

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. list	Contact list re: participants in White House meeting on teen pregnancy [partial] (1 page)	n.d.	P6/b(6)
002. memo	Carol Rasco et al. to President Clinton re: Teen Pregnancy Initiative (partial, pages 1-3 in whole) (3 pages)	07/21/1995	P5

COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Lyn Hogan
OA/Box Number: 11027

FOLDER TITLE:

National Campaign to Reduce Teen Pregnancy-2 [1]

2010-1083-S

rc123

RESTRICTION CODES

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

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
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C. Closed in accordance with restrictions contained in donor's deed of gift.

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

RR. Document will be reviewed upon request.

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

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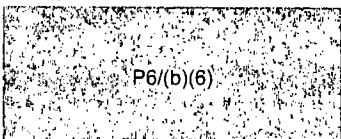
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TEEN PREGNANCY PREVENTION

Questions & Answers for Mike McCurry

What progress has the Administration made in forming the "national campaign against teen pregnancy" which President Clinton called for in January?

In this year's State of the Union Address, President Clinton urged leaders from all sectors of society to join in a national campaign to prevent teen pregnancy. He called the epidemic of teen pregnancy -- with more than 1 million girls under age 20 becoming pregnant each year -- "our most serious social problem." Mr. Clinton stated that while government has an important role to play in addressing this dilemma, the public sector cannot solve the problem alone. He urged that a national campaign be organized and conducted from the private sector.

The President spoke out again in March in a speech to the National Association of County Officials. He said: "We need a national campaign ... that sends a clear message: It is wrong to have a child outside marriage. Nobody should get pregnant or father a child who isn't prepared to raise the child, love the child, and take responsibility for the child's future."

Since January, the Clinton Administration has worked in partnership with a small group of concerned citizens to lay out a practical vision for the proposed private-sector initiative. Broad consultations have been held with individuals across the country who are engaged in teen pregnancy prevention efforts and with prominent individuals in the business, religious, and foundation communities. Guided by these discussions, a framework has been developed for a national independent, bipartisan organization which will catalyze and support a sustained effort to reduce the incidence of teen pregnancy in the U.S.

In September, President Clinton will meet with selected individuals from the private sector to explore opportunities for launching the national campaign.

What will this new private-sector organization do?

The specific agenda of the organization will be determined by its leadership. As envisioned by the President, the new group will not impose any top-down solutions. Rather, it will encourage local communities to forge their own approaches to teen pregnancy prevention consistent with their values and experience. A major role of the organization will be to discover, disseminate, and celebrate what is working in teen pregnancy prevention. Right now, while many local efforts show great promise, information on what works is fragmented.

Activities of the new group are likely to include:

- spearheading a national grassroots campaign to make teen pregnancy prevention a priority in every community;
- launching a long-term, multi-dimensional media campaign to encourage and reinforce local efforts and instill a new ethic of responsible parenting;

- maintaining an accessible national database of teen pregnancy prevention programs and providing better opportunities for those already active in the field to learn from one another;
- supporting the comprehensive evaluation of promising programs and other research as needed;
- seeking to be the most credible, independent resource available to anyone interested in preventing teen pregnancy and providing training, conferences, newsletters, briefings, and speakers.

What will Dr. Henry Foster's role with the Administration and this new organization be?

No specific role has been determined. There may be an announcement in the coming weeks.

Why has it taken so long to organize the private-sector campaign?

Outreach has been made to dozens of prominent citizens -- experts in the field of teen pregnancy, leaders of the business, foundation, and religious communities. These consultations have been essential. We're approaching this very complicated problem in a serious, careful manner -- we don't want a band-aid solution. The President's aim is to make a significant contribution to the future of America with this effort.

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

The private-sector initiative is intended to complement and enhance government initiatives supported by the Administration. The range of Administration efforts related to teen pregnancy includes:

- numerous service and research programs in teen pregnancy prevention within the Department of Health and Human Services
 - In 1993, President Clinton lifted the "gag rule," enabling non-directive options counselling in federally supported family planning clinics.
 - The Administration has supported increases in funding for family planning services. In FY92, \$149 million was spent on family planning. Current funding is \$193 million, and the Clinton budget request for FY96 is \$199 million.
 - HHS provides grants to organizations across the country to support local teen pregnancy prevention efforts and to evaluate strategies for effectiveness.
- programs across several agencies to promote youth development and address various risk factors associated with teen pregnancy

- current and proposed welfare reform measures to provide young men and women with incentives to delay parenthood until they are married and able to support their children. President Clinton's welfare reform package includes the following provisions:
 - Teen mothers on welfare would be required to live at home with their parents, stay in school, identify the father, and move into employment within a limited period of time.
 - Tough new child support laws would be strictly enforced so that prospective teen fathers would know they had to provide child support for the next 18 years. (In 1993, the Administration collected a record \$9 billion in child support, a 12% increase over the previous year.)
 - States would have flexibility to try innovative ways to encourage responsible behavior, such as rewarding teen recipients who make progress in school and sanctioning those who drop out.
- a comprehensive attack on background economic and social factors contributing to rising teen pregnancy rates, including poverty, unequal educational opportunity, and disinvestment in distressed urban and rural communities
 - Lifelong Learning Initiatives -- Pre-School and Parenting; Goals 2000; School-to-Work; National Service; Training and Reemployment
 - Rewarding Work for Working Families -- Earned Income Tax Credit; Minimum Wage Increase; Family and Medical Leave
 - Community Empowerment -- Empowerment Zones/Enterprise Communities; Community Development Banking

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DECISIONS REQUESTED

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

_____ YES _____ NO

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

Spiritual Voice

Andrew Young

Sister Mary Rose, Covenant House, NY

Entertainment

Oprah Winfrey

Visible Republicans

John Danforth

Jack Kemp

Anne McLaughlin, former Labor Secretary

Thomas Kean, President of Drew University

Public Health Leaders

C. Everett Koop

Henry Foster

Corporate Leaders/Fundraisers

Bill Gates, Microsoft Corp.

John Pepper, Procter & Gamble

Sharon (Mrs. Warren) Buffett

Irving Harris, retired CEO, Chicago

Paul Tutor Inna Robinhood Foundation

Linda Wachner, Warnaco Inc.

John Bryan, SaraLee Corp.

A CEO member of the Mid-South Foundation

Community Practitioners

Marion Howard, Emory University, Atlanta

Michael Carrera, Children's Aid Society, NY

Elayne (Mrs. William) Bennett, BestFriends, DC

Communications

Charlotte Beres, Ogilvy & Mather

Jay Winston, Harvard School of Public Health

Academies

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

Foundation Executives

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

Core Organizing Group

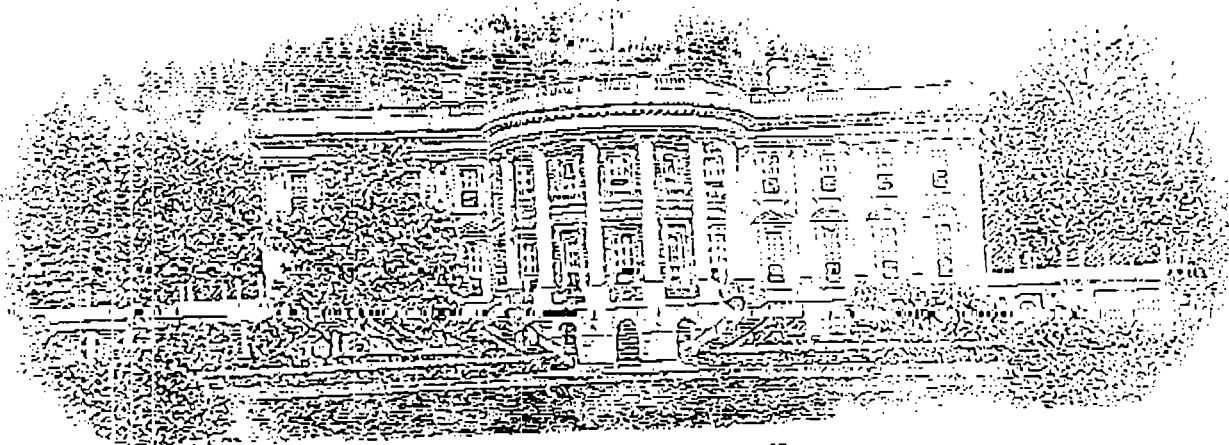
Jody Greenstone
Belle Sawhill, Urban Institute
Bill Galston
Sarah Brown, Institute of Medicine

Administration Participants

Donna Shalala
Carol Rasco
Alexis Herman

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

THE WHITE HOUSE

FAX COVER SHEET
OFFICE OF DOMESTIC POLICY

DATE: _____

TO: Debbie FursePHONE: _____ FAX: 6-2983 Pages (including cover) _____FROM: Jeremy

PHONE: _____ FAX: _____

COMMENTS: Re: Pregnancy memo

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

More than one million girls under age 20 become pregnant each year in the U.S. Over half of those bear children, about one-third abort their pregnancies, and the rest miscarry. Seventy-two percent of those who give birth do so out of wedlock.

