allow the four cities, one rural jurisdiction and one tribal government, to address teen pregnancy and receive support for specific counseling and education services. These include support for family strengthening activities, mentoring, specific services to at-risk and delinquent females, and general delinquency prevention activities.

- High Risk Youth Demonstration: HHS supports the High Risk Youth Demonstration program, which funds **innovative and effective model programs for preventing alcohol and drug use among high-risk youth**. One component of the program targets the specific needs of females from 12 to 20 whose use of substances often occurs with special factors (e.g. sexual abuse and domestic violence) that underlie or contribute to women's addictive problems. Every component of the program is evaluated.

- School Health Programs: The CDC has established a national framework to support school health programs that are locally determined and consistent with community values. Programs in all 50 states and 18 major cities are designed to help young people avoid those risk behaviors that result in HIV infection, other sexually transmitted diseases, and unintended pregnancies. CDC's Youth Risk Surveillance System provides information about the prevalence of behaviors practiced by youth that put their health at risk, and states, cities, and CDC use this information to more effectively target and evaluate school health programs.

- Youth Development Initiative: Started in 1994 under the Departments of Veterans Affairs and Housing and Urban Development, the purpose of this initiative is to address the problem of violence in low-income communities by providing young people aged 13 to 25, with access to education and employment opportunities and supportive services. Offering these positive alternatives and services to youth to reduce violence are shown to be effective for affecting other teen behavior as well, such as sexual behavior that could lead to teen pregnancy.

- Youth Fair Chance: In July 1994, the Department of Labor implemented the Youth Fair Chance program, funding seventeen sites. Youth Fair Chance is a community-based program that targets money directly into **high poverty areas where youth problems are greatest**. Working in cooperation with local service providers, these sites use in- and out-of-school components to provide a variety of services that focus on youth problems, like teen pregnancy, unemployment, drug and gang involvement, and dropping out of school. Some of the sites utilize AmeriCorps volunteers.

- The Community Schools Youth Services and Supervision Grant: Through this new program established in 1994 under the Crime Bill, HHS provides matching grants to communities with significant poverty and juvenile delinquency for **after-school, weekend and summer recreation and education programs**. The program includes an evaluation component.

- Family Planning: In the face of strong opposition, the President has proposed budget increases for the federal Family Planning Program each year and successfully maintained the program. Among other reproductive health and education services, this program makes family planning information and contraception available to millions of women who might not otherwise get reproductive health care.

- 4-H Youth Development Program and Children, Youth and Families at Risk Initiative: The Department of Agriculture, through the Cooperative Extension System, funds these important initiatives serving young people. These programs work with communities to implement effective research-based programs which address a broad range of issues and needs, including teen pregnancy, child abuse, infant mortality, community crime and violence, and child care.

- Safe and Drug-Free School Act: Passed in 1994, this act responds to the continuing crisis of violence and drugs in our schools by **supporting comprehensive school-and community-based drug abuse and violence prevention programs**. Local school districts in high need areas are coordinating violence and drug prevention programs with comprehensive school health education programs.

- Comprehensive Services for Teenage Parents on Welfare: In 1994, HHS funded these grants, which supported development of programs providing **comprehensive services to meet the personal, physical and social needs of teenage parents**, as well as aiding the cognitive, physical and emotional development of their children. They were implemented in conjunction with mandatory participation requirements for education and employment-related activities.

LIFELONG LEARNING: INVESTING IN OUR YOUNG PEOPLE

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

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

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

EMPOWERING COMMUNITIES TO SOLVE PROBLEMS

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

HHS FACT SHEET

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

June 11, 1996

Contact: HHS Press Office
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PREVENTING TEENAGE PREGNANCY

Overview: Each year, approximately one million pregnancies occur among American teenagers. Last year, President Clinton challenged "parents and leaders all across this country to join together in a national campaign against teen pregnancy to make a difference." A group of prominent Americans responded to that challenge, forming the National Campaign to Reduce Teen Pregnancy: As the President's new Senior Advisor on Teen Pregnancy and Youth Issues, Dr. Henry Foster serves as liaison to the National Campaign.

The Administration's strategy to prevent teen pregnancy combines opportunity and responsibility -- and starts with a strong message from the top. It supports state, local government and community efforts and works in partnership with young people, parents, schools, civic leaders, businesses, nonprofit organizations, and state and local governments. It encourages abstinence and personal responsibility by young people. It provides financial support to enhance access to health and family planning services. And it invests in research and evaluation to determine what approaches work.

As part of this strategy, President's Clinton's FY 1997 budget requests $30 million for HHS to launch a new Teen Pregnancy Prevention Initiative, to support community prevention efforts in cities with high teen pregnancy rates.

The Administration's strategy also is reflected in all of HHS' activities. Most recently, for example, HHS:

- *Awarded 15 grants totalling $4.3 million to innovative and comprehensive demonstration programs to prevent early teen sexual activity and reduce teen pregnancies. These programs emphasize and encourage abstinence.*

- *Launched the CDC Teen Pregnancy Prevention Program by awarding 13 grants totalling $6.5 million over two years to community-wide coalitions. The grants will help support local efforts to reduce teen pregnancy.*

-MORE-

RECENT TRENDS

After rising steadily from 1986 to 1991, teen birth rates are down nationwide and teen pregnancy rates have declined in a majority of states:

- From the mid 1980s through 1991, pregnancy and birth rates among teens rose steadily. From 1986 to 1991, the pregnancy rate for 15-19 year-olds increased by 10 percent; the birth rate was up by 24 percent.

- However, from 1991 to 1992, pregnancy rates for teens aged 15-19 declined in 30 of 41 reporting states.

- Also, the birth rate for teens 15-17 declined 2 percent from 1991 to 1992, and remained stable in 1993. The birth rate for teens 15-19 declined 4 percent from 1991 to 1993.

A more complete listing of HHS teen pregnancy programs follows:

- The Adolescent Family Life Program, created in 1981, has awarded nearly $106 million to support demonstration projects that provide abstinence-focused educational services to prevent early unintended pregnancies and also develop and implement new approaches in the delivery of medical, social, and educational services to pregnant and parenting adolescents, their infants, and their families.

- Community Coalition Partnership Programs for the Prevention of Teen Pregnancy is a new demonstration program that will provide $6.5 million over two years to enable 13 communities to develop plans for implementing and evaluating community-wide interventions that are innovative, comprehensive, and sustainable.

- Healthy Schools, Healthy Communities established 27 new school-based health centers in 20 states and the District of Columbia to serve the health and education needs of children and youth at high risk for poor health, teenage pregnancy, and other problems.

- Beginning Too Soon: Adolescent Sexual Behavior, Pregnancy, and Parenthood" is a two-volume comprehensive review by HHS of the most recent literature on teen sexual behavior, pregnancy and parenthood and the effectiveness of teen pregnancy prevention programs.

- Reproductive Health and Family Planning Services (under Title X of the Public Health Service Act) are provided to nearly 5 million persons each year, nearly one third of whom are under 20 years of age. Abstinence counseling and education are an important part of the Title X service protocol for adolescent clients.

- **Health Care and Promotion** under Medicaid provides Medicaid-eligible adolescents under age 21 with access to a comprehensive range of preventive, primary, and specialty services within its Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. In conjunction with the Maternal and Child Health Bureau, new guidelines are being disseminated to state Medicaid and Maternal and Child Health programs. These guidelines, from the Bright Futures project, stress the importance of family and community support for positive health and social behaviors, including adolescent pregnancy prevention.

- **Federal/State Partnerships**, including the Maternal and Child Health Services Block Grant and the Social Services Block Grant (authorized by Titles V and XX of the Social Security Act, respectively), include support for adolescent pregnancy prevention programs, state adolescent health coordinators, state prenatal care hotlines, family planning, school health, and other prevention services. The Community Services Block Grant enables local community agencies to provide low-income populations, including youth at risk, with job counseling, summer youth employment, GED instruction, crisis hotlines, information and referral to health care, and other services. The Preventive Health and Health Services Block Grant (under Title XIX of the Public Health Service Act) provides resources to 49 States for services to the general population, including health education, risk reduction and public health nursing.

- Youth programs including Runaway and Homeless Youth Programs, the High Risk Youth Program, Community Schools, National Youth Sports, and Youth Violence Prevention Programs, address a wide range of risk factors.

