LEVEL 1 - 11 OF 16 STORIES

The Fresno Bee

April 1, 1995 Saturday, HOME EDITION

SECTION: METRO, Pg. B4, BEE EDITORIAL

LENGTH: 395 words

HEADLINE: The teen pregnancy epidemic;
It's out of hand in California; now comes a legislative plan that shows promise in addressing the problem.

BODY:

California leads the nation in many respects, but there's at least one about which it ought to be deeply concerned: The state has the highest rate of teen-age pregnancy in the nation, with 154 pregnancies per 1,000 teen-agers age 15-19 years. The national rate is 111 per 1,000. Between 1987 and 1993, the birth rate for that group increased 18.6 percent. Some 70 percent of the teens who give birth are unmarried.

To address the problem, Senate President Pro Tem Bill Lockyer has proposed a bill (SB 1169) that would launch a media campaign to educate teens about the risks and consequences of sex. Modeled after the successful statewide anti-smoking campaign that uses print, television, radio and billboard advertising, it would target children and young teens with messages about abstinence and prevention and attempt to educate them about how life-limiting it can be to have a child while still a child oneself.

The campaign would also target adult males -- a group whose role in the teen-age pregnancy crisis hasn't yet gotten the attention it deserves. According to the nonpartisan Senate Office of Research, 42 percent of the fathers of children born to teens in 1993 were between the ages of 20 and 24; and another 14 percent were older than 25.

Another target would be Hispanic girls, who in 1993 constituted 60 percent of the 70,091 new teen mothers, and their parents, who will be encouraged to talk to their children about the consequences of sex and the merits of abstention.

While some single teens and their extended families have done remarkable jobs raising children, most face huge disadvantages. While the costs to them are untold, the mounting costs to society are more easily quantified: The legislative analyst estimates total state and federal costs for AFDC, Medi-Cal and food stamps for California families begun as teen-agers total $ 5 billion to $ 7 billion a year.

Lockyer seeks $ 12 million to launch the media campaign, and an additional $ 20 million to finance another bill (SB 1170), which would create a school-based pregnancy prevention program -- "Healthy Start Plus" -- to reach at-risk students before they are sexually active.

Gov. Pete Wilson has included those same amounts in his budget for teen pregnancy prevention; Lockyer has written what looks like a sensible prescription for how they should be spent.

disagree with the constitutional amendment to return prayer to schools.

I believe prayer is very vital to our spirits and our lives and that children should be brought up in the ways of the Lord, and they will not detract from them. But this should be taught in the homes and churches of the parents' choice (or parochial school of the parents' choice).

I agree that our schools are out of hand. I agree that religions are being taught in schools (i.e., yoga, meditation, visualization exercises, outright witchcraft), but that does not mean that adding a Christian perspective will balance this out. Those things should be removed and school put back into the business of the three R's.

Monica Prather

Sacramento

Teen sex education

I have read with great interest The Bee's articles on the controversy over the selection of school curricula aimed at convincing teens to avoid all sexual activity until marriage. As Diana Griego Erwin suggested in her Nov. 20 column " "Just Say No' just won't do for all teens," there are positive alternatives.

Gov. Pete Wilson's 1991 Teen Pregnancy Prevention Initiatives, for example, included a groundbreaking teen education program to stem the rising tide of teen pregnancy. ENABL -- Education Now And Babies Later -- is based on the fact that many young people are having sex not because they really want to, but because they feel pressured to by societal and peer influences. Through role-playing and other classroom activities, ENABL teaches teens the social skills they need to be able to say "no" confidently.

ENABL is a reality-based program that uses cost-effective and scientifically proven approaches to teach the skills adolescents need to postpone sexual activity.

S. Kimberly Belshe, Director

Department of Health Services

Sacramento

LANGUAGE: ENGLISH

LOAD-DATE: December 15, 1994

LEVEL 1 - 14 OF 16 STORIES

Sacramento Bee

December 14, 1994, METRO FINAL

SECTION: EDITORIALS; Pg. B7

LENGTH: 1654 words

HEADLINE: LETTERS

BODY:

The need for term limits

In trying to use party lines to explain away the voters' decision to limit terms, John Jacobs has joined the ranks of other political analysts who, based on their party leanings, try to blame voters for anything they don't agree with ("GOP's term-limits hypocrisy," commentary, Nov. 29).

Both registered Democrats and Republicans are sick and tired of the career politicians who do nothing but ensure they get elected to another ride on the voters' gravy train. It has nothing to do with which party we back.

Joe G. Jones

Citrus Heights

Re "The Constitution vs. term limits," editorial, Nov. 28: When our founding fathers set up the Constitution, they lived in a much different area politically, financially, morally and patriotically.

Holding an office was mainly for patriotic reasons then. There were few if any lobbyists or big money interests behind a candidate.

Religion and the right to express it were most important.

So just looking at the facts will tell us we do need term limits, and changes and amendments to our Constitution.

Joe Runge

Sacramento

Soon-to-be House Majority Leader Dick Armey had the gall (or plain lack of brains) to think voters no longer wanted term limits now that the Republicans are in charge ("Republicans reassess term-limits support," Nov. 22). This cannot be further from the truth. Voters fed up with Democrats will become tired of the Republicans just as fast and embrace any term limits placed on the ballot. Both parties have many problems that keep them from passing legislation that voters really want.

In California, Assemblyman Bill Morrow has hired the wife of convicted state Sen. Frank Hill for $ 60,000 a year ("Hill's wife hired as assemblyman's assistant," Nov. 29). The Legislature has always taken care of its own, even the many crooks in that group. However, this just drives voters away from all

incumbents and lowers the already sinking public support for all politicians.

We need to continue to oust every incumbent until we get a Legislature and Congress that are responsive to the needs of people and not to just protecting their own future.

Robert Bernstein

Carmichael

Learning to fish

There is a biblical saying, "Give a man a fish and he eats today, teach a man to fish and he eats forever." Liberal politicos abide by the former philosophy; the conservative politicos abide by the latter.

Social programs of the liberal past have only thrown money at those who were in need. The conservatives feel that if the private economy has money to expand supply and demand, jobs will be created where people can have a sense of worth by earning what they receive.

Let the conservatives put policies into place that are designed to teach men to fish and allow them to become independent of government assistance.

Brett L. Hobde

Elk Grove

Government money

Re "One person's welfare reform is another's tax write-off," Op-Ed, Nov. 28: While I would agree with the gist of Tom Teepen's column about the width and breadth of federal "welfare" through the economy, I disagree with his basic premise about what he defines as "welfare."

There is a big difference between the federal government's taking less of my income in taxes (mortgage-interest deduction, tax credits) and the federal government's enacting programs that grant cash payments as so-called assistance.

How Teepen perceives that the mortgage-interest deduction is a "welfare drain on the Treasury" speaks volumes to a generally unspoken attitude that the federal government is, actually, entitled to all generated income and that only a benevolent Congress allows the taxpayer to keep any money at all. I would suggest, however, that there is a point where the average taxpayer realizes that the tail is indeed wagging the dog, and that the recent elections indicate that this threshold has been crossed.

Scott A. Thompson

Elk Grove

Schools without religion

Re "School prayer won't help in solving nation's woes," Nov. 22: I am a fundamentalist Christian, and about as right-wing as you can be. But I

LEVEL 1 - 5 OF 46 STORIES

The San Francisco Chronicle

JANUARY 15, 1996, MONDAY, FINAL EDITION

SECTION: EDITORIAL; Pg. A20; EDITORIALS

LENGTH: 717 words

HEADLINE: Good, Bad and Ugly Of Wilson's Budget

BODY:

FOR THE FIRST TIME since he took office in 1991, Governor Wilson has enjoyed the opportunity to present a state budget plan unencumbered by the ravages of recession and barrels of red ink.

With California's economy and employment rolls again rebounding, the governor last week sent the Legislature a proposed $ 61.5 billion spending plan that combines a host of thoughtful initiatives against social pathologies with some ill-considered fiscal programs that seem more motivated by politics than policy.

The centerpiece of Wilson's budget program is an $ 8 billion cut in state income and corporate taxes. At a time when California has just begun to emerge into fiscal health, this phased-in tax cut seems precisely the wrong prescription and the governor has simply failed to make a convincing case for it.

Wilson argues that the tax cut is necessary to ''send a signal'' to business, and to keep California competitive with other states in attracting economic development programs. But state Department of Finance director Russell Gould acknowledged in a meeting with The Chronicle Editorial Board that the administration has no hard data, or even any financial projections, to substantiate the claim that its tax cut would spur the economy in any substantial way.

Moreover, while arguing that business executives cite high taxes as a major problem with California's economic climate, Wilson does not add that such leaders also fault the state's public education system as a major impediment. In the past five years, as Wilson and the Legislature have struggled with deficits, the biggest sustained loser has been public schools.

While the governor has been generous with education -- both K-12 and higher -- in the current budget, California will still rank almost at the bottom among states in per pupil expenditures. An $ 8 billion tax cut, particularly when combined with Wilson's wrong-headed proposal for a new school voucher system, would only exacerbate a bad situation, as the annual base of Proposition 98 shrinks and schools become more and more cash-strapped.

State Senator Mike Thompson, D-Napa, chairman of the Senate Budget and Fiscal Review Committee, has pointed out that an average family with two children making less than $ 50,000 annually would get a tax cut of $ 39 the first year -- while state spending on the kids' education would be $ 628 less than it would be without the cut. ''It's a shortsighted trade-off, with our school children on the losing end,'' Thompson said.

The timing of the tax cut is also questionable on grounds of fiscal prudence. The governor's plan is balanced on hopes that he will win passage of legislation to cut benefit increases of $ 1.7 billion for welfare recipients, the elderly, blind and disabled and that the federal government will come through with another $ 623 million in funding for immigration and welfare programs, both questionable assumptions.

And, although state revenues are higher than expected, Wilson's budget calls for only a $ 400 million emergency reserve, far lower than the 3 percent reserve long considered responsible.

As a policy document, Wilson's budget is more commendable for several ''prevention'' initiatives that it sets forth, particularly a $ 74 million program to deal with the epidemics of teenage pregnancy and domestic violence through a combination of ''tough love'' education, health and criminal justice programs that combine efforts by government, community and religious groups.

Wilson also deserves credit for political courage in promising to lead the fight for some $ 8 billion worth of bond measures this year to build and repair schools, prisons, highways and water facilities.

As difficult as it must have been for Wilson personally to accept the humiliating collapse of his presidential ambitions, the governor seems to have re-immersed himself in the substance and minutiae of state government; far beyond a status quo proposal, his budget plan for the fiscal year that begins July 1 reflects a multifaceted attempt to address intractable problems and a willingness to experiment with new methods of trying to solve them. It is an important first step in framing the debate on the crucial issues facing California.

LANGUAGE: ENGLISH

LOAD-DATE: January 15, 1996

LEVEL 1 - 6 OF 46 STORIES

Los Angeles Times

January 15, 1996, Monday, Home Edition

SECTION: Part A; Page 3; Metro Desk

LENGTH: 750 words

HEADLINE: CAPITOL JOURNAL: NEW WILSON IS THE OLD WILSON

BYLINE: By GEORGE SKELTON

DATELINE: SACRAMENTO

BODY:

So what are we to conclude from Gov. Pete Wilson's ignoring of his two red meat issues -- illegal immigration and racial preferences -- in the State of the State address? Not one word among 3,200.

What happened to "fairness -- for those who work hard, play by the rules . . ."? The governor repeatedly attacked illegal immigration (though not immigrants, as some critics claim) in winning reelection two years ago. Last year, in a botched run for the White House, he led a steady bombardment against affirmative action.

This year, in his premier tone-setting speech, there was conspicuous silence.

Is Wilson backing off? Intimidated by charges of demagoguery and racism? Returning to his centrist roots? Setting a new tone of moderation and conciliation?

Trying to become warm and fuzzy?

"Absolutely not," insists Leslie Goodman, his communications director. "There's a bit of wishful thinking going on by people who make those observations. They get scared to death when he puts his focus on these issues because he's so successful. . . .

"The notion that he left them out to try to appease somebody is absurd on its face."

In last Monday's televised address to the Legislature, Goodman says, Wilson wanted to focus on issues the lawmakers can influence -- education, teen pregnancies, welfare, gang violence, taxes. By contrast, immigration primarily is an issue for Washington and the courts; affirmative action will be fought out in courtrooms and on the ballot.

Still, says one anonymous Republican activist and occasional Wilson insider: "My view is the governor wisely moved because he realizes these are divisive issues that win elections but don't build records."

And a Wilson strategist says he expects the governor to cool the rhetoric for a while on these sensitive subjects. He has a larger agenda to sell.

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It's not like Wilson is wimping out. While he's cooling his rhetoric, the governor behind the scenes is raising money for the ballot initiative that would ban racial and gender preferences in public hiring, contracting and student admissions.

He has been on the phone soliciting donations and soon a fund-raising letter signed by the governor will be mailed to 200,000 Republicans. "We must do everything we can to combat the discrimination that exists in America," his letter says, "and that includes ending the government-sanctioned discrimination of . . . racial preferences."

Wilson's quiet help for the initiative could be pivotal. Sponsors need to collect 1 million signatures by Feb. 21 to assure a spot on the November ballot. So far, they have gathered less than half that number. "It's going right down to the wire," says Arnold Steinberg, the initiative's chief strategist.

Meanwhile, Wilson is pressing a court suit to gut state affirmative action programs.

On immigration, he recently threatened to personally drop some shackled, undocumented inmate at the door of a federal prison unless Washington ponies up with more money to reimburse California for incarcerating criminals who have entered the country illegally. That doesn't sound like somebody who's moderating his views.

"It's very cynical to say Pete Wilson only cares about this stuff during an election campaign," Goodman says.

But that clearly has become a big piece of the Wilson image. Many believe he cynically exploits polarizing issues to arouse the voters' basest instincts.

It never used to be that way, notes Larry Thomas, a decades-long advisor who now is an Irvine Co. executive. It wasn't until his 1994 reelection campaign, Thomas says, "that people started saying he had his finger to the wind."

"It's unfortunate," the governor told me recently, "that some of the real issues are divisive. The sad thing is it's inescapable because failing to deal with them is even more divisive. Racial preferences are engendering resentment."

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In dissecting Wilson's State of the State address, let's be real. He doesn't need to keep reminding Californians of his views on illegal immigration and affirmative action. He owns those issues.

Something else this unpopular governor does not need right now is to rile up his detractors. Rather, he needs to promote causes that appeal all across the ideological and socioeconomic spectra -- safe things like fighting teen pregnancy and gang violence, and improving public schools.

So was the governor's avoidance of the divisive issues calculated? You bet. Is he backing off? A bit. What are we to make of this? Very little.

LEVEL 1 - 10 OF 46 STORIES

The Bond Buyer

January 12, 1996, Friday

SECTION: Pg. 3

LENGTH: 678 words

HEADLINE: California Budget Debate Underway; Infrastructure Debt Proposals Loom

BYLINE: By Joe Bel Bruno

DATELINE: LOS ANGELES

BODY:

California state lawmakers began debate yesterday on Gov. Pete Wilson's proposed $61.5 billion budget, which includes an ambitious $8 billion infrastructure program.

Wilson intends to lean heavily on public finance to balance this year's budget, which he unveiled late Wednesday in a press conference. Among the finance ideas are $3 billion in general obligation bonds for schools, $2.2 billion bonds for public safety, $2 billion to retrofit state highways and bridges, $540 million for wastewater treatment programs, and $100 million to promote local economic development.

State Treasurer Matt Fong, also a Republican, supported the governor's proposals. "Infrastructure needs are critical to the state, and general obligation bonds are the appropriate manner in which to pay for them," Fong said yesterday. "Californians may be in a better position to take on more bonded debt because our economic outlook remains positive."

Fong said he and state finance director Russ Gould are expected to visit Standard & Poor's Corp. and Moody's Investors Service later this month to discuss raising the state's rating. He hopes to possibly convince them to upgrade should the state begin to bond again.

The governor's record budget proposal is more than $3.6 billion over the current-year budget. Already, it has stirred up debate among leading state Democrats, who are calling for more funds shifted to the state's education and health systems.

"I suggest to you we have a long way to go before we have a budget," Assemblywoman Valerie Brown, vice chair of the Assembly appropriations committee, said yesterday.

"Without serious negotiations we're going to have a budget stalemate," said Louis Caldera, Assembly Budget Committee chairman, yesterday. Wilson's budget will require two-thirds approval by both houses of the state Legislature, which would require bipartisan support.

Wilson, who hoped this budget would help repair his damaged political clout after an unsuccessful bid for the White House, believes the spending plan will garner enough support.

"This budget reflects the future of California, it shows where we need to be and what we need to do," Wilson said. "It will build on the accomplishments that we have made and create greater opportunity."

One of those opportunities will be a possible 15% tax cut for individuals and corporations, he said. The budget incorporates a tax reform plan that will go into effect during the next three years, and it is designed to promote job creation and economic growth, he said.

Under Wilson's proposal, if and when fully phased in, a single taxpayer with an income of $40,000 would save $285 a year. A married couple with two children and an annual income of $80,000 would save $548 per year, Wilson said.

Mike Thompson, chairman of the Senate Budget Committee - which killed a similar plan by Wilson last year - has doubts about the current tax reform.

"I don't think he has the votes to approve this kind of a tax decrease," Thompson said. "This will fail because it removes $10 billion out of the state budget each year, and that money would inevitably come from school."

Wilson's budget proposal includes a $400 million reserve for economic uncertainties. Schools were also high in the budget, with a proposal to include $100 million to increase investment in educational technology, $100 million to improve reading and math skills, and $66 million to provide alternative education programs for students expelled from public schools.

