Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. memo	Lisa Gilmore to Debbie Fine re: HHS attendees for February 8 meeting [partial] (1 page)	02/01/1996	P6/b(6)
002. note	Note re: phone numbers and DOB [partial] (1 page)	n.d.	P6/b(6)

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

FOLDER TITLE:
Teen Pregnancy: National Campaign 1 [2]

2010-1083-S
rc124

RESTRICTION CODES

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

P1 National Security Classified Information [(a)(1) 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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FOSTER Question and Answers

What will Dr. Foster really be doing?

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

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

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

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

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

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

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

What will be done about the Surgeon General position?

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

NATIONAL CAMPAIGN Question and Answers

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

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

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

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

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

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

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

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

What will this new private-sector organization do?

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

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

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

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

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

The bottom line is: Within one year of the President first calling for a new national effort, the planning group is on the verge of launching the Campaign. This has taken enormous work on the part of a lot of people around the country, and the President is pleased and grateful for their effort.

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

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

> Promoting Responsible Behavior -- The President has made personal responsibility a central part of his message to young people, urging that they must not become parents before they are adults, have finished school, and are ready to support their children. He has supported welfare reform legislation that embodies this principle and tough new child support enforcement provisions that drive home the responsibility of parenthood to young men.
>
> Promoting Opportunities for Youth -- Teen pregnancy cannot be addressed in isolation from the wide range of other problems confronting youth, their families, their communities and their schools. Much of the administration's social and economic agenda ranging from education reform to empowerment zones to crime prevention programs is designed to offer young people positive alternatives to early parenting and sexual behavior.

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

1. Research -- We have supported numerous efforts to learn more about what has caused us to have such a high rate of teen pregnancy, and to learn more about what works to reduce it.

2. Community Demonstrations -- We have also funded numerous community demonstrations to try different approaches to the problem to determine what works in practice and then to share that with other communities. These grants support local programs to prevent teenage sexual activity, promote abstinence, and reduce teenage pregnancy.

3. Private Sector Involvement -- Recognizing that government cannot solve the problem alone, we have worked hard to engage the private sector in the issue. Dr. Foster will be actively involved in that and we have worked to catalyze a major private sector campaign.

CONCERNS/OUTSTANDING QUESTIONS ABOUT THE NGA MEDICAID RESOLUTION

- **Eligibility concerns include:** The repeal of the current law's phase-in for coverage of about 3 million children age 13-17; the devolution of the "disability" definition to the states; the limitation to "frail" elderly population seems to not include all elderly who are currently eligible; and *the elimination of the required coverage of premiums for low-income Medicare beneficiaries between 100-120 percent of poverty is repealed.*

- **Benefit concerns include:** *The total discretion given to states to alter the amount/duration/scope of services; the repeal of the current law's comparability and statewideness requirement that ensure that recipients in particular groups or locations are not discriminated against; the apparent elimination of any defined benefit package for currently optional populations;* and the vague redefinition of the "T" in the EPSDT children's health benefit.

- **Enforcement concerns include:** The state-based right of action process advocated by the Governors (and whether it will work to effectively ensure the guarantee).

- **Financing concerns include:** The exclusion of pregnant women and children, *as well as the medically needy*, from the Federally-financed "umbrella" pool payments; *the inclusion in the base formula of the allowance that states can reduce their matching Medicaid rate -- the result producing an additional $200 billion reduction in state Medicaid spending over seven years, bringing the total Federal/State cut to $290 billion; the allowance for states to, once again, tax health care providers to help finance their state match; allowing for provider taxes will likely push up the cost of the program that CBO scores.*

- **Quality concerns include:** *The adequacy of the quality protections for plans under Medicaid, such as HMOs and other managed care plan; the apparent repeal of the state-based <u>enforcement</u> of Ronald Reagan's Federal nursing home standards.* (The difference between them and us has always come down to definition and enforcement.)

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M E M O R A N D U M

To: Debbie Fine

From: Lisa A. Gilmore L.G.

Subject: HHS attendees for February 8 meeting with Dr. Foster and community groups

---

Thank you for allowing us to invite additional HHS staff to next Thursday's meeting. Our ASPE staff in particular were delighted to be recognized for the work they have done over the past year on the Administration's teen pregnancy prevention efforts. The individuals who will be attending are listed below. Please let me know if you also require social security numbers for clearance.

