

DEVELOPMENT
COMMUNICATIONS
ASSOCIATES, INC.

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June 28, 1995

Henry Foster M.D.
4140 West Hamilton Road
Nashville, TN 37218-1829

Dear Henry:

I very much appreciated the opportunity to talk with you after all these years and again express my admiration for the way you have conducted yourself over these past several months. While the surgeon generalship is a great and laudable platform, I do believe that an equal platform in the form of a new public-private institution can be created from which to nationally address the issues of teen pregnancy and single parenthood.

What we would propose is to work with you and the department of HHS to create an institutional structure and program that would convene and activate a coalition of individuals, corporations, foundations, government and service organizations around this cause. We would assist in articulating a case for support of this entity, and in planning and executing a strategy that would ensure sufficient financial resources to achieve benchmarks of progress at future dates.

The President and the administration could play a visible role in establishing and seed funding the planning and start-up of this organization. This action would provide an ongoing mechanism for the administration to own an issue that would be supported by a broad spectrum of the American public. The establishment of an institution would declare that the administration believes government can initiate, but does not need to take long-term ownership and operation of programs to solve major social problems.

I have enclosed a brief description of our work and my associates. We would be eager to meet with you, Secretary Shalala and whoever else would be most appropriate to move this initiative forward. Henry, this is an extremely exciting possibility and partnership, and I look forward to getting together as soon as can conveniently be arranged.

Sincerely,


William E. Walch

**DEVELOPMENT
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Development Communications Associates (DCA) is a resource development firm that helps foundations, individuals, and emerging and established organizations create and pursue strategies to meet important social needs in the United States and the developing world.

DCA recognizes that traditional institutional approaches are often inadequate in meeting today's challenges. To achieve their objectives, organizations must create new alliances and partnerships, obtain funding from new sources, engage the involvement of new leaders, and respond to change while maintaining clarity of vision. In some instances, entirely new organizations need to be created. DCA responds to these needs with a comprehensive approach to resource development.

DCA helps organizations define programs and overall institutional strategy through:

- mission development and the articulation of a vision that will give potential donors and other partners the impetus to join a cause;
- strategic planning; and
- resource development program planning.

DCA helps institutions make their plans a reality by:

- identifying and analyzing philanthropic and other potential supporters;
- assisting the process of coalition building;
- assisting with leadership development;
- producing case materials and other communication products;
- grantsmanship; and
- developing and assisting the execution of solicitation strategies.

Current DCA Projects

The River Blindness Foundation, Houston, Texas. This young foundation is dedicated to the control of a blindness-causing parasitic disease infecting 18 million people in Africa and Latin America. DCA associates planned and manage the Foundation's external affairs and program development office. Within two years, \$6.8 million in new funding has been secured, and largely through the Foundation's advocacy, the World Bank established a special program that could provide as much as \$120 million towards global control of the disease.

The Robert Wood Johnson Foundation, Princeton, New Jersey. DCA is helping the Foundation mobilize a consortium of organizations to prevent tobacco use among children. DCA is also planning for the Foundation a technical assistance program in resource development for selected Foundation grantee organizations.

New England Medical Center, Boston, Massachusetts. DCA is helping NEMC's Health Institute create and execute strategic development plans within the context of the clinical and teaching missions of the Hospital.

School and Main, Boston, Massachusetts. DCA is helping this institution devoted to innovation in education plan for a consortia of major corporate sponsors programs to improve education and services for children at the community level, and develop long-term financial support for the initiative.

Completed DCA Projects

The Alliance for Aging Research, Washington, D.C. DCA helped AAR design and implement a development program tailored to AAR's corporate and foundation constituents.

The Commonwealth Fund, New York. DCA helped the Fund develop programs that leverage the impact of its grant making. DCA designed and implemented a \$1 million grant program through Johns Hopkins Hospital to encourage 15 academic medical centers to establish mentor programs for inner-city youth.

The Massachusetts Society for the Prevention of Cruelty to Children, Boston, Massachusetts. DCA led a strategic planning process for MSPCC's executive staff and board to develop a \$17 million capital campaign and annual fund raising program.

The Navajo Nation, Window Rock, Arizona. DCA conducted a feasibility study and advised The Navajo Nation in its efforts to raise capital funds for a cultural center and library, and to establish a permanent fund raising program to help support center operations.

The Robert Wood Johnson Foundation, Princeton, New Jersey. DCA analyzed the resource development needs of three grantees who provide services to people with AIDS for a preliminary assessment to develop efforts to assist selected grantees in broadening their base of support.

DCA Staff

DCA's practice is built on the extensive experience of its associates in domestic and international resource development for major nonprofit institutions, and as active consultants since its founding in 1991.

William E. Walch is founder and President of DCA, and Vice President for External Affairs and Program Development for the **River Blindness Foundation**. He has served nonprofit organizations for almost three decades, and as a director and officer has been responsible for strategic planning, capital campaigns, annual fund raising, grant program development, public relations, and marketing.

Prior to establishing DCA, Mr. Walch served as Vice President for Development and Public Affairs at the *Massachusetts General Hospital* in Boston, successfully guiding a capital fund drive to its goal of \$175 million. He has also served as Associate Vice President for Development, Public Affairs and Marketing at the *University of Chicago Medical Center*, where he directed a \$35 million capital campaign, and as a communications program officer at the *Robert Wood Johnson Foundation*, where he helped create guidelines for multimillion dollar grant programs and managed media relations. He was also a communications staff member at the *Johns Hopkins Medical Institutions* and Director of Development for the *Johns Hopkins School of Public Health*. He began his career in 1967 as a broadcast journalist in the Midwest.

Mr. Walch has a degree in science journalism from Iowa State University and was a fellow of the Washington Journalism Center. He has attended the Johns Hopkins University School of Hygiene and Public Health and the Princeton Theological Seminary.

Bradley C. Bauler has served as Director of Development and Communications for *The Cooley Dickinson Hospital* in Northampton, Massachusetts, Vice President for Development at *The Visiting Nurse Association of Boston*, and Director of Development at *Lynn Hospital and Union Hospital* in Lynn, Massachusetts. He began his development career in 1980 as Capital Campaign Special Projects Coordinator at *Babson College* and later served as Director of Foundation and Government Relations at *Bentley College*. Fluent in Spanish, Mr. Bauler plans and executes fund raising programs in Latin America as Director of Development and Communications for the *River Blindness Foundation*.

Mr. Bauler completed his undergraduate studies in Journalism and Philosophy at the University of North Carolina at Chapel Hill and his graduate studies in Public Relations at the Boston University School of Public Communications.

continued - DCA Staff

Stephen P. Greeley has served as Director of Development at *Brigham and Women's Hospital* and Director of Development Programs and Public Affairs at *Massachusetts General Hospital* in Boston, Massachusetts. He began his career in 1978 at *Boston University* as Assistant Director of the School of Music and Communications Director of the School for the Arts, and later served as Capital Campaign Coordinator and Director of Corporate and Foundation Relations for *Bentley College*. His responsibilities at DCA include managing a Robert Wood Johnson Foundation initiative to establish a national center to prevent tobacco use among children and youths, and creating a resource development plan for a nation-wide program to improve education and services for children.

Mr. Greeley earned an undergraduate degree in Music and Theater at the University of Massachusetts in Amherst and a graduate degree in Public Relations at the Boston University School of Public Communication.

David Eberly began his career at *Boston University's* Mugar Library, and in 1981 moved to *Tufts University* as a researcher in the development office. He was promoted to Director of Research and introduced the use of informational data bases and other advanced research techniques in support of Tuft's \$140 million capital campaign. In 1985 he joined *Harvard Medical School* as Director of Development Services, where he was responsible for computing services, research, gift processing, reporting and records, and donor relations. He served on the executive team responsible for all aspects of the Medical School's \$185 million campaign. Mr. Eberly attended Brandeis University as an undergraduate.

Mr. Eberly became a full-time consultant in 1992 and has provided his counsel to clients including the African-American Institute, the AIDS Action Committee of Massachusetts, Bard College, Brown University, the Cleveland Clinic Foundation, Emerson College, the Massachusetts Society for the Prevention of Cruelty to Animals, and the University of Chicago Medical School. In addition, Mr. Eberly has worked with DCA clients including, the River Blindness Foundation, the Navajo Nation, the Alliance for Aging Research, the Massachusetts Society for the Prevention of Cruelty to Children, and New England Medical Center's Health Institute. He is also a director of the Health Care Exchange Initiative in Massachusetts.

Lisa J. Mars has served as Director of Development at the *Deaconess Hospital* in Boston, where she established and directed operations and communications associated with a \$35 million capital campaign, and Director of Administrative Services at the *Massachusetts General Hospital*, responsible for directing the Hospital's annual fund; managing the development program's budgeting, information systems, personnel, and gift processing functions; and staffing volunteer development committees.

continued - DCA Staff

Ms. Mars began her career in 1979 as a program specialist coordinating national conferences for the *American Association of State Colleges and Universities* in Washington, D.C., and in 1980 she became Assistant Director of Development at the *University of Maryland* in College Park.

As a DCA associate, Ms. Mars has written an evaluation and operational plan for the River Blindness Foundation's external affairs program, and is a project coordinator for DCA's work with the Robert Wood Johnson Foundation.

Ms. Mars has an undergraduate degree in English from the State University of New York at Albany and has completed graduate studies in higher education and human development at the George Washington University.

Preventing Adolescent Pregnancy

THE WORD IS OUT

The New York Times

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WEDNESDAY, OCTOBER 2, 1991

Helping Teen-Agers Avoid Pregnancy

By JANE E. BRODY

A leading youth organization has shown that teen-age pregnancies can be greatly reduced by a simple but comprehensive program that arms teen-age girls with communication skills, information about sexuality and hope for a productive future, along with reproductive health services.

Participation in the program reduced by half the proportion of girls ages 12 to 14 who began having sexual intercourse and also cut in half the number of pregnancies among girls ages 15 to 17.

Unlike many other studies, this unusually comprehensive program was conducted under real-world circumstances, which make the results more generally applicable.

The study showed that such "high risk" characteristics as dependence on welfare, living in an inner city, residing in a fatherless household and having friends and mothers who became pregnant as teen-agers need not predestine girls to become teen-age mothers.

Social and Economic Problem

The findings of the three-year study, conducted by Girls Inc. (formerly Girls Clubs of America), will be presented today at a news conference at the Capitol in Washington. The study was conducted among 750 girls from the ages of 12 to 17 at four Girls Inc. affiliates, in Dallas, Memphis, Omaha and Wilmington, Del., where members are at higher than average risk of becoming pregnant before finishing high school.

Corrian Spencer of Dallas, whose mother was a teen-age mother, said: "I would have been a different person" if not for the program. "I learned that I didn't have to go that way," she said. "I wanted to finish high school and have a different life for myself."

Miss Spencer, now 18 and a student at Dillard University in New Orleans, said she started a virgins' club among her high school friends.

Teen-age pregnancy is one of the nation's leading social and economic problems. According to the Center for Population Options, a Washington-based advocacy group on family planning issues, the United States spends \$21 billion a year to support the families started by teen-age mothers.

Girls are armed with information and a vision for the future.

More Than 'Just Say No'

Each year more than one million teen-agers become pregnant, and half of those girls give birth. More than 80 percent of those births result from pregnancies that were unintended.

Joy G. Dryfoos, an independent family planning researcher, said the inexpensive grass-roots program devised by Girls Inc. could be applied by virtually all organizations that serve young girls, including Girls Scouts, Campfire Girls, Y.W.C.A.'s and 4-H programs.

Jane Quinn, a former project manager at Girls Inc., said in an interview, "Preventing teen pregnancies requires much more than a 'Just say no' approach." Mrs. Quinn, now with the Carnegie Foundation's Council on Adolescent Development in Washington, said that "young girls have to be taught how to say no without losing popularity."

"And the lessons have to start early, preferably by age 9," Mrs. Quinn said. "By ages 12 to 14, 25 percent of the participants in the study already had had sexual intercourse."

'Dosage Makes Difference'

Dr. Heather Johnston Nicholson of Girls Inc. in Indianapolis, who directed the three-year project, said, "A significant support system is needed for teen-age girls who live in a society that continually bombards them with messages about how wonderful sex is."

The Girls Inc. study showed that attitudes and habits are not formulated in a four-hour program. "To teach skills effectively, you need to give it time," Dr. Nicholson said. "We showed that dosage makes a difference."

The research project included a control group of girls who did not participate. Although the girls were allowed to choose whether to participate or not, there was little difference between participants and nonparticipants with regard to characteristics associated with a high risk of early sexual activity.

Four-Part Program

The project had four elements. Two of them, Growing Together and Will Power/Won't Power, were geared toward younger girls, all of whom had

not yet become sexually active. The other two, Taking Care of Business and Health Bridge, were intended for older girls who may have been sexually active but had not yet become pregnant.

In Growing Together, five two-hour mother-daughter workshops were held to foster communication about sexuality and other sensitive issues. The participants were less than half as likely as nonparticipants to have sexual intercourse for the first time.

Will Power/Won't Power is an assertiveness training program designed by Mrs. Quinn to help younger teen-agers refuse to become sexually active without jeopardizing their friendships.

This program, delivered in six two-hour sessions, was most effective among those who participated in it for nearly its entirety. These girls were only half as likely as nonparticipants and less than one-third as likely as those who participated for a shorter time to become sexually active.

Looking to Future

Taking Care of Business, held in nine two-hour sessions, sought to increase girls' desire to avoid pregnancy by fostering educational and career planning, helping them to set goals and teaching communication skills and responsible decision-making.

The idea is that girls who can see a future for themselves as educated adults or wage earners will be less likely to turn to motherhood for a sense of identity. Those who participated in nearly the entire program were about half as likely as nonparticipants to have sex without using birth control and one-third as likely as short-term participants to become pregnant.

Contraceptive Services

The final component, Health Bridge, linked teachings about sexuality at the Girls Inc. centers with community-based health services that also provided contraceptive services.

Participants reported having sex without using birth control one-third as often as nonparticipants, and the participants were also less than half as likely to become pregnant.

Dr. Nicholson estimated that the full program could be offered for \$116 a year per girl, whereas delaying a single pregnancy to beyond the teen-age years could save society \$8,500.

"Thank you Girls Incorporated. You've got a program that turns out results ... I really am so pleased that Girls Incorporated is out there — it is doing what the rest of society is ignoring. And I can't tell you how badly you're needed in this city ... We really have to get real about this if we're going to tackle the problem."

*U.S. Representative
Patricia Schroeder (D-CO)
Chair of the House
Select Committee on
Children, Youth and
Families
Speaking at the Truth,
Trust & Technology
Conference in
Washington D.C. on
October 2, 1991*

**girls
inc.**

Girls Incorporated



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Today's debate is on **TEEN SEX**
and whether more than 'just say no' is needed.

Let's face up to teen sex

OUR VIEW Teens need to be armed with education about sex to prevent pregnancy and disease.

Teen sex has become a sad fact of life.

► 50% of girls and 66% of boys become sexually active by age 17 — 25% of girls and 33% of boys by age 15.

► A million teens become pregnant each year; 41% of them get abortions.

► \$21 billion is spent each year on families started by teen-age mothers.

► AIDS is rising among teens. A Massachusetts study found 1 in 46 youths checked for AIDS tested positive.

Abstinence is the best way to prevent such sad facts. But telling kids to "just say no" to sex just isn't working. Our kids need education.

Last week, Girls Inc. provided startling proof education works in a three-year study of a sex-education program involving 750 young women, all from groups that had high rates of pregnancy.

Younger teens, 12 to 14, were brought together with parents to talk about sexuality or taught how not to give in to peer

pressure to have sex.

Older teens, 15 to 17, were taught to set educational and career plans, with some being taught about reproductive health services.

The results were heartening for teens, for parents and for society.

Younger teens in the programs were half as likely as non-participants to be sexually active. Among the older teens, those who set goals were half as likely as non-participants to have sex without birth control, while those taught reproductive health were a third as likely to.

Knowledge and self-respect can help teens make responsible decisions. But too many sex-ed courses merely try to scare teens straight. Too many limit sex education to a few scattered hours. Too many don't involve parents. And too many are taught by teachers who either lack training in sex education or are intimidated by the subject.

So the numbers of teen-age births, abortions and AIDS cases grow.

To defeat those harsh facts of life, teens need to be armed with the facts about sex. That's their best protection.

"We certainly support the majority who have not had sexual intercourse and may be feeling as if everybody is doing it, and under pressure to have sexual intercourse when they're not ready. But we also recognize that some young women are sexually active and that they need access to contraception when they need it."

Director of the
National Resource Center
Heather Johnston Nicholson
Interviewed October 2, 1991
on WTOP News AM,
Washington, D.C.

THE CHRISTIAN

Who Won the S

JOINING a virgins' club in high school would hardly seem to be the '90s path to popularity. But for a small band of teenage girls in Dallas, the unusual group symbolizes their commitment to their future.

Corrian Spencer, the club's founder, was eager to avoid repeating her mother's experience as a teenage mother. With guidance from an innovative program for 12- to 17-year-old girls conducted by Girls Inc., Ms. Spencer is carving out a different life: She now attends college.

At a time when casual sex has become almost a rite of passage for many teens, the three-year study by Girls Inc. (formerly Girls Clubs of America) offers encouraging news. Through mother-daughter workshops, educational and career planning, assertiveness training programs, and information about sexuality, the inexpensive program cut in half the proportion of 12- to 14-year-old girls who became sexually active. It also reduced by half the number of pregnancies among 15- to 17-year-olds.

More than a million teenagers — 11

percent of all teenage girls in the United States — become pregnant each year. Nearly one-quarter will have a pregnancy by age 18, and 44 percent by age 20. Four of every 10 teen pregnancies end in abortion. The cost of government support to families formed by teenagers runs into billions of dollars a year. The cost in interrupted educations and careers is incalculable.

Last month the 18-year-old star of the TV sitcom "Doogie Howser, M.D." complained that "being a virgin is driving me crazy." And so, in an episode that by all accounts was tastefully done, Doogie went to bed with his girlfriend, Wanda, taking care to use condom. A few weeks earlier, Roseanne's daughter Becky announced that she was sexually active and needed birth-control pills.

In the middle-class, make-believe world inhabited by Doogie and Becky, teenage sex carries a predictable glow. Yet for poor teenagers in real life, it



"Too often in society today we're leaving girls bereft of the people who can talk to them about these issues and opportunities to talk to each other about them, so that we have young women who are drifting into their futures instead of planning for them. It's up to us as adults, then, to support the good decision making that we know young people are capable of."

*Director of the
National Resource Center
Heather Johnston Nicholson
Interviewed October 2, 1991
on WMAL News PM,
Washington, D.C.*

EDITORIALS

Learning To Say No

People who have pushed the idea that "just say no" is also the best principle to avoid teenage pregnancies have been laughed at by those who say it's just not that simple.

But Girls Inc. (formerly Girls Clubs of America) has come up with a program that shows just saying no can be the key to reducing the teenage pregnancy rate. Of course, first you have to teach adolescents how to say the word.

It's not a matter of just moving the lips to form the correct sound. It's a matter of becoming educated about your body, about relationships, about pregnancy, about motherhood at a young age.

It's a matter of learning how not to give in to the intense peer pressure placed on teenage girls to become sexually active.

Girls Inc. developed its program through a three-year project that involved 750 girls, ages 12 to 17, in Dallas, Memphis, Omaha and Wilmington, Del., a Philadelphia suburb.

Participation in the program cut in half the proportion of girls ages 12 to 14 who began to have sexual intercourse. It also cut in half the number of pregnancies among girls ages 15 to 17.

The three-year study concluded that just because a girl has all the high-risk characteristics — lives in an inner city, family on welfare, no father in the home, friends and mother became pregnant as teenagers — doesn't mean she will follow that same path.

The Girls Inc. program offers sup-

port to those teenage girls most likely to succumb to peer pressure. The program has four components. The first two — "Growing Together" and "Will Power/Won't Power" — are aimed at younger girls.

Growing Together includes five two-hour mother/daughter workshops to foster communication between them. The study concluded that participants were less than half as likely as non-participants to become sexually active. Will Power/Won't Power is an assertiveness training course that helps younger teens refuse to become sexually active and still maintain their friendships.

The third component, "Taking Care of Business," includes nine two-hour sessions that increase the girls' desire to avoid pregnancy. The workshops concern educational and career planning that help the girls set goals in life and make responsible decisions.

The final component, "Health Bridge," is for older teenagers, many of them already sexually active. Lessons in this program are linked with

community-based health clinics, including those that offer contraceptive services. Participants were less than half as likely to become pregnant as non-participants.

Girls Inc. deserves congratulations for showing the teenage pregnancy rate can be reduced, even among high-risk girls, by giving them the educational and psychological support they need to just say no.

Now someone needs to develop a corresponding program that will similarly get teenage boys to resist peer pressure to become sexually active.



Sexual Revolution?

risk of sexually transmitted disease is assuming new dangers. The Centers for Disease Control found that between 1988 and 1990, the HIV infection rate doubled among young women. They are now one and a half times more likely than

young men to carry the virus. Doctors fear teens may face a heterosexual epidemic.

As one solution, however imperfect, teachers in 16 New York City high schools will soon begin distributing condoms upon request, without parental consent — a move that promises to raise legal and moral questions for years to come. The school board in Omaha, Neb., has voted to add a "contraceptive kit" to a 10th-grade human growth and development class. At the same time, the course will continue to stress abstinence.

Abstinence has become a quaint and musty word. Like Doogie Howser, students often appear eager to shed what they perceive as the stigma of virginity.

But now that the old problem of teenage pregnancy is compounded by the new specter of teenage AIDS, how much longer can parents and teachers pretend that superficial preventive efforts in schools will prove effective?