Teen pregnancy is the precursor of a host of social problems. Unmarried teen mothers are at the highest risk of becoming long-term welfare dependents; the children of teen mothers are more likely than their peers born to older mothers to experience health problems, less likely to grow up in homes with fathers, more likely to suffer abuse and neglect, less likely to complete high school, and, if they are boys, more likely to end up in prison. Further, over 300,000 teens abort their unwanted pregnancies each year. This Administration is a strong advocate of choice, however we want to assure that abortion is rare. Preventing teen pregnancy prevents abortion.

Teen pregnancy is a serious social problem that requires serious and unflinching efforts to combat it. There is an important role for the federal government to play.

The federal government's role is that of catalyst for state and community programs and supporter of those programs. The President and his Administration give communities the tools to address this serious social problem by identifying community-based programs that are working and providing research, technical assistance, and information, as well as money, to help those and other programs get off the ground. The President and his Administration pursue policies that stress personal responsibility while expanding opportunities for at-risk youth to make positive life choices.

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

In his most important initiative to date, the President called for the creation of a nationwide grassroots campaign to fight teen pregnancy. From the President's call to action emerged the National Campaign to Prevent Teen Pregnancy. President Clinton appointed Dr. Henry Foster (founder of the "I Have A Future" teen pregnancy program in Nashville) to serve as Senior Advisor to the President on teen pregnancy and related youth issues. The national campaign is now underway and making a difference.

In his FY97 budget request, the President proposed a \$30 million teen pregnancy prevention initiative to implement and evaluate

promising prevention strategies in committed communities. President Clinton directed the Department of Health and Human Services to begin spending the \$30 million provided for his anti-teen pregnancy initiative.

The U.S. Department of Health and Human Services provides grants to organizations across the country to support local teen pregnancy prevention efforts and to evaluate strategies for effectiveness. In September 1995, HHS's Adolescent Family Life Program awarded 15 grants totalling \$4.2 million dollars for demonstration programs aimed at preventing early teenage sexual activity and reducing pregnancies.

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

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

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

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

President Clinton will continue to support the National Campaign to Prevent Teen Pregnancy. His role is that of liaison to the national campaign and catalyst to the states. The President, working closely with Dr. Henry Foster, will continue to raise public awareness of the teen pregnancy problem, support HHS and CDC community-based demonstration programs, and help states and communities continue to create and implement meaningful programs.

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



May 31, 1996

Dear Ms. Lewis :

For the past fifteen years, Advocates for Youth (formerly the Center for Population Options) has been dedicated to promoting adolescent reproductive and sexual health worldwide through preventing of teenage pregnancy and the spread of sexually transmitted diseases (including HIV/AIDS.) As you probably know, one million teens become pregnant each year, and half of all new HIV infections strike a young person under age 25. A key component of Advocates' work involves educating the public about policy issues concerning adolescents. We ask for your cooperation in completing a brief questionnaire on behalf of President Clinton.

The purpose of the survey is to gather information about what America's leaders will accomplish for our nation's youth in the areas of reproductive health, sexuality education and family planning services. The questions were designed to be thought provoking, fair and to the point, in order to illicit direct, candid answers.

Your comments will be distributed to state and local health officials, educators, other youth serving professionals, and families. The questionnaire and results will be published in the fall issue of Advocates' quarterly newsletter, so please return your statements by June 24, 1996.

Thank you for taking the time to share your candidate's views about some of the important issues facing our country. If you have any questions, please feel free to call me at (202) 347-5700.

Sincerely,

Margaret Pruitt Clark
Margaret Pruitt Clark, Ph.D.
President

Enclosures

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President

Questionnaire for Advocates for Youth

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

By preventing teen pregnancy, we can help strengthen the family. President Clinton is taking actions which recognize the fundamental obligation of all Americans to exercise personal responsibility, while expanding opportunities for at-risk young people to make positive life choices.

Because government alone cannot solve this complex problem, President Clinton is challenging our businesses and community leaders to join together to take action that will protect our children. The President has called for the creation of a national, grassroots campaign to fight this serious problem. He has also appointed Dr. Henry Foster (founder of the "I Have A Future" teen pregnancy prevention program in Nashville) to serve as Senior Advisor to the President on teen pregnancy and related youth issues. Dr. Foster will work with community-based organizations across the country to give young people the tools they need to build responsible and productive lives.

The Clinton administration is also working with communities to offer young people positive alternatives to early sexual behavior and parenting. We have improved schooling for disadvantaged students, coordination of health and social services and school-to-work opportunities to increase economic self-sufficiency. Last year, President Clinton created the SafeFutures Program, which will provide approximately \$8 million per year to six jurisdictions for delinquency prevention and intervention programs for at-risk and delinquent youth. By implementing the Safe and Drug-Free Schools Act, this President is helping local school districts in high-need areas to coordinate violence and drug prevention programs.

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

In his State of the Union address earlier this year, President Clinton called for Americans to come together to create a National Campaign to Prevent Teen Pregnancy. That challenge has been met and the President is committed to working with this public-private partnership to help young people secure a better future for themselves.

President Clinton will continue to support policies that promote responsible behavior, on the part of our young people and to work to provide them with greater opportunities. On June 13, President Clinton directed the Department of Health and Human Services to begin spending the \$30 million provided for in his anti-teen pregnancy initiative. These funds will go to community-based programs that stress the President's five principles: abstinence and personal responsibility; involvement by parents and other adult mentors; clear strategies for the future; involvement by the entire community; and sustained commitment.

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West down
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comm
- let gov states go
- raise awareness

3. In what ways would you reform the current welfare system to address the needs of adolescents and teens; how would you assist them to prevent unwanted births?

President Clinton believes that we must prevent teen pregnancy by promoting personal responsibility. That's why he is fighting for welfare reform that promotes work, demands parental responsibility, and toughens child support requirements. He has approved welfare reform waivers to 38 states that allow states to bypass existing welfare rules and set their own time limits on benefits, require recipients to work or stay in school, provide child care and give employers incentives to hire welfare recipients. The Clinton administration collected a record \$11 billion in child support in 1995 from non-custodial parents (a 40% increase since 1992) by aggressively enforcing child support laws. In May 1996, the President took executive action to require teenage mothers to stay in school and sign personal responsibility contracts or lose their welfare benefits.

We must continue to expand educational and economic opportunities, giving our young people a future they can say "yes" to and the ability to make wise personal decisions about their lives.

4. How would you propose the federal government stop the spread of AIDS amongst youth?

HIV/AIDS is a national public health emergency. Every day, the disease affects more people in more communities. Preventing HIV infection, finding a cure for AIDS, and providing quality care and treatment for those living with the disease are top priorities of President Clinton. He has increased overall funding for AIDS research, prevention, and care by 37% in three years and sought increase in fiscal year 1997 that would raise funding by 43% over four years. The President is providing the commitment and leadership that is making the difference.