Thanks again.

Name	Birthday
Peter Edelman	[redacted] P6/(b)(6)
Felicia Stewart	
Daniel Porterfield	
Amy Nevel	
Barbara Broman	
Ann Segal	
Angela Duran	
Lisa A. Gilmore	
? Cheryl Austine	
Beth Mohsinger	

[001]

- [illegible] Broman
- Bell [illegible]
- [illegible]
- [illegible] group

AFT

- [illegible]
- [illegible] groups?

FAX TRANSMISSION

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

DATE: February 6, 1996

TO: Ms. Debbie Fine

FAX: (202) 456-7028

PHONE: (202) 456-5572

FROM: Lisa A. Gilmore

Phone: (202) 690-6035
Fax: (202) 690-7318

TOTAL NUMBER OF PAGES TRANSMITTED: 2

COMMENTS:

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

LISA A. GILMORE
Coordinator of Policy and Strategy

Room 631E, H. H. Humphrey Bldg.
200 Independence Avenue, S.W.
Washington, DC 20201

(202) 690-6036
(202) 690-7470
Fax: (202) 690-7318
lgilmore@os.dhhs.gov

Note to Debbie Fine

From: Lisa A. Gilmore L.G.

Subject: Additional names for Thursday's briefing

Date: February 6, 1996

Here are several names we thought should be included in Thursday's briefing with Dr. Foster:

Sharon Daly
Catholic Charities USA
Ph 703-549-1390
FAX 703-549-1656

Richard Murphy
Center for Youth Development and Policy Research
Ph 202-884-8267
FAX: 202-884-8404

Jodie Levin-Epstein
Center for Law and Social Policy (CLASP)
Washington, DC

#5 - need last #

328-5140

Girl Scouts of America (DC and NY)

Institute for Womens Policy Research (IWPR) Washington

Thanks.

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Doug Matthes
x 62015

If I need help tomorrow

Mason

Feldman

Doris Brown
[redacted] P6/(b)(6) [002]

Jake Stewart
Teen Pregn.
1 800 sky Green
1780612

JBA –
Moms Growing Up

Best Friends
→ Ann Hingsley
DOA [redacted] P6/(b)(6)

Doman
[redacted] P6/(b)(6)

Northwest 800 225-2525

DC National → Phoenix $600

9:30 dep 8:30pm

Phoenix 12:20 – 9:30 2 10 8 X

8350740

America West 1800 235 9292 2pm

– 9:25 – 1:27 Thurs $204

– 7:40 AM

4/4

265 9:25 8F Arr Columbus 10:38

1854 11:25 19F Arr Phoen 1:27pm

9A

#264 7:40 AM Arr Nash 3:57

Thurs 8pm

Non-refundable

Conf # IIDKOH

osian

PHOTOCOPY
PRESERVATION

February 2, 1996

MEMORANDUM FOR DISTRIBUTION

FROM: Debbie Fine, Domestic Policy Council

SUBJECT: Teen Pregnancy Prevention Briefing

On behalf of the White House, I would like to invite the appropriate representative from your organization to a briefing on teen pregnancy prevention with Dr. Henry Foster and other Administration officials. The briefing is intended as an opportunity for us to update you on Administration activity in the area of teen pregnancy prevention, as well as for us to hear from you. Although it is not an Administration initiative, we also expect to be able to give you some background on progress of the National Campaign to Reduce Teenage Pregnancy, a private, non-partisan effort.

The briefing is scheduled for Thursday, February 8 at 2:00pm, and is expected to last for approximately one hour. Following are details:

Date: Thursday, February 8
Time: 2:00pm
Location: Room 450, Old Executive Office Building

Meeting participants should arrive at the Pennsylvania Avenue entrance to the Old Executive Office Building (1600 Pennsylvania Avenue) from 1:15pm to 1:30pm. You will need to show a photo i.d. at the entrance. Please note that the entrance accessible for wheelchairs is located at 17th and G Streets.

Please RSVP by faxing the attached form to me at 202-456-7028 by Tuesday at 12pm. If you have any questions, please call me at 456-5572.