- **Healthy Start** has demonstration projects in 22 communities nationwide to reduce infant mortality in the highest-risk areas and to improve the health and well-being of women, infants, and their families. Among a broad array of services provided, thousands of teenagers participate in prevention programs exclusively designed for adolescents that encourage healthy lifestyles, youth empowerment, sexual responsibility, conflict resolution, goal setting, and the enhancement of self-esteem.

- **Empowerment Zones and Enterprise Communities** in 105 rural and urban areas across the country have been awarded grants to stimulate economic and human development and to coordinate and expand support services. As they implement their strategic plans, some sites are including a focus on teenage pregnancy prevention and youth development.

- **Health education in schools** supports the efforts of every state and territorial education agency to implement school health programs to prevent the spread of HIV and sexually transmitted diseases (STDs). Assistance is also provided to 13 states to build an infrastructure for school health programs. Efforts are targeted at preventing early sexual activity, STDs, HIV, drug and alcohol abuse, tobacco use, and injuries.

- **Community and migrant health centers**, including family and neighborhood health centers, operate in 1600 sites and provide primary and specialized health and related services to medically underserved adolescents. Some centers include special hours or clinics for adolescent patients.

- **Indian Health Service** provides a full range of medical services for American Indians and Alaska Natives. IHS has a special emphasis on youth substance abuse, child abuse and women's health care, and supports projects targeted at preventing teenage pregnancy.

- **Drug treatment and prevention programs** include services to prevent first-time and repeat births among teenagers. Sixty-five residential substance abuse treatment programs for pregnant and postpartum women, as well as women with dependent children, receive support to provide family planning, education, and counseling services. In addition, 13 grant demonstration projects offer interventions and outreach to female adolescents ages 12-20 who are at risk for alcohol, tobacco, and other drug use; physical and sexual abuse; and pregnancy. And, a two-year public information campaign is reaching out to adolescent girls ages 9-14, and to their families and social networks, to educate them about the risks and consequences of drug, alcohol, and tobacco use.

- **Resources centers and clearinghouses** at both the state and national level provide information and technical assistance to state and community-based health, social service, and youth-serving agencies. Toll-free hotlines also provide guidance on family and youth services, STDs, AIDS, and other issues.

- **Research, surveillance, demonstrations, and evaluations** are conducted on an ongoing basis to gather and provide information and technical assistance on the magnitude, causes, and prevention of teenage pregnancy and on programs and approaches that work.

WELFARE REFORM: REACHING THE NEXT GENERATION

Because estimates indicate that over half the mothers who receive Aid to Families with Dependent Children were teenagers when they had their first child, preventing teenage pregnancy is a critical part of the Clinton Administration's approach to welfare reform. To prevent welfare dependency, teenagers must get the message that staying in school, postponing sexual activity, and preparing to work are the right things to do. As President Clinton has said, "Nobody should get pregnant or father a child who isn't prepared to raise the child, love the child, and take responsibility for the child's future."

Executive Action on Welfare Reform

On May 4, 1996, President Clinton announced four measures to make responsibility the law of the land, by ensuring that teen mothers on welfare stay in school and live at home. These four executive actions include:

requiring all states to submit plans for requiring teen mothers to stay in school and prepare for employment; cutting through red tape to allow states to reward teen mothers who finish high school, in addition to sanctioning those who don't; requiring all states to have teen mothers who have dropped out of school return to school and sign personal responsibility plans; and challenging all states to require minor mothers to live with a responsible adult.

With these actions, we're focusing on one of the key components of welfare reform: parental responsibility. And we're putting young mothers on the right path, toward employment and self-sufficiency.

Work and Responsibility Act of 1994 and Balanced Budget of 1996

In his welfare reform legislation introduced last year, President Clinton presented a comprehensive approach to teenage pregnancy prevention. Currently, the Administration's Balanced Budget bill and several other welfare proposals under debate include the strong teen parent and child support enforcement provisions the Administration has called for from the start:

* **Making Teen Parents Responsible.** Under the President's approach, the message to teen parents is clear: stay at home and remain in school. Congress and the National Governors Association have adopted the President's proposal requiring custodial parents to live at home with an adult family member in order to qualify for assistance. In addition, teenage parents would be required to remain in school and work or train for work after graduating from high school. States would also receive funds to establish "Second Chance" homes, or adult-supervised group homes, as alternative living situations to help teen parents break the cycle of welfare dependency.

* **Strengthening Child Support Enforcement.** Both houses of Congress have adopted President Clinton's comprehensive child support enforcement plan in their welfare reform legislation. This plan includes: streamlined efforts to name the father in every case; employer reporting in new hires to catch deadbeats who move from job to job; uniform interstate child support laws; computerized state-wide collections to speed up payments; and tough new penalties, like drivers' license revocation, for parents who fail to pay. These five measures would increase child support collections, move thousands of families off the welfare rolls, and send the strongest possible message to young men and women that they should not have children until they are prepared to care for them.

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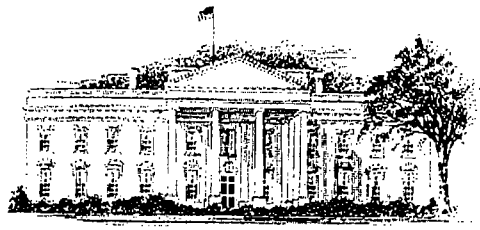

PRESIDENT BILL CLINTON:
MEETING AMERICA'S CHALLENGES IN AN AGE OF POSSIBILITY

May 1996

"Now it is time for us to look also to the challenges of today and tomorrow, beyond the burdens of yesterday. The challenges are significant. But America was built on challenges, not promises....I am confident: When Americans work together in their homes, their schools, their churches, their synagogues, their civic groups, their workplace, they can meet any challenge."

— President Clinton, State of the Union Address
January 23, 1996

First Challenge: To Cherish Our Children and Strengthen America's Families

Cherishing Our Children

- Announced a breakthrough agreement with the media and entertainment industry to develop a ***television ratings system*** to enable parents to protect their children from violence and adult content.
- Gave parents greater control over what their children watch on television by requiring the installation of anti-violence screening chips ***("V-chips")*** in all new televisions.
- Proposed targeted measures to cut off ***children's access to tobacco products*** and to ban ***advertising directed at children***.
- Established a Childhood Immunization Initiative to ensure ***vaccinations and healthy futures for all children***. The President's initiative contributed to the immunization of 75% of two-year-old children in 1995, an historic high.

Strengthening Our Families

- Enabled ***workers to take up to 12 weeks of unpaid leave*** to care for a family member without fear of losing their jobs. (Family and Medical Leave Act)
- Provided ***tax relief for 15 million working families*** by increasing the Earned Income Tax Credit to allow more families to qualify for tax rebates.
- Helped families move from ***welfare to work*** by authorizing 37 states to bypass existing welfare rules and set time limits on benefits, require recipients to work or stay in school, provide child care and give employers incentives to hire welfare recipients. These waivers are making work and responsibility a way of life for 75% of all welfare recipients

Ensuring Responsibility

- Collected a ***record $11 billion in child support*** in 1995 through tougher enforcement, almost a 40% increase over 1992.
- Issued an Executive Order to help track down ***federal workers who fail to pay child support.***
- Worked with community, business and religious leaders to form a ***national campaign to reduce teen pregnancy.***

Second Challenge: To Provide Educational Opportunities for the New Century

Making the Necessary Investments in Education

- Increased ***Head Start funding by almost $800 million*** to provide early education to tens of thousands of additional children in need.
- Supported the development of the ***nation's first system of voluntary standards of excellence*** for students while encouraging grassroots reforms to improve our schools. (Goals 2000: Educate America Act)
- Encouraged schools, colleges and employers to join in creating ***school-to-work opportunities***, providing students with work-based learning and giving them new pathways from high school to good jobs and post-secondary education. (School-to-Work Opportunities Act)
- Gave schools ***greater flexibility to use federal aid*** and develop ***effective teaching innovations*** to help economically disadvantaged students achieve their full potential. (Improving America's Schools Act)

Preparing Our Schools for the 21st Century

- Proposed a ***$2 billion Technology Literacy Challenge Fund*** to help communities and the private sector ensure that every student is equipped with the computer literacy skills needed for the 21st century.
- Launched an ***Educational Technology Initiative*** to connect every classroom to the Information Superhighway and provide all students with access to computers by the dawn of the next century.
- Challenged the technology industry to connect 20% of California's public schools to the ***Information Superhighway*** by the end of this school year. This challenge became a reality in March during Net Day '96.