Persuading people to alter their sexual behavior is never easy. Negative motivation — instilling fear of pregnancy and disease — serves as one approach. The more positive way of Girls' Inc. — teaching responsible decisionmaking, helping girls learn to say no without losing popularity — is another. At \$116 a year per girl, the program represents a bargain.

But neither the technical fix of contraception nor isolated cases of teenage idealism can begin to cope with the broad and deep confusions of the so-called sexual revolution. All the statistics add up to a conclusion as obvious as it is unfashionable: Decades of ever-expanding sexual freedom have produced something tragically close to the opposite of freedom in millions of damaged lives. How many more statistics are required before it will be conceded that nobody really won the sexual revolution?

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January 4, 1994

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National Executive Director

**girls
inc.**

Growing up is
serious business

Bill Galston
Domestic Policy Advisor
The White House
2nd Floor West Wing
Washington, D.C. 20500

Dear Mr. Galston:

In response to your December 10 speech here in New York City in which you called for an "APB" on what communities can do to help prevent teenage pregnancy, I am pleased to send to you material about the Girls Incorporated preventing adolescent pregnancy programs. The summary report of our research was published in "Truth, Trust and Technology" which is enclosed. In addition, I am sending materials prepared for the seminar announcing these results, which was held two years ago in Washington.

Dr. Heather Johnston Nicholson, Director of our National Resource Center, was the primary researcher and would be happy to provide any additional information you might find useful. When working with a community-based group that regularly provides out-of-school programming for school-age girls, the additional cost of providing these programs is minimal. The national need for such after-school programming is urgent and should be a major part of any prevention strategy.

We would very much like to work with you as you develop the Administration's adolescent pregnancy prevention strategy.

Sincerely,



Isabel C. Stewart
National Executive Director

Enclosures

**Press
Release**

Contact: Amy Sutnick Plotch or
Lisa Jacobs
212-689-3700

**GIRLS
INC.**

GIRLS INCORPORATED RELEASES STUDY ON PREVENTING TEEN PREGNANCY

Breakthrough Approach Achieves Results by Addressing
Several Aspects of Girls' Development

WASHINGTON, DC -- (October 2, 1991) -- Teen pregnancy, a leading social problem in the United States, can be significantly reduced if teenage girls are provided with increased access to sexuality-related information, reproductive health services and basic training in sexuality and life management. This conclusion is reached in, "Truth, Trust and Technology," a report released today by Girls Incorporated, formerly Girls Clubs of America.

The report is based on a three-year research project involving 750 girls, ages 12-17, who participated in a study of Girls Incorporated educational programs. Participants were at a high risk of unintended pregnancy compared to the general teen population. The programs help girls and young women build assertiveness, decision-making and communication skills, and provide information on health services and responsible sexual behavior.

"This is not just another 'Just Say No' program," said Congresswoman Patricia Schroeder (D-CO), Chairwoman, House Select Committee on Children, Youth and Families. "Girls Incorporated has identified specific approaches that can enable girls and young women to get through their teen years without becoming pregnant."

Teen pregnancy is one of the nation's most serious social and economic problems. 1,340 babies are born to teenagers every day; 29 of those babies are born to girls under 15.

Early childbearing has implications not just for the young parents and their children but for society as a whole. The cost to the country is in fewer educated and productive workers adding to the GNP; teen parents are unable to compete for steady jobs with good wages. Additional costs to society are in increased government subsidies to support families on public assistance. In just one year, the U.S. spends over \$21 billion to support families started by teen mothers according to the Center for Population Options. And during the 20-year period from 1989 - 2009, the Government will spend approximately \$6.35 billion to support the families of just those teens who had babies in 1989.

Girls Incorporated provides a comprehensive approach to pregnancy prevention through four program components. **Growing Together, Will Power/Won't Power, Taking Care of Business and Health Bridge.** Girls Incorporated estimates that its affiliates could operate all four components of the Preventing Adolescent Pregnancy Program for \$116 a year per girl. The components are:

- **Growing Together:** A series of parent-daughter workshops for younger teens designed to increase positive communication about sexual information and values thereby helping to decrease adolescent pregnancy by delaying the onset of sexual activity.
- **Will Power/Won't Power:** An assertiveness training program for younger teens with the specific goal of encouraging girls to delay engaging in sexual intercourse. The program provides a resource that girls themselves have identified as a necessary condition of effective pregnancy prevention - the ability to say and mean "no" while remaining popular with peers of both sexes.

- **Taking Care of Business:** A structured program designed to increase older teens' educational and career planning skills as well as their motivation to avoid pregnancy. The program builds goal-setting, economic planning, interpersonal communication skills and responsible decision-making about sexuality and contraception.
- **Health Bridge:** A program that links the educational opportunities available in local Girls Incorporated centers with community-based health (including reproductive health) services. The program addresses the psychological and logistical obstacles many young people offer as reasons for not using contraception when they first start having intercourse.

Results

Girls who participated in **Growing Together** were only half as likely to have sexual intercourse for the first time as girls who did not participate.

Girls who participated in the entire **Will Power/Won't Power** program were only half as likely to have sexual intercourse for the first time as girls who did not participate.

Health Bridge participants reported having sex without birth control only about one-third as often as nonparticipants. Health Bridge participants were also less likely to become pregnant as nonparticipants.

Young women who participated in the entire **Taking Care of Business** program were only half as likely as nonparticipants to have sex without using birth control. They were also less likely to become pregnant as nonparticipants.

Girls Incorporated, established in 1945, is the Nation's leading authority on girls. Today, with a national network of more than 300 centers in 135 cities, the organization develops research-based programs that help girls build their capacity for economic independence and responsible adulthood. Girls Incorporated helps girls and young women overcome the effects of discrimination and helps them to become strong, smart and bold.

For more information, please contact Amy Sutnick-Plotch at 212-689-3700.

###

The following media outlets also covered the release of the Preventing Adolescent Pregnancy research:

<i>Education Week</i>	<i>National Public Radio</i>
<i>CNN Radio</i>	<i>Canadian Broadcasting Network</i>
<i>Associated Press</i>	<i>Associated Press Radio</i>
<i>Reuters</i>	<i>Monitor Radio Network</i>
<i>Good Morning America</i>	<i>KTVU TV</i> (San Francisco metro area)

Articles have appeared in local papers across the country, including the following papers with circulations over 100,000:

Alabama:	<i>The Birmingham News</i>
California:	<i>Orange County Register</i> <i>Riverside Press-Enterprise</i> <i>San Diego Tribune</i> <i>San Francisco Examiner</i> <i>San Jose Mercury-News</i>
Florida:	<i>Lakeland Ledger</i> <i>Palm Beach Post</i> <i>Sarasota Herald-Tribune</i> <i>The Florida Times-Union</i> (Jacksonville)
Georgia:	<i>The Atlanta Constitution</i> <i>The Atlanta Journal</i>
Indiana:	<i>The Indianapolis News</i>
Kentucky:	<i>Lexington Herald-Leader</i> <i>Louisville Courier-Journal</i>
Louisiana:	<i>Baton Rouge Morning Advocate</i>
Maryland:	<i>Baltimore Evening Sun</i>
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Truth, trust and technology

New research on preventing adolescent pregnancy

**girls
inc.**

*Summary report on
the Girls Incorporated
program development
and research project*

October 1991

For release on
Wednesday, October 2, 1991

Truth, Trust and Technology
New research on preventing adolescent pregnancy

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the Girls Incorporated
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and research project

October 1991

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Foreword

Girls Incorporated designed the Preventing Adolescent Pregnancy study to include girls and young women. By doing so, the organization does not mean to imply that both the "problem" and the "solution" of preventing adolescent pregnancy rest solely with girls and young women. If fewer teenage men were sexually active and if those who were shared more responsibility for contraception, fewer teenage women would become pregnant. If society did not tell women that their major goals in life are sexiness and motherhood, fewer young women would consider parenthood in their teen years as a rational solution to loneliness and anxiety. And if society offered all young people more life options, fewer of them would drift into parenthood for lack of better opportunities. As an advocacy organization, Girls Incorporated concentrates on teenage women not because they are solely responsible for the problem of adolescent sexuality, but because girls and young women are the ones whose lives are most drastically affected by teenage pregnancy.

Truth, Trust and Technology was written by Heather Johnston Nicholson, Ph.D., Leticia T. Postrado, Ph.D. and Faedra Lazar Weiss, M.A.H.L. for the general release of findings from the Girls Incorporated Preventing Adolescent Pregnancy Project on October 2, 1991.

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Truth, Trust and Technology

New research on preventing adolescent pregnancy

EXECUTIVE SUMMARY

Teenage pregnancy is a significant social problem. One organization estimates that births to teen mothers cost the taxpayers of the United States \$21 billion in a single year (Armstrong & Waszak, 1990). Each year more than one million young women age 19 or under become pregnant (Henshaw, forthcoming). Of great concern to Girls Incorporated is that 82 percent of the pregnancies to teens in 1987 were unintended (Forrest & Singh, 1990). Thus, teen pregnancy is a problem to young women themselves.

Many young women are at risk of pregnancy. Through the teenage years the proportion of young women who have had intercourse increases significantly by age: 27 percent at age 15, 34 percent at 16, 51 percent at 17 and 70 percent at age 18 (National Center for Health Statistics, 1991). Although the proportion of sexually active teens using contraceptives has increased in recent years, one-third of young women used no birth control the first time they had sex and in 1988 one in five sexually active young women were not using any form of birth control (Forrest & Singh, 1990).

Girls Incorporated, formerly Girls Clubs of America, is a national youth organization with experience in advocacy, research-based programming and evaluation. Since 1981 the organization has been on record as supporting age-appropriate sexuality education and by 1984, 83 percent of Girls Incorporated affiliates provided such education. In 1985 Girls Incorporated began a major project to develop and evaluate a comprehensive program to assist young women in avoiding pregnancy. Involving 750 girls and young women ages 12 to 17, the three-year research project measured the effectiveness of the comprehensive approach and each of its four components.

The Program and Results of Research

Growing Together is a series of parent-daughter workshops for younger teens designed to increase positive communication about sexual information and values, decreasing adolescent pregnancy by delaying the onset of sexual intercourse.

Findings: Girls who participated in Growing Together were less than half as likely as nonparticipants to have sexual intercourse for the first time.

Will Power/Won't Power is an assertiveness training program for younger teens designed to help them say and mean "No" while remaining popular with peers of both sexes.

Findings: Girls who participated in nearly the entire program of Will Power/Won't Power were the least likely to have sexual intercourse--only half as likely as nonparticipants and less than one-third as likely as girls who participated for a shorter time. Thus "dosage" makes a difference in this skill-based program.

Taking Care of Business is a structured program designed to increase older teens' motivation and skills to avoid pregnancy through educational and career planning, goal-setting, communication skills and responsible decision-making about sexual behavior and contraception.

Findings: Young women who participated in nearly the entire program of Taking Care of Business were about half as likely as nonparticipants to have sex without birth control and about one-third as likely as nonparticipants. Consistent participants were one-third as likely as the short-term participants to become pregnant. Again, "dosage" appears to be important to the process of developing skills.

Health Bridge is a delivery system that links education at Girls Incorporated centers with community-based health (including reproductive health) services, addressing the psychological and logistical barriers many young people offer as reasons for not practicing effective contraception when they first start having intercourse.

Findings: Young women who participated in Health Bridge reported having sex without birth control one-third as often as nonparticipants. Health Bridge participants also were less than half as likely to become pregnant as nonparticipants.

Recommendations for Youth Organizations, Funders and Policy Makers

Start early and stay late. To be helpful, interventions to prevent adolescent pregnancy must start early in a girl's life, by age 9, and stay late, through age 18, as she takes increasing responsibility for her well-being.

The more the better. "Dosage" can be important to the effectiveness of programs--it takes time to develop skills, think through values and establish a peer group who make decisions about sexuality carefully. Pregnancy prevention is not finished when a program ends but is part of the responsibility of caring and reliable adults--parents, teachers and community members.

Truth, trust and technology are the keys to responsible behavior. Every young woman needs and deserves information (truth), support (trust), and skills and resources, including contraception when she needs it (technology). These are the keys that enable a young woman to have the confidence to keep saying "No" and making it stick or to insist upon contraception until she makes a responsible decision to become a mother. Society shares responsibility with young women to see that they have access to the services they need.

Youth organizations and other community groups have a significant role to play in reducing teen pregnancy. These organizations can provide both a support system for the majority of young women who are not sexually active but may feel as if "everybody's doing it" and nonjudgmental assistance to the large minority who are sexually active. The organizations can be advocates in their communities, encouraging increased services and improved policies that help all young women to plan their futures instead of drifting into them.

Spend now, save later. Investing in pregnancy prevention today means less money spent on economic assistance later. Early, unplanned pregnancy is enormously costly--a single pregnancy delayed beyond the teen years may save society \$8500 (Armstrong & Waszak, 1990). As an organization whose purpose is to enable girls and young women to succeed in an inequitable world, Girls Incorporated is even more concerned with the costs of early sexual activity and teenage pregnancy to young women--emotional distress and barriers to achieving educational, occupational and family goals. Preventing adolescent pregnancy makes economic--and human--sense.

The Girls Incorporated Preventing Adolescent Pregnancy project shows promise that "something works" in enabling teen women to avoid pregnancy.

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Introduction

New research shows promise that youth-serving organizations can help young women get through their teenage years without experiencing pregnancy. The Girls Incorporated (formerly Girls Clubs of America)¹ Preventing Adolescent Pregnancy study found that younger teens who participated in one of two developmentally appropriate program components were less likely to initiate sexual intercourse. Older teens who participated in one of two different program components were less likely to become pregnant than were their nonparticipating peers. "Dosage" was important in two of the programs especially emphasizing skills: it was important to participate in the entire program to have the desired effect on sexual behavior.

Why the Preventing Adolescent Pregnancy project?

Teenage pregnancy is a significant social problem. One organization estimates that births that occurred when the mother was a teenager cost the taxpayers of the United States \$21 billion in 1989 (Armstrong & Waszak, 1990). Each year more than one million young women age 19 or under become pregnant (Henshaw, forthcoming). Of the teenage pregnancies conceived in 1987, 36 percent ended in abortions, 14 percent in miscarriages and 50 percent in live births (Forrest & Singh, 1990). Of great concern to Girls Incorporated and other organizations working with youth is that 82 percent of the pregnancies to teens in 1987 were unintended (Forrest & Singh, 1990). Thus, teen pregnancy is experienced as a problem by young women themselves.

Many young women are at risk of pregnancy. Under age 15 the majority of young women have never had sexual intercourse, yet even at this age 27 percent have had intercourse at least once and 13 percent are currently sexually active (Figure 1a). Through the teenage years the proportion of young women who have had intercourse increases significantly from year to year: 27 percent at age 15, 34 percent at age 16, 51 percent at age 17, and 70 percent at age 18 (National Center for Health Statistics, 1991). Among young women ages 15-19 a majority (53%) have had intercourse, 43 percent have had intercourse in the last three months and 12 percent have been pregnant (Figure 1b). Although the proportion of sexually active teens using contraceptives has increased in recent years, one-third of young women used no method of contraception the first time they had sex and in 1988 one in five sexually active young women were not using any form of birth control (Forrest & Singh, 1990). Among sexually active teens, those who were younger (Zabin, Hirsch, Smith, Streett & Hardy, 1986) and those with low incomes (Forrest & Singh, 1990) were less likely to use contraception.

Why Girls Incorporated?

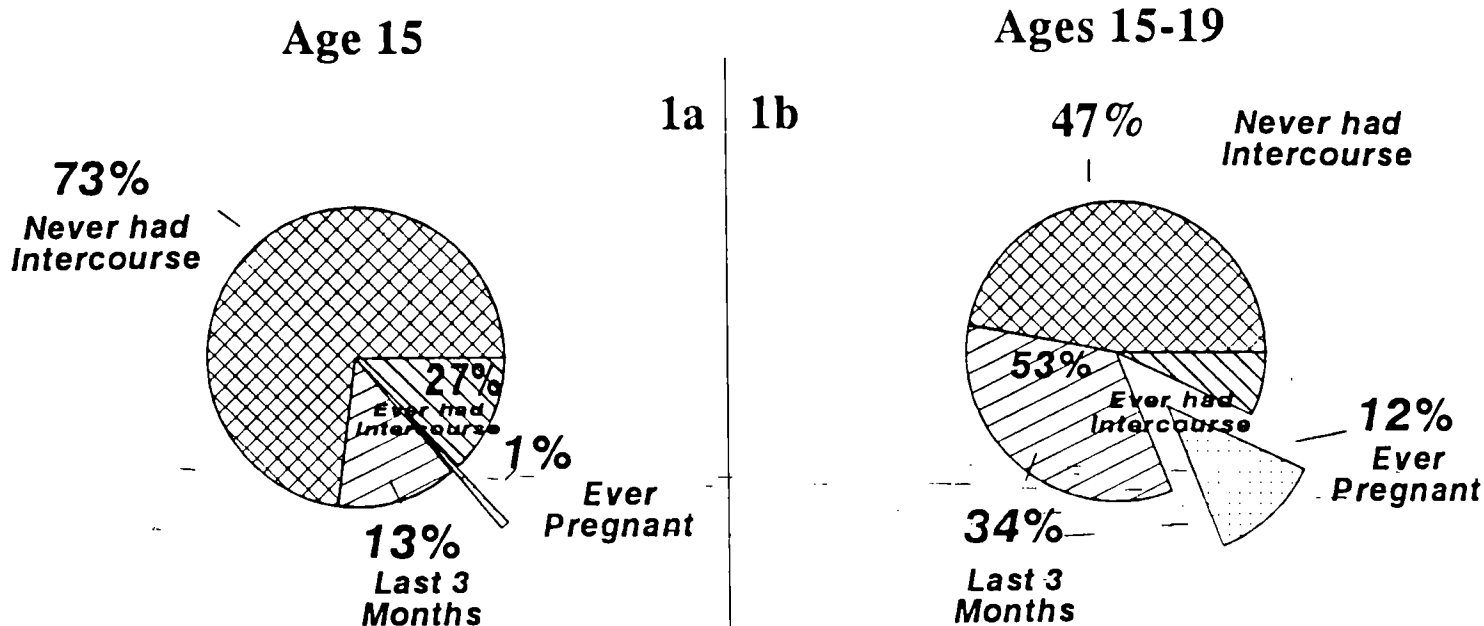
During the 1980s, schools and other youth-serving agencies were implementing and evaluating pilot programs intended to decrease teenage pregnancy (reviewed in Hofferth, 1987 and Nicholson, 1988). Girls Incorporated already had considerable experience in both research-based programming, including program evaluation, and in family life education. Many Girls Incorporated members in more than 120 cities across the nation belonged to groups considered at high risk for teenage pregnancy, including low-income families, single-parent families, and minority racial/ethnic background.

1. In April 1990 Girls Clubs of America changed its name to Girls Incorporated in order to reflect more strongly the organization's mission of preparing girls to achieve an economically independent, responsible and confident adulthood and to distinguish the organization more clearly from other national and local youth organizations with similar names. This report uses the new name Girls Incorporated for the national organization and participating affiliates.

Figure 1, Sexual Behavior of Young Women

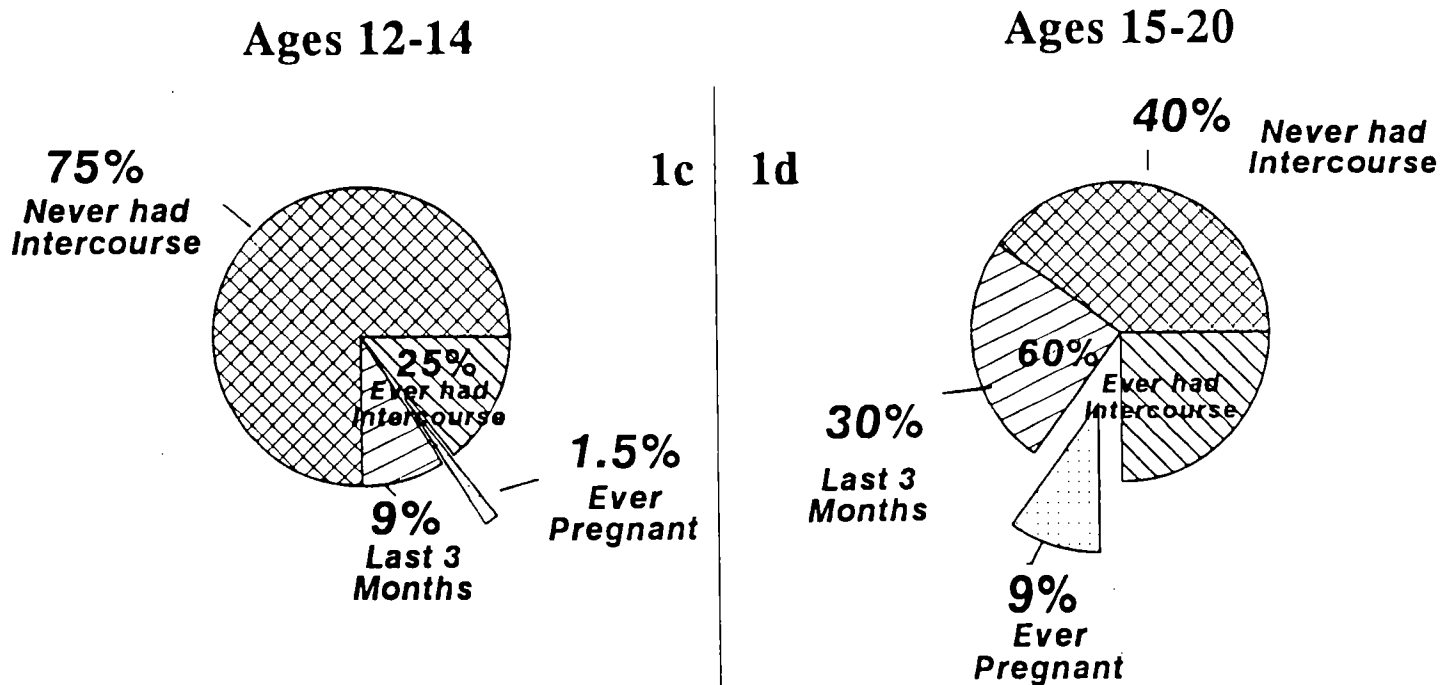
United States & Girls Incorporated Study

United States 1988



Source: National Survey of Family Growth 1988

Girls Incorporated Preventing Adolescent Pregnancy Project 1985-1988



First Survey, Prior to any Program Participation

PRESERVATION PHOTOCOPY

Affiliates' experience was that these young women themselves saw pregnancy as a problem. By 1981 the governing council of Girls Incorporated had adopted a policy statement endorsing age-appropriate sexuality education by schools and community organizations, in support of parents as the primary sex educators. The national organization instituted training to complement its nationally acclaimed publications on adolescent sexuality and parenting; several affiliates developed their own pregnancy prevention programs. By 1984, 83 percent of Girls Incorporated affiliates were providing some programs in sexuality education. Girls Incorporated also took national leadership in the policy arena on adolescent pregnancy prevention, participating in the Title X (family planning) coalition and informing others of the seriousness of the issues.