The budget also contains $74 million to fund an initiative to reduce the rate of unwed and teenage pregnancy. Wilson called for a budget meeting with state legislative leaders next week to permanently block cost-of- living increases for welfare recipients and to permanently eliminate a renters' tax credit.

Without quick action on these budget items, Wilson's budget would fall out of balance by an estimated $1.75 billion, according to budget documents. He has threatened to make up the difference by shifting funds from schools to balance the budget.

LANGUAGE: ENGLISH

LOAD-DATE: January 11, 1996

LEVEL 1 - 12 OF 46 STORIES

Sacramento Bee

January 12, 1996, METRO FINAL

SECTION: EDITORIALS; Pg. B6

LENGTH: 720 words

HEADLINE: SQUANDERING THE RECOVERY

BODY:

Gov. Pete Wilson's proposed budget again fumbles California's recovery opportunity. After a half-decade of austerity and hard struggles to curb the structural imbalances in the state's budget, California can now make some choices about where to put what Wilson calls the "recovery dividend," the extra revenue that renewed economic growth will produce.

The useful possibilities are many: California could use the funds to leverage the school reform Wilson has allowed to languish or to decrease class size in primary grades, where reading scores have been lagging; it could invest the money to attack the huge backlog of deferred maintenance and underinvestment in schools, colleges and the state highway system, which the proposed bonds on the March ballot only begin to address.

It could seek to strengthen job training and adult education to help raise the quality of the state's work force and to improve the incomes of the large segment of Californians whose incomes are stagnating despite the recovery. It could bank the money to re-establish a prudent fiscal reserve, so that state finances won't be thrown into turmoil in the next natural disaster or economic downturn.

Instead, Wilson has opted for small investments in a number of programs to prevent teen pregnancy and a large income tax cut that would go mostly to the 4.7 percent of taxpayers earning more than $ 100,000 a year, a cut that would cost $ 3.5 billion in the year it's fully implemented.

Much of Wilson's budget is dictated by federal law, as is the case with Medi-Cal, or by priorities the voters have set by initiative. School funding from the general fund goes up 4.5 percent, driven by the Proposition 98 requirement. Prison spending rises by 9.5 percent, as the prison population rises in response to "three strikes" sentencing rules.

The controversy comes where there are choices to make. Democrats have already made much of the inequity of Wilson's proposal, and with good reason.

Of the temporary measures enacted in 1991 to meet the state's fiscal emergency, the 10 percent and 11 percent top bracket rates on the rich have already been allowed to lapse, at a revenue loss of $ 1 billion. But now Wilson proposes to make permanent the other emergency measures: the grant cuts to poor seniors, the disabled and children on welfare; the suspension of the renters tax credit. One doesn't have to be a bleeding heart to wonder why the state should give a hefty tax cut to a retiree living along a Palm Springs golf course before it restores the SSI grant cuts of an elderly widow living in poverty.

Sacramento Bee, January 12, 1996

But this budget is as shortsighted as it is unfair. Wilson's rhetoric is about "investing for the future," but the numbers tell a different story. The increases in prison spending dwarf the governor's proposed investment in preventive programs, and the tax cut dwarfs both. His proposals would keep California from correcting its school underfunding, catching up on its underinvestment in infrastructure or restoring a fiscally sound reserve. The Legislature must seek a better return on California's "recovery dividend."

LANGUAGE: ENGLISH

LOAD-DATE: January 13, 1996

LEVEL 1 - 14 OF 46 STORIES

Los Angeles Times

January 11, 1996, Thursday, Home Edition

SECTION: Part A; Page 3; Metro Desk

LENGTH: 769 words

HEADLINE: CAPITOL JOURNAL: WILSON STARTS THE TREK OUT OF THE ABYSS

BYLINE: By GEORGE SKELTON

DATELINE: SACRAMENTO

BODY:

One year he's up, the next year down. Gov. Pete Wilson's half-decade in Sacramento has been a chain of crests and craters. Now he's starting the long trek up from a deep chasm he tumbled into while running for President.

So far so good. In recent days, the governor has taken some initial, carefully planned steps essential for any comeback. A couple were little-noticed.

One was stepping into a vacuum of legislative leadership and putting pressure on vacillating Assembly Republicans to elect their own speaker. This was unprecedented. Historically, California governors have stayed clear of legislative leadership fights because lawmakers get huffy about any sign of outside interference.

But Wilson became very frustrated last year as he watched bumbling Republicans allow Democrats to elect the speaker, even though the GOP finally had won a one-vote House majority. And the governor realized that for him to climb back from the abyss -- to regain public confidence and political prestige -- he needed Republicans to control the Assembly so they could pass his legislative programs.

So he began making telephone calls to wavering assemblyman, especially Trice Harvey of Bakersfield and Brett Granlund of Yucaipa. The governor talked three times to Harvey, who was caught in the middle because he is running for Congress in a district where rebel Republican Brian Setencich of Fresno -- the then-speaker -- is immensely popular.

Wilson also called U.S. House Speaker Newt Gingrich, who angrily signaled Harvey that helping Democrats was a sorry way to get to Washington. So Harvey deserted Setencich. And then so did Granlund, deciding he couldn't bear the heat of being the lone Republican to cross his party and the governor.

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Wilson applied more pressure as the Legislature reconvened Jan. 3, hosting a GOP caucus in his office. In a passionate pep talk, he reminded lawmakers -- many of them relatively inexperienced -- that in every political caucus in the world, members choose a leader to unite behind when their legislative body is organized.

The speakership matters, he exhorted, citing the year 1971 as an example. Republicans had lost their brief majority and Democrats elected a speaker who inflicted automatic cost-of-living increases on Gov. Ronald Reagan's welfare reforms. Taxpayers still are suffering, Wilson asserted as heads nodded.

Within 24 hours, Republicans had united behind Assemblyman Curt Pringle of Garden Grove as the first true GOP speaker in a quarter-century.

Meanwhile, Wilson was taking a second deliberate step along the comeback trail. He was dribbling and leaking, mainly through newspapers, some of the juiciest pieces of his State of the State address and budget proposal that officially would not be unveiled until this week.

"We wanted to frame the debate on our terms," says Wilson's media strategist, Leslie Goodman.

In other words, better for Wilson himself to leak his proposals than for an enemy. An enemy who got wind of his ideas -- on privatization of state services, on scuttling a teen anti-pregnancy program, on stigmatizing unwed births with an ad campaign -- could do the leaking and spin the public against them before the governor made his pitch.

Also, Goodman points out, reporters neither would have the time nor the newspaper space -- nor would TV news have the interest -- to highlight all of Wilson's key proposals on the days of his speech delivery and budget release. So beforehand, the governor dribbled out juicy items on education: cancellation of scheduled fee increases at California colleges and an additional $300 million for public schools.

This also had a second political benefit: It cut Democrats off at the knees on one of their most popular issues.

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Then Wilson spun the spinners. A few hours before his Monday speech, he got on a telephone conference call with a dozen friendly "gurus," insiders who reporters regularly call for their expert views on political events.

Isn't your spin that "the governor's back?" one guru asked. No, he was corrected: That would imply the governor was gone while running for President; just say California's "back."

Another noted that Wilson's speech did not mention illegal immigration or affirmative action. Reporters would find this curious, he noted. Was the governor now trying to avoid divisive issues and be more conciliatory? No, the guru was told; he just can't cover everything in one speech.

To paraphrase old advice about con men: Don't try to spin a spinner.

Still, the spinning was a success. And 1996 is starting out like an "up year" for the governor.

LANGUAGE: ENGLISH

LEVEL 1 - 18 OF 46 STORIES

The San Francisco Examiner

January 11, 1996, Thursday; Second Edition

SECTION: NEWS; Pg. A-18

LENGTH: 400 words

HEADLINE: California grows again

SOURCE: EXAMINER EDITORIAL WRITER

BODY:

THE MOST startling accompaniment of Gov. Wilson's $ 61.5 billion state budget for 1996-97 is the realization that California is growing once more in its old, half-forgotten, seemingly inexorable way. Discard recession stories about more Americans leaving the state than coming in. Resurrect reports of people from other states heading for our golden hills in search of opportunity, not to mention the steady inflow of 300,000 a year from other countries.

Jobs are the major factor. Wilson says that by this spring, the state will have regained the 730,000 jobs lost during the early 1990s. More than 300,000 jobs were created in 1995 alone, and not only for minimum-wage earners. Many call for high skills and offer high pay in such fields as computer software and motion pictures.

So, with no increase in tax rates, the state is suddenly able to pay its bills from current revenue, support a $ 3.7 billion spending increase from the current fiscal year and look forward to a $ 1 billion surplus at the end of 1996-97. Wilson and the Legislature do not have to face another financial humiliation with appeals to Wall Street for a bailout.

So freely is the tax money coming in that Wilson can propose substantial increases in spending for schools, no fee increases in state -supported higher education and more ambitious efforts for public safety, particularly in juvenile justice. And in the name of competitiveness and fending off business-stealing raids from other states, he wants to reduce personal income and corporate taxes by 15 percent over three years, an ill -advised frittering of the tax base when counties and cities are in trouble because of cuts in state revenue-sharing.

The state's unmet needs in health and other social programs will be hotly argued in the Legislature, as will the governor's plan for reduced welfare grants and his crusade against unwed teenage pregnancy. Wilson has a tough sell showing that billions in contemplated tax cuts are not desperately needed elsewhere.

LANGUAGE: English

LOAD-DATE: January 12, 1996

LEVEL 1 - 22 OF 46 STORIES

The San Diego Union-Tribune

January 10, 1996, Wednesday

SECTION: OPINION; Ed. 1,2,3,4,5,6,7,8; Pg. B-8

LENGTH: 438 words

HEADLINE: The Wilson agenda Prospects improved for tax cut, social reform

BODY:

After being consumed for the last five years by California's long-running fiscal crisis and an ill-advised presidential bid, Gov. Pete Wilson has launched into 1996 with an aggressive agenda of economic and social reforms.

The series of proposals outlined in his State of the State speech this week mark a return to the activist role for state government that Wilson envisioned when he took office in 1991.

Today, however, the prospects of accomplishing substantive reforms are considerably brighter than they were then. For starters, the economy is rapidly recovering lost ground, with state revenues expected to produce a $1 billion surplus in the current fiscal year. What's more, the Assembly is now firmly under Republican control, providing a fertile environment for Wilson's legislative agenda.

Topping his list of priorities is a 15 percent income tax cut for businesses and individuals, to be phased in over three years. This measure, which died in the Senate last year, is needed more than ever to bolster California's economic competitiveness.

According to the U.S. Census Bureau, the state's corporate tax rate is 50 percent above the national average; the personal income tax rate is 17 percent above the national average. With 29 states cutting their taxes last year -- including New York, Arizona and Washington, three of our prime competitors for jobs and investment -- California cannot afford not to ease its heavy tax burden.

Wilson's social reforms concentrate, quite prudently, on personal responsibility to replace a failed welfare system that has promoted just the opposite.

A comprehensive overhaul of the welfare system will be possible only if Washington eliminates the countless strings currently attached to most aid programs. But Wilson has called for a variety of limited steps to reward work over government dependency and to discourage teen-age pregnancies and fatherless families.

One in three California children is born to an unwed mother today, compared with one in 10 a generation ago. And studies show that most teen-age mothers are victimized by adult men in their 20s and older.

To counter this "vicious cycle of promiscuity and irresponsibility," Wilson has offered proposals to enforce laws against statutory rape and to require

fathers to pay child support. These are a promising complement to the broader effort to reform welfare.

In his first five years as governor, Wilson was constrained by severe budget shortfalls and other unforeseen calamities. The agenda he detailed this week suggests he is more than ready to make up for lost time.

LANGUAGE: ENGLISH

LOAD-DATE: January 11, 1996

LEVEL 1 - 26 OF 46 STORIES

Sacramento Bee

January 10, 1996, METRO FINAL

SECTION: EDITORIALS; Pg. B6

LENGTH: 747 words

HEADLINE: THE STATE OF THE STATE

BODY:

Gov. Pete Wilson's State of the State address was as refreshing for what he didn't say as for what he did. He didn't blame the state's problems on illegal immigrants and the Clinton administration. He didn't mention affirmative action.

The absence of such divisive rhetoric gave the speech a tone of seriousness that's been missing for nearly four years. The California he described was one most of its residents would recognize: a state rebounding smartly from a prolonged recession but still facing a set of problems that are all too real: too many births to unwed teenage mothers; too much juvenile crime; too many children and mothers trapped in welfare dependency; dismal reading scores in the primary grades.

In dwelling on those linked problems of the state's underclass, Wilson took on a difficult subject most politicians avoid. More important, many of the proposals he offered were substantive and significant.

He sketched a fundamental shift in welfare, moving away from the dole toward an emphasis on work and personal responsibility. Under his proposal, the current AFDC program would be replaced with separate assistance programs tailored for families depending on their work readiness and history. Cash grants would be de-emphasized in favor of vouchers to provide support for children and services to enable parents to work. Such changes hinge on Congress and President Clinton's agreement on a federal welfare reform bill and a debate in the Legislature about the vital details, but Wilson has pointed the state in the right direction.

He was also on the mark in underlining the seriousness of teen pregnancy, unwed motherhood and fatherless children. Children born to children and children without fathers are more likely to be poor, abused, undereducated and unguided. The measures he proposed to deal with unwed pregnancy -- a media campaign, more statutory rape convictions, better access to contraception, grants for private prevention programs -- are all worthwhile but a bit desultory compared to the scale of the problem.

Wilson also showed his blind spot. Missing from his speech and his programs was any real recognition of the economic side of the complex of social and cultural problems he would like to address. Unwed pregnancy and welfare dependency are not just the result of bad choices, but of the absence of any good alternatives. Most women would like to be married and have a job to support their children, but can find neither stable, marriageable men nor decent jobs for their skill level.

Except for his proposals for mentors for fatherless children, vouchers for children in bad schools and single-sex academies to improve school discipline and achievement, Wilson offered the poor young men of California nothing but the stick of tougher juvenile justice penalties.

The Legislature should do better. Wilson has challenged lawmakers to tackle thoughtfully a problem that the right and left have approached mostly through slogans and ideological reflexes. But the final product needs to offer more of what Wilson ignores: increased economic opportunity -- and hope -- for the millions of young men and women that California's economic recovery is leaving behind.

LANGUAGE: ENGLISH

LOAD-DATE: January 11, 1996

LEVEL 1 - 38 OF 46 STORIES

Los Angeles Times

January 9, 1996, Tuesday, Home Edition

SECTION: Part A; Page 13; Metro Desk

LENGTH: 907 words

HEADLINE: NEWS ANALYSIS;
GOVERNOR SEEKS TO BOLSTER STANDING;
POLITICS: WILSON DROPS THE FIGHTER'S STANCE OF HIS FAILED PRESIDENTIAL BID IN FAVOR OF PAINTING A VISION OF THE STATE'S FUTURE. BUT THE PICTURE IS SHORT ON DETAILS.

BYLINE: By BILL STALL, TIMES POLITICAL WRITER

DATELINE: SACRAMENTO

BODY:
Discarding the combative rhetoric of recent political wars, Gov. Pete Wilson delivered a State of the State address Monday that talked glowingly of a great new future for California, but offered only a vague outline for getting there.

But some political experts said Wilson did what he needed to do in the short run politically: Reestablish himself as the state's chief executive after being missing in action much of the past year in futile pursuit of the presidency.

"The good news is that he's returned to California," observed Darry Sragow, a Democratic political consultant who ran John Garamendi's unsuccessful campaign for governor in 1994.

"The bad news is that this was a standard Pete Wilson speech. . . . There was nothing to take California into the next century and address fundamental issues of job creation and government delivery of services."

Wilson always has been far more comfortable in discussing the nuts and bolts of specific government programs than in attempting to outline a broad vision for the state.

Sragow and others remarked that the address was similar in tone to Wilson's first address as governor, in which he was seen as the "compassionate conservative" promoting limited preventive programs such as state-financed prenatal examinations for poor women.

Dan Schnur, Wilson's former chief spokesman who now works for a media relations firm, commented: "He did what he needed to do. He needed to show the people of California that he's back in the state, that he's working on problems.

"What he's got to do now is follow up on it, to get around the state to show Californians that he really is back," Schnur added.

Indeed, Wilson is expected to begin a round of appearances soonthat will include meetings with the Sacramento Press Club, newspaper editorial boards

and other groups.

Wilson helped himself with touches of humor about his failed presidential campaign, which was plagued by the governor's prolonged recovery from throat surgery last spring, along with a decided lack of support from his California constituents.

He joked that he was appearing by courtesy of the voters: the voters of Iowa and New Hampshire. And he vowed that he wants California's youth to have the best education they can get -- adding with a wry smirk, especially those who are going to be throat surgeons.

For all of that, Wilson's voice still cracked from time to time. That was the problem he sought to remedy last year through the operation to remove a small nodule in his throat.

Absent from his speech were the angry words he had in recent years for illegal immigrants, teachers unions, lawsuit-happy lawyers, affirmative action programs -- the cornerstones of his presidential campaign. Even his favorite punching bag of late -- President Clinton -- was untouched.

Absent, also, were any detailed mention of the sorts of programs that many of his critics, and some of his friends, believe are essential if California is to cope with the massive problems of a changing economy and population growth.

The major themes of his address were resurrected from previous speeches: welfare reform, a 15% income tax cut and initiatives designed to reduce the incidence of teenage pregnancy.

But he expanded, in particular, on the need for programs that would break the cycle of teenage pregnancy and its attendant programs, such as children growing up on welfare without a father and eventually dropping out of school and leading a life of crime.

