Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. list	List of invites to White House teen pregnancy reception [partial] (8 pages)	04/21/1997	P6/b(6)

COLLECTION:
Clinton Presidential Records
Domestic Policy Council
Lyn Hogan
OA/Box Number: 11028

FOLDER TITLE:
Teen Preg [1]

2010-1083-S
rc132

RESTRICTION CODES

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

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

THE NATIONAL CAMPAIGN TO PREVENT TEEN PREGNANCY

2100 M STREET, N.W., SUITE 500, WASHINGTON, D.C. 20037
Tel: 202-857-8692 E-Mail: ssbrown@ui.urban.org Fax: 202-331-7735

April 16, 1997

Memorandum:

To: Katie Button
Lynn Hogan

From: Sarah Brown SB

re: Campaign Honorees

Attached is information on the 12 individuals and organizations the campaign will honor at its celebratory dinner on the evening of Thursday, May 1. As you will see, we list not only who the honorees are but also what idea they embody that the Campaign wants to stress; also included at the end are addresses, fax and phone numbers of each honoree.

We have extensive material on each of these individuals and programs and will make more material available if you so wish. We are all thrilled that the First Lady will recognize them at the reception on Friday and know that it will help motivate the entire field. There is nothing like White House appreciation!

cc: Melanne Verveer

THE NATIONAL CAMPAIGN TO PREVENT TEEN PREGNANCY

2100 M STREET, N.W., SUITE 500, WASHINGTON, D.C. 20037
DIRECT DIAL: 202/857-8655
FAX: 202/331-7735

1997 Honorees

The National Campaign to Prevent Teen Pregnancy is pleased to honor individuals from 12 different organizations whose work embodies several key themes we believe are essential in preventing teen pregnancy.

Campaign Theme:
Emphasizing values and self esteem in working with adolescents

Honoree:
Elayne G. Bennett, President and Founder, Best Friends Foundation

Elayne G. Bennett is President and Founder of the Best Friends Foundation, a school-based program for girls in grades five through nine that fosters self-respect and promotes responsible behavior and abstinence. With friendship as its core, Best Friends celebrates the joys of adolescence free from drugs and alcohol and the complications of sexual activity. The program began in 1987 in Washington, D.C. by Ms. Bennett, a faculty member of the Georgetown University Child Development Center in Washington D.C., and it is now implemented in many cities throughout the United States. The program's basic message is that "You will succeed in life if you set your goals and maintain your self-respect." The National Campaign to Prevent Teen Pregnancy honors Ms. Bennett and the Best Friends Foundation for its comprehensive approach in stressing values, future plans and self-esteem.

Campaign Theme:
Forging partnerships with the corporate sector to reduce teen pregnancy

Honorees:
Patricia Canessa, President of the Board, The National Organization on Adolescent Pregnancy, Parenting and Prevention (NOAPPP); and
Russell C. Deyo, Vice President, Johnson and Johnson Family of Companies

Patricia Canessa is the President of the Board of the National Organization on Adolescent Pregnancy, Parenting and Prevention (NOAPPP), a national membership-based network of diverse individuals and organizations dedicated to preventing adolescent pregnancy and problems related to adolescent sexuality, pregnancy, and parenting. Working through its membership of health care, education and social service professionals as well as national, state and community leaders, NOAPPP provides program support, technical assistance, conferences and training

events, information-sharing opportunities, state and local coalition building guidance, and a clearinghouse of adolescent pregnancy program information.

Russell C. Deyo is the Vice President of the Johnson and Johnson Family of Companies, the world's largest manufacturer of health care products serving the consumer, pharmaceutical, diagnostics and professional markets. He also serves as a Member of their Executive Committee and Chair of the Corporate Contributions Committee. The company, as part of its credo, recognizes a responsibility to the world community and are committed to supporting good works and charities and encouraging civic improvements and better health and education.

The National Campaign to Prevent Teen Pregnancy honors Mr. Deyo and Ms. Canessa for their partnership on the National Urban Adolescent Pregnancy Prevention Program, an effort that seeks to identify, evaluate and disseminate information about successful adolescent pregnancy prevention programs and awards selected programs with money for high-quality program evaluation.

Campaign Theme:
A new ethic of tolerance: "Unity of goal; diversity of means"

Honoree:
Sue Cameron, County Commissioner, Tillamook County, Oregon

Sue Cameron is the County Commissioner of Tillamook County, Oregon and leader of a county-wide effort to reduce teenage pregnancy. The Tillamook approach to teen pregnancy prevention strives to be multi-faceted and tolerant of differing values, recognizing that no single approach is the best or only way to tackle this issue. Cameron and her colleagues used the conflict surrounding teen pregnancy and methods to reduce teen pregnancy to mobilize their community to address the problem. Focusing its efforts on girls under age 18, the county cut its teen pregnancy rate by nearly 75 percent between 1990 and 1994. The National Campaign to Prevent Teen Pregnancy honors Sue Cameron and Tillamook County for the efforts in decreasing the rate of teen pregnancy, and particularly for the ability to move ahead in the face of conflict over what the best remedies might be -- that is, to "agree to disagree," an approach that we believe has applicability in many other states and communities beyond Tillamook.

Campaign Theme:
Encouraging adult-child communication

Campaign Honoree:
Gloria Feldt, President, Planned Parenthood Federation of America, Inc.

Gloria Feldt is President of the Planned Parenthood Federation of America, Inc. (PPFA), the world's oldest and largest voluntary family planning organization. The mission of the PPFA is multi-pronged and includes providing educational programs to enhance the understanding of individual and societal implications of human sexuality. The National Campaign to Prevent Teen

Pregnancy honors Ms. Feldt and PPFA for their role in helping parents talk with their children and teenagers about sexuality, growth and development. Their comprehensive program, *Talking About Sex: A Guide for Families*, will help many parents find the words to covey not only the facts of life but also family values and feelings, all of which can help us teach children that adolescence is for education and growing up, not pregnancy and parenthood.

Campaign Theme:
Involving youth in the discussion about teen pregnancy

Honorees:
Eric Graham, President, Children's Express and Stuart Merkel and Izetta Mobley, Editors/Reporters for Children's Express; and

Susan N. Wilson, Executive Coordinator of the Network for Family Life Education and Publisher of the *Sex etc. -- A Newsletter by Teens, for Teens* and Seo Hee Koh, Cecelia V. Lalama, and Ira Lederer, Editorial Board Members of *Sex etc.*

Eric Graham is the President of Children's Express (CE), a national, non-profit youth development and leadership organization that uses oral journalism to give children a significant voice in the world. Stuart Merkel and Izetta Mobley are editors and reporters for CE. CE's weekly national column is researched, reported and edited by children and adolescents for audiences of all ages, and is syndicated to newspapers around the country. CE reporters and editors have appeared on major national television programs; they have published three books of children's voices; and, in 1988, received a Peabody and Emmy award for "Campaign '88."

Susan N. Wilson is the Executive Coordinator for the Network for Family Life Education, the organization that publishes *Sex etc. -- A Newsletter by Teens, for Teens*. Seo Hee Koh, Cecelia V. Lalama, and Ira Lederer are members of the Editorial Board of *Sex etc.* The newsletter provides adolescents with an opportunity to voice their opinions on social issues of concern to them, including topics such as sexuality, abstinence, teen pregnancy, drugs, etc., and also serves as a vehicle by which to provide teens with important information on issues affecting their lives.

The National Campaign to Prevent Teen Pregnancy honors Mr. Graham and Ms. Wilson and the teen editors/reporters from both groups for involving kids in the discussion on issues of national importance such as teen pregnancy. Far too often, we find, adults so dominate this topic that the voices of kids themselves are drowned out. These groups shows how important it is to let young people be heard. Also, by teaching kids an important life skill like journalism, they are helping to bolster kids' self-esteem and confidence and, in essence, are providing them with reasons not to get pregnant.

Campaign Theme:
Emphasizing the importance of male involvement in teen pregnancy prevention

Honorees:
Wade Horn, Director of the National Fatherhood Initiative; and
Edward Pitt, Associate Director, The Fatherhood Project and Director, The National Practitioners Network for Fathers and Families

Wade F. Horn, Ph.D. is the Director of the National Fatherhood Initiative (NFI), a non-profit, non-sectarian, non-partisan organization that aims to improve the well-being of children by increasing the number of children growing up with loving, committed and responsible fathers. The actions of the NFI include conducting public awareness campaigns promoting fatherhood, organizing conferences and community fatherhood forums, providing resource materials to organizations seeking to establish support programs for fathers, and disseminating informational material to men seeking to become more effective fathers. The prevention message -- not becoming a father in an irresponsible way -- is also central to NFI's mission.

Edward Pitt is the Associate Director of The Fatherhood Project and Director of The National Practitioners Network for Fathers and Families at the Families and Work Institute, a center for research-based solutions addressing the changing nature of work and family life. Since his days at the Urban League and its Male Responsibility Campaign, Mr. Pitt has been a committed voice for the role of fathers and other men in the lives of children and adolescents. An early prevention advocate, he was one of the first to say that responsible fathers wait until they are ready emotionally and financially to father a child.

We honor Mr. Horn and Mr. Pitt for helping to promote the spread of the philosophy and practice of male involvement through a wide variety of social programs. In particular, we honor them for helping to focus needed attention on the important role that men and boys play not only in forming and maintaining strong families, but also in preventing family formation when it is inappropriate, as is almost always the case in adolescence.

Campaign Theme:
Recognizing the importance and benefit of program evaluation in teen pregnancy prevention

Campaign Honoree:
Marion Howard, Clinical Director, Grady Teen Services Program

Marion Howard, Ph.D. is the Clinical Director of Grady Teen Services Program which includes the educational series *Postponing Sexual Involvement* (PSI). PSI originally began in the 1970s as a series of five classes covering basic human sexuality and decision-making skills and, by using the results of program evaluation, it evolved into a comprehensive program designed to help young teens to understand the pressures in our society which can influence their sexual behavior; to understand their rights in social relationships and ways of meeting social and personal needs other than by sexual involvement; and to deal with peer pressure situations through the use of

assertive responses and actions. The program also includes a companion series for parents of young teens to teach them ways of reinforcing their young teenager's learning experiences in the program. The National Campaign to Prevent Teen Pregnancy honors Dr. Howard and PSI for their years of effort to couple creative programs with strong evaluation -- an effort that has increased our knowledge about how to reduce teen pregnancy and has shown that when good program research is conducted and published, the entire field benefits. In addition, we admire their constant effort to revise and refine the program in light of on-going evaluation.

Campaign Theme:
Involving the media in reducing teen pregnancy

Honorees:
Sheila Johnson, Executive Vice President of Corporate Affairs, Black Entertainment Television, Inc.; and,
Ann S. Moore, President, *People Magazine*

Sheila Johnson is the Executive Vice President of Corporate Affairs for Black Entertainment Television, Inc. (BET), an advertiser-supported, basic cable television network launched in January 1980 that serves as both a cultural center and an information source for black consumers. *Teen Summit* is BET's award-winning, talk/performance show that focuses on African-American teens. Aired each week, the hosts are joined by celebrity guests and a teen panel to engage in frank discussions about critical issues affecting young people. In May 1997, as part of their *Teen Summit* programming, BET will air a live, nationally-televised Town Meeting focusing the discussion on the consequences of teen pregnancy and on involving boys and men in preventing teen pregnancy. To promote the Town Meeting, BET has created PSAs on teen pregnancy, which will air prior to and all summer after the Town Meeting. BET will also make the PSAs available to other networks who wish to promote the issue.

Ann S. Moore is the President of *People Magazine*, the most successful weekly publication in the world. In the fall of 1994, Ms. Moore ran a cover article on teen pregnancy in *People* called "Babies Who Have Babies: A Day in the Life of Teen Pregnancy in America." This issue was one of the highest selling issues in *People Magazine* history and conveyed the clear message that being a parent while still a teenager is stressful and hard on all concerned. The article and its sequel a year later helped inform millions of Americans about teen pregnancy's serious consequences.

The National Campaign to Prevent Teen Pregnancy honors Ms. Johnson and Ms. Moore for providing superb examples of how the media can contribute to reducing teen pregnancy.

Contact Information

Elayne G. Bennett
President and Founder
Best Friends Foundation
4455 Connecticut Avenue, NW
Suite 310
Washington, DC 20008-2328
P: 202-822-9266
F: 202-822-9276

Sue Cameron
County Commissioner
Tillamook County
County Courthouse
201 Laurel
Tillamook, OR 97141
P: 503-842-3403
F: 503-842-1384

Patricia Canessa
President of the Board
The National Organization on Adolescent Pregnancy, Parenting and Prevention
1319 F Street, NW, Suite 401
Washington, DC 20004
P: 202-783-5770
F: 202-783-5775

Russell C. Deyo
Vice President
Johnson and Johnson Family of Companies
1 Johnson and Johnson Plaza
New Brunswick, NJ 08933
P: 908-524-2487
F: 908-524-5304

Gloria Feldt
President
Planned Parenthood Federation of America, Inc.
810 Seventh Avenue
New York, NY 10019
P: 212-541-7800
F: 212-247-6453

Mr. Eric Graham
President
Children's Express
Stuart Merkel
Izetta Mobley
Editors and Reporters
Children's Express
1440 New York Avenue, N.W.
Suite 510
Washington, DC 20005
P: 202-737-7377
F: 202- 737-0193

Wade F. Horn, Ph.D.
Director
National Fatherhood Initiative
16049 Copen Meadow Drive
Gaithersburg, MD 20878
P: 301-948-0599
F: 301-948-0410

Marion Howard, Ph.D.
Clinical Director
Grady Teen Services Program
Postponing Sexual Involvement
80 Butler Street, SE
Box 26158
Atlanta, GA 26158
P: 404-616-3529
F: 404-616-2457

Sheila Johnson
Executive Vice President of Corporate Affairs
Black Entertainment Television, Inc.
One BET Plaza
1900 W Place, NE
Washington, DC 20018-1211
P: 202-608-2000
F: 202-608-2595

Ann S. Moore
President
People Magazine
1271 Avenue of the Americas
30th Floor
New York, NY 10020
P: 212-522-3970
F: 212-522-7639

Edward Pitt
Associate Director
The Fatherhood Project
Director
The National Practitioners Network
for Fathers and Families
Families and Work Institute
330 Seventh Avenue, 14th Floor
New York, NY 10001
P: 212-465-2044
F: 212-465-8637

Susan Wilson
Executive Coordinator
Network for Family Life Education
Seo Hee Koh
Cecelia V. Lalama
Ira Lederer
Editorial Board Members
Sex etc. -- A Newsletter by Teens, for Teens
Rutgers, The State University
Center for Social and Community
Development
School of Social Work - Livingston Campus
Building 4161
P.O. Box 5062
New Brunswick, NJ 08903-5062
P: 908-445-7929
F: 908-445-4154

- Bel - thinks remarks about teenager (fast to us) ...
- HHS fact sheet (Melissa Skofield)
  - scope of problem
  - stats/accomplishments - me
- front rows
- May - teen pregnancy month Bruce - leads
- get! proclamation - Briefing paper - Cynthia
- Mrs. Clinton's remarks - recognize honorees
- Bios on honorees + Bel talk about problem

- What is the Campaign + event - why did Pres. start it Girl Power grants - me
- Stephanie Ventura - me
- Bels bio - me
- Q + A - me

- David Shipley
- Bullets
- ...

needs Jamil Swartz

Ann Rosewater
who to invite - 10

invite list

- *Paul Tudor Jones

copy of report to Cynthia

THE NATIONAL CAMPAIGN TO PREVENT
TEEN PREGNANCY
2100 M STREET, N.W., SUITE 500, WASHINGTON, D.C. 20037

Marti Easton
Corporate Secretary
Assistant to the President

Direct Dial: 202/857-8631
Fax: 202/728-0232

MEMORANDUM

TO: KATIE BUTTON

FROM: MARTI EASTON

DATE: APRIL 21, 1997

RE: INVITES FOR MAY 2 RECEPTION

Attached are the Campaign's two lists for the reception on May 2. The first list, "A," is our priority list. Please note that this list is missing some of our honorees' guests. We should have these missing names by Tuesday as well as the DOB and Social Security numbers for the honorees and their guests.

The second list, "B," is arranged in order of priority. You mentioned on the phone that we can only invite 130 people at a time and then invite additional people as we get regrets. We know that many of the people on the "A" list will not be able to come but they must be invited because they are our Board, Task Force members and funders.

Our staff is on the "B" list. We will send over to you their DOB and Social Security numbers by the end of the week -- so there is no need to call each of them.

I would appreciate it if you would keep me updated on who says no on the "A" list. If our estimates of who is and is not coming are wrong, we may need to make adjustments to our "B" list.

If you have any questions or concerns, please do not hesitate to contact me. Thank you for all of your assistance. We are all very excited about this event and appreciate all of the efforts of the First Lady's office.

A-1

The A-list of invites to the White House reception.
NOTE: There is currently a total of 122 names on the list. We are still collecting the names of 8 additional guests that should be on the A-list and will fax those to you as soon as we get them.

Ms. Charlotte L. Beers
Chairman and Chief Executive
Ogilvy and Mather Worldwide
309 West 49th Street
New York, NY 10019
phone: 212-237- 7241 Office
fax: 212-237-5753 Fax

Ms. Linda Chavez
President
The Center for Equal Opportunity
815 15th Street, N.W.
Suite 928
Washington, D.C. 20005
phone: 202-639-0803
fax: 202-639-0827

Dr. William Galston
School of Public Affairs
University Of Maryland
College Park, MD 20742
phone: 301-405-6347 Office
fax: 301-314-9346 Fax

Ms. Whoopi Goldberg
c/o Tom Leonardis
Whoop, Incorporated
9255 Sunset Boulevard
Los Angeles, CA 90069
phone: 310-859-1668 Office
fax: 310-859-2914 Fax

Mrs. Katharine Graham
2920 R Street, N.W.
Washington, D.C. 20007
phone: 202-334-6650
fax: 202-334-1031

Dr. David Hamburg
President
Carnegie Corporation of New York
437 Madison Avenue
New York, NY 10022
phone: 212-207-6215
fax: 212-223-8831

Mr. Irving B. Harris
Chairman, The Harris Foundation
2 North LaSalle Street
Suite 400
Chicago, IL 60602
phone: 312-621-0650
fax: 312-621-0857

Ms. Barbara Huberman
Advocates For Youth
1025 Vermont Avenue, N.W.
Suite 200
Washington, DC 20005
phone: 202-347-5700
fax: 202-347-2263

Ms. Sheila Johnson
Executive Vice President of
Corporate Affairs
Black Entertainment Television, Inc.
One BET Plaza
1900 W Place, NE
Washington, DC 20018-1211
phone: 202-608-2000
fax: 202-608-2593

A-2

The Honorable Nancy Kassebaum-Baker
801 Pennsylvania Avenue, N.W.
Suite 800
Washington, DC 20004
phone: 202-508-3400
fax: 202-508-3402

The Honorable Thomas H. Kean
President
Drew University
36 Madison Avenue
Madison, NJ 07940
phone: 201-408-3069 Office
fax: 201-408-3080 Fax

The Honorable C. Everett Koop, M.D.
6707 Democracy Boulevard
Suite 107
Bethesda, MD 20814
phone: 301-493-6603
fax: 301-493-8160

Sister Mary Rose McGeady
President and CEO
Covenant House
346-West 17th Street
New York, NY 10011-5001
phone: 212-727-4000
fax: 212-989-7586

Ms. Judy McGrath
President
MTV
1515 Broadway
New York, NY 10036
phone: 212-258-8712
fax: 212-258-6361

Ms. Jody Miller
Senior Vice President for Operations
Americast
10880 Wilshire Boulevard
Suite 1750
Los Angeles, CA 90024
phone: 310-234-1414 or 310-234-1423 Dana
fax: 310-234-1430

Dr. Kristin Moore
President
Child Trends
4301 Connecticut Avenue
Suite 100
Washington, DC 20008
phone: 202-362-5580
fax: 202-362-5533

Mr. Hugh Price
President and Chief Executive Officer
National Urban League, Inc.
500 East 62nd Street
New York, NY 10021
phone: 212-310-9010
fax: 212-755-2140

The Honorable Warren B. Rudman
Partner
Paul, Weiss, Rifkind, Wharton & Garrison
1615 L Street, N.W.
Suite 1300
Washington, DC 20036
phone: 202-223-7341
fax: 202-223-7420

Ms. Vicki Sant
President
The Summit Foundation
1120 19th Street, N.W.
Suite 550
Washington, DC 20036
phone: 202-785-1724
fax: 202-857-0025

Dr. Isabel V. Sawhill
President
The National Campaign to Prevent Teen Pregnancy
2100 M Street, Suite 500
Washington, DC 20037
phone: 202-857-8531
fax: 202-331-7735

Ms. Isabel Carter Stewart
National Executive Director
Girls Incorporated
30 East 33rd Street
New York, NY 10016-5394
phone: 212-689-3700
fax: 212-683-1253

The Honorable Andrew J. Young
Vice Chair, Law Companies Group Inc.
Co-Chairman, Atlanta Committee for the Olympic Games
250 Williams Street, NW
Suite 6000
Atlanta, GA 30303
phone: 404-224-1926
fax: 404-224-1966

Dr. Robert W. Blum
Director of General Pediatric and Adolescent Health Program
Department of Pediatrics
University of Minnesota
Box 721 UMHC
420 Delaware Street, SE
Minneapolis, MN 55455
phone: 612-626-2796
fax: 612-626-2134

Dr. J. J. Card
President
Sociometrics Corporation
170 State Street, Suite 260
Los Altos, CA 94022-2812
phone: 415-949-3282
fax: 415-949-3299

Dr. Jacqueline D. Forrest
Senior Vice President and Vice President for Research
The Alan Guttmacher Institute
120 Wall Street
New York, NY 10005
phone: 212-248-1111
fax: 212-248-1952