Every person with HIV/AIDS is a member of someone's family. To protect our families, President Clinton will continue to fight against HIV/AIDS. This Administration continues to work with business leaders, religious leaders, community organizations, and the pharmaceutical industry, and those living with the disease to improve our national response to HIV/AIDS. He is fighting to decrease the number of children born with HIV by implementing the results of research demonstrating that mother-to-child transmission can be dramatically reduced through administration of AZT to HIV positive women during pregnancy and delivery and to infants after birth.

SURVEY FOR U.S. PRESIDENTIAL CANDIDATES

If you feel the given option(s) do not adequately reflect your views, please feel free to add your own response in the margin.

Please indicate whether you (S)upport or (O)ppose each issue:

S O

- ☐ ☐ Abstinence-only sexuality education programs. (Which teaches abstinence as the only method to prevent pregnancy and sexually transmitted diseases.)
- ☐ ☐ Multi-faceted or comprehensive sexuality education programs. (Which includes abstinence-based education and contraception information.)
- ☐ ☐ School condom availability programs to help sexually active teens prevent pregnancy and HIV/AIDS.
- ☐ ☐ HIV/AIDS education and prevention programs in schools.
- ☐ ☐ Comprehensive family planning services provision in school based or school-linked health centers.
- ☐ ☐ The use of Medicaid funds for family planning services.
- ☐ ☐ The use of Medicaid funds for abortion services.
- ☐ ☐ Federal funding for programs to provide family planning services internationally.
- ☐ ☐ Federal funding for programs to improve abortion access internationally.
- ☐ ☐ Comprehensive sexuality education programs to help high school students recognize and understand their sexual orientation.
- ☐ ☐ Legislative efforts to prohibit discrimination in public schools against gay, lesbian and bisexual youth.
- ☐ ☐ Legislation guaranteeing the rights of parents to direct the upbringing of their children (such as the Parental Rights and Responsibilities Act currently being considered in Congress.)
- ☐ ☐ Government efforts to limit sexually explicit and violent material presented on television.

- ☐ ☐ Government efforts to censor the amount of sexually explicit or violent material in other media (e.g. films, video games, and the Internet.)
- ☐ ☐ Federal funding of enhanced school services and community partnerships to reduce drop out rates.
- ☐ ☐ An increase in the minimum wage.
- ☐ ☐ The provision of child care assistance for teen mothers on welfare.

Please circle the response(s) that apply to your position:

I support adolescent access to abortion...

- (A) only with parental notification.
(B) only with parental consent.
(C) without any restrictions.
(D) I do not support adolescent access to abortion services.

I support adolescent access to mental health services...

- (A) only with parental notification.
(B) only with parental consent
(C) without any restrictions.
(D) I do not support adolescent access to mental health services.

I support adolescent access to contraception...

- (A) only with parental notification.
(B) only with parental consent.
(C) without any restrictions.
(D) I do not support adolescent access to contraceptive services.

I support adolescent access to sexually transmitted disease prevention and services...

- (A) only with parental consent.
(B) only with parental notification.
(C) without any restrictions.
(D) I do not support adolescent access to STD prevention and services.

TO: President Clinton

FROM: Kathleen Sylvester

RE: A National Teen Pregnancy Strategy

You have a rare opportunity to unite the American people on an issue of common concern and to catalyze an effective, broad-based response to the problem of teen pregnancy.

Why now? The welfare debate generated renewed public concern about the issue. We know enough now about all of the elements of the problem to attack it intelligently. Most of the "pieces" of the solution are available; they have not been linked together effectively or in a sustained fashion.

And you can provide national leadership—the element missing in past efforts—and a sense of urgency. In a nation where more than a half million teenagers are having babies and another half million are having abortions each year, you must insist that there is no time to waste.

You can remind Americans that the problem touches many families in a nation in which 43 percent of young women become pregnant once during their teenage years. Finally, you can tell them that the problem is solvable—that in a nation of 263 million, we can surely join together to influence the life circumstances and decisions of the 1.2 million teens who become pregnant every year.

The challenge to you as a national leader is to leverage an effort that will take place at the local level and be guided by the private sector. To make this effort succeed, you must announce a new "bargain" between government and communities: Public-sector institutions must become team players in the new approach to solving social problems. To accomplish that transformation, you can lead the nation in bold national exercise in problem solving. It should be guided by common sense and by these principles:

- * Government cannot solve this problem. The problem will be solved by families and communities, reinforced by all institutions of society, including government.
- * This initiative will reestablish the importance of values—those of communities and families—in social policy.
- * This will be a national initiative focused on prevention. Abortion is not prevention; this is not about abortion.

The long-term goal of the initiative should be to reestablish the social presumption that there are appropriate ages and circumstances—in effect, a rite of passage—that women and men must achieve before they become parents.

The tactical goal of the project should be a national campaign that seeks to engage each of the nation's 83,000 communities in a discussion about preventing teen pregnancy. The campaign will offer support for coalitions of parents, young people, teachers, politicians, religious leaders, local media, and business leaders in every community that organizes such a group around a common purpose.

The model would include these four components.

1. A federal government that offers two elements of the solution:

- * presidential leadership
- * federal resources—including funding and legislative initiatives—that respond to needs identified by the communities that are solving the problem.

2. A national teen pregnancy initiative—a central entity whose task is to catalyze and support the efforts of churches, non-profits, businesses and civic organizations, and state and local governments.

3. A national teen pregnancy research council. This entity, which would be separate from the teen pregnancy initiative, would monitor the effectiveness of programs and identify issues that require further research.

4. A national media campaign that complements the efforts of the initiative and responds to the results of the council's research.

This model is designed to avoid the weaknesses that have characterized the failed efforts of the past two decades.

*** Those efforts were compromised by politics.** Since the days of the Carter Administration's "Alternatives to Abortion" initiative, every teen pregnancy effort has been complicated by the politics of abortion, contraception, or sex education. The result is that none of these efforts accomplished anything beyond funding a handful of demonstration projects.

Your administration faces the same problem: The Department of Health and Human Services, for example, recently awarded \$4.2 million in grants -- mostly going to abstinence-based programs through the Adolescent Family Life Program. Good programs that included other elements were subtly discouraged from applying, even though evaluations show that abstinence-only programs are less effective than those programs that combine abstinence and contraception.

Federally-run clearinghouses have been rendered ineffective by politics as well. The most recent victim was the clearinghouse proposal attached to the Second-Chance Homes proposal in the Senate welfare bill. That clearinghouse plan was abandoned by the Democrats during the floor debate after Republicans balked and threatened to withhold support for Second-Chance Homes.

Federal research is limited by political considerations too. Privacy regulations, for example, have limited the kinds of questions federally funded researchers may ask about the men who father the babies of teen mothers.

*** They were guided by "experts" who rarely provide clear articulations of the problem or possible solutions.** Washington has offered little useful help for those who are trying to solve the problem. The messages from children's advocates and policy experts are generally vague and confusing.

There has been a great deal of debate about teen pregnancy, with few practical recommendations. Some of the debate's participants insist that nothing will work; some insist that nothing short of ending poverty will work; and others say they still aren't sure what works because they haven't done enough research. There is tremendous competition in Washington to be perceived as "right" about teen pregnancy, but less competition to try to solve the problem.

And even when the experts offer information that might help policymakers or practitioners, they offer it in a form that is inaccessible. The recent HHS report to Congress on Out-of Wedlock Childbearing, for example, contained 265 pages of conclusion such as these: "Strategies must take into account that large numbers of pregnancies are unintended." and "Different strategies are needed for populations at greatest risk."

Volumes of research reports in which the academics footnote each other's studies are of little use to a Girl Scout leader or a minister trying to understand the issue or simply looking for a good idea.

Policymakers are frustrated as well. They are beginning to understand the ramifications of teen pregnancy: Most can recite the litany of the social problems that stem from it. But they're simply not getting any useful advice on what to do. An unreleased study by the State Legislative Leaders' Foundation concludes that state legislators are so consumed by process that they rarely have time to learn about policy. They want information they can understand; they want specific ideas about what they can do; they want arguments to build support for those ideas. They do not want academic research and volumes of government reports.