Girls Incorporated decided to develop and evaluate a comprehensive program to address the maze that girls and young women must negotiate to emerge from their teens without children of their own. As shown in Figure 1, the organization, working with four affiliates, successfully enlisted girls and young women at high risk of early pregnancy, whose participation served to refine the program and to study its effects. For example, as of their first survey, prior to any involvement in the study (Figure 1c), 25 percent of the girls ages 12-14 had had sexual intercourse at least once, 9 percent had had sex in the last four weeks and 1.5 percent had been pregnant, a profile similar to the considerably older national sample (Figure 1a). Among the older girls in the study (Figure 1d), most of whom were under age 17 (mean age 15.7 years), 60 percent had ever had sexual intercourse, 30 percent had had sex in the last four weeks and 9 percent had been pregnant, again a profile of risk similar to a national sample (Figure 1b) with an older mean age.

The comprehensive approach and program components

Studies of knowledge-based sex education programs have shown that while participants learn much of the information presented, their learning does not carry over into a lower likelihood of sexual activity or greater use of contraception (Kirby, 1984). Girls Incorporated national staff, working with recognized experts on teenage pregnancy and sexuality education, designed a comprehensive approach providing factual information and skill-building exercises to enable girls and young women to make and implement responsible decisions about sex.

Recognizing that in today's society it is not easy or automatic for young women to avoid pregnancy until they finish high school, the approach was comprehensive and addressed the differing needs and levels of understanding of young women of different ages. The programmatic goal for girls ages 12-14 was the choice not to have sexual intercourse until they were older, so programs for these girls stressed skills in communication and in identifying and resisting pressures toward sexual activity. Young women ages 15-17 could participate in programs stressing life planning skills and health education and care. These programs shared two goals: to increase young women's motivation to avoid pregnancy until they made a responsible decision for motherhood and to give them the means to avoid pregnancy through the decision for abstinence or effective use of birth control. These program components were offered and evaluated in four Girls Incorporated affiliates serving communities where the teen pregnancy rate was higher than the national average. The four affiliates selected as demonstration sites were in Dallas, Memphis, Omaha, and Wilmington, Delaware.

Growing Together

This program component provided a series of workshops in which 12- to 14-year-old girls and their mothers (less often, fathers, or other significant adults) practiced communicating about a variety of issues, particularly sex and sexuality. Many parents find it difficult to talk to their children about sex, whether providing information or discussing values (Alan Guttmacher Institute, 1981). In 1985, when Growing Together was developed, the weight of the literature indicated that girls who could talk with their parents, particularly their mothers, about sex

were less likely to be having intercourse (reviewed in Fox & Inazu, 1980 and McAnarney, 1982) and more likely to be using birth control if they did (Coles & Stokes, 1985). Although some later studies (Furstenberg, Herceg-Baron, Shea & Webb, 1986; Treboux & Busch-Rossnagel, 1990) failed to find a similar connection, it was considered important to test Growing Together as a component of the comprehensive approach.

The program was implemented as five two-hour sessions led by a trained facilitator. The first session was for adults only, giving parents a chance to feel comfortable with the facilitator and each other and reassuring parents that they are competent to discuss sensitive issues related to sex and sexuality with their daughters. The remaining four sessions covered such topics as reproductive anatomy, physical and emotional aspects of puberty, accurate information about pregnancy and acceptable types of dating. Interactive exercises included role plays and discussions; depending on the exercise, parents and daughters participated as individuals or as parent-child(ren) teams as well as by family role in order to point out that differences in opinion are not always disagreements between parent and child.

Will Power/Won't Power

This second program component for girls ages 12-14 focused on group-building, understanding relationships and practicing assertiveness skills. Expert opinion suggested a directive approach for these young teens, asserting that the participants are too young to be having sexual intercourse and guiding them to practice recognizing and resisting pressures to do so (Kirby, 1984; McAnarney, 1982). Studies published after Will Power/Won't Power was designed confirm that programs based on skill-building and social learning can help young teens decide to delay becoming sexually active (Howard & McCabe, 1990) or to avoid substance abuse (Ellickson & Bell, 1990).

The Will Power/Won't Power curriculum was delivered in six two-hour sessions. Activities included recognizing media and peer pressure to be sexually active through the use of films, videos and exercises, reasons to avoid early sexual activity, and discussion of physical affection and dating situations. Many of these situations, including resisting "lines" and other pressures to engage in sexual intercourse, were explored through role plays.

Taking Care of Business

This program component for older teens ages 15-17 included career education and future planning as well as information on sexuality, reproduction and contraception. This approach was based on studies of young women from a variety of cultures and backgrounds indicating that those who see a bright future ahead, as evidenced by their aspirations and career goals, are less likely to experience pregnancy as teenagers than their peers whose aspirations and goals are lower (Chilman, 1980). As argued by researcher and program consultant Joy Dryfoos (1983), knowledge of how to prevent pregnancy is not enough; young women also need motivation to postpone pregnancy.

The version of the program now called Taking Care of Business used during the Preventing Adolescent Pregnancy study was based on Choices: A teen woman's journal for self-awareness and personal planning (Bingham, Edmondson & Stryker, 1983), a life options curriculum developed by the Girls Club of Santa Barbara. The nine two-hour sessions included such topics as sexual responsibility as defined by abstinence or consistent use of effective contraception, information on reproduction, birth control and sexually transmitted diseases, career planning and goal-setting, and communications and assertiveness skills. The most recent studies of similar life options programs (Allen, Hoggson & Philliber, 1990; Philliber & Allen, in press; Public/Private Ventures, 1987) agree that this approach is useful.

Health Bridge

Health Bridge, the second component of the Preventing Adolescent Pregnancy project designed for older teens, coordinated health education, including information on reproduction and contraception, in Girls Incorporated centers with comprehensive health services in a neighborhood clinic. According to the Panel on Adolescent Pregnancy and Childbearing of the National Research Council, pregnancy is best prevented among sexually active teenagers by encouraging their consistent use of birth control methods and ensuring their access to contraceptives (Hayes, 1987). While the final verdict on the effectiveness of school clinics is still out, four school clinics prescribing birth control and providing contraceptives or access to them recorded over twice the percentage of student visits for reproductive health care as did two school clinics only providing contraceptive counseling (Kirby, Waszak & Ziegler, 1991). Zabin found that sexually active junior high school students in Baltimore increased their use of birth control methods when a readily accessible storefront clinic was established as part of a comprehensive program (Zabin et al., 1986).

The design of Health Bridge combined the features of school-based and neighborhood clinics found to be most important in preventing adolescent pregnancy: ongoing health education and case management provided by a nurse from the bridging clinic; with the attendant opportunity for building a trust relationship; comprehensive health services, so that making use of the clinic was not tantamount to announcing contraceptive or reproductive health concerns; and accessibility, allowing participants to attend educational sessions and make fullest use of the available health services. Financial and logistical difficulties in implementing Health Bridge meant that this program component could not always be implemented exactly as designed. Health Bridge was implemented for between one and two and a half years at each demonstration site.

Study design

The field research for the Preventing Adolescent Pregnancy project ran from October 1985 to October 1988. During the three project years, each site recruited as many girls and young women currently between the ages of 12 and 17 as possible as project participants. Project participants were encouraged but not required to enroll in program components for which they were eligible by age. Those who did became the experimental group. Project participants who did not enroll in any of the program components served as the control group. All project participants, regardless of program participation, were asked to complete an annual survey in October of each program year and at the end of the program. This survey collected background data on participants and asked about their attitudes toward teenage pregnancy, their educational and career goals and expectations, their sexual experience and their use of birth control methods. Young women who turned 18 during the course of the project were encouraged to continue their participation by completing the same annual survey as younger participants and an additional part asking about educational and job experience, marital status and numbers of pregnancies and births. The analysis of data was based on those young women who completed at least two consecutive annual surveys--that is young women for whom there is "before" and "after" information on sexual behavior for one year, with (participants) or without participation (nonparticipants) in one or more program components during that year.

Project participants chose whether or not to enroll in program components, rather than being randomly assigned to experimental and control groups. One might suspect that teen women who enrolled in program components differed from those who did not enroll in ways that meant they were less likely to become pregnant as teenagers regardless of participation. In order to test for this possible self-selection bias, the annual survey collected information on background characteristics--age, race/ethnicity, mother's education, family structure and sources of

income, academic average, educational expectation, being the child, sister or friend of a teenage mother and previous sexual activity--which previous studies had found to be associated with risk of teenage pregnancy.

Study subjects--participants and nonparticipants

In the sample for measuring the effectiveness of Growing Together and Will Power/Won't Power the girls who had ever had intercourse were excluded, since this was the outcome measure of interest. The girls were young, with 11 percent not yet having turned 12 at their first survey, 55 percent age 12 and 34 percent age 13 or 14. About 75 percent of the girls were African American and 25 percent were white, Latina or of other racial or ethnic groups. The majority, 83 percent, were Protestant or of other religions and 17 percent were Catholic. In this young group one-third (36%) reported living in a household with a father, three-fifths (58%) had mothers who had completed high school and one-fourth (24%) reported welfare as a source of family income. The mothers of 37 percent of these girls had been pregnant before age 18 and 46 percent of the girls had girlfriends who had been pregnant before age 18. There were 412 girls who were subjects in the research project for one year, at any time during the three years that programs were offered in the study, and who had never had intercourse at their first survey. Of these girls, 257 participated in Will Power/Won't Power and 84 participated in Growing Together, including 46 who participated in both components; 117 participated in neither component.

In the sample measuring the effectiveness of Taking Care of Business and Health Bridge the young women who had had intercourse were included but those who had been pregnant were excluded, since this was the outcome of greatest interest. The average (mean) age was 15.4 years; 84 percent were African American with 16 percent white, Latina or of other racial or ethnic backgrounds; 90 percent were Protestant or other religions and 10 percent were Catholic. In this older group 29 percent were living in a household with a father, 62 percent had mothers who had completed high school and 27 percent reported welfare as a source of family income. The mothers of 45 percent of the young women had been pregnant before age 18, as had girlfriends of 85 percent of them. The sample for testing the effectiveness of Taking Care of Business comprised 343 young women ages 14-20 who took part in the research project for one year and had never been pregnant prior to their first survey; of these, 165 participated in Taking Care of Business and the 178 who did not participate became the comparison group. In the sample to test Health Bridge there were 359 young women; 89 became participants and 270 were nonparticipants.

For the test of the comprehensive approach involving all four components the sample consisted of 343 girls and young women ages 12 to 15 when the study began who had completed three consecutive annual surveys and had never been pregnant prior to the first survey. Among the 237 program participants, 133 participated in one component, 104 in two or more components; 106 young women did not participate in any component and became the comparison group.

Background characteristics of participants in each program component were generally found to be similar to those of nonparticipants in the same age group. The only program component for which there was evidence of possible self-selection bias was Growing Together; girls enrolled in this program component were significantly different from nonparticipants in several background characteristics associated with less likelihood of being sexually active, a finding considered important for the design of future parent-daughter programs. The differences were statistically controlled in data analyses. In the case of Will Power/Won't Power and Taking Care of Business, a further comparison was made after dividing the experimental group into those who had participated for the average number of hours or more and those who had participated less than the average number of hours. Two significant differences were found between the Taking Care of Business groups, but both indicated that program nonparticipants were possibly at *less* risk of teenage pregnancy than were program participants, contrary to the

assumption of self-selection bias. Comparisons of project subjects who enrolled in no program components, in one program component and in two or more program components found no significant differences in background characteristics between these groups.

Results

The four program components of the Preventing Adolescent Pregnancy project show promise in achieving their goals of postponing first sexual intercourse for younger participants and decreasing the likelihood of pregnancy among older participants. "Dosage" seems to be important in the two programs focusing on skill development, Will Power/Won't Power and Taking Care of Business; the teen women who participated in these programs for more than the average number of hours were the most likely to achieve program goals. Participation in one or more program components also seems to increase participants' probability of avoiding teenage pregnancy.

Unless stated otherwise, the results reported here are statistically significant at the .10 level or below. That is, such a difference between participants and nonparticipants, or between long-term and short-term participants, would occur by chance 10 times or fewer in 100.

Growing Together

Girls who participated in Growing Together were less than half as likely as their peers who did not participate to have sexual intercourse for the first time. As shown in Figure 2, Growing Together participants were more likely than nonparticipants to continue to delay having sexual intercourse until they were older. This was true independent of the number of hours girls participated in this program component.

Will Power/Won't Power

To see whether "dosage" makes a difference, the girls in the Will Power/Won't Power study were divided into three groups for analysis--girls who participated in Will Power/Won't Power for ten hours or more, girls who participated for one to nine hours, and nonparticipants (0 hours). The girls who participated in nearly the entire program (10 or more hours) were the least likely to have sexual intercourse for the first time--only half as likely as nonparticipants (Figure 3). Figure 3 also shows that the girls who participated in nearly the entire program were less than one-third as likely as girls who participated for a shorter time to have sexual intercourse for the first time. The apparent difference between short-term participants and nonparticipants should be viewed very cautiously since it was not a statistically significant difference--that is, the difference might well have occurred by chance. If this difference is "real," it may be that special attention must be paid to retaining teens who seem less committed to the program, or that young teens who are more interested in sexuality--for example already dating--are more likely to sign up for a program than their peers for whom decision-making about sexual behavior is less immediate. As we explore the data further through causal modeling, the extent to which the nonparticipant/short-term participant difference is "real" may become clearer. The effects that are statistically significant suggest that participation in the full program is associated with delay in first intercourse.

Taking Care of Business

Again to address the question of "dosage"--whether the amount of involvement in the program is important to its effectiveness--the subjects for the study of Taking Care of Business were divided into young women who participated for 13 or more hours, those who participated for 1 to 12 hours, and nonparticipants (0 hours). Young women who participated in the entire program (13 or more hours) were about half as likely as nonparticipants to have sex without contraception (Figure 4). Those who participated for the entire program were only one-third as

Figure 2

**Likelihood of having sexual intercourse
for the first time: Participants in
Growing Together vs. nonparticipants**

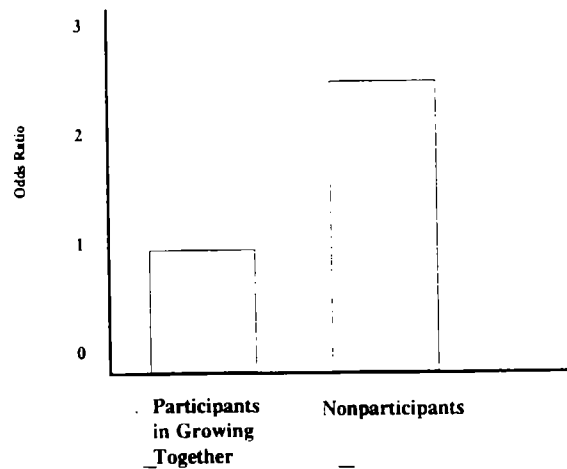
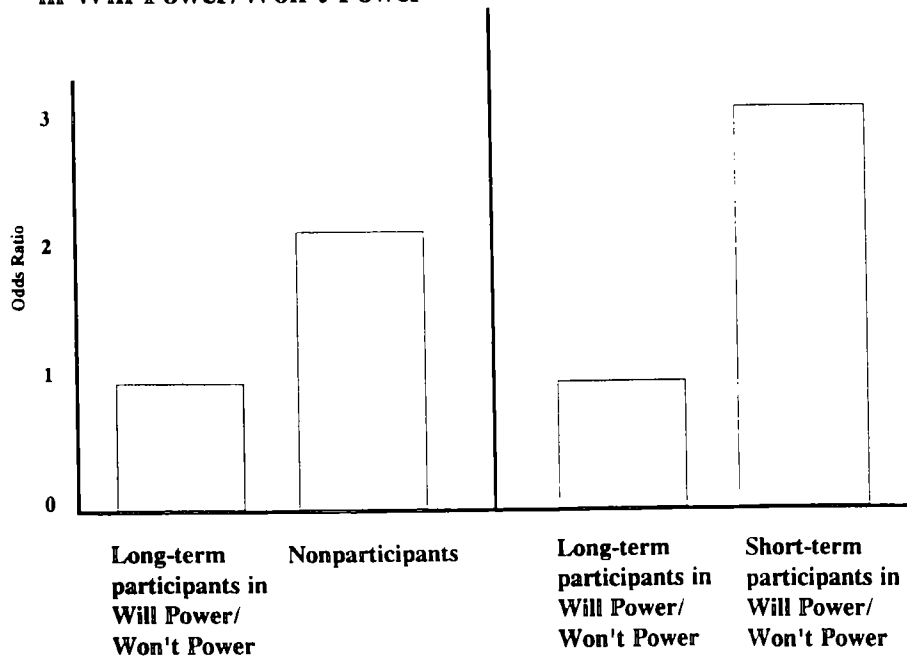


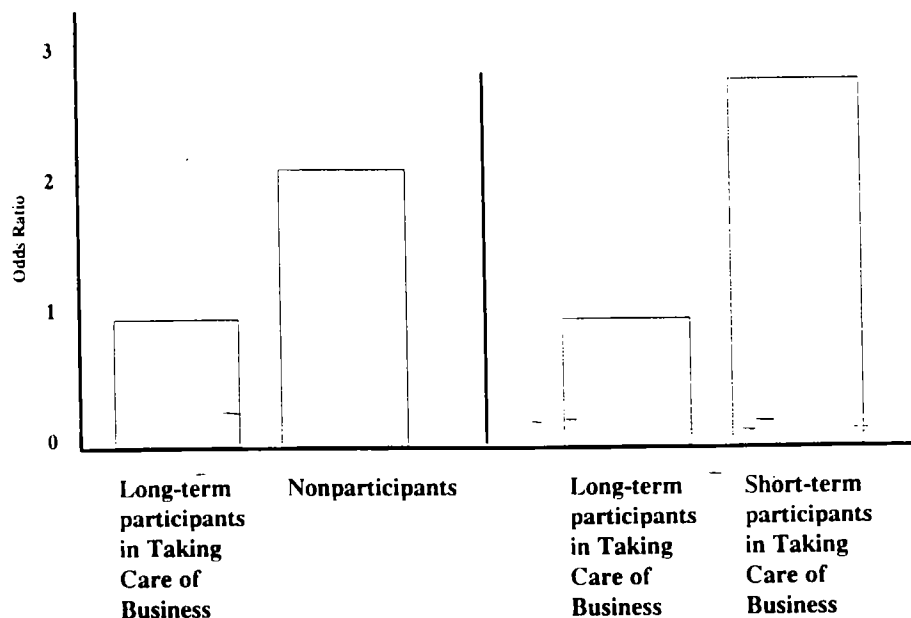
Figure 3

**Likelihood of having sexual intercourse for the
first time: Long-term participants vs. nonparticipants
and long-term participants vs. short-term participants
in Will Power/Won't Power**



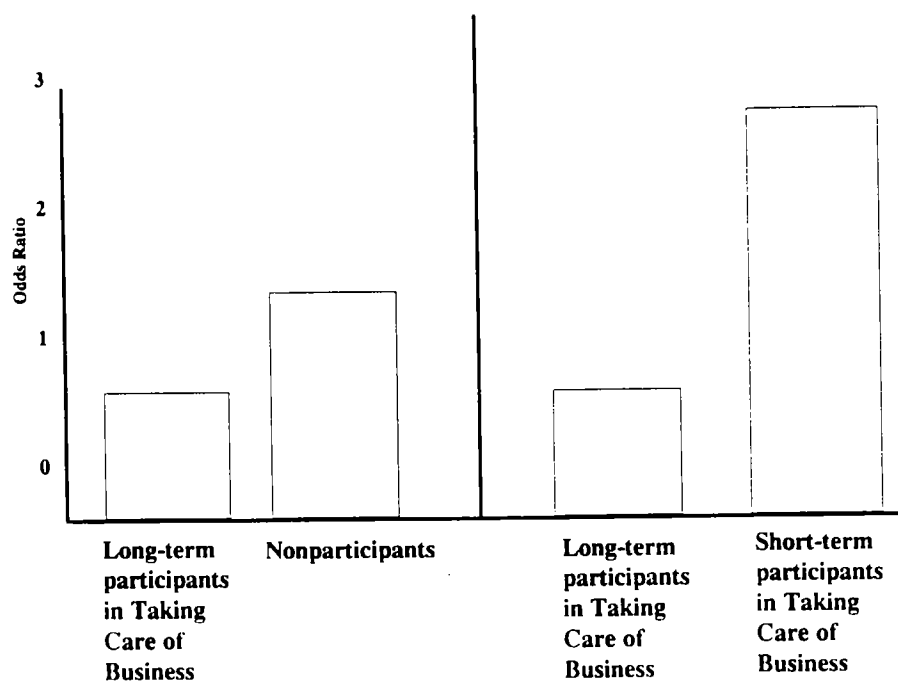
The difference between nonparticipants and short-term participants is not statistically significant.