Opening the Door to College

- Reformed the ***student loan program***, making college more affordable this year for ***5.5 million students*** and saving taxpayers billions of dollars by cutting red tape and providing loans with flexible repayment options, including pay-as-you-earn plans. (Student Loan Reform Act)
- Enabled ***45,000 volunteers to earn money for college*** by serving their communities and their country in the ***AmeriCorps*** program. (National Service Act)
- Challenged Congress to make ***$10,000 of college tuition tax-deductible each year***; expand ***work-study*** to help 1 million young Americans work their way through college by the year 2000; provide ***$1,000 merit scholarships*** for the top 5% percent of graduates in every high school; and increase the number of ***Pell Grants*** for students who need financial help.

Third Challenge: To Help Every American Achieve Security in the New Economy

Strengthening America's Economy

- Submitted to Congress the ***first genuine balanced budget in 17 years*** — balancing the budget in seven years based on both Administration and Congressional Budget Office estimates while protecting our fundamental priorities of Medicare, Medicaid, education and the environment.
- Won enactment of the ***largest deficit-cutting plan in history*** — cutting the deficit in half within four years, after it quadrupled during the previous two Administrations.
- Oversaw the creation of more than ***8.5 million new jobs in just over three years*** — a faster annual rate of job growth than any Republican Administration since the 1920's.
- ***Unemployment rate has fallen to 5.4%*** — down from over 7% when President Clinton took office.
- ***93% of all new jobs created are in the private sector*** — higher than the average percentage during any Administration since the Truman Administration.
- More than ***3.5 million new jobs in high-wage industries*** have been created since January 1993 — by contrast, 200,000 high-wage industry jobs were lost in the previous four years.
- ***One million new manufacturing, automotive and construction jobs*** have been added since January 1993.
- Highest annual number of ***new business incorporations*** since World War II.
- Real median ***family income has increased*** during the Clinton Administration — after falling 4% during the previous four years.
- The combined unemployment, inflation and mortgage rate is at its ***lowest level since 1968***.

Creating Economic Security

- Proposed a ***$2,600 job-training voucher*** program to allow unemployed workers the freedom to choose the training programs that are right for them.
- Fought for meaningful ***health insurance reform*** to allow people to keep coverage when they change jobs and prevent denial of coverage due to pre-existing conditions.
- Challenged Congress to ***raise the minimum wage*** to provide the opportunity for working Americans to lift themselves and their families out of poverty.
- Protected the pensions of more than 40 million workers and retirees by ***reforming the federal pension insurance system*** and requiring companies to keep their retirement plans sufficiently funded. (Retirement Protection Act)
- Challenged Congress to enable Americans to ***save for their retirements*** by increasing pension portability, enhancing pension protection and expanding coverage.

Opening New Markets to Create Jobs for U.S. Workers

- Exports have surged ***31% over the last three years*** because President Clinton stood up for American workers and opened more markets to U.S. goods and services.
- ***More than 1 million new export-related jobs*** have been created under the Clinton Administration — jobs supported by exports pay on average 15% more than other jobs.
- America is once again the ***world's number one manufacturer of automobiles*** — overtaking Japan for the first time since the 1970's.

- American goods exported in sectors covered by Clinton Administration trade agreements with Japan have grown over 85% — ***three times faster*** than growth in other U.S. goods exported to Japan.
- The United States was named the ***most competitive economy in the world*** for the second year in a row.

Fourth Challenge: To Take Back Our Streets From Crime, Gangs and Drugs

Won Passage of the Toughest and Smartest Crime Bill Ever

- Puts ***100,000 more police officers*** on the street — more than 34,000 officers have already been funded.
- Imposed a targeted ***"Three-Strikes-and-You're-Out"*** provision to put career violent offenders behind bars for life.
- Expanded the ***death penalty*** to include drug kingpins, murderers of federal law enforcement officers and nearly 60 additional categories of violent felons.
- Provided funding for ***100,000 more prison cells*** to help states ensure that violent offenders serve their full sentences.
- The number of ***murders fell 8%*** in 1995 — one of the largest decreases in more than 30 years. The nation's largest cities saw their ***overall crime fall 6%*** during the same period.

Keeping Guns Out of the Hands of Criminals

- Stood up to the gun lobby and won passage of the ***Brady Bill*** — as a result, more than ***60,000 fugitives, felons and other criminals*** have already been blocked from buying handguns.
- Banned the manufacture and importation of ***19 of the deadliest assault weapons*** while specifically protecting more than 650 legitimate sporting weapons. (Assault Weapons Ban)

Combatting Drug Use

- Developed a comprehensive ***National Drug Control Strategy*** that will reduce illegal drug use through law enforcement, prevention, treatment and interdiction.
- Breaking the cycle of drugs and crime through ***universal drug testing*** in the criminal justice system and by providing funding for ***drug courts***.
- The number of Americans who use cocaine has ***declined 30% since 1992***.

Fighting to End Domestic Violence

- Tripled funding for ***battered women's shelters*** and provided ***$26 million in state grants*** to bolster local law enforcement, prosecution and victims' services to better address violence against women. (Violence Against Women Act)
- Established nationwide 24-hour ***domestic violence hotline*** providing immediate crisis intervention, counseling and referrals for those in need.

Making Our Schools Safer

- Keeping dangerous weapons out of our children's classrooms by enforcing a ***"Zero Tolerance" gun policy in schools***.
- Reducing ***violence and drug abuse in our schools*** by investing in school security, drug prevention programs and counseling. (Safe and Drug-Free Schools Act)
- Encouraged schools to adopt ***school uniform policies*** to help reduce violence while promoting discipline and respect.

Securing America's Borders

- Stood firm against illegal immigration and deported a record ***51,600 illegal and criminal aliens*** in 1995 — a 15% increase over 1994.
- Increasing the number of ***Border Patrol agents*** along the southwestern border by 50% to stem the flow of illegal aliens into the United States.

Fifth Challenge: To Leave Our Environment Safe and Clean for the Next Generation

Ensuring Public Health

- Made the air we breathe cleaner by issuing ***new standards to cut toxic pollution*** from chemical plants by ***90%*** and dangerous incinerator emissions by ***98%***.
- Fought ***attempts in Congress to roll back*** the progress made in ensuring safe food and water for our families.
- Issued new policy to ***control E. coli bacteria*** contamination in meat.
- Expanded the public's ***right-to-know*** about toxic releases and required polluters to disclose information to the public.
- Ensured compliance with environmental safeguards by ***toughening EPA's enforcement programs***.

Protecting Our Natural Resources

- Fought attempts to close ***national parks*** and lift the ban on offshore oil drilling.
- Committed $1.5 billion over seven years to help restore the unique ***Florida Everglades***.
- Broke through decades of conflict and negotiated a consensus plan to protect and allocate ***California Bay-Delta water***.

Common Sense Reforms to Environmental Programs

- Changed EPA rules and procedures to ***reduce paperwork requirements*** for businesses by 10 million hours.
- Reformed wetlands and endangered species programs to better protect the environment while lessening any adverse impact on homeowners.
- Launched a ***Brownfields Initiative*** to return land to productive use by providing tax incentives to clean-up old industrial waste sites.

Sixth Challenge: To Maintain America's Leadership in the Fight for Freedom and Peace

Leading the Fight for Peace

- Ended four years of bloodshed and destruction in ***Bosnia*** by brokering the Dayton peace accords.
- Championed peace efforts in the ***Middle East*** by negotiating the Israel-Jordan peace treaty and helping Israelis and Palestinians fulfill their historic peace agreement.
- Organized historic March 1996 ***Summit of the Peacemakers*** in Egypt, gathering 29 world and regional leaders to support the Middle East peace process and counter terrorism.

- Negotiated written ***agreement between Israel and Syria*** to end Hezbollah attacks on Israel and provide restoration of calm and protection of civilians on both sides of the Lebanon-Israel border.
- Restored democracy to ***Haiti***, stopping the flow of refugees to the U.S. and accomplishing the first transfer of power from one democratically-elected president to another in Haitian history.
- Became the first American President to visit ***Northern Ireland*** in the pursuit of a just and lasting peace.