Thank you. We look forward to seeing you then.

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THE WHITE HOUSE
DOMESTIC POLICY COUNCIL
BRIEFING ON TEEN PREGNANCY PREVENTION

THURSDAY, FEBRUARY 8, 1996
BRIEFING BEGINS AT 2:00 PM
ROOM 450, OLD EXECUTIVE OFFICE BUILDING

NAME: _____

TITLE: _____

ORGANIZATION: _____

PHONE: _____ FAX: _____

ATTENDANCE: _____ YES _____ NO

IF YOU ARE ATTENDING, PLEASE FILL OUT THE FOLLOWING:

DATE OF BIRTH: _____

PLEASE INDICATE IF:

You require a sign language interpreter _____ YES _____ NO

You will be using the accessible entrance _____ YES _____ NO

Please fax this form to Debbie Fine in the White House Domestic Policy Council at 456-7028. Deadline for RSVPs is Tuesday at 12PM. Thank you.

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Status	Date	Time	Size	To / From
*SendError	Feb/13/96	12:58AM	14 pages	Assn Teachers Preventive Medici
*SendError	Feb/13/96	12:56AM	14 pages	Am College Preventive Medicine
Sent	Feb/13/96	12:51AM	14 pages	Trevino, Fernando
Sent	Feb/13/96	12:51AM	14 pages	Pound, Bill
Sent	Feb/13/96	12:50AM	14 pages	Leon, Nancy
Sent	Feb/13/96	12:37AM	14 pages	Tribble, Sherman
Sent	Feb/13/96	12:35AM	14 pages	Desonia, Randy
Sent	Feb/13/96	12:34AM	14 pages	Goldfarb, Alvin
Sent	Feb/13/96	12:32AM	14 pages	McKenna, Thomas
Sent	Feb/13/96	12:20AM	14 pages	Thomas, Kathryn
Sent	Feb/13/96	12:17AM	14 pages	Mckinney, Dr. Joseph
Sent	Feb/13/96	12:16AM	14 pages	Bales, Susan
Sent	Feb/13/96	12:16AM	14 pages	Lucas, C. Payne
Sent	Feb/13/96	12:03AM	14 pages	Williams, Delores Kennedy
Sent	Feb/12/96	11:59PM	14 pages	Ratcliffe, J.
Sent	Feb/12/96	11:59PM	14 pages	Haines, Audrey
Sent	Feb/12/96	11:58PM	14 pages	Stewart, Vivian
Sent	Feb/12/96	11:47PM	14 pages	Simons, Janet
Sent	Feb/12/96	11:43PM	14 pages	Owens, D. Lee
Sent	Feb/12/96	11:42PM	14 pages	Duncan, Will or McMullin, Leila
Sent	Feb/12/96	11:42PM	14 pages	Hempel, Margaret
Sent	Feb/12/96	11:30PM	14 pages	Smeal, Ellie
Sent	Feb/12/96	11:26PM	14 pages	Womack, Richard
Sent	Feb/12/96	11:25PM	14 pages	Simmons, Samuel
Sent	Feb/12/96	11:25PM	14 pages	Fege, Arnold
Sent	Feb/12/96	11:14PM	14 pages	Barrera, Rebecca
Sent	Feb/12/96	11:09PM	14 pages	Grotz, Pam
Sent	Feb/12/96	11:09PM	14 pages	Moore, Evelyn
Sent	Feb/12/96	11:06PM	14 pages	Kamasaki, Charles
Sent	Feb/12/96	10:57PM	14 pages	Yanofsky, Nancy
Sent	Feb/12/96	10:51PM	14 pages	Smith, Wallace
Sent	Feb/12/96	10:49PM	14 pages	Lipper, Laurie
Sent	Feb/12/96	10:48PM	14 pages	Rhea, Anna
Sent	Feb/12/96	10:41PM	14 pages	Cochran, J. Thomas
*SendError	Feb/12/96	10:40PM	14 pages	Mathai-Davis, Prema
*SendError	Feb/12/96	10:35PM	14 pages	Stripling, Beverly
Sent	Feb/12/96	10:34PM	14 pages	Blackwell, Angela
Sent	Feb/12/96	10:33PM	14 pages	B'nai B'rith Women
Sent	Feb/12/96	10:24PM	14 pages	Black Leadership Forum
Sent	Feb/12/96	10:17PM	14 pages	Academic Health Centers
Sent	Feb/12/96	10:16PM	14 pages	Am College of Physicians
Sent	Feb/12/96	10:16PM	14 pages	Am Pediatric Society
Sent	Feb/12/96	10:07PM	14 pages	Am Occupational Therapy Assn
Sent	Feb/12/96	10:00PM	14 pages	Am Psychiatric Assn
Sent	Feb/12/96	10:00PM	14 pages	Am Soc 4 Reproductive Medicine
Sent	Feb/12/96	9:59PM	14 pages	Assn Minority Health Pro School
Sent	Feb/12/96	9:46PM	14 pages	Campaign for Women's Health