Figure 4
Likelihood of having sexual intercourse without birth control: Long-term participants vs. nonparticipants and long-term participants vs. short-term participants in Taking Care of Business



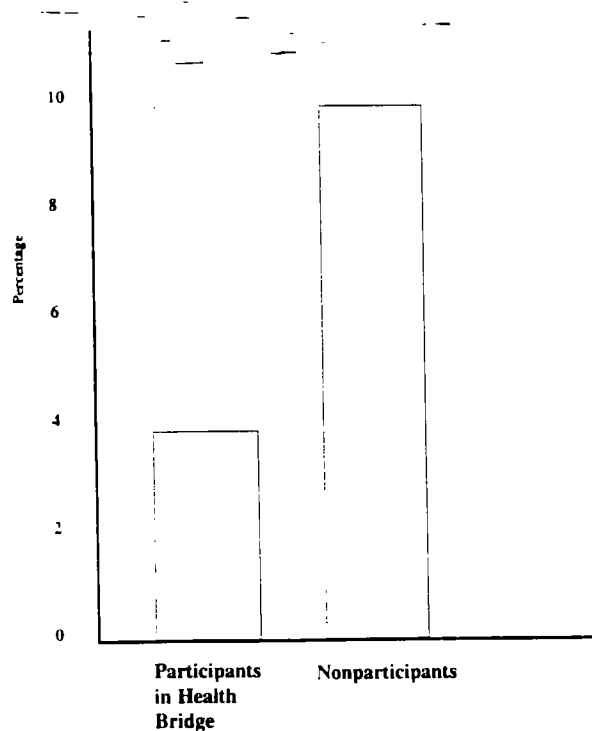
The difference between nonparticipants and short-term participants is not statistically significant.

Figure 5
Likelihood of becoming pregnant: Long-term participants vs. nonparticipants and long-term participants vs. short-term participants in Taking Care of Business



The differences between nonparticipants and long-term participants, and between nonparticipants and short-term participants, are not statistically significant.

Figure 6
Percentage of young women who experienced pregnancy: Participants in Health Bridge vs. nonparticipants



likely as their peers who participated less than 13 hours to have sex without using contraception. Again the apparent difference between the nonparticipants and the short-term participants was not statistically significant and could well have occurred by chance. If the difference is "real," it may signal the importance of making programs for older teens attractive and convenient enough to retain their full participation, or the need to back up educational programs with reproductive health services, such as the Health Bridge. The effects that are statistically significant suggest that participation in the full program is associated with greater likelihood of using contraception.

As shown in Figure 5, these more consistent participants in Taking Care of Business were somewhat (but not significantly) less likely than nonparticipants and one-third as likely as the short-term participants to become pregnant. The statistically significant results suggest the importance of participation in the entire program.

Health Bridge

Young women who participated in Health Bridge reported one-third the incidence of sex without using contraception compared to their peers who did not participate. Health Bridge participants were also less than half as likely to become pregnant as nonparticipants (Figure 6).

Comprehensive participation

Teen women who participated in one or more of the program components during a two-year period were less than half as likely as nonparticipants to become pregnant. Project participants as a group and when divided by participation in one or more than one program component were not notably more likely than nonparticipants to use contraception at last sexual intercourse. This result is puzzling and contrary to expectation.

Discussion

Virtually all of the analysis of data collected in the Preventing Adolescent Pregnancy study suggests that each program component is effective in preventing adolescent pregnancy. In two programs length of participation was crucial to program effectiveness. We conjecture that for girls enrolled in Will Power/Won't Power greater length of participation allows more practice of communication and assertiveness skills and may also reflect stronger commitment to the program's goals. Similar factors may also be operating in Taking Care of Business, which emphasizes decision-making skills. Length of participation proved less crucial in the other two program components. Growing Together also involves practicing skills, in this case communication, but the relationship between the participant and a trusted adult seems less subject to quantity than quality of time invested. In Health Bridge, again, establishing a relationship with a nurse or other caring adult and feeling connected to a comprehensive clinic as a means to using effective birth control may not take a specific number of hours or sessions.

Though self-selection bias would be suspected when participants chose to enroll or not in program components, analysis of background characteristics showed no evidence of self-selection bias in the study population as a whole or in the experimental and control groups for three of the program components. Participants in Growing Together were significantly different from nonparticipants of the same ages. White and Latina girls were more likely than African American girls, and Catholic girls more likely than Protestant girls, to participate in Growing Together. These factors were controlled in the analysis but the difference between participants and nonparticipants may account for some of the apparent effectiveness of this one program component.

Growing Together in its published version has been adapted for younger girls, ages 9-11. This change to a younger age group is intended to help girls and their parents establish good communication and discuss values and information concerning sex and sexuality so that they can continue to do so as the girls negotiate the personal and social challenges of adolescence. Although the resulting program has not been studied, the hope is that girls and their parents from all backgrounds will find parent-daughter workshops more appealing when the girls are younger.

The age range for Health Bridge has been expanded in the published version to include girls from age 12 on, responding both to the fact that some girls this young were having intercourse and to the experience of the demonstration sites that younger girls were eager to listen to and talk with Health Bridge nurses.

Recommendations

The promising findings from the Girls Incorporated study have implications for adults working with girls and young women in other settings, and for funders and policy makers concerned with youth.

Start early and stay late:

Sexuality education needs to start as early as age 9 and last through age 17 or 18.—Both the literature on sexuality education and our experience in the study recommend that sexuality education should begin by at least the fourth grade, or age 9. About one-fourth of girls have had sexual intercourse by age 15, too many of them by age 12 or 13. The proportion who are sexually experienced and active increases rapidly each year after 15, although there is still a substantial minority of teens age 17 and 18 who deserve support for the decision not to have sexual intercourse.

The barrage of messages about sexuality in our culture leaves girls and young women understandably confused. Should they believe the advertisers of jeans and beer? Parents or religious leaders? Older teens or close friends when making decisions about sex? A peremptory "just say 'No'" fails to take account of the developing strengths and needs of girls. By age nine girls need to know about their developing bodies and share their concerns about sexuality with caring and sensible adults. As they get older they should have help sorting through the mixed messages, acquiring a firm belief that it is their right not to have sexual intercourse and the skills to make the decision stick without becoming social outcasts. While they are still in junior high or high school young women need to learn to plan their own lives and have the skills and adult support to decide if and when children might be part of the picture. Whatever adults would wish for them, many young women do become sexually active while in their teens and they require the information and resources to prevent pregnancy and sexually transmitted disease in order to pursue their own educational, occupational and family goals. To be helpful, interventions to prevent adolescent pregnancy must respond to the issues young women are confronting—they must start early in a girl's life and stay late as she takes increasing responsibility for her well-being.

The more the better:

"Dosage" can be important to effectiveness. It takes time to develop skills, to think through values and to establish a group of peers who make decisions about sexuality carefully, so programs may need to last several sessions over several weeks. Program developers need to pay as much attention to retention as recruitment. Programs should address real problems of teens to sustain their interest. Another aspect of "the more the better" is that pregnancy prevention is not "finished" when a given program is over. Although we cannot prove it from this study alone, the chances are that teens who receive consistent messages and reliable adult support at home, school and community organizations are more likely to prevent pregnancy successfully.

Truth, trust and technology are the keys to responsible behavior:

For most young women, particularly for young teens, responsible behavior means deciding not to have sex until they are older. Realistically, however, there will always be some teen women who are sexually active. Every young woman needs and deserves information (truth), support (trust) and skills and resources, including access to contraception when she needs it (technology). These are the keys that enable a young woman to have the confidence to keep saying "No" and making it stick or to insist upon contraception until she makes a responsible decision to become a mother. Thus, society shares responsibility with young women to see that they have access to the services they need.

Youth organizations and other community groups have a significant role to play in reducing teen pregnancy:

The prevalence of pregnancy among Girls Incorporated members (and presumably among members of other youth organizations) implies that girls who become pregnant are not necessarily uninvolved and isolated. The Girls Incorporated Preventing Adolescent Pregnancy study shows that organizations already trusted by parents and children can help young women learn the information and skills they need to make responsible decisions in the context of family and community values. They can provide both a support system for the majority of young women who are not sexually active but may feel as if "everybody's doing-it" and nonjudgmental assistance to the large minority who are sexually active. Organizations can be advocates in their communities, encouraging increased services and improved policies that help all young women to plan their futures instead of drifting into them.

Spend now, save later:

Investing in pregnancy prevention today means less money spent on economic assistance later. Early, unplanned pregnancy is enormously costly. One organization estimates that teen pregnancies cost society \$21.55 billion in 1989 (Armstrong and Waszak, 1990) and that the potential savings to society for a single pregnancy delayed beyond the teen years is more than \$8500. As an organization whose purpose is to help girls and young women succeed in an inequitable world, Girls Incorporated is even more concerned with the costs of early sexual activity and teenage pregnancy to young women. Teenage pregnancy is a risk factor for future unplanned pregnancies (Sornstein, Hilton & Montoya, 1985). Teenage motherhood makes it difficult to complete one's education and locks many young women into low-paying jobs (Hayes, 1987; Youth and America's Future, 1988). Both government and private funders must begin making the fiscally prudent and humane decision to increase funding for sex education and reproductive health care, including contraceptive services. Preventing adolescent pregnancy makes economic--and human--sense.

Preliminary estimates indicate that offering all four components of the Girls Incorporated Preventing Adolescent Pregnancy program to one girl costs about \$1200. Participation in this program can not only help teen women to postpone pregnancy until they are ready for motherhood, but to acquire skills and confidence that will help them be more responsible adults, with a secure future for themselves and their families.

Preventing Adolescent Pregnancy in action

Enthusiasm for all four program components at the demonstration sites was high, and local staff members believed that the programs were helping Girls Incorporated members acquire the knowledge, skills and motivation to delay becoming sexually active or pregnant. Their experiences and early evaluations led to publication of program curricula, revised in light of three years of implementation, in 1988 and training of Girls Incorporated staff at any interested affiliate to offer the program components as soon as the experimental phase of the project ended. In 1990, 62 affiliates offered at least one program component to over 6500 girls and

young women. As Girls Incorporated staff continue to analyze data collected in the Preventing Adolescent Pregnancy project and affiliates continue to evaluate their experiences in offering the program components, further studies will be published and new revisions may be adopted.

Recruitment for Growing Together has proved difficult less because of parent reticence than in light of realities of family life, especially as many Girls Incorporated members live in single-parent families. Providing transportation to and from sessions, a snack or light meal and child care for younger siblings have proven helpful in allowing parents and daughters to participate. As explained above, the program has been revised for 9- to 11-year-olds and their parents.

Will Power/Won't Power is the most readily implemented program component for most youth organizations. Girls enjoy the activities and skill practice. Materials are inexpensive and easy to obtain, and often staff have the small-group, interactive skills the program requires.

In the revision of the program, assertiveness and peer support (as opposed to peer pressure) are further emphasized. Participants are encouraged to form a sorority supporting each other in the decision to wait until they are older to have sex. Girls are given more practice in assertiveness skills and more guidance in declining sexual activity, particularly for those girls who have previously had sexual intercourse.

The published version of Taking Care of Business concentrates less on careers and more on issues of and information about sex and sexuality while preserving its emphasis on life-planning skills. As older teens have many competing obligations, this program proved most successful when offered as part of a youth employment or career exploration program. Peer educators, particularly college students, are recommended as program facilitators.

Health Bridge is the most expensive and most difficult program to implement. It is, however, greatly needed by many young women who do not otherwise have access to health care which can provide the services they need affordably and nonjudgmentally. Younger teens were eager to participate and more willing to admit ignorance or to ask for advice; the program is now recommended for teen women ages 12-18.

The results of the study are promising if not overwhelming evidence that programs emphasizing truth, trust and technology can help girls and young women at high risk avoid pregnancy during their teen years. Girls Incorporated recommends strongly that affiliates implement the entire comprehensive program and urges schools and other community organizations to support all adolescents in making responsible decisions about their sexual behavior.

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Acknowledgments

National implementation

Project staff

Every project of the scope of the Girls Incorporated Preventing Adolescent Pregnancy initiative has a prime mover. For this project it was Jane Quinn, then program director for Girls Incorporated and now a project director at the Carnegie Council on Adolescent Development. Heather Johnston Nicholson of the Girls Incorporated National Resource Center served as principal investigator throughout the study and coordinated all aspects of the project. Other key players in those early days were national executive director Margaret Gates, project manager Catherine H. Smith and research assistants at the National Resource Center Stephanie Brzuzy and Julie K. Hamm. Special credit goes to research associate Leticia T. Postrado, who conducted or supervised all the data analysis.

Consultants and Advisors

Most of the curriculum was written and refined by Pamela M. Wilson, who has also been chief trainer for Preventing Adolescent Pregnancy both during and since the development phase. She joined her expertise with that of Jay G. Dryfoos, Frank F. Furstenberg, Jr., Irma R. Hilton and Douglas Kirby on the Advisory Panel for the project.

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Over its six years the Preventing Adolescent Pregnancy project has had more than \$2 million in foundation support, \$1.8 million from six foundations that made substantial commitments from \$100,000 to more than \$500,000. We and the project have benefited enormously not only from the generous financial support, but from the guidance and encouragement of foundation officers and the committees and boards they represent.

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Citibank

Sara Lee Corporation

Stewart R. Mott and Associates

Ford Foundation

General Service Foundation

The Allstate Foundation

The Huber Foundation

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Best Products Foundation

Citicorp

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Brenda Stegall, project director
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Karen Wells Bettye Washington Earnestine Jones
Demetras Cowlie Rosalyn Nichols

Girls Incorporated of Delaware

Judi Kirk, project director
Carol Scott, project director
Suzanne Rocheleau, executive director
Carlette Dickerson Margaret Alberti Jacqueline Katz Priscilla Thomas

Girls Incorporated of Dallas

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Pat Lysell, executive director
Leslie Linton, executive director
Ruth Thomas Derryle Peace Tina Goodson Doze Butler
Nina Hadnot Henry Hill Tamara Smith Barbara Ann Roy

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The Preventing Adolescent Pregnancy project also benefited from far-seeing boards of directors and from both financial and personal support in the communities and affiliates involved in the project. Individuals, foundations and community organizations donated time and money. In Omaha Allan Lozier of the Lozier Corporation and Warren E. Buffett and Allen Greenberg of the Buffett Foundation, and in Dallas the Rosewood Foundation, were stalwart supporters.

The parents of Girls Incorporated members participated in Growing Together, encouraged their daughters to participate in all four program components and consistently expressed support for the organizations and this work. Especially we thank the girls and young women who participated in the programs and the research, whose responses have reshaped the program and whose confidential answers to myriad questions are now providing increased understanding of their needs and aspirations.

Appendix

Sample activity from Growing Together

IDEAL PARENT/IDEAL DAUGHTER

Purpose: To help participants focus on those characteristics they would hope to find in an 'ideal parent' and in an 'ideal daughter.'

Materials: Two sheets of newsprint; two markers.

Time: 25 minutes.

Procedure: Tell participants that this final activity of the session is intended to improve parent-daughter communication. Point out that parents and daughters often wonder what each expects of the other.

Divide participants into two groups—one parents only, the other daughters only. Have parents brainstorm qualities of the 'ideal daughter' and have daughters brainstorm qualities of the 'ideal parent.'

Appoint a recorder for each group, and give both a sheet of newsprint and a marker. Tell them to list all contributions. (If two facilitators are available, one should go with each group. If not, the leader should stay with the daughters' group and help them with this process.)

After five to ten minutes, reconvene the large group. Have both recorders post their lists. Ask parents to react to the daughters' list and vice versa. Then pose the following questions:

Discussion Points:

1. Are you surprised by anything that appears on either list?
2. How realistic is each list?
3. Which of these characteristics would any of you like to acquire?

Conclusion: End by encouraging parents and daughters to discuss this activity on the way home tonight. Tell them that you will type up their 'ideal' lists and pass them out at the start of next week's session.

Source: Girls Clubs of America (1988), Growing Together: A sexuality education program for girls ages 9-11², p. 64.

2. As explained above, after completion of the Preventing Adolescent Pregnancy project this program component was adapted for younger participants.

Sample activity from Will Power/Won't Power

MAKING AND REFUSING REQUESTS

Purpose: To practice making and refusing requests.

Materials: Leader Resource "Situations; Handout "Assertiveness Rights and Behavior"; index cards; newsprint; marker.

Time: 40 minutes.

Planning Note: Review the three situations provided in the Leader Resource. Adapt them or substitute others if they do not seem relevant to your group. Write out the situations on two sets of index cards--one situation to a card. (An alternate method is to make two copies of the Leader Resource and cut the situations into strips.)

Procedure: Begin this activity by saying, "*As human beings, we all have certain rights.*" Distribute the handout and review these five rights:

- To express our feelings honestly
- To ask for what we want (make a request)
- To say "no" (refuse a request)
- To change our minds
- To act in our own best interest (do what is best for us)

Continue by saying, "*These are called assertiveness rights. Note that in addition to these rights, your handout lists the assertiveness techniques we discussed earlier. Now let's practice carrying out these assertiveness rights.*"

Post the following on newsprint:

- Make a request--ask for what you want
- Refuse a request--say "no"
- Change your mind

Explain that the girls will work in small groups to roleplay three situations: making a request, refusing a request and changing your mind. Divide participants into two groups and have each group choose a leader, whose responsibilities are to assign roles and to see to it that all girls get a chance to take part in the exercise. Give each group an index card on which the first of the three Leader Resource situations appears; tell participants they have 10 minutes to plan and act out the roleplay. Afterwards, have members briefly discuss how the situation was handled.

Have the girls follow the same procedure for the two remaining situations. (Throughout this activity, monitor the progress of both groups and help out when necessary.)

To conclude, ask the following questions:

Discussion Points:

1. How easy was it to be assertive in the three situations?
2. Of the three--making a request, refusing a request and changing your mind--which do you think is the most difficult in real life? Why do you feel this is so?

Leader Resource

SITUATIONS

1. **Make a request:**

You're with two friends in a restaurant. You ordered a well-done hamburger. When the burger arrives it's so rare that blood is dripping onto your plate. You discuss the situation with your friends and then call the waiter over to the table. Create a roleplay in which you ask the waiter to correct the problem.

2. **Refuse a request:**

Your friend wants to know if she can borrow your new blouse. The last time she borrowed something from you she spilled mustard on it and the stain never came out. You know that your friend doesn't take care of her clothes the way you do, and you don't want to lend her your blouse. She keeps talking about how perfect the blouse would be with her black pants, and she promises to get it cleaned before she returns it. Create a roleplay in which you refuse her request.

3. **Change your mind:**

Paula has been going with Adrian for three months. They've had sexual intercourse a few times. But now--after taking part in a **WILL POWER/WON'T POWER** program at the Girls Incorporated center--Paula decides that she doesn't want to have sex again until she's older. Create a roleplay in which Paula tells Adrian that she's changed her mind.

Handout

ASSERTIVENESS RIGHTS AND BEHAVIOR

Your Rights:

- You have a right to express your feelings honestly.
- You have a right to ask for what you want.
- You have a right to say "no."
- You have a right to change your mind.
- You have a right to act in your own best interest.

Assertiveness Techniques:

1. **Use the 'Broken Record' method.** Say "no"--or something else just as simple and direct--and keep repeating it. Don't offer reasons or excuses for saying "no."
2. **Take the lead in the conversation.** Tell the person that the pressure is bothering you.
3. **Refuse to discuss the matter further.** Walk away from the situation. Tell the person you'll talk about it later.

Source: Girls Clubs of America (1988), Will Power/Won't Power: A sexuality education program for girls ages 12-14, pp. 18-21.

Sample activity from Taking Care of Business

WEIGHING RISKS

Purpose: To have participants practice distinguishing between reasonable and unreasonable risks.

Materials: Leader Resource "What Kind of Risk?"; newsprint; marker.

Planning Note: Before the start of the session, write the definitions of 'reasonable risk' and 'unreasonable risk' on a sheet of newsprint. Before beginning this activity, post the newsprint sheet in the front of the room.

Time: 30 minutes.

Procedure: Tell the group that they will now be asked to distinguish reasonable risks from unreasonable risks. Read aloud the situations provided in the Leader Resource. After each one, ask:

- Is this a reasonable risk? Why or why not?
- What does this person stand to gain or lose?

After discussing the group's reaction to each situation, pose the following questions:

Discussion Points

1. What are some other real-life situations that involve reasonable risks?
2. What reasonable risks have *you* taken?
3. What would be an unreasonable risk for a young child? For a teenager? For an adult? For an older person?

Leader Resource

WHAT KIND OF RISK?