Making a Difference in America and Around the World

- ***Russian nuclear missiles*** are no longer pointed at America's children.
- Poised to reduce ***nuclear stockpiles*** by another 25% by successfully securing bipartisan Senate ratification of the Start II Treaty with Russia.
- Imposed the ***toughest sanctions ever*** on Castro's Cuba following the brutal killing of U.S. nationals over international waters.
- Shaped new American military for post-Cold War challenges to peace, ensuring America remains the ***best-equipped, best-trained and best-prepared fighting force in the world.***
- Intensified the ***fight against terrorism and organized crime*** at home and abroad by enacting anti-terrorism legislation giving law enforcement officials tough new tools to stop terrorists before they strike.

Seventh Challenge: To Reform Our Political System and Make Government Work for People

Reforming Our Political System

- Made voting easier for more than 11 million Americans by creating more accessible ***"motor-voter"*** registration locations. (National Voter Registration Act)
- Enacted the ***first major overhaul of lobbying rules in 50 years*** — now lobbyists must disclose the organizations for which they work. (Lobbying Disclosure Act)
- Fought for passage of ***comprehensive campaign finance reform*** to curb the influence of money in our political system.
- Imposed the strictest Administration ***ethics guidelines*** ever, including a five-year ban on top officials lobbying their former agencies and a lifetime ban against lobbying for foreign governments.
- Ensured that the ***same laws apply to Congress*** as to the rest of America. (Congressional Accountability Act)

Making Government Work Better and Cost Less

- Cut the federal civilian workforce by ***more than 200,000 positions*** — the size of the federal government is now at its ***lowest level in 30 years.***
- Eliminating ***16,000 pages of unnecessary regulations.***
- Saved taxpayers ***$58 billion*** by cutting wasteful government practices and spending through Reinventing Government efforts. Additional recommendations will save another ***$116 billion.***
- Prohibited Congress from imposing new requirements on state and local governments without paying for them. (Unfunded Mandates Reform Act)
- Fought for and signed into law ***line-item veto*** legislation to change the way Washington works by ***cutting spending*** on wasteful special-interest projects.

1. What role, if any, do you believe the federal government should play in addressing the national teen pregnancy rate?

More than one million girls under age 20 become pregnant each year in the U.S. Teen pregnancy is a serious social problem that requires serious and unfailing efforts to combat it, and the federal government has an important role to play.

The federal government's role is that of leader, catalyst and supporter of state and community efforts that will *really* address this problem. The President and his Administration give communities the tools to address teen pregnancy by identifying community-based programs that are working and providing research, technical assistance, and information, as well as money, to help them get off the ground.

While the federal government's role in addressing teen pregnancy is an important one, the public sector alone cannot solve the problem alone. The talents and energy of the private sector--both nonprofit and for-profit--must be brought to bear in addressing this complex problem.

In one of his most important initiatives to date, the President called for the creation of a nationwide grassroots campaign to fight teen pregnancy. From the President's call to action emerged the National Campaign to Prevent Teen Pregnancy, now in the process of being staffed and funded.

The federal government also plays an important role in funding state and local teen pregnancy prevention initiatives.

The Department of Health and Human Services provides grants to organizations across the country to support local teen pregnancy prevention efforts and to evaluate strategies for effectiveness.

In September 1995, HHS's Adolescent Family Life Program awarded 15 grants totalling $4.2 million dollars for demonstration programs aimed at preventing early teenage sexual activity and reducing pregnancies.

Also in September 1995, the Centers For Disease Control and Prevention launched the Community Coalition Partnership Programs For Prevention of Teen Pregnancy, awarding 13 grants totalling $6.5 million dollars over two years. These grants enable communities to develop, implement, and evaluate community-wide teen pregnancy prevention interventions.

In his FY97 budget request, the President proposed a $30 million teen pregnancy prevention initiative to implement and evaluate promising prevention strategies in committed communities.

Finally, the President has taken several important steps through Executive Orders and waivers from federal welfare regulations to encourage young people to delay parenthood until they are married and able to support their children. Teen mothers on welfare are now required to live at home or in a supervised setting and must stay in school to receive government aid. Tough new child support laws send the message to young men that they are responsible for providing child support for the children they bring into the world.

2. *How would you propose to help the National Campaign to Prevent Teen Pregnancy reach its goal of reducing the U.S. teenage pregnancy rate by one-third by the year 2005?*

In his State of the Union address earlier this year, President Clinton called on Americans to come together to create a National Campaign to Prevent Teen Pregnancy. The President's challenge created synergy between the public and private sectors and the federal, state and local government. The result: the independent, nonpartisan, nonprofit National Campaign to Prevent Teen Pregnancy. The President is now committed to working with this private entity to help young people secure a better future for themselves.

President Clinton will continue to support the National Campaign to Prevent Teen Pregnancy as a visible leader on the issue. The President's efforts will complement the work of the campaign by raising public awareness of the teen pregnancy problem, supporting community-based demonstration programs, and helping states and communities continue to create and implement meaningful programs.

The President will also continue his fight to pass meaningful welfare legislation, support and promote responsible behavior on the part of young people, and work to provide them with opportunities that will convince them to postpone early childbearing.

Dana - 703-838 703-820-5108 686-0338

July 13, 1993

Prevention Issue Group

The group will concentrate on: 1) understanding how families enter the AFDC program for the first time; 2) considering policies that may prevent entries.

The challenge for the group will be to identify and select a limited number of promising policy options for further analysis and eventual presentation to the Working Group. We hope to identify two types of policy options: those that encourage more responsibility (e.g., in the area of childbearing), and those that provide greater opportunity (e.g., to go to college or get a job).

Background

It is commonly estimated that about half of the mothers on the AFDC rolls at any point had their first child as a teenager. In the past, many were teenaged wives at the birth of their first child. More recently, most births are to unmarried teenagers. In 1960, about 85 percent of births to teenagers were to wives; in 1990, about 68 percent were to unmarried teenagers. Similarly, whereas divorced or separated mothers used to constitute the majority of AFDC case-heads, now never-married mothers are in the majority. Never-married mothers account for virtually all the increase in the AFDC caseload during the 1980s. Accordingly, to some extent that the issue group will explore, prevention of welfare entry will have to grapple with reducing child-bearing among unmarried teenagers. In this context, it will be important to look at family planning practices and policies.

Welfare and non-welfare strategies

As often noted, prevention of unwanted pregnancies among teenagers may entail changing their perceptions of their own possible futures - the way they look at both unmarried parenthood and life on welfare, on the one hand, and alternatives to welfare, on the other. The transition and post-transition issue groups are expected to recommend policies that will change a young, at-risk female's perception that welfare can be a way of life. The child support enforcement issue group may recommend policies that will change a young, at-risk male's chances of avoiding the child support system, should he father a child outside marriage.

Perceptions of alternatives to life on welfare or unmarried fatherhood also appear to be correlated with the likelihood of teenage pregnancy. Accordingly, the prevention group will consider non-welfare policies that promote better futures for at-risk teenagers. Current programs and the Administration's initiatives in training, education, and employment will be reviewed in an effort to identify policies that maximize opportunities for at-risk youth who avoid becoming parents before they are prepared to raise and support a family.

62249
65392 - Julie

Target population

At first glance, it would seem that prevention departs from other issue groups' concerns by virtue of its focus on those who have not yet entered the welfare system. However, the division is not sharp here either. Some new AFDC case-heads are familiar with welfare from earlier spells as dependent children, and some are simply switching status from dependent child to caretaker.

What distinguishes the target population of the prevention group from that of groups dealing with custodial and noncustodial parents is that the prevention group will focus on those who are not yet welfare mothers or absent fathers, but who are at high risk.

Paths onto AFDC

Most typically, families end up on AFDC for the first time by one of three paths: 1) first children are born to unmarried mothers who cannot support them; 2) two-parent families break apart, leaving custodial parents unable to support their children; 3) family bread-winners lose or leave their jobs, leaving them unable to support their children.

When all entries are considered, it would seem that the issue group's focus should be on the second route. Bane and Ellwood's classic study of early PSID families found that nearly half of all first AFDC spells occurred when a wife became a family head. By comparison, about 30 percent of AFDC entries occurred when an unmarried woman had her first child, and about 12 percent when a female family head's earnings fell.

A simple count of entries suggests that policies to prevent divorce and separation should be the first priority. However, we know that the amount of time, both in first spells and total time, that a family spends on welfare is correlated with the path the family first takes onto welfare. In data from the mid-1970s to mid-1980s, those who entered the system due to a loss of earnings averaged less than four years in their initial spell. Those who came onto AFDC from marital break-up averaged four and one-half years. By contrast, those who first came onto AFDC as an unmarried first-time mother stayed 7.7 years in their first spell.