Status	Date	Time	Size	To / From
Sent	Feb/12/96	9:43PM	14 pages	Catholics for a Free Choice
Sent	Feb/12/96	9:43PM	14 pages	Delta Sigma Theta Sorority Inc.
Sent	Feb/12/96	9:42PM	14 pages	Hollywood Women's Polit Comite
Sent	Feb/12/96	9:29PM	14 pages	Human Rights Campaign Fund
Sent	Feb/12/96	9:26PM	14 pages	Int'l Women's Health Coalition
Sent	Feb/12/96	9:25PM	14 pages	Nat Alince Blk School Educators
Sent	Feb/12/96	9:25PM	14 pages	Nat Asian Women's Health Organi
Sent	Feb/12/96	9:09PM	14 pages	Nat Black Cau of Loc Black off
Sent	Feb/12/96	9:09PM	14 pages	Zirken, Nancy
Sent	Feb/12/96	9:08PM	14 pages	Nat Minority AIDS Council
Sent	Feb/12/96	9:07PM	14 pages	Nat Organization for Women
Sent	Feb/12/96	8:52PM	14 pages	Office for Church in Society
Sent	Feb/12/96	8:52PM	14 pages	Nat Hispanic Medical Associatio
Sent	Feb/12/96	8:51PM	14 pages	Older Women's League
Sent	Feb/12/96	8:51PM	14 pages	Operation PUSH
Sent	Feb/12/96	8:35PM	14 pages	Voters for Choice
Sent	Feb/12/96	8:35PM	14 pages	United Methodist Church
Sent	Feb/12/96	8:34PM	14 pages	Unitd House of Prayer 4 All ppl
Sent	Feb/12/96	8:34PM	14 pages	Unity Fellowship Church Movemnt

ORGANIZATIONS INVITED TO TEEN PREGNANCY PREVENTION BRIEFING THAT DID NOT ATTEND

A. Philip Randolph Institute	Kathryn Thomas
African Methodist Episcopal chool	Dr. Joseph Mckinney
Africare	Payne Lucas
American Public Health Association	Fernando Trevino
American Association of University Women	Nancy Zirkin
~~Association of Child Advocates~~	~~Eve Brooks~~
Benton Foundation	Susan Bales
Big Brothers/Big Sisters of America	Thomas McKenna
Black Woman's Agenda	Delores Kennedy Williams
Boy Scouts of America	J. Ratcliffe
Business and Professional Women	Audrey Haines
Carnegie Corporation of New York	Vivian Stewart
Children's Defense Fund	Janet Simmons
Civil Rights and Social Justice Commission	Lee D. Owens
Coalition of Black Trade Unionists	Will Duncan
First Baptist Church	Sherman Tribble
Ford Foundation	Margaret Hempel
Fund for a Feminist Majority	Ellie Smeal
~~Institute of Medicine~~	~~Sarah Brown~~
Leadership Conference on Civil Rights	Richard Womack
~~Mexican American Women National Association~~	~~Laura Campos~~
~~NAACP~~	~~Wade Henderson~~
National Caucus and Center on Black Aged Inc.	Samuel Simmons
National Parent Teacher Association	Arnold Fege
National Conference of State Legislators	Bill Pound
National Latino Children's Agenda	Rebecca Barrera
National Congress of Parent Teachers Association	Pam Grotz
National Organization on Adolescent Pregnancy	Regina Malau
National Black Child Development	Evelyn Moore
National Hispanic Leadership Institute	Nancy Leon
National Council of La Raza	Charles Kamasaki
National Governors Association	Randy Desonia
~~Network for Family Life~~ Education	~~Susan Wilson~~
North American Society for Pediatric and Adolescent Gynecology	Alvin Goldfarb
Pro Choice Resource Center	Nancy Yanofsky
Shiloh Baptist Church	Wallace Smith
~~The Community of Caring~~	Keith M. Sovereign
The Children's Partnership	Laurie Lipper
United Methodist Women	Anna Rhea
~~Urban Institute~~	~~B. Sawhille~~
US Conference of Mayors	Thomas Cochran