Dr. Waldo Johnson
Assistant Professor
School of Social Service Administration
University of Chicago
969 East 60th Street
Chicago, IL 60637
phone: 312-834-0400
fax: 312-702-0874

Dr. Douglas and Gail Kirby
Director of Research
ETR Association
P.O. Box 1830
Santa Cruz, CA 95061-1830
phone: 408-438-4060 ext. 144
fax: 408-438-3618

Dr. Rebecca Maynard
Professor, Graduate School of Education
University of Pennsylvania
3700 Walnut Street
Philadelphia, PA 19104
phone: 215-898-3558
fax: 215-573-2241

Dr. Brent Miller
Professor and Head
Department of Family and Human Development
Utah State University
Logan, UT 84322-2905
phone: 801-797-4055
fax: 801-797-3845

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. list	List of invites to White House teen pregnancy reception [partial] (8 pages)	04/21/1997	P6/b(6)

COLLECTION:
Clinton Presidential Records
Domestic Policy Council
Lyn Hogan
OA/Box Number: 11028

FOLDER TITLE:
Teen Preg [1]

2010-1083-S
rc132

RESTRICTION CODES

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

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Dr. Freya Sonenstein
Director of Population Studies Center
The Urban Institute
2100 M Street, NW
Suite 500
Washington, DC 20037
phone: 202-857-8546
fax: 202-452-1840

Dr. Barbara Sugland
Senior Research Associate
Child Trends, Inc.
4301 Connecticut Avenue, NW
Suite 100
Washington, DC 20008
phone: 202-362-5580
fax: 202-362-5533

Dr. Kathleen E. Toomey
825 Crestridge Drive, NE
Atlanta, GA 30306
phone: 404-657-2588 or 404-657-2585
fax: 404-657-2586

Dr. Stan Weed
Director
Institute for Research & Evaluation
6068 South Jordan Canal Road
Salt Lake, UT 84118
phone: 801-966-5644
fax: 801-967-8288

Dr. Brian L. Wilcox
Director, Center on Children,
Families, and the Law
University of Nebraska
P.O. Box 880227
Lincoln, NE 68588-0227
phone: 402-472-3130 or 402-472-3479
fax: 402-472-8412

Ms. Kim Armstrong
c/o Mr. Eric Graham
Children's Express
1440 New York Avenue, NW
Suite 510
Washington, DC 20005
phone: 202-737-7377
fax: 202-737-0193

Mr. Michael Bzdak
Johnson and Johnson Family of Companies
1 Johnson and Johnson Plaza
New Brunswick, NJ 08933
phone: 908-524-2487
fax: 908-524-5304

Ms. Sue Cameron
Tillamook County Health Department
P.O. Box 489
County Courthouse
201 Lauarel
Tillamook, OR 97141 [001]
phone: P6/(b)(6) (home)
fax: 503-842-1384

Ms. Patricia Canessa
President of the Board
The National Organization on Adolescent
Pregnancy, Parenting and Prevention
1319 F Street, NW, Suite 401
Washington, DC 20004
phone: 202-783-5770
fax: 202-783-5775

Mr. Aldrage Cooper
c/o Mr. Russell Deyo
Johnson and Johnson Family of Companies
1 Johnson and Johnson Plaza
New Brunswick, NJ 08933
phone: 908-524-2487
fax: 908-524-5304

Mr. Russell C. Deyo
Vice President
Johnson and Johnson Family of Companies
1 Johnson and Johnson Plaza
New Brunswick, NJ 08933
phone: 908-524-2487
fax: 908-524-5304

Mr. Robert Dugger
c/o Ms. Patricia Canessa
The National Organization on Adolescent Pregnancy, Parenting and Prevention
1319 F Street, NW, Suite 401
Washington, DC 20004
phone: 202-783-5770
fax: 202-783-5775

Ms. Gloria Feldt
President
Planned Parenthood Federation of America
810 Seventh Avenue
New York, NY 10019
phone: 212-541-7800
fax: 212-247-6453

Ms. Christina Ferrari
c/o Ms. Ann S. Moore
President
People Magazine
1271 Avenue of the Americas
30th Floor
New York, NY 10020
phone: 212-522-3970
fax: 212-522-7639

Mr. Eric Graham
President
Children's Express
1440 New York Avenue, NW
Suite 510
Washington, DC 20005
phone: 202-737-7377
fax: 202-737-0193

Ms. Katrina Holt
c/o Ms. Patricia Canessa
The National Organization on Adolescent Pregnancy, Parenting and Prevention
1319 F Street, NW, Suite 401
Washington, DC 20004
phone: 202-783-5770
fax: 202-783-5775

Dr. Wade Horn
President
National Fatherhood Initiative
16049 Copen Meadow Drive
Gaithersburg, MD 20878
phone: 301-948-0599
fax: 301-948-0410

Dr. Marion Howard
Teen Services Program
Grady Memorial Hospital
P.O. Box 26158
Atlanta, GA 30335
phone: 404-616-3513
fax: 404-223-3071

Ms. Seo Hee Koh
c/o Susan Wilson
Sex etc. -- A Newsletter by Teens, for Teens
Network for Family Life Education
Rutgers, The State University
Center for Social and Community Development
School of Social Work - Livingston Campus
Building 4161, P.O. Box 5062
New Brunswick, NJ 08903-5062
p: 908-445-7929; f: 908-445-4154

Ms. Linda Kramer
c/o Ms. Ann S. Moore
President
People Magazine
1271 Avenue of the Americas
30th Floor
New York, NY 10020
phone: 212-522-3970
fax: 212-522-7639

Mr. Ira Lederer
c/o Susan Wilson
Sex etc. -- A Newsletter by Teens, for Teens
Network for Family Life Education
Rutgers, The State University
Center for Social and Community Development
School of Social Work - Livingston Campus
Building 4161, P.O. Box 5062
New Brunswick, NJ 08903-5062
phone: 908-445-7929; fax: 908-445-4154

Ms. Martha McKay
c/o Mr. Eric Graham
Children's Express
1440 New York Avenue, NW
Suite 510
Washington, DC 20005
phone: 202-737-7377
fax: 202-737-0193

Ms. Izetta Mobley
c/o Mr. Eric Graham
Children's Express
1440 New York Avenue, NW
Suite 510
Washington, DC 20005
phone: 202-737-7377
fax: 202-737-0193

Dr. Jane Brown
Professor, Department of Journalism and
Mass Communications
University of North Carolina at Chapel Hill
Howell Hall - Campus Box 3365
Chapel Hill, NC 27599-3365
phone: 919-962-4089 or 919-962-2146
fax: 919-962-0620

Ms. Anne Cohn Donnelly
Executive Director
National Committee to Prevent Child Abuse
332 South Michigan Avenue, Suite 1600
Chicago, IL 60604-4357
phone: 312-663-3520
fax: 312-939-8962

Ms. Cecilia Llamas
c/o Susan Wilson
Sex etc. -- A Newsletter by Teens, for Teens
Network for Family Life Education
Rutgers, The State University
Center for Social and Community Development
School of Social Work - Livingston Campus
Building 4161, P.O. Box 5062
New Brunswick, NJ 08903-5062
phone: 908-445-7929; fax: 908-445-4154

Mr. Stuart Merkel
c/o Mr. Eric Graham
Children's Express
1440 New York Avenue, NW
Suite 510
Washington, DC 20005
phone: 202-737-7377
fax: 202-737-0193

Mr. Edward Pitt
Associate Director
The Fatherhood Project
Director
The National Practitioners Network
for Fathers and Families
Families and Work Institute
330 Seventh Avenue, 14th Floor
New York, NY 10001
phone: 212-465-2044; fax: 212-465-8637

Mr. Billy Campbell
Executive Vice President
CBS
7800 Beverly Boulevard, Room 349
Los Angeles, CA 90036
phone: 213-852-4346
fax: 213-653-8276

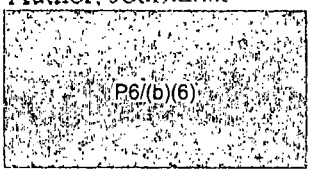
Mr. Hal Donofrio
Executive Director
Campaign for Our Children
121 West Fayette Street
Suite 1200
Baltimore, MD 21201-3741
phone: 410-576-9000 or 410-576-9015
fax: 410-528-8809

Ms. Pat Fili-Krushel
President
ABC Daytime
77 West 66th Street
Fifth Floor
New York, NY 10023
phone: 212-456-6309
fax: 212-456-6059

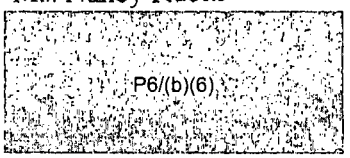
Dr. Brad Greenberg
Department of Telecommunication
Michigan State University
409 Communication Art & Sciences Building
East Lansing, MI 48824-1212
phone: 517-353-6629
fax: 517-432-1244

Mr. David Mechlin
Senior Partner
World Client Service Director
Ogilvy and Mather Worldwide
309 West 49th Street
10th Floor
New York, NY 10019
phone: 212-237-5941
fax: 212-237-5942

Ms. Ann S. Moore
President
People Magazine
1271 Avenue of the Americas
30th Floor
New York, NY 10020
phone: 212-522-3970
fax: 212-522-7639

Ms. Sally Quinn
Author, Journalist


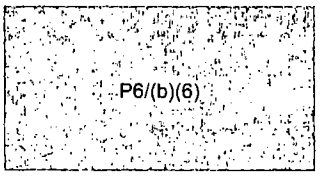
Mr. Bruce Rosenblum
Senior Vice President Television
Business Management
Warner Brothers
4000 Warner Boulevard
Building 2, Room 212
Burbank, CA 91522
Phone: 818-954-6019
Fax: 818-954-2859

Ms. Nancy Rubin


Dr. Jay A. Winsten
Director
Center for Health Communication
Harvard School of Public Health
677 Huntington Avenue
Room 334
Boston, MA 02115
phone: 617-432-1038
fax: 617-731-8184

Ms. Ruth Wooden
President
The Advertising Council
261 Madison Avenue
New York, NY 10016
phone:212-922-1500
fax: 212-867-7422 or 212-922-1676

Ms. Brenda Cooper
Sursum Corda Youth Project
Planned Parenthood of
Metropolitan Washington
1108 16th Street, NW
Washington, DC 20036
phone: 202-347-8500
fax: 202-783-1007

Mr. Thomas Davis


Professor Jean Bethke Elshtain
Laura Spelman Rockefeller Professor of
Social and Political Ethics
Divinity School
University of Chicago
1025 East 58th Street
Chicago, IL 60637
phone: 773-702-7252
fax: 773-643-8298

Mr. Patrick Fagan
Policy Analyst
Heritage Foundation
214 Massachusetts Avenue, NE
Washington, DC 20002
phone: 202-546-4400
fax: 202-544-5421

Professor Martin Marty
Fairfax M. Cone Distinguished
Service Professor
Divinity School
University of Chicago
1025 East 58th Street
Chicago, IL 60637
phone: 312-702-8236
fax: 708-447-9508

Mr. William Potapchuk
Executive Director
Program for Community Problem Solving
915 15th Street, NW
Washington, DC 20005
phone: 202-783-2961
fax: 202-347-2161

Ms. Jeannie Rosoff
President
Alan Guttmacher Institute
120 Wall Street
New York, NY 10028
phone: 212-248-1111
fax: 212-248-1951

Ms. Hilary Shelton
Federal Liaison
Government Affairs Office
The College Fund/UNCF
1444 I Street, NW
Washington, DC 20005
phone: 202-737-8623
fax: 202-737-8651

Reverend Kenneth Smith
President
The Chicago Theological Seminary
5757 South University
Chicago, IL 60637
phone: 773-752-5757
fax: 773-752-0905

Ms. Pat Funderburk Ware
Director of Educational Services
Americans for a Sound AIDS/HIV Policy
P.O. Box 17433
Washington, DC 20041
phone: 703-471-7350
fax: 703-471-8409

Mr. Daniel Yankelovich
President
Public Agenda Foundation
Chairman
DYG, Inc.
424 West End Avenue
New York, NY 10024
phone: 212-595-7803
fax: 212-875-0144

Ms. Elayne G. Bennett
President and Founder
Best Friends Foundation
4455 Connecticut Avenue, NW
Suite 310
Washington, DC 20008-2328
phone: 202-822-9266
fax: 202-822-9276

Professor Linda Berne
UNC-Charlotte College of Nursing
Department of Health Promotion
and Kinesiology
9201 University City Boulevard
Charlotte, NC 28223
phone: 704-547-4697
fax: 704-547-3350

The Honorable Jay Bradford
The Arkansas Senate
P.O. Box 8367
Pine Bluff, AK 71611
phone: 501-682-6107 or 501-541-0020
fax: 501-535-8318

Dr. Claire Brindis
Director, Center for Reproductive
Health Policy Research
UCSF Institute for Health Policy Studies
1388 Sutter Street, 11th Floor
San Francisco, CA 94109
phone: 415-476-5255
fax: 415-476-0705

Ms. Donna Butts
Executive Director
NOAPPP
1319 F Street, NW, Suite 401
Washington, DC 20004
phone: 202-783-5770
fax: 202-783-5775

Dr. Michael Carrerra
Director, National Adolescent
Sexuality Training Center
Children's Aid Society
350 East 88th Street
New York, NY 10128
phone: 212-876-9716
fax: 212-876-9718

Ms. Annette Cumming
Executive Director and Vice President
Cumming Foundation
Board Member
Planned Parenthood Foundation of America
21 G Street
Salt Lake City, UT 84103
phone: 801-521-1044
fax: 801-521-1047

Ezra Davidson, M.D.
Professor, Department of Obstetrics and
Gynecology
Charles R. Drew University of
Medicine and Science
King-Drew Medical Center
12021 South Wilmington Avenue
Los Angeles, CA 90059-3025
phone: 310-668-4601
fax: 310-604-9570

Ms. Donna Fishman
Co-Director
Minnesota Organization on Adolescent
Pregnancy, Prevention, and Parenting
P.O. Box 40392
St. Paul, MN 55104
phone: 612-771-5040 or 612-928-8467
fax: 612-772-5566

Ms. Bernice Humphrey
Director, Teen Connections
Project Director, Healthy Girls Initiative
Girls, Inc.
441 West Michigan
Indianapolis, IN 46202
phone: 317-634-7546
fax: 317-634-3024

Dr. Renée R. Jenkins
Professor and Chair
Pediatrics and Child Health
Howard University Hospital
2041 Georgia Avenue, NW
Washington, DC 20060
phone: 202-865-1592
fax: 202-865-4558

Mr. Chris P Nelson
Director of Social Services
Southwest District Health Department
Bridges/PEER
920 Main Street
Caldwell, Idaho 83605
phone: 208-455-5375
fax: 208-454-7722

Ms. Aracely Panameño
Executive Director
National Latina Institute for
Reproductive Health
1200 New York Avenue, Suite 300
Washington, DC 20005
phone: 202/326-8970
fax: 202/371-8112

Ms. Sharon Rodine
Coordinator
Heart of OKC Project
Oklahoma Child Advocacy Institute
420 N.W. 13th Street
Suite 101
Oklahoma City, OK 73102
phone: 405-236-5437 [redacted] R6/(b)(6)
fax: 405-236-5439/405-321-1888

Dr. Aaron Shirley
Jackson Medical Mall
350 West Woodrow Wilson
Suite 302-A
Jackson, MS 39213
phone: 601-982-0673
fax: 601-982-0459

Ms. Leslie Kantor
Vice President of Education
Planned Parenthood of New York City
Executive Office
Margaret Sanger Square
26 Bleecker Street
New York, NY 10012-2413
phone: 212-274-7320
fax: 212-274-7218

Ms. Theodora Ooms
Executive Director
Family Impact Seminar
1730 Rhode Island Avenue, NW
Suite 209
Washington, DC 20036-3101
phone: 202-496-1964
fax: 202-496-1975

Mr. Wayne Pawlowski
Director of Training
Planned Parenthood Federation of America
1120 Connecticut Avenue, NW
Suite 461
Washington, DC 20036
phone: 202-785-3351
fax: 202-293-4349

Mr. John Schlitt
Associate Director
Making the Grade
The George Washington University
1350 Connecticut Avenue, NW
Suite 505
Washington, DC 20036
phone: 202-466-3396
fax: 202-466-3467

Dr. Mary Vernon
Medical Officer
Division of Adolescent and School Health
Centers for Disease Control and Prevention
4770 Buford Highway
Stop # K-31
Atlanta, GA 30341
phone: 770-488-5362
fax: 770-488-5972

Ms. Kathleen Walsh
Executive Director
Catholic Social Ministries
300 Cardinal Gibbons Drive
Raleigh, NC 27606
phone: 919-821-9752
fax: 919-821-9705

Ms. Susan Wilson
Executive Coordinator
Network for Family Life Education
Rutgers, The State University
Center for Social and Community Development
School of Social Work - Livingston Campus
Building 4161
P.O. Box 5062
New Brunswick, NJ 08903-5062
phone: 908-445-7929; fax: 908-445-4154

Dr. Vivien Stewart
Carnegie Corporation of New York
437 Madison Avenue
New York, NY 10022
phone: 212-371-3200
fax: 212-754-4073

Ms. Caroline Horn
c/o Dr. Wade Horn
President
National Fatherhood Initiative
16049 Copen Meadow Drive
Gaithersburg, MD 20878
phone: 301-948-0599
fax: 301-948-0410

Mr. Peter Richardson
Smith Richardson Foundation
60 Jesup Road
Westport, CT 06880
phone: 203-222-6222
fax: 203-222-6282

Ms. Gayle Wilson
Senior Program Officer
California Wellness Foundation
6320 Canoga Avenue
Suite 1700
Woodland Hills, CA 91367
phone: 818-593-6600
fax: 818-593-6614

Mr. and Mrs. Winthrop Brown
Director
The National Campaign to Prevent Teen Pregnancy
2100 M Street, Suite 300
Washington, DC 20037
phone: 202-857-8692
fax: 202-331-7735

Mrs. Claudia Horn
c/o Dr. Wade Horn
President
National Fatherhood Initiative
16049 Copen Meadow Drive
Gaithersburg, MD 20878
phone: 301-948-0599
fax: 301-948-0410

Ms. Christen Horn
c/o Dr. Wade Horn
President
National Fatherhood Initiative
16049 Copen Meadow Drive
Gaithersburg, MD 20878
phone: 301-948-0599
fax: 301-948-0410

Mr. Rush Russell
The Robert Wood Johnson Foundation
Route 1 and College Road East
P. O. Box 2316
Princeton, NJ 08543-2316
phone: 609-951-5755
fax: 609-452-1865

Ms. Shira Saperstein
The Moriah Fund
1634 I Street, NW
Suite 1000
Washington, DC 20006
phone: 202-783-8488
fax: 202-783-8499

Mr. Field K. Wasson, Jr.
Llama Company
Suite 230
2222 Cottondale Lane
Little Rock, AK 72202
phone: 501-666-5245
fax: 501-666-5249

Ms. Marie Mitchell, R.N.
c/o Dr. Marion Howard
Teen Services Program
Grady Memorial Hospital
P.O. Box 26158
Atlanta, GA 30335
phone: 404-616-3513
fax: 404-223-3071

Ms. Constance Danielson
c/o Dr. Marion Howard
Teen Services Program
Grady Memorial Hospital
P.O. Box 26158
Atlanta, GA 30335
phone: 404-616-3513
fax: 404-223-3071

Ms. Angela Norman
c/o Ms. Elayne G. Bennett
President and Founder
Best Friends Foundation
4455 Connecticut Avenue, NW
Suite 310
Washington, DC 20008-2328
phone: 202-822-9266
fax: 202-822-9276

Ms. Lisa Haileab
c/o Ms. Elayne G. Bennett
President and Founder
Best Friends Foundation
4455 Connecticut Avenue, NW
Suite 310
Washington, DC 20008-2328
phone: 202-822-9266
fax: 202-822-9276

Ms. Pauline Hamlette
c/o Ms. Elayne G. Bennett
President and Founder
Best Friends Foundation
4455 Connecticut Avenue, NW
Suite 310
Washington, DC 20008-2328
phone: 202-822-9266
fax: 202-822-9276

Ms. Angela Rice
Coordinator
Best Friends Foundation
4455 Connecticut Avenue, NW
Suite 310
Washington, DC 20008-2328
phone: 202-822-9266
fax: 202-822-9276

Mr. Jefferi Lee
c/o Ms. Sheila Johnson
Executive Vice President of
Corporate Affairs
Black Entertainment Television, Inc.
One BET Plaza
1900 W Place, NE
Washington, DC 20018-1211
phone: 202-608-2000
fax: 202-608-2593

Ms. Deborah Tang
c/o Ms. Sheila Johnson
Executive Vice President of
Corporate Affairs
Black Entertainment Television, Inc.
One BET Plaza
1900 W Place, NE
Washington, DC 20018-1211
phone: 202-608-2000
fax: 202-608-2593

A-14

Ms. Gloria Primm Brown
Carnegie Corporation of New York
437 Madison Avenue
New York, NY 10022
phone: 212-371-3200
fax: 212-754-4073

Last of the A-List Invites to the White House Reception

Mr. Michael Magee
Vice President for Education
Planned Parenthood Federation of America
810 Seventh Avenue
New York, NY 10019
phone: 212-541-7800
fax: 212-247-6453
NOTE: Replaces Gloria Feldt on the A list

Ms. Nancy Parello
Coordinator
Sex etc. -- A Newsletter by Teens, for Teens
Rutgers, The State University
Center for Social and Community Development
School of Social Work - Livingston Campus
Building 4161, P.O. Box 5062
New Brunswick, NJ 08903-5062
p: 609-466-8810
f: 609-466-4276

Ms. Katrina Braxton
Sex etc. -- A Newsletter by Teens, for Teens
Network for Family Life Education
Rutgers, The State University
Center for Social and Community Development
School of Social Work - Livingston Campus
Building 4161, P.O. Box 5062
New Brunswick, NJ 08903-5062
p: 908-445-7929
f: 908-445-4154

Mr. Brian Cameron
c/o Sue Cameron
County Courthouse
201 Laurel
Tillamook, OR 97141
phone: P6/(b)(6) (home)
fax: 503-842-1384

Ms. Connie Revell
c/o Ms. Sue Cameron
County Courthouse
201 Laurel
Tillamook, OR 97141
phone: 503-842-3403, 503-842-7911 (home)
fax: 503-842-1384

Mr. Eric Pitt
c/o Mr. Edward Pitt
Families and Work Institute
330 Seventh Avenue, 14th Floor
New York, NY 10001
phone: 212-465-2044
fax: 212-465-8637

Ms. Annette Pitt
c/o Mr. Edward Pitt
Families and Work Institute
330 Seventh Avenue, 14th Floor
New York, NY 10001
phone: 212-465-2044
fax: 212-465-8637

Dr. Roger Witherspoon
c/o Mr. Edward Pitt
Families and Work Institute
330 Seventh Avenue, 14th Floor
New York, NY 10001
phone: 212-465-2044
fax: 212-465-8637

Ms. Margaret Conway
Vice President of Public Policy
Planned Parenthood Federation of America
810 Seventh Avenue
New York, NY 10019
phone: 212-541-7800
fax: 212-247-6453

The White House reception B List. These persons are to be invited as people from the A-List decline in the order that they appear on this list.