Analysis of more recent data confirm earlier findings that never-married mothers will return more frequently and have longer total time on AFDC as well as longer first spells. So if we are concerned about the degree of welfare dependency, rather than just contact with the welfare system, it appears that delaying or preventing entries that occur when an unmarried woman bears a first-child she cannot support should be a priority of the prevention group. However, although entries due to births to unmarried women will be a focus, the prevention group should give due consideration to determinants of marital break-up and earnings decline among single-parents.

Entry determinants and prevention options

The immediate preconditions of unplanned first-births to unmarried teenagers are early extra-marital sexual activity, the absence of effective family planning practices, and decisions by at least one of the parties not to marry. Among the underlying factors are concomitants of poverty, joblessness, low educational achievement, and changing social norms. The policy options developed by the prevention group will be based on a review of current knowledge about the connection between each of these factors and entry onto the AFDC rolls.

The determinants of marital break-up are, if anything, even more complex. However, the current state of knowledge will be reviewed, and an attempt made to identify policies and programs that have proven or promised power to prevent marital dissolution.

Development of policy options

Policy options from the prevention group will emphasize both responsibility and opportunity. On the responsibility side of the equation, the group will consider welfare and non-welfare policies that may encourage responsible family formation decisions. In this, the prevention group may overlap and inform the work of the other issue groups by presenting analysis of the likely impact of the policies they are considering on the determinants of AFDC entry. For example, there may be reason to think that some variations of AFDC time-limits, or paternity establishment and child support enforcement may encourage or deter AFDC entries more than others.

Second, the prevention group will present options outside the purview of the other issue groups to promote opportunity among at-risk females and males. Options designed to change the opportunities available to categories of at-risk individuals and to change opportunity structure in certain communities -- at least on a demonstration basis -- will both be considered.

PRESIDENT CLINTON'S STATE OF THE UNION ADDRESS, 1/23/96

To strengthen the family, we must do everything we can to keep the teen pregnancy rate going down. I am gratified, as I'm sure all Americans are, that it has dropped for two years in a row, but we all know it is still far too high.

Tonight, I am pleased to announce that a group of prominent Americans is responding to that challenge by forming an organization that will support grassroots community efforts all across our country in a national campaign against teen pregnancy. And I challenge all of us and every American to join their efforts.

PRESIDENT CLINTON'S STATE OF THE UNION ADDRESS, 1/24/95

We've got to ask our community leaders and all kinds of organizations to help us stop our most serious social problem, the epidemic of teen pregnancies and births where there is no marriage. I have sent to Congress a plan to target schools all over this country with anti-pregnancy programs that work.

But government can only do so much. Tonight I call on parents and leaders all across this country to join together in a national campaign against teen pregnancy to make a difference. We can do this, and we must.

Teen Pregnancy & Responsibility Act

I. National Campaign to End Teen Pregnancy

(A) Targeting At-Risk Youth

The Title IV-A at-risk child care program would be modified to include a new section allocating $75 million in funds to states for use in teen pregnancy prevention strategies. Local communities will be required to develop proposals to reduce teen pregnancy. Eligible communities include local or State agencies or other publicly supported organizations, tribal organizations, private nonprofit organizations, or consortia of the same, approved by the chief elected official of the city or county in which the project area is located or by the tribal leadership which has jurisdiction over the project area. Each application must be endorsed by the Governor of the State or the appropriate head of the tribal organization, based on criteria they develop, though preference should be given to projects that target both young men and young women, areas with high teen pregnancy rates, or high incidence of AFDC dependency. Proposals should demonstrate strong local commitment to the project and involvement in the planning and implementation of the project. States would be allowed to draw down funding at a matching rate of 75/25 (75% federal). The Secretary of HHS shall be required to conduct an evaluation to determine the relative effectiveness of various State efforts and models at reducing and preventing teen pregnancy. Specific outcome measures should be used. Grants would terminate after 7 years (unless reauthorized).

[Reference: :Public Health Service Act, Title III, Part A, Sec 301 (43 USC 241) -- for section on State eligibility for target programs;
PL 100-485 (42 USC 681 note) -- for evaluation process]

(B) National Teen Pregnancy Clearinghouse

HHS would establish a clearinghouse to maintain profiles of model teen pregnancy prevention programs. Such models would be available for states or localities to adopt, tailor to local needs, or provide guidance to states and localities about what works and what does not. Technical assistance and training would be offered.

[Reference Sec. 505 subsection (n) of S.2224]
**Add new subsection under subsection (2) to indicate that the clearinghouse shall participate in activities designed to encourage and enhance public media campaigns on the issue of teen pregnancy.*

II. Ending the Cycle of Intergenerational Dependency

(A) Pregnancy and Responsibility

Teen parents would no longer be able to establish an independent household to qualify for AFDC. All states would require minor moms to live at home, or with a legal guardian or other adult relative, in a foster home or other adult supervised supported living arrangement.

[Reference Sec. 501 of S.2224]

(B) Reinforcing Families

A new section would be added to Title XX to provide $100 million as an entitlement to the states for the purpose of supporting adult-supervised group homes for teen mothers and their children. Funds could be used to plan, establish and operate homes, but may not be used for construction of new facilities. States would work with localities in establishing these homes. Strong local

commitment to the home and local involvement in its planning and establishment should be considered as a factor in determining where to target funding.

In contrast to orphanages, adult-supervised group homes would provide teens and their children with a supportive, supervised environment in which teen parents would be required to learn parenting skills, including such matters as child development, family budgeting, health and nutrition, and other skills to promote their long-term economic independence and the well-being of their children. Additionally, these homes could serve as network centers for other supportive services that might be available in the community.

(C) Promoting Responsible Behavior
At state option, states could limit or preclude AFDC benefit increases for all parents who have additional children while on AFDC (except in cases of rape or incest).

[Reference Sec. 502 of S.2224]

(D) Back to School
All teen moms who have not graduated from high school or completed a GED would be required to return to school or an approved alternative education/training program. At state option, teens attending regularly could receive monthly bonuses or those who do not attend regularly (without good cause) could receive sanctions to be designed by states. Child care assistance would be guaranteed.

[Reference Sec. 504 of S.2224]
**Add subsection indicating that teenage mothers are required to stay in school until a high school diploma or a GED is obtained.*

(E) Ending Substance Abuse
States would be required to offer treatment/counseling programs for teen moms with drug or alcohol addictions. States could designate a portion of their JOBS funding to support such programs. Teen moms with addictions would be required to participate regularly in these programs (to the extent that they are available). States would be required to sanction teen moms who refuse to regularly participate in such programs (after appropriate notice and without good cause).

[Reference Sec. 102 subsection (b)(7) of S.2224]

III. Parental Responsibility

(A) Paternity Performance and Measurement Standards
(1) Each state will be required, as a condition of Federal funding for the CSE program, to calculate a State paternity percentage based on yearly data that record: (a) all out-of-wedlock births in the State for a given year, regardless of welfare or income status; and (b) all paternities established for the out-of-wedlock births in the State during that year.

(2) Federal Financial Participation rate will be provided for all paternity establishment services provided by the IV-D agency regardless of whether the mother or the father signs a IV-D application.

(3) Performance-based incentives will be offered to each State in the form of increased FFP of up to 5 percent.

(4) At State option, States may experiment with programs that provide financial incentives to parents to establish paternity.

[Reference: Section 612 of S.2224]

(B) **Streamlining Paternity Establishment Procedures**
As part of a states civil procedures for establishing paternity, each state must:

(1) provide that acknowledgements of paternity create either a rebuttable or conclusive presumption of paternity. Rebuttable presumptions would ripen into conclusive presumptions after one year.

(2) provide administrative authority to the IV-D agency to order all parties to submit to genetic testing in all cases where either the mother or father requests genetic tests (without the need for a court order).

(3) provide administrative authority to the IV-D agency to enter default orders to establish paternity where a party refuses to comply with an order for genetic testing.

(4) advance the costs of genetic tests, subject to recoupment from the putative father, if he is determined to be the biological father.