*** Most past efforts were narrowly focused on "programs" and pilot projects.** These programs often failed to nurture community leaders or build community support; they usually disappeared when funding dried up.

While the pilot programs did not achieve any significant reductions in teen pregnancy, they did provide a wealth of knowledge. Many pieces of the teen pregnancy problem have already been addressed: There are examples of effective incentive programs, effective school-based health programs and effective sex-education curricula. We also know that these limited interventions produced sustained results only when coupled with other efforts. That's what must happen now.

I've talked to dozens of people who work with kids, and they all tell me they want help with the *other* pieces of the problem. A counselor running a support group for young black men tells me he can't hope to be a role model for all of them. Where are the other men who will mentor these boys? A high school principal told me she can't convince young women that unprotected sex may result in disease or pregnancy when they spend hours watching TV soaps that portray sex as risk-free and carefree. What is the media doing to respond to this problem? Social workers trying to help young women who live in homes where they are abusive men say there are not enough safe places to send those young women. What are we doing to solve the foster care crisis or to create group homes for those young women?

A national initiative should not focus on creating programs. It should focus instead on creating leaders who will decide whether they need programs. These leaders will also decide where and when they need reinforcement. Once they identify those needs, it will be the task of the central entities in the venture—the federal government, the teen pregnancy initiative and the research council—to respond to those needs.

Creating an Effective Teen Pregnancy Campaign

This nation has 15 years of experience and a great deal of information about what works and what doesn't. That is more than enough to start this effort. We must launch this effort *now*; we can adjust the plan along the way. This is what it should look like at the outset.

*** The Money Would Be Private; the Politics Would Be Local**

Both the Initiative and the Council should be privately funded. This will allow them the political independence to offer communities useful assistance and to engage in relevant research.

By moving the decision-making to the local level, local leaders can negotiate political obstacles that cannot be negotiated in Washington, where no one has a real stake in the outcome.

A strong example comes from North Carolina, where a state coalition has convinced the state legislature to fund a variety of initiatives, including school-based health clinics that offer contraceptive services. The state group worked with community coalitions, including representatives of pro-life religious organizations, to work out the politics ahead of time. Their coalitions were led by local business leaders with money and clout; the advocates who lobbied legislatures came armed with citizen petitions and transcripts of public hearings. They gave the legislature the political cover to fund the clinics.

Building these new coalitions takes time. People need to learn how to manage organizations, mobilize members of their community, and continually adapt strategies to changing needs. In the early years in North Carolina, when community groups were getting established, they had little effect on teen pregnancy rates. But in the last three years, teen pregnancy rates have dropped 30 percent—the most significant sustained success of any large initiative in the country.

Under this plan, a national teen pregnancy initiative would perform a function similar to that of the Southern Governors' Infant Mortality project. As you know, the advocates who ran that campaign traveled across the south explaining the medical and social costs of low birthweight babies. They offered evidence that preventing low-birthweight babies would save money for the states. They offered a set of solutions—including expansion of Medicaid eligibility and strategies for improving access to health care for pregnant women. Then they held people accountable by checking back to measure their progress, and applied constant pressure by reporting publicly on the states' comparative progress.

The goal of the Initiative is to create and nurture a national network of state-based coalitions. These state-based groups will, in turn, work with communities. The state coalitions will offer information, resources, and training for local advocates. Both sets of coalitions will be able influence policymakers.

At the local level, organizers will work in communities to gather data on teen pregnancy and related problems such as sexually transmitted diseases and substance abuse. They will survey young people's attitudes towards sex and present an "Adolescent Health Index" to community groups such as school boards and churches. Then organizers will plan "summits" with all relevant community members. At the summits, community members will identify the range of solutions needed and the pieces of these solutions that are missing in their own communities.

In reality, these coalitions won't be addressing teen pregnancy. They will be addressing the broader—and more appropriate—issue of youth development. We won't reduce teen pregnancy without tackling related problems such as education and jobs and substance abuse. But it is easier to begin the discussion around an issue that generates so much public concern, then allow communities to broaden the scope of their efforts as they discover the "web" of related issues.

These coalitions will be broad-based and non-partisan. At the state and local level, the coalitions will include parents, teens, educators, members of community and neighborhood organizations, and professionals from public agencies that work with young people. They will also include churches, Chambers of Commerce, United Ways, Catholic Charities, Kiwanis and Rotary Clubs. Finally, they will include representatives of the media and the corporate community.

How would these initiatives be funded? The funding requirements will be modest. At the outset, the national initiative must provide organizers and resources for the states. These organizers will help build support for state coalitions; the coalitions will raise funds from corporate and foundation sources for state-level staffs. These state-level staffs will help build local coalitions. The coalitions, in turn, will raise money for their own staffs. At the state level, only a handful of people are needed; at the local level, one person can keep a coalition knitted together.

When communities decide what they need, many of the "pieces" of the solution will be available through existing public or private efforts. Effective coalitions will be able to raise funds to fill in the gaps at the local and state levels. Eventually, the coalitions will be able leverage public funds. In North Carolina, for example, the state legislature now looks to the state adolescent pregnancy coalition for guidance about which efforts it should fund.

This kind of initiative will complement what many progressive foundations, including Annie E. Casey, Carnegie and Edna McConnell Clark, are already doing. These foundations are abandoning pilots and seeking to support strategies that set new priorities and change governance structures.

*** The Campaign Will be Specific and Practical**

The role of the "central" entity in this initiative is to catalyze and support efforts designed and carried out by churches, non-profits, businesses, civic organizations, and state and local governments. It would accomplish this goal by doing the following:

1) Breaking down the issue into understandable terms and offering basic, useful information about the elements of the problem and possible solutions.

The question of teen mothers under age 18 offers a good model. A year ago, I pulled together these facts about teen mothers under age 18: Most come from homes strained by poverty and dysfunction. Most do badly in school; many drop out before they become pregnant. Most have been badly nurtured; many have been subjected to neglect or physical violence. As many as two-thirds were victims of rape or sexual abuse at an early age and suffer from mental and emotional problems. They are easy prey for older men: Two-thirds of teenage mothers have babies fathered by men who are 20 or older. They have few role models; they don't know how to be good mothers. Then I looked up one more salient fact. I discovered that there are only 69,000 of them.

With this information, I looked for a practical solution to address their problems and came up with "Second-Chance Homes." The Senate embraced the idea as did governors, legislatures, and community groups in a half dozen states.

2) Offering resources and advice from others who have built effective coalitions for teen pregnancy campaigns. It will be important to link new state coalitions to leaders of state coalitions that have been effective. There is no central entity that links those efforts now.

3) Help in measuring and evaluating results so that state and local efforts have a means to build support for good results and adjust efforts when strategies don't work.

4) Appropriate and sustained media reinforcement.

*** The Campaign Will Divide the Task**

Teen pregnancy isn't a single problem, it's a collection of dozens of problems. The only way to solve such a problem is to break it down, identify the pieces, and divide the task. That means deciding on appropriate roles and tasks for the federal government, others levels of government, the media and corporate entities, community-based organizations, and families. If the tasks are divided thoughtfully and they are orchestrated to reinforce each other, the results will take some time to achieve, but they will be significant.

*** The Presidential/Federal Role:**

You can lead this effort with a series of pragmatic and highly visible responses to your own observation that "the epidemic of illegitimacy is our most serious social problem."

1. Announce a new role for the federal government.

End federal money for pilot programs. Tell citizens that the new federal role will be responding to the needs expressed by communities. Promise those communities that no politicians or researchers or experts will try to impose solutions from Washington. Assign a high-ranking federal official to handle requests from community groups for waivers in federal programs and to be a voice for them in government. They have no such voice now.

The Centers for Disease Control and Prevention, for example, recently announced grants for AIDS-prevention programs. Teen pregnancy prevention advocates point out that the money might have been better used if it had been designated for AIDS prevention *and* teen pregnancy prevention since AIDS is growing very quickly in the adolescent population.