Mr. Dennis Bakke
The AES Corporation
1001 North 19th Street
Arlington, VA 22209
phone: 703/522-0073
fax: 703-703-528-4510

Mr. and Mrs. David Cole
P6/(b)(6)

Ms. Suzanne Delbanco
Kaiser Family Foundation
2400 Sand Hill Road
Menlo Park, CA 94025
phone: 415-854-9400
fax: 415-854-4800

Ms. Debra Delgado
The Annie E. Casey Foundation
701 St. Paul Street
Baltimore, MD 21202
phone: 410-547-6600
fax: 410-547-6624

Ms. Robin Chandler Duke
P6/(b)(6)

Dr. Ruby Hearn
The Robert Wood Johnson Foundation
Route 1 and College Road EAst
P.O. Box 2316
Princeton, NJ 08543-2316
phone: 609/243-5911
fax: 609-452-1865

Mr. Paul Tudor Jones, II
Chairman
Tudor Investment Corporation
One Liberty Plaza
New York, NY 10006
phone: 212-227-6601
fax: 212-227-6698

Ms. Betty King
The Annie E. Casey Foundation
701 St. Paul Street
Baltimore, MD 21202
P6/(b)(6)

Mr. Gara LaMarche
Open Society Institute
888 Seventh Avenue
New York, NY 10106
phone: 212/887-0187
fax: 212/247-3890

Mr. and Mrs. John Macomber
P6/(b)(6)

Mr. Scott McVay
Executive Director
Geraldine R. Dodge Foundation
P.O. Box 1239
Morristown, NJ 07962-1239
phone: 201-540-8442
fax: 201-540-1211

Ms. Janice Molnar
Urban Poverty Program
The Ford Foundation
320 East 43rd Street
New York, NY 10017
phone: 212-573-5000
fax: 212-286-0871

Mr. Art Ortenberg and Ms. Liz Claiborne Ortenberg
The Liz Claiborne and Art Ortenberg Foundation
650 Fifth Avenue
New York, NY 10019
phone: 212-333-3888
fax: 212-956-3531

Ms. Susan Rich
Wallace Genetic Foundation, Inc.
1120 19th Street, N.W.
Suite 550
Washington, D.C. 20036
phone: 202-452-1530
fax: 202-293-1795

Mr. and Mrs. Frank Weil
Denie and Frank
P6/(b)(6)

Mr. Josh Weston
P6/(b)(6)

Mr. and Mrs. Alan Wurtzel
Alan and Ruth
P6/(b)(6)

Ms. Marti Easton
Corporate Secretary and Assistant to the President
The National Campaign to Prevent Teen Pregnancy
2100 M Street, Suite 500
Washington, DC 20037
phone: 202-857-8631
fax: 202-331-7735

Ms. Carmen Ford
Director of Administration
The National Campaign to Prevent Teen Pregnancy
2100 M Street, Suite 300
Washington, DC 20037
phone: 202-857-8620
fax: 202-331-7735

Mr. John Hutchins
Communications Manager
The National Campaign to Prevent Teen Pregnancy
2100 M Street, Suite 300
Washington, DC 20037
phone: 202-857-8591
fax: 202-331-7735

Ms. Tamara Kreinin
Director of State and Local Affairs
The National Campaign to Prevent Teen Pregnancy
2100 M Street, Suite 300
Washington, DC 20037
phone: 202-857-8694
fax: 202-331-7735

Ms. Alexandra Leverich
Assistant to the Director
The National Campaign to Prevent Teen Pregnancy
2100 M Street, Suite 300
Washington, DC 20037
phone: 202-857-8694
fax: 202-331-7735

Ms. Marisa Nightingale
Program Development Associate
The National Campaign to Prevent Teen Pregnancy
2100 M Street, Suite 300
Washington, DC 20037
phone: 202-857-8703
fax: 202-331-7735

Mr. William Smith
Program Associate for Religion and Public Values
The National Campaign to Prevent Teen Pregnancy
2100 M Street, Suite 300
Washington, DC 20037
phone: 202-857-8596
fax: 202-331-7735

Ms. Jamie Tullman
Special Assistant to the President
The National Campaign to Prevent Teen Pregnancy
2100 M Street, Suite 500
Washington, DC 20037
phone: 202-857-8544
fax: 202-331-7735
Staff

Ms. Heather Lafferty
Intern
The National Campaign to Prevent Teen Pregnancy
2100 M Street, Suite 300
Washington, DC 20037
phone: 202-974-2235
fax: 202-331-7735

Ms. Phyllis Wolfe
Consultant for State and Local Affairs
The National Campaign to Prevent Teen Pregnancy
2100 M Street, Suite 300
Washington, DC 20037
phone: 202-857-8655
fax: 202-331-7735

Ms. Tracey Lauterborn
Assistant to the Director of Administration
The National Campaign to Prevent Teen Pregnancy
2100 M Street, Suite 300
Washington, DC 20037
phone: 202-974-2234
fax: 202-331-7735
Staff

Dr. Drew Altman
Henry J. Kaiser Family Foundation
2400 Sand Hill Road
Menlo Park, CA 94025
phone:415/854-9400
fax: 415-854-7465

Ms. Carolyn Asbury
The Pew Charitable Trusts
One Commerce Square
2005 Market Street, Suite 1700
Philadelphia, PA 19103-7017
phone: 215-575-4860
fax: 215-575-4939

Dr. Richard Behrman
The David and Lucile Packard Foundation
300 Second Street, Suite 200
Los Altos, California 94022
phone: 415-948-7658
fax: 415-948-5793

Dr. Martha Campbell
David and Lucille Packard Foundation
Suite 200
300 Second Street
Los Altos, CA 94022
phone: 415-948-7658
fax: 415-948-5793

Mr. Don Conlan
President Emeritus
The Capital Group Companies, Incorporated
333 South Hope Street
Los Angeles, CA 90071
phone: 213-486-9200
fax: 213-486-9217

Ms. Karen Davis
Commonwealth Fund
Harkness House
One East 75th Street
New York, NY 10021-2692
phone: 212/535-0400
fax: 212-66-3876

Mr. Michael Deaver
Edelman Public Relations
1420 K Street, N.W.
Washington, D.C. 20005
phone: 202-371-0200
fax: 202-371-2858

Ken Duberstein
Duberstein Group
2100 Pennsylvania Avenue, N.W.
Washington, D.C. 20037
phone: 202-728-1100
fax: 202-728-1123

Ms. Sally Epstein
P6/(b)(6)

Mr. Allen Greenberg
The Buffett Foundation
209 Kiewit Plaza
Omaha, NE 68131
phone: 402/345-9168
fax: 402-345-1186

Mr. Thomas Layton
Wallace Alexander Gerbode Foundation
470 Columbus Street, Suite 209
San Francisco, CA 94133
phone: 415-391-0911
fax: 415-391-4587

Mr. Thomas Layton
Wallace Alexander Gerbode Foundation
470 Columbus Street, Suite 209
San Francisco, CA 94133
phone: 415-391-0911
fax: 415-391-4587

Ms. Lynne Ball and Mrs. Hermann
The Mark and Catherine Winkler Foundation
4900 Seminary Road
Alexandria, VA 22311-1811
phone: 703-578-7732
fax: 703-578-4940

Mr. Mark Murphy
The Fund for New Jersey
94 Church Street, Suite 303
New Brunswick, NJ 08901
phone: 908-220-8656
fax: 908-220-8654

Dr. Betty Ann Ottinger
Executive Director
Winslow Foundation
1425 21st Street, N.W.
Washington, D.C. 20036
phone: 202-833-4714
fax: 202-

Joseph Speidel, M.D.
William and Flora Hewlett Foundation
Suite 200
525 Middlefield Road
Menlo Park, CA 94025
phone: 415-329-1070
fax: 415-329-9342

Dr. Felicia Stewart
Henry J. Kaiser Family Foundation
2400 Sand Hill Road
Menlo Park, CA 94025
phone: 415-854-9400
fax: 415-854-4800

Ms. Lori Villarosa
The Charles Stewart Mott Foundation
1200 Mott Foundation Building
Flint, MI 48502-1851
phone: 810-238-5651
fax: 810-766-1753

Mr. Ron Mincy
The Ford Foundation
320 East 43rd Street
New York, NY 10017
p: 212-573-5000
f: 212-286-0871

THE NATIONAL CAMPAIGN TO PREVENT TEEN PREGNANCY

2100 M STREET, N.W., SUITE 500, WASHINGTON, D.C. 20037
Tel: 202-857-8692 E-Mail: ssbrown@ui.urban.org Fax: 202-331-7735

April 16, 1997

Memorandum:

To: Katie Button
Lynn Hogan

From: Sarah Brown

re: Campaign Honorees

Attached is information on the 12 individuals and organizations the campaign will honor at its celebratory dinner on the evening of Thursday, May 1. As you will see, we list not only who the honorees are but also what idea they embody that the Campaign wants to stress; also included at the end are addresses, fax and phone numbers of each honoree.

We have extensive material on each of these individuals and programs and will make more material available if you so wish. We are all thrilled that the First Lady will recognize them at the reception on Friday and know that it will help motivate the entire field. There is nothing like White House appreciation!

cc: Melanne Verveer

THE NATIONAL CAMPAIGN TO PREVENT TEEN PREGNANCY

2100 M STREET, N.W., SUITE 500, WASHINGTON, D.C. 20037
DIRECT DIAL: 202/857-8655
FAX: 202/331-7735

1997 Honorees

The National Campaign to Prevent Teen Pregnancy is pleased to honor individuals from 12 different organizations whose work embodies several key themes we believe are essential in preventing teen pregnancy.

Campaign Theme:
Emphasizing values and self esteem in working with adolescents

Honoree:
Elayne G. Bennett, President and Founder, Best Friends Foundation

Elayne G. Bennett is President and Founder of the Best Friends Foundation, a school-based program for girls in grades five through nine that fosters self-respect and promotes responsible behavior and abstinence. With friendship as its core, Best Friends celebrates the joys of adolescence free from drugs and alcohol and the complications of sexual activity. The program began in 1987 in Washington, D.C. by Ms. Bennett, a faculty member of the Georgetown University Child Development Center in Washington D.C., and it is now implemented in many cities throughout the United States. The program's basic message is that "You will succeed in life if you set your goals and maintain your self-respect." The National Campaign to Prevent Teen Pregnancy honors Ms. Bennett and the Best Friends Foundation for its comprehensive approach in stressing values, future plans and self-esteem.

Campaign Theme:
Forging partnerships with the corporate sector to reduce teen pregnancy

Honorees:
Patricia Canessa, President of the Board, The National Organization on Adolescent Pregnancy, Parenting and Prevention (NOAPPP); and
Russell C. Deyo, Vice President, Johnson and Johnson Family of Companies

Patricia Canessa is the President of the Board of the National Organization on Adolescent Pregnancy, Parenting and Prevention (NOAPPP), a national membership-based network of diverse individuals and organizations dedicated to preventing adolescent pregnancy and problems related to adolescent sexuality, pregnancy, and parenting. Working through its membership of health care, education and social service professionals as well as national, state and community leaders, NOAPPP provides program support, technical assistance, conferences and training

events, information-sharing opportunities, state and local coalition building guidance, and a clearinghouse of adolescent pregnancy program information.

Russell C. Deyo is the Vice President of the Johnson and Johnson Family of Companies, the world's largest manufacturer of health care products serving the consumer, pharmaceutical, diagnostics and professional markets. He also serves as a Member of their Executive Committee and Chair of the Corporate Contributions Committee. The company, as part of its credo, recognizes a responsibility to the world community and are committed to supporting good works and charities and encouraging civic improvements and better health and education.

The National Campaign to Prevent Teen Pregnancy honors Mr. Deyo and Ms. Canessa for their partnership on the National Urban Adolescent Pregnancy Prevention Program, an effort that seeks to identify, evaluate and disseminate information about successful adolescent pregnancy prevention programs and awards selected programs with money for high-quality program evaluation.

Campaign Theme:
A new ethic of tolerance: "Unity of goal; diversity of means"

Honoree:
Sue Cameron, County Commissioner, Tillamook County, Oregon

Sue Cameron is the County Commissioner of Tillamook County, Oregon and leader of a county-wide effort to reduce teenage pregnancy. The Tillamook approach to teen pregnancy prevention strives to be multi-faceted and tolerant of differing values, recognizing that no single approach is the best or only way to tackle this issue. Cameron and her colleagues used the conflict surrounding teen pregnancy and methods to reduce teen pregnancy to mobilize their community to address the problem. Focusing its efforts on girls under age 18, the county cut its teen pregnancy rate by nearly 75 percent between 1990 and 1994. The National Campaign to Prevent Teen Pregnancy honors Sue Cameron and Tillamook County for the efforts in decreasing the rate of teen pregnancy, and particularly for the ability to move ahead in the face of conflict over what the best remedies might be -- that is, to "agree to disagree," an approach that we believe has applicability in many other states and communities beyond Tillamook.

Campaign Theme:
Encouraging adult-child communication

Campaign Honoree:
Gloria Feldt, President, Planned Parenthood Federation of America, Inc.

Gloria Feldt is President of the Planned Parenthood Federation of America, Inc. (PPFA), the world's oldest and largest voluntary family planning organization. The mission of the PPFA is multi-pronged and includes providing educational programs to enhance the understanding of individual and societal implications of human sexuality. The National Campaign to Prevent Teen

Pregnancy honors Ms. Feldt and PPFA for their role in helping parents talk with their children and teenagers about sexuality, growth and development. Their comprehensive program, *Talking About Sex: A Guide for Families*, will help many parents find the words to covey not only the facts of life but also family values and feelings, all of which can help us teach children that adolescence is for education and growing up, not pregnancy and parenthood.

Campaign Theme:
Involving youth in the discussion about teen pregnancy

Honorees:
Eric Graham, President, Children's Express and Stuart Merkel and Izetta Mobley, Editors/Reporters for Children's Express; and

Susan N. Wilson, Executive Coordinator of the Network for Family Life Education and Publisher of the *Sex etc. -- A Newsletter by Teens, for Teens* and Seo Hee Koh, Cecelia V. Lalama, and Ira Lederer, Editorial Board Members of *Sex etc.*

Eric Graham is the President of Children's Express (CE), a national, non-profit youth development and leadership organization that uses oral journalism to give children a significant voice in the world. Stuart Merkel and Izetta Mobley are editors and reporters for CE. CE's weekly national column is researched, reported and edited by children and adolescents for audiences of all ages, and is syndicated to newspapers around the country. CE reporters and editors have appeared on major national television programs; they have published three books of children's voices; and, in 1988, received a Peabody and Emmy award for "Campaign '88."

Susan N. Wilson is the Executive Coordinator for the Network for Family Life Education, the organization that publishes *Sex etc. -- A Newsletter by Teens, for Teens*. Seo Hee Koh, Cecelia V. Lalama, and Ira Lederer are members of the Editorial Board of *Sex etc.* The newsletter provides adolescents with an opportunity to voice their opinions on social issues of concern to them, including topics such as sexuality, abstinence, teen pregnancy, drugs, etc., and also serves as a vehicle by which to provide teens with important information on issues affecting their lives.

The National Campaign to Prevent Teen Pregnancy honors Mr. Graham and Ms. Wilson and the teen editors/reporters from both groups for involving kids in the discussion on issues of national importance such as teen pregnancy. Far too often, we find, adults so dominate this topic that the voices of kids themselves are drowned out. These groups shows how important it is to let young people be heard. Also, by teaching kids an important life skill like journalism, they are helping to bolster kids' self-esteem and confidence and, in essence, are providing them with reasons not to get pregnant.

Campaign Theme:
Emphasizing the importance of male involvement in teen pregnancy prevention

Honorees:
Wade Horn, Director of the National Fatherhood Initiative; and
Edward Pitt, Associate Director, The Fatherhood Project and Director, The National Practitioners Network for Fathers and Families

Wade F. Horn, Ph.D. is the Director of the National Fatherhood Initiative (NFI), a non-profit, non-sectarian, non-partisan organization that aims to improve the well-being of children by increasing the number of children growing up with loving, committed and responsible fathers. The actions of the NFI include conducting public awareness campaigns promoting fatherhood, organizing conferences and community fatherhood forums, providing resource materials to organizations seeking to establish support programs for fathers, and disseminating informational material to men seeking to become more effective fathers. The prevention message -- not becoming a father in an irresponsible way -- is also central to NFI's mission.

Edward Pitt is the Associate Director of The Fatherhood Project and Director of The National Practitioners Network for Fathers and Families at the Families and Work Institute, a center for research-based solutions addressing the changing nature of work and family life. Since his days at the Urban League and its Male Responsibility Campaign, Mr. Pitt has been a committed voice for the role of fathers and other men in the lives of children and adolescents. An early prevention advocate, he was one of the first to say that responsible fathers wait until they are ready emotionally and financially to father a child.

We honor Mr. Horn and Mr. Pitt for helping to promote the spread of the philosophy and practice of male involvement through a wide variety of social programs. In particular, we honor them for helping to focus needed attention on the important role that men and boys play not only in forming and maintaining strong families, but also in preventing family formation when it is inappropriate, as is almost always the case in adolescence.

Campaign Theme:
Recognizing the importance and benefit of program evaluation in teen pregnancy prevention

Campaign Honoree:
Marion Howard, Clinical Director, Grady Teen Services Program

Marion Howard, Ph.D. is the Clinical Director of Grady Teen Services Program which includes the educational series *Postponing Sexual Involvement* (PSI). PSI originally began in the 1970s as a series of five classes covering basic human sexuality and decision-making skills and, by using the results of program evaluation, it evolved into a comprehensive program designed to help young teens to understand the pressures in our society which can influence their sexual behavior; to understand their rights in social relationships and ways of meeting social and personal needs other than by sexual involvement; and to deal with peer pressure situations through the use of

assertive responses and actions. The program also includes a companion series for parents of young teens to teach them ways of reinforcing their young teenager's learning experiences in the program. The National Campaign to Prevent Teen Pregnancy honors Dr. Howard and PSI for their years of effort to couple creative programs with strong evaluation -- an effort that has increased our knowledge about how to reduce teen pregnancy and has shown that when good program research is conducted and published, the entire field benefits. In addition, we admire their constant effort to revise and refine the program in light of on-going evaluation.

Campaign Theme:
Involving the media in reducing teen pregnancy

Honorees:
Sheila Johnson, Executive Vice President of Corporate Affairs, Black Entertainment Television, Inc.; and,
Ann S. Moore, President, *People Magazine*

Sheila Johnson is the Executive Vice President of Corporate Affairs for Black Entertainment Television, Inc. (BET), an advertiser-supported, basic cable television network launched in January 1980 that serves as both a cultural center and an information source for black consumers. *Teen Summit* is BET's award-winning, talk/performance show that focuses on African-American teens. Aired each week, the hosts are joined by celebrity guests and a teen panel to engage in frank discussions about critical issues affecting young people. In May 1997, as part of their *Teen Summit* programming, BET will air a live, nationally-televised Town Meeting focusing the discussion on the consequences of teen pregnancy and on involving boys and men in preventing teen pregnancy. To promote the Town Meeting, BET has created PSAs on teen pregnancy, which will air prior to and all summer after the Town Meeting. BET will also make the PSAs available to other networks who wish to promote the issue.

Ann S. Moore is the President of *People Magazine*, the most successful weekly publication in the world. In the fall of 1994, Ms. Moore ran a cover article on teen pregnancy in *People* called "Babies Who Have Babies: A Day in the Life of Teen Pregnancy in America." This issue was one of the highest selling issues in *People Magazine* history and conveyed the clear message that being a parent while still a teenager is stressful and hard on all concerned. The article and its sequel a year later helped inform millions of Americans about teen pregnancy's serious consequences.

The National Campaign to Prevent Teen Pregnancy honors Ms. Johnson and Ms. Moore for providing superb examples of how the media can contribute to reducing teen pregnancy.