"Most important of all," he said, "we've got to end the vicious cycle of promiscuity and irresponsibility that produces generation after generation of children giving birth to children."

As for the tax cut, the governor first proposed the 15% reduction last year and then made it a part of his presidential campaign.

Wilson insisted the cut is needed to keep other states from luring away California jobs. But the governor's proposed three-stage cut in personal and corporate income taxes has elicited little enthusiasm from the California business community.

"None of our people think it makes any sense," said a source from California Prosperity thru Reform. The group of California business executives and labor leaders has been studying government reform of problems including the tortured fiscal relationship between state and local government, regulatory matters, and the need for new facilities such as public schools and highways.

The group also has pressed for development of a state strategic plan for dealing with growth and state needs. The Wilson administration has long talked about establishing such a planning process, but nothing has emerged.

"We have pointed out all these other problems that are really more fundamental to the state's economy than a tax cut at this point," said the official, who asked not be identified.

In his address, which was entitled "Taking Charge of California's Future," Wilson alluded to such problems mostly in two brief paragraphs.

"We must invest in the future and we will," he said, adding that "careful consideration" must be given to the forthcoming recommendations of the California Constitution Revision Commission.

The governor said his budget plan, which comes out Wednesday, would include bond proposals for schools, prisons and water facilities. But the business representative said the $3-billion school bond issue currently under consideration, for instance, is "just a finger in the dike."

LANGUAGE: ENGLISH

LOAD-DATE: January 10, 1996

Teen Pregnancy Prevention Program

Division of Reproductive Health
National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention

To: Debbie Fine

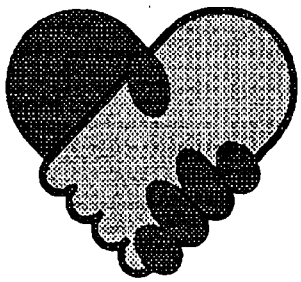
From: Carole Rivera

Number of Pages: (including this page) Fifteen

As requested.

Let us know if you have any questions (or information about the purpose...)

Thanks!



Program Services and Development Branch
Division of Reproductive Health (K22)
National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, N.E.
Atlanta, GA 30341-3724

Fax: (770) 488-5628
Tel: (770) 488-5215

Internet address: ccr1@ccddrh1.em.cdc.gov

A. EXECUTIVE SUMMARY

The "Hub organization" applying for CDC Announcement # 547 (Cooperative Agreements for Community Coalition Partnership Programs for the Prevention of Teenage Pregnancy) is the Illinois Caucus for Adolescent Health (ICAH), formerly the Illinois Caucus on Teenage Pregnancy, a membership organization which serves youth. The community is Westtown, Humboldt Park and Near Westside.

The Caucus is a private non-profit organization formed to do public education and advocacy on issues related to the prevention of teenage pregnancy and the provision of supports for young parents and their families. It was founded in Chicago in 1977 by a group of providers who were concerned about the growing visibility of teen pregnancy and its relationship to welfare dependency. It continues to be a membership organization. Approximately 90% of its activities are in Chicago, and it has a significant community base. It is strongest in the two parts of the city where it has outreach staff who are community residents and bring their own contacts. These are Westtown, Humboldt Park and North Lawndale, the community immediately to the West of Near Westside. ICAH has a long history of collaborative activities in Chicago communities and a number of successful outcomes.

ICAH became the hub by invitation at a meeting of the existing Coalition and others who were interested in the Program Announcement, perhaps because it serves as lead agency for other community collaborations.

The existing Coalition was founded in 1990. Erie Teen Health Center and ICAH were the first co-chairs. It initially served five community areas but focused on Westtown and Humboldt Park. Five of its original members are still actively involved, and have had a number of accomplishments in the last five years. The Coalition is now expanding to the Near West Side, a contiguous community area. Currently the Coalition consists of seven community-based groups, Erie Teen Health Center, Vida Sida, Youth Services Project, Chicago Commons, Mile Square Health Center, West Side Future and Chicago Boys and Girls Clubs Horner Center.

The total population of the target area for this project was 201,476 in 1990. Westtown had a 62% Latino majority, Near Westside a 67% African-American majority and Humboldt Park had a roughly 50:50 breakdown between the two. The teen birth rate for 1993 was 132 per 1000 women in Humboldt Park, 103 in West Town and 188.5 on the Near West side.

Criteria for the choice of community were the existence of an ongoing coalition, high rates of adolescent pregnancy, and the opportunity to explore prevention strategies in primarily African - American and Latino communities as well as in an area with an integrated population. There are also a number of programs which appear to be of relatively high quality which could be expanded and

developed into a prevention system.

The gaps in the system as identified by coalition members are the lack of a case management system for young people who have not yet become pregnant or caused a pregnancy, the lack of parent/child communication programs, the absence of male responsibility programs, the failure to integrate pregnancy prevention with protection against HIV/STDs and too few peer education programs. They also felt that programs were not well evaluated and were often fragmented and shortlived because of funding problems. There was also an expressed need for more parent and community involvement and support for health programs.

The preliminary goals and objectives include ensuring that the final pregnancy reduction objectives are realistic and measurable by convincing public agencies to report data in ways that enable progress to be measured. Community data will also be generated by focus groups and surveys of youth, parents and community members on risk behavior, perceived needs and attitudes Community data also involves an inventory of services in the community. The capacity of community agencies to evaluate programs accurately will be expanded in the first year. Youth will be involved in these activities wherever possible (in fact the staff will include two half time youth organizers).

A community action plan will be established by a committee of the Coalition which will include local leaders and opinion-makers who have been educated about adolescent pregnancy and other risks. Simultaneously a community awareness campaign will be announced with a Speaker's Bureau and other media opportunities. There is also a plan to publish an annual community adolescent health index. The Coalition staff will also develop a systematic case management model for teens who have not had children, linking them not only with contraceptive and other services but also with job training and recreational and mentorship programs.

Two other important areas are the lowering of real and perceived barriers to access and the development or expansion of programs in a variety of settings. Barriers to access reduction will include clarification of confidentiality and consent laws which youth perceive as problems, and training providers on approaches to working successfully with young people. Programs will include models that integrate pregnancy prevention and family planning with HIV/STD education and risk reduction. Protocols and training for providers will be developed.

Programs which link contraception consistency and effective youth to life options will be available as community models which can be built through the addition of new components to existing programs or by linking two or more separate programs. Every effort will be made to build more systematic and sequential health/sexuality education in the schools, and to help parents and children communicate with each other on these issues.

Also programs targeting student decision-making on contraception and pregnancy options will be highlighted in workshops for providers.

Careful evaluation will be built into all these activities. In the second year and there after, those programs which are shown to be effective will be expanded, as will adequate networking and collaboration to build a system from the ground up. The families of teenagers will not be forgotten in this: many parents have told us that they would like to help their children more but they do not have the information or the knowledge of services. In many cases they need to be included in case nmanagement.

The partner organizations who are based in the community have formed a Steering Committee which will meet regularly. They will work with Coalition staff to build the coalition, including schools, churches, parent groups, and community organizations. Staff will initially be a Project Director, who will preferably be a community resident who will be able to attract leadership to the table in a mobilization effort. He/she will be assisted by a Project Associate who will have the technical expertise to work on data systems and evaluation strategies with Partners. There will also be two community organizers and two half time youth organizers. It is intended that these four staff will include at least one who is culturally linked to the Latino community and one to the African-American community.

The estimated total cost of the program is $266,311 in the first year. Non-federal resources are $10,500 from partner time, and $8,000 from the Caucus for assistance in training (20% of Culberg's salary). We did not estimate a total for future years because we cannot estimate cost of programs until we have done the needs assessment.

Kansas City, MO

Working with Adolescents In Time (WAIT)

A. Executive Summary

The Maternal and Child Health (MCH) Coalition of Greater Kansas City has identified contiguous areas in both Wyandotte County, Kansas and Jackson County, Missouri where the teen birth rates are 50% above national average (average of 135.6 births/1000)of women 15 to 19 years of age. The "hub" organization is the lead organization for an existing teen pregnancy prevention community coalition (Adolescent Pregnancy Prevention Committee) which is comprised of over 108 agencies who have agreed to participate in these efforts. A copy of the formal agreement of primary collaborators is found on page 3.

Composition of the Coalition: The MCH Coalition is composed of over 336 community members who represent services/programs for women and children. The Coalition has been in existence for 14 years. It is housed in the University of Missouri-Kansas City Institute for Human Development, a University Affiliated Program.

Applicant's Capabilities: The Coalition has been highly successful in a number of community collaborative efforts, including immunizations (where rates for children 2 and under increased 26% this past year to 80%+ on schedule) and in developing model standards to be utilized throughout the metropolitan area.

Characteristics of the Target Community and Why Selected: The area was selected for several reasons. First, the teen pregnancy rate is the highest within this zone of the metropolitan area (135.6/1000). The area also encompasses the empowerment zone in Missouri and Kansas, which is now designated as a HUD Enterprise Community. Third, this area has the highest concentration of African American adolescents, whose birthrate is over double that of their white counterparts. Finally, the crossing of the state line will facilitate coordination where barriers exist (e.g., regulations, funding) and expend the coordination role of the Maternal and Child Health (MCH) Coalition of Greater Kansas City.

Gaps in Coalition Programs: There are multiple gaps in the current teen pregnancy prevention programs.

- Lack resource library of comprehensive curriculum/education materials
- Little coordination in the community of adolescent programs, especially across state lines
- Need for innovative models
- Paucity of evaluation data to make decisions about program effectiveness and numbers served
- Barriers to programming across state lines (e.g., regulations, funding)
- Lack of funding for prevention programs
- Males are infrequently addressed in pregnancy prevention programs. Programs need to be addressed to males, especially at younger ages males.
- Families are typically not included in pregnancy prevention, either as educators or as part of prevention programs.
- Lack of consistency in sex education information disseminated through the various school districts.
- Programs are sometimes judgmental and teens may not be given respect by parents, educators, and/or providers.
- Transportation is a major deficit and it is difficult for many adolescents to attend pregnancy prevention programs because of this factor.
- There is a need for more innovative programs that are adapted to minority populations.

Preliminary Goals and Objectives:

- To expand the administrative structure of the Maternal and Child Health Coalition of Greater Kansas City and the Pregnancy Prevention Committee to build the capacity of the area to conduct community teenage pregnancy planning by January 1996.
- To conduct a needs assessment by March 1996 that examines the demographic and economic characteristic of teenage pregnancy; the perceived needs of teens and the extent to which these needs are met; the extent to which social norms support postponing teen pregnancy;

the perception of current social supports and prevention programs; and identification of differences between teens who become pregnant and those that do not.

- To evaluate existing prevention programs and identify best practices for target area and coalition dissemination purposes by September 1996.
- To develop criteria that could be used to identify teens who are at greatest risk of becoming pregnant or getting someone pregnant with a systematic approach to linking high-risk teens to appropriate prevention services, assistance, and/or opportunities by December 1996.
- To identify effective methods and adapt them for use with diverse groups (e.g., ethnic groups, schools, youth clubs, communities of faith) by December 1996.
- To prioritize gaps in services, assistance, opportunities, and social norms as well as teens most in need of services by March 1997.
- To develop a community action plan that establishes realistic objectives, partner roles, coordination mechanisms, sources of sustainable funding, and approaches to targeting resources and services by September 1997.

Provisional Description of Intervention Approaches that are Under Consideration: The approaches under consideration include the following:

- Expansion of the MCH Coalition to implement these activities;
- Conduct of an extensive needs assessment through:
  - -examination of demographic/socioeconomic characteristics of the population in collaboration with the local health departments;
  - -focus groups and targeted surveys to determine difference between teens who get pregnant and those that don't, and their current perception of existing services;
  - -identification of gaps in resources through community agency surveys
  - -identification of social norms supporting postponing pregnancy through a cultural diversity committee and consultants.
- Evaluation of existing community programs to identify best practices in the field
- Develop and pilot at-risk tool to identify teens who are at-risk for teen pregnancy;
- Adapt effective strategies identified to the diverse cultural groups within the metropolitan area; Develop manual on adolescent pregnancy prevention program implementation.
- Prioritize gaps in services and high risk populations through a community-wide coalition consensus program;
- Develop a community action plan that is validated through the community coalition consensus program.
- Conduct a regional conference.

Roles and Responsibilities of the Partner Organizations

The MCHCGKC will have the lead role. Key members will chair committees and subcommittees, conduct needs assessment/evaluation of programs, develop and pilot the risk assessment tool, identify funders of pregnancy programs, prioritize needs, and develop and implement the community action plan. Cooperating health departments, public and university medical centers, community agencies and advocacy groups is secured.

Budget

The total budget for this bi-state metropolitan area project for two years is $599,998.

A. EXECUTIVE SUMMARY

The Family Planning Council of Southeastern Pennsylvania, Inc., a private non-profit organization, is requesting funds to participate in the cooperative agreement program with the Centers for Disease Control and Prevention entitled: **Community Coalition Partnership Programs for the Prevention of Teen Pregnancy: Announcement 547.** As the Title X family planning grantee for the 5-county Philadelphia area, the Council directs a vast network of health agencies that provide comprehensive family planning services to over 102,000 low-income individuals; one third of whom are under 20 years old.

The Council has a long history as a leader in designing and implementing innovative teen pregnancy prevention programs. A model program started in 1991 and now nationally recognized is the condom availability program currently in eleven Philadelphia schools (ten high schools and one alternative school in a youth detention center). The goal of the Health Resource Center (HRC) Program is to reduce rates of unintended pregnancy, STD and HIV by establishing school-based, drop-in centers where students can receive education, counseling, and condoms with referrals for health services and contraceptive care. These centers are staffed and supervised by nearby health agencies that provide family planning services under contract with the Council.

The Council coordinates the HRC Program and funds eight of the HRCs. Under Council leadership, this strong collaboration of agencies has grown to include, eight health care providers, a health-related telephone hotline, the Philadelphia Public School System which provides space and coordination in the schools, and the Philadelphia Department of Public Health which supplies the condoms and educational materials.

The Council's role as lead organization of the HRC Program has been to provide coordination of activities among the participants, set and monitor service standards, provide on-going technical assistance to new and existing sites including staff training, assure that the sites are supplied with condoms and materials, conduct evaluation activities and prepare program reports on utilization for each HRC. The Council secures funding to support new HRCs in other schools and works to obtain permanent funding for the existing centers. Finally, the Council engages in ongoing community education to raise awareness of teen pregnancy and advocates for public and legislative support for comprehensive teen pregnancy prevention efforts such as HRCs.

Five of the eleven schools with HRCs are located in neighborhoods within Philadelphia with alarmingly high teen birth rates. These HRCs and their host schools will serve as the focal point for developing a model **Community Coalition Partnership Program.** The neighborhoods served by these high schools cover a contiguous area of 15 zip codes in North Central Philadelphia with a population of 494,797 and a live birth rate of 118 births per 1,000 females aged 15-19 in 1994 (see attached letter from the Philadelphia Health Department). Thirteen percent of the births to these teens are of low birth weight. Thirty-four percent of the teen mothers are experiencing repeat births. Just under half of the fathers of infants born to school-aged girls in this community are adult men over 20 years old.

North Central Philadelphia is characterized by high rates of poverty, unemployment, crime and drug use, factors associated with higher rates of teen pregnancy. Despite these conditions, North Central Philadelphia has many strengths. It is culturally diverse, encompassing large numbers of African-American, White and Latino youth. There are well-

established community agencies with programs for youth. Contained within this area are two federally-funded Empowerment Zones focussing on improving economic conditions with new programs planned to address youth employment and educational opportunities. Finally, as part of the Philadelphia School District's new "Children Achieving Plan," several schools in the area are designated as "cluster schools" where enhanced health and social services will be coordinated for members of the school community.

The Council, as the "hub" organization, is applying to build upon a strong existing partnership of agencies to create a community-based teen pregnancy prevention action plan for North Central Philadelphia (accomplished in Year One) that identifies effective program interventions and pilot tests these ideas (during Year Two). Once the feasibility of the plan's various components has been established, the Council as the "hub" will seek resources necessary to implement the plan in a way that reaches a large proportion of youth at risk of unintended pregnancy. Resources will be sought to evaluate the effectiveness of the plan as well.

The plan will be ambitious yet realistic in its scope to achieve a minimum reduction of 30% in the teen birth rate from 118 to under 83 births per thousand teens over a 5 year implementation phase.

The current collaborating agencies are those family planning providers that staff HRCs in the four high schools (H.S.) and the one alternative school in North Central Philadelphia: 1) Greater Philadelphia Health Action, Inc. at Franklin H.S., 2) St. Christopher's Hospital for Children at Edison H.S., 3) Medical College of Pennsylvania at Gratz H.S., 4) Covenant House Health Services, Inc. at King H.S., and 5) Children's Hospital of Philadelphia at Youth Studies Center. A sixth provider affiliated with the Council is CHOICE, Inc., a family planning information telephone hotline service which provides counseling, information and referrals to both family planning clinics and HRCs. Central to this partnership are the City Health Department and the Philadelphia School District Administration. The Council and these eight organizations have a documented history of collaboration that dates over the four year existence of the HRC program (refer to attached documentation).

The Council proposes to expand the existing partnership by creating local coalitions convened by each HRC. These HRC coalitions will include teens, faculty from the high school and feeder middle schools, parents and service agencies both in the schools and in the neighborhoods surrounding the schools. Representatives from each of the 5 HRC coalitions along with members from CHOICE, the School District and the Health Department will convene to create a consortium at the Council's "hub" level adding other members. from the community to draft an overall teen pregnancy prevention plan for North Central Philadelphia. The contents of the plan will be directed heavily by the local planning ideas of the local HRC coalitions.