In addition to making government a responsive partner for communities, you should pick several issues where there is a clear federal interest. Then announce that the Clinton Administration will tackle them. I would suggest the following:

2. Appoint a National Commission on Adoption and Foster Care Reform.

Promise the commission's recommendations by November of 1996 to be considered by the new Congress.

The commission should study the causes of low adoption rates; barriers to transracial adoption; and the crisis in the foster care system. You could announce it by highlighting these problems: 1) Adoption rates are about 1 percent for African-American teens and 3 percent for whites; 2) despite federal guidelines

requiring child-custody cases to be resolved in 18 months, an African-American child in an urban area may spend an average of 51 months in a first foster care placement; 3) the Family Preservation Act of 1980 says child welfare agencies should make "reasonable efforts" to keep families together; this confusing mandate has caused too many children to stay too long with unfit parents; 4) On any given day, a half million children are in foster care, and there aren't enough foster homes for all the children who need them.

3. Expand the mandate of the Justice Department's Domestic Violence Initiative to include the proposition that sexual abuse is a root cause of teen pregnancy.

Studies show that as many as two-thirds of teen mothers were victims of rape or sexual abuse at an early age—crimes often committed by males living in the same household. Victims of early sexual abuse often develop emotional patterns that make them vulnerable to the attentions of older men. Two-thirds of teenage mothers have babies fathered by men who are age 20 or older. Federal leadership is needed in both public education efforts and criminal justice reform.

4. Commit key administration officials to lend their authority to projects of the teen pregnancy initiative as needed. Several members of your Cabinet have enormous credibility on these issues. I hope they will join the effort.

5. Convene a national "Summit on Media Responsibility."

In a nation where the average teenager watches 21 hours of television a week, we must look to the media as a powerful influence on values. These statistics alone are enough to provoke a discussion: The Kaiser Family Foundation reports that in 1994, the average number of sexual activities per episode on the average soap opera was 6.6. The average soap opera viewer also sees unmarried intercourse 2.4 times per episode and rape 1.4 times per episode.

6. Declare May Teen Pregnancy Awareness Month and participate in state summits during May. May is the month when the highest number of teen pregnancies occur. The national teen pregnancy initiative should be in full swing by May, and many state coalitions will be formed. You can boost the effort by offering them an opportunity to build public awareness and by adding visibility to some of their efforts.

*** The Role of the Teen Pregnancy Prevention Initiative:**

The role of the "central" entity in this initiative is to catalyze and support efforts designed and carried out by state and local governments, churches, non-profits, businesses and civic organizations. It would re-engage communities in efforts to solve the problem; change public attitudes and perceptions about teen mothers and build support for legislative and community initiatives by highlighting successful programs. It should be governed by a partnership of business, community, and public-sector leaders.

Among its specific functions:

- 1. Offer basic and useful information.** Many communities are now going through goal-setting processes in which they are trying to define goals (such as reduced teen pregnancies) and need to know what range of services are necessary to reach that goal. Communities and states also need information that helps them build support for ideas. The Initiative should offer each state a "cost-of-bad outcomes" study to quantify the true costs of teen pregnancy and help them justify spending on prevention.
- 2. Create a central interactive network** that helps legislators and successful practitioners connect to each other. There is no formal linkage between the people who are working on these issues across the country. Some efforts are based in the health community, some in social services, some in education. These folks don't ever meet at a national convention. The Initiative should offer them that central connection point until they have established their own linkages.
- 3. Offer a speakers' bureau and a "talent bank" of celebrities** willing to bolster state and local efforts.
- 4. Set a goal of helping 10 states to hold state summits** on teen pregnancy in the first year.
- 5. Create a teen pregnancy handbook for state legislators.** Offer state legislators some practical ideas for what they can do to curb teen pregnancy. These might include opening "second-chance homes" for teen mothers; adopting new sex education and decision-making curricula; establishing Underage Sex Offenses Units; establishing Individual Development Accounts for teenagers who finish school and don't become parents; or creating neighborhood centers for at-risk teens. A dozen states have already adopted a variety of these ideas, which were suggested in the Progressive Policy Institute's teen pregnancy paper.

6. Work with Congress. Members of Congress are eager for suggestions on sensible ways to talk about teen pregnancy and for ideas that work. This year, the Senate embraced two specific "pieces" of the problem for which PPI offered ideas: a proposal for "Second-Chance Homes" and the notion that sexual predators are a major factor in teen pregnancy. There are other appropriate "pieces" of the teen pregnancy agenda for the Congress to address, and they should be offered in the next congressional session.

7. Task the grass-roots organizations. There are a number of groups that have money, willing members, and ready-made infrastructures to tackle some pieces of the teen pregnancy problem. They lack specific goals and a vision of where those goals should take them.

One such organization is the Coalition for America's Children, a grassroots organization that includes the Junior League, the NEA, the American Academy of Pediatrics, the Child Welfare League, the American Public Welfare Association and others—representing 40 million members. The second is the Coalition of Community Foundations for Youth, which now includes a significant number of the country's 420 community foundations.

8. Work with businesses to explore appropriate corporate involvement in this issue. Corporate sponsorship of public service ads is not enough. We must consider how the corporate entities that want to help could offer teens real incentives—incentives that would change their expectations about life—such as Individual Development Accounts, mentors, scholarships, summer jobs, or jobs after graduation. Once we've devised a menu of options, we should work with the business community to promote those ideas. This same menu can be offered to business leaders at the state and local level by the state and local coalitions.

I've studied the relevant models of domestic social policy reforms that may apply to this problem and incorporated the elements of many in this memo. But there is one element of this project that should be borrowed from Sri Lanka, where the Sarvodaya Shramadhana Movement offers an important example of David Korten's "learning organization."

The SSM, which I believe Hillary visited in Sri Lanka, is a rural development initiative that succeeds because it is open to new goals and strategies, welcomes criticism, and adapts to the changing needs of its rural clients.

SSM's development from a school teacher's experiment into a national movement took place in three stages. At each stage, SSM was forced to learn how to address changing needs in order to survive. Eventually, the organization invited its external critics to help it form an internal "learning mechanism." The SSM

established a research institute to identify and study areas for improvement and to serve as a self-correcting mechanism for SSM.

While we know enough to design an effective initiative now, the initiative will have to reinvent itself many times before the problem is solved. As this teen pregnancy initiative grows, the Initiative and the state entities will constantly modify their roles to serve the grassroots efforts. They must be learning organizations. Thus the Initiative needs an evaluation component:

*** The National Teen Pregnancy Prevention Council**

This should be a separate entity, guided by a board of both academics and practitioners, whose research would complement the work of the Initiative. The council should offer a challenge to the academic community: Produce information that is relevant and useful for the people trying to solve the problem.

1. It would guide academic research by working with practitioners to identify areas in which they need more information.

2. It would offer independent evaluations of prevention initiatives and insights about the characteristics of what works. This would enable existing coalitions to modify their efforts continuously and offer up-to-date information to new coalitions.

3. It would lend credibility to the effort because it would be privately-funded—protected from politics and freed from the constraints that limit federal research efforts.

4. It would provide insights for the media campaign by initially identifying the messages that must be communicated to young people and later evaluating the effectiveness of those messages. Identifying these messages calls for an unlikely combination of expertise in youth development, psychology, policy, and media. The council should convene these entities and help design a media campaign.

*** The Teen Pregnancy Prevention Media Campaign**

The media campaign will have three stages and many audiences.

1. First, the general public must be educated to disregard the stereotypes about teen mothers. Conservatives have successfully promoted the myth that these young women are promiscuous and manipulative. The public needs to know that many of these young women are essentially vulnerable "children" who have been badly nurtured, victimized by sexual predators, and raised in isolation from the

opportunities and values of the society that condemns them. Conservatives have also successfully convinced many people that compassion has failed and only punitive measures will work. Thus, the early media campaign must focus on the lives of teen mothers and on programs that work.

We know enough to create the first segment of the media campaign and to begin work on the second. There are many journalists ready to look again at the lives of teen mothers in the context of welfare reform and to do stories about programs that work. I've put many in the pipeline already.