Contact Information

Elayne G. Bennett
President and Founder
Best Friends Foundation
4455 Connecticut Avenue, NW
Suite 310
Washington, DC 20008-2328
P: 202-822-9266
F: 202-822-9276

Sue Cameron
County Commissioner
Tillamook County
County Courthouse
201 Laurel
Tillamook, OR 97141
P: 503-842-3403
F: 503-842-1384

Patricia Canessa
President of the Board
The National Organization on Adolescent Pregnancy, Parenting and Prevention
1319 F Street, NW, Suite 401
Washington, DC 20004
P: 202-783-5770
F: 202-783-5775

Russell C. Deyo
Vice President
Johnson and Johnson Family of Companies
1 Johnson and Johnson Plaza
New Brunswick, NJ 08933
P: 908-524-2487
F: 908-524-5304

Gloria Feldt
President
Planned Parenthood Federation of America, Inc.
810 Seventh Avenue
New York, NY 10019
P: 212-541-7800
F: 212-247-6453

Mr. Eric Graham
President
Children's Express
Stuart Merkel
Izetta Mobley
Editors and Reporters
Children's Express
1440 New York Avenue, N.W.
Suite 510
Washington, DC 20005
P: 202-737-7377
F: 202- 737-0193

Wade F. Horn, Ph.D.
Director
National Fatherhood Initiative
16049 Copen Meadow Drive
Gaithersburg, MD 20878
P: 301-948-0599
F: 301-948-0410

Marion Howard, Ph.D.
Clinical Director
Grady Teen Services Program
Postponing Sexual Involvement
80 Butler Street, SE
Box 26158
Atlanta, GA 26158
P: 404-616-3529
F: 404-616-2457

Sheila Johnson
Executive Vice President of Corporate Affairs
Black Entertainment Television, Inc.
One BET Plaza
1900 W Place, NE
Washington, DC 20018-1211
P: 202-608-2000
F: 202-608-2595

Ann S. Moore
President
People Magazine
1271 Avenue of the Americas
30th Floor
New York, NY 10020
P: 212-522-3970
F: 212-522-7639

Edward Pitt
Associate Director
The Fatherhood Project
Director
The National Practitioners Network
for Fathers and Families
Families and Work Institute
330 Seventh Avenue, 14th Floor
New York, NY 10001
P: 212-465-2044
F: 212-465-8637

Susan Wilson
Executive Coordinator
Network for Family Life Education
Seo Hee Koh
Cecelia V. Lalama
Ira Lederer
Editorial Board Members
Sex etc. -- A Newsletter by Teens, for Teens
Rutgers, The State University
Center for Social and Community
Development
School of Social Work - Livingston Campus
Building 4161
P.O. Box 5062
New Brunswick, NJ 08903-5062
P: 908-445-7929
F: 908-445-4154

DEPARTMENT OF HEALTH & HUMAN SERVICES

Melissa T. Skolfield
Assistant Secretary for Public Affairs
Phone: (202) 690-7850 Fax: (202) 690-5673

To: Lyn Hogan
DPC

Fax: 456-5581 Phone: _____

Date: 4/28 Total number of pages sent: 8

Comments:

Here are:

- Fact Sheet from announcement of Nat'l Strategy (Jan. '97)
- Draft press release for Thurs.
  Note - on 2nd page, refers to most recent teen birth rate
- Draft - one-pager on 2 new commun. tf grant programs

Hope these are helpful. Let me know if you need more. And, if I don't talk to you, good luck in your new job!

Sally

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

President Clinton Announces a National Strategy to Prevent Teen Pregnancy

Today, in his radio address to the nation, President Clinton cited new state-by-state teen birth data and launched a comprehensive effort by his Administration to prevent teen pregnancy in this country. The new initiative, led by the Department of Health and Human Services, responds to a call from the President and Congress for a national strategy to prevent out-of-wedlock teen pregnancies and to a directive, under the new welfare law, to assure that at least 25 percent of communities in this country have teen pregnancy prevention programs in place.

Building on the Administration's ongoing efforts, which already reach at least 30 percent of the communities in this country, the national strategy will work to prevent out-of-wedlock teen pregnancies and encourage adolescents to remain abstinent. The strategy will send the strongest possible message to all teens that postponing sexual activity, staying in school, and preparing to work are the right things to do. It will strengthen ongoing efforts across the nation by increasing opportunities through welfare reform; supporting promising approaches; building partnerships; improving data collection, research, and evaluation; and disseminating information on innovative and effective practices. Elements of this new strategy include:

Implementing New Efforts Under Welfare Reform

Under the new welfare law signed by President Clinton on August 22, 1996, unmarried minor parents are required to stay in school and live at home, or in an adult-supervised setting, in order to receive assistance. This approach was proposed by President Clinton in 1994 and incorporated into numerous state demonstration projects approved by the Administration prior to the new welfare law. The law also supports the creation of Second Chance Homes, which will provide teen parents with the skills they need to become good role models and providers for their children, giving them guidance in parenting and in avoiding repeat pregnancies. The welfare law also provides $50 million a year in new funding for state abstinence education activities, beginning in FY 1998. Finally, the new welfare law includes the tough child support enforcement measures President Clinton proposed in 1994, which will send the strongest possible message to young girls and boys that they should not have children until they are ready to provide for them.

Supporting Promising Approaches

Since 1993, the Administration has supported innovative and promising teen pregnancy prevention strategies tailored to the unique needs of communities, based on five principles: parental and adult involvement; strong messages of abstinence and personal responsibility; clear strategies for young people's futures; involvement by all facets of the community; and a sustained commitment to young people. **HHS-supported programs in this area already reach about 30 percent, or 1,410 communities in the United States.** New funding in 1997 will help build on these efforts: the Community Coalition Partnership program will provide additional support for comprehensive teen pregnancy prevention programs in 13 communities with high rates of teen pregnancy. The Adolescent Family Life Program will also provide an additional $7.6 million in new funding to enable communities to develop and implement about 100 abstinence-based education and demonstration projects throughout the country.

Building Partnerships

The strategy will build partnerships among national, state, and local organizations; schools; businesses; religious institutions; federal, state and local governments; tribes and tribal organizations; parents; and teenage girls and boys, uniting efforts to send a strong message of abstinence and personal responsibility to young people and provide them with opportunities for the future. Under the strategy, HHS will work with national youth-serving organizations to use their networks to promote activities that encourage abstinence among girls and boys; with organizations working on behalf of teenagers with disabilities; and with the National Campaign to Prevent Teen Pregnancy, a private-sector group that has responded to President Clinton's challenge on this issue.

Improving Data Collection, Research, and Evaluation
The national strategy will work to improve data collection, research, and evaluation to further our understanding of the magnitude, trends, and causes of teen pregnancies and births; to develop targeted teen pregnancy prevention strategies; and to assess how well these strategies work. **Today, President Clinton cited new state-by-state statistics on teen births, showing that 37 states had a sustained decline in their teen birth rates between 1991 and 1994. Twenty-one states had declines of between five and 10 percent, and 10 states had declines of more than 10 percent over this period. Overall, the national birth rate for teens aged 15-19 declined for the fourth year in row, decreasing by eight percent between 1991 and 1995.**

Disseminating Information on Innovative and Effective Practices
Sharing information about promising and successful approaches is critical to expanding teen pregnancy prevention efforts across the country. Through the national strategy, HHS will continue to work with its partners to highlight innovative practices at the federal, state, and local levels and to disseminate new research and evaluation findings. The Department will also disseminate new information on the developmental needs of youth and on the use of broad-based activities to help teenagers avoid risky behaviors leading to teen pregnancy.

Sending a Strong Abstinence Message
The national strategy will place a special emphasis on encouraging abstinence, especially among 9- to 14-year-old girls, through HHS' new Girl Power! campaign. The Girl Power! abstinence education initiative will engage all HHS teen pregnancy prevention and related youth programs in sustained efforts to promote abstinence among 9- to 14-year-old girls, and it will create a national media campaign to involve parents and caring adults in sending a strong abstinence message across the country.

The national strategy will also focus on boys and young men, by working to increase understanding of motivations for both abstinence and fatherhood and by developing effective prevention strategies for boys. These efforts will include working with the Administration's Fatherhood Initiative to ensure that men, including pre-teen and teenage boys, receive the education and support necessary to postpone fatherhood until they are emotionally and financially capable of supporting children. The strategy will also build on existing HHS efforts, such as the Title X Family Planning Adolescent Male Initiative, which supports male-oriented community-based organizations in promoting responsible behavior among teenage boys.

DRAFT

For Immediate Release
Thursday, May 1, 1997

NCHS Press Office, (301) 436-7551
Sandra Smith or Jeffrey Lancashire

TEEN SEX DOWN, NEW STUDY SHOWS

Secretary Shalala Announces New Teen Pregnancy Prevention Grant Programs

The percentage of teenagers who have had sexual intercourse declined in the 1990's after increasing steadily for more than two decades, HHS Secretary Donna E. Shalala announced today. These findings are part of a major new study of childbearing and family planning covering all women 15-44 to be released later this month by HHS.

The 1995 National Survey of Family Growth, conducted by HHS' National Center for Health Statistics, found that 50 percent of women 15-19 years of age had ever had intercourse, the first decline recorded by the survey since it was initiated in 1982. The periodic survey has previously found that 55 percent had ever had intercourse in 1990, 53 percent in 1988, and 47 percent in 1982. Earlier surveys found the percentage to be 36 percent in 1975 and 29 percent in 1970.

"We welcome the news that the long term increase in teenage sexual activity may finally have stopped," said Secretary Shalala. "But this news should encourage us to do more, not lull us into doing less. We need to change the cultural messages that have been accepted too long. The increase in teen sexual activity is not inevitable, and we can take action together to protect the health and well-being of our young people"

The survey released today also found that some 76 percent of all those who began having intercourse in the 1990's used contraception at first intercourse, up from 64 percent in the late 1980s. The increase in contraception at first intercourse was a result of marked increases in condom use: from 18 percent in the 1970's to 36 percent in the late 1980s and 54 percent in the 1990's.

These increases in condom use may be related to another finding from the survey: the percents of women who have received formal instruction on sexually transmitted diseases, safe sex to prevent HIV, and how to say no to sex has risen dramatically--about 90 percent of women 18-19 reported that they have received each kind of instruction.

Secretary Shalala said the dramatic increase in contraceptive use at first intercourse and the decrease in sexual activity among teens may be responsible for the leveling off and recent decline of the teenage birth rate., HHS last October released data showing an 8-percent drop in the teen birth rate from 1991 to 1995, and the latest data available through June 1996 indicate that decline has continued. The birth rate for teenagers as of June 1996 stood at 55.6 births per 1,000 women aged 15-19 years, compared with 62.1 in 1991.

Speaking in Los Angeles today, Secretary Shalala announced two new community grant programs to prevent teen pregnancy and promote responsible behavior. One program will be aimed at teenage girls and the other at teenage boys. Both grant programs grow out of Shalala's new Girl Power! campaign, which is aimed at enhancing self-esteem, promoting good health and preventing unhealthy behaviors among girls 9 to 14 years old.

"These grants will help communities develop innovative and comprehensive approaches to preventing teen pregnancy, especially by promoting all the activities and achievements that boys and girls should be saying Yes to," Secretary Shalala said. "When young people can see lives of opportunity and hope ahead of them, they are more likely to make the right choices."

Each of the grant programs will total about $1 million per year and involve public-private partnerships organized by individual communities.

4/16

Teen 3 background

The 1995 National Survey of Family Growth, to be released in full later this month, will provide the latest and most comprehensive national data on fertility, contraception, marriage and cohabitation, infertility, adoption, maternity leave, medical services, breast-feeding, smoking and other factors which impact both teenage and adult women, and the health and well-being of their children. The study updates key trends, includes many new topics, and has significant new findings on teenagers. More findings of the survey available today include:

Teenagers are often not in control of their sexual or reproductive experiences. For example, 16 percent of those whose first intercourse was before age 16 reported that that first intercourse was not voluntary, compared with 3 percent of women whose first intercourse was at age 20 or older. (Overall, 8 percent of all women said that their first intercourse was not voluntary.) In addition, nearly two-thirds of births to teenagers (64 percent) were unintended when they were conceived, compared with 31 percent of births to women of all ages. The study also found that teenage wives face a much higher risk of separation and divorce than women who wait longer to marry: 47 percent of women who married before age 18 saw their marriages dissolve within 10 years, compared with 19 percent of women who married at age 23 or older.

The study asked for the age of the woman and her male partner when she had her first voluntary intercourse. Of women who had their first voluntary intercourse before age 16, 66 percent reported that their partner was under 18, 21 percent said their partner was 18 or 19, 7 percent said their partner was 20-22 and for 6 percent their partner was 23 or older.

Babies born to teenage mothers face many economic, social, and health disadvantages. The survey found that one of their health disadvantages is that they are less likely to get the health benefits of breast-feeding. Only 36 percent of teenage mothers breastfeed their infants, compared with 55 percent of all mothers; and teen mothers who do breastfeed do so for a shorter time than adult mothers (an average of 18 vs 29 weeks, or about 4 vs 7 months).

The 1995 survey was based on 10,847 in-person interviews conducted by female interviewers in the homes of women 15-44 years of age who comprise a nationally representative sample.

The National Survey of Family Growth was jointly planned and funded by a number of HHS agencies: the National Center for Health Statistics, a part of theCenters for Disease Control and Prevention; the National Institute for Child Health and Human Development, one of the National Institutes of Health; and the Office of Population Affairs; with additional support from the Administration for Children and Families.

Excerpts from "Fertility, Family Planning, and Women's Health" can be downloaded from the NCHS Home Page on the Internet at http://www.cdc.gov/nchswww/nchshome.htm, along with the news release and ordering information for the full report.

###

Note: HHS press releases are available on the World Wide Web at: http://www.dhhs.gov.

DRAFT

HHS CHALLENGES COMMUNITIES TO INVEST IN THE FUTURES OF GIRLS AND BOYS

Today Secretary Shalala announced the availability of two new grant programs for communities to develop innovative approaches – one targeted to girls and other to boys -- to prevent teen pregnancy and promote responsible behavior. Both grant programs build on the Clinton Administration's comprehensive teen pregnancy prevention strategy and the Department of Health Human Services (HHS) Girl Power! public education campaign.

Building Bright Futures For Girls

As part of HHS' Girl Neighborhood Power! campaign, HHS is offering a total of $1 million in grants to communities to build public-private partnerships to prevent teen pregnancy and other risky behaviors, like smoking and drug use, among girls 9 to 14 years old.

Focusing on Young Girls: Recognizing that girls experience adolescence differently than boys and that 9-14 year old girls are particularly vulnerable to negative influences, loss of self confidence and mixed messages about risky behaviors, the projects will address the critical and unique needs, interests and challenges of this age group.

Offering a Comprehensive Approach: The projects will take a comprehensive approach by addressing teen pregnancy prevention as it relates to other risky behaviors and within the overall context of health promotion, self confidence, motivation and opportunity.

Building Partnerships: By building strong partnerships with parents, schools, communities, religious organizations, media, health providers, businesses and local governments, the grant projects will demonstrate how communities can work together to improve the health, education, and well-being of young girls and their families.

Promoting Volunteerism: Responding to the challenge of the Presidents' Summit for America's Future, the projects will utilize community volunteers to serve as mentors to the girls and encourage the girls to get involved in community service to spread the messages of delaying sexual activity, staying in school and preparing for the future.

Expanding The Message To Boys

Recognizing that a comprehensive strategy to prevent teen pregnancy and promote responsible behavior must also target boys and young men, HHS announced the availability of $1 million in grants to community-based programs to provide critical family planning services to males.

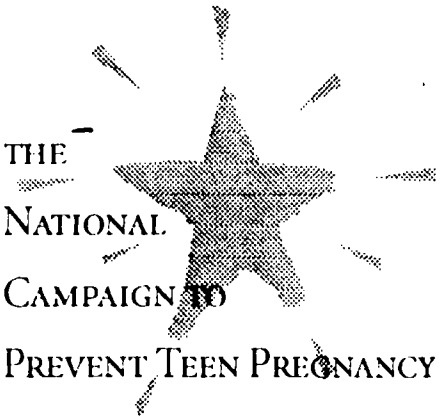
Helping to Develop Long-Term Strategies: We don't know enough about what influences a boy's decisions about abstinence, sexual activity and fatherhood. Similarly little is known about what family planning/reproductive health services are appropriate and effective for males. Therefore these projects will be critical in developing long-term strategies at the federal, state and local levels for including boys and young men in teen pregnancy prevention and family planning efforts.

Focusing on Safe and Responsible Behavior: The projects will focus on developing and testing approaches to providing family planning services to males; ensuring that adult males send the message of responsibility and health to young men and boys; and involving males in building community support for teen pregnancy prevention.

Offering a Wide Range of Services: The projects will provide educational services, counseling, outreach to males and their families, clinical services and public information on family planning/reproductive health issues.

Utilizing Existing Resources: Utilizing the best available resources, the grantees will work in partnership with federal, state, local and community-based health and social service agencies to educate males about health decision-making and family planning.

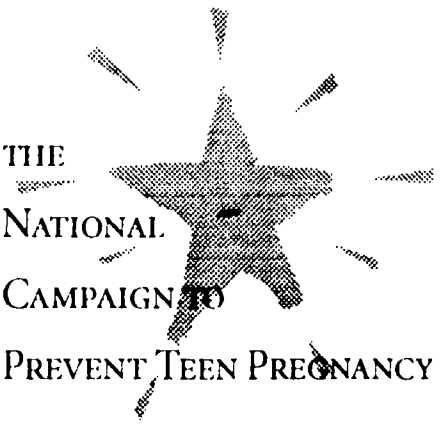
DRAFT



Whatever Happened to Childhood?

The Problem of Teen Pregnancy in the United States

A report from the National Campaign to Prevent Teen Pregnancy



Whatever Happened to Childhood?

The Problem of Teen Pregnancy in the United States

A report from the National Campaign to Prevent Teen Pregnancy

May 1997

the National Campaign to Prevent Teen Pregnancy

Founded in 1996, the National Campaign to Prevent Teen Pregnancy is a nonprofit, nonpartisan initiative supported entirely by private donations. The Campaign's mission is to prevent teen pregnancy by supporting values and stimulating actions that are consistent with a pregnancy-free adolescence. The Campaign's goal is to reduce the teen pregnancy rate by one-third by the year 2005.

The Campaign's strategy has five primary components: taking a strong stand against teen pregnancy and attracting new and powerful voices to this issue; enlisting the help of the media; supporting and stimulating state and local action; leading a national discussion about the role of religion, culture, and public values in an effort to build common ground; and making sure that everyone's efforts are based on the best facts and research available.

For more information, write to the National Campaign to Prevent Teen Pregnancy, 2100 M Street, NW, Suite 300, Washington, DC 20037.

Suggested Citation:

National Campaign to Prevent Teen Pregnancy. (1997). *Whatever Happened to Childhood? The Problem of Teen Pregnancy in the United States*. Washington, DC: Author.

Preface

Most Americans consider teen pregnancy a national crisis. When President Clinton identified it as the nation's most serious social problem in his 1995 State of the Union Address and challenged us all to combat it, his words resonated strongly with the public.[1] Only his call for a middle-class tax break garnered greater approval.[2]

In fact, Americans see teen pregnancy as a powerful marker of a society gone astray — a clear and compelling example of how our families, communities, and common culture are under siege. When asked what sign of the current social crisis troubles them the most, 90 percent of surveyed adults named threats to family cohesiveness. The number one symptom they identified of the erosion of family cohesiveness? The spread of teen pregnancy.[3]

Widespread recognition that teen pregnancy is a problem, however, is not the same as a full appreciation of the problem's magnitude and consequences. This statement by the National Campaign to Prevent Teen Pregnancy seeks to provide the basic facts on teen pregnancy and to describe what program evaluation tells us about the effectiveness of various community-level programs developed in the last 20 years to reduce teen pregnancy or related outcomes. It concludes with the campaign's views about where to go from here at both the local and national levels.

In the aggregate, this statement paints a sobering picture that should worry all Americans. Simply put, far too many teenage girls in this country find their own childhoods curtailed by pregnancy and parenthood. This hurts not only the girls themselves but also the children they bear and the communities in which they live. Although it is true that teen pregnancy is an old problem, it takes on new urgency in today's society. Now more than ever, the adolescent years must be devoted to education and to building the skills needed to hold a decent job and compete in an increasingly competitive economy — tasks that pregnancy and parenthood can derail all too easily. Moreover, it is increasingly clear the earliest years of life are especially important; babies and toddlers need the very best care and stimulation possible in order to ensure their own growth and development. Although many teens try valiantly to be good parents, most are themselves still growing up and frequently lack the maturity, patience, and perspective that being a parent requires.

Although we know we need to reduce teen pregnancy, we know far less than we should about how to accomplish this at the community level. Unfortunately, the years of hard work spent developing and running prevention programs have not been matched by equal commitment to evaluating the impact of these programs or building on early sign of success. As a consequence, we have some good ideas and promising leads around the country, but we are far from having even a handful of

tried and true interventions to apply nationwide. In the face of such limited information, both community and national leaders need to encourage innovation and creativity, to continue refining programs that look promising, and to make new investments in high-quality program evolution.

Bearing a child and being a parent are among the most important responsibilities of life. The National Campaign to Prevent Teen Pregnancy hopes that this statement of the teen pregnancy problem will deepen the resolve of us all to take on this issue with new energy and determination. Our shared goal should be to ensure that all children are welcomed into the world by adult parents committed to providing their children with the resources needed to help them grow into responsible adults — a task requiring years of dedication. Failing to reach this goal casts a cold shadow not only on our present time but on future generations as well.