1. Andrea is an excellent baseball player. She tries out for the team at her neighborhood recreation center, even though it's always been a boys-only team.
2. Deborah decides to go white-water rafting. She has never done it before, but she's going with a group of people and an experienced guide. She also plans to wear a life vest.
3. Brenda and her long-distance boyfriend have sexual intercourse two or three times every summer. They never use birth control.
4. Sam never wears his seat belt. He thinks it's too much trouble.
5. Jane uses PCP once or twice a year when she visits her older cousin in New York.
6. Shirley and her boyfriend James have tried anal sex a few times. He doesn't wear a condom.
7. Lashawn is a nice person and a serious-minded student, but she's not very popular at school. She decides to run for Class Treasurer.
8. Jackie has no work experience. She walks into the personnel office at a local department store to ask about a summer job.
9. Al has a few friends who use crack. He decides to try it just once.
10. Mike has had sexual intercourse with five different girls during the last two months. He never uses a condom.
11. Stella had four beers at a party after the homecoming game, then drove home.
12. Marcia feels bored all during her senior year. She doesn't like her teachers or any of the subjects she's taking. She knows she'll manage to graduate but has no further plans. She figures she's sure to find a man who'll take care of her.

Source: Girls Clubs of America (1988), Taking Care of Business, pp. 68-69.

More information about the Preventing Adolescent Pregnancy project

Evaluation

Nicholson, H.J. & Postrado, L.T. (in press). A comprehensive [Preventing Adolescent Pregnancy] program in a youth organization: Girls Incorporated. In Miller, B.C., Card, J.J., Paikoff, R.L. & Peterson, J.L. (Eds.), Preventing Adolescent Pregnancy: Model Programs and evaluations. Newbury Park, CA: Sage.

Nicholson, H.J. & Weiss, F.L. (in press). Cost-effectiveness in youth services--Preventing adolescent pregnancy. In P.A. Reiling (Ed.), Efficiency and cost-effectiveness in non-profit organizations. Westport, CT: Greenwood Press.

Postrado, L.T. & Nicholson, H.J. (in press). Effectiveness in delaying the initiation of sexual intercourse of girls age 12-14: Preventing adolescent pregnancy in Girls Incorporated. Youth and Society, 23(2).

Curricula

- Growing Together: A Sexuality Education Program for Girls Ages 9-11 - -

Will Power/Won't Power: A Sexuality Education Program for Girls Ages 12-14

Taking Care of Business: A Sexuality and Career Exploration Program for Young Women Ages 15-18

Health Bridge: A Collaborative Model for Delivering Health Services to Young Women Ages 12-18

The Girls Incorporated National Resource Center in Indianapolis will provide information on the latest available materials on the Preventing Adolescent Pregnancy project. Adults interested in bringing the Preventing Adolescent Pregnancy program to their community should contact Girls Incorporated through either the headquarters in New York City or the National Resource Center.

Implementing Youth Apprenticeship and Related
Training Programs for a Comprehensive Career
Development Training System in Business
Management at Schools and McDonald's
Corporation

Executive Summary

STAN STEIN
AA
708-575-3517

National Demonstration Project

by

McDonald's Corporation

in cooperation with

Northern Illinois University

August, 1993

Contact Person: Robert G. Sheets

(815) 753-0931

This project will develop and pilot test a national youth apprenticeship program at McDonald's Corporation. The McDonald's Youth Apprenticeship program will be based on Project Prepare, a Chicago-based demonstration project conducted by McDonald's, as well as European and American youth apprenticeship models. The program will be a four-year program in business management for the consumer service industry, with specialization in food service management. The consumer service industry includes food services, retail trade, lodging services, recreation services, and travel-related services. The program will be complemented by the McDonald's Student Mentoring Program, which will provide academic tutoring and mentoring assistance to in-school youth working at McDonald's. The McDonald's Youth Apprenticeship program will start students in their sophomore year and provide them with the employment and training opportunities to become restaurant managers after one or two years of post-secondary education and training. This new program will be based on national skill standards developed by the National Retail Federation and the Council on Hotel, Restaurant, and Institutional Education.

The major goals of the secondary school component of the McDonald's Youth Apprenticeship program are:

- * To encourage all students to meet or exceed national or state standards of academic achievement at all grade levels and to demonstrate the workplace skills necessary to become productive citizens;
- * To encourage all students to complete high school and to successfully transition to post-secondary education and training and employment, and;
- * To encourage all students, who wish to pursue management careers in the consumer service industry, to achieve appropriate industry certifications that would allow them to progress from entry-level to management positions within McDonald's or other consumer service companies.

The McDonald's Youth Apprenticeship program will be developed as part of a comprehensive career development and training system at McDonald's. McDonald's new customer-focused service strategy-McDonald's Quality Management (MQM) will require higher performance and skill standards for newly empowered front-line crew members, supervisors, and restaurant managers and new reward and recognition systems that promote career and skill development. The new career development and training system at McDonald's will include performance/skill standards and certifications for employees to progress from certified crew members to certified restaurant managers and gain equivalent industry certifications within the consumer service industry (see Figure 1). This system also will provide the opportunity for all crew members to receive a Workplace Skills Certificate, which will signify that crew members have demonstrated a set of essential workplace skills similar to the SCANS skills.

The new career development and training system will be based on a comprehensive set of employment and training programs for both adults and youth to pursue careers within McDonald's. These programs will include career awareness and at-risk programs for in-school youth as well as pre-employment programs for disadvantaged non-school populations (see Figure 2). They will be designed to promote coordination between McDonald's and publicly funded school-to-work and employment and training programs. These programs will provide opportunities for all McDonald's employees to achieve skill standards and certifications within McDonald's and equivalent industry certifications within the consumer service industry. The youth apprenticeship program is a management development program that will prepare students to become hourly managers, called Swing Managers, by the end of their senior years and progress on to enter the salaried management ranks as Assistant Managers and Managers.

This national youth apprenticeship program will be developed and pilot tested by McDonald's in partnership with Northern Illinois University. It will be pilot tested in at least four major cities, including Los Angeles, Chicago, and Detroit. This will be accomplished through a 39-month

demonstration project which will pilot test the high school component of the McDonald's Youth Apprenticeship program within the context of a new Business Management Program based on national skill standards. The pilot testing of McDonald's Youth Apprenticeship and the larger Business Management Program will be conducted with approximately 150 students in each project site. Approximately 600 9th grade students in each site will be contacted through career orientation and recruitment sessions. It is expected that about 100-150 of these students will enter the Business Management Program at the high school at the beginning of their sophomore year. These students also will be given initial assessments for entry into the McDonald's Youth Apprenticeship Program. All students not meeting McDonald's entry requirements will be given the opportunity to enter summer pre-employment programs and receive additional assistance in their sophomore year to qualify for the McDonald's Youth Apprenticeship Program. It is expected that approximately 50 students will enter the Youth Apprenticeship Program, and another 50 students will enter the Student Mentoring Program in each site.

The national demonstration project will be directed by a national leadership team consisting of lead staff from McDonald's and Northern Illinois University. The national leadership team will be guided by a national project advisory group consisting of leading national experts and representatives from industry organizations, education, and government. The four demonstration sites will involve demonstration teams from McDonald's, state agencies, and local schools and community-based organizations. Funding support for the national demonstration project and the pilot sites will be provided by McDonald's, federal and state governments, and foundations. The four pilot sites in the national demonstration project will undergo a rigorous evaluation to assess the return on investment for McDonald's and the public sector.

McDonald's Corporation is uniquely qualified to spearhead youth apprenticeship programs in the food service industry and the broader consumer service industry. McDonald's is the nation's largest employer of entry-level workers, employing about 12 percent of all teenage youth (700,000) working in the United States. About one-half of all McDonald's employees are students. The McDonald's Youth Apprenticeship Program

is an extension of McDonald's 20-year commitment to education through a wide variety of business-school partnerships and a commitment to responsible student employment. It is also an extension of McDonald's long-term commitment to employee training and development ranging from crew training to McDonald's Hamburger University. McDonald's Corporation maintains a strong commitment to provide entry-level workers with opportunities to progress to management and ownership positions within the company. Approximately 67 percent of restaurant managers, 60 percent of senior and middle managers, and about one-third of owner/operators started as crew members.

The McDonald's Youth Apprenticeship Program will provide students with strong career prospects within McDonald's and the consumer service industry. The McDonald's Youth Apprenticeship program is designed to provide high school graduates with the opportunity to enter salaried management positions within 6 months to one year after leaving high school. When they complete high school, they will be certified as hourly managers (called Swing Managers) and then will be put into training for assistant managers, which begin the salaried management ranks. More than 36,000 salaried management positions will be created at McDonald's over the next seven years. During this same period, 50,000 new hourly management positions will be created. The average starting salaries for assistant managers range between \$22,000 and \$27,000. The average starting salaries for managers is about \$32,100.

Career prospects at McDonald's are reflective of strong management career opportunities in the food service industry, and the larger consumer service industry. Recent government projections estimate that there will be over 400,000 management jobs created in the retail trade industry alone, mostly in food services. Management positions in the service industry represent the fifth-highest ranked growth occupation in the United States. These management positions pay on average between \$23,800 and \$27,255 for people with high school diplomas or some college, and \$37,255 for individuals with four-year college degrees.

Figure 1 Performance / Skill Standards and Certification System for Promoting Career Development and Training

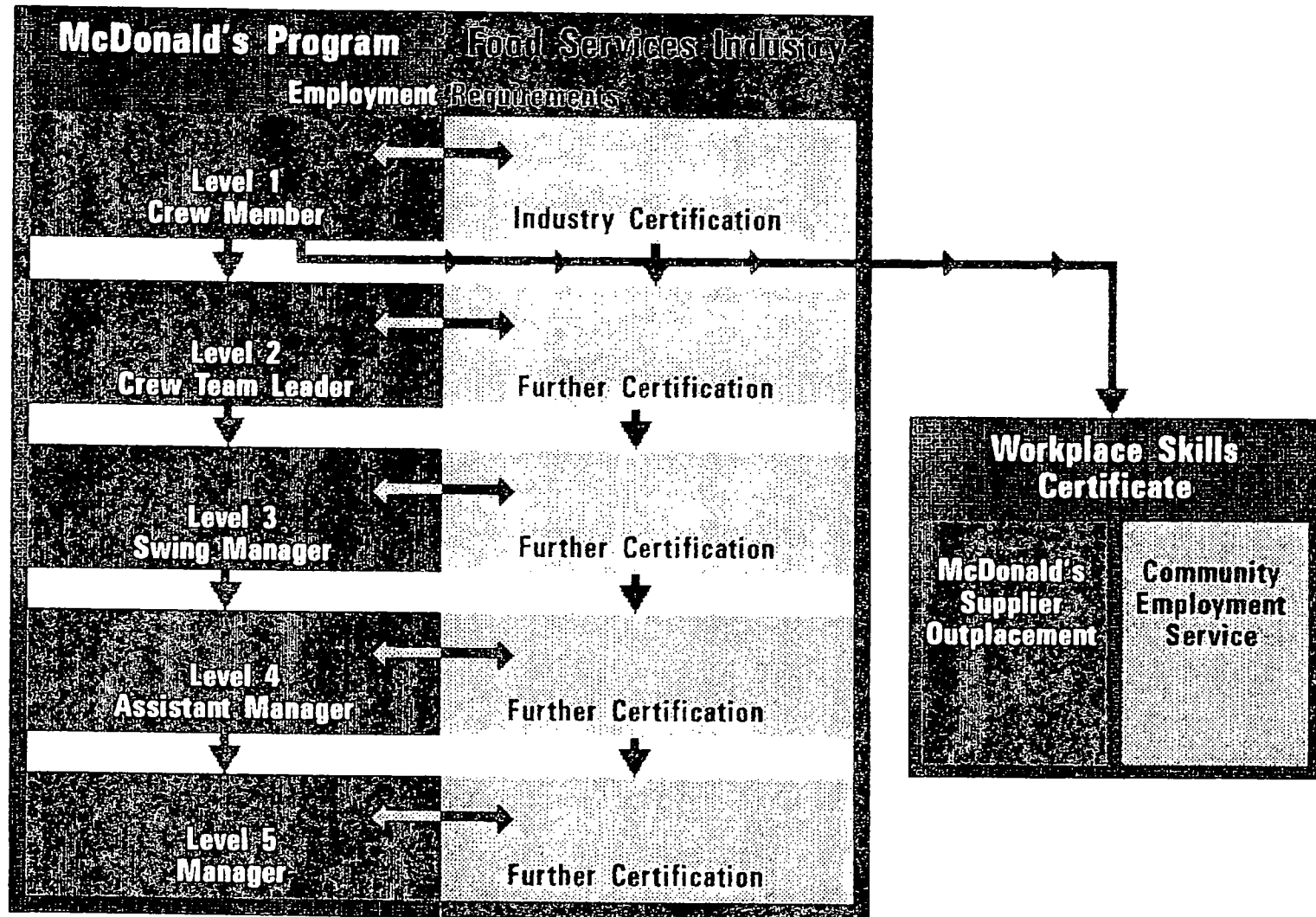


**Figure 2 Youth Apprenticeship
and Related Youth Programs**

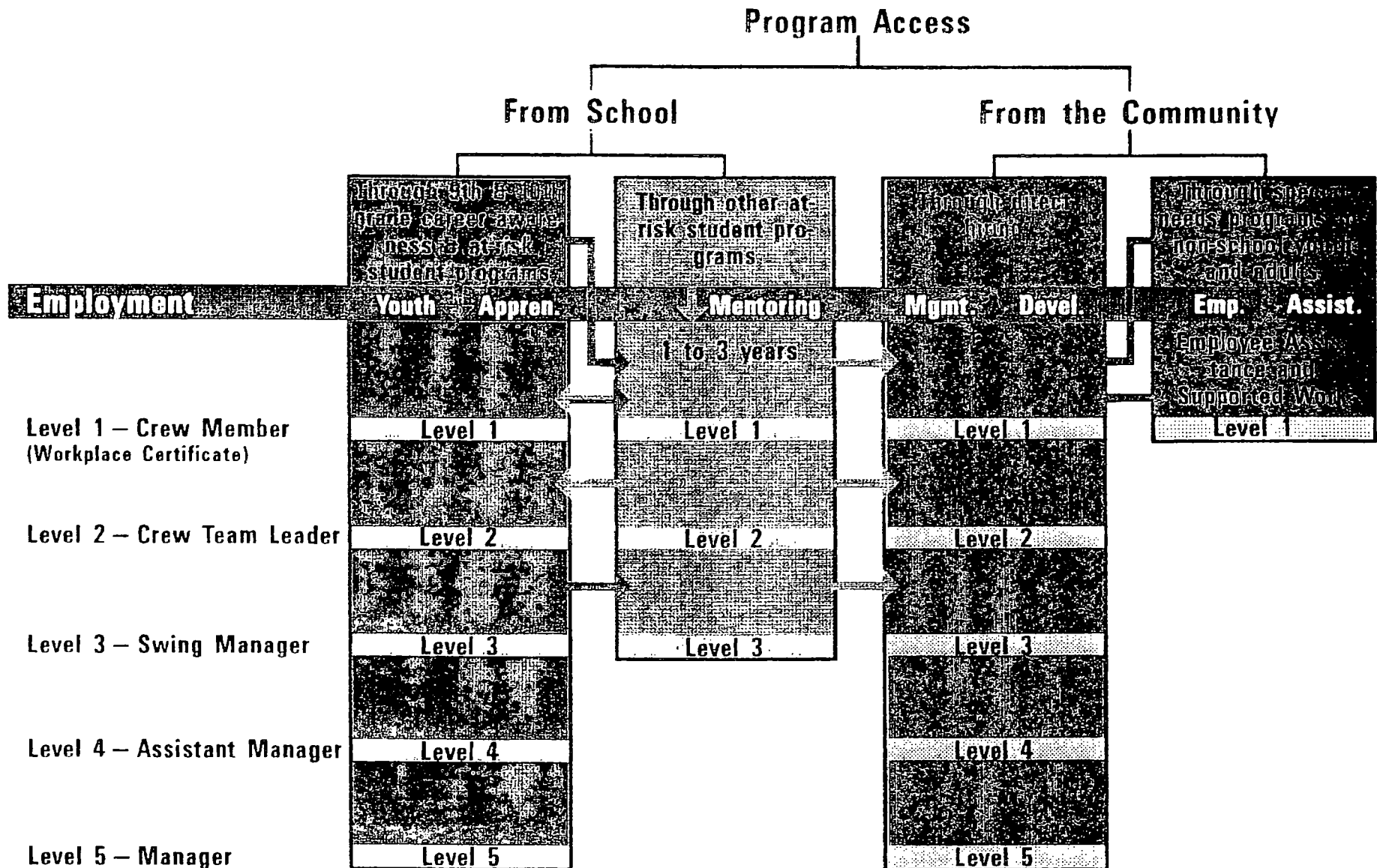


Figure 3

Expected Student Participation in Each Project Site

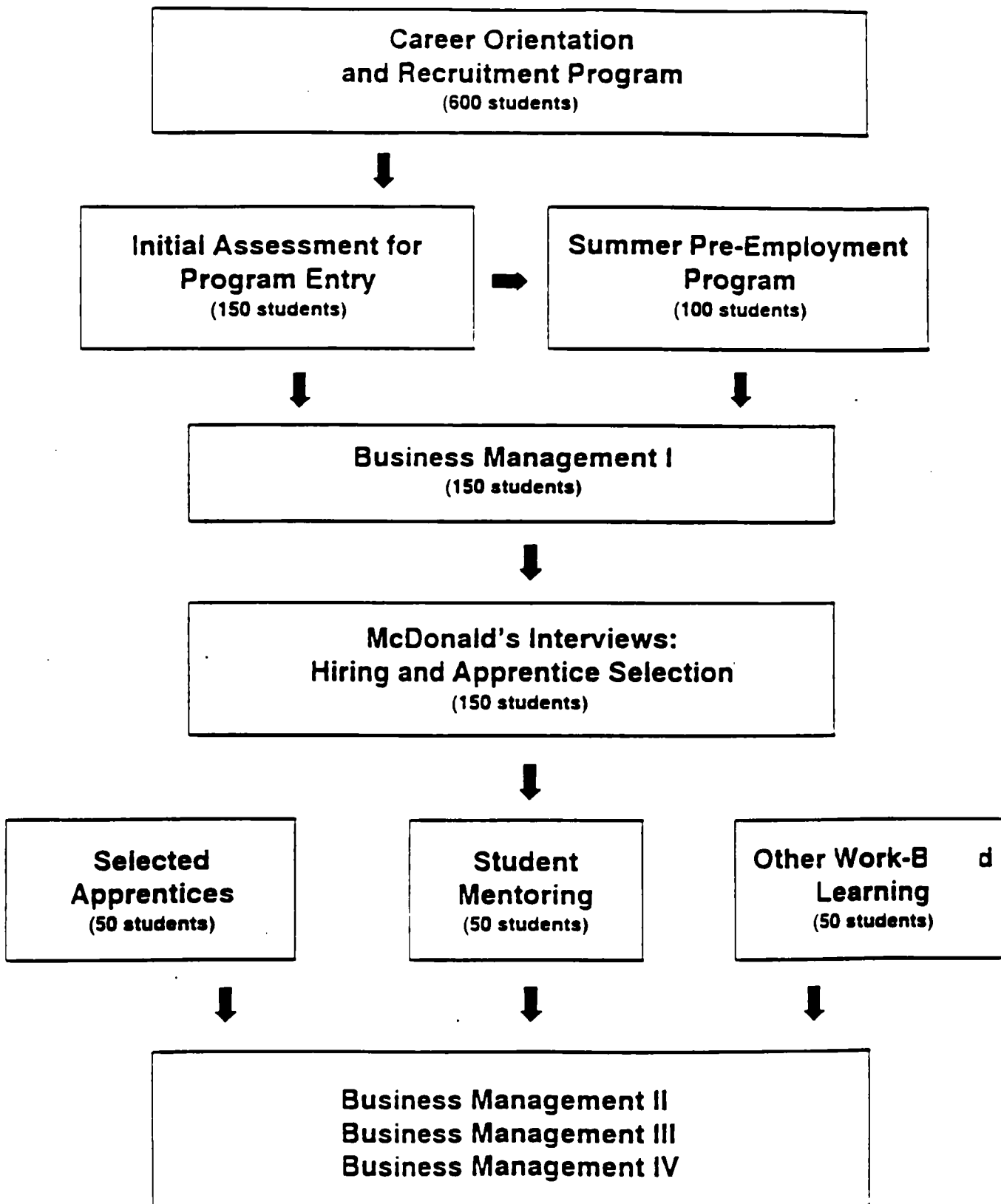
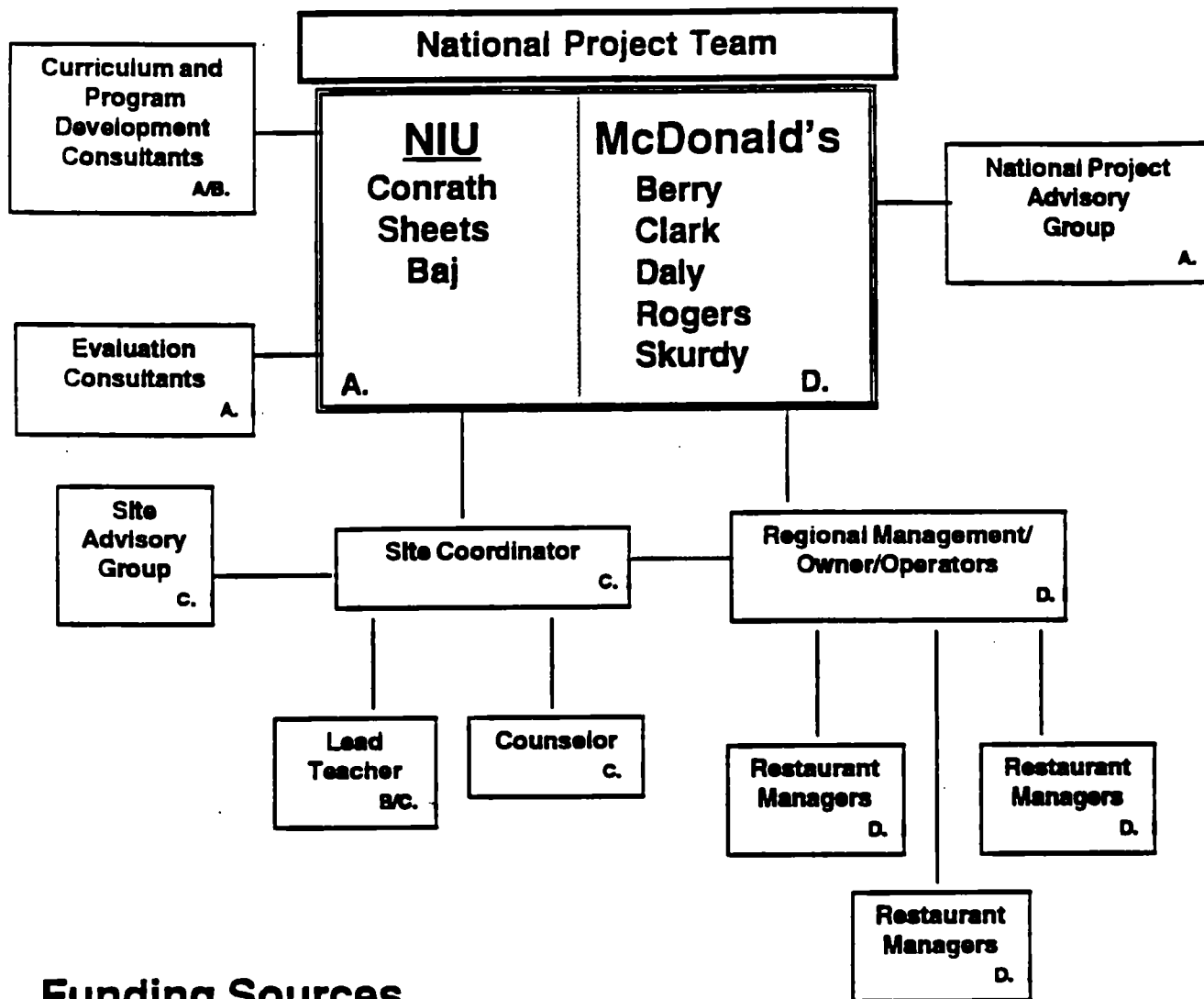