2. Next, as community groups put forward possible strategies such as school-based health clinics, the general public and parents must be educated about why those strategies are sensible and effective. In other words, educate the adults who are creating barriers to young people getting effective help.

Phase two of the media campaign is relatively simple too. Community groups must be armed with public education materials, data, and stories about programs that work. Public involvement needs to be stimulated with public service ads that generate interest and offer immediate followup. We should take our cues from the Beautiful Babies Campaign, which told pregnant women in Washington, DC that they needed pre-natal care, told them where to get it, and offered incentives for those who did. A second model comes from the enormously successful Runaway Hotline, which offered a toll-free number and immediate help for runaways.

3. Finally, the campaign must focus on young women and the men with whom they are involved. This will be very difficult. We must direct the largest and most sustained media effort toward changing young women's attitudes about early childbearing and changing male attitudes about responsible behavior toward women and young girls.

I don't believe we know enough yet about the right message for these groups. The clues will come from the people working to solve this issue at the grassroots level, from the young women and men who would be the audience for such a campaign, and experts in youth development, psychology, policy, and media. Jay Winsten at Harvard has expressed interest in helping pull together this project.

Once we figure out what the message should be, we can challenge the corporate entities that market successfully to teens—such as Nike, Reebok, Coke, Pepsi, and Levis—to devise a national advertising campaign that will send the message. Then it will be appropriate to call on Hollywood for free media and ask entertainers and sports figures to help bombard young people with messages that reinforce the messages they're getting in their own communities.

TEEN PREGNANCY PREVENTION

Questions & Answers for President Clinton

What progress has the Administration made in forming the "national campaign against teen pregnancy" which President Clinton called for in January?

In this year's State of the Union Address, I urged leaders from all sectors of society to join in a national campaign to prevent teen pregnancy. The epidemic of teen pregnancy -- with more than 1 million girls under age 20 becoming pregnant each year -- is one of this nation's most serious social problems. Government has an important role to play in addressing this dilemma, but the public sector cannot solve the problem alone. The talents and energy of the private sector must be brought to bear in addressing this complex dilemma affecting America's young people.

I believe we need a national campaign that sends a clear message: It is wrong to have a child outside marriage. Nobody should get pregnant or father a child who isn't prepared to raise the child, love the child, and take responsibility for the child's future.

Since January, the Administration has worked in partnership with a group of concerned citizens to lay out a practical vision for a private-sector campaign. A framework has been developed for a national independent, bipartisan organization which will catalyze and support a sustained effort to reduce the incidence of teen pregnancy in the U.S.

In September, I will meet with selected individuals from the private sector -- from the business, religious, education, health care, media, and foundation communities -- to explore opportunities for launching the national campaign.

What will this new private-sector organization do?

The specific agenda of the organization will be determined by its leadership. The new group will not impose any top-down solutions. Rather, it will encourage local communities to forge their own approaches to teen pregnancy prevention consistent with their values and experience. A major role of the organization will be to discover, disseminate, and celebrate what is working in teen pregnancy prevention. Right now, while many local efforts show great promise, information on what works is fragmented.

Activities of the new group are likely to include:

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

- supporting the comprehensive evaluation of promising programs and other research as needed;
- seeking to be the most credible, independent resource available to anyone interested in preventing teen pregnancy and providing training, conferences, newsletters, briefings, and speakers.

What will Dr. Henry Foster's role with the Administration and this new organization be?

No specific role has been decided on as yet. I hope to make an announcement about Dr. Foster in the coming weeks.

Dr. Foster has worked tirelessly over his 38-year career in medicine to reduce the incidence of teen pregnancy. He has counseled young people without other role models that they should not have sex before marriage, that they should stay off drugs, and that they should stay in school and make the most of their lives.

Why has it taken so long to organize the private-sector campaign?

Outreach has been made to dozens of prominent citizens -- experts in the field of teen pregnancy, leaders of the business, foundation, and religious communities. These consultations have been essential. We're approaching this very complicated problem in a serious, careful manner -- we don't want a band-aid solution.

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

The private-sector initiative is intended to complement and enhance government initiatives supported by the Administration. The range of Administration efforts related to teen pregnancy includes:

- numerous service and research programs in teen pregnancy prevention within the Department of Health and Human Services
 - In 1993, President Clinton lifted the "gag rule," enabling non-directive options counselling in federally supported family planning clinics.
 - The Administration has supported increases in funding for family planning services. In FY92, \$149 million was spent on family planning. Current funding is \$193 million, and the Clinton budget request for FY96 is \$199 million.
 - HHS provides grants to organizations across the country to support local teen pregnancy prevention efforts and to evaluate strategies for effectiveness.

- programs across several agencies to promote youth development and address various risk factors associated with teen pregnancy
- current and proposed welfare reform measures to provide young men and women with incentives to delay parenthood until they are married and able to support their children. President Clinton's welfare reform package includes the following provisions:
 - Teen mothers on welfare would be required to live at home with their parents, stay in school, identify the father, and move into employment within a limited period of time.
 - Tough new child support laws would be strictly enforced so that prospective teen fathers would know they had to provide child support for the next 18 years. (In 1993, the Administration collected a record \$9 billion in child support, a 12% increase over the previous year.)
 - States would have flexibility to try innovative ways to encourage responsible behavior, such as rewarding teen recipients who make progress in school and sanctioning those who drop out.
- a comprehensive attack on background economic and social factors contributing to rising teen pregnancy rates, including poverty, unequal educational opportunity, and disinvestment in distressed urban and rural communities
 - Lifelong Learning Initiatives -- Pre-School and Parenting; Goals 2000; School-to-Work; National Service; Training and Reemployment
 - Rewarding Work for Working Families -- Earned Income Tax Credit; Minimum Wage Increase; Family and Medical Leave
 - Community Empowerment -- Empowerment Zones/Enterprise Communities; Community Development Banking

TEEN PREGNANCY

Talking Points on Promises Kept From 1995 State of the Union

- Last year in his State of the Union address, President Clinton called teen pregnancy one of the nation's most serious social problems. Recognizing that government cannot solve this problem alone, the President challenged leaders in the private sector to form a national campaign to prevent teen pregnancy.
- Throughout the year, the Administration has been working to catalyze this effort. Progress has been made, and a diverse, prominent and credible group of leaders have committed to pilot a campaign to reduce the incidence of teen pregnancy.
- Reducing the incidence of teen pregnancy has also remained a key goal of this administration's policy for young people.
- President Clinton has continued to raise awareness about the need for efforts focussed on teen pregnancy prevention by talking about it.
- Recognizing that real solutions lie at the grassroots level, with families, communities and young people themselves, we have strived to focus our resources in support of work at the local level.
- The Clinton Administration's policy on teen pregnancy, and on youth generally, have been built on two fundamental values:

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

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

Examples of Grants Issued in 1995:

- Comprehensive Study: In June of 1995, the Department of Health and Human Services issued, "**Beginning Too Soon: Adolescent Sexual Behavior, Pregnancy, and Parenthood**," a two volume report containing a comprehensive and exhaustive review of the most recent research literature on teenage sexual behavior, pregnancy and parenthood and on effectiveness of teenage pregnancy prevention programs. This report was produced by Child Trends, Inc. with funding from the Department of Health and Human Services, and is now available on the Internet.
- Adolescent Family Life Program: In September of 1995, HHS's Adolescent Family Life Program awarded 15 grants totaling \$4.2 million dollars for comprehensive demonstration programs aimed at preventing early teenage sexual activity and reducing teenage pregnancies. These programs feature innovative ways to **emphasize abstinence as the best way to prevent adolescent pregnancy** and to encourage the involvement of parents in these discussions with their children.
- Community Coalition Partnership Programs for Prevention of Teen Pregnancy: In September of 1995, Centers for Disease Control and Prevention launched the new Community Coalition Partnership Programs for Prevention of Teen Pregnancy by awarding 13 grants totalling \$6.5 million over two years. These grants enable communities to develop plans for implementing and evaluating **community-wide interventions** that are innovative, comprehensive and sustainable. In addition, these demonstrations include an evaluation component.