Acknowledgments

The National Campaign expresses special appreciation to Kristin Moore, Ph.D., President of Child Trends and Chair of the Campaign's Task Force on Effective Programs and Research, and to Rebecca Maynard, Ph.D., Professor in the Graduate School of Education at the University of Pennsylvania and a member of the Campaign's Task Force on Effective Programs and Research, both of whom provided technical review of this statement, and to Jamie Tullman of the Campaign's staff who assembled the data. Although some of the figures presented here derive from analyses conducted by the National Campaign itself, many draw heavily on the publications of the Alan Guttmacher Institute and on the Robin Hood Foundation's report, *Kids Having Kids*, released in 1996. We would especially like to thank the Alan Guttmacher Institute for allowing us to include their newly computed state-by-state teen pregnancy rates from 1992. The summary of program evaluation is from *No Easy Answers: Research Findings on Programs to Reduce Teen Pregnancy*, a report by Douglas Kirby, Ph.D., commissioned by the National Campaign's Task Force on Effective Programs and Research and released in March 1997. The Campaign extends its appreciation to all of these individuals and organizations for their steady commitment to producing accurate and credible information on this important topic.

How Big Is the Problem?

The teen pregnancy numbers are alarming. Every year in this country, almost one million teenagers become pregnant.[4] In fact, approximately four in ten girls become pregnant at least once before turning 20 years old (Figure 1).[5] As a consequence, the teen pregnancy and teen birth rates in the United States are the highest of any industrialized country — nearly twice as great as the next highest nation, Great Britain (Figure 2).[6] And, unlike 30 years ago, fully 76 percent of births to teenage mothers are now out-of-wedlock.[7]

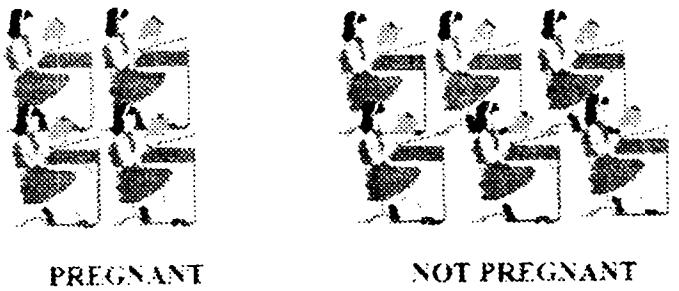


Figure 1: Approximately 4 in 10 girls become pregnant at least once before age 20

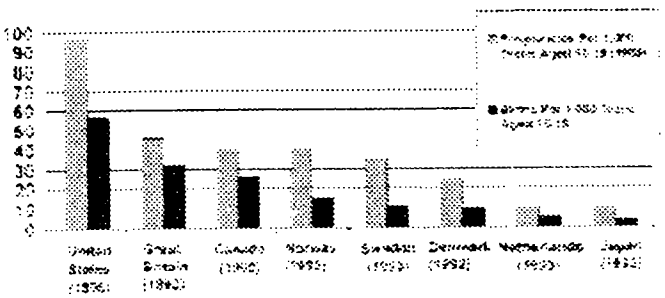


Figure 2: U.S. teen pregnancy and birth rates are very high

Teen pregnancy and childbearing go hand-in-hand with high levels of risk for all of those involved, particularly the teenage mother and her child. Often unprepared for the responsibilities and demands of childrearing, teenage parents face many obstacles that are made more difficult by their lower levels of education and lack of job skills. Teen mothers are likely to have a second birth relatively soon, which can further impede their ability to finish school or embark on a steady work life. The obstacles faced by teen mothers obviously affect their children who often inherit a legacy of poverty and social disadvantage.

Who Are the Pregnant Teens?

Some of the characteristics of pregnant teens are surprising. While most pregnant teens are 18 or 19 years old, about 40 percent are 17 or younger.[8] About half of all pregnant teens aged 15-19 are white.[9] Nearly all are unmarried (Figure 3).[10]

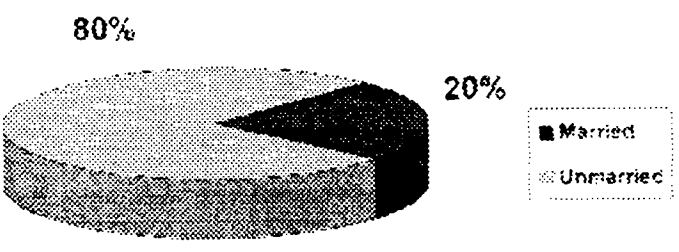


Figure 3: Most pregnant teens are unmarried

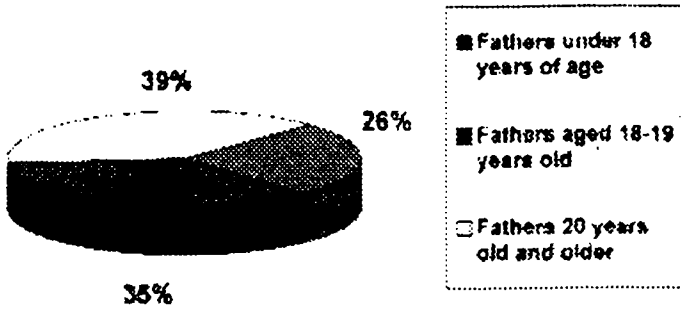


Figure 4: Almost 40 percent of the fathers of children born to young teens (under 18) are 20 years old or older

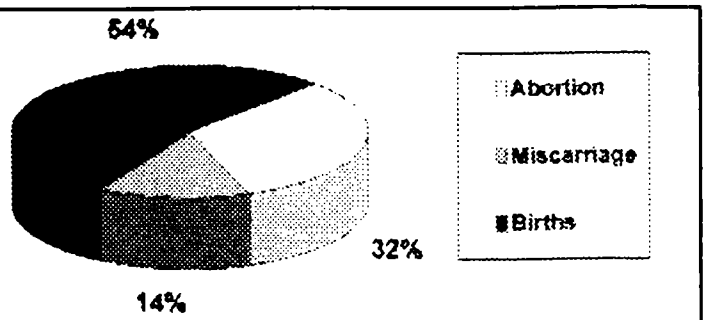


Figure 5: Most teenage pregnancies end in births

Many of the fathers of children born to teen mothers are older — nearly 40 percent of those young men who impregnate a minor teen (under 18) are 20 years old or older (Figure 4).[11]

The vast majority (85 percent) of pregnancies among teens are not fully planned or intended.[12] Rather, they result from accidents or teens' ambivalence about pregnancy, their confusion about preventing it, and sometimes their failure to make any clear decisions about abstinence, sexual activity, or contraception one way or another. With so many teen pregnancies unintended, it is not surprising that one-third of them end in abortion. Another 14 percent end in miscarriage. More than half end in birth, and almost all of these young mothers choose to keep their children rather than put them up for adoption (Figure 5).[13] While the fact that so few of the one million teen pregnancies annually in the United States are intended is indeed troubling, it does suggest that there are real opportunities to help teens prevent pregnancies that they themselves do not intend.

Trends in Rates of Teen Pregnancy, Teen Births, and Out-of-Wedlock Births

The most recent news on teen pregnancy and birth rates is somewhat encouraging. In the early 1990s, both pregnancy and birth rates dropped. However, this very recent development follows a much longer period during which the teen pregnancy problem worsened and a growing proportion of teen births occurred outside of marriage.

Teen Pregnancy Rate

Reflecting the dramatic rise in the proportion of teenagers who have had sexual intercourse, the pregnancy rate among all girls aged 15-19 increased 23 percent between 1972 and 1990, from 95 to 117 pregnancies per 1,000 women, and then declined to 112 per 1,000 in 1992, the most recent year for which data are available (Figure 6).[14] At the same time, the pregnancy rate among sexually experienced girls *decreased* 19 percent (Figure 7)[15] — largely due to increased use of contraception among this group.

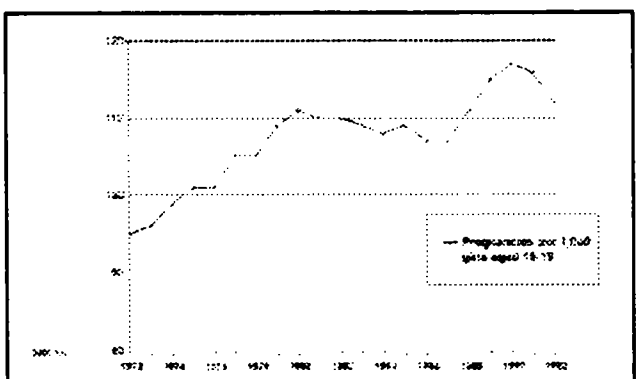


Figure 6: The teen pregnancy rate rose 23 percent between 1972 and 1990, then fell slightly

States vary enormously in their levels of teenage pregnancy from rates as low as 59 per 1,000 in North Dakota to as high as 159 per 1,000 in California (Figure 8).[16] This range reflects a variety of social, economic, and demographic factors but also suggests that some states and communities may have lessons to teach about combating teenage pregnancy.

Teen Birth Rate

The teen birth rate (as distinct from the pregnancy rate) dropped 45 percent between 1955 and 1986 and then began climbing again in 1987.[17] By 1991, the teen birth rate reached 62 births per 1,000 women aged 15-19, its highest point in the past two decades. Since then, the rate has slowly fallen to 57 births per 1,000 women in 1995 (Figure 9).[18] The recent decrease reflects a leveling off of teen sexual activity as well as the increased number of teens using contraception effectively.[19] While this steady decline in the teen birth rate over the last four years is very encouraging, the U.S. rate remains much higher than in other industrialized democracies (Figure 2).

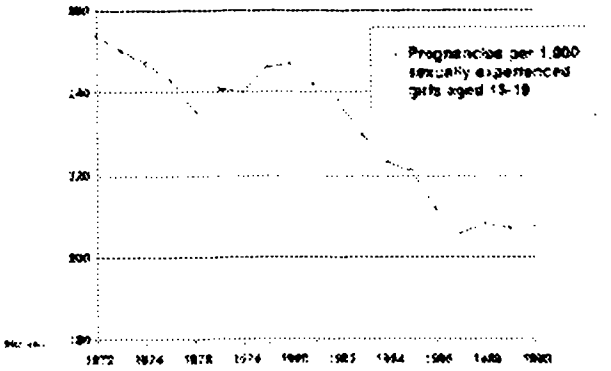


Figure 7: The pregnancy rate among sexually experienced teen girls has declined

As with teen pregnancy rates, there is substantial variation across the states in teenage birth rates. Several states have achieved rates almost as low as that of other industrialized nations, including Minnesota (34 per 1,000 females aged 15 to 19), New Hampshire (30), North Dakota (35), and Vermont (33). However, other states — Mississippi, for example — have rates nearly three times as high (Figure 10).[20]

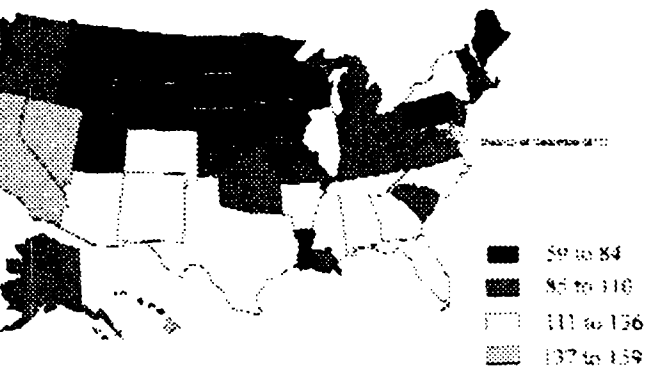


Figure 8: Teen pregnancy rates vary widely from state to state

Out-of-Wedlock Births

The encouraging recent decline in the U.S. teen birth rate is counterbalanced by another trend that has elicited much public concern: today, nearly three-quarters of teen births are to *unmarried* teens, while as recently as 1960 only 15 percent were (Figure 11).[21] This trend is especially ominous when one considers the hardships faced by single-parent families. It reflects, among other things, a marked decline in marriage after pregnancy is confirmed — so-called "shotgun marriages" — along with greater social acceptance of nonmarital childbearing in general. As is true for many social trends, teens mirror the behavior of the adults around them. More adult women are bearing children out-of-wedlock as well. In fact, only 30 percent of all out-of-wedlock births in the United States are to teenagers (Figure 12).[22] Nonetheless, nearly half of nonmarital *first births* occur to teens. Therefore, the teen years are frequently a time when unmarried families are first formed — a fact that provides a strong rationale for focusing on teens in any broad effort to reduce out-of-wedlock childbearing. Today, teen mothers make up the largest single group (48 percent) of all first births to unmarried women.[23]

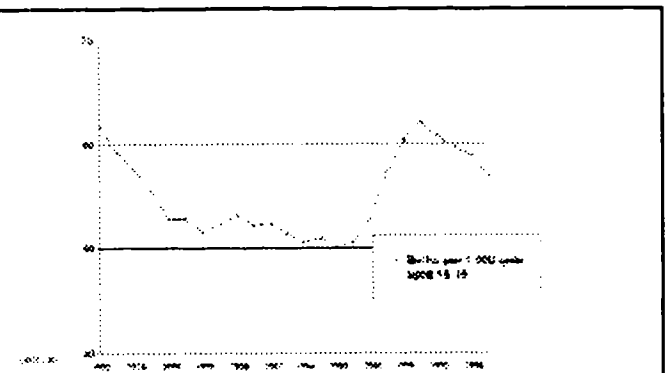


Figure 9: Teen birth rates are dropping but remain high

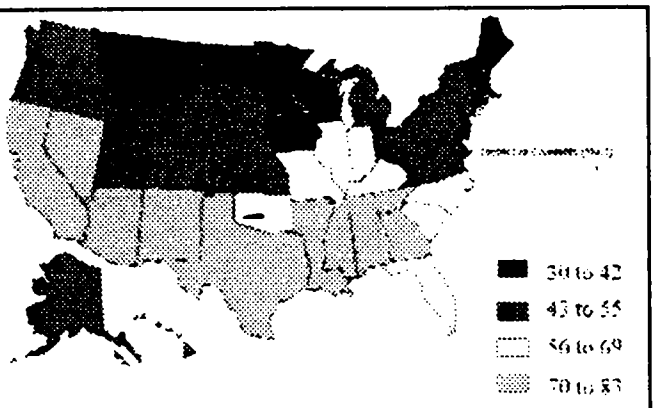


Figure 10: Birth rates for teen vary widely from state to state

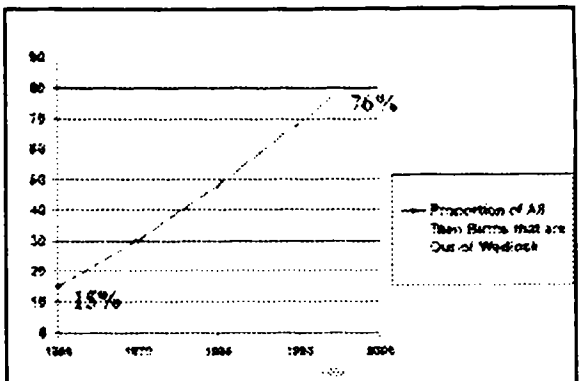


Figure 11: Teen out of wedlock births have increased sharply

What Lies Behind These Trends?

Changes in teen pregnancy and teen birth rates do not happen in a vacuum, of course. Underlying these changes have been shifts in marriage patterns, sexual norms, contraceptive practices, the availability of abortion, and the size and composition of the teenage population.

Teen Sexual Activity and Marriage Rates

Although many teens are not sexually active, more teens are having sex today than in previous decades. In 1970, 35 percent of young women and 55 percent of young men reported having had sex by age 18. By 1988, those numbers had risen to 56 percent for young women and 73 percent for young men (Figure 13).[24]

At the same time that teens are more sexually active, they are less likely to be married. Men and women today marry, on average, three to four years later than did their counterparts in the 1950s. By 1990, the average age at first marriage was 26 for men and 24 for women.[25] As a result of later marriage and earlier sexual activity, teens today begin having sex roughly eight years before marriage — about 10 years for men and seven years for women. The average gap between first intercourse and marriage is especially wide for African-Americans (about 12 years for women and 19 years for men).[26] Hispanics are the most likely to marry in their teenage years.[27]

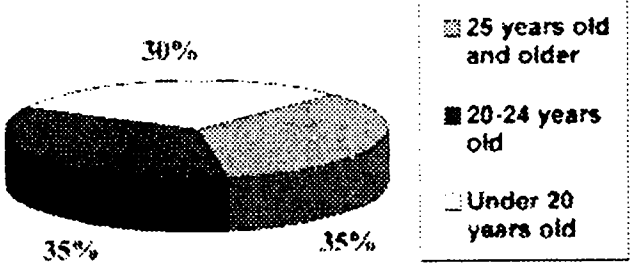


Figure 12: Only 30 percent of all out-of-wedlock births are to teenagers

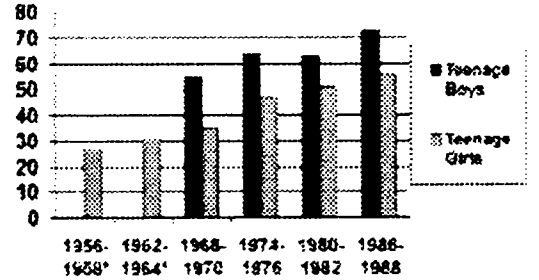


Figure 13: Sexual activity among teens has increased

Teenage Abortion Rates

In the years immediately following the national legalization of abortion in 1973, teen abortion rates increased considerably but then remained relatively stable until the late 1980s, despite the fact that a greater proportion of teenage women were becoming sexually active. Since 1990, abortion rates among teens have declined because fewer teens are becoming pregnant, and, in recent years, fewer pregnant teens have chosen to have an abortion (Figure 14). Today, one-third of teenage pregnancies end in abortion, and teens account for roughly one-quarter of all abortions performed annually.[28]

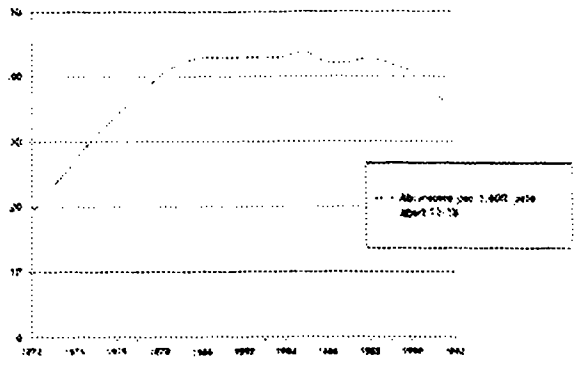


Figure 14: Teenage abortion rates are now falling

These trends indicate that the increased availability of abortion since 1973 has been one factor keeping teen birth rates from rising. Now that pregnancy rates are declining, abortion rates have declined as well. Indeed, preventing teen pregnancy appeals to many because it can result in fewer abortions.

Contraceptive Use

Contraceptive use among sexually active teens has increased. Two-thirds of teens use some method of contraception (usually a condom) the first time they have sex. Teen contraceptive use at first intercourse rose from 48 percent to 65 percent during the 1980s, almost entirely because of a doubling in condom use, partly due to fear of AIDS (Figure 15).[29] Higher rates of contraceptive use have partially offset the potential increase in pregnancy resulting from increased teen sexual activity.

It is important to note, however, that successful use of most contraceptive methods requires both motivation and a constancy of attention and action that is sometimes difficult for even married adults to maintain, let alone teenagers and others who are not in stable and long-term relationships.[30] For example, among young women aged 15-19 relying upon oral contraception as their main form of birth control, only about 40 percent took a pill every day.[31] Similarly, among women relying upon condoms as their primary method of contraception, only 35 percent of 15- to 17-year-olds and 31 percent of 18- to 19-year-olds used a condom during every act of intercourse.[32] The consequences of less-than-perfect or infrequent contraceptive use are serious. A sexually active teen who does not use contraception at all, for instance, has a 90 percent chance of pregnancy within one year.[33]

When teens are asked why they do not use contraception, they often say they did not expect or plan to have sex and thus were not prepared. Far less frequently do they say that they can't afford birth control, don't know where to get it, can't get it, or don't know how to use it.[34]

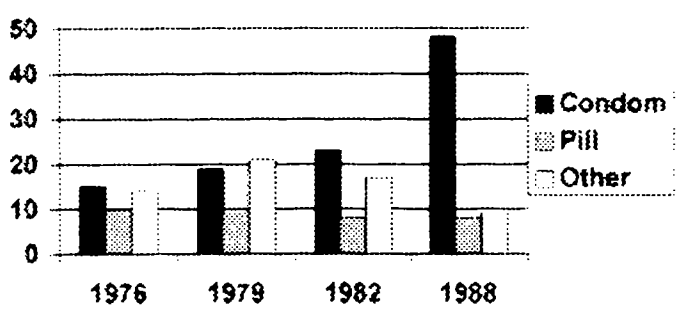


Figure 15: Contraceptive use among teens has increased

Although the teen pregnancy rate increased during the 1970s and 1980s despite a major concurrent increase in contraceptive use, that does not mean

that increased reliance on contraceptives hasn't made a difference. If teenagers had not improved their contraceptive practices over this period, the teen pregnancy rate would have been almost 40 percent higher.[35] However, better use of contraceptives couldn't keep pace with the greater tendency of teens to engage in sex, and the result is that the pregnancy rate continued rising instead of falling. Some have argued that making contraception more accessible to teens contributed to the relaxation of social restrictions on teen sexual behavior, thereby *encouraging* such activity. Whether the latter is true or not, these data suggest that more contraception *by itself* is unlikely to solve the teen pregnancy problem completely.

Size of the Teenage Population

Although the teen birth *rate* has decreased in the past few years, the *number* of births to teens increased in 1993 and 1994, reflecting an overall increase in the U.S. teen population. Because the number of teens is expected to increase further, so will the number of pregnancies and births unless rates are reduced. Between 1995 and 2010, the number of girls aged 15-19 will increase by 2.2 million.[36] If current fertility rates remain the same, we will see a 26 percent increase in the number of pregnancies and births among teenagers.[37]

Birth Rates by Race and Ethnicity

Birth rates are higher among African-American and Hispanic teens than among white teens. In 1994, the birth rate for Hispanic teens was 108 births and for African-American teens was 105 births per 1,000 women aged 15-19. For non-Hispanic whites, the birth rate for 1994 was 40 births per 1,000 women aged 15-19.[38]

Increases in birth rates among teenagers in the late 1980s may be partly attributable to increases in the population of Hispanic teens, who have high fertility rates. For example, between 1980 and 1990, the number of Hispanic teens increased 30 percent, while the number of non-Hispanic white teens decreased 23 percent.[39]

What Are the Consequences of Teen Pregnancy?