YMCA of the USA	Prema Mathai-Davis
YWCA	Beverly Stripling
Rockefeller Brothers Fund	Angela Blackwell
Center for Youth Developement & Policy Research	
Institute for ~~Woman's~~ Policy Research	
~~CLASP~~	
Association of Teachers for Preventative Medicine	~~Barbara Calkins~~
~~B'nia B'rith Women~~	Juana Goldman
Black Leadership Forum	Eddie Williams
~~Catholic Charities USA~~	~~Sharon Daly~~

check - is it McKinney?

Acedemic Health ~~Centers~~
African Methodist Episcopal Church
~~American College of Physicians~~
American College of Preventative Medicine
~~American Federation of State County and Municipal Employees~~
American Occupational Therapy Association
~~American Pediatric Society~~
American Psychiatric Association
American Society for Reproductive Medicine
Association of Minority Health Professional Schools
Campaign for Woman's Health
Catholics for a Free Choice
Delta Sigma Theta Sorority Inc.
Hollywood Woman's Political Committee
Human Rights Campaign Fund
International Woman's Health Coalition
National Alliance of Black School Educators
National Asian Woman's Health Organization
National Black Caucus of Local Black Officials
~~National Coalition of 100 Black Women~~
National Hispanic Medical Association
National Minority AIDS Council
National Organization fof Women
Office for Church in Society
Older Woman's League
Operation PUSH
United Methodist Church
~~Voters for Choice~~
Society of Critical Care Medicine
United House of Prayer for All People
Unity Fellowship Church Movement

7 check
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Other:
Nancy Rubin

Associates of Foster
Edward Chappelle
Clifford Ferguson
Derrick Lindsey
Benetta Waller

Additional Potential Questions and Answers

QUESTION:
I want to make sure you know how we opposed we are to the provision in the Senate welfare reform bill that cuts $75 million from the maternal and child health programs, and puts it into an abstinence-only, school-based sex education curriculum.

We all know from current research and evaluation that abstinence-only programs do not work. I want to know what your position is on this.

ANSWER:

First let me say that as you know, there is no welfare reform legislation that has passed and is currently pending for him to consider -- so I can't talk much about specifics.

But, I think it is important to add that:

(1) The President believes strongly in the need for bipartisan welfare reform legislation that promotes work and protects children. And when he is presented with a bill, we will have to consider the whole bill -- not just one provision -- and whether or not it promotes the key goals of work, family and responsibility while providing fundamental protections for children.

(2) The Administration does support abstinence education as one of many ways to teach young people to be responsible. Although in general we believe that the content and structure of education programs dealing with issues related to sex and family planning must be determined by individual communities -- in light of their values and beliefs -- we are not opposed to abstinence-only education as one of several approaches.

(3) I would also note that we are opposed to cuts to maternal and child health programs, and would do whatever we could to discourage those cuts.

QUESTION
If asked to take a position on which approaches to prevention work better:

ANSWER:
We believe that the federal government can play an important role in supporting the development and evaluation of various types of teen pregnancy prevention programs: including sexuality education programs, abstinence education programs, and programs focused on the prevention of adolescent pregnancy and sexually transmitted diseases. One way we can be supportive is by making available information on approaches that have proven to be promising -- so that communities can craft what works best for that community.

QUESTION:
Will you be putting any new money into prevention programs?

ANSWER:
As you know, teen pregnancy prevention and youth development are priorities for this President. Given that we have not yet resolved the 96 budget, it is difficult to say exactly what to expect from the 97 budget. As you know, we are in an environment of shrinking resources, but because this is a priority we will fight hard to preserve resources that invest in young people and their communities.