Other Points to Note on Personal Responsibility:

Child Support Enforcement:

- In 1995 the Administration collected a record of \$11 billion in child support from non-custodial parents, an increase of 40% since 1992.
- President Clinton also proposed a comprehensive child support enforcement plan as part of his welfare reform legislation. The plan would streamline paternity establishment; require new hire reporting; make child support laws uniform across state lines; computerize state-wide collections to speed up payments; and require states to threaten denying drivers' and professional licenses to parents who refuse to pay child support.
- In addition, in 1995 President Clinton signed an Executive Order to crack down on Federal employees who owe child support.

State Welfare Reform Demonstrations:

- The Administration has approved State Welfare Reform Demonstrations that include various provisions affecting minor parents.

SCHEDULE PROPOSAL

Date: 6/19/95

☐ ACCEPT

☐ REGRET

☐ PENDING

TO: Billy Webster
Deputy Assistant to the President
and Director of Scheduling and Advance

FROM:

REQUEST: That President Clinton hold a meeting on the issue of teen pregnancy with prominent individuals from the private sector and experts on adolescent health

PURPOSE: To demonstrate the Administration's commitment to addressing this serious problem; to follow up on the call made in the State of the Union Address for a national campaign against teen pregnancy.

BACKGROUND: In the *State of the Union*, President Clinton called on "parents and leaders across this country to join together" to address "our most serious social problem." Senior Administration staff, working in consultation with experts on teen pregnancy, have proposed the creation of an independent, private-sector organization to conduct a sustained national effort to help stem the tide of children having children.

Likely candidates to be founders of the envisioned organization have been identified. The target list includes prominent individuals from the business, religious, entertainment, media, sports, health care, education, civic, and foundation communities.

The President can help secure the commitment of these individuals by inviting them to the White House for a discussion about teen pregnancy. They will talk about the nature and scope of the problem, prevention efforts currently underway, and opportunities for public-private partnership on the national level.

One of the meeting participants will have agreed in advance to host a larger follow-on meeting a few weeks after the White House visit. The new organization would hopefully be launched this fall.

DATE AND TIME: ASAP

DURATION: 2 hours

LOCATION: White House

PARTICIPANTS: The President
Secretary Donna Shalala
Andrew Young
Sharon Buffett
Belle Sawhill, Urban Institute
Sarah Brown, Institute of Medicine
C. Everett Koop
Sen. Jack Danforth
Oprah Winfrey
Henry Foster
David Hamburg, Carnegie Foundation
Elaine Bennett
Bill Gates
Kris Moore, ChildTrends, Inc.
Marion Howard, Emory University
Genie Rosoff, Guttmacher Institute
A. Bescheroff,

OUTLINE OF
EVENT: Teen pregnancy experts would brief President Clinton and the other guests. The group would then discuss the need for sustained leadership on the issue from both the public and private sectors. The President would offer his thoughts on what an independent, private-sector entity could do to support local communities in combatting teen pregnancy.

REMARKS: Yes

MEDIA: To be determined. (Very low-key)

FIRST LADY'S
ATTENDANCE: If available

VICE PRESIDENT'S
ATTENDANCE: If available

SECOND LADY'S
ATTENDANCE: No

RECOMMENDED BY:

CONTACT: Janet Abrams, 6-2857

A NATIONAL CAMPAIGN AGAINST TEEN PREGNANCY

"We clearly need a national campaign against teen pregnancy that sends a clear message: It is wrong to have a child outside marriage. Nobody should get pregnant or father a child who isn't prepared to raise the child, love the child, and take responsibility for the child's future."

President Clinton, March 7, 1995

President Clinton has urged the American people to join together to stem the epidemic of children having children. He has outlined a plan of action which requires leadership from both the private sector and government.

- Private Sector Leadership . . . Recognizing that "government can only do so much" in addressing the complex issue of teen pregnancy, the President is inviting leaders of all fields -- business, sports, entertainment, education, churches, foundations -- to contribute their energy and resources to addressing the problem. A private sector campaign waged from boardrooms, t.v. stations, pulpits, and community centers across the country would promote individual responsibility, as well as hope and opportunity, for America's youth.
- In Partnership with Government In 1992, Bill Clinton made the groundbreaking commitment to "end welfare as we know it." The President's reform plan included several measures to motivate young people to make responsible life choices:
 - Teen mothers on welfare would be required to live at home with their parents, stay in school, identify the father, and move into employment within a limited period of time.
 - Tough new child support laws would be strictly enforced, so that prospective teen fathers would know they had to provide child support for the next 18 years.
 - States would have the flexibility to try innovative ways to encourage responsible behavior, such as rewarding teen recipients who make progress in school and sanctioning those who drop out.
 - School-based teen pregnancy prevention programs in high-risk areas
 - A national teen pregnancy clearinghouse to disseminate information on model programs.

UPDATE

The House is marking up welfare reform legislation that takes a more punitive approach to teen pregnancy, cutting off all benefits to mother and child until the mother turns 18. The administration is opposed to this approach. Floor action will occur in late March, and the Senate will take up welfare reform in April or May.

The National Campaign is in the development stages, as people outside the administration talk to leaders in a wide range of fields about taking up the President's challenge.

TEEN PREGNANCY INITIATIVE

The Problem: More than 1 million girls under age 20 become pregnant each year in the U.S.

Administration Objective: To catalyze the creation of an independent, private-sector organization dedicated to reducing the incidence of teenage pregnancy.

Participants: Leadership of the organization would be bi-partisan. Board members would be prominent individuals from the business, religious, media, entertainment, civic, health care, education, and foundation communities.

What the group would do: The new organization would work to focus national attention on the problem of teen pregnancy and to support community prevention efforts across the nation.

Likely activities would include:

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

Action Plan:

- In August or early September, President Clinton convenes a White House meeting on teen pregnancy, bringing together 10-15 individuals who have been identified as potential founders of the envisioned organization, plus several experts in the field.
(See attached scheduling request.)
- One of the participants (ideally, the head of a major foundation) will have agreed in advance to host a larger follow-on meeting to discuss plans for a national private-sector campaign.
- The follow-on meeting takes place by the end of September. Out of this gathering, the new organization is launched.

Next Steps

- Schedule time on the President's calendar -- a 2-hour block in early August or the second of week of September. (week of July 17)
- Prepare list of invitees to meeting; draft letter of invitation. (week of July 17)
- Secure commitment by a foundation director to host follow-up meeting in September. (week of July 17)
- Present the President the invitation list and background materials to review. (week of July 17)
- Mail out invitations. (week of July 24)

January 27, 1996

MEETING AND ANNOUNCEMENT ON TEEN PREGNANCY

Date: January 29, 1996
Time: 11:00 a.m.-12:00 p.m.
Location: Oval Office/Roosevelt Room
From: Carol Rasco/Jeremy Ben-Ami

I. PURPOSE

The purpose of today's events is to demonstrate action on a central issue raised in both this year's and last year's State of the Union -- teen pregnancy. You will first be meeting with people working at the state and local level to highlight the type of grassroots efforts you called for in your speech. The focus of the discussion in the Oval Office will be on what local grassroots efforts need to get started and how a national campaign could help other communities trying to replicate successful models.

You will then be making a statement to the press in the Roosevelt Room, announcing members of the leadership council for the new National Campaign and the appointment of Dr. Henry Foster as your Senior Advisor on Teen Pregnancy and Youth Issues.