The HRCs enjoy great acceptance in the schools; this past school year 27% of the students (N=2,255) visited the centers. However, there are additional interventions that have proven successful in preventing teen pregnancy which are not part of the HRC model and could be considered enhancements to improve the HRC's effectiveness. A thorough search of other programs during the needs assessment phase of this project will allow the planning coalitions to consider other ideas as well as these:

o add short (e.g. 2 week) interactive classroom programs for students that build social skills effective in reducing or avoiding sexual risk taking behaviors
o offer these classroom programs to student at both the HRC high schools and their feeder middle schools
o strengthen links between student use of HRC and use of family planning clinics in the community to increase contraceptive use and STD/HIV screening of at risk youth.
o design programs to identify at-risk youth and provide specialized services for them through the HRCs.
o expand the HRC model into the community to meet needs of out-of-school youth and students when the schools are closed
o explore ways to meet the needs of teen girls who are sexually involved with older men

The Council has identified five goals relevant to achieving a comprehensive teen pregnancy prevention plan for North Central Philadelphia:

1. Develop local planning coalitions at each HRC school and a community-wide planning consortium.
2. Conduct a comprehensive community assessment of perceived and actual needs, service gaps and potentially successful interventions related to teen pregnancy and pregnancy prevention.
3. Develop a comprehensive teen pregnancy prevention plan for North Central Philadelphia and test pilot interventions.
4. Establish criteria and measures for evaluating the effectiveness of the plan upon implementation.
5. Share experiences of the planning process at national, state and local levels.

Specific objectives and activities related to these goals and an evaluation of the two year effort are described in Section E.

The cost of the project for the first year of the planning phase is $299,712. During the second year, the plan will be modified based on pilot testing of proposed interventions at a cost of $325,698.

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INSERT REQUIRED DOCUMENTS HERE

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I. EXECUTIVE SUMMARY

The Family Health Council, Inc. (FHC) is a private non profit corporation which has been addressing reproductive health related issues for a quarter of a century in a 23 county region of western Pennsylvania. Services include family planning and gynecological care, prenatal and obstetrical care, nutrition (5 county Womens, Infants, and Children program), pediatrics, State licensed adoption and community sexuality related education including two major initiatives in Allegheny County to prevent teenage pregnancy (Adolescent Resource Network) and to reduce women's risk of HIV/AIDS infection (CDC-funded HIV Prevention in Women and Infants Demonstration Project)

Coalition Building Expertise

FHC has a history of effectively working with community coalitions and partnerships to bring health care, service coordination, and education to those in need. FHC is now coordinating the outreach activities of the PA Department of Health 's Babies First campaign through the organizing and management of both Northwestern PA and Southwestern Regional Maternal and Child Health Coalitions.

Since 1991, FHC has served as the Public Health Service Title X Grantee for family planning. As such, FHC is currently responsible for the management of a network of 65 family planning clinics with 21 different health care provider partners.

Through its administration of Healthy Beginnings Plus programs in 9 western PA counties, FHC coordinates comprehensive prenatal care and a wide range of psycho-social support services. FHC provides care coordination, data collection and evaluation, and administration for Healthy Beginnings Plus prenatal partnerships which include a number of community hospitals and private physician groups as major partners.

Within the last month, FHC has been awarded two other "coalition building" contracts through the PA Department of Health. The first is through a CDC supplement to the STD Accelerated Prevention Campaign Project Grants. In this project, FHC will be working in cooperation with the Allegheny County Health Department, University of Pittsburgh, and a number of providers and juvenile justice system programs to combat a high rate of STDs among teens at highest risk. The second project also uses CDC originated funding to support the creation of a network of providers and community based organizations to do breast and cervical cancer screening and education in the highest risk counties of western PA.

The Rivers Corridor Communities: Problems and Gaps

The Rivers Corridor Communities (RCC) has a population of 249,816 with a rate of 102.2 births per 1000 women 15-19 years of age. It is contiguous by census tract and school district. They are also bound by a commonality of ethnographic and topographical factors. The RCC neighborhoods share problems associated with poverty, unemployment, and lack of access to primary health care. Spread out along a corridor dominated by the intersection of Pittsburgh's major rivers (the Monongahela and Allegheny meet to form the Ohio), these communities share a developmental history which parallels the rise and fall of the steel industry in the city and its subsequent economic and social problems.

There are 16,250 teens 15-19 years of age. In FY 95, family planning clinics in the RCC served 3,402 teens in this age cohort. ARN estimates that this is one-third of those in need of contraception. There is a dearth of both primary and secondary pregnancy prevention programs. Most non clinical programs focus on the pregnant teen and her child to the exclusion of the male partner. Eleven public schools in the RCC have Wellness Centers run by local health care providers; but they are forbidden to dispense contraceptives. These Centers do not relate closely to their neighborhood family planning clinic. And, school educational programs are either weak or non-existent. While community health education exists in the RCC and relies significantly on lay health advisors, these advisors generally do not employ any strategies for parental involvement in sexuality education or its related behavioral aspects.

Preliminary Goals, Objectives and Interventions

The RCC's principal goal is to plan an effective urban primary pregnancy prevention program for teens whose implementation over a 2 year period will result in a 10% decrease in teen pregnancies in the target community by the millennium.

Six supportive goals address: a basic needs assessment; an expansion and strengthening of local coalition building efforts; the initiation and evaluation of three pilot projects aimed at filling known program gaps; the production of Community Action Plan(s); maximization of teen involvement in project operation; and the enhancement of our conjoint working relationship with the Family Planning Council of Southwestern PA (FPC/SEPA) in Philadelphia.

This last supportive goal is reflective of a joint venture agreement signed two years ago with our sister agency, FPC/SEPA, to create "The PA Urban Alliance To Prevent Unintended Teen Pregnancy." Pittsburgh and Philadelphia together have 47% of all teen pregnancies and 52% of all teen abortions in the Commonwealth. If funded for this proposal, Pittsburgh and Philadelphia will cooperate in the development of a database on urban teen pregnancy and engage our teens in common activities to highlight the problem of teen pregnancy, validate interventions, in PA's two largest cities.

Initially, three major interventions are being proposed by our partner organizations. Blue Cross of Western Pa's Health Education Center has agreed to enhance their current lay health advisor driven education program by including the implementation of a comprehensive sexuality education module for teen parental caregivers. Children's Hospital of Pittsburgh will forge a service linkage between a high school Wellness Center and its community based family planning clinic. Magee-Womens Hospital will demonstrate the effects of male partner involvement in life options related services in its family planning program. The FHC Adolescent Resource Network will serve as the HUB organization. As the applicant agency, we will provide administrative support and leadership to the coalition building and planning process.

Estimated Total Cost for First Two Years

Funds being requested for year one and year two are $240,371 and $290,000 respectively. Total cost of the program during the first two years is $530,371.

A. EXECUTIVE SUMMARY

Eligibility. The applicant, hereafter referred to as the City of Milwaukee Health Department (MHD), serves a community of 628,000 residents. In 1990, the birthrate for City of Milwaukee females ages 15-19 was 114 births per 1,000 females. The MHD received prior approval from the CDC to submit 1990 birthrates for the purposes of this grant proposal because we could not report a rate of teen births for the City of Milwaukee for a more recent year. As of this writing, the Wisconsin Center for Health Statistics has not issued population estimates by age and sex for the Wisconsin cities for intercensal years since the 1990 census. [See to Appendix 1] The MHD is a smoke-free workplace. As a local public health agency we promote and advise the City of Milwaukee Mayor and Common Council on all matters related to the use of tobacco products. [See Appendix 2]

Community Need. The City of Milwaukee was chosen for this cooperative agreement proposal because according to 1992 data, 95% (2,611) of all births in Milwaukee County (2,754) and 36% of all births in the State of Wisconsin to females younger than 19 years of age were to City of Milwaukee residents. Births to teen mothers accounted for 20.5% of all live births in the City of Milwaukee in 1994. In spite of the many pregnancy prevention activities and programs in the Milwaukee community, rates of teen pregnancy remain high. Unfortunately, many of these efforts are fragmented and decentralized. There has been a need to facilitate communication and collaboration among these agencies and others working for teen pregnancy prevention. The MHD along with coalition members plans to utilize funding from the Centers for Disease Control and Prevention (CDC) to continue and enhance the efforts already started by the Milwaukee Metropolitan Adolescent Pregnancy Prevention Consortium (MMAPPC).

Applicant's Capability. The MHD has been successful in eliciting support and participation from a cross section of the community to address important public health issues. Working in both a leadership capacity, and collaboratively, with HMO's, hospitals, community health centers, consumers, and other providers of health care, public health staff plan and deliver services to assure that all individuals receive health services. The MHD as the largest local public health entity in Milwaukee County continually absorbs new programs while maintaining the quality of services in existing programs. The receipt of this grant funding will provide stability to our efforts to build capacity and strengthen collaboration related to pregnancy prevention in Milwaukee.

Coalition Composition. The MHD currently serves as the lead agency for the Milwaukee Metropolitan Pregnancy Prevention Consortium (MMAPPC), a consortium of over 70 provider agencies, parents and teens, school and elected officials and representatives of the faith community working for the prevention of teen pregnancy in Milwaukee through a coordinated city-wide effort. The major objectives of the MMAPPC are to:

- conduct a community based assessment of needs and resources for adolescent pregnancy prevention and related adolescent health services;
- develop a strategic action plan related to teen pregnancy prevention;
- develop a directory/database containing all programs in the Milwaukee area which provide pregnancy prevention programs and pregnancy services to pregnant and parenting teens;
- identify service gaps;
- identify potential funding sources for pregnancy prevention activities and programs;
- increase community awareness of and support for maintaining and developing effective teen pregnancy prevention programs in the Milwaukee area;
- provide advocacy for programs, initiatives and policies related to teen pregnancy prevention; and
- serve as a resource for information on national, state and local pregnancy prevention activities/services.

The activities of the coalition will be targeted to the 90,000 (1990 Census) City of Milwaukee adolescents ages 10-19 and their families, service providers, medical care providers, community organizations and agencies and

the community at-large. Of particular emphasis will be adolescents engaging in high risk behaviors (i.e. alcohol/drug use, gang involvement, sexual activity, truancy).

Gaps. Until MMAPPC there was not a viable consortium which fostered coordination, collaboration and cooperation among provider agencies, parents and teens, school and elected officials, and representatives of the faith community working for the prevention of teen pregnancy in Milwaukee. Other program gaps include a lack of a population based and target population mass media campaign aimed at teen pregnancy and fatherhood, lack of a community-wide strategy which attempts to challenge norms toward teen sexual activity, and a lack of community-wide evaluation of population based efforts as well as one of individual agency programs.

Preliminary Goals and Objectives. The long term goals of this cooperative agreement are reflective of the DHSS/PHS Healthy People 2000 and the State of Wisconsin - Division of Health - Healthier People Wisconsin: A Plan for the year 2000 teen pregnancy prevention objectives. The program goals focus on capacity building and infrastructure strengthening. The objectives of this cooperative agreement are to:

- strengthen and expand the membership of the MMAPPC.
- conduct a comprehensive teen pregnancy prevention needs assessment among Milwaukee area teens.
- establish a common data set for use by adolescent serving organizations and agencies in the Milwaukee area.
- begin the development of a community action plan related to teen pregnancy prevention.

Provisional Intervention Approaches. In the first year MMAPPC will begin field testing common data sets with member agencies. Project staff will evaluate process and/or outcome related to: a) facilitating consensus on the need for a common data set, b) for developing a common data set and data set items, c) timely completion of tasks and d) completion of data set. In the second year of the project, it is anticipated that activities will focus around completion of the community action plan. This will include sponsoring an event(s) as a forum for the release of the plan and for getting community reaction to the plan. for the release of the community action. Second year activities may also include field testing to determine the impact of the Campaign for Our Children - Milwaukee media effort on targeted groups of high risk teens. Efforts to recruit and retain representative consortium membership and to implement a common data set among Milwaukee area teen pregnancy prevention service providers will also continue in the second year of this project.
First and second year staffing are expected to be comparable with the exception of contract staff costs which are expected to decrease significantly.

Total Costs. The MHD is requesting $198,574 for the first year of operation and anticipates the need for $179,372 in the second year.

City of Rochester / Monroe Council on Teen Pregnancy
Application to Centers for Disease Control and Prevention for the
Community Partnership Program for the Prevention of Teen Pregnancy

A. Executive Summary

The City of Rochester government, acting as a key player within the Monroe Council on Teen Pregnancy (MCTP), seeks funding as a Community Coalition Partnership Program for the Prevention of Teen Pregnancy. We seek to demonstrate that through strengthening the breadth and depth of a community coalition with substantial experience in the area of teen pregnancy prevention, we can develop a strong, effective community-wide commitment and plan which will result in a significant, measurable and continuous drop in the rate of teen pregnancy. Through this grant we seek to establish a community-wide vision, commitment and plan, and to reinforce the infrastructure necessary to accomplish our common goal of reducing teen pregnancy throughout the City of Rochester.

The target community for this grant is the City of Rochester, a community with 231,636 residents based on the 1990 census, with a large and rapidly growing problem of poverty that defies the City's white collar image. A recent Children's Defense Fund study placed Rochester 13th in the Country for percentage of children living in poverty. With 38% of Rochester youth living in poverty (up from 14% in 1969), Rochester is on a par for poverty status with Newark, New Jersey. Teen birth rates also soar at 121.1 per 1000 women 15-19 years of age, or nearly twice the national average, according to the latest figures (1990) from the Monroe County Health Department.

But Rochester is also a city with a can-do spirit and a strong tradition of community leaders and residents rolling up their sleeves around a table to address challenges together. The Monroe Council on Teen Pregnancy is a prime example of this type of public/private collaboration. In fact, this grant proposal itself results from such a collaborative effort. After reading this RFA, Announcement 547, Council members and the organizations they represent felt so strongly about the importance of this grant to our community that nearly two dozen members pulled out all stops to create the best possible proposal. Members met daily to hammer out key focal points, goals and objectives; and each member took on writing, research, or clerical support assignments. When the group decided that a grant writer was needed to pull together the final writing, thirteen member organizations gave at least $100 each toward a pool to hire a grant writer, which was matched by a check from a local foundation. This is but one example of the passion and commitment of Monroe Council on Teen Pregnancy members toward reducing teen pregnancy in Rochester.

MCTP is a community council, with 38 members representing service providers, local City and County government, funders, religious organizations, and concerned individuals, including the City of Rochester government as a key player. The Council results from the 1991 merger of two community coalitions: the Teen Pregnancy Council comprised of governmental representatives and community leaders; and the Adolescent Pregnancy Action Group, an association of teen service provider agencies. The two merged in order to put forth a united community effort to coordinate and direct efforts aimed at teen pregnancy prevention and related supportive services. During the past twelve months, MCTP has taken its role to the next level. When two new potential funding sources became available to address teen pregnancy, one from the State Health Department and one from a local foundation, MCTP convened a broad group of service providers and community representatives and facilitated a consensus process that resulted in two successful applications.

For one of those two projects, Rochester Adolescent Pregnancy Prevention at Marshall, the Monroe Council on Teen Pregnancy became the lead agency, with responsibility and oversight for the project which is administered by a lead service provider organization. This project is a three-year demonstration approach to reducing teen pregnancy in City high schools using an innovative community organizing model. Thus, the Monroe Council of Teen Pregnancy has a continuous history since 1979 of addressing teen pregnancy issues, and has become increasingly more proactive, as well as more inclusive, encompassing government, service providers, funders, community leaders and concerned citizens. A complete membership list of the Monroe Council on Teen Pregnancy is included in Section C of this proposal.

The City of Rochester was selected as the target community for this proposal because of its serious problem with teen pregnancy; its strong identity as a cohesive community; and the commitment of current leadership to come together to boldly take on the challenge of making a difference. The Mayor of Rochester, William Johnson, has made a strong commitment to youth, and to tackling the tough problems that face City

residents. The high rate of teen pregnancy in the City of Rochester is of tremendous concern to the Mayor, business and civic leaders within this community, as well as ordinary citizens. It is seen as a pivotal problem which inhibits our ability to make progress on improving youth health status, reducing poverty, reducing crime, improving educational levels and the quality of the labor force, and maintaining taxes at affordable levels. Teen pregnancy is a multi-faceted problem that defies simplistic solutions. During the past ten years, a number of efforts have been launched by concerned organizations within the Rochester community to reduce teen pregnancy, each initiative working in one neighborhood or on one aspect of the problem. At this time the City and the Monroe Council on Teen Pregnancy are eager to take a comprehensive approach to addressing the teen pregnancy problem throughout the whole community of the City of Rochester in a systematic and coordinated manner.

In contrast to its image as a comfortable, white collar community, the City of Rochester suffers from soaring poverty levels comparable to Newark, New Jersey. Home to 231,636 people as of the 1990 Census, Rochester is ranked by the Children's Defense Fund as 13th in the nation in percentage of its children who live in poverty. This number has risen alarmingly from 14% in 1969 to 38% in 1989. All of the problems that go hand in hand with poverty assume troubling proportions in Rochester, including high rates of HIV/AIDS and STDs, high drop out rates from City schools, and high crime rates. Thirty-one percent of Rochester residents are African American and 8.7% identify themselves as of Hispanic origin. While Rochester historically has had a strong industrial base, anchored by Eastman Kodak Company, Xerox and Bausch and Lomb, these corporations have engaged in substantial downsizing over the past decade. Between 1981 and 1992, 30,700 manufacturing jobs were lost in the Rochester area, according to the Pathways to a Coordinated System of Health and Human Services report of the University of Rochester School of Medicine & Dentistry Department of Pediatrics and the Monroe County Health Department. This downsizing has left few opportunities for well-paying jobs for area youth without advanced education.