Figure 4

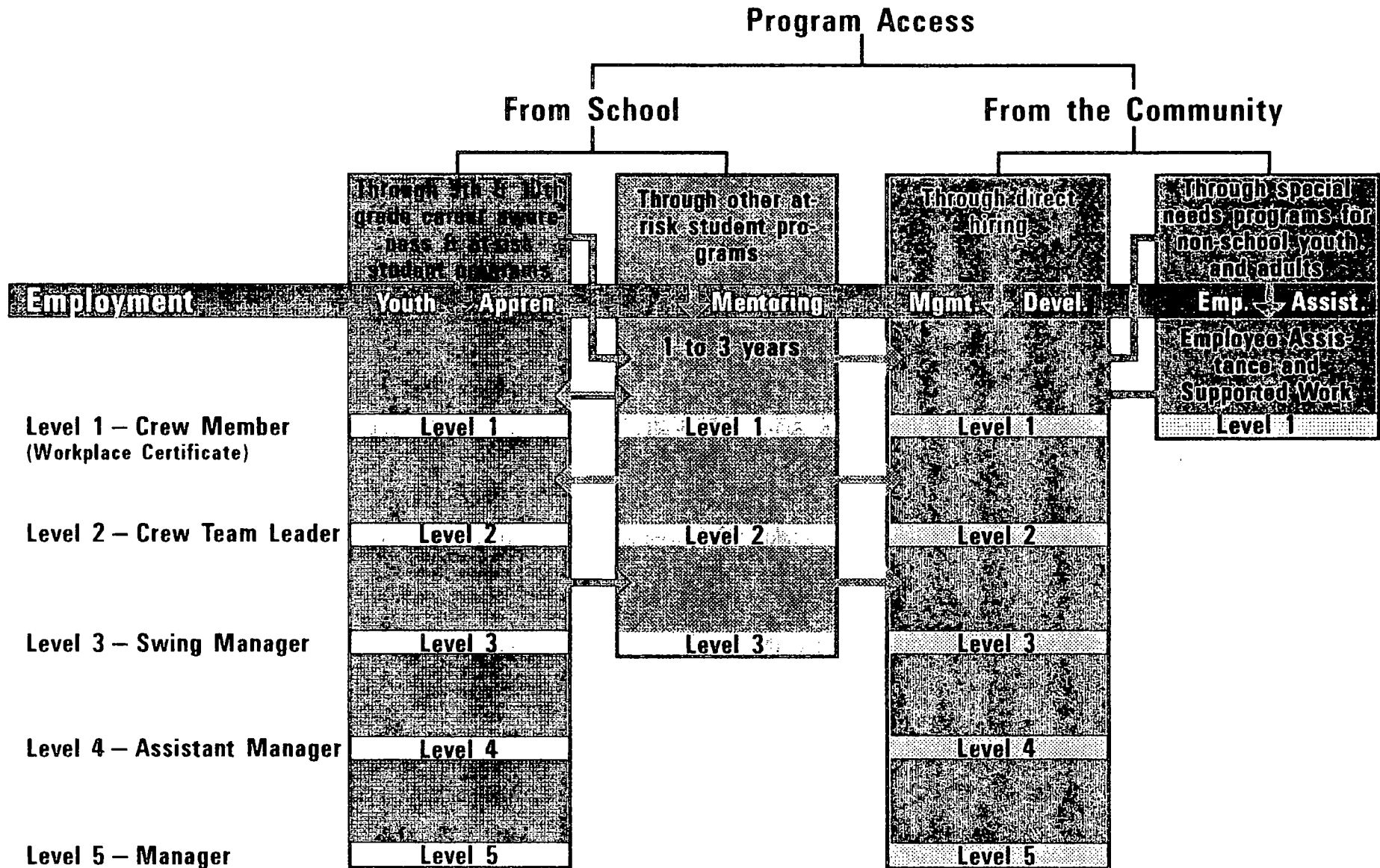
Project Organizational Chart



Funding Sources

- A = Federal Government
- B = State Government
- C = National & Local Foundations
- D = McDonald's

**Figure 2 Youth Apprenticeship
and Related Youth Programs**



Youth Apprenticeship

Vision of Skill Competencies

Level

Skills *

Crew Member

Applies technology to task.
Understands systems.
Monitors and corrects performance.
Improves systems.
Participates as a member of a team.
Serves customers.
Negotiates to arrive at a decision.
Works with cultural diversity.
Manages Time.
Reading skills at appropriate grade level.
Arithmetic skills at appropriate grade level.
Listening skills.
Speaking skills.
Demonstrates flexibility.
Creative thinking.

Decision making.
Mental visualization.
Learning skills.
Reasoning skills.
Demonstrates responsibility.
Demonstrates dependability.
Demonstrates punctuality.
Demonstrates self-esteem.
Sociability skills.
Self-management skills.
Demonstrates integrity / honesty.
Demonstrates personal hygiene and cleanliness.
Basic TQM processes.

Crew Leader

All of the skills listed for *Crew Member* plus the following:

Acquires and evaluates information.
Organizes and maintains information.
Interprets and communicates information.
Maintains and troubleshoots technology.
Teaches others.
Reading skills at appropriate grade level.
Writing skills at appropriate grade level.
Mathematics skills at appropriate grade level.
Problem solving skills.

Swing Manager

All of the skills listed for *Crew Member* and *Crew Leader* plus the following:

Uses computers to process information.
Exercises leadership.
Manages money.
Manages material and facility resources.
Manages human resources.
Reading skills at appropriate grade level.
Writing skills at appropriate grade level.
Mathematics skills at appropriate grade level.
Additional TQM training.

* Indicates at which level the skills are introduced.

Blackstone Valley Community Action Program's Adolescent Pregnancy Project

CONTACT: Alice Duarte,
401/723-4520

LOCATION: 129 School Street
Pawtucket, RI 02860

MISSION: to help pregnant and parenting teens on AFDC complete high school or receive a GED as a first step toward self-sufficiency.

SUMMARY: Thirteen community agencies operate Adolescent Pregnancy Project (APP) programs statewide in conjunction with Rhode Island's Pathways to Independence program. APP enrolls all parenting teens receiving AFDC who have not completed their secondary education, who are not attending school or an educational program, and who do not have "good cause" for nonparticipation. The programs work to enter the teen parent into school or an educational program and work with the teen on all issues that may prevent re-entry. Once the teen is participating in education, the APP program continues its involvement with the teen to ensure successful completion.

Blackstone Valley CAP's APP provides case management services to pregnant and parenting teenagers between the ages of 12 and 19. Each participant is assigned a case manager to ensure that they receive all of the services to which they are entitled. The case managers are located at all of the area high schools and at BVCAP's main office. Case managers help clients with every aspect of their lives, providing counseling, transportation, and information as needed.

The BVCAP's APP also offers GED instruction on-site to twenty participants at a time. Clients attend classes for twenty hours per week where they receive GED instruction and life skills training. Monthly workshops are offered to all program participants. Current topics being discussed include: parenting, domestic violence, AIDS, and nutrition.

SCOPE: Statewide, Rhode Island's Adolescent-Pregnancy Project was working with more than 700 participants as of March, 1993. Presently, BVCAP's APP works with 150 pregnant and parenting teens in the communities of Central Falls, Pawtucket, Cumberland, and Lincoln, Rhode Island.

Rhode Island's statewide Adolescent Pregnancy Project enrolls all parenting teens who have not completed their secondary education, who are not attending school or an education program, and who do not have good cause for nonparticipation. Blackstone Valley CAP's APP is one model site for the state program.

MODEL PROGRAMS

Steps to Success

CONTACT: Nan Poppe, Mt. Hood Community College
503/760-4007

LOCATION: Centennial Mt. Hood Center
14750 S.E. Clinton Street
Portland, OR 97236

MISSION: to provide the training and support to help welfare recipients leave public assistance and become vital members of the work force.

RESULTS: Steps to Success has had incredible success in placing recipients from Multnomah and Washington counties into employment. In 1992, the program placed 1,423 participants in full-time jobs and 297 clients in part-time work. In 1993, the numbers increased to 1,593 clients in full-time work and 439 in part-time jobs. The monthly average for full-time placements in 1993 is 133 clients.

SUMMARY: Steps to Success' high placement rates result largely from the program's unique design. Steps to Success is a partnership of agencies, organizations and individuals committed to the development and empowerment of welfare recipients. Almost all services, educational and employment, are located at the five program sites, including Mount Hood Community College in Portland. As part of the Oregon JOBS program, Steps to Success serves Adult and Family Services clients living in Multnomah and Washington counties.

Steps to Success includes the following public and private non-profit organizations: Mt. Hood Community College, Portland Community College, Adult and Family Services, The Private Industry Council, The Oregon Employment Department, Beaverton Area Chamber of Commerce, Hillsboro Chamber of Commerce, Portland Development Commission/Job Net, and Portland Public Schools.

Steps to Success works closely with the business community. The program was designed to fill a critical need in the community -- the void between the understaffed employer and the transitional employee. Through training, recruitment, and follow-up, the program has brought together hundreds of qualified applicants with successful employers. The program staff match personality strengths and individual assets of their clients with the particular demands of different workplaces. The program provides employers with resumes and sets up interviews. Additionally, Steps to Success continues to provide support after the client has been hired. This support may include transitional counseling for the new employee or additional training options. Steps to Success has gotten a very good reaction from the local business community.

Steps to Success offers the following services to its clients:

- comprehensive skills assessment
- basic education and GED
- career and life planning
- vocational training
- work experience
- job search
- job placement assistance
- teen parent services
- mental health services
- alcohol and drug counseling
- parenting classes

FUNDING: Steps to Success is an Oregon JOBS program.

MODEL PROGRAMS

Teenage Pregnancy and Parenting Project (TAPP)

CONTACT: Charlene Clemens, M.P.A.
Project Director
415/695-8300

LOCATION: 2730 Bryant Street, 2nd Fl
San Francisco, CA 94110

MISSION: to assure that pregnant and parenting teens have access to all health, education and social services to which they are eligible regardless of their school status.

TAPP's comprehensive case management network is a model for both the culture change that needs to occur under welfare reform and for focusing on preventing welfare dependency among young parents.

SUMMARY: TAPP is an interagency city-wide comprehensive continuous case management service network coordinated by the Family Service Agency of San Francisco (FSA/SF), in conjunction with San Francisco Unified School District (SFUSD), which began in 1981. TAPP designed, developed and implemented (beginning in March 1988) a local demonstration program, the TAPP GAIN TEEN program. By providing comprehensive case management for teen parents ages 16-19 with children under age three, this program was the first of its kind in California. In July 1990, the local DSS took the case management in-house. Currently, TAPP coordinates closely with the DSS as a source of referral for its ongoing Adolescent Family Life Program (AFLP) participants who are eligible/mandated to be in the GAIN/Teen program. Most recently, as San Francisco's AFLP, TAPP is in the planning stages for, once again, providing their model of *comprehensive* case management services, by contract with DSS, under California's new Cal Learn program, targeted to serve teen parents under age 19.

The underlying foundation of TAPP is the case management system which coordinates the provision of services to pregnant and parenting teens throughout their adolescence. Case managers serve as primary contacts in order to personalize the relationship between client and service network, facilitate service delivery, and conduct follow up to ensure that services are received. The case manager maintains a relationship with the client for up to three years. Case manager responsibilities include: providing information and referrals for clients who are not eligible for the TAPP program; counseling the client's extended family; facilitating support groups of peer teen parents; and providing comprehensive services to the teen fathers as requested and/or needed.

On-site services at TAPP include:

- **Education - Hilltop Special Services Center/Pregnant Minor Program (PMP):** San Francisco Unified School District's PMP provides all necessary courses for high school graduation; TAPP directly provides other critically important ancillary courses which include vocational, nutrition and child development education as well as support groups. A drop-in center, funded through SFUSD, staffed by TAPP, provides infant day care for twelve infants. TAPP has had expectant fathers and teen fathers enrolled in the PMP.
- **Public Health Nurses:** These Department of Public Health nurses work collaboratively with TAPP to provide specialized home visits/health assessment and education as well as health education classes for the PMP.

TAPP recently implemented the Young Teen Parent Consortium Project to provide specialized child development and parenting education services to pregnant and parenting teens ages 15 and under. TAPP works in conjunction with the Children's Council of San Francisco and the San Francisco Unified School District to implement this program.

The Work Group

CONTACT: Deborah Reese,
President/CEO
609/486-7390

LOCATION: 3720 Marlton Pike
Pennsauken, NJ 08105
(Camden County)

GOAL: to move people, particularly those lacking the most basic educational skills, off of public assistance and into the workplace or into advanced training and education through an intensive program of basic education, career decision making, job readiness preparation and case management services.

Mathematica Policy Research, Inc. in its 1990 study of the implementation of New Jersey's welfare program, highlighted The Work Group's program as a potential model for programs successfully educating the most at-risk welfare clients.

SUMMARY: The Work Group is a private, not-for-profit education and training corporation that has offered literacy and employment services to adults and youth throughout southern New Jersey since 1983. The Work Group provides culturally-sensitive counseling and case management services, along with individualized education, work experience and job readiness training. The Work Group pays particular attention to the emotional, cultural, and cognitive aspects of self-esteem building and implements daily activities to promote it.

The Work Group's adult basic education programs are designed for people who lack the most basic educational skills. Instruction is provided in a supportive environment in reading and math, problem-solving, civic responsibilities, and life-coping skills. Three hundred welfare recipients receive services annually. Additionally, in 1989, the Work Group was the only community based organization selected by the NJ Department of Education to work with unions and businesses in South Jersey to teach literacy skills to employees at the workplace.

The Work Group also operates the New Jersey Youth Corps of Camden County, the largest corps program in the state. Designed for unemployed high school dropouts between the ages of 16 and 25, this program offers basic skills and work-related education and training in conjunction with meaningful work experiences. Since its founding in 1985, the Youth Corps has served over one thousand of the most at-risk youth in Camden County. In 1990, the New Jersey Youth Corps program received national recognition (U.S. Department of Education National Diffusion Network Award) as a model program meriting nationwide replication.

RESULTS: As of January 7, 1994, 45 of 111 Corpsmembers served so far in FY 1994 have been placed. 33 percent of them have obtained part-time jobs; 31 percent have obtained full-time jobs; 31 percent have continued on for Advanced Training; and 4 percent have entered Higher Education. Of those students completing Youth Corps, 90 percent are placed.

FUNDING: The Work Group currently receives support from the New Jersey Department of Education, the New Jersey Department of Labor, the Camden County Freeholders, the Camden County Private Industry Council, and local private foundations.

MODEL PROGRAMS

Harrisburg Area Community College Job Link Program

CONTACTS: Nora Baldini, HACC Program Manager,
717/780-2663

Steve Brawley, State Project Director,
814/863-4558

LOCATION: Harrisburg Area Community College
Hall Technology Room 125
One HACC Drive
Harrisburg, PA 17110-2999

MISSION: to provide businesses with trained, entry-level employees and to increase business involvement in, and use of, state funded employment and training systems.

HACC's Job Link program is small in scale but has had great success in placing AFDC recipients into higher-paying, nontraditional fields of work. The program interacts closely with private business in training participants for jobs that exist.

SUMMARY: Job Link is a state and federally funded training program whose funds are awarded to local education agencies such as school districts, vocational technical schools, colleges and universities. The program is designed to pay for training in basic workplace skills, refresher math and english, technical training, problem solving and a wide range of company specific training needed by participating employers. Training can be conducted by the school, company trainers, or any combination of the two.

The local education agencies are contracted by the State to provide training. These agencies administer the training project based on the companies' training needs and complete all administrative tasks. Due to State regulation, training is funded for companies whose primary business falls in the categories of manufacturing, industrial work, agriculture or research and development. Participating companies must be projecting an increase in their total employment by the time that the training program is completed. The Ben Franklin Technology Center works with the participating schools, businesses, service delivery areas and county assistance offices to coordinate the application process and the delivery of services.

Participating companies commit to hire a specific number of trainees who successfully complete the training to the standards of the employer and the school. Job Link pays for 100% of the training costs, and upon hiring training graduates, companies can take advantage of State tax credits for each employee hired.

The Harrisburg Area Community College program ran its first phase from January 1, 1992 to June 30, 1992. This phase focused on developing non-traditional training for women in trades and related fields and offered skill training in machining to these participants. The program continued from July, 1992 to June, 1993 and has been refunded for July, 1993 through June, 1994.

The Harrisburg program is designed for 2-6 month training segments. In addition to vocational skills, remedial English and math, job readiness, and basic life skills are offered. The program targets AFDC recipients and Single Point of Contact (SPOC) participants. Job Link works closely with the local county assistance office to identify clients. A complete orientation, pre-testing and screening process is followed prior to enrollment into the program. Support services are provided by county assistance offices and the service delivery area provider.

RESULTS: Although the program is relatively small scale, as of December, 1993, the HACC program reached 100 percent of its goal in enrollment and termination rate. From July 1992 through June 1993, Job Link served 20 people, 14 of whom entered full-time employment. From July 1993 through December 1993, 11 people entered the program, 8 of whom were placed in employment. The employment placement rate averages over 70 percent for this time period, with women entering the trade fields where their average hourly rate is \$6.70. The retention rate is at 90 percent.

Tennessee State Policy pg. 2

In addition to the Parents' Fair Share program, Tennessee is one of thirteen states participating in the Comprehensive Services Delivery for JOBS Teen Parents demonstration program. Through this program, the local JOBS program establishes linkages with appropriate services providers and enrolls non-exempt teen parents in the JOBS program and provides comprehensive services to the teens and to their children.

★ The state Department of Human Services was awarded the grant and contracted with the Memphis City Public Schools to provide comprehensive services through a program called "Look at Me" to teen parents residing in the Hurt Village Public Housing complex. Once enrolled, the teen parents attend remediation, high school or GED courses and participate in parenting, life skills and health education courses, as well as job readiness activities. Child care for the infants and toddlers of the teens is provided on-site at the school. It is estimated that services will be provided to approximately 30 teen parents and their children during the project period through September 1994.

March 9, 1994

New Vistas School

CONTACT: Chris Bremer, Program Manager
Honeywell, Inc.
612/951-2066

LOCATION: Honeywell Plaza MN12-5131
Minneapolis, MN 55408

MISSION: 1) to create an enhanced learning atmosphere for teen mothers and their children; and 2) to demonstrate the power of cooperation among business, government, schools and social service agencies.

The New Vistas School is a model example of an education program that successfully and creatively prevents welfare dependency among teen parents and of a partnership program among local and state government, private business, and the nonprofit sector.

SUMMARY: The New Vistas School is a Minneapolis Public Schools alternative program begun in September 1990 for pregnant or parenting students and their children. The school provides an individualized, self-paced, outcome-based high school diploma curriculum for grades 10 through 12. Students bring their children to school with them; the infants, toddlers and pre-schoolers are cared for by child care professionals and students in a nursery at the school.

Honeywell, Inc. provides housing for the New Vistas School in Honeywell's headquarters building. The company converted and equipped 14,000 square feet of former office space to a classroom and child development center, and the company supplies maintenance, utilities and staff support for program coordination. Minneapolis Public Schools run the instructional program and social services and provide administration, teachers, textbooks, and other program support. IBM contributed 15 computers, on which the students do approximately one-third of their coursework. Hennepin County Community Services provides funding for the child care program.