II. BACKGROUND

Status of the National Campaign: Since the October meeting at the White House, significant progress has been made in laying the foundation for a national private-sector campaign. Belle Sawhill has led the organizing effort, working with Jody Greenstone (who just moved to California) and Sarah Brown of the Institute of Medicine. Key steps taken include:

- recruiting a bipartisan Leadership Council -- 12 members are on board so far and additional invitations are outstanding:

Andrew Young	Warren Rudman
Hugh Price	Judy McGrath (MTV President)
C. Everett Koop	Tom Kean
Nancy Kassebaum	Irving Harris
David Hamburg (Carnegie Corp)	Whoopi Goldberg
Katherine Graham	Charlotte Beers (Ogilvy & Mather).
- securing \$75K in planning monies from 3 foundations
- drafting a prospectus laying out a clear mission and set of functions for the new national organization

All those who attended the White House meeting in October have been consulted in the last three months as the Campaign has been developed, as have dozens of others around the country. On Tuesday, the Carnegie Corporation is hosting a follow-up meeting for all the October participants and other interested parties. This meeting should result in agreement to form a new national organization, and the first Board meeting of that group will take place in Washington in late February. We will invite the entire Board to meet with you at the White House to highlight the launch of the Campaign at that time.

Dr. Foster's position: You are announcing that Dr. Foster will be your Senior Advisor on Teen Pregnancy and Youth Issues. He will be working in this capacity part-time and remaining with Meharry Medical College part-time. He will be your liaison to the National Campaign, but is not coordinating it and will not be on the Board, as that is not legally permissible. His role will include speaking engagements nationally and locally, media appearances, and generally serving as your ambassador on these issues. We hope his efforts will help inspire more grassroots efforts like his own in Nashville and those of the people you are meeting with today.

III. PARTICIPANTS

The President
Secretary Shalala
Dr. Henry Foster

Rosanne Bilodeau, Executive Director, Pathways/Senderos (New Britain, CT)

Pathways/Senderos, started in 1993, is a community-based program in a low-income neighborhood with high levels of gang violence. It serves 20 Latino girls and boys starting in 6th grade. Its education components include family life and sexual education and a focus on career development. All of the kids are in school, and none has become pregnant or fathered a child. The program recently received private funding to start a business that they plan to use for skills training and to help fund the program. Bilodeau is originally from a rural area in Canada, where most girls have children at an early age. She is the first in her family not to have parented as a teen, and to have completed high school and college.

Donna Fishman, Director, Minnesota Organization on Adolescent Pregnancy, Prevention and Parenting (St. Paul, MN)

The Minnesota Organization on Adolescent Pregnancy is a statewide coalition to strengthen policies and programming that relate to adolescent pregnancy, prevention and parenting. Fishman first started working in the area of teen pregnancy prevention in college, where she coordinated a peer sexuality education program. She now monitors and provides technical assistance to 6 community-based teen pregnancy prevention pilot projects, as well as to other agencies and coalitions around the state.

Barbara Huberman, Director, Training and Sex Education, Advocates for Youth (D.C.)

Advocates for Youth is a 10-year old, nationally recognized private-public partnership. Huberman is the founder and past-President of the Adolescent Pregnancy Prevention Coalition of North Carolina.

Jenny Knauss, Executive Director, Illinois Caucus for Adolescent Health (Chicago, IL)

The Illinois Caucus for Adolescent Health is a non-profit organization focusing on policy advocacy and public education to improve the health of adolescents, particularly teen parents and those at high risk for pregnancy. It is a state-wide membership group with foundation funding. They are currently working with three communities to develop coalitions to prevent teen pregnancy using a CDC community partnership grant. Knauss is extraordinarily active in a range of organizations on this issue in the Chicago area and nationally.

Angela S. Rice; English Teacher, Jefferson Junior High and Best Friends teacher (D.C.)

Best Friends (founded by Elayne Bennett) works with girls in the 5th through 9th grades to help them withstand peer pressure and abstain from sex and drugs through activities that foster self-respect and promote responsibility. Locally, 600 girls participate in 9 schools. Nationally, there are 1500 girls who participate in 20 schools. The program has its own curriculum and stresses fitness, mentoring, and exposure to role models. Rice has been a Best Friends school coordinator for 7-8 years. She and Elayne Bennett are the only two group discussion leaders who serve participating D.C. public schools. She was here last year when Best Friends received an award on National Parents Day.

Collin Sears, Peer Counselor, Young People's Health Connection (Baltimore, MD)

Collin Sears, 18, is in his first year at Baltimore City College with a law major. He has been volunteering at the Health Connection since he was in middle school and has been on staff there since March of 1994. He hosts 'waiting room work shops' on walk-in days -- which the clinic started doing as a way to educate the large groups of young people waiting for 'walk-in' services -- and leads one-to-one counseling sessions with patients about their test results. He also manages The Outreach and Education Center, which opened 6-8 months ago.

Isabel (Belle) Sawhill, Senior Fellow, Urban Institute (Washington, D.C.)

As you know, Belle has been driving the effort to form the National Campaign to Reduce Teenage Pregnancy. She was an Associate Director of OMB before rejoining the Urban Institute.

Kathleen Sylvester, Vice President for Domestic Policy, PPI (Washington, D.C.)

Kathleen Sylvester is the author of *Preventable Calamity: Rolling Back Teen Pregnancy* and *Second-Chance Homes: Breaking the Cycle of Teen Pregnancy*. She has served as an advisor on teen pregnancy to federal and state officials and is working with Belle Sawhill on the private sector initiative.

Bruce Taylor, Program Director, Urban League of Eastern Massachusetts' Youth Education and Development Program (Roxbury, MA)

This school-based program, started 8 years ago, works with 120 African American and Latino boys (8-15) in 4 schools in the greater Boston area. It provides participants with a vision for their futures by developing confidence, academic and employability skills, values and a sense of responsibility. It is a part of the Alliance for Young Families, which is implementing a CDC community partnership grant with the city of Boston. Taylor started with the program 3 years ago to make a difference as a positive role model for African American boys.

Barbara Ziegler, Executive Director, Teen Health Connection (Charlotte, NC)

Teen Health Connection is a private, non-profit comprehensive primary health care facility for underserved young men and women, aged 11-22. The clinic, which you visited last August, provides full physical and mental health services. Before working at Teen Health Connection, Ziegler was the Foundation Director for Mecklenburg Council on Adolescent Pregnancy and Founder and Vice President of Adolescent Pregnancy Prevention Coalition of North Carolina.

In the Roosevelt Room

The audience in the Roosevelt room will consist of 8 Members of Congress; 4 girls and the principal from Jefferson Junior High School, along with the National and DC Best Friends program coordinators, and other staff and supporters of the teen pregnancy initiative.

IV. PRESS PLAN

The meeting in the Oval Office is open to still photographers only.

The announcement in the Roosevelt Room will be open to pool press.

V. SEQUENCE OF EVENTS

Oval Office

11:00 You will greet participants and thank them for coming.

The meeting will be then be moderated by Belle Sawhill.

Barbara Huberman will make a brief opening presentation and three other participants have been asked to talk briefly about their programs, how they got started, and what it takes to start efforts like theirs.

Discussion moderated by Belle Sawhill

11:40 Oval Office meeting ends.

Roosevelt Room

11:45 You will proceed to the Roosevelt Room with the participants for a brief statement

Secretary Shalala makes brief remarks and introduces you.

You make brief remarks and acknowledge the presence of Dr. Foster.

There will be no other remarks and no Q and A.

VI. REMARKS

Remarks are attached.

ATTACHMENT 1

Key Points and Questions for Oval Office Discussion on Teenage Pregnancy

- (For all the State and Local program directors) What are the most important obstacles you face in starting up a new program? How can a national effort assist other individuals and grassroots efforts like yours to overcome those obstacles and get started?
- (To Donna Shalala) What is HHS doing to help communities and individuals start grassroots programs? How is the CDC demonstration program doing?
- (To Collin Sears, teenage peer counselor) What recommendations do you have as a teenager for the most effective way to reach young people? What sort of media efforts would be successful to have an impact on teen behavior?
- (To Collin and Bruce Taylor - regarding the perspective of boys) Tell me a little bit more about how differently you approach young men and young women about these issues.
- (For Belle Sawhill, Kathy Sylvester and Barbara Huberman - as activists at the national level) How do you intend to structure the efforts of the National Campaign to apply the lessons that you are learning by talking to these and other local practitioners?