The teen pregnancy problem is pervasive throughout the community, with neighborhood pockets where the rate skyrockets above the City's already high average. According to the Monroe County Health Department, in 1990, 1454 babies were born to girls ages 15-19 in Rochester. The City teen pregnancy rate for that same age group is 188.1, but in one zip code (14611) the rate reaches 372.5. Teen pregnancy rates for all teen age groups (10-14, 15-17 and 18-19) increased substantially between 1980 and 1990. In one City high school in the 1993-94 school year, there were 119 known pregnancies out of 1100 students (male and female).

Despite the best efforts of the Monroe Council on Teen Pregnancy working to address the teen pregnancy problem, several gaps exist. Three of these gaps are the need to better address the male side of the teen pregnancy equation (including older males who father babies with teen mothers); a stronger voice for teens themselves in planning and developing effective approaches; and the need to help families play a more effective role in reinforcing pregnancy prevention values in their children. (A complete list of identified gaps is included in Section B of this proposal.) A key community gap at this time, however, is the lack of a coordinated, comprehensive community vision and approach to teen pregnancy. Such an approach must involve the major organizations and institutions that play important roles in the lives of teens and their families, but have not traditionally been involved in pregnancy prevention efforts. These institutions include the religious organizations, businesses employing and serving teens, neighborhood associations and family resource centers, Boy Scouts and Girl Scouts, youth recreation programs, schools and job training programs. A major thrust of this grant will be to pilot innovative approaches to involving such organizations as partners in the campaign against teen pregnancy.

The overall goal of this program will be: To develop a comprehensive community-wide commitment and a plan to bring down the rate of teen pregnancy. Three sub-goals will be:

a. To gain community-wide commitment to make reduction of teen pregnancy a priority, creating a community-wide expectation for youth to delay pregnancy until they have at least finished high school.

b. To develop a broad, sustainable infrastructure in the community to increase pregnancy prevention efforts, cooperation and collaboration among all service providers in order to achieve a continuous decline in the teen pregnancy rate and

c. To strengthen the leadership capacity of MCTP in order to provide effective, ongoing coordination to the new, broader community effort.

Preliminary two-year grant objectives envisioned to support these goals include the following:

1. Strengthen the Monroe Council on Teen Pregnancy's leadership ability and capacity to coordinate community-wide pregnancy prevention efforts.

2. Conduct a community needs assessment, using as a starting point extensive research that has already been collected, including the Monroe County Health Department's Youth Risk Behavior Survey and other sources described in this grant.

3. Utilizing broad community input as outlined above, develop community-wide goals and a plan outlining steps needed to reduce the teen pregnancy rate.

4. Develop and pilot test specific approaches to reach and assist families in instilling pregnancy-avoidance values in their children, building on the foundation of existing approaches and materials.

5. Develop mechanisms to incorporate teen input into community-wide pregnancy prevention effort, so that teens play major roles in developing the Community Plan and in ongoing approaches to teen pregnancy prevention.

6. Gain written commitment toward the teen pregnancy prevention effort from all major institutions and organizations that interface with teens and their families. Each will commit to developing a plan to convey teen pregnancy prevention messages to their constituencies.

7. Develop and pilot-test approaches and materials to convey community messages to teens (both male and female) and their families, building on the foundation of materials that already exist.

8. Develop pilot prevention plans with five select partner entities, each representative of a major category of institution that interfaces with teens or their families, other than traditional service provider agencies (e.g. schools, churches, businesses that hire teens, neighborhood associations, recreation facilities).

9. Coordinate all current teen pregnancy prevention efforts; identify best practices, and work with funders and the community to identify additional resources and/or alternate approaches to expand the capacity of the most effective proven interventions.

10. Develop criteria, based on the community needs assessment report, to identify teens at high risk for initial or repeat pregnancy, as well as males at risk of fathering babies with teenage girls, and link those individuals to the most effective available preventive services.

11. Develop concrete linkages between the Monroe Council on Teen Pregnancy and related preventive efforts in the community including STD and HIV prevention coalitions, mental health coalitions, and youth drug and alcohol prevention programs leading to more coordinated approaches in youth prevention programs that address the multiple factors and facets of high risk behavior.

12. Use mass media and effective marketing techniques to convey community wide message to teens, building on existing community efforts such as the "Not Me, Not Now" campaign.

Achievement of the above goals and objectives will require close coordination and substantial commitment of time and talent of the partner organizations to this grant. All members of the Monroe Council on Teen Pregnancy are committing staff time to working on the development of the needs assessment and community Plan as well as the implementation of new initiatives and the ongoing planning, coordinating and evaluation roles of the Council. Each member organization will play a leadership role in using its organizational resources to convey the community-wide pregnancy prevention message to its clients, congregation, or constituents.

In this proposal, the City of Rochester Bureau of Human Services will act initially as the Hub Organization while the Monroe Council on Teen Pregnancy incorporates as a 501(c)3 not-for-profit corporation (estimated timeline 90 days from grant award decision). At that time, the City will undertake the "Transfer of Awards" process with the Center for Disease Control in order to transition the Hub Organization designation and responsibilities to the Monroe Council on Teen Pregnancy. Per consultation with CDC staff members Michael Dalmat and Locke Thompson, this process is allowable and in keeping with grant eligibility criteria. The Girl Scouts of Genesee Valley will house the project staff and project will purchase needed financial and clerical services from them. MCTP is committed to limiting its role to leadership, coordination, planning and evaluation; and will not involve itself in provision of services, as there are many capable service providers in the community. Staff hired as part of this grant will be employees of MCTP, with maximum utilization of in-kind efforts and contractual arrangements for specific needed products and services. This grant proposal has been designed to build a sustainable infrastructure for greatly expanding the campaign against teen pregnancy in Rochester, New York in such a way that the efforts and their impact will continue after the two-year planning grant is completed.

The estimated total cost of this program is $304,337 for the first year, of which this proposal requests $294,437 from the CDC; and an estimated $290,000 for the second year, of which the anticipated request to CDC will be $280,000.

YAKIMA, WA

NARRATIVE

PROJECT DESCRIPTION

PPCW proposes a two-year project involving two major components: 1) a teen pregnancy needs analysis designed to focus on cultural and regional nuances that may exacerbate traditionally accepted behaviors known to foster primary teen pregnancy; and 2) development of a community action plan that specifically addresses findings of the needs analysis.

PPCW has been operating under the assumption that the causes known nationally to increase risk of teen pregnancies apply to Yakima County. This may be so; but are there additional, perhaps unique, issues pertinent to culture and area demographics and lifestyles that encourage or foster early sexual intercourse, pregnancies and birth? These factors result in early pregnancies and abnormally high birth rates among teens in Yakima County, with a disproportionate number of teen pregnancies occurring in Hispanic and Native American teens.

The target teen population, for the purpose of this project, are teens who are seventeen years of age and under, residing in Yakima County.

PPCW proposes to conduct a survey and in-depth, focused conversations with teens and their families. The views and observations offered by these participants will be used to develop a community action plan for preventing primary pregnancies among teens.

PROJECT LOCATION

Yakima County, the project area, is situated just east of the Cascade Mountain Range in south central Washington State. Comprising 8,500 square miles, the area is larger than many states, such as Connecticut, Delaware, Massachusetts, New Jersey and Rhode Island.

Yakima County contains one urban city, City of Yakima (population, 54,000), and 13 smaller rural communities situated along the Yakima River, which traverses southeasterly through the county. The Yakima River is a major tributary spilling into the Columbia, and the essentially flat plains and hills adjacent to the river contribute to its high suitability for agricultural use. Apples, cherries, peaches, grapes, hops, mint, and corn provide the economic base for Yakima County.

Interstate 82, which parallels the Yakima River, and State Highways 12, 22 and 97 are the major highway systems existing in the county.

MEMORANDUM FOR DISTRIBUTION

April , 1996

FROM: Debbie Fine

TO: _____

SUBJECT: CDC Teen Pregnancy Prevention Grants

In October of 1995 the Centers for Disease Control and Prevention awarded $3.25 million to 13 community coalitions in 11 states to work with youth in preventing unwanted teen pregnancies. These community based coalitions support various "hub" agencies from existing partnerships that are already working to prevent teen pregnancies.

The programs themselves will involve youth in intensive school health education programs, community service, and job skills development. They will also demonstrate ways that communities can create partnerships and organize their own resources to help teens delay sexual activity and prevent initial and repeat teen pregnancies.

The "Hub" organizations receiving grants from CDC are:

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Boston, Massachusetts
Award: $294,635

Children's Network of San Bernadino County California
San Bernadino, California
Award: $271,353

City of Milwaukee Health Department
Milwaukee, Wisconsin
Award: $206,028

City of Rochester Bureau of Human Services
Rochester, New York
Award: $287,437

Curators of the University of Missouri, University of Missouri-Kansas City
Kansas City, Missouri
Award: $258,855

Family Planning Council of Southeastern Pennsylvania, Inc.
Philadelphia, Pennsylvania
Award: $265,764

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Pittsburgh, Pennsylvania
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HRS Duval County Public Health Unit
Jacksonville, Florida
Award: $$261,093

Illinois Caucus for Adolescent Health (ICAH)
Chicago, Illinois
Award: $266,311

Oklahoma Institute for Child Advocacy
Oklahoma City, Oklahoma
Award: $270,563

Orange County Healthy Start Coalition
Winter Park, Florida
Award: $247,347

Planned Parenthood of Central Washington
Yakima, Washington
Award: $201,188

University of Texas Health Science Center Department of Pediatrics
San Antonio, Bexar County, Texas
Award: $221,549

The following summaries of the programs in Orange County and Boston will help you better understand the types of community based activities and initiatives which are receiving CDC funding.

The Orange County Healthy Start Coalition is joined by the Orange County Teenage Pregnancy Prevention Task Force in an effort to lower teenage pregnancy rates. Although in Florida these rates have decreased, rates in Orange County have increased. The CDC money is used as "glue money" to help assess the problem community-wide, to identify where the gaps in addressing it are, and to develop and implement a community action plan that coordinates the resources of existing organizations and programs to effectively address those gaps in service.

Some examples of efforts to note:

ENABL (Education Now and Babies Later)
Orange County received and ENABL grant this year to teach the Postponing Sexual Involvement curriculum in 3 middle schools located in the zip codes where the rates have increased. (Schools are Carver Middle School, 32805: Memorial Middle School,

32805; Robinswood Middle School, 32818.) There are three Florida Legislature mandated ENABL in 1995; it is comprised of four components:

Community Based Direct Education: Use of abstinence-based curriculum in participating middle schools. The curriculum is based on Marion Howard's model program--- Postponing Sexual Involvement--- which has both preteen and parent components. PSI for preteens is designed for both 5th and 6th grade students. It consists of 5 one-hour classes offered to teens by a trained teacher and peer counselors. Homework assignments allow for parental involvement. The curriculum is designed to enable youth to resist pressures to become sexually involved. Teaching methods include: videotapes, roleplaying, and class discussions. The abstinence-based curriculum mentions birth control, however it does not teach how to use birth control methods. " The emphasis is on why young people are having sex, and how they might avoid it." It teaches the consequences of too early pregnancy and encourage responsible decision making. Orange County is one of 11 that were selected through a competitive bid process to pilot ENABL.

Statewide Media and Public Relations Campaign: The State Health Office and the Ounce of Prevention Fund will launch an advertising campaign that emphasizes ENABL, while encouraging parental community involvement.

Evaluation: of pilot site grants.

Training: The State Health Office will coordinate a training program for PSI teachers and peer counselors, and provide technical assistance of ENABL.

Frontline Outreach
This is a non-profit, community-based organization in SW Orlando -- primarily with a minority population -- that was established 29 years ago. In many ways it is at the center of the teen pregnancy prevention efforts. It is funded through United Way, state and local government and private doners, and is located within walking distance of approximately 5,000 young people. Services provided include: after-school activities, GED classes, athletic programs, including amateur boxing classes (one of their participants is going to the Olympics this year); community adult classes. There is an abstinence-based curriculum that focuses on development of goals and making mature decisions. The program works with young people to foster development of a vision for their future: they visit area colleges, offer tutorial services, etc. Participating young men (12-22) are educated about the importance of pregnancy prevention as well (abstinence-based) and character building.

Frontline Outreach is housed in a large facility which other organizations often use for meetings, etc. Although it is not a religious based group, on Sundays many church groups use the facility for classes, worship, and meeting. The director of this program chairs the Teen Pregnancy Prevention Task Force that is implementing the CDC grant, and their facility is often used as a central point for the communities activities.

Frontline Outreach provides the Teen Pregnancy Program in an effort to meet the following objectives:

1. To prevent low birth weight babies. In Florida, over 25% of all low weight babies are born to black teens. The average weight of a baby born to one of Frontline Outreach's Teen Pregnancy Program participants is 7 pounds, 2 ounces. Since 1985, only two of the over 4,000 babies born in our program have required intensive neonatal care.

2. To decrease infant mortality rate in minority newborns. Florida's minority infant mortality rate is 16.3%. Frontline Outreach's is less than 1%

3. To provide education to avoid repeat and unwanted pregnancies. Of the clients who remain in our program, less than 20% have repeat pregnancies.

4. To assist in producing responsible and productive citizens. Eighty percent of those in Frontline Outreach's Teen Pregnancy Program receive a high school diploma and job training. Less than 20% receive governmental assistance one-year after their baby is born. All eligible clients are encouraged to register and vote.

FOR IMMEDIATE RELEASE
(draft)

Contact: CDC Press Office
(404) 639-3286

CLINTON ADMINISTRATION FUNDS EFFORTS TO PREVENT TEEN PREGNANCY

HHS Secretary Donna E. Shalala today announced that the Centers for Disease Control and Prevention has awarded $3.25 million to 13 community coalitions to work with youth in preventing unwanted teen pregnancies. The programs will demonstrate ways that communities can create partnerships and organize their own resources to help teens delay sexual activity and prevent initial and repeat teen pregnancies.

"Families, schools and communities need to stand together against teen pregnancy and work together with young people to focus on opportunity and self-esteem," said Secretary Shalala. "We're helping community coalitions find effective ways to give teens the information, support and services they need to delay the adult responsibilities of sexual activity and parenthood."

Earlier this month, HHS announced $4.2 million in grants for another teen pregnancy prevention program, the Adolescent Family Life Program.

"The Clinton Administration is putting special emphasis on preventing teen pregnancy," Shalala said. "Our strategy seeks opportunity for teens and asks responsibility from teens. And it looks to cooperative efforts within our communities to support our teens in making productive life choices."

In his State of the Union message this year, President Clinton called unmarried teen pregnancy "our most serious social problem."

In the grants announced today, CDC is funding 13 projects in 11 states. The projects support "hub" agencies from existing coalition partnerships that are already working to prevent teen pregnancies. They will provide a variety of services for teens.

"These programs will involve youth in intensive school health education programs, community service, job skills development, and other opportunities that build their self-esteem and belief in themselves and their futures," said CDC Director David Satcher, M.D.

"If we can help youth to develop themselves, they will have stronger incentives to remain abstinent and delay pregnancies and childbearing until they are ready and able to assume the roles of parents," Dr. Satcher said.

- More -

In addition to the grant program, CDC plans to identify teen pregnancy prevention interventions that show greatest promise, based on evaluation data. From this information, CDC will lead an effort to develop models for programs that could be implemented by communities nationwide.

CDC is also forging partnerships with youth development organizations, other federal agencies, religious institutions, media, businesses and non-profit organizations in support of teen pregnancy prevention efforts, Dr. Satcher said.

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San Antonio, Bexar County, Texas
Award Amount: $221,549

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Early Start Fund

$ 429,000

greater Dallas Area

Head Start of Greater Dallas expanded new

(1st grant under 0-3)

program

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curry 1st schooling come out of these bill

grants

FOR IMMEDIATE RELEASE
(draft)

Contact: CDC Press Office
(404) 639-3286

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Provide

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Melissa T. Skolfield

Acting Assistant Secretary for Public Affairs
Phone: (202)690-7850 Fax: (202)690-5673

To: Jeremy Ben Ami
& Bruce Reed

Fax: 456 7028 Phone: _____

Date: 10/11 Total number of pages sent: 3

Comments:

FYI — These grants are ready to go, & will go by Friday unless you have another idea.

M.

200 Independence Avenue, S.W., Bldg. HHH, Room 647-D, Washington, D.C. 20201

HHS NEWS

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

FOR IMMEDIATE RELEASE
(draft)

Contact: CDC Press Office
(404) 639-3286

CLINTON ADMINISTRATION FUNDS EFFORTS TO PREVENT TEEN PREGNANCY

HHS Secretary Donna E. Shalala today announced that the Centers for Disease Control and Prevention has awarded $3.25 million to 13 community coalitions to work with youth in preventing unwanted teen pregnancies. The programs will demonstrate ways that communities can create partnerships and organize their own resources to help teens delay sexual activity and prevent initial and repeat teen pregnancies.

"Families, schools and communities need to stand together against teen pregnancy and work together with young people to focus on opportunity and self-esteem," said Secretary Shalala. "We're helping community coalitions find effective ways to give teens the information, support and services they need to delay the adult responsibilities of sexual activity and parenthood."

Earlier this month, HHS announced $4.2 million in grants for another teen pregnancy prevention program, the Adolescent Family Life Program.