Teenage childbearing is associated with adverse consequences for teenage mothers and particularly for their children. However, most of the negative consequences for teen mothers — some say all — are due to the disadvantaged situations in which many of these girls already live. In other words, it is not as if all teen mothers were doing well *before* giving birth and then sank into poverty and social disorganization only as a result of having a child. Researchers are continuing to sort out the extent to which poor outcomes for teen mothers are due to the timing of the birth versus characteristics of the mother that were present even before she became pregnant. However, most experts agree that, although the disadvantaged backgrounds of most teen mothers account for many of the burdens that these young women shoulder, having a baby during adolescence only makes matters worse.

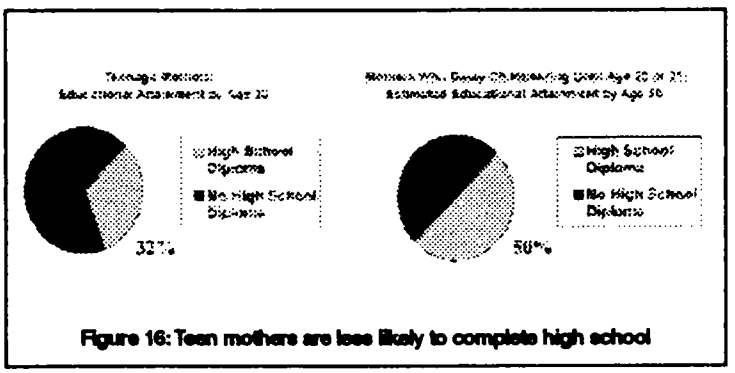


Figure 16: Teen mothers are less likely to complete high school

Thus, when compared to similarly situated women who delay childbearing until age 20 or 21, adolescent mothers and their children experience a number of adverse social and economic consequences. For

instance, early parenting limits a young mother's likelihood of completing the high school and postsecondary education necessary to qualify for a well-paying job. Less than one-third of teens who begin their families before age 18 ever complete high school. If they delay childbearing until age 20 or 21, the odds of high school graduation for these young mothers increases to 50 percent (Figure 16).[40]

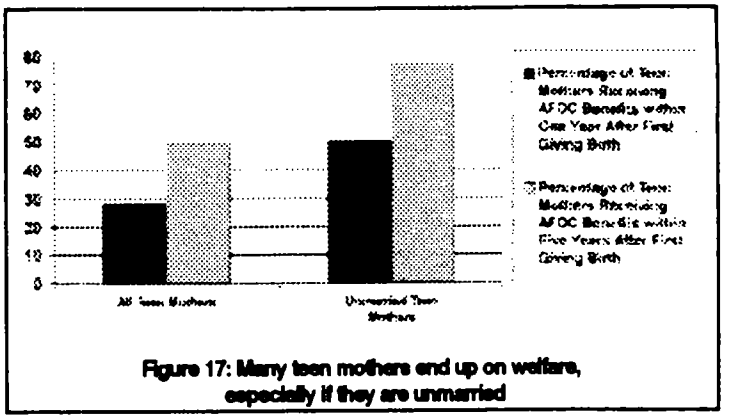


Figure 17: Many teen mothers end up on welfare, especially if they are unmarried

Teen mothers spend more of their young adult years as single parents than do women who delay childbearing, which means that their children spend much of their young lives with only one parent.[41] Children who grow up in single-parent homes are disadvantaged in many ways. For example, when compared with similarly situated children who grow up with two parents, children in one-parent families are twice as likely to drop out of high school, 2.5 times as likely to become teen mothers, and 1.4 times as likely to be both out of school and out of work.[42] Even after adjusting for a variety of relevant social and economic differences, children in single-parent homes have lower grade point averages, lower college aspirations, and poorer attendance records. As adults, they have higher rates of divorce.[43]

Adolescent mothers also have more children, on average, than women who delay childbearing, which makes it more difficult for them and their children to escape a life of poverty.[44] About one-fourth of teenage mothers have a second child within 24 months of the first birth; this percentage is even higher for younger teen mothers than for older ones.[45] As a result, adolescent mothers must stretch their limited incomes to support more children.[46]

Many young mothers end up on welfare (Figure 17). Data show that almost half of all teenage mothers and over three-fourths of *unmarried* teen mothers began receiving Aid to Families with Dependent Children (AFDC) within five years of the birth of their first child.[47] In addition, 52 percent of *all* mothers on AFDC had their first child as a teenager.[48]

Conversely, the fathers of children born to teenage mothers bear relatively little of the measurable costs of adolescent childbearing, although anecdotal evidence suggests some fathers bear emotional or other costs that have not been well-studied. Nearly 80 percent of these fathers do not marry the young mothers of their first children, and, on average, these absent fathers pay less than $800 annually for child support. Otherwise, the measurable effects for the fathers are limited to somewhat lower education levels and to modest earnings losses — on the order of 10 to 15 percent annually.[49]

By far, the greatest harm is borne by the children of teen mothers. In fact, the difficulties experienced by these children begin before birth and continue into adulthood. For example, the children of teen mothers (particularly mothers under 18) are more likely to be born prematurely and at low birthweight (Figure 18).[50] Low birthweight (less than five-and-a-half pounds) raises the probabilities of infant death, blindness, deafness, chronic respiratory problems, mental retardation, mental illness, and

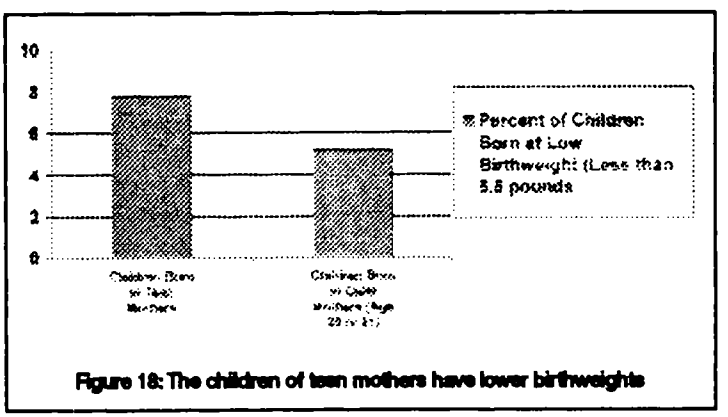


Figure 18: The children of teen mothers have lower birthweights

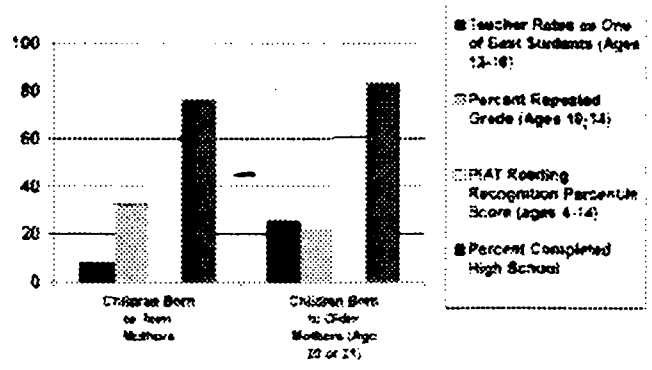


Figure 19: The children of teen mothers have poorer school performance

cerebral palsy. In addition, low birthweight doubles the chance that a child will later be diagnosed as having dyslexia, hyperactivity, or another disability.[51]

Despite having more health problems than the children of older mothers, the children of teen mothers receive less medical care and treatment. In his or her first 14 years, the average child of a teen mother visits a physician or other medical provider an average of 3.8 times per year, compared with 4.3 times per year for the children of later childbearers.[52]

Children of teen mothers also do much worse in school than those born to older parents. They are 50 percent more likely to repeat a grade, they perform much worse on standardized tests of performance, and ultimately they are less likely to complete high school than if their mothers had delayed childbearing (Figure 19).[53]

Children born to teen mothers are also at higher risk because their mothers — and often their fathers as well — are typically too young to master the demanding job of being parents. Still growing and developing themselves, teen mothers are often unable to provide the kind of environment that infants and very young children require for optimal development. Recent research, for example, has clarified the critical importance of early cognitive stimulation for adequate brain development.[54]

Measured against national norms, the children of adolescent parents live in homes that are of poorer overall quality (e.g. poorer physical conditions, less parent-child interaction, and fewer educationally stimulating resources in the home). These limitations are reflected in poorer academic performance by the children, less attention given to their health problems, and higher rates of behavior problems.[55]

The children of teen parents also suffer higher rates of abuse and neglect than would occur if their mothers had delayed childbearing (Figure 20). There are 110 reported incidents of abuse and neglect per 1,000 families headed by a young teen mother. If mothers delay childbearing until their early twenties, the rate drops by half — to 51 incidents per 1,000 families. Similarly, rates of foster care placement are significantly higher for children whose mothers are under 18. In fact, over half of foster care placements of children with young mothers could be averted simply by delaying childbearing a few years, thereby saving taxpayers nearly $1 billion annually in foster care costs alone.[56]

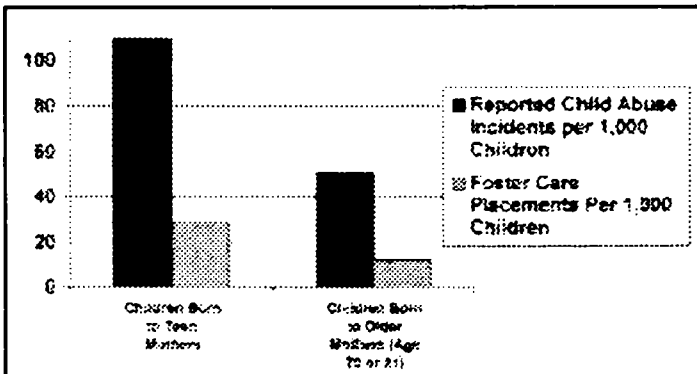


Figure 20: The children of teen mothers are at greater risk of abuse and neglect

Adolescent childbearing contributes to the high rates of economic inactivity among young adults and of crime among young men, as well as to a repetitive cycle of teen parenting. Young adult children of teen mothers are 30 percent more likely to be neither working nor going to school. The sons of teen

mothers are 13 percent more likely to end up in prison. And, the teen daughters are 22 percent more likely to become teen mothers themselves.[57]

Taxpayers pay a high price for teen childbearing. A recent study found that, after controlling for differences between teen mothers and mothers aged 20 or 21 when they had their first child, teen childbearing costs taxpayers $6.9 billion each year — $2,831 a year per teen mother (Figure 21).[58]

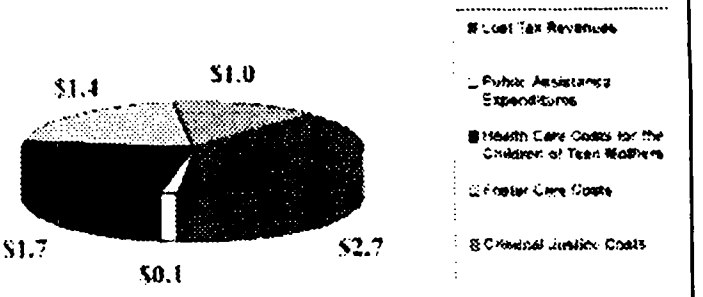


Figure 21: Taxpayers pay a high price for teen childbearing

What Should Be Done?

The serious consequences of teen pregnancy have caught the attention of many groups and individuals around the country, and their hard work in recent years is undoubtedly one of the reasons that the nation may be turning the corner on teen pregnancy. What can be learned from all the efforts now underway, and what are the obvious next steps? In other words, what should be done?

Along with many other groups and individuals, the National Campaign has asked itself this critical question and talked extensively with leaders both at the national level and in states and communities. We have made numerous visits around the country, including site visits to eight diverse areas. We have listened to teens themselves and to their parents. And finally, we have looked at what research reveals about a few carefully evaluated programs designed to reduce teen pregnancy.60 This information — some of it based on research, some on experience, and some of it simple common sense — suggests that action is required both at the community level and at the national level as well.

The Basic Messages

Most fundamentally, the nation needs to embrace the basic social norm that the teenage years are for education and growing up, not pregnancy and parenthood. One of the reasons the United States has such high levels of teen pregnancy and childbearing is that the consensus that "teen pregnancy is not OK" is less robust than many imagine. There has been a sea change in attitudes and behavior over the past few decades with the result that teen sexual activity and out-of-wedlock births are now commonplace. Partly as a result, not all young people — and not even all adults — place a high priority on avoiding teen pregnancy. When asked why they became pregnant, many teenage girls respond, "it just sort of happened," a response that is consistent with research showing clearly that unless motivation is strong to avoid pregnancy, it can happen all too easily.61 Adults need to speak directly to teens about this issue, providing guidance in accordance with their own values and encouraging teens to make much clearer choices about when to become sexually active and how to handle the responsibilities that such a decision entails.

In communicating this basic message, the consequences of teen pregnancy should be emphasized. As the data summarized above show, teen pregnancy and childbearing impose significant costs, both economic and personal, and place major burdens on families and communities. Teenage pregnancy and childbearing are not in anyone's best interest, least of all the children born to teenaged mothers. Keeping these consequences squarely before the public can help motivate both adolescents and adults to take action to reduce teen pregnancy.

We also need to recognize that, especially for those at highest risk, reducing teen pregnancy often requires that better, more attractive options be on hand. In a community characterized by poor schools, insufficient adult attention and guidance, limited jobs, and few recreational opportunities, early pregnancy and childbearing can sometimes seem the most appealing life course available. Babies, after all, can bring purpose and joy to life, even in the most stressful circumstances, and early family formation is sometimes a more reasonable choice than it seems. We need to give teens ample reasons not to become pregnant or cause a pregnancy by pointing them toward a better future.

Research Findings on the Major Approaches to Reducing Teen Pregnancy

Many communities have been hard at work in recent years to reduce teen pregnancy, and it is important to understand what research teaches about these efforts in order to craft future plans. A recent research review commissioned by the National Campaign summarized available data on the major approaches currently being taken to reducing adolescent pregnancy.62 This review and other studies suggest the following:

1. Although their impact is modest, some sex education programs (but not all) can help to delay the initiation of sex, reduce the number of sexual partners, or increase the use of contraception. It is important to add, however, that many school districts do not use the few curricula that have been shown to be somewhat effective; many courses are too short or begin too late or are taught by teachers who are poorly trained in this area or have been given mediocre teaching materials. And, in many such classes, little time is spent on talking about responsible relationships, how to cope with peer pressure, or other such factors. As a consequence, sex education in its current form is unlikely to make a major dent on teen pregnancy, although there may be other education-related reasons to support such classes.

2. Another approach currently being taken to reducing teen pregnancy is enrolling teenagers in programs that focus on the importance of abstinence from sexual intercourse until adulthood, sometimes until marriage. Either these programs do not discuss contraception or they briefly discuss the failure of contraceptives to provide complete protection against pregnancy and sexually transmitted diseases. Even though these "abstinence-only" programs may be appropriate for many youths, especially junior high and middle school youths, there does not currently exist any credible scientific research demonstrating that they have actually delayed the onset of sexual intercourse or reduced any other measure of sexual activity. Thus, although some of these programs appear promising — especially those that emphasize peer support, adult mentoring, and sustained attention — it is not yet known whether they delay intercourse. In short, the jury is still out, and more research is needed to understand the effects of these programs.

3. The third major approach communities typically rely on to reduce teen pregnancy is to support family planning services for sexually active teenagers. Family planning clinics or family planning services within other settings such as schools can ease access to contraception. However, because contraceptives — condoms in particular — are widely available in stores, it is not clear that access per se is the issue. On the other hand, large numbers of sexually active teenage girls attend family planning clinics or visit private physicians where they obtain contraceptives that are more effective than those sold over-the-counter and where they often are counseled about how to use contraception effectively and about other related matters. All else being equal, these special family planning services should logically reduce the pregnancy rates of those youth who use them. However, the few studies that have examined the impact of subsidized family planning services upon pregnancy or birth rates have produced mixed results and are very limited methodologically.

We also know that even teens who do attend family planning clinics are often inconsistent users of contraception, as noted above, and often fail to return for follow-up visits or to use the methods they have chosen properly. A few studies suggest that improving clinic protocols and practices, community outreach, and ease of clinic access can increase adolescents' use of medical providers or improve their contraceptive use.

4. The fourth strategy that some communities employ is a comprehensive approach that stitches together several different components. These programs typically combine a strong educational element, clear messages about the importance of postponing sex and/or avoiding pregnancy, access to contraception (sometimes through clinics based in or near schools), and an additional component such as a community-wide media campaign or an active parent group. A few such programs have been shown to increase the use of contraceptives and decrease pregnancy rates. These programs can be expensive and are often quite labor-intensive, and, because few have a stable funding base, they can be hard to sustain financially.

5. Finally, some (although not all) programs dedicated to nurturing and guiding young people — often called youth development programs — can help to decrease teen pregnancy, even if these programs have little specific focus on sexual behavior. Like comprehensive programs, these too can be hard to sustain for all the same reasons.

The bottom line is that there are no clear answers at the community-level to reducing teen pregnancy. We have some clues about promising approaches but no single proven method guaranteed to produce large results. In particular, those few interventions that show some positive signs of benefit have rarely been tried elsewhere in the country or even somewhere else in the same state or community. Without such replication, it is hard to determine the impact of any particular approach.

Community Innovation

Given that research offers no clear answers, what should communities do? Field experience, common sense, and expert opinion can all help to chart a course. The guiding theme should be innovation and creativity. Building on the lessons gleaned from research, experience, and local preferences, communities should be open to new ideas and willing to try new approaches.

Many communities, for example, are encouraging parents to talk more with their children and teenagers about love and sex (and how to tell the difference) and to be clearer about expected standards of behavior. Some communities are focusing on afterschool programs and recreational opportunities to fill the hours in which many teens are unsupervised while their parents are at work; others are beginning to see job training, community service, and more general efforts to develop work-related skills in a new light — as an important part of preventing teen pregnancy. A few are trying to put many separate approaches together into integrated, comprehensive programs. And many communities now understand the importance of peer pressure and are using teens as peer educators or encouraging the formation of peer groups in which teens support one another in a decision to remain abstinent. At the same time, because so many teens are already sexually active, other communities are redoubling their efforts to make family planning services for sexually active teens more accessible and more effective.

Many are also recognizing that caring and focused attention from adults — whether as parents, friends, mentors, or leaders — can have a transforming effect on teens. Thus, interest in mentoring programs and in finding the volunteers to fill them is increasing nationwide. In a similar vein, many

are trying to engage faith communities in helping teens pass safely through adolescence, avoiding not only pregnancy and parenthood, but also drug use, delinquency, and other risks. Community initiatives also increasingly target men and boys in recognition that girls alone do not cause teen pregnancy. And many now realize that interventions must begin early — in junior high school and even before. Years of research in child and adolescent development have clarified that many basic values and attitudes with great relevance to sexual risk-taking are formed in childhood. Waiting until high school can often be too late.

The National Campaign supports all such innovation and creativity. It is important to add, however, that a concerted effort must be made by these programs and those funding them to assess their effects on teen pregnancy and other outcomes so that others can learn from the experience.

Managing Conflict

Visits by the National Campaign to many states and communities have revealed that those who want to work on preventing teen pregnancy often find themselves mired in conflict. People often differ in their views about why teens become pregnant or cause pregnancy and about what to do. The most obvious example of the tensions is the current struggle over whether a strong abstinence message is preferable to a focus on access to contraception for sexually active teens. Although some seek to combine these two strategies, others see them as incompatible. Adults also disagree over whether parental consent should be required before minors gain access to health care services, including contraception, and over the content of school-based sex education.

In fact, conflict over these issues is sometimes so intense that communities are unable to do anything at all. The ensuing paralysis means, among other things, that teen pregnancy remains unattended. Accordingly, it is critical that communities consider explicitly how to manage these conflicts, remembering, as we often say at the National Campaign, that "while the adults are arguing, the kids are getting pregnant." One way through these differences is for all sides to embrace a new ethic of "unity of purpose, diversity of means." This perspective stresses the importance of reducing teen pregnancy but allows each group to take action in its own arena and in its own way without opposition. It also tacitly recognizes that America is an increasingly diverse country requiring respect and tolerance for differing points of view.

Tillamook County, Oregon, offers an important insight about managing differences. When in 1990 state data showed that this rural county of 23,000 citizens had one of the highest teen pregnancy rates in the state, the county health department proposed creating a school-based clinic, provoking intense community conflict. The proposal was defeated by the school board, but the community agreed that something had to be done. They decided the only consensus they needed was that the teen pregnancy rate must drop. Various segments of the community developed intensive initiatives — ranging from creating new church-based abstinence education programs, to improving access to family planning clinics, to expanding YMCA programs for girls — and agreed not to fight each other's efforts. By 1994, the county teen pregnancy rate had dropped by 70 percent, becoming the lowest in the state.

National Leadership

Even if communities find the energy to address teen pregnancy in intense and creative ways, they shouldn't be expected to do it alone. The problem of teen pregnancy is as much one of the overall culture as it is a lack of community programs, and of national as well as local policies. Thus, it

would be naive to think that the problem can be solved only by a network of individual community projects. Most programs, in truth, reach only a limited number of individuals, many are poorly funded and their status is often fragile. Accordingly, leaders of the nation's major institutions must become as deeply involved in finding solutions to this problem as are those already hard at work in communities.