QUESTION:
I think it is important to include adoption in these discussions. What has the Administration been doing to promote that as an option?

ANSWER:
The President has taken important actions to encourage adoption, to recruit families, to reduce unnecessary delays in moving children from foster care to adoption, and to support families that choose to open their hearts and homes to waiting children.

We will continue to champion programs that break down barriers to adoption through aggressive recruitment of adoptive and foster care parents; support for placement of special needs children; and technical assistance to agencies committed to special needs adoption. We are shifting the Federal focus from paperwork to a focus on outcomes for children. By increasing flexibility for states and communities and by working with them, we will find better ways to guarantee safety and stability for these vulnerable children. Finally, we are developing a national strategic plan to promote the adoption of special needs children.

o The Multiethnic Placement Act, which the President signed into law in October 1994, removes barriers to adoption based on race or ethnic origin.

o During this Administration, the number of children with special needs who have been adopted with Federal adoption assistance has increased by about 30%.

o The President has stood firm during the budget debate to protect funds for adoption, foster care, child abuse and neglect, Medicaid, and SSI -- programs that are critical to many adoptive families and children.

FOSTER Question and Answers

What will Dr. Foster really be doing?

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

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

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

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

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

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

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

What will be done about the Surgeon General position?

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

NATIONAL CAMPAIGN Question and Answers

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

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

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

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

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

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

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

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

What will this new private-sector organization do?

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

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

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

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

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

The bottom line is: Within one year of the President first calling for a new national effort, the planning group is on the verge of launching the Campaign. This has taken enormous work on the part of a lot of people around the country, and the President is pleased and grateful for their effort.

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

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

> Promoting Responsible Behavior -- The President has made personal responsibility a central part of his message to young people, urging that they must not become parents before they are adults, have finished school, and are ready to support their children. He has supported welfare reform legislation that embodies this principle and tough new child support enforcement provisions that drive home the responsibility of parenthood to young men.
>
> Promoting Opportunities for Youth -- Teen pregnancy cannot be addressed in isolation from the wide range of other problems confronting youth, their families, their communities and their schools. Much of the administration's social and economic agenda ranging from education reform to empowerment zones to crime prevention programs is designed to offer young people positive alternatives to early parenting and sexual behavior.

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

1. Research -- We have supported numerous efforts to learn more about what has caused us to have such a high rate of teen pregnancy, and to learn more about what works to reduce it.

2. Community Demonstrations -- We have also funded numerous community demonstrations to try different approaches to the problem to determine what works in practice and then to share that with other communities. These grants support local programs to prevent teenage sexual activity, promote abstinence, and reduce teenage pregnancy.

3. Private Sector Involvement -- Recognizing that government cannot solve the problem alone, we have worked hard to engage the private sector in the issue. Dr. Foster will be actively involved in that and we have worked to catalyze a major private sector campaign.

THE WHITE HOUSE

WASHINGTON

February 8, 1996

TEEN PREGNANCY PREVENTION BRIEFING
Room 450, Old Executive Office Building
2:00pm to 3:30pm

AGENDA

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Welcome and Introduction

Jeremy Ben-Ami
Deputy Assistant to the President for Domestic Policy

***

Brief Remarks

Peter Edelman
Assistant Secretary for Planning and Evaluation,
U. S. Department of Health and Human Services

***

Brief Remarks

Dr. Felicia Stewart
Director of the Office on Population Affairs,
U.S. Department of Health and Human Services

***

Brief Remarks

Dr. Henry Foster
Senior Advisor to the President for Teen Pregnancy Prevention and Youth Issues
Expert Advisor to the Secretary of the U.S. Department of Health and Human Services
and
to the Director of the Centers for Disease Control and Prevention

***

Questions and Answers

February 1, 1996

MEMORANDUM FOR DISTRIBUTION

FROM: Jeremy Ben-Ami
Debbie Fine

SUBJECT: Administration Activity in the Area of Teen Pregnancy Prevention

In conjunction with the President's announcement on Monday of Dr. Foster as a Senior Advisor to the President for Teen Pregnancy Prevention and Youth Development, we released the attached document that summarizes administration activity to date in this area. We will be distributing to interested groups coming in for a briefing with Dr. Foster next week.