[Reference: Sections 636 and 640 of S.2224]

(C) **Encouraging Early Establishment and Outreach**
Very little outreach is currently conducted about the importance and the process of paternity establishment. For example, in 1990 less than 1 percent of all counties reported they conducted outreach about paternity establishment in prenatal clinics. As part of this effort, the proposal allows State agencies and mothers to start the paternity establishment process early, even before the child is born.

As part of the State's voluntary consent procedures, each State must:

(1) require, either directly or under contract with other health care providers, other health-related facilities (including pre-natal clinics, "well-baby" clinics, in-home public health service visitations, family planning clinics, and WIC centers) to inform unwed parents about the benefits of and the opportunities for establishing legal paternity for their children; this effort should be coordinated with the US Public Health Service.

[Reference: Section 642 of S. 2224]

(2) A substantial outreach program will be required of HHS and the Public Health Service in cooperation with the Department of Education, including (a) developing a substantial media campaign designed to reinforce both the importance of paternity establishment and the message that parenting is a dual responsibility; (b) States will be required to implement outreach programs promoting voluntary acknowledgement of paternity through a variety of means, such as the distribution of materials at schools, hospitals, and other agencies; (c) upon approval of the Secretary, Federal funding will be provided at an increased matching rate of 90% for paternity outreach programs.

[Reference: Section 641 of S.2224]

COST ESTIMATES
(from CBO estimates of Clinton Bill)

	FY1	FY2	FY3	FY4	FY5	TOTAL
I. A. TARGETING AT-RISK YOUTH						
Title IV-A	75	75	75	75	75	225
B. CLEARINGHOUSE	minimal cost					
Section I Subtotal	75	75	75	75	75	225
II. A.&B. FAMILY SUPPORT HOMES						
Title XX	100	100	100	100	100	500
Savings	0	-11	-11	-12	-12	-46
C. FAMILY CAP						
Family Support	0	0	-5	-20	-35	-60
Food Stamps	0	0	3	10	20	33
D. BONUSES FOR STAYING IN SCHOOL (State option)						
	0	0	1	2	2	5
E. SUBSTANCE ABUSE (no estimates, but states can use JOBS monies to support this effort)						
Section II Subtotals	100	89	88	80	75	432
III. A. PATERNITY MEASUREMENT and INCENTIVES						
B. STREAMLINING (636-640)						
Family support	0	0	0	-19	-41	-60
Food stamps	0	0	0	-6	-14	-20
Medicaid	0	0	0	-7	-17	-24
Family support	0	-21	-23	-25	-28	-97
Food stamps	0	-3	-3	-3	-4	-13
Medicaid	0	-2	-2	-3	-4	-11
Section III Sub	0	-26	-28	-63	-108	-225
TOTAL COSTS						432 million

Administration Approach to Teen Pregnancy Prevention

- President Clinton has called teen pregnancy one of the nation's most serious social problems, and reducing its incidence has been a key goal of this administration's policy for young people.

- The birth of rate to teens has come down two years in a row. From 1991 to 1993, the national rate declined by 4%. And the teen pregnancy rate is down as well.

- Although there has been progress, teenage pregnancy remains a profound problem, and we need to do more. Every year, about 1 million American teenagers become pregnant -- that's approximately 11% of women ages 15-19. And 80% of children born to unwed teenage mothers who have not completed high school live in poverty. In contrast, of those children born to 20 year-old married parents who are high school graduates, only 8% live in poverty.

- The Clinton Administration's policy on teen pregnancy has tried to target our resources in support of local initiatives built on the values of opportunity and personal responsibility:

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

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

- Grants in 1995: The administration has awarded grants to communities all across the country for demonstration efforts to address teen pregnancy at the local level. One program, the Adolescent Family Life Program, supports innovative efforts to emphasize abstinence as the best way to prevent adolescent pregnancy. The other, Community Coalition Partnership Program, enables local communities to develop comprehensive, innovative initiatives to address the problem in ways

- Private Sector Initiative: Last year in his State of the Union address, President Clinton challenged leaders in the private sector to form a national campaign to prevent teen pregnancy. Throughout the year, the Administration has been working to catalyze this

effort and a diverse, credible, and bi-partisan group of private sector leaders have already committed to work towards a national campaign. [In this year's State of the Union, he announced the group's intention to announce a bipartisan, national campaign.]

January 23, 1996

CLINTON ADMINISTRATION EFFORTS TO REDUCE TEEN PREGNANCY

"Ultimately, what is needed to stop teen pregnancy is a revolution of the heart. We must all work to instill in every young man and woman a sense of personal responsibility. Having a child is the greatest responsibility any person can assume. It is not the right choice for a teen to make."

President Clinton
January 29, 1996

Overview: Each year, about 1 million American teenagers become pregnant -- approximately 11% of all women ages 15-19. To address this serious problem, the Clinton Administration has pursued policies which recognize the fundamental obligation of all Americans to exercise personal responsibility, while expanding opportunities for at-risk young people to make positive life choices. In addition, the President has stated clearly that government alone cannot solve the complex problem of teen pregnancy. He has called upon leaders in the private sector to join together to take action in their own communities.

Accomplishments:

- **Research and Evaluation**: The Administration has supported extensive research into the influences which contribute to the incidence of teen pregnancy, as well as evaluation of prevention programs across the country to learn what works best.

  Example:

  - In 1995, the Department of Health and Human Services issued a comprehensive review of recent research literature on teenage sexual behavior, pregnancy, and parenthood and on effectiveness of teenage pregnancy prevention programs. The report is entitled, "Beginning Too Soon: Adolescent Sexual Behavior, Pregnancy, and Parenthood."

- **Community Demonstrations**: The Administration has built partnerships with local governments and nonprofit organizations to promote the development of community-based interventions that are innovative, comprehensive, and sustainable.

  Examples:

  - In 1995, the Centers for Disease Control and Prevention launched the new Community Coalition Partnership Programs for Prevention of Teen Pregnancy. 13 grants totalling $6.5 million were awarded to communities to develop plans for implementing and evaluating community-wide interventions.

  - In 1994, the Administration started the Healthy Schools / Healthy Communities Program, funding 27 new school-based health centers in 20 states and the District of Columbia. These centers provide for the health services and

education needs of children and teens at high risk for poor health, teenage pregnancy, and other problems.

- **Promoting Personal Responsibility**: President Clinton has advocated welfare reform proposals that promote work, demand parental responsibility, and toughen child support activities.

  Examples:

  - The Administration has approved state welfare reform demonstrations to a record 37 states that include various provisions affecting minor parents. Nine of the states now have authority to link AFDC benefits to the school attendance of minor parents. Seven states have the authority to require minor parents to live with their parents or guardians or in another adult-supervised setting.

  - The Administration has pursued aggressive enforcement of child support laws. In 1995, a record $11 billion was collected in child support from non-custodial parents, an increase of 40% since 1992. Over that same period, paternity establishments rose by over 40%.

- **Comprehensive Approach to Youth**: The Administration has worked to address the complex ecoconomic and social factors which often underlie high rates of teen pregnancy and to support communities in offering young people positive alternatives to early sexual behavior and parenting.

  Examples:

  - Under the Clinton Administration, the Department of Education has launched a number of initiatives that address teen pregnancy prevention through improved schooling for disadvantaged students, coordination of health and social services, and school-to-work opportunities to increase economic self-sufficiency. Specific initiatives started or expanded include: Goals 2000; 1994 School -To-Work Opportunities Act; Head Start.

  - In 1995, the Department of Justice created the SafeFutures Program, a 5-year initiative which will provide approximately $8 million per year to 6 jurisdictions for a comprehensive and coordinated delinquency prevention and intervention program for at-risk and delinquent youth.

  - The Administration is implementing the Safe and Drug-Free Schools Act, passed in 1994, by supporting local school districts in high-need areas in their efforts to coordinate violence and drug prevention programs with comprehensive school health education programs.

- **Private-Sector Initiative**. In his 1995 State of the Union Address, President Clinton challenged leaders across the US to come together to address the serious problem of teen pregnancy. In response to this call for action, an independent, bipartisan organization has been formed. The new National Campaign to Prevent Teen Pregnancy has been established as a private, not-for-profit entity under the direction of Thomas Kean, former Governor of New Jersey and now President of Drew University, and Dr. Isabel Sawhill of the Urban Institute. The Campaign's board of directors includes prominent individuals from business, the media, entertainment, medicine and the philanthropic community.