Health education and health care services are provided on-site by the Minneapolis Health Department and Minneapolis Children's Medical Center. Social work services are provided by school social workers through collaboration with community agencies.

Parenting education is provided through twice-weekly classes taught by a staff person from Minneapolis Public Schools' Early Childhood Family Education program. In addition, each student spends five days per quarter in the child development program, working with New Vistas babies and toddlers. A staff member from Lutheran Social Services' teen parent program conducts one class each week.

Students can participate in work internship and apprenticeship programs available at Honeywell. A summer jobs program offers additional opportunities for work experience and paid employment in various Honeywell departments.

New Vistas students average 75 to 80 percent attendance and have earned 50 percent more credits toward graduation each trimester than they had earned in their previous schools. Grade point averages have increased significantly due to the outcome-based nature of the program (students must earn at least a B to get credit for a class). The school accommodates 60 students and up to 70 children. Waivers for the program expire on May 31, 1996. An independent evaluator will produce a report.

FUNDING: New Vistas is funded through foundation support, the Minneapolis Public Schools, Hennepin County, local grants, and the Honeywell, Inc.

January 12, 1994

MODEL PROGRAMS

United Action for Youth

CONTACT: Amy Wilburn
(319) 338-7518

LOCATION: 410 Iowa Avenue
P.O. Box 892
Iowa City, IA 52244

The United Action for Youth (UAY) provides support for teenage mothers, encouraging responsible parenting and family planning, in an effort to prevent additional teen pregnancies and the need for public assistance.

MISSION: to provide support, health care, and information for pregnant and parenting young women to help them become responsible and supportive parents, attain self-esteem, and achieve self-sufficiency.

SUMMARY: The United Action for Youth runs two programs, the Adolescent Family Life Demonstration Project and the Teen Parent Transitional Program

The Adolescent Family Life Demonstration Project serves pregnant teenagers and teen mothers between the ages of 13 and 18. A pediatric nurse practitioner provides prenatal care, health screenings and referrals, nutritional information, counseling and referral for family planning, parenting, child care and homemaking skills. Under the care of a Respite Care Coordinator, the young mother and children participate in activities to teach the parents how to interact with their children.

The Teen Parent Transitional Program serves young mothers ages 13 to 21, who have already had, or are expecting a baby. The program is comprised of two separate components:

- Young Mom's Group Support meets once a week for one hour. Groups consist of 6-10 young mothers who have babies around the same age. The group gives young mothers the opportunity to learn, share experiences, and make friends with other teen mothers. Child care is provided during each meeting and transportation to attend the meetings is arranged for those who need it. During sessions of the group discusses various topics including self-esteem, stress management, building communication skills, infant nutrition, discipline techniques and career options. The support group also focuses on prevention in that it offers an Incentive Program which pays \$1.00 per day to delay another pregnancy. Each young mother receives \$7.00 every week as long as she is not pregnant. Obviously \$7.00 a week is not a huge incentive to delay having children, but it is a reinforcement of the message that the program works to convey.
- Individual Support and Counseling is available for pregnant and parenting young women. Counseling sessions are offered once a week. Counseling and support is offered on issues such as: pregnancy options, parenting skills, past and present family issues, housing, transportation, school completion and application assistance is acquiring WIC, ADC and food stamps. Counseling is also offered to couples. In the past, individual support and counseling was also offered to the fathers.

SCOPE: In 1993, United Action for Youth worked with 75 - 80 teenage mothers. Currently there are 35 young mothers enrolled in the programs. Roughly 75-90% of the participants are welfare recipients. Most of the mothers are in the process of completing high school or obtaining their GED. Only approximately 10% of those enrolled drop out of school and do not return.

FUNDING: The United Action for Youth program receives is funded through state and federal grants. The Adolescent Family Life Demonstration Project is funded by the Department of Health and Human Services, Office of Adolescent Pregnancy Programs and the University of Iowa College of Nursing.

Looking Glass Youth and Family Services, Inc.

CONTACT: Jim Forbes, Executive Director
503/686-2688

LOCATION: Administrative Office: Job Center:
72-B Centennial Loop 78-B Centennial Loop
Eugene, OR 97401 Eugene, OR 97401

MISSION: to assist clients in developing a positive attitude towards themselves and others and to build self-esteem, accountability, and an appropriate degree of independence, so that they will create a better world for themselves and for future generations.

SUMMARY: In 1970, Looking Glass was founded by a group of concerned citizens--educators, clergy, mental health professionals and university students--to help children, youth and families in the Lane County community. In FY 93, Looking Glass served approximately 5,800 clients in a wide range of programs.

Services include family counseling, a shelter and crisis center, a job center for adolescents, a residential treatment facility for boys, a residential alcohol and drug treatment center for juvenile offenders, and an outpatient drug and alcohol treatment program for teens. The Job Center program is a particularly interesting model for welfare reform.

JOB CENTER: Looking Glass Job Center offers a vocational training and education program for out-of-school youth, ages 16 to 24. In the summer, the Center expands its services to in-school youth, ages 14 to 21. Participants must be Lane County residents who meet federal low income guidelines. The Job Center is designed to help prepare young adults to become productive citizens by providing a work and learning environment where they feel challenged, respected and accountable as they strive to meet the demands of adulthood.

Job Center services include:

- Comprehensive career and basic skills assessments;
- Basic skills instruction (reading, writing, math);
- Pre-employment skills training and job search assistance and referrals;
- Paid work experience through Lane-Metro Youth Corps and Summer Youth Employment Program;
- Personal development and life skills training;
- Vocational education instruction through Lane Community College;
- Lane Community College Cooperative Work Experience credit;
- Access to community resources; and
- Support services for transportation, job search clothing, tuition assistance for LCC Adult High School, vocational classes, and GED testing fees.

SCOPE: In FY 93, the Job Center served 595 young adults. It provided first-time paid work experience to 420 youth and provided employment to 137 youth with special needs. The Center placed 105 youth in non-traditional summer jobs (e.g. young women in construction, young men in child care).

FUNDING: Looking Glass is funded through contracts and grants, fees, the United Way, and private donations. The Job Center specifically is funded by the Southern Willamette Private Industry Council and Oregon Youth Conservation Corps.

Looking Glass is the best-known community agency in Oregon working with youth and families in ways that help prevent long-term welfare dependency. Looking Glass teaches the skills and provides the work experience to promote economic self-sufficiency among at-risk teens.

THE WHITE HOUSE

WASHINGTON

April 14, 1994

NOTE TO: JEREMY BENAMI ✓
PAUL DIMOND
BILL GALSTON
BRUCE REED

FROM: JODY GREENSTONE JAG

(by the)

SUBJECT: "Shepherds of the Inner City"

If you haven't seen it, I have attached Joe Klein's article about the "shepherds of the Inner City." This article coupled with Belle Sawhill's comments on "New Channels" strongly reinforces the value of incorporating into our welfare reform effort a broader youth opportunity and responsibility component which could include some form of the "million mentor" idea, a portion of which could be specifically tailored to welfare recipients. You may already be well down the road on this, but I thought it was worth mentioning.

cc: Peter Edelman
Isabel Sawhill

Shepherds of the Inner City

How to help troubled adolescents—and make welfare reform succeed

BY JOE KLEIN

LION DICKERSON WILL BE ATTENDING THE CARROLLTON middle school in Baltimore this week. Leon is 23. He is a graduate of Holy Cross College. His presence at Carrollton will be a demonstration of concern and a show of force and an attempt to save a life. The life belongs to a 13-year-old named Shawn, whose story is all too common. Shawn's father isn't around. His mother is incapable of caring for him. He lives with his grandmother. "He's really smart," Leon Dickerson says, "but he doesn't want anyone to know it. He's afraid they'll pick on him in school, call him a nerd. So he acts out a lot, roams the halls, talks back to his teachers. I told him the next time he was given a 'disciplinary removal,' I'd spend a week sitting in class with him, making sure he didn't mess around. He's really embarrassed, but too bad. I had to show him I'm serious about his education."

Leon Dickerson is part of an extraordinary program called Choice. His official title is "team coordinator," but a more accurate job description might be: shepherd—which we'll define here as something like a social worker, only a lot more intense. His flock includes 60 troubled adolescents—"the cream of the crap" is the operative one-liner—who are under the direct supervision of six caseworkers, all recent college graduates who have agreed to work 70-hour weeks for a year for a pittance. The strategy is simple: prodigious face time with the kids (who are referred by an array of local agencies that process juvenile miscreants). The caseworkers are in contact with each kid three to five times *each day*. They make sure the kids are in school. They see that the kids do their homework, get tutored, get medical care. They trail after them in the evenings, herding them back toward their homes, making sure they're in bed on time (each has a curfew). The kids are watched over for three to six months, which doesn't seem long—but new habits and expectations apparently begin to percolate; a recent study showed that 73 percent stay out of trouble for six months after they leave.

Choice is a rather extreme example of an emerging truth about programs that deal with behavior-driven—that is, underclass—poverty: those that work best concentrate on socialization. "These kids know no fear," says Leon Dickerson. "They need limits." They need to be taught how to behave in civilized society; they need to be punished when they break the rules (and, of course, encouraged when they do well). In a word—and this is not very surprising, given the family disintegration in the poorest neighborhoods—they need parents. The trouble is, being a parent is very labor intensive. Creative shepherdry also takes a lot of time—but it appears to be the indispensable element in addressing the anomic poor. The degree of attention may vary with the situation, the terminology may change, but not the basic princi-

ple. At America Works, perhaps the most successful welfare-to-work program in the country, the shepherds are called "corporate representatives." Each has 20 or so clients to watch. "They're trouble-shooters," says Peter Cove, the founder of America Works. "Their job is to cut through the static that overwhelms the lives of most welfare recipients—the babysitter and boyfriend problems, the confrontations with bureaucracy.

They explain what's expected in the workplace, how to behave."

Programs like Choice and America Works are small, scattered, experimental. But if the president's welfare-reform proposal goes forward—a tenuous proposition, admittedly—an army of shepherds will be needed. This, rather than the creation of day-care "slots" or public-service jobs, will be the real challenge for the Clinton plan. Without serious individual counseling and hectoring, the customized application of carrots and sticks, welfare reform will fail. The Clinton reformers say they are unable to calculate how many shepherds they'll need and how much they'll cost—but it need not be as expensive as all that: shepherds come cheaper than social workers.

Best intentions: Traditional social work has been elevated from a calling—that is, a quasi-religious, charitable activity—to a "profession" in the 20th century. The results have not been inspiring. Most members of the "helping professions" begin with the best intentions but ultimately drift into less strenuous realms. They tend to be bureaucratic processors, paper shufflers, 9-to-5ers. "Kids don't just have problems 9 to 5," says Mark Shriver, the founder of Choice. Indeed, true shepherdry may be more of a calling than a profession, and a fleeting one at that. It is best practiced by the young, the energetic, the altruistic—it is too emotionally exhausting to be sustained for more than a few years (with occasional inspirational exceptions). Shriver's system seems about right: he trolls the college campus-

es, offering a year of hard work for \$17,500, no frills. Those who turn out to be exceptionally good at it—like Leon Dickerson—are asked to stay on as supervisors.

Bill Clinton had a similar idea during the 1992 campaign. He proposed college scholarships in return for a year or two of service—*real* service, as police officers, teachers, social workers. But his supporters in the public-employees unions (the institutionalized voice of the "helping professions") blocked that plan, fearing for their jobs, and the national-service program that emerged was a sweet but toothless thing, a T-shirt and litter-bag program for the underprivileged. If, however, the president is serious about welfare reform, he may have to go back to Plan A: you can't really reform welfare "as we know it" without reforming the welfare bureaucracy as we know it. To do that, he'll need more shepherds . . . and fewer social workers.



LARRY DOWNING—NEWSWEEK
'Choice': Caseworker and client

'These kids know no fear. They need limits'—and surrogate parents.

Helping Teenagers Postpone Sexual Involvement

By Marion Howard and Judith Blamey McCabe

Summary

In 1983, the Henry W. Grady Memorial Hospital in Atlanta began a family planning-based outreach program for eighth graders in a local school system. The program is led by older teenagers and focuses on helping students resist peer and social pressures to initiate sexual activity. Evaluation of the program, based on telephone interviews with 536 students from the hospital's low-income population, revealed that among students who had not had sexual intercourse, those who participated in the program were significantly more likely to continue to postpone sexual activity through the end of the ninth grade than were similar students who did not participate in the program. Because of their lower rate of sexual activity, program students also experienced comparatively fewer pregnancies than no-program students.

Introduction

Grady Memorial Hospital's first sex education program in the schools was begun in the mid-1970s and consisted of five classroom periods covering basic human sexuality and decision-making information.¹ The curriculum, which includes discussion of contraceptive methods, was developed by the Emory University School of Medicine/Grady Memorial Hospital Teen Services Program, a family planning program for students aged 16 and younger. Young people were encouraged to seek contraceptive counseling and services through this program and other community family planning agencies if they needed them. The curriculum was presented to all eighth grade students (13-14-year-olds) in a local school system by adult health educators,

"By the end of eighth grade, students who had not participated in the program were as much as five times more likely to have begun having sex than were those who had had the program."

nurses and adolescent counselors from the Emory/Grady Teen Services Program.

Early evaluation of the program indicated that simply providing young teenagers with such information was not effective in changing sexual behavior. The young people who had the five classes of factual and decision-making education were not more likely to refrain from sexual intercourse than those who did not have the classes, nor were they more likely to use contraceptives or prevent pregnancy if they became sexually involved.²

In rethinking the educational outreach program, hospital staff reached several conclusions about how it should be revised. First, the staff considered research done on programs intended to reduce the incidence of other negative health behaviors (e.g., smoking, alcohol use and drug use) among young people. Many of these health education programs are knowledge-based: They assume that adolescents have sex, smoke, drink or use drugs because they lack knowledge about specific aspects of such behaviors and their harmful effects. They also assume that if young people are given factual knowledge—along with information about decision-making that will enable them to apply such knowledge—their attitudes and behaviors will change. Research has shown, however, that knowledge-based approaches (including those with decision-making components) are not particularly effective in reducing negative health behaviors among young people.³

The limitations of knowledge-based programs have been demonstrated in the field of sex education as well. Douglas Kirby⁴ studied 10 exemplary knowledge-based sex education programs in the

United States and found that although the young people in such programs learned a great deal, their knowledge gains did not lead to behavioral changes. Students exposed to such programs were not more likely to postpone sexual involvement nor were they more likely to use contraceptives when they became sexually active.

The Grady hospital staff also considered the need to make age-appropriate revisions to the program. Study of adolescent development shows that cognitive growth lags behind physical maturation. Until about the age of 16, adolescents are still using concrete thinking skills. As a result, young teenagers have limited ability to recognize the potential impact of their choices; they are less likely than older teenagers to think about the future and to consider the consequences of their actions.

These assessments correlate with Michael Young's secondary analysis of a 1986 Harris Poll commissioned by Planned Parenthood. Young showed that neither sex education nor knowledge are related to postponement of sexual intercourse or use of contraceptives among adolescents younger than 17: A knowledgeable 13-year-old is no more likely to use contraceptives than is an uninformed 13-year-old. Young concluded, "It may be . . . that developmentally, younger teen[ager]s are not able to effectively apply the knowledge that they have."⁵ Thus, educational programs must be age-specific, promoting attitudes and skills that young adolescents can use until they gain more mature skills in managing their sexuality.

One of the more promising new educational models with respect to reducing negative health behaviors is known as the social influence or "social inoculation"

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model and is based on the concept that young people engage in such behaviors, including early sexual activity, partly because of societal influences, both in general and, more specifically, from their peers. The model uses the public health concept of immunization as a strategy for combating social and peer pressures that encourage negative health behaviors. By exposing young people to these "noxious" social influences in small doses, while at the same time enabling them to examine such influences and develop skills to deal with them, this strategy helps young people eventually build up an "immunity" to them. Programs based on this model rely on specific activities that help students identify the origins of pressures to use drugs, smoke, drink or have sex, to examine the motivations behind those pressures and to develop skills to respond effectively. This approach has yielded encouraging results: Interventions designed to prevent or reduce smoking have produced differences in rates of cigarette use among young people ranging from 25 to 66 percent, depending on the program.⁶

The social inoculation approach also uses role models—teenagers slightly older than those being given the program—to present factual information, identify pressures, role-play responses to pressures, teach assertiveness skills and discuss problem situations. Teenage leaders have been shown to produce greater and more lasting effects than adults.⁷ Young people want to be and act older than they are. Besides imparting attitudes and skills, slightly older teenagers illustrate that those who "say no" to the pressured behavior can be admired and liked by others. They also clearly demonstrate to the younger teenagers that the behavior—for example, having sex—is not the way to attain such status.

The Revised Program

Based on these considerations, Grady Hospital revised its outreach program by creating a new component using the social influence model.⁸ The program, called Postponing Sexual Involvement, was field-tested in Cleveland and Atlanta, and in 1983, the Ford Foundation provided funds for a large-scale implementation of the series in Atlanta schools. Postponing Sexual Involvement is an experiential program. Because young teenagers do not respond well to lectures, this series is designed to involve them in thinking about and discussing social and peer pressures to become sexually involved, and then practicing skills that will be helpful to them

in resisting these pressures. Postponing Sexual Involvement is presented by older teenagers: Each session is generally led by one male and one female student from 11th or 12th grade. The student leaders are recruited, trained and supervised on-site in each classroom by the Emory/Grady Teen Services Program staff.

Because young people also need the detailed information about reproduction, family planning and sexually transmitted diseases contained in the original curriculum, Postponing Sexual Involvement was added to the existing program. The complete, 10-period program is presented each year to all eighth grade students in 19 separate schools—approximately 4,500 students each year.

Although one of the major *implicit* goals of the earlier program was to assist young people in postponing sexual involvement, that goal is made *explicit* in the revised outreach program. This approach was given support by a random sample survey of more than 1,000 sexually active girls aged 16 and younger seen in the Emory/Grady Teen Services Program clinic.⁹ Of nearly two dozen items thought to be of interest, teenage girls were most likely to indicate that they wanted more information on "how to say 'no' without hurting the other person's feelings" (84 percent). Thus, the new program shows promise of meeting the needs of many young people, as well as those of the parents and the community.

The philosophy of Postponing Sexual Involvement is that:

- Persons younger than 16 are not able to fully understand the implications of their actions.
- Persons younger than 16 generally are not mature enough to deal with the consequences of their sexual actions. Furthermore, the needs that young people are trying to meet through sexual intercourse could best be met in other ways.
- Young people under 16 are often pressured into doing things they really do not want to do. Pressure to have sexual intercourse comes from peers and also from glamorous images presented by the media.
- Young people need awareness and skills to be able to resist pressure to become sexually involved. They need support and practice in learning how to resist this pressure.
- Young people respond most favorably to programs promoting postponement of sexual intercourse when the information about how and why to say "no" comes from peers slightly older than themselves.

The program primarily focuses on the

social and peer pressures that lead young people into early sexual involvement and on ways to resist such pressures. The emphasis is on why young people are having sex and how they might avoid it, rather than on the consequences of such behavior. Examples of pressures from the media as well as scenes depicting problems young people face in relating to peers are presented in the videotape or slides that accompany the series. Although five classroom periods may not seem like much time, each session concentrates on variations of a single message—how and why to postpone sexual involvement. In addition, because the material is presented by older, socially successful students, this five-session series may exert a more powerful influence than would a longer series taught by adults. Generally the first four sessions are given fairly close together—four classroom periods in a week or one each week for four weeks. The fifth session reinforces program content and is best given 1–3 months later, after students have had time to think about the material.

To evaluate the revised program, a prospective study was designed to determine whether adding Postponing Sexual Involvement to the existing human sexuality program would reduce the rate of sexual involvement among young people. The assumption was that a reduction in the rate of sexual involvement also would reduce pregnancy rates.

The specific population used for the evaluation were low-income teenagers who were most likely to utilize Grady Memorial Hospital, a public facility, whenever they needed health care. Such teenagers are at high risk for early sexual involvement and poor pregnancy outcomes. Hospital birth records were used to identify male and female students entering eighth grade in 1983 who were born at the hospital and who had remained in poverty, as indicated by the fact that they or their mother had received care from the hospital within the last five years. It was anticipated that a portion of these young people would be students in the school system where Grady's outreach education program was being given, and that another portion would be attending other school systems, thereby forming a natural comparison group. The evaluation was part of a larger study of the health habits of eighth and ninth grade students. By using this broader approach, Grady staff were able to surround the questions relating to sexual behavior with those about eating habits, exercise and sleep habits, smoking, drinking, and drug use, so that

the sexual behavior questions would not stand out.

The broad health information and the specific data needed to evaluate the program were collected through telephone interviews conducted at the beginning, middle and end of eighth grade—when the program was given—and at the beginning and end of ninth grade. Parental permission was sought for student participation in the study, and 99 percent of the parents contacted granted such permission. When sensitive questions were asked during the telephone interviews, students were given verbal codes to use in answer-

ing so that anyone within listening distance would not understand their responses. The telephone interviews were carried out through a subcontract with the Georgia State University Center for Public and Urban Research. At least 10 repeat phone calls were made to reach subjects.

In addition to collecting data through these interviews, program personnel reviewed the medical records of the young women in both the program and no-program groups who had been seen in the hospital in the last five years. The review, conducted 10 months after the last interview, examined hospital records for information regarding sexual involvement, pregnancy tests, treatment of sexually transmitted diseases, family planning counseling and family planning services. The interview and hospital data were found to be remarkably consistent: Contradictions with interview data occurred in only one percent of the cases.