DISTRIBUTION:

Don Baer
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Greg Simon
Elaine Kamarck
Skila Harris
Melanne Verveer
Alexis Herman
Lee Satterfield
Betsy Myers
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Bruce Reed
Rahm Emanuel
Karen Hancox
DPC staff
Gene Sperling
Ann Lewis
Maureen Shea/Kathy Ann Cohen
John Hart
Theresa Loar

cc: Carol Rasco

THE CLINTON ADMINISTRATION RECORD ON REDUCING TEEN PREGNANCY

A Summary Report

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

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

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

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

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

January 27, 1996

The Facts About Teen Pregnancy

A NATIONAL EPIDEMIC

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

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

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

TREND TOWARDS OUT-OF-WEDLOCK CHILDBEARING

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

INTERNATIONAL COMPARISONS

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

ROLE OF ADULT MALES

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

COSTS TO THE CHILDREN

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

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

COSTS TO SOCIETY

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

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

Research and Evaluation:
Learning What Works to Prevent Teen Pregnancy

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

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

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

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

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

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

Reaching Into Our Communities And Promoting Partnerships to Prevent Teen Pregnancy

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

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

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

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

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

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

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

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

Promoting Personal Responsibility Among Young People

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

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

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

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

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

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

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

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

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

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

LEARNING MORE ABOUT YOUTH AT-RISK

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

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

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

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

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

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

EXPANDING OPPORTUNITIES FOR YOUTH AT-RISK

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

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

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

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

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

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

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

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

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

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

LIFELONG LEARNING: INVESTING IN OUR YOUNG PEOPLE

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

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

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

EMPOWERING COMMUNITIES TO SOLVE PROBLEMS

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

THE CLINTON ADMINISTRATION RECORD ON REDUCING TEEN PREGNANCY

A Summary Report

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

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

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

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

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

January 27, 1996

The Facts About Teen Pregnancy

A NATIONAL EPIDEMIC

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

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

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

TREND TOWARDS OUT-OF-WEDLOCK CHILDBEARING

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

INTERNATIONAL COMPARISONS

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

ROLE OF ADULT MALES

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

COSTS TO THE CHILDREN

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

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

COSTS TO SOCIETY

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

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

Research and Evaluation: Learning What Works to Prevent Teen Pregnancy

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

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

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

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

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

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

Reaching Into Our Communities And Promoting Partnerships to Prevent Teen Pregnancy

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

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

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

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

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

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

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

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

Promoting Personal Responsibility Among Young People

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

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

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

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

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

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

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

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

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

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

LEARNING MORE ABOUT YOUTH AT-RISK

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

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

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

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

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

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

EXPANDING OPPORTUNITIES FOR YOUTH AT-RISK

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

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Administration Approach to Teen Pregnancy Prevention

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

- The teen pregnancy rate has come down two years in a row. From 1991 to 1993, the national rate declined by 4%.

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

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

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

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- Examples of Grants Issued in 1995:

  1. 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.

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3. 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.

- Last year in his State of the Union address, President Clinton challenged leaders in the private sector to form a national campaign to prevent teen pregnancy.

- Throughout the year, the Administration has been working to catalyze this effort and a diverse, credible, and bi-partisan group of private sector leaders have already committed to work towards a national campaign.

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1/16/96

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 and during the State of the Union this year, the President plans to announce that a diverse, credible, and bi-partisan group of leaders are launching a campaign to reduce the incidence of teen pregnancy.

- We have also strived to focus our resources in support of local initiatives built on the values of opportunity and personal responsibility.

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

Following are examples of programs and initiatives in this area that the Department of Justice supports (Note: last example is actually funded by HHS, but was created under the Crime Bill):

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

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

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

- Parenting Initiative: The Department of Justice completed research work in 1993 under a grant to the University of Utah and the Pacific Institute for Research and Evaluation. This four-year major parenting initiative resulted in a document entitled

Effective Parenting Strategies for Families of High-Risk Youth (December 1993), which identified a representative group of 25 programs as potentially the most promising. The research findings underscore the **importance of a family-focused approach to prevention and intervention of youthful problem behavior.**

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

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