- **Appointed Senior Advisor on Teen Pregnancy Prevention**: In January of this year, President Clinton appointed Dr. Henry Foster, Professor of Obstetrics and Gynecology at Meharry Medical College and founder of the "I Have A Future" teen pregnancy prevention program in Nashville, TN, to serve as Senior Advisor to the Administration on teen pregnancy and related youth issues. Dr. Foster will work in partnership with community-based organizations across the US to give young people the tools they need to build responsible and productive lives.

Agenda: President Clinton will continue to support government policies which promote responsible behavior on the part of America's teens and increase opportunities for young people to develop themselves in positive directions. In his FY97 budget request, the President has proposed a $30-million teen pregnancy prevention initiative. These funds will be used to implement and evaluate promising prevention strategies in communities which have demonstrated a commitment to community problem solving.

The President will also continue to urge leaders from all sectors of society to marshal their resources on behalf of America's youth. The Administration will work in partnership with the newly formed National Campaign to Prevent Teen Pregnancy, which has set the goal of reducing teen pregnancy in the United States by one-third by the year 2005.

Contact: Debbie Fine, 220 OEOB, 456-5572
Janet Abrams, 224, OEOB, 456-2857

Last Update: March 25, 1996

WHAT TO DO WITH THOSE TEENAGE MOTHERS

Kathleen Sylvester

As the welfare debate begins in the Senate, politicians are still deeply divided about what to do with teenage welfare mothers. Many Republicans, whose goal for welfare reform is to punish illegitimacy, want to teach teenage mothers a lesson. They have a point.

We should teach these young women a lesson. We should teach them to be good mothers, and good workers and good citizens. And we should send a strong message that government no longer offers unconditional support for young women who bear children out of wedlock.

But for welfare reform to accomplish its most appropriate goal—helping young mothers become self-sufficient—it can't be based on stereotypes.

Who are teenage mothers? Most come from homes strained by poverty and dysfunction. Most teenage mothers do badly in school; many drop out before they become pregnant. They have been badly nurtured. Many have been subjected to neglect or physical violence. Some studies show that as many as two-thirds were victims of rape or sexual abuse at an early age—crimes often committed by males living in the same household. As a result, many of these young women suffer from mental and emotional problems.

need support

They are easy prey for older men; young women who have been victims of early sexual abuse often develop emotional patterns that make them vulnerable to the attentions of older men. A study released last week by the Alan Guttmacher Institute suggests that almost two-thirds of teenage mothers have babies fathered by men who are 20 or older.

Teenage mothers' life prospects are severely limited by their lack of socialization: They learn how to treat their own children from the parents who raised them; they model social behavior after peers from the same neighborhoods. They have few models for any other life. With so many obstacles and so few skills, these very young welfare mothers are the wrong candidates for a thoughtless experiment in welfare reform.

So if Congress is serious about imposing such obligations, it's time to revive an old institution—the maternity home—in a new form. Congress should adopt the proposal, offered by Sens. Daschle, Breaux and Mikulski, or a similar proposal by Sen. Kent Conrad to use federal funds to help communities create a national network of "second-chance homes." These would be homes in which mothers under age 18 would live with adult supervision, while learning to be good parents and good citizens.

The solution to welfare reform is not to cut off the welfare checks of teenage mothers. Nor, for a large percentage of these young women, is the answer to insist that they continue to live in the homes where they grew up. Politician who offer such simplistic solutions are ignoring the reality of teenage mothers' lives. Politicians who suggest that they should live at home "or in an adult-supervised setting" are hypocrites unless they guarantee young mothers safe and stable alternatives.

Prototypes for such "second-chance homes" already exist in communities as varied as Washington, New Albany, Ind., Albuquerque and Wheeling, W. VA. These vary widely. But all offer the three elements that teenage welfare mothers need to change their lives: socialization, nurturing and support, structure and discipline.

And they all offer a genuine social contract. The mothers who live in these homes must stay in school or job training. They must stay drug free and abide by curfews. They learn to cook and clean, to manage money, to get along with each other and resolve conflicts. In return, they get protection from violent family members and abusive boyfriends. They get help with daycare and health care and schoolwork. Most important, they learn to nurture their children well.

Not every young woman who gets a "second chance" in one of these homes succeeds. But these homes have produced notable and promising results: fewer second pregnancies, slightly higher adoption rates, less child abuse, better maternal and child health, dramatically increased school completion rates for mothers, higher employment rates and reduced welfare dependency.

Thus the homes offer a critical element now missing in most efforts to help welfare mothers: connection to community and community standards. Most of the homes are shoestring operations, reliant on community support. The churches and civic organizations and local businesses become engaged in the lives of the young mothers and children.

This idea may not be bold enough for those politicians who want to make teenage mothers a "moral" issue. But it is the moral choice to make because it will help their children—those whom the welfare system was designed to protect.

The goal is far from impossible. In 1993 the U.S. Department of Health and Human Services reported that about 67,000 welfare mothers were under age 18. Surely a nation as large ours can find a way to take in 67,000 mothers and their babies.

—Kathleen Sylvester is vice president for domestic policy of the Progressive Policy Institute

TP19

To: Kathy
From: Lyn and Eileen Cubanski
Date: March 7, 1994
Re: Teen Sexual Activity and Pregnancy in Europe and Japan

WESTERN EUROPE

Western Europe displays two general trends today. The first is an overall declining pregnancy rate. The main reasons for this decline are the increased independence of women and the widespread availability of family planning services, including contraception and abortion. The second trend is a shift in attitudes about unwanted pregnancies. Western Europeans, view unwanted children as social and health problems and unwanted pregnancies as contributing to increases in abortion rates. These trends, coupled with the relatively liberal attitudes of Europeans regarding sexuality, have created a downward trend in Western European teenage pregnancy rates.

When compared with the United States, the countries of Western Europe have a less severe teenage pregnancy problem. The U.S. pregnancy rate of 96 per 1000 women aged 15 to 19 (Family Planning Perspectives, Vol. 17, No. 2, Mar/Apr 1985) is at least twice as high as those in Western European countries, which range from 14 per 1000 women in the Netherlands to 43 and 45 per 1000 women in France and Great Britain, respectively. Especially remarkable is that the trends in sexual attitudes and behavior among teens are similar in the U.S. and Western Europe. Adolescents are beginning to have sex and maturing sexually at younger ages. In Sweden, approximately one-half of women have had intercourse by age 17 (Family Planning Perspectives, Vol. 17, No. 6, Nov/Dec 1985), compared with about 30 percent in France and Great Britain and 35 percent in the U.S (Ibid, Vol. 17, No. 2, Mar/Apr 1985). By age 19, both France and Sweden have a higher percentage of sexually active women than does the United States (Ibid.). Thus the higher pregnancy rates in the U.S. cannot be explained by teenage sexual behavior. Sex education and use of contraception among teens explains the different rates between the United States and Western Europe.

The literature on this topic stresses that Western European countries are generally more tolerant of teenage sexual activity than the U.S. Western European countries view sex as a normal and healthy component of life. The emphasis in Europe, therefore, is on the prevention of unwanted pregnancies among teens, rather than on the elimination of teenage, pre-marital sexual activity. To this end, sexual education and contraceptive services are more available in Western Europe. This, of course, drastically differs from practices in the U.S. Furthermore, the governments of these countries are much more involved in the provision of information and birth control to teens.

Western European sex education, including information on contraception, is available to teenagers in varying forms. Denmark and Sweden have national education requirements incorporating sex education classes into their school curricula. In 1971, Denmark required schools to teach sex education at the primary level through high school (Studies in Family Planning, Vol. 21, No. 1, Jan/Feb 1990). Sweden has required sex education in school since

1945, and made it compulsory for all grades in 1977 (Family Planning Perspectives, Vol. 17, No. 6, Nov/Dec 1985). France also requires the coverage of sex education in school for all adolescents, however, the implementation of these requirements are left to local officials (Family Planning Perspectives, Vol. 17, No. 2, Mar/Apr 1985). The remaining Western European countries have left sex education curricula in the schools to the determination of local jurisdictions. Sex education is also widely available to teens through private and government subsidized clinics, as well as through personal physicians.

Contraceptive services are also more widely accessible in Western European countries than in the U.S. Teens can obtain birth control from their family doctor or from clinics, usually confidentially and without parental consent. Sweden prohibits general practitioners from informing parents of a teen's visit for birth control, and doctors in the Netherlands and Denmark are required to keep such visits confidential at the teen's requests (Ibid.) France requires that clinic services be confidential (Ibid.) Generally, birth control is provided at low or no cost to teenagers, since like most medical services in Western European countries, the government provides coverage of costs. Free services and supplies are also available at clinics in France, while those in most other Western European countries charge a small fee. Because of the relative ease of access to and low cost of contraception, Western European teenagers are more likely to use contraception than their U.S. counterparts.