"The Clinton Administration is putting special emphasis on preventing teen pregnancy," Shalala said. "Our strategy seeks opportunity <u>for</u> teens and asks responsibility <u>from</u> teens. And it looks to cooperative efforts within our communities to support our teens in making productive life choices."

In his State of the Union message this year, President Clinton called unmarried teen pregnancy "our most serious social problem."

In the grants announced today, CDC is funding 13 projects in 11 states. The projects support "hub" agencies from existing coalition partnerships that are already working to prevent teen pregnancies. They will provide a variety of services for teens.

"These programs will involve youth in intensive school health education programs, community service, job skills development, and other opportunities that build their self-esteem and belief in themselves and their futures," said CDC Director David Satcher, M.D.

- MORE -

"If we can help youth to develop themselves, they will have stronger incentives to remain abstinent and delay pregnancies and childbearing until they are ready and able to assume the roles of parents," Dr. Satcher said.

In addition to the grant program, CDC plans to identify teen pregnancy prevention interventions that show greatest promise, based on evaluation data. From this information, CDC will lead an effort to develop models for programs that could be implemented by communities nationwide.

CDC is also forging partnerships with youth development organizations, other federal agencies, religious institutions, media, businesses and non-profit organizations in support of teen pregnancy prevention efforts, Dr. Satcher said.

"Hub" organizations receiving grants from CDC are:

OFFICE OF POPULATION AFFAIRS opa

DEPARTMENT OF HEALTH AND HUMAN SERVICES

SUMMARY: 1995 Title XX Adolescent Family Life Grants

The 15 new projects funded through Title XX are designed to prevent early sexual activity and adolescent pregnancy, and to help parenting adolescents improve their parenting skills, knowledge, and self-sufficiency. This program is a good example of effective and appropriate partnership between community organizations and the federal government.

These projects are innovative. For example, several have developed programs that reach out to fathers as well as teen mothers, encouraging and teaching them to play a role in their children's lives.

They build on what is already known about preventing teen sexual activity and pregnancy. For example, two will be using the PSI (Postponing Sexual Involvement) Curriculum developed by Marion Howard, which has already demonstrated success in avchieving its goals.

The Title XX funds will not only help the teens and families they serve directly, but also will provide valuable information and evaluation that can serve as a basis for future strategies. Every program that receives Adolescent Family Life grant funds is required to include an evaluation component. This ensures that the lessons learned by each community will benefit others in the future.

There are many, many significant community programs like these throughout the nation. If we are serious about preventing adolescent pregnancy and serious about the future of our nation's young people, we must see to it that these efforts are encouraged. DHHS received hundreds of applications for funding through Title XX. These fifteen grantees have emerged as outstanding examples from a highly competitive process. Many other applicants, and many other community groups also have outstanding and worthy projects.

Teer Pregnancy,460
HHS Funds Community Programs Aimed at Preventing Teen-Pregnancy

WASHINGTON (AP) The Department of Health and Human Services anne unced $4.2 million in grants today to 15 local programs aimed at preventing early teen sex and reducing teen pregnancy.

The demonstration projects will encourage teen-agers to avoid early sexual activity, teach them about protecting their health and help those who have children to stay in school and become better parents, HHS said.

''We need to learn more, and do more, to help our teen-agers say no to early sex, and say yes to healthy and productive life choices. That's exactly what these grants are all about,'' said HHS Secretary Donna Shalala.

Aspects of the projects include improving communication with parents and involving parents in discussions about life choices and sexual values; having older teens serve as mentors; teaching assertiveness skills and conveying age-appropriate sex-abstinence messages, HHS said.

''The best programs don't just focus on pregnancy issues, but instead put choices about sex into the context of the teen's overall health, education and life choice,'' said Shalala.

Robert Rector, a welfare expert with the conservative Heritage Foundation, said society needs to discourage nonmarital sexual activity at any age, ''and we need to communicate to young people that meaning and happiness in life is found through marriage.''

Teen pregnancy has been one of the most visible issues this year as members of Congress debated transforming the nation's welfare programs.

Conservative Republicans, who insist welfare is the root cause of out-of-wedlock births, convinced the House to cut off cash assistance to unmarried teen-age mothers and their children as part of welfare legislation passed in March. The Senate voted down the idea earlier this month.

The issue now goes to a House-Senate conference committee that must work out differences between the two bills.

The grant recipients are:

University of Maryland-Baltimore, $550,000.
Houston Independent School District, $270,743.
Truman Medical Center, Kansas City, Mo., $265,290.
Project Takoja, Rapid City, S.D., $181,521.
Boston Children's Hospital, $301,786.
San Mateo County, Calif., $310,000.
Builders for Family and Youth, New York City, $293,373.
University of Arkansas-Arkansas Department of Education, $202,370.
University of Arizona, Tucson, $235,465.
Emory University, Atlanta, $203,608.
Alabama Department of Public Health, $173,706.
Inwood House, New York City, $210,749.
Lula Bell Stewart Center, Detroit-Wayne County, Mich., $344,824.
Mercy Hospital, Pittsburgh, $499,170.
San Diego County Office of Education, $304,213.

APWF-09-29-95 0844EDT

SUMMARY OF TITLE XX AFL GRANT RECIPIENTS

University of MD-Baltimore - Teen fathers will spend more time with their children, have more self-confidence in their parenting abilities, and be more knowledgeable about their children's health and development as a result of the Teen Tot Dads program at the University of Maryland at Baltimore. This program expands upon an already successful clinic for first time teen mothers by reaching out to the fathers as well, thereby teaching each parent how to better care for their child.

Grant: $550,000

Houston Independent School District - Parenting teens in Houston's Independent School District will find it easier to stay in school and succeed with the support of a wide array of intervention services including individual and family mental health counseling and enrichment and tutorial activities. The Opportunities for Parenting Teens program will build upon existing adolescent health services by providing critical care, encouraging the delay of subsequent pregnancies, enhancing parenting skills, and fostering goals of academic achievement.

Grant: $270,743

Truman Medical Center - Culturally-matched mentors from Kansas City's Teen Mentors of Mothers (MOMS) program at the Truman Medical Center will provide valuable support and assistance in accessing community services for pregnant and parenting adolescents. Mentors will meet weekly with teens to aid in problem-solving about managing the difficulties of early child-bearing. Male partners, younger siblings, and grandparents will benefit along with the parenting teen through special support groups designed specifically for them.

Grant: $265,290

Project Takoja - Young Native American mothers in Rapid City, SD experiencing barriers to obtaining adequate health care and parenting information will have the help of case managers who will serve as mediators, educators, and counselors for the young women in the new Project Takoja. Case managers will utilize culturally-appropriate materials such as Takoja and Titakuye curriculum in their efforts to link the teens to necessary services. The program also includes educational groups in substance abuse, Fetal Alcohol Syndrome, nutrition, employability, adoption, HIV and STD's.

Grant: $181,521

Boston Children's Hospital - Parenting teens will be encouraged to reach their full potential as both adolescents and parents in The Parenting Project at the Children's Hospital in Boston. In addition to providing comprehensive health care, the project aims to develop the parenting skills of both parents within the context of adolescents striving to meet their own developmental, educational and self-sufficiency goals. The services will be provided in a team-based effort of closely coordinated medical, social work and community services.

Grant: $301,786

San Mateo County - The San Mateo County Public Health Division is targeting isolated young African-American, Latina and Filipina mothers to link and engage them in a network of ongoing health and support services. Structured home visits will help meet the many needs of pregnant and parenting teens and their families, stabilizing their connection to community resources.
Grant: $310,000

Builders for Family and Youth - Builders for Family and Youth will reengineer an existing network of human services agencies to improve delivery of care services for pregnant teens in the predominantly Spanish-speaking recent immigrant population in Bushwick. Rather than employing a traditional care model, this program seeks to better serve the target population with three innovative steps. A team of effective, culturally compatible and respected professional caregivers in the community will establish entree with at-risk teens and their families, and then broaden the traditional duties of caregivers, empower them to assume more direct care responsibility, and reduce fragmentation in care by minimizing the number of staff with direct family contact.
Grant: $293,373

University of Arkansas/Arkansas Dept. of Education - University of Arkansas and the Arkansas Dept. of Education's Sex Can Wait program will educate students about pregnancy prevention in the 16 school districts in rural Arkansas, where in some counties the rate of teen pregnancy is among the highest of any identifiable group in the world. The program's multifaceted approach includes outreach to minority populations, parental education to promote family communication about sexuality, contraception, STD's and HIV/AIDS, and male involvement to promote male responsibility in pregnancy and parenting.
Grant: $202,370

University of Arizona - The University of Arizona will use the Postponing Sexual Involvement curriculum to encourage more than 7300 pre- and young adolescents to resist societal and peer pressures that lead them into early sexual involvement and negative health behaviors, thereby helping rural, reservation, and urban youth to reach their full potential. Teens slightly older than the program participants will serve as role models, and will receive training in providing factual information, identifying pressures, modeling responses to pressures, teaching assertiveness skills and demonstrating ways to handle problem situations.
Grant: $235,465

Emory University - The Emory University School of Medicine will expand a three-tier educational series called Postponing Sexual Involvement to reach over 9000 young men and women and their parents. This series emphasizes the need for age-appropriate abstinence messages which are continually reinforced from elementary school through high school.
Grant: $203,608

Alabama Dept. of Public Health - The Alabama Adolescent Pregnancy Prevention Project targets early adolescents, the parents of adolescents, and the rural community in abstinence education efforts. The project's innovative approach toward encouraging awareness and communication about sexuality and sexual values includes prevention curricula taught over five grades, a public education campaign, and parental involvement.
Grant: **$173,706**

Inwood House - New York City's Inwood House Project epitomizes the type of innovative and cost-effective program receiving grants this year as part of the Department of Health and Human Services' Adolescent Family Life Program. Inwood House will undertake a prevention project through expansion of its TEEN CHOICE program. TEEN CHOICE will operate in three urban junior high schools with high rates of teenage pregnancy in the Bronx and Brooklyn, helping abstinent students postpone sexual involvement and providing information to sexually active students learn on how to protect themselves from pregnancy and disease. Parents will also be involved so that they may better communicate with their children about sexuality.
Grant: **$210,749**

Lula Belle Stewart Center - The Lula Belle Stewart Center, Inc. will provide prevention and care services for the low-income population in the urban Detroit/Wayne County area. Prevention efforts will increase both the knowledge base about pregnancy and disease prevention and communication between parents, adolescent, and pre-adolescent youth. Comprehensive care services will be provided by a diverse team of social workers, nutritionists, child development specialists, and job developers.
Grant: **$344,824**

Mercy Hospital - Pittsburgh's Mercy Hospital answered the Adolescent Family Life Program's call to incorporate existing community services to the maximum extent in developing programs for grant consideration by designing a "transmedical approach." This model has the potential to reach all South Side at-risk youth and provide a seamless continuum of services for adolescents in community, school and hospital settings. Mercy Hospital will create a care network to meet the physical, emotional, psychological and educational needs of pregnant and parenting adolescents and it will expand upon school-based prevention education programs.
Grant: **$499,170**

Catholic Social Services of the Miami Valley - Dayton, Ohio's Catholic Social Services of the Miami Valley, in conjunction with four principal partners and forty other collaborative agencies, will provide comprehensive services to pregnant and parenting teens through expansion of its TEEN PARENT LINK program. The project is an intensive case management model that offers different kinds of counseling and care services for pregnant and parenting adolescents, their infants, families and male partners. The project will use an adaptation of the Irving Janis decision making approach depending on the needs of clients.
Grant: **$300,000**

GRANTEE	PROJECT DIRECTOR
APH 000176-01 Truman Medical Center 2301 Holmes Street Kansas City, MO 64108	Julie Strickland, M.D. (816) 556-3159 Fax: (816) 556-4085 Project Coordinator Marjorie Datwyler (816) 556-3159 Fax: (816) 556-4085
APH 000177-01 Builder for Family and Youth (BFFY) 191 Joralemon Street, 8th Floor Brooklyn, NY 11201	Sr. Barbara Suessmann BFFY/Project Bridge 144 Bleecker Street Brooklyn, NY 11221 (718) 455-4649 Fax: (718) 455-9311
APH 000178-01 Children's Hospital 300 Longwood Avenue Boston, MA 02115	Joanne E. Cox, M.D. (617) 355-7701, Xt. 5227 Pager #: (617) 355-7243, #1219 Fax: (617) 739-5458 Project Coordinator Deborah Finn (617) 355-7718
APH 000179-01 Univ. of Maryland at Baltimore 511 West Lombard St., Suite 500 Baltimore, MD 21201	Marianne E. Felice, M.D. Univ. of MD/Baltimore Dept. of Pediatrics Division of Adolescent Medicine 120 Penn Street, 1st Floor Baltimore, MD 21201 (410) 328-6495 Fax: (410) 706-0131

GRANTEE	PROJECT DIRECTOR
APH 000179-01 Univ. of MD Continued	Univ. of MD/Baltimore Dept. of Family Medicine 29 S. Paca Street Lower Level Baltimore, MD 21201 (410) 328-5142 Fax: (410) 328-8726
APH 000180-01 Houston Ind. School District 3830 Richmond Avenue Houston, TX 77027	Ada T. Cooper (713) 892-6818 Fax: (713) 892-6554
APH 000181-01 Rural America Initiatives, Inc. 919 Main Street, Suite 112 Rapid City, SD 57701	Bruce W. Long Fox (605) 341-3339 Fax: (605) 341-2314
APH 000182-01 San Mateo Cnty. Hlth. Svs. Agcy. 225 W. 37th Avenue San Mateo, CA 94403	Sheryl J. Parker, R.N., M.P.H. (415) 573-2329 Fax: (415) 573-2397
APH 000183-01 Cath. Soc. Svs. of the Miami Valley 922 W. Riverview Avenue Dayton, OH 45407	J. Elaine Jelly (513) 223-7217 Fax: (513) 222-6750
APH 000361-01 The University of Arizona FCR Building #33, Room 208 Tucson, AZ 85721-0001	Sherry C. Betts, Ph.D. (602) 621-3399 Fax: (602) 621-9445

GRANTEE	PROJECT DIRECTOR
APH 000362-01 Emory University 1784 N. Decatur Rd., Suite 510 Decatur, GA 30322	Marion Howard, Ph.D. Grady Mem. Hospital Box 26158 80 Butler Street, S.E. Atlanta, GA 30335 (404) 727-2502 Fax: (404) 223-3071
APH 000363-01 Inwood House 320 East 82nd Street New York, NY 10028	Anstiss Agnew (212) 861-4400 Fax: (212) 535-3775
APH 000364-01 Bd. of Trustees, Univ. of Arkansas 120 Ozark Hall Fayetteville, AR 72701	Michael E. Young, Ph.D. (501) 575-5639 Fax: (501) 575-6401
APH 000365-01 Alabama Dept. of Public Hlth. 434 Monroe Street Montgomery, AL 36130-3017	Donna M. Lippold (334) 242-5661 Fax: (334) 269-4865
APH 000525-01 The Mercy Hospital of Pittsburgh 1400 Locust Street Pittsburgh, PA 15219	Bradley J. Bradford, M.D. (412) 232-7388 Fax: (412) 232-7389
APH 000526-01 Lula Belle Stewart Center, Inc. 1534 Webb Avenue Detroit, MI 48206	Emily Palmer (313) 867-2372 Fax: (313) 867-4130

DEPARTMENT OF HEALTH AND HUMAN SERVICES . PUBLIC HEALTH SERVICE
OFFICE OF POPULATION AFFAIRS

East-West Towers . Suite 200 West . 4350 East-West Highway . Bethesda, MD 20814
Phone (301) 594-4000 . Fax (301) 594-5980

Date: 4/11/96

To: Debbie Fine -
WH Domestic Counsel

Fax #: (202) 456-~~5572~~ 7028

From: Diane Osterhus, GMO

Total pages (including cover): 9

Message:

Teens - general

THE WHITE HOUSE

WASHINGTON

March 22, 1996

TARMAC GREETING OF DRUG PREVENTION PROGRAM MEMBERS

Date: Saturday, March 23, 1996
Time: 9:40 am
Location: Cincinnati/Northern Kentucky Airport
From: Donald A. Baer and Carol Rasco

I. PURPOSE

To highlight individuals working at the grassroots level to solve your State of the Union challenges.

II. BACKGROUND

You will meet representatives from T.E.E.N. PRIDE (Teens Enthusiastically Educating the Nation and Parents' Resource Institute for Drug Education.) The group's founders, Marilyn and Ted Hospodar, have recruited and continue to work with young people in their community to run this program on drug education. The Hospodars have a long history of involvement in drug prevention efforts and this group represents their ongoing commitment to work with young people to encourage them to resist peer pressure and avoid drug use.

Specifically, the Hospodars work with T.E.E.N. PRIDE members, public and private high school students, to develop and produce skits, songs and dances that offer positive messages about avoiding drug use and the pressures often associated with drugs. Their goal is to educate younger, middle-school kids about the negative effects of drugs, while serving as role models and offering "safe havens" to kids who want to stay clean. All of the program participants have signed a "contract" to stay drug, alcohol and tobacco-free, and many come to the program having been exposed directly to the problems of substance abuse.

T.E.E.N. PRIDE is a local off-shoot of the national PRIDE group. PRIDE is a non-profit organization devoted to alcohol, tobacco and drug prevention. Based in Atlanta, PRIDE offers programs for parents, youth, educators, businesses and government. PRIDE is holding its annual World Drug Conference in Cincinnati on March 28-30 where General McCaffrey will be the keynote speaker. PRIDE intends to distribute the photograph of today's greeting to the almost 10,000 conference participants.

III. PARTICIPANTS

The group you will meet with includes: the founders and advisors of T.E.E.N. PRIDE, the regional representative of national PRIDE, and 13 of the students in the group.