Several sectors have a key role, the media most of all. The power of television, movies, radio, and the print media to shape opinion and influence behavior is beyond doubt. This pervasive force must be harnessed to the task of reducing teen pregnancy, as it has been to other important social issues. In particular, the media need to incorporate a variety of messages consistent with a pregnancy-free adolescence into their myriad products — messages carried by characters that are credible to the targeted audiences. The National Campaign is encouraged that a number of media leaders have already answered our call for doing so, but much more needs to be done.

Major national leaders in all sectors need to speak out about the problem of teen pregnancy and the importance of bringing the rates down. Celebrities can be effective in communicating such ideas as can political leaders and other powerful and widely respected voices. In particular, such leaders can help those at the community level to feel part of a larger national movement. In this regard, the National Campaign is pleased to have the strong support of President Clinton and of two Congressional advisory panels, one in the House under the leadership of Rep. Nita Lowey (D-NY) and Rep. Mike Castle (R-DE) and one in the Senate under the leadership of Sen. Joe Lieberman (D-CT) and Sen. Olympia Snowe (R-ME). These and other leaders can be especially effective in honoring local initiatives and giving them national visibility. Such recognition can help motivate continued work at the community level — work that is usually hard, frequently unappreciated, and often invisible.

A new ethic of tolerance and respect also requires national leadership. It is a hollow and hypocritical message to ask communities to manage their differences if national leaders will not do so as well. Accordingly, current efforts underway by many groups to revitalize the quality of civic life and discourse have direct relevance to preventing teen pregnancy. If leaders at the national level can model new ways of resolving differences — or at least of managing differences in a way that doesn't impede action — then communities may find it easier to move forward as well.

At a more practical level, national leadership is needed to help the many disparate state and community groups working in this area to share ideas and information among themselves. Local activists are eager for current information on the extent of the teen pregnancy problem, on what other colleagues are doing, on what research says about the impact of particular programs or school curricula, and on how best to mobilize their own neighbors and sustain their interest. The risk of isolation is ever present, and leadership is needed to build a national movement from many separate parts.

And finally, communities need help in garnering adequate public and private support for both new program initiatives and for program evaluation. As noted earlier, too few programs have been carefully evaluated, which has greatly limited the ability of communities to know how best to intervene to reduce teen pregnancy. All those who care about preventing teen pregnancy must be encouraged to fund strong and well-managed programs, and then to ask the difficult (and often expensive) questions about their impact on pregnancy rates. Without such commitments, our ability to reduce adolescent pregnancy significantly is seriously impaired.

Conclusion

Despite the good news of the slight decline in teen birth rates over the past four years, the rates of teen pregnancy and teen births in the United States remain far higher than those in any other industrialized nation. The costs of today's teen pregnancies will be borne most heavily by tomorrow's children, who will grow up in circumstances less than they deserve and less than they need to become responsible, competent adults.

Much concern has been voiced about this nation's lagging rate of economic growth and widening income disparities. But too little attention has been paid to the way in which children's very early family environments affect both trends — and to the difficulties and expense of helping children overcome early disadvantages. In 1990, 45 percent of all first births in the United States were to mothers who were either teenagers, unwed, or lacking a high school degree.63 The high proportion of children starting out their lives in such circumstances has strong implications for the nation's future competitiveness and social cohesiveness. Until more is done to ensure that as many children as possible begin life with parents who are ready to nurture and care for them, progress on these other fronts will be difficult at best — and perhaps impossible.

The National Campaign challenges all who are worried about these larger economic and social issues to join with us in finding and evaluating effective strategies to prevent teen pregnancy, to strengthen families in the process, and thereby to provide a better life for all our children.

Endnotes

1. A 1987 *USA Today* poll found that 72 percent of adults believe that the growth in teen pregnancies is a very important problem. [Poll conducted by the Gordon S. Black Corporation and cited in Princeton Survey Research Associates, "A Review of Public Opinion About Teen Pregnancy," a report prepared for the National Campaign to Prevent Teen Pregnancy, Princeton, NJ: Author, September 1996.] Teens themselves agree. According to a ~~1~~997 *Parade* magazine survey, 66 percent of girls aged 12 to 19 said pregnancy among unmarried teens was a problem in their community, and 87 percent believed that something more must be done to prevent pregnancy [Chassler, S., "Teenage Girls Talk About Teen Pregnancy," *Parade*, 4-5, February 2, 1997].

2. January 1995 *Los Angeles Times* poll cited in Princeton Survey Research Associates, "A Review of Public Opinion About Teen Pregnancy," a report prepared for the National Campaign to Prevent Teen Pregnancy, Princeton, NJ: Author, September 1996.

3. Yankelovich, D., "The Publics's Views About the Current 'Moral Crisis,'" A special DYG SCAN Study, New York: Author, May 12, 1995.

4. Approximately 10 percent of all 15- to 19-year-old females and 20 percent of sexually active teen females become pregnant in a year.

5. National Campaign to Prevent Teen Pregnancy analysis of Henshaw, S.K., *U.S. Teenage Pregnancy Statistics*, New York: Alan Guttmacher Institute, May 1996; Forrest, J.D., *Proportion of U.S. Women Ever Pregnant Before Age 20*, New York: Alan Guttmacher Institute, 1986, unpublished. Note: This is an estimate based in part on assumptions about the number of repeat pregnancies among teens that can occur either because of multiple abortions (including miscarriages) or because of multiple births, or because of some combination of the two. As new or better data become available, the Campaign intends to update this estimate.

6. McElroy, S.W., & Moore, K.A., "Trends over Time in Teenage Pregnancy and Childbearing: The Critical Changes," in R.A. Maynard (ed.), *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy* (pp. 23-53), Washington, DC: The Urban Institute Press, 1997; Rosenberg, H.M., et al., "Births and Deaths: United States, 1995," *Monthly Vital Statistics Report*, 45(3), Suppl. 2, 1-40, October 4, 1996; and the Alan Guttmacher Institute, *Sex and America's Teenagers*, New York: Author, 1994, Figure 55, p. 76.

7. Ventura, S.J., Martin, J., Mathews, T.J., & Clarke, S., "Advance Report of Final Natality Statistics, 1994," *Monthly Vital Statistics Report*, 44(11), Suppl., 1-88, June 24, 1996.

8. National Campaign to Prevent Teen Pregnancy analysis of Ventura, S.J., et al., "Trends in Pregnancies and Pregnancy Rates: Estimates for the United States, 1980-92," *Monthly Vital Statistics Report*, 43(11), Suppl., 1-23, May 25, 1995.

9. Ibid.

10. "Advance Report of Final Natality Statistics, 1988," *Monthly Vital Statistics Report*, 39(4), Suppl., 1990, Table 2, p.16; Henshaw, S.K., Koonin, L.M., & Smith, J.C., "Characteristics of U.S. Women Having Abortions, 1987," *Family Planning Perspectives*, 23, 75- 81, 1991, Table 3, p. 77; and Henshaw, S.K., "Abortion Trends in 1987 and 1988: Age and Race," *Family Planning Perspectives*, 24, 85-87, 1992, Table 1, p. 69.

11. Alan Guttmacher Institute tabulations of data from the 1988 National Maternal and Infant Healthy Survey, 1993; Alan Guttmacher Institute tabulations of data from the 1987 AGI Abortion Patient Survey, 1993; and Henshaw, S.K., "Abortion Trends in 1987 and 1988: Age and Race," *Family Planning Perspectives*, 24, 85-86, 1992, Table 1, p. 86. All three in the Alan Guttmacher Institute, *Sex and America's Teenagers*, New York: Author, 1994.

12. Alan Guttmacher Institute tabulations of data from the 1988 National Maternal and Infant Healthy Survey, 1993; and Henshaw, S.K., "Abortion Trends in 1987 and 1988: Age and Race," *Family Planning Perspectives*, 24, 85-86, 1992, Table 1, p. 86. Both in the Alan Guttmacher Institute, *Sex and America's Teenagers*, New York: Author, 1994.

13. In 1988, only one percent of babies born to never-married African-American women and three percent of babies born to never-married white women were placed for adoption. Bachrach, C.A., Stolley, K.S., & London, K.A., "Relinquishment of Premarital Births: Evidence from National Survey Data," *Family Planning Perspectives*, 24, 27-32, 48, 1992, Table 1, p. 29.

14. The 1990 rate was the highest level in nearly 20 years. Henshaw, S.K., *U.S. Teenage Pregnancy Statistics*, New York: Alan Guttmacher Institute, May, 1996; and Ventura, S.J., et al., "Trends in Pregnancies and Pregnancy Rates: Estimates for the United States, 1980-92," *Monthly Vital Statistics Report*, 43(11), Suppl., 1-23, May 25, 1995.

15. The 1990 pregnancy rate among sexually experienced women aged 15-19 was 207 per 1,000. Alan Guttmacher Institute, *Sex and America's Teenagers*, New York: Author, 1994, Figure 30, p. 41.

16. Henshaw, S.K., "Teenage Abortion and Pregnancy Statistics by State, 1992," *Family Planning Perspectives*, 29(3), forthcoming May/June 1997.

17. From 90.5 births per 1,000 women aged 15-19 in 1955 to 50.2 in 1986.

18. Rosenberg, H.M., et al., "Births and Deaths: United States, 1995," *Monthly Vital Statistics Report*, 45(3), Suppl. 2, 1-40, October 4, 1996; National Center for Health Statistics, "Advance Report Final Natality Statistics, 1968," *Monthly Vital Statistics Report*, 18(11), 1-8, January 30, 1970; and Ventura, S.J., Martin, J.A., Mathews, T.J., & Clarke, S.C., "Advance Report of Final Natality Statistics, 1994," *Monthly Vital Statistics Report*, 44(11), Suppl., 1-88, June 24, 1996.

19. While the proportion of young people who are sexually active has continued to climb, the rate of increase has slowed since the 1980s.

20. Ventura, S.J., Clarke, S.C., & Matthews, T.J., "Recent Declines in Teenage Birth Rates in the United States: Variations by State, 1990-94," *Monthly Vital Statistics Report*, 45(5), Suppl., 1-13, December 19, 1996.

21. Ventura, S.J., Martin, J.A., Mathews, T.J., & Clarke, S.C., "Advance Report of Final Natality Statistics, 1994," *Monthly Vital Statistics Report*, 44(11), Suppl., 1-88, June 24, 1996; U.S. Department of Health and Human Services, *Report to Congress on Out-of-Wedlock Childbearing*, Washington, DC: Author, September 1995; and Moore, K.A., et al., *Facts-At-A- Glance*, Washington, DC: Child Trends, Inc., October 1996.

22. U.S. Department of Health and Human Services, *Report to Congress on Out-of-Wedlock Childbearing*, Washington, DC: Author, September 1995.

23. Wasem, R.E., "Demographic Trends Relating to Out-of-Wedlock Childbearing and AFDC Caseload Growth," Testimony before the House Ways and Means Committee, January 20, 1995.

24. In the mid-1950s, only 27 percent of young women reported having had sex by their 18th birthday (comparable data for men is not available for that time period). Data on women adapted by the Alan Guttmacher Institute from tabulations by S.L. Hofferth of data from the 1982 National Survey of Family Growth; data on men adapted by the Alan Guttmacher Institute from tabulations by K. Tanfer of data from the 1991 National Survey of Men. Both in the Alan Guttmacher Institute, *Sex and America's Teenagers*, New York: Author, 1994.

25. U.S. Bureau of the Census, "Marital Status and Living Arrangements, 1990," *Current Population Reports*, Series P-20, No. 450, 1991, Table A, p. 1.

26. Forrest, J.D., "Timing of Reproductive Life Stages," *Obstetrics and Gynecology*, 82, 105- 111, 1993.

27. Twenty-four percent of 19-year-old Hispanic women are married, compared with only 12 percent of whites and 5 percent of African-Americans of the same age. Alan Guttmacher Institute, tabulations of data from the March 1992 Current Population Survey, 1993, in the Alan Guttmacher Institute, *Sex and America's Teenagers*, New York: Author, 1994.

28. Henshaw, S.K., "U.S. Teenage Pregnancy Statistics," New York: Alan Guttmacher Institute, May 30, 1996; Henshaw, S.K., "Abortion Trends in 1987 and 1988: Age and Race," *Family Planning Perspectives*, 24, 85-85, 1992; and Smith, M.D., et al. (ed.), *What's Happening to Abortion Rates?* Menlo Park, CA: Henry J. Kaiser Family Foundation, 1996.

29. Forrest, J.D., & Singh, S., "The Sexual and Reproductive Behavior of American Women, 1982-1988," *Family Planning Perspectives*, 22, 206-214, 1990.

30. Kost, K., & Forrest, J.D., "American Women's Sexual Behavior and Exposure to Risk of Sexually Transmitted Diseases," *Family Planning Perspectives*, 24, 244-254, 1992.

31. Forty percent of 15- to 17-year-olds and 41 percent of 18- to 19-year-olds took a pill every day. Tabulations by D. Oakley of data from University of Michigan longitudinal survey of initial clients at three family planning clinics near Detroit, February 1987-April 1989, in the Alan Guttmacher Institute, *Sex and America's Teenagers*, New York: Author, 1994, Figure 26g, p. 36. See also Oakley, D., Sereika, S., & Bogue, E.L., "Oral Contraceptive Pill Use After an Initial Visit to the Family Planning Clinic," *Family Planning Perspectives*, 23, 150-154, 1991.

32. Tabulations by D. Oakley of data from the University of Michigan longitudinal survey of initial clients at three family planning clinics near Detroit, February 1987-April 1989, in the Alan Guttmacher Institute, *Sex and America's Teenagers*, New York: Author, 1994, Figure 25, p. 35.

33. Harlap, S., Kost, K., & Forrest, J.D., *Preventing Pregnancy, Protecting Health: A New Look at Birth Control Choices in the United States*, New York: Alan Guttmacher Institute, 1991.

34. Kirby, D., *No Easy Answers: Research Findings on Programs to Reduce Teen Pregnancy*. Washington, DC: National Campaign to Prevent Teen Pregnancy, 1997.

35. This estimate is based on multiplying the 1972 rate of pregnancies among sexually active teens by the 1988 rate of sexual activity among all teens to obtain the pregnancy rate that teens would have experienced in 1988 if there had been no change in contraceptive behavior. The resulting estimate is a 15.4 percent pregnancy rate — 4.3 percent (or almost 40 percent) higher than the actual rate of 11.1 percent for that year.

36. U.S. Department of Health and Human Services, *Report to Congress on Out-of-Wedlock Childbearing*, Washington, DC: Author, September 1995, Table III-1.

37. National Campaign to Prevent Teen Pregnancy analysis of Henshaw, S.K., "U.S. Teenage Pregnancy Statistics," New York: Alan Guttmacher Institute, May, 1996; and U.S. Department of Health and Human Services, *Report to Congress on Out-of-Wedlock Childbearing*, Washington, DC: Author, September 1995, Table III-1.

38. Ventura, S. J., Clarke, S.C., & Matthews, T.J., "Recent Declines in Teenage Birth Rates in the United States: Variations by State, 1990-94," *Monthly Vital Statistics Report*, 45(5), Suppl., 1-13, December 19, 1996.

39. U.S. Bureau of the Census, *Current Population Reports*, P25-1095; and Population Paper Listing 21.

40. Maynard, R.A. (ed.), *Kids Having Kids: A Robin Hood Foundation Special Report on the Costs of Adolescent Childbearing*, New York: Robin Hood Foundation, 1996; See also Hotz, V.J., McElroy, S.W., & Sanders, S.G., "The Impacts of Teenage Childbearing on the Mothers and the Consequences of those Impacts for Government," in R.A. Maynard (ed.), *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy* (pp. 55-94), Washington, DC: The Urban Institute Press, 1997.

41. Ibid.

42. McLanahan, S.S., "The Consequences of Single Motherhood," *The American Prospect, 18*, 48-58, Summer, 1994.

43. Ibid.

44. Moore, K.A., et al., "Age at First Childbirth and Later Poverty," *Journal of Research on Adolescence, 3*(4), 393-422, 1993.

45. Kalmuss, D.S., & Namerow, P.B., "Subsequent Childbearing Among Teenage Mothers: The Determinants of Closely Spaced Second Birth," *Family Planning Perspectives, 26*(4), 149- 153, 159, 1994.

46. Maynard, R.A. (ed.), *Kids Having Kids: A Robin Hood Foundation Special Report on the Costs of Adolescent Childbearing*, New York: Robin Hood Foundation, 1996.

47. U.S. Congressional Budget Office, *Sources of Support for Adolescent Mothers*, Washington, DC: Author, September 1990. See also Jacobson, J., & Maynard, R., *Unwed Mothers and Long-Term Dependency*, Washington, DC: American Enterprise Institute for Public Policy Research, September 1995.

48. Moore, K.A., Morrison, D.R., Blumenthal, C., Daly, M.L., & Bennett, R., *Data on Teenage Childbearing in the United States*, Washington, DC: Child Trends, Inc., January 1993.

49. Maynard, R.A. (ed.), *Kids Having Kids: A Robin Hood Foundation Special Report on the Costs of Adolescent Childbearing*, New York: Robin Hood Foundation, 1996. See also Brien, M.J., & Willis, R.J., "Costs and Consequences for the Fathers," in R.A. Maynard (ed.), *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy* (pp. 95-143), Washington, DC: The Urban Institute Press, 1997.

50. Ventura, S.J., Martin, J., Mathews, T.J., & Clarke, S., "Advance Report of Final Natality Statistics, 1994," *Monthly Vital Statistics Report*, 44(11), Suppl., 1-88, June 24, 1996; and Maynard, R.A. (ed.), *Kids Having Kids: A Robin Hood Foundation Special Report on the Costs of Adolescent Childbearing*, New York: Robin Hood Foundation, 1996.

51. Maynard, R.A. (ed.), *Kids Having Kids: A Robin Hood Foundation Special Report on the Costs of Adolescent Childbearing*, New York: Robin Hood Foundation, 1996. See also Wolfe, B., & Perozek, M., "Teen Children's Health and Health Care Use," in R.A. Maynard (ed.), *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy* (pp. 181-203), Washington, DC: The Urban Institute Press, 1997.

52. Ibid.

53. Maynard, R.A. (ed.), *Kids Having Kids: A Robin Hood Foundation Special Report on the Costs of Adolescent Childbearing*, New York: Robin Hood Foundation, 1996. See also Haveman, R.H., Wolfe, B., & Peterson, E., "Children of Early Childbearers as Young Adults," in R.A. Maynard (ed.), *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy*, Washington, DC: The Urban Institute Press, 1997.

54. Carnegie Task Force on Meeting the Needs of Children, *Starting Points: Meeting the Needs of Our Youngest Children*, Carnegie Corporation of New York, August 1994.

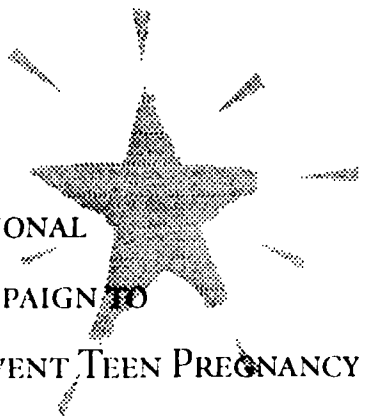
55. Maynard, R.A. (ed.), *Kids Having Kids: A Robin Hood Foundation Special Report on the Costs of Adolescent Childbearing*, New York: Robin Hood Foundation, 1996. See also Moore, K.A., Morrison, D.R., & Greene, A.D., "Effects on the Children Born to Adolescent Mothers," in R.A. Maynard (ed.), *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy* (pp. 145-180), Washington, DC: The Urban Institute Press, 1997.

56. Maynard, R.A. (ed.), *Kids Having Kids: A Robin Hood Foundation Special Report on the Costs of Adolescent Childbearing*, New York: Robin Hood Foundation, 1996. See also George, R.M., & Lee, B.J., "Abuse and Neglect of the Children," in R.A. Maynard (ed.), *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy* (pp. 205-230), Washington, DC: The Urban Institute Press, 1997.

57. Maynard, R.A. (ed), *Kids Having Kids: A Robin Hood Foundation Special Report on the Costs of Adolescent Childbearing*, New York: Robin Hood Foundation, 1996. See also Haveman, R.H., Wolfe, B., & Peterson, E., "Children of Early Childbearers as Young Adults," in R.A. Maynard (ed.), *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy* (pp. 257-284), Washington, DC: The Urban Institute Press, 1997.

58. R.A. Maynard (ed.), *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy* (pp.

257-284), Washington, DC: The Urban Institute Press, 1997.
59. National Campaign to Prevent Teen Pregnancy, Snapshots from the Front Line: Lessons About Teen Pregnancy Prevention from States and Local Communities, Washington, DC: Author, 1997.
60. Kirby, D., No Easy Answers: Research Findings on Programs to Reduce Teen Pregnancy, Washington, DC: National Campaign to Prevent Teen Pregnancy, 1997.
61. Zabin, L.S., "Addressing Adolescent Sexual Behavior and Childbearing: Self-Esteem or Social Change?" Women's Health Issues, 4, 93-97, 1994.
62. Kirby, D., No Easy Answers: Research Findings on Programs to Reduce Teen Pregnancy, Washington, DC: National Campaign to Prevent Teen Pregnancy, 1997.
63. Zill, N., & Nord, C.W., Running in Place: How American Families Are Faring in a Changing Economy and an Individualistic Society, Washington, DC: Child Trends, Inc., 1994, p. 26.



Founded in 1996, the National Campaign to Prevent Teen Pregnancy is a nonprofit, nonpartisan initiative supported entirely by private donations. The Campaign's mission is to prevent teen pregnancy by supporting values and stimulating actions that are consistent with a pregnancy-free adolescence. The Campaign's goal is to reduce the teen pregnancy rate by one-third by the year 2005.

The Campaign's strategy has five primary components: taking a strong stand against teen pregnancy and attracting new and powerful voices to this issue; enlisting the help of the media; supporting and stimulating state and local action; leading a national discussion about the role of religion, culture, and public values in an effort to build common ground; and making sure that everyone's efforts are based on the best facts and research available.