Despite the availability of information and contraception to teens, abortion rates are a concern in Western European countries. Abortion rates, while lower than those in the U.S., are viewed as too high by most Western European governments. Abortions are provided to teens confidentially and at little or no cost, and are viewed as an important backup should contraception fail. Teenage pregnancy is viewed as undesirable, in large part because of the desire to reduce abortion rates among teens. The governments of France, the Netherlands, and Sweden are involved in providing contraceptive services for teens largely for this reason (Ibid.).

EASTERN EUROPE

Eastern European countries display slightly different trends than Western European countries. It is not the pregnancy rate which is declining in Eastern Europe, but the birth rate, which is below the population replacement rate today (Planned Parenthood in Europe, Vol. 21, No. 2, May 1992). Women are getting pregnant as frequently, but are carrying fewer children to term. Women do not want to have children because of the poor social and economic conditions that exist in many Eastern European countries. Eastern European women live in "constant fear" of unwanted pregnancies (Planned Parenthood in Europe, Vol. 21, No. 2.) which can result in children they can not afford to raise.

The trends in teenage sexual attitudes and behavior, however, are similar in Eastern European countries to those in the U.S. and Western Europe. Teens are beginning to engage in sexual activities and sexually mature at younger ages. Furthermore, the loosening of social control in the former Soviet Union and Eastern Bloc countries has increased sexual freedom for teenagers. In Russia, at least 25 percent of women aged 15 to 18 have had intercourse (Ibid). Teenage sexual activity is generally accepted as a reality, although little has been done to address the problems of teenage pregnancy.

Sex education and contraception services are not widely available in Eastern European countries. Sex education is not required in schools in the former Soviet and Eastern bloc countries and clinics providing contraceptive services are much less widespread than in Western Europe. Much of the information that teens receive about sexuality and contraception is informal; an estimated 80 percent of adolescents use unreliable sources of information (Ibid.). Even doctors lack information about and training in providing contraceptive services. Inadequate information about birth control combined with the shortages of contraception that are common in the region (Ibid.) result in very low contraception use among teens. Of women aged 15 to 19 in the former Soviet Union, 49 percent use no contraception or natural method of birth control (Ibid.).

Consequently, the abortion rate in Eastern European countries is high, about 7.4 percent (10 million per year) in the countries of the former Soviet Union (Ibid.) Abortion figures for teenage women are particularly alarming. Every year 40,000 women under age 17 in the former Soviet Union have an abortion (Ibid). Legal abortions are available in most Eastern European countries upon demand, but because parental consent is generally required for women under 18 to obtain one, teenage women are most likely to resort to unsafe, illegal abortions. Illegal abortions in the former Soviet Union make up 10 percent of all abortions performed (Ibid.). Women under 25 years of age constitute one quarter of the deaths resulting from legal and illegal abortions (Ibid.) In contrast with Western European countries, abortion is not a backup should contraception fail, but is itself the most frequently used birth control method in Eastern European countries (Family Planning Perspectives, Vol. 24, No. 3 May/June 1992).

Eastern European countries are just beginning to deal with the problems of unwanted pregnancies and abortion. Women's health issues in general have not been a priority for doctors in these countries, so health professionals from Western European countries have begun to provide training in contraception methods to Eastern European doctors. Non-governmental organizations are also working with Eastern European governments to establish family planning clinics. Large cities such as Moscow and St. Petersburg, now operate successful clinics (Entre Nous 22-23, June 1993). However, teenagers continue to remain undeserved by these clinics, and their particular problems remain largely unaddressed.

JAPAN

The situation in Japan is markedly different from that of Europe and the United States. In 1990, the birth rate for Japanese women age 15 to 19 was only 3.6 per 1000 women in that age group (Population Reference Bureau). These births to teenage women accounted for only 1.4 percent of the total number of births in Japan, compared to 12.5 percent in the U.S. (Population Resource Enter, Executive Summary, Jan 1993) Teenage pregnancy is not viewed as a large problem. Attitudes and practices in Japan regarding sex education and contraception contribute to this low teenage birthrate.

Teenage sexual activity is not acceptable behavior in Japan, especially for women, however, Japanese teenagers have a more liberal attitude toward pre-marital sex. A 1991 survey showed that 88.5 percent of male adolescents and 84.5 percent of female adolescents believe that premarital sex is acceptable under certain conditions (Integration, Dec. 1991).

This attitude is also somewhat reflected in teenage sexual behavior, although high school teens are much less sexually active than university students. in 1991, among high school students, 11.5 percent of the males were sexually active as were 8.7 percent of the females. Among university students, these percentages dramatically rise to 46.5 percent of males and 26.1 percent of the females.

There are a number of factors contributing to sexual attitudes and behavior of Japanese teens. Later marriage and longer years of schooling seem to be part of the explanation for increased sexual activity (deferred gratification cannot last as long as is being asked of these teens). Changing family structures, including an increasing divorce rate and the absence of fathers from the home (absence due to work) has contributed to the change in attitudes toward sex. Another factor is the growing sex industry in Japan. Finally, it is thought that the growing availability and dissemination of contraception, primarily a response to AIDS, has caused an increase in teen sexual activity.

Yet, sex education and sexuality are not taught in Japanese schools because it is generally believed that children will become more sexually active if they are taught about sexuality and contraception. But with concern over the spread of AIDS in Japan, education about sex and birth control, particularly condoms, may be provided in the schools.

The condom is the principal method of birth control, used by approximately two-thirds of couples (Family Planning Perspectives, Vol. 25, No. 6, Nov/Dec 1993). Natural methods, such as the rhythm method and withdrawal, are the next most used methods. Japanese women have easy access to legal abortion, which is the widely accepted and preferred solution to the problems of contraceptive failure and unwanted pregnancy. The pill is not yet officially licensed for use as a contraception, and is used by only about one percent of Japanese women. Women are provided little information about effectiveness and safety of the pill and generally are not interested in using it. They worry about potential side affects of the pill and do not want the entire responsibility for birth control. Furthermore, the Japanese perceive that the pill will contribute to the "deterioration of sexual morality" (Ibid.).

However, only 24.8 percent of Japanese teenagers are estimated to use any type of birth control. The widespread availability, acceptability and use of abortion is the reason the birth rate for Japanese women is so low. Studies indicate that over 90 percent of the pregnancies of unmarried teenage women end in abortion (Integration, Dec. 1991).

The Japanese government is involved in family planning only to change population growth rates. Both fertility and birth rates in Japan are declining, trends which worry government officials. The government, therefore, encourages Japanese married couples to have children. However, raising a child in Japan is extremely expensive. Japanese women are also choosing to pursue their careers and marry later instead of beginning and raising families. As a result, fertility and birth rates for women overall are expected to remain low.

American Enterprise Institute for Public Policy Research

MEMORANDUM

13 LD Code

January 26, 1994

To: Lynn Hogan/Keith Halpern

From: Karen Gardiner KG
Research Assistant to Doug Besharov

Subject: Family planning and sex education in developed countries

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I have enclosed all of our relevant articles on sex education and family planning.

If you haven't done so already, you might want to try these organizations:

Population Resource Center (202)467-5030 Faxing me info 2/9

X Center for Population Options (202)347-5700

Population Council (212)339-0500 Sondra Waldman

Sex Education Information Council of the US (SEICUS) (212)819-9770 M-F 12-5 (Library)

X Population Crisis Committee (202)659-1833 mailing info 2/16

Social Science Research Council (Sandra Hausner) (212)661-0280 - call back for Eastern Europe

Let me know if there is anything else I can do.

Alan Guttmacir (212) 254-5656

Population Reference Bureau 202 483-1100
(Alex) (calling me back)

IPPF - New York - (212) 995-8800 (mostly w. hemisphere)
London - 4471 487 7950 (FAX)
- 4471 486-0741

1150 Seventeenth Street, N.W., Washington, D.C. 20036, 202/862 5800 Fax 202/862 7177

547-0001 – page me
544-5014 – FAX

Public Health School – for Japan
Miguel Univ. – Canada
Dr. Margaret Locke