The data analysis focused on the behavioral outcomes of the study population. The key questions to be answered by the evaluation were: Would students who had not had sexual intercourse before they had the program postpone sexual involvement in the eighth grade? Would postponement continue through the ninth grade? Would both boys and girls postpone sexual involvement? Would students who began sexual intercourse after having the program report less frequent intercourse? Would girls who had the program have fewer pregnancies? Would students who had had sexual intercourse before the program change their behavior as a result of the program?

Results

The study population comprised 536 low-income minority students, 395 from the 24 program schools that received the outreach program in the 1984–1985 school year, and 141 students from 29 other schools in the local area. There were no statistically significant initial background differences that would bias any outcomes in favor of those who were to receive the program (Table 1).

To evaluate the effects of Postponing Sexual Involvement, students in program schools were divided into two groups: those who had not had sexual intercourse before the program, and those who had. Both of these target groups are contrasted and compared with the students who did not participate in the program. The percentage of students who reported having had sex at the beginning of the eighth grade was slightly higher in the program

schools (25 vs. 23 percent). Boys in both groups of schools were much more likely to say that they had had sexual intercourse than were girls: Forty-four percent of all eighth grade boys interviewed said they had had sex, compared with just nine percent of eighth grade girls.

Of the 536 students who completed all five of the study's interviews, 131 (25 percent) reported that they had had sexual intercourse before their preprogram interview while 387 students (72 percent) said they had not yet had sexual intercourse. In addition, there were 18 students (three percent) in program schools for whom it could not be determined whether or not they had had sexual intercourse prior to the program. These students said they had not had sex when they were first interviewed but indicated at the end of the same semester in which they were given the Postponing Sexual Involvement program that they had had sex. It is not known whether they began having sex prior to the program, during the program or after the program. These 18 students are not included in the presentation of results, not only because their status is unclear, but also because the significant study findings remain even when these students are conservatively distributed among the preprogram and postprogram sexually involved groups.¹⁰

Of the 387 students who had not had sexual intercourse by the time of their preprogram interview, 278 attended schools in which Postponing Sexual Involvement was given, and 109 were in schools where the program was not offered. As Table 2 (page 24) shows, 256 of these 278 students in program schools actually attended the Postponing Sexual Involvement program. These students were significantly more likely to postpone sexual intercourse than were the 109 similar students in other schools who did not have the program. Indeed, by the end of eighth grade, students who had not had the program were as much as five times more likely to have begun having sex than were those who had had the program: 20 vs. four percent. The program also appeared to have a lasting effect. By the end of ninth grade, just 24 percent of the students who had participated in the program had begun having sex, compared with 39 percent of those who had not.

Not included in Table 2 are the 22 additional students who had not had sex and, for some reason, missed the program when it was offered in their schools. Although the number of such students is small, it is interesting to note that their rate of sexual

Table 1. Percentage of students with various behavioral and background characteristics, by school program status

Characteristics	Program schools (N=395)	No program schools (N=141)
Is black	99	99
Lowest income categories (paid less than standard low-income fee at last hospital visit)	56	45*
Lives with two parents	36	57*
Gets mostly A or B grades in school	71	65
Plans more education after high school	86	87
Is involved in club, team or activity	53	52
Is leader in club, team or activity	20	16
Never says no when asked to do something		
don't want to do	13	8*
Has boy/girl friend	46	38
Thinks most/several friends have had sex	45	45
Thinks almost everybody/a lot of 8th graders have sex	41	40
Thinks best friend has sex	44	50
Thinks friends would disapprove if had sex	44	36
Thinks parents would be very upset if had sex	73	73
Alone with someone who wanted sex last month	41	47
Thinks will have sex in next six months	21	23
Would find it hard to say no to sex with someone they care about	46	49
Has had sex	25	23
Has drunk	21	23
Has smoked	9	6
Gets eight hours' sleep each school night	81	83
Exercises strenuously		
1/2 hour,		
three times/week	92	92
In good health	92	97
Eats fruits/vegetables every day	78	78

*p<0.05.

Table 2. Percentage of students who initiated sexual activity after eighth grade, by program status

Grade and gender	Program (N=256)	No program (N=109)
End of eighth		
Total (N=365)	4	20*
Boys (N=125)	8	29*
Girls (N=240)	1	15*
Beginning of ninth		
Total (N=365)	12	27*
Boys (N=125)	22	42**
Girls (N=240)	7	18**
End of ninth		
Total (N=365)	24	39*
Boys (N=125)	39	61**
Girls (N=240)	17	27**

*p<0.01. **p<0.05.

involvement more nearly parallels that of the young people in schools where the program was not given than it does that of the young people in their own schools who attended program sessions. By the end of eighth grade, the students who had missed the program were as much as 4.5 times more likely to have begun having sex than were their fellow students (18 vs. four percent). By the end of ninth grade, these students still showed a higher rate of sexual involvement (36 vs. 24 percent). This supports the conclusion that the program itself, and not differences among schools, was responsible for the differences in student behavior.

The program had a pronounced effect on the behavior of both boys and girls who had not been sexually involved before the program, which included 91 percent of girls and 56 percent of boys interviewed at the beginning of eighth grade. As Table 2 shows, by the end of eighth grade, boys who had not had the program were more than three times as likely to have begun having sex as were boys who had had the program. (29 percent vs. eight percent). By the end of ninth grade, 61 percent of no-program boys had begun having sex, compared with 39 percent of program boys.

Postponing Sexual Involvement had an even more striking impact on girls who had not yet become sexually active. By the end of eighth grade, girls who had not had the program were as much as 15 times more likely to have begun having sex as were girls who had had the program (15 percent vs. one percent). By the end of ninth grade, 27 percent of no-program girls had begun having sex, compared with 17 percent of program girls.

To assess whether or not the students perceived Postponing Sexual Involvement as enabling them to have more control over

their sexual behavior, they were asked: "With respect to the information the teen[age] leaders or person from Grady Hospital taught, how helpful will that information be to you personally in saying no to sex?" Of the young people who had not had sex before the program, 95 percent said the program would be helpful personally to them in saying no to sex, and more than 80 percent thought the program would be extremely helpful or very helpful. Overall, girls and boys were almost equally likely to say they thought the program would be helpful personally (92 percent of boys and 96 percent of girls). However, girls were more likely to rate the program as extremely helpful or very helpful.

In analyzing program outcomes, it was important to determine whether students who had had the program were less likely to have boyfriends or girlfriends and, therefore, whether some of the difference in rates of sexual involvement could be attributed to fewer relationships with the opposite sex. However, it appears that overall, those who had not had sex and who had participated in Postponing Sexual Involvement were just as likely, or more likely, to have boyfriends and girlfriends as those in the no-program group. At the beginning of eighth grade, 38 percent of program students and 31 percent of no-program students said they had a boyfriend or girlfriend, and the proportions evened out to slightly less than 50 percent for both groups through ninth grade. At the end of ninth grade, 50 percent of program students and 43 percent of no-program students said they had a girlfriend or boyfriend.

To determine how young people viewed their sexual involvement and what expectations they had for sexual involvement in the future, those who had become sexually involved after the program were asked three questions:

"Which of these statements best describes you now?—I have sex often, I have sex sometimes, I tried sex once or twice, I used to have sex but don't anymore or I never had sex."

"On how many days did you have sex in the last month?"

"Do you expect to have sex in the next six months?"

At the end of ninth grade, very few of either the program or no-program students who began having sex after the period in which the program was offered described their behavior as "used to have sex but don't any more" (eight percent and five percent, respectively). However, approximately 10 percent of the students in both

the program and no-program groups who had indicated that they had had sex some time after the program, said at the end of ninth grade that they had never had sex.

Of all students who had acknowledged having had sex after the program was offered, many more of the no-program group described themselves at the end of ninth grade as having sex "often" or "sometimes" in contrast to the program group (55 vs. 39 percent). Students in the program group appeared more likely only to have experimented with sex: They described themselves much more often than the no-program group as "having tried sex just once or twice" (43 vs. 28 percent). Although Postponing Sexual Involvement discourages experimentation with sex, it also makes the point that just because a person has had sex, it does not mean that he or she has to continue to be sexually active.

In contrast to these findings, among those who had become sexually involved, more no-program students reported at the end of ninth grade that they had not had sex in the last month than did program students (43 vs. 34 percent). This difference was almost entirely among the boys: Forty-four percent of no-program boys said they had not had sex in the last month compared with only 24 percent of program boys. Among girls, however, similar proportions (42 percent of no-program girls and 46 percent of program girls) reported that they had not had sex in the last month. At the end of ninth grade, young people who had had the program and had become sexually involved were more likely to say they did not expect to have sex in the next six months than were those who did not have the program. (This attitudinal measure, taken at each interview, was not a good predictor of actual behavior, however.)

Among students who had not had sex before the program began but did have sex after that time, many did use contraceptives—nearly half in the program group and close to one-third in the no-program group. Not only did more program than no-program students use contraceptives, but 73 percent of the program students who used them said they did so because of what they had learned in school. In the no-program group, only 38 percent said they used birth control because of what they had learned in their schools.

Hospital medical records were used, in addition to the interview statements, to determine the incidence of pregnancy among young women who, at the beginning of the program, had not yet had sex-

ual intercourse. Because of the small sample size, a true determination of any reduction in pregnancies is impossible, since pregnancy rates are usually calculated per 1,000 women. Therefore this information must be viewed with extreme caution.

Proportionally fewer program girls became sexually involved, resulting in proportionally fewer girls at risk for pregnancy: Among the 168 girls who had not had sexual intercourse before the Postponing Sexual Involvement program, 28 (17 percent) became sexually active and experienced five pregnancies (18 percent) by the end of ninth grade. Of the 70 comparable no-program girls, 19 (27 percent) became sexually active and experienced three pregnancies (16 percent). If program girls had become sexually active at the same rate as no-program girls and had retained their 18 percent pregnancy rate, they would have experienced eight pregnancies rather than five. Consequently, the program appears to have reduced pregnancies by one-third. However, girls from both groups who became sexually involved had similar pregnancy rates. This finding corroborates previous data suggesting that the provision of human sexuality and family planning information may be necessary but is not sufficient to help many sexually involved young people avoid pregnancies.

Based on the information given by the students throughout the five interviews, 131 of the 536 students (25 percent) had had sexual intercourse by the time of their pre-program interview. Of these, 99 were in program schools (four of these students missed the program when it was offered) and 32 were in no-program schools. The evidence suggests that although Postponing Sexual Involvement was effective for young people who had not yet had sex at the time they were given the program, it was not effective for those who had already become sexually involved. Students who had had sexual intercourse prior to the program did not change their behaviors (i.e., reduce sexual involvement or increase use of contraceptives) as a result of the program. Furthermore, girls who had had sex before the program were not more likely to have fewer pregnancies than were similar students who were not given the program.

Discussion

The major goal of Grady Memorial Hospital's Postponing Sexual Involvement program given in eighth grade was to assist young people in postponing sexual inter-

course. Overall, nearly three-quarters of the students in the program group had not had sexual intercourse before participating in the program. Based on the reports of these students, the study found that almost all (95 percent) who had not had sexual intercourse and who participated in the hospital's program felt the information personally would be helpful in saying no to sexual involvement. In fact, those who had the program did delay sexual involvement. By the end of eighth grade, students who had not participated in the program were as much as five times more likely to have begun having sex than were those who had had the program. Program students were also more likely to continue to postpone sexual involvement: By the end of ninth grade, 24 percent of the students who were participants in the program had begun having sex, compared with 39 percent of those who were not. The program appeared to help both boys and girls to postpone sexual activity.

The study also found that students who began having sexual intercourse after participating in the Postponing Sexual Involvement program reported less sexual involvement at the end of ninth grade than those who had not had the program. There were also proportionally fewer pregnancies among the program group because there were fewer girls who were sexually involved.

However, the program did not influence the sexual behavior of students who had had sex before participating in the program. These students were neither more likely to reduce sexual involvement nor more likely to use contraceptives (or to have fewer pregnancies) than were similar students who had not participated in the program.

The reduction in sexual involvement and pregnancies experienced by the study group cannot be generalized to the broader group of more than 4,000 other eighth graders who had Postponing Sexual Involvement at the same time. Because of their low-income status, the students in this study are assumed to be among the highest risk students for sexual involvement and pregnancy in the school system in which the program was given. On the other hand, because of the students' high-risk status, the findings are promising indicators that Postponing Sexual Involvement can reduce pregnancy rates by reducing sexual involvement among young high-risk teenagers.

Some parents and educators have wondered whether giving young people information about contraceptives along with support for postponing sexual involve-

ment is too confusing a message. Our data suggest that the two messages are not incompatible. Young people who received instruction from family planning counselors about human sexuality, including family planning, and advice from student leaders about postponing sexual involvement used information from each component of the program. Students involved in the program were more likely both to postpone sexual involvement and to use contraceptives when they did have sex than were the no-program group. However, the majority of young people in both the program and no-program groups who did have sex did not use contraceptives.

Further issues remain to be investigated. Would Postponing Sexual Involvement be as effective with other population groups as it was with this low-income high-risk group? Would it be as effective when led by adults instead of teenage leaders? Would the Postponing Sexual Involvement component given by itself, without a complementary human sexuality education program, be as effective?

The most demanding aspect of implementing the new program has been the time and effort needed to recruit and train the student leaders. They each receive 20 hours of initial training followed once a month by two-hour in-service training sessions to improve skills and reinforce program goals and objectives. Since most are 12th graders, new leaders have to be hired and trained each year. After the first year, however, student leaders helped in the recruitment process by recommending 10th or 11th graders they felt would make good presenters, based on their experience with the program. Another unanticipated source of good candidates was the first eighth grade class to have the program; some of these students were so impressed with the student leaders that they wanted to become leaders themselves when they reached 11th grade.

After potential leaders are chosen, the hospital staff has the responsibility of explaining the teenage leader role to each student's parents and obtaining parental permission. A more time-consuming task each year has been helping student leaders explain their new responsibilities to teachers or principals who previously have not been involved with the program. This problem has been resolved to some degree by a clarifying memorandum from the school administration to all principals and teachers, indicating that the students' absences are to be excused, but that students are responsible for making up all missed school work according to each

teacher's specifications. Nevertheless, orientation of new high school personnel continues to require extra staff time.

The most difficult aspect of using student leaders is their scheduling and transportation. For every session offered in a middle school, teenage leaders have to be contacted and arrangements made for their transportation between schools. The few student leaders who can drive and have access to cars help ease the situation somewhat, as does the availability of leaders in the few high schools that include eighth graders. However, most leaders cannot miss more than a few classes, so when sessions are scheduled all day, it is often necessary for program staff to pick up a second set of leaders to finish the sessions. In addition, since student leaders are paid for each presentation and for their once-a-month mandatory in-service training, the staff must keep accurate records of these assignments and hours and arrange for payment.

Despite these complicating factors, the program staff believes that the student leaders are extremely important, because they make the program more interesting and acceptable to the younger students. Current leaders who had the program as eighth graders say that it was the enthusi-

asm of the student leaders that drew them into active participation in the program and helped them seriously consider the messages being given.

One unanticipated positive outcome of using student leaders is the benefit to the leaders themselves. The program enables them to gain confidence, improve their presentation skills and become more articulate. For some, it has been their first experience in helping others in an organized way, and they enjoy the recognition and respect of the younger students. A few student leaders say the experience has been influential in their decision to become teachers.

Based on our experience in providing eighth grade students with support for postponing sexual involvement as well as acquainting them with methods of birth control and how to use them, we have expanded the hospital's outreach program in two directions. We have developed a program for fifth and sixth graders aimed at helping them handle their curiosity about sexual involvement and develop attitudes and skills to manage sexual behaviors as they become young teenagers.¹¹ The other effort is a follow-through program aimed at reinforcing for ninth and 10th graders the information and skills

they learned in eighth grade.¹² The program staff hopes that this continuum of consistent educational messages combined with repetitive skill-building will increase the effectiveness of the hospital's outreach program.

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Children's Aid Society Pregnancy Prevention Program in NY City

Dr. Michael Carrera (212)876-9716

4/21/94 - Dr. Carrera on business trip, talked to program coordinator: Lona Litner

She's going to send me some info on the basics of the program.

- Overall Rationale: sees adol. preg. symptom of much longer prob. that's been institutionalized within this country
- while all adol. experiment sexually, the kids that become parents are those that have serious deficits -- part of this is an instit. systems prob. --cyclical
- any short-term response, just putting a band-aid on a wound.
- need to do a multifaceted/mult generational approach
- everything is offered to parents, pre-teens and own children also
- all have the capability to do something good--philosophical approach
- boys just as much a part of the problem as girls--inclusive of boys
- Basically, decided to --contraception/sex ed not enough, self-esteem, view of future keeps coming up -- approach it from a whole person perspective and all of their support system
- Funding- NYState social services -- 5yr pilot project -- at this point major amt. from private foundations
- Donna Shalala knows this program intimately -- partnership with Hunter College

*Dr. Carrera - he's
going to send me some
info. in England.*

Teen Outreach

Evaluator: Susan Philliber (914)626-2126

-Life-Options Tradition

-Facilitated not taught

-strengths: noncontroversial -- light on contraception
particularly well with high school

-vulnerabilities: best when facilitator facilitates, not teaches

-kids need to control

-volunteer portion of program critical

-suggestions: most too weak -- no hit and run education/ no inoculation

-need many different programs

Laura Collins Klein: program coordinator (212)951-8356

-two part-- school based

-life options/experiential curriculum -- decisionmaking/communication, etc

-volunteering within the community

-for JHS and HS students -- on own or in group

-gain more self-esteem, better sense of self, life choices

-stay in school

-7th-12th -- rural, suburban, city -- many disadvantaged

-successful with all types of students

-more difficult to set up with jr. high

-in about 30 communities -- 100 plus classrooms

-started a major initiative in California

-Eval. in relationship to comparison group within schools

-over 7yrs, 3600 in program 1984-1991

33% lower preg. rate

50% lower drop out rate

5% lower course failure

18% lower suspension

-Funding - private foundations / funded differently in each

-national/ Calif./ communities

-to date, run through volunteers within community / tied with teachers

-to help young people make healthy choices

-Strengths- 1. program design -- flexibility of program model

- volunteer, curriculum, teacher trained, students reflect, all sites participate in the evaluation

- communities have lots of flexibility to make choices

2. focus on the whole young person -- experiential program -- show themselves that they can be a value within the community

3. do require each community to coordinate school with community group

-Weakness- haven't been able to figure out how to deal with growth

Suggestions: Experiential education/ Programs that focus on Youth Devel.

Roxbury Comprehensive Health Center
Adolescent Life Program
Naidene Williams

- prenatal registration(31) / clinic - weekly
- teen-tot clinic -- 156 parenting teens - weekly
 - follow up for 2 yrs after birth
 - nationally most teen mothers have 2nd pregnancy within 18mo
 - at this clinic, 3 out of 156
- teen support group (30%) - 2x month
 - parenting skills
 - disciplining skills
 - contraception
 - systems they have to negotiate
- referrals off-site
- Boston Initiative for Teen Pregnancy Prevention
 - coalition of health centers/peer groups -- strategies, program designs, etc. (eg. go talk to young kids, "safety net parties" -- informal discussions on adolescent development, etc.
- Peer Leadership -- 10 peers -- talk about experience to be adolescent
 - reached 850 kids last year
- Programs address many issues -- preg.; subst. abuse; violence; anger; tobacco; academics
- Go into schools -- health educator / peers
 - health educator has reached more than 1300 students since Sept.
- Teen Parent Coordinator/Family Planner and Social Worker
- Funding - 55% Foundations, Trusts, etc.; 45% State Funding
 - \$425,000 FY94
 - FY95 to increase by 129,000 to fund mentoring program
- Overall goal: To raise the health consciousness of adolescents. What it means to be well. ("wellness") Also to stress that they are resources in the community.
- Strengths - place in the community - continuity
 - diverse providers / non-judgemental
 - excellent care

-Weakness - more money needed -- community disproportionately effected

-Barriers to care - different type of talking to / programming

-reprod. health care - difficult for adolescent females in particular, not taught until too late

-difficult to access mental health

Stats- academic assistant program - if go 3x/week - ave. 10 pt. improvement

SAT's 100-200 pts higher

-rise in condom use

Suggestions:

-Need to recognize that kids are sexually active -- full gamet of information

-Listen to them

Girls Inc.

Health Johnston Nicolson (212)689-3700

Heather

Already have material on their programs in several articles

-Key aspects: working with girls, but society is making it difficult -- leaving with lots of responsibility / mixed messages

-deprive youth with info needed to making good decisions

-Growing together -- communication patterns 9-11 yr old
entitled to accurate info. in way they can understand

-Trust - entitled to support from caring adults to talk to that can be trusted

-Will Power / Won't Power -- skills to say no
-look at pressure through media, etc.
-skills/support system to work together

-Holding people to much higher standard

-\$500 per girl per year

-Preventing Adol. Pregnancy Program -- \$100 plus (age-appropriate)

-Strength - meets young people where they are
- although many w/in school also in community organizations -- when difficult w/in the school
-carefully & systematically evaluated

-Private Funding from Foundations - decided not to apply to Adol. Prevent. Prog. b/c not consistent with philosophy

-Use youth development coordinators -- adults
-train volunteers

-Sustance Abuse -- "friendly prevention program" 12 to 14 teach 6 to 10 yrs old

-Near Peers great educators -- college age

-Suggestions:

-legislation that permitted organizations to apply for grants from fed level would be helpful

-young people are fine, it's society that needs changing

- she's worried about automatic cut off dates and dependency -- welfare
- we don't have the programs running yet to give people options