The National Campaign to
Prevent Teen Pregnancy
[illegible] Street, NW, Suite [illegible]
Washington, DC [illegible]

C. Greenstein

THE NATIONAL CAMPAIGN TO PREVENT TEEN PREGNANCY

2100 M STREET NW SUITE 300
WASHINGTON DC 20037

PHONE: 202.857.8655
FAX: 202.331.7735
EMAIL: CAMPAIGN@TEENPREGNANCY.ORG
WEB: WWW.TEENPREGNANCY.ORG

Memorandum

To: Lynn Hogan
From: Sarah S. Brown
Date: April 24, 1997
Re: List of Teens Attending the White House Reception on May 2, 1997

The Campaign honorees include teen representatives from the three organizations: Children's Express, Sex Etc. and Best Friends. The teens from each group who will be attending the White House reception are listed below. We have not yet personally met or interviewed the teens. Should you want more information on the individual teens themselves, please contact the adult Campaign Honoree listed with each group.

1. **Children's Express**: A national, nonprofit youth development and leadership organization that uses oral journalism to give children a significant voice in the world. CE's weekly national column is researched, reported and edited by children and adolescents for audiences of all ages and is syndicated to newspapers around the country. CE reporters and editors have appeared on major national television programs; they have published three books of children's voices; and, in 1988, they received a Peabody and Emmy award for "Campaign '88."

CE Teens Attending:

Stuart Merkel
Izetta Mobley
Editors/Reporters

CE Contact and Campaign Honoree:

Eric Graham
President
Children's Express
1440 New York Avenue, N.W.
Suite 510
Washington, DC 20005
P: 202-737-7377
F: 202- 737-0193

2. ***Sex Etc. -- A Newsletter by Teens for Teens***: Published by the Network for Family Life Education, the newsletter provides adolescents with an opportunity to voice their opinions on social issues of concern to them, including topics such as sexuality, abstinence, teen pregnancy, drugs, etc., and also serves as a vehicle by which to provide teens with important information on issues affecting their lives.

Sex Etc. Teens Attending:

Katrina Braxton
Seo Hee Koh
Cecilia V. Lalama
Ira Lederer
Editorial Board Members

Sex Etc. Contact and Campaign Honoree:

Susan Wilson
Executive Coordinator
Network for Family Life Education
Rutgers, The State University
Center for Social and Community Development
School of Social Work - Livingston Campus
Building 4161; P.O. Box 5062
New Brunswick, NJ 08903-5062
P: 908-445-7929
F: 908-445-4154

3. **Best Friends Foundation**: A school-based program for girls in grades five through nine that fosters self-respect and promotes responsible behavior and abstinence. With friendship as its core, Best Friends celebrates the joys of adolescence free from drugs and alcohol and the complications of sexual activity. The program's basic message is that "You will succeed in life if you set your goals and maintain your self-respect."

Best Friends Teen Attending:

Angela Norman (6th grader at Amidon Elementary)
Lisa Haileab (student at Jefferson Junior High)
Participants in the Washington DC Program

Best Friends Contact and Honoree:

Elayne G. Bennett
President and Founder
Best Friends Foundation
4455 Conn. Avenue, NW, Suite 310
Washington, DC 20008-2328
P: 202-822-9266
F: 202-822-9276

cc: Katie Button, Office of the First Lady

THE NATIONAL CAMPAIGN TO PREVENT TEEN PREGNANCY

2100 M STREET. N.W., SUITE 500, WASHINGTON, D.C. 20037

FAX TRANSMISSION

TO: Lynn Hogan **DATE:** 4/24/97

FAX NUMBER:
456-7028

FROM: Alexandra Levenich

SENDER'S TELEPHONE NUMBER:
857 8550

TOTAL PAGES INCLUDING COVER SHEET: 3

MESSAGE:

THE NATIONAL CAMPAIGN TO PREVENT TEEN PREGNANCY

2100 M STREET, N.W., SUITE 500, WASHINGTON, D.C. 20037

House Advisory Panel to the Campaign

Co-Chairs:

Representative Michael Castle (R–DE)

Representative Nita Lowey (D–NY)

Vice Chairs

Representative Eva Clayton (D–NC)

Representative Nancy Johnson (R–CT)

Members

Representative Tom Barrett (D–WI)

Representative Jim Greenwood (R–PA)

Representative Bill Hefner (D–NC)

Representative Stephen Horn (R–CA)

Representative Jim Kolbe (R–AZ)

Representative Jim Leach (R–IA)

Representative Sheila Jackson Lee (D–TX)

Representative John Lewis (D–GA)

Representative Susan Molinari (R–NY)

Representative Jim Moran (D–VA)

Representative Connie Morella (R–MD)

Representative John Porter (R–IL)

Representative Deborah Pryce (R–OH)

Representative Lucille Roybal-Allard (D–CA)

Representative Tim Roemer (D–IN)

Representative Chris Shays (R–CT)

Representative Karen Thurman (D–FL)

Representative Ed Towns (D–NY)

THE NATIONAL CAMPAIGN TO PREVENT TEEN PREGNANCY

2100 M STREET, N.W., SUITE 500, WASHINGTON, D.C. 20037

Senate Advisory Panel to the Campaign

Co-Chairs

Senator Joseph I. Lieberman (D-CT)

Senator Olympia J. Snowe (R-ME)

Members

Senator Christopher S. Bond (R-MO)

Senator John B. Breaux (D-LA)

Senator John H. Chafee (R-RI)

Senator Susan M. Collins (R-ME)

Senator Kent Conrad (D-ND)

Senator Richard J. Durbin (D-IL)

Senator Tim Hutchinson (R-AR)

Senator James M. Jeffords (R-VT)

Senator Herb Kohl (D-WI)

Senator Mary L. Landrieu (D-LA)

Senator Patty Murray (D-WA)

Group not complete at press time.

THE NATIONAL CAMPAIGN TO PREVENT
TEEN PREGNANCY

2100 M STREET, N.W., SUITE 500, WASHINGTON, D.C. 20037

MEMORANDUM

TO: **CAMPAIGN FRIENDS**

FROM: **SARAH S. BROWN**

DATE: **APRIL 18, 1997**

RE: **HILL FORUM**

We would like to invite you to the Campaign's press conference and public forum on **May 2 from 10:00- 11:00 a.m.** This event will address the problem of teen pregnancy, its consequences, and what the Campaign's approach is to reducing it. Speakers will include Campaign leaders; House Panel Co-chairs Reps. Nita Lowey (D-NY) and Michael Castle (R-DE) and other Members of Congress; and teens as well. Campaign accomplishments and future plans will be highlighted during this forum. **The event will be held on Capitol Hill at the Rayburn House Office Building, Room 2168, the Gold Room (located at the corner of Independence Avenue and South Capitol Street).** This event is open to the public; there is no need to RSVP.

We are very excited about this event and hope very much that you will be able to join us.

I would like to invite you to attend a White House ceremony on Friday, May 2 at 2:00 p.m. recognizing the first 12 honorees of the National Campaign To Prevent Teen Pregnancy.

May marks both teen pregnancy prevention month and the first anniversary of the National Campaign to Prevent Teen Pregnancy, therefore there is no better time to honor and recognize individuals from around the country whose efforts to prevent teen pregnancy are making a difference.

The 12 honorees, whom the First Lady will recognize, represent a diverse group of community-based pregnancy prevention programs that are each individually and in partnership with other organizations are fighting hard to reduce the incidence of teen pregnancy.

The honorees' work embodies several key themes that are essential to preventing teen pregnancy: emphasizing values and self-esteem in working with adolescents; forging partnerships with the corporate sector; encouraging adult-child communication; involving youth in the discussion; emphasizing the importance of male involvement in prevention; and involving the media. Honorees from Elayne Bennett, President of the Best Friends Foundation to Wade Horn, Director of the National Fatherhood Initiative, Sheila Johnson of Black Entertainment Television, Inc. and the other honorees represent the diverse approaches needed to tackle the problem of teen pregnancy.

I hope you can join us on May 2 to help celebrate the success of these individuals and their organizations.

Sincerely,

HHS Invitees to White House Reception on Teen Pregnancy Prevention

Ann Rosewater
Deputy Assistant Secretary for
Human Services Policy
Office of the Assistant Secretary for Planning and Evaluation
Humphrey Building - Rm 404E
200 Independence Avenue, SW
Washington, DC 20201
(202) 690-7409

Melissa Skolfield
Assistant Secretary for Public Affairs
Humphrey Building - 647D
200 Independence Avenue, SW
Washington, DC 20201
(202) 690-7850

Edward Sondik
Director
National Center for Health Statistics
Centers for Disease Control and Prevention
Presidential Building Rm 1140
6525 Belcrest Road
Hyattsville, MD 20782
(301) 436-7016

Thomas Kring
Acting Deputy Assistant Secretary for
Population Affairs
Office of Public Health Science
Humphrey Building - Suite 200 EWT-S
200 Independence Avenue, SW
Washington, DC 20201
(202) 594-4000

Olivia Golden
Principal Deputy Assistant Secretary for Children and Families
Aerospace Building - 6th Floor
370 L'Enfant Promenade, SW
Washington, DC 20447
(202) 401-2337

David Satcher
Director
Centers for Disease Control and Prevention
Rm 5132, Building 16
1600 Clifton Road, NE
Atlanta, GA 30333
(404) 639-7000

Barbara Broman
Director for Children and Youth Policy
Office of the Assistant Secretary for Planning and Evaluation
Humphrey Building - 450G
200 Independence Avenue, SW
Washington, DC 20201
(202) 690-6461

Yvonne Maddox
Deputy Director
National Institute of Child Health and Human Development
National Institute of Health
Building 31, 2A03
9000 Rockville Pike
Bethesda, MD 20205
(301) 496-1848

Carol Galaty
Director
Office of Program Development
Maternal and Child Health Bureau
Health Resources and Services Administration
Parklawn Building - Rm 11A-22
5600 Fishers Lane
Rockville, MD 20857
(301) 443-2778

Toby Graff
Special Assistant
Assistant Secretary for Public Affairs
Humphrey Building - 647D
200 Independence Avenue, SW
Washington, DC 20201
(202) 690-7854

THE NATIONAL CAMPAIGN TO PREVENT
TEEN PREGNANCY

Announcement
Background
Critical Acclaim/Stats

Jeremy –

Here's an update on our work. Hope it speaks well of us. I have written to Lencola Sullivan, as you suggested, and will hope to hear back from her.

Kindest regards,

Sarah Brown

5/17/96

2100 M STREET, N.W., SUITE 500, WASHINGTON, D.C. 20037
TELEPHONE: 202-857-8692 • FAX: 202-728-0232

THE NATIONAL CAMPAIGN TO PREVENT
TEEN PREGNANCY

2100 M STREET, N.W., SUITE 500, WASHINGTON, D.C. 20037

CAMPAIGN UPDATE

April/May, 1996

This brief progress report is designed to bring you up to date on recent developments in launching the National Campaign to Prevent Teen Pregnancy.

First Executive Committee Meeting:

The Executive Committee met for the first time since the Campaign became a separately incorporated entity and focused on establishing the memberships of the four Task Forces. These rosters will be approved formally and individuals invited to serve by the end of May. Our hope is to schedule initial meetings of the four groups by the end of the summer, calendars permitting. These groups are the heart of the Campaign inasmuch as most of the substantive work of the Campaign will be conducted under their leadership. Accordingly, much care is being taken in their development. The chairs of these four groups are Board members Jody Miller, COO of Americast (Task Force on Media); Barbara Huberman, Director of Training at Advocates for Youth (Task Force on State and Local Action); William Galston, Professor of Public Affairs at the University of Maryland (Task Force on Religion, Culture and Public Values); and Kristin Moore, Executive Director of Child Trends (Task Force on State and Local Action). A roster of the full board is on this letterhead; a one page summary of the Campaign is attached.

President Honors Annual Teen Pregnancy Prevention Month:

President Clinton issued a special message highlighting May as Teen Pregnancy Prevention Month; a copy of his statement is appended. It includes mention of the Campaign, which is likely to bring more attention to our efforts and more offers to become involved. Campaign Chairman, Gov. Tom Kean, has written the President to thank him for his leadership in this area. We are considering the possibility of holding a major event next spring coinciding with this annual month-long observance to announce the fully formed, funded and staffed Campaign. More details about that will emerge over the summer and fall.

Congress to Form Advisory Group on Teen Pregnancy:

Several members of Congress from both sides of the aisle have signaled their interest in forming an advisory group to work with the Campaign in a variety of ways. Representative Nita Lowey (D–NY) and Representative Michael Castle (R–DE) have agreed to co-chair a Congressional Advisory Panel to work with the Campaign. Over time, we may try to form a broader public officials group to include mayors, state representatives and others who can help to keep a steady focus on the need to prevent teen pregnancy.

In this connection, we are delighted that almost 100 members of Congress have signed a letter publicly declaring their support for the Campaign and their interest in helping us with various activities.

Task Force Chair and Campaign Director Offer Congressional Testimony:

On two recent occasions, the National Campaign has been asked to testify before the Congress. One statement was delivered by Board member and Task Force chair, Kristin Moore, before the House Committee on Government Reform and Oversight (Subcommittee on Human Resources and Intergovernmental Relations); the other was provided by Campaign Director, Sarah Brown, to the House Committee on Ways and Means (Subcommittee on Human Resources). On both occasions, the Campaign's mission, goals, board membership and early plans were described, followed by vigorous discussion.

Press Coverage:

Press coverage of the Campaign has been steady, even in the absence of a communications director (as noted below, we expect to fill this key staff position by the end of May). For example, many newsletters have featured the Campaign, and the Atlanta Journal and Constitution carried a nice interview with the Campaign's director. Our data base expands daily, with one of the fastest growing fields being press contacts. If you know of people who should be on our mailing list, please send name, address and affiliation to us at the letterhead address, attention Alexandra Leverich.

Campaign Activities:

Without providing a day-to-day account of our actions, we nonetheless want to give a sense of the activities that have consumed us in recent weeks. In addition to the Congressional testimony noted above, we have also provided briefings about the Campaign to numerous groups representing a wide variety of perspectives, including the Association of Reproductive Health Professionals and the Family Research Council. Speeches about the Campaign have been made in Iowa, Colorado, and Pennsylvania, and interviews have been granted to many magazine, television and radio outlets. We respond daily to requests from the general public for information about preventing teen pregnancy, and are making focussed efforts to reach out to groups not traditionally involved with teen pregnancy issues. In all these activities, we continue to build and manage a database of interested groups and individuals.

Staff appointed:

As noted in previous communications, our top priority this spring is to assemble a strong core staff so that we can more quickly put in place our many plans and respond to the opportunities for collaboration that have been so generously offered us by various groups. These personnel appointments are extremely important in order to provide existing staff -- especially Marti Easton -- some much needed assistance.

Toward that end, we are pleased to announce the following appointments: Alexandra Leverich is the Assistant to the Director and comes to the Campaign from the Cygnus Corporation with a master's degree in education and strong computer and organizational skills. Carmen Ford has accepted our offer to become the Campaign's Senior Administrator in charge of finance and personnel; her most recent job has been with the Children's Defense Fund where she held similar responsibilities. She will be in charge of managing the endless administrative complexities that setting up a new organization invariably involves. William Smith will join the staff in June to support the activities of the Religion, Culture and Public Values Task Force. Bill is completing a doctorate in political philosophy and has been working most recently for columnist Charles Krauthammer on a wide variety of public affairs issues. And finally, Phyllis Wolfe, a long time activist in community issues in the District and nationally, focussed especially on youth development, infant mortality reduction and health care for the homeless, is assisting the work of the State and Local Action Task Force. As noted above, we are in the process of hiring a communications director who will help to staff the Media Task Force, and will next look for a researcher/analyst to support the work of the Effective Programs and Research Task Force.

Fund-raising:

The Campaign has been awarded three major core grants in recent weeks which has given new energy to our work. These include awards from the Carnegie Corporation of New York, The Robert Wood Johnson Foundation; and an anonymous grant from a third foundation. Additional proposals are pending before other foundations; others will be submitted soon.

Future plans:

Immediate plans include a continued focus on fund-raising, staff hiring and setting up administrative systems. In addition, we are arranging for several basic documents to be written that will form the foundation for numerous more visible activities in future months. Specific activities include, for example:

(A) developing a clear, forceful statement from the Campaign about why teen pregnancy is a serious issue requiring focussed attention and action nationwide. In particular, the Campaign must not assume that all Americans appreciate the burdens imposed by teen pregnancy and child-bearing. This statement will be accompanied by a description of the Campaign itself and some basic facts about teen pregnancy.

(B) a review of existing public opinion/polling data about various aspects of teen pregnancy prevention in order to assess the merits of commissioning new public opinion work.

(C) developing a paper (under the guidance of the Religion, Culture and Public Values Task Force) outlining the major value conflicts that the teen pregnancy prevention issue generates, with a sincere effort to understand and characterize the positions that various sectors take. This paper will be widely distributed and will serve as a key document for one, possibly two (depending on the experience with the first) community discussions about teen pregnancy prevention, with the goal being to find and build areas of common ground.

(D) developing a paper on what is known about media influences on adolescent reproductive behavior and on the efficacy of media-based campaigns and social marketing to change high-risk behaviors. This information will be used by the Media Task Force to shape its own work;

(E) surveying states systematically to map the extent to which effective state-level coalitions exist that focus exclusively or primarily on teen pregnancy prevention, and the extent to which they interact successfully with -- or have stimulated the formation of -- local coalitions. This information will be central to the work of the State and Local Action Task Force.

(F) developing a clear summary statement about what the data show regarding effective programming at the local level to reduce teen pregnancy. This activity will be a major focus of the Effective Programs and Research Task Force, and will draw on the plethora of existing reviews published In the past couple of years..

Staying in touch:

Our new FAX number is 202-331-7735. Our address is shown on the letterhead. We welcome your inquiries, materials and suggestions. Stay in touch!

Attachments:

1. Campaign summary
2. Statement by President Clinton

THE NATIONAL CAMPAIGN TO PREVENT TEEN PREGNANCY

2100 M STREET, N.W., SUITE 500, WASHINGTON, D.C. 20037

Mission: To prevent teen pregnancy by supporting values and stimulating actions that are consistent with a pregnancy-free adolescence.

Goal: To reduce the teenage pregnancy rate by one-third by the year 2005.

What the Campaign will do:

- take a clear stand against teenage pregnancy and attract the interest of more national leaders and organizations in this issue;
- enlist the help of the media to reduce teen pregnancy;
- support and stimulate state and local action to reduce teen pregnancy;
- foster a national discussion about how religion, culture, and public values influence both teen pregnancy and responses to it; and
- strengthen the knowledge base for effective programming

Organization and leadership: This is a totally private (nongovernmental) and nonpartisan effort being led by a distinguished Board; work is conducted through four task forces and a small staff. A new 501(c)(3) organization has been established and funding is being sought to accomplish its objectives. The Board has elected The Hon. Thomas Kean, former governor of New Jersey, as its Founding Chairman. Dr. Isabel Sawhill serves as the Campaign's President and Sarah Brown as its Director.

Origins and history: The initiative was stimulated by President Clinton's challenge issued in his 1995 State of the Union address that "parents and leaders all across the country ... join together in a national campaign against teen pregnancy to make a difference." A follow-up meeting was held at the White House with a group of private citizens in October to discuss what might be done. Following that meeting, a serious private-sector planning effort was initiated around the ideas generated at the meeting. In his 1996 State of the Union address, the President once more talked about the seriousness of the issue and mentioned the current private-sector initiative as one very positive response.

Current status: A detailed prospectus for the overall Campaign was reviewed by the Board at its first meeting in February. The Campaign is now in the process of establishing a new organization, hiring a staff, and working with others to achieve its objectives.

For further information: To get on the mailing list of the new organization, or if you have other questions, please write to Ms. Alexandra Leverich, National Campaign to Prevent Teen Pregnancy, 2100 M Street, N.W., Suite 500, Washington, D.C. 20037.

THE WHITE HOUSE

WASHINGTON

NATIONAL TEEN PREGNANCY PREVENTION MONTH
MAY 1996

Warm greetings to everyone observing National Teen Pregnancy Prevention Month, 1996.

Teen pregnancy is one of our nation's most serious social problems. Each year, about one million American teenagers become pregnant. While teen birth rates have declined slightly for two years in a row, we anticipate that the rate will rise as our teen population increases. Tragically, high pregnancy rates among adolescents take a great toll not only on young parents but also on their children. Children born to teens are at greater risk of early death and are more likely to perform poorly in school and suffer abuse and neglect.

To address this important social issue, my Administration is working to support local solutions that teach young boys and girls responsibility for their actions and help them plan for the future. I have urged young people not to become parents before they are adults, finish school, and are ready to support their children. I have also fought to advance policies that give young people something to say yes to, providing them with the tools they need to build productive and responsible lives. And I have appointed Dr. Henry Foster as my advisor on teen pregnancy. He has already begun to work as a liaison to community-wide efforts across our nation.

Although the public sector has an important role in this mission, we know that government alone cannot solve the problem. Solutions must be implemented through grassroots efforts like yours in communities all across the country, and I have called on individuals and organizations from every sector of society to take action on behalf of America's youth. As a result, some of these concerned and committed private-sector leaders have organized the bipartisan National Campaign to Prevent Teen Pregnancy, chaired by former Governor Tom Kean, which has set as its goal a one-third reduction in teen pregnancy in America by the year 2005.

During this month, I encourage my fellow Americans to learn how they can help resolve the problem of teen pregnancy and give our teenagers the guidance they need to become good citizens and -- someday -- good parents. Hillary and I commend all of you for the work you are doing and extend best wishes for a memorable month.

Bill Clinton