Ted and Marilyn Hospodar	Founders and current advisors of T.E.E.N. PRIDE; The Hospodars are co-owners of an insurance agency, the parents of three children and live in Loveland, Ohio.
Tamara Sullivan	National PRIDE Regional Manager, Loveland, OH
Liz Botzner	Sophomore at Loveland High School
Lauren Ditto	Sophomore at Sycamore High School
John Gumpert	Sophomore at Sycamore High School
Jill Henry	Sophomore at Sycamore High School
Carl Holtman	Senior at Moeller High School
Julie Levenberg	Sophomore at Sycamore High School
Needra McCann	Sophomore at Loveland High School
Jessica Meyer	Freshman at Loveland High School
Brian Miller	Freshman at Sycamore High School
Kim Reifenberger	Sophomore at Loveland High School
Hall Smeltzer	Junior at Moeller High School
Tara Sutterfield	Junior at Loveland High School
Kelly Swaine	Sophomore at Ursuline Academy

IV. SEQUENCE OF EVENTS

Following your greeting of elected officials, you will meet the T.E.E.N. PRIDE members.

V. PRESS PLAN

The meet and greet will be covered by the local press. Additionally, the individuals will be profiled about this meeting before and after your visit.

VI. REMARKS

No remarks are necessary.

THE WHITE HOUSE

WASHINGTON

March 22, 1996

TARMAC GREETING OF PARTICIPANTS IN MEDIA LITERACY PROJECT

Date: **Saturday, March 23, 1996**
Time: **3:50 pm**
Location: **Port Columbus International Airport**
From: **Donald A. Baer and Carol Rasco**

I. PURPOSE

To highlight individuals working at the grassroots level to solve your State of the Union challenges.

II. BACKGROUND

You will meet with participants in the Critical Viewing Workshop, a local program designed to help families understand the key concepts of media literacy and develop skills for critical viewing. The Critical Viewing Workshop gives parents training and education that assists them in making responsible decisions about television viewing and enables them to use this information to help other parents and children. Specifically, the workshops teach parents how to talk with their children about violence on television and how to set and adhere to rules about television viewing. Participants in the workshop not only take the information back into their own homes, but also into their communities where they volunteer to conduct the interactive workshop with other parents and kids.

The Critical Viewing Workshop was started three years ago by members of a local group, Strategies Against Violence Everywhere (SAVE), the Columbus Junior League, and the Alliance of Black Women, all of whom were concerned about the effects of violence in the media on young people. They approached their local cable company and cosponsored a workshop on violence and the media with Harvard University expert Renee Hobbs that led to the formation of the local program.

While the workshops have been organized in cooperation with resident councils in local housing developments, churches and civic groups, they recently received a grant to develop a more formalized mechanism for offering the workshops. The Critical Viewing Workshop's umbrella group, SAVE, is funded by businesses, foundations, service agencies and individuals. They recently received a Community Prevention Coalition Demonstration grant from NIH to address the issues of drug abuse and violence. SAVE works with a variety of groups including local cable companies, businesses, schools, law enforcement agencies, churches, and non-profits.

III. PARTICIPANTS

You will meet of representatives of SAVE, parents and children who have participated in and conducted workshops.

Denise Dennis: President of the Sullivan Gardens Resident Council. Denise has participated in the workshop, uses the materials with her children, and now conducts workshops fpr others.

Dennis children: Shannon Dennis (18), Shamar Dennis (17), Shawnte Sherrod (12)

John Gregory: Resident at Greenbriar Apartments who participated in a workshop, has held subsequent workshops in Greenbriar, and has used the material with his own children.

Gregory children: Deveonne Gregory (16), Charles Jefferson (10), Shaspa Cook(11)

Dollean Harmon: Trainer and a member of the Alliance of Black Women.

Robin Hepler: President of the Columbus Junior League Association who participated in the first workshop and uses the material with her kids as well as conducts workshops for others.

Hepler children: Lauren Hepler (6), Collin Hepler (4)

Peggy Murphy: She is a resident of Eastmore Square who participated in a workshop and uses the material with her kids.

Murphy children: Joey Murphy (8)

Councilwoman Les Wright: President and co-Founder of SAVE; Democratic Councilwoman and President of the Alliance of Black Women. (She was originally born in Arkansas.)

IV. SEQUENCE OF EVENTS

Following your greeting of elected officials, you will meet members of the workshop.

V. PRESS PLAN

The meet and greet will be covered by the local press. Additionally, the individuals will be profiled about this meeting before and after your visit.

VI. REMARKS

No remarks are necessary.

THE WHITE HOUSE
OFFICE OF MEDIA AFFAIRS

FOR IMMEDIATE RELEASE **202-456-7150**
MARCH 1, 1996

PRESIDENT CLINTON TO MEET MEMBERS OF DETROIT URBAN LEAGUE MALE RESPONSIBILITY PROGRAM

Washington, DC -- On Monday, March 4, President Clinton will be greeted at the Detroit/Wayne County Metro Airport by members of the Detroit Urban League Male Responsibility Program. These people are meeting the challenges outlined by President Clinton in his State of the Union speech by participating in a program designed to teach African-American males from upper elementary schools through young adulthood about the responsibilities of fatherhood and to train adults to serve as role models for younger boys.

The Detroit Urban League Male Responsibility Program, founded in 1987, has served 130,000 young people and 30,000 adults in the Metropolitan Detroit area, working in partnership with the local public schools, churches and community organizations.

The following participants will greet the President:

Van Adams	A volunteer for several years, he is an adult mentor for the program. He is also the Male-Line Coordinator and Staff Coordinator at the Urban League.
Ocie Brown III	A volunteer program in the program, he is a 19 year old graduate of St. Benedictine High School and is currently enrolled at Oakland University as a computer science major.
Michael Cross	He is Vice President of Social Responsibility for the Detroit Urban League and founder of the Male Responsibility Program. He has a Master's Degree from the University of Michigan School of Social Work in Social Welfare Administration and Community Organization. He has been recognized with several awards for his research and service.
Ronald Griffin	President and CEO of the Detroit Urban League since January 1995, he is pastor at the Sharon Rose Church of God and Christ in Detroit. Prior to the Urban League, he worked at Blue Cross/Blue Shield for 26 years.
Andrew McClure	He is a 16 year-old student at Miller Middle School.

Jason McKenzie	A 19 year old father and graduate of a local high school, he has participated in the Male Responsibility Program since he was 12 years old. He is currently working as an intern with the Urban League and he is planning to go back to college next year. He is the father of a 9-month old daughter, Ravonne.
Michael Pickett	He is a 14 year old student at the Miller Middle School.
Alvin Sims	He is a school social worker at Finny High School and works as an adult mentor for the program.
Brian Small	A 21 year old father, he graduated from a local high school and is currently attending classes at Wayne County Community College.
Jason Walker	He is a 14 year old student at Miller Middle School.
Keith Wiley	He is a 15 year old student at Miller Middle School.

Media interested in interviewing any of these members can contact Michael Cross at the Detroit Urban League Male Responsibility Program at 313/832-4600 ext. 11 or page him at 313/752-0199.

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DETROIT FREE PRESS
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JANA MENEFEE/Detroit Free Press

Jason McKenzie, left, meets President Bill Clinton at Metro Airport on Monday. McKenzie, who is holding his 9-month-old daughter, Ravonne, called it a "once-in-a-lifetime opportunity." U.S. Rep. John Conyers is at right.

To Chelsea, he's just the first dad

BY WENDY WENDLAND
Free Press Staff Writer

Bill Clinton may be president of the United States but, first, he's a parent.

Clinton was greeted at Metro Airport on Monday by representatives of the Detroit Urban League's Male Responsibility Program. As he shook hands and posed for pictures, the president talked about his daughter, Chelsea, who had her 16th birthday last week, said Van Adams.

"And she was sick and he's president of the United States, yet he was still up half the night attending to her," said Adams. He is coordinator of the program, which promotes education, parental and community involvement for black men.

"I thought that was the best example we could give to these young men and potential fathers," Adams said, "that wherever you are in life, you're going to have to take care of home."

Jason McKenzie brought his 9-month-old daughter, Ravonne, to meet Clinton. McKenzie, 19, said the experience was one he'd remember all his life, even if his daughter couldn't.

"It was a great opportunity for me and my daughter," he said. "It is a once-in-a-lifetime opportunity for individuals to meet the president."

Ronald Griffin, president and CEO of the Urban League, said the presidential recognition was nice for the program, but he hopes the visit's impact on the young men is even greater.

"What it does to encourage these young people," Griffin said. "To have the president of the United States stop and actually personally greet and talk to them about his own experience being a parent — this will be a lasting memory."

THE WHITE HOUSE

WASHINGTON

March 2, 1996

TARMAC GREETING OF MALE RESPONSIBILITY PROGRAM PARTICIPANTS

Date:	**Monday, March 4, 1996**
Time:	**9:50 am**
Location:	**Detroit Wayne County Metro Airport**
From:	**Donald A. Baer**

I. PURPOSE

To highlight individuals working at the grassroots level to solve your State of the Union challenges.

II. BACKGROUND

You will have an opportunity to meet with individuals from the Detroit Urban League Male Responsibility Program today. The program, founded in 1987, has served 130,000 young people and 30,000 adults in the Metropolitan Detroit area, working in partnership with the local public schools, churches and community organizations. It was the first fatherhood program developed by the Urban League, and many other Urban League affiliates have modeled their programs after this one. In fact, you and Dr. Foster met with Bruce Taylor, Director of a similar program at the Urban League of Eastern Massachusetts, about one month ago.

The Detroit Urban Male Responsibility program teaches African-American males ranging from upper elementary school grades through young adulthood about the responsibilities of fatherhood and trains adults to serve as role models for younger boys. Components include: counseling, training, education, community service projects and support groups all designed to foster personal and social responsibility, the prevention of alcohol, tobacco and drug use and improved health, sexuality and life skills.

The program's success is attributed to, among other things, the regular use of successful African-American men as role models. It has been identified by four of its funding sources, including the Kellogg Foundation and the Center for Substance Abuse Prevention (CSAP), as a model youth and male responsibility program. The program has had a very small percentage of teenage boys father children since it began, and for those who participate as fathers, none have fathered second children. They received a 5-year federal grant, the High Risk Youth Grant, from CSAP that ended last year.

III. PARTICIPANTS

The group you will meet today is comprised of Urban League representatives and mentors, young fathers and teens who are in the program. They are:

Van Adams	Adult mentor.
Ocie Brown, III	He started in the program at age 12, and now volunteers as a mentor. He is 19, a graduate of St. Benedictine High School, and is currently enrolled at Oakland University as a computer science major.
Michael Cross	Vice President of Social Responsibility for the Detroit Urban League and Founder of the Male Responsibility Program. He grew up in inner-city Detroit, graduated from high school and college, went on to receive a masters in social work and returned to found this program.
Ronald Griffin	President/CEO of the Detroit Urban League and Pastor at the Sharon Rose Church of God and Christ in Detroit.
Andrew McClure	16 year-old student at Miller Middle School.
Jason McKenzie:	19 year-old father and high school graduate who has participated in the program since he was 12. He is currently working as an intern at the Urban League, and is planning to attend college next year. He and the mother are no longer together, but are raising their child together.
Ravonne McKenzie	9 month-old daughter of Jason.
Michael Pickett	14 year-old student at Miller Middle School.
Alvin Sims	Adult mentor and social worker at Finney High School.
Brian Small	21 year-old father and student at Wayne County Community College who began participating in the program almost 3 years ago. While he and the mother do not live together, they are planning to get engaged.
Brian Small, Jr.	2 and 1/2 year-old son of Brian.
Jason Walker	14 year-old student at Miller Middle School.
Keith Wiley	15 year-old student at Miller Middle School.

IV. SEQUENCE OF EVENTS

Following your greeting of the officials, you will meet members of the Male Responsibility Program on the tarmac.

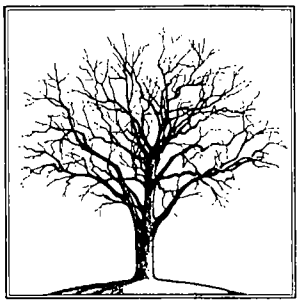
V. PRESS PLAN

The meet and greet will be covered by the local press. Additionally, the individuals will be extensively profiled about this meeting before and after your visit.

VI. REMARKS

No remarks are necessary.

TURNER
FOUNDATION
INC.



THE GEORGIA CAMPAIGN FOR ADOLESCENT PREGNANCY PREVENTION (G-CAPP)

Vision Statement: All teens are entitled to a healthy, pregnancy-free adolescence and a sense of hope and opportunity for a productive future.

Teenage pregnancy rates in the United States are nearly double that of other industrialized countries -- three times the rate of Sweden and seven times the rate of the Netherlands despite similar rates of teenage sexual involvement and higher levels of social assistance (welfare) in those countries. Georgia has led the nation in teen pregnancy rates since 1990, according to the U.S. Centers for Disease Control and Prevention (CDC). Georgia leads the nation in the pregnancy rate among 15-to-19-year old women as well as for girls less than 15. Recent research by Emory University shows that Georgia leads the South in the percent increase in repeat teen birth rates for ages 10 to 19 from 1981 to 1992. Half of all girls in Georgia who become pregnant as teenagers become pregnant again within two years.

The United States continues to increase its population base at a rate higher than any other industrialized nation. The President's Council on Sustainable Development reports that if current mortality, fertility, and immigration patterns persist, it is possible that the population of the United States will double in 55 years. The consequences of this would further strain the already limited resource base for disadvantaged citizens.

Despite the high rates of unplanned pregnancy, the United States is the only developed country without an official population policy. Although approximately 55% of all pregnancies in the United States are unplanned (higher than in all other industrialized countries), there are no statewide or national standards on how to encourage planned pregnancies. This points out the

One CNN Center
Suite 1090-South Tower
Atlanta, Georgia 30303
(404) 681-9900

need to increase the involvement of both men and women with their children and in family planning.

There are a number of reasons why population growth in general and teenage pregnancy in particular should concern all Americans.

- Health Consequences

  Teens are less likely to get prenatal care and are more likely to suffer from anemia, toxemia, and other pregnancy-related complications.

  A recent study of more than 130,000 pregnancies indicated that girls aged 13 to 17 were nearly twice as likely to deliver prematurely than older mothers and 7% of the younger teenagers' babies were born unusually small, compared with 4% of the older mothers' babies.

  According to the Georgia Department of Human Resources, babies of teenage mothers in Georgia are more than twice as likely to die during their first year of life than babies of mothers 20 to 29 years old.

  These adolescent pregnancy-related health problems cost the nation billions of dollars annually. Unsafe sexual activity among teenagers has increasingly serious health consequences. The CDC estimates that each year 3 million sexually active teens are infected with sexually transmitted diseases. Among 15 to 24 year olds, AIDS is the 6th leading cause of death.

- Impact On Our Social Infrastructure

  Even a country as relatively wealthy as the U.S. is hard pressed to meet the growing demands on its social infrastructure. As more and more people seek employment, the number of well paying jobs is shrinking.

  Our nation is 5 trillion in debt and is buckling under the burden of trying to meet our debt obligations while maintaining the social assistance, housing, education, transportation and health care systems adequate to meet the needs of our current population of approximately 255 million. Unless we profoundly redirect our spending priorities we will be even less likely to meet the needs of an American population estimated to double within the next 100 years.

  If we prove unable to provide all our citizens with some hope for a decent future, we can expect the kind of social upheaval and chronic alienation that characterizes certain countries of the developing world and the impacts of this will not be confined to our inner cities.

- Environmental Impact

  The majority of children born in the United States have a far greater negative impact on the environment than children born in less developed countries in terms of energy used, waste produced, and resources consumed.

  If we have any hope of saving what is left of our wilderness, lakes, streams, wetlands and oceans; if we stand a chance of maintaining a critical mass of biodiversity; of reducing our impact on forests and resources of our and other countries; of achieving clean air and livable cities; then we will need to look at our numbers as well as alter our levels of consumption.

- Future of our Youth

  Teen mothers and their babies compose the single largest group at risk for poor health, poverty, abuse, and long-term dependency on government support. Teen mothers, more often than older mothers, serve as single parents -- abandoned by the males who fathered their babies.

  Georgia currently has a 40% high school dropout rate, with an even higher rate among teen mothers. Dropouts start their work career at a distinct disadvantage and rarely meet the earnings potential of graduates.

  According to the Georgia Department of Human Resources, babies of teenage mothers in Georgia are more than twice as likely to die during their first year of life than babies of mothers 20 to 29 years old.

THE GEORGIA CAMPAIGN FOR ADOLESCENT PREGNANCY PREVENTION
A Plan For Action

Statement of Purpose

The goal of the Georgia Campaign for Adolescent Pregnancy Prevention (G-CAPP) is to reduce teenage and unplanned pregnancies in Georgia.

To achieve this goal, G-CAPP aims to:

- Build community capacity in four diverse communities to implement effective programs and policies to prevent unplanned pregnancy with a focus on the special needs of adolescents;

- Develop policies which seek to raise awareness about teen pregnancy issues and that expand sensitivity and skills of professionals in the field of teen pregnancy prevention and parenting;

- Develop a statewide constituency for expanding the resource base to provide additional and improved programs for teens.

G-CAPP is designed in a manner that links community-based programs with strategic statewide policy, media, and legislative work. Both are critical to successful results. G-CAPP aims to create a replicable model for community, state and national action.

The Georgia Campaign for Adolescent Pregnancy Prevention has two main components:

STATEWIDE MOBILIZATION

1. Increase Resources

G-CAPP will develop a statewide strategy for expanding the resource base for services that will lead to the reduction of early — often involuntary — sexual involvement, unwanted pregnancy and unsupported childbearing. Many organizations currently deliver services in the areas of family planning, reproductive health, child care, abstinence based sexuality education, programs for teen mothers, job training and programs that address other unmet needs. These programs are under-funded, over-utilized and often fragmented. In addition, state and federal funding is currently prioritized towards post pregnancy services. In 1992, Georgia spent $11 million in pregnancy 'prevention' as compared to $504 million in support after childbirth.

A strategic, statewide plan of action around a legislative agenda which incorporates community

mobilization, a media campaign, and well-developed outreach materials could dramatically redirect resources and public attention.

2. Develop Statewide Support for Health Education Programs

In addition to statewide mobilization to increase support for services that would reduce unplanned and teen pregnancies, G-CAPP will develop statewide support for the in-school program Postponing Sexual Involvement (PSI). Developed at Grady Hospital by Dr. Marion Howard, PSI is internationally recognized as one of the most successful in-school programs designed to postpone teenage sexual involvement.

PSI is composed of three elements: 1) five hours a year of traditional sexual and family life education; 2) five hours a year of classroom discussions and role playing led by specially trained and paid teen leaders; and 3) A clinic referral for those in need of services. This program also recognizes the importance of promoting male participation and responsibility and incorporates this premise throughout the program. Teen leaders are a key component, peer-led sessions have proven to be the most effective at altering behavior and teaching refusal skills. The Grady program, although widely replicated throughout the U.S., is in only a few of Atlanta's classrooms. Until now, the PSI program has only been provided to 8th grade students in the City of Atlanta Schools. However, child development experts and service providers have expressed the need to start younger and provide more continuity with the program. With funding from the Charles Stewart Mott, Ford and Turner Foundations, Dr. Howard has developed the materials to expand the PSI program on an age appropriate basis for elementary through high school classes.

G-CAPP aims to develop statewide support for making the entire PSI Program available to all Georgia school systems that want it.

COMMUNITY BASED MODELS

In addition to our statewide effort, G-CAPP will bring a variety of programs and services that have proven successful in reducing teenage and unplanned pregnancies into four Georgia communities. The communities chosen are Mechanicsville in Atlanta, Albany, Tifton, and Chatsworth. Together these communities represent a diverse cross section of Georgia.

Each community has been chosen because of:

- highest need and potential for success
- existing base of community support and varying degrees of programmatic involvement in these issues which need coordinating and expanding

G-CAPP understands that consistent and long term programmatic support is required if unplanned

and teen pregnancies are to be reduced.

In our model communities, the support will be organized around four programmatic 'pillars' which will be adjusted to meet the differing cultures and needs of the communities.

1. Family Planning and Reproductive Health Service

Central to any effort of this kind is universal availability of affordable, accessible, client-focused family planning and reproductive health services. But easy access to a facility is not enough. High quality service and interpersonal relationships will prompt clients to seek out distant facilities. Absent these services, people often choose not to go to any facility. This is especially true of teens. Young people will not want to return to a facility if they feel judged, or if they are given assembly-line treatment.

Thus, quality family planning and reproductive health services are critical to the goals of G-CAPP. This means:

- clearly formulated standards of quality
- appropriate contraceptive options
- careful counseling and follow-up
- prevention, diagnosis, and treatment of sexually transmitted disease
- a location that allows anonymity, which is particularly important for teens
- staff that are trained to address the special needs of teens

Family Planning and Reproductive Health programs are meant to focus on providing people with the means to achieve their reproductive goals in a healthful manner, including providing contraception to reduce unwanted childbearing and the spread of sexually transmitted disease.

However, unwanted childbearing among adolescents is but one part of the problem. Many young people, confused about their roles, want children in an immature bid for self-esteem and identity building. Mixed messages from the media and from peers as well as programs that emphasize abstinence to sexually active or parenting teens add to the confusion.

2. Life Option Models

It is generally agreed among educators, child development experts, and service providers that lack of life options and self esteem are major factors leading to unwanted as well as wanted pregnancies. These are also the same factors that contribute to substance abuse, physical abuse, crime and school dropout.

G-CAPP seeks to develop in each of the four model communities a holistic approach that

combines family planning and reproductive health services with Life Option Models.

Three of the models we hope to replicate are:

- Children's Aid Society Teen Pregnancy Program

  This program, administered by Dr. Michael Carrera, is one of the most successful Life Option Models aimed at the high risk population. It is currently in twenty-one sites around the country. It provides a family-like structure, tutoring, independent academic assessments, individual sports, counseling, job skills development, and the guarantee of a college education. While the majority of participants are teens, adults (both men and women and including, but not limited to, parents) also participate on a separate track.

- The Teen Outreach Program

  The Teen Outreach Program (TOP), aimed at reducing teen pregnancy and school dropout, is organized through The Junior League. In this program students meet at least once a week during or after school for group discussions based on the Teen Outreach Curriculum. Discussions are led by trained facilitators who are school teachers or guidance personnel. Topic areas include: understanding yourself and your values; communication skills; human growth and development; family relationships and stress; and community resources. The group discussions are facilitated, not taught, and the facilitators become mentors and friends for the students. In addition to the weekly group discussions, TOP students perform a minimum of one hour of volunteer work each week, giving them a chance to be help-givers rather than just help-receivers. G-CAPP plans to offer the TOP program in high schools in each model community since it appears to be particularly effective with high school students.

- Microenterprise Development for Women and Youth

  In keeping with the premise that opportunity and hope of a productive future are the best contraceptive, each pilot community will have a program that trains low income women and youth in entrepreneurial skills. The model chosen by G-CAPP for building adult entrepreneurs is Women's Economic Development Corporation (WEDCO). WEDCO was started a number of years ago in Minneapolis and has been successfully replicated in many parts of the country. WEDCO instructs people on starting small businesses geared towards providing sufficient family income without government assistance. In addition to intensive training in

marketing, business planning, and basic accounting, the WEDCO program involves banks and foundations for the purpose of providing micro loans. This model has a very high success rate in terms of business survival and loan repayment.

The model for youth enterprise development is The Enterprise Development Institute (TEDI). Like WEDCO, TEDI has an excellent track record and does extensive training.

3. Community Involvement

We have learned from efforts elsewhere that to address fertility issues effectively we must involve the entire community in recognizing the problems and supporting the solutions.

- Community Organizer

  In each model community we will identify, hire and train a full time organizer whose task it is to mobilize and unite the community around G-CAPP. The organizer will carry out a needs assessment and build a broad coalition to ensure community ownership of all aspects of the program.

  In addition we will use the Plain Talk Initiative created by the Annie E. Casey Foundation. This approach is designed to identify and train a cadre of community residents, adults as well as teens, to gather data on teen pregnancies, sexual activity and contraceptive use. The data are used for evaluation purposes, but the process itself is one of the tools for forging community awareness and collaboration to develop clear and consistent messages and effective strategies for protecting sexually active youth.

- Family Resource/Community Centers

  In each of our model sites there is a need for a Family Resource/Community Center, a safe place that is open after school, evenings and on weekends. Ideally these centers should provide:

  - a community collaborative site in which all service agencies that address the needs of children and families are co-located (Georgia's Family Connection Program, with collaboratives currently in 55 counties, coordinates these services into one-stop shopping with intense case management.)
  - a support program for girls similar to programs conducted by Girls, Inc.
  - child care that includes parenting skills training
  - classes for parents to learn how to convey values and talk about sexuality with their children

- programs designed for young males such as "Rites of Passage"
- outreach, and counseling to promote responsible fatherhood
- a kitchen and a meeting room
- a health care clinic that includes teen-friendly family planning and reproductive health care service if this is unavailable elsewhere
- recreational facilities if they are unavailable elsewhere

4. Child Care

One of the most far-reaching and critical consequence of teen pregnancies is dropping out of school. Teen parents have children to support, but they lack the education and skills to find and hold a job and they lack the maturity to become responsible parents.

One of the reasons for school dropout among teens is insufficient access to child care. Young mothers need quality child care that is close to school, available to infants, and is a supportive environment which provides parenting and post-natal care classes. G-CAPP is seeking to make sure that such care is available (including to those participating in enterprise development programs), and then evaluate to assess the effect on reducing school drop out and second pregnancies.

ADMINISTRATION/ORGANIZATION

G-CAPP is coordinated by a statewide executive director and is administered by the Metropolitan Atlanta Community Foundation. In addition to the executive director, there will be four trained community organizers, one in each of the model communities.

EVALUATION

In addition to the Plain Talk Initiative community-based data gathering, an independent evaluator will be engaged to document and evaluate the process and programs of G-CAPP. This is important both to measure progress toward stated program outcomes and to inform policy makers about the benefits of investing in comprehensive, integrated, community-based approaches. It is vitally important to evaluate these new approaches relative to the expense of ignoring the problems or continuing with the status quo.

STATEWIDE CONFERENCE

G-CAPP will hold a statewide conference January 19 - 21, 1996 to forge consensus on a plan of action that encompasses statewide legislation and community programs. A steering committee has already begun to work on developing strategies around the issues of legislative and political action, community organizing and outreach, media, evaluation, and pilot programs. Hundreds of participants from across the state are expected to attend as are national experts and advocates.

PARTNERS

The success of G-CAPP will depend on the degree to which public and private sector organizations and funders will want to join with the Turner Foundation in support of this effort. Agencies such as the Georgia Department of Human Resources, Division of Public Health and the Division of Family and Children Services, have expressed interest and are participating in joint planning. Partners such as the CDC and Emory University are helping to provide research based information for planning and implementation. Advocacy groups such as Georgians for Children are assisting with public policy strategies. Grassroots support from the targeted communities as well as other communities across Georgia is vital to the attainment of the goal of slowing the rate of teen pregnancy in Georgia. The development of additional partners, including funders nationally and in Georgia, will be instrumental to addressing the complex issues associated with teenage pregnancy.

The Atlanta Journal-Constitution

Living

The Ritalin riddle

Lorrie Tucker considers Ritalin a miracle for daughter Kathryn. Doctors caution parents not to overreact to a study that suggests the drug may cause cancer.

See Health Watch, D3

'Because I live here'

Jane Fonda explains her latest mission — tackling Georgia's problem of kids having kids

By Miriam Longino
STAFF WRITER

Jane Fonda is bent over a stack of papers in a no-frills office at CNN Center, wearing the look of a graduate student facing final exams. At 58, her ponytail and turtleneck make her appear more like a schoolgirl than a media mogul's wife, movie star, fitness guru or controversial activist.

The two-time Oscar winner is rifling through notes about her visit with a 14-year-old in a Tifton hospital.

"She was having her second child," Fonda recalls. "And the doctor said she lives in a shack with no running water. I looked at her face, and I thought: Not in a million years could I say to her, 'It's not right for you to have a kid,' unless I could offer her something better."

Scattered across the coffee table onto Fonda's lap is her vision of something better for the Tifton teenager — and the estimated 25,000 other teens who become pregnant in Georgia each year. It's the outline of her latest personal crusade: curbing Georgia's high rate of teenage pregnancy.

While the media were preoccupied with Fonda's shopping habits and famous buffalo coat, she was quietly visiting rural Georgia, talking with teen mothers and community leaders. Last summer, she persuaded the Turner Foundation — husband Ted's multimillion-dollar enterprise — to put an estimated $500,000 into the Georgia Campaign for Adolescent Pregnancy Prevention (GCAPP).

Fonda unveiled her plan for GCAPP last weekend at a three-day conference — packed with national experts, state political leaders and 500 grass-roots workers — to overwhelmingly favorable response.

"Most of us don't really know Jane Fonda, except what we read about her 20 years ago," says Michael Dalmat, coordinator of the teen pregnancy prevention program at the Centers for Disease Control and Prevention, who was in the audience. "But what's obvious is that she's extremely well-prepared; she's done her reading and has judgment and wisdom when it comes to this subject.

"She's got a fire in her belly, and I think she's going to have a very positive impact."

Why would a wealthy, international celebrity choose to spend her free time in concrete-block health clinics off the back roads of rural Georgia?

"Because I live here," Fonda says, looking out the window toward the downtown Atlanta skyline.

Fonda clearly considers Georgia home. Although she and Turner spend about two-thirds of the year traveling or at their Montana ranch, it's their one-bedroom apartment at the top of CNN Center where they "live."

And where Fonda lives, she gets involved — whether it's fighting a toxic waste dump in Sacramento, Calif., or protesting mining on the edge of Yellowstone National Park.

"I have been really fortunate in my life to have experienced what happens when a community becomes activated," she says. "Once you have it in your heart, it's impossible to remain hopeless. You can't give up."

Fonda has embraced the problem of teen pregnancy with the zeal of a missionary ever since she attended the 1994 U.N. world population conference in Cairo, Egypt.

"It became very clear that this issue wasn't just about family planning and contraception," Fonda says. "When you're dealing with teen pregnancy, you're also dealing with crime, alcohol and drug abuse, school dropout, alienation, all these other issues. We came back here thinking, 'Wow. What can we do?' "

Fonda and Peter Bahouth, Turner Foundation executive director, began talking with Georgians. They met with Gov. Zell Miller and Lt. Gov. Pierre Howard. Fonda spoke at the Atlanta Woman's Club, enlisting the support of local judges and lawyers. She visited kids in Cabbagetown, Chatsworth and Tifton — scribbling out the plan that would become GCAPP along the way.

But even marriage to a good old boy has not opened all arms to Fonda. At the state Capitol on Thursday, opponents of a platform based on the U.N. women's conference in Beijing, invoked Fonda's name. Eileen Forkin, an anti-abortion activist from Roswell, criticized the initiative because "Hanoi Jane" helped write it.

Fonda has heard it all before.

"I think sometimes people are suspicious," she says. "Sometimes they're grateful. Sometimes they don't quite understand why I'm there. There's a certain very understandable attitude of 'What does a rich white person have to do coming into our community?' . . ."

Fonda wanted to put her efforts into Georgia, she says, because of what she had seen in her hometown of Los Angeles

"In California, it's such a big state, the problems are so vast it's like spitting in the ocean. It's so hard to make a difference. Atlanta is still a really nice place to live.

"We have to get back to a sense of community. It is still possible to do in Georgia. And it's very much a part of what this [GCAPP] is all about."

Quietly, Fonda reflects on the personal legacy that she says also motivates her.

"My father [actor Henry Fonda] made 'The Grapes of Wrath.' My father made "12 Angry Men." My father made "The Ox-Bow Incident." That was who he was. He believed in citizens getting involved and being part of it. . . .

"Everybody wonders what's the purpose of life? What are we here for? I like what Marian Wright Edelman [founder of the Children's Defense Fund] says: 'Service is the rent you pay for being here.' "

JEAN SHIFRIN / Staff

Traveling to rural areas, Jane Fonda has met with teen mothers.

TEENS & PREGNANCY
INSIDE: READERS RESPOND TO OUR FIVE-DAY SERIES **D3**

CITY OF BOSTON • MASSACHUSETTS

OFFICE OF THE MAYOR
THOMAS M. MENINO

FOR IMMEDIATE RELEASE
OCTOBER 26, 1995

CONTACT: PRESS OFFICE
635-4461

MAYOR ANNOUNCES TEEN PREGNANCY PREVENTION PROGRAM

Mayor **Thomas M. Menino** today announced the **Adolescent Pregnancy Prevention and Intervention Network**, a Boston teen pregnancy prevention program launched through a **$300,000** grant from the U.S. Centers for Disease Control and Prevention. Mayor Menino was joined at the announcement at the ABCD office in Mission Hill by human service activists and city health officials.

At a legislative hearing earlier this week, Mayor Menino testified against proposed welfare reforms aimed at pregnant teens. Today, Mayor Menino said, "Instead of attacking a vulnerable population through welfare cuts, we are working to save public dollars by preventing teen pregnancy. We will combat teen pregnancy -- not pregnant teens. This initiative will better equip teens who are facing difficult life decisions. It's a health issue, an education issue and a community issue."

The initiative, which has received the $300,000 federal grant for its first year, will combine city, state and community efforts to reduce teen pregnancy rates in Boston. Some Boston communities experience teen birth rates in excess of twice the national average. The **target communities** for the initiative include: Allston-Brighton, South Boston, East Boston, Dorchester and Roxbury. Health statistics indicate a teen birth rate of 94 per 1,000 for young women in the target communities, ages 15-19.

This Network, a collaboration among the City of Boston, community agencies and the Commonwealth, is being funded by a "**Community Coalition Partnership**" grant from the CDC. Boston's Adolescent Pregnancy Prevention and Intervention Network is a community partnership of Boston's Department of Health and Hospitals, Boston Public

(more)

Schools, the Massachusetts Department of Mental Health and the Alliance for Young Families.

Dr. **Karen Hacker**, Director of Adolescent Health Services for Boston's Department of Health and Hospitals, said, "We're bringing together our health services, our schools' resources and our community partners to work to prevent teen pregnancy in specific communities. This coalition will establish a program of outreach, intervention and prevention targeted at the 15,000 teens living in the identified communities, who make up 35% of Boston's teen population."

Joan Tighe, Executive Director of the Alliance for Young Families, stressed that the Alliance's 300 member Boston coalition of providers and parents is committed to postponing early childbearing by giving teens the tools they need to become healthy, well-informed individuals capable of making responsible decisions. "The new initiative gives us the opportunity to assess what still needs to be done, bridge gaps in existing services and develop a comprehensive approach to teen pregnancy prevention. This is the first time that our agencies have integrated our efforts to prevent teen pregnancies. We're confident that the whole will be greater than the sum of our parts.'

* * *