THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

January 29, 1996

PRESIDENT CLINTON ANNOUNCES APPOINTMENT OF DR. HENRY FOSTER AS SENIOR ADVISOR ON TEEN PREGNANCY

The President today announced the appointment of Dr. Henry Foster as Senior Advisor to the President on Teen Pregnancy and Youth Issues. Dr. Foster will also be serving as an Expert Advisor to the Director of the Centers for Disease Control and Prevention and to the Secretary of Health and Human Services.

The announcement follows the President's State of the Union address in which he challenged Americans to strengthen families and do everything possible to reduce the rate of teenage pregnancy. While pregnancy rates are beginning to come down among teenagers, one million teenage girls still become pregnant every year.

In the State of the Union, the President announced that a group of prominent Americans will launch a National Campaign to Reduce Teenage Pregnancy, designed to support grass roots community efforts in this area. A dozen people have already agreed to be a part of this effort, including C. Everett Koop, David Hamburg of the Carnegie Corporation, Urban League President Hugh Price, Whoopi Goldberg, former Senator Warren Rudman, former Governor Tom Kean, Ogilvy and Mather CEO Charlotte Beers, and MTV President Judy McGrath.

Today, the President will meet with people working at the state and local level to reduce teen pregnancy and ask Dr. Foster to serve as his liaison to the National Campaign. Dr. Foster will also be working to bring national attention to the issue, to galvanize activity at the local level and will be advising the Administration on policies related to teen pregnancy. He will be meeting with leaders in business, media and other fields to mobilize and intensify their interest and efforts in this area.

"I am pleased that Dr. Foster has agreed to work with us in our efforts to reduce teen pregnancy and promote hope and opportunity for our youth," the President said. "Teen pregnancy is one of our most pressing social problems. All of us must work together to send a clear message to our young people that staying in school, postponing sexual activity, and preparing to work are the right things to do."

Dr. Foster is presently a Professor of Obstetrics and Gynecology at Meharry Medical College in Nashville, Tennessee. He has in the past been the Dean of the School of Medicine at Meharry and Chairman of the Department of Obstetrics and Gynecology. The appointment of Dr. Foster is effective immediately.

-30-30-30-

PRESIDENT WILLIAM JEFFERSON CLINTON
STATEMENT ON TEEN PREGNANCY
ROOSEVELT ROOM
JANUARY 29, 1996

[Acknowledgements: Secretary Shalala; Senators Pell, Murray and Chafee; Representatives Clement, Schroeder, Stokes, Clayton and Watt]

I'm pleased to report to all of you today about the progress being made toward launching a national effort to address the issue of teen pregnancy.

As I said in my State of the Union, we are living in an age of enormous possibility. More Americans, from all walks of life, will have more chances to build the future of their dreams than ever before. Of course, any time of great change brings its share of great challenges as well.

The first challenge I issued last Tuesday night was to cherish our children and strengthen America's families. And it was no accident that this was the first challenge I mentioned. Family is the foundation of American life. And if we have stronger families, we will have a stronger America.

Teen pregnancy is a moral problem that can quickly become an economic problem. The epidemic rates of teen pregnancy in our country mean that too many children are born into poverty and never escape it. And teen parents can't escape it either because too often they don't have the education and child care they need to participate in the work force. When children have children, it can create a destructive cycle that tears at our very notions of family and community.

That is why we must do all we can to make sure that every child who comes into this world has two loving parents who are ready to support and care for their child. Although the teen pregnancy rate is down, over one million young women become pregnant every year. And 80% of the babies born to unwed teen mothers who dropped out of high school will live in poverty.

We must all work together to solve this problem. Last year, in my State of the Union address, I called on Americans across the country to join together in a national campaign against teen pregnancy. Since then, members of my administration have been meeting with citizens from all sectors of our society to determine how a new national organization might support and expand upon existing community-based efforts.

That's why today, I'm pleased to announce that a group of prominent Americans has responded and will launch a full-scale National Campaign to Reduce Teenage Pregnancy. A dozen people are ready to begin this effort, including leaders in the field of helping our young people, such as C. Everett Koop and David

Hamburg of the Carnegie Corporation. Others who have agreed to play a role include Drew University president Tom Kean; former senator Warren Rudman; Ogilvy and Mather chair Charlotte Beers; entertainer Whoopi Goldberg; Atlanta Olympic co-chair Andrew Young; and MTV President Judy McGrath. I'd also like to especially thank Dr. Isabel Sawhill, of the Urban Institute, for her work in spearheading this effort.

This is a serious, bi-partisan effort to address a difficult problem in a substantive manner. Many of them will be meeting tomorrow in New York, and in the next month, this group will be up and running. And when the National Campaign to Reduce Teenage Pregnancy holds its first board meeting, I'd like to invite them to the White House to discuss how we further their commitment to this important work.

Government must do its part in this effort. That's why today I'm pleased to announce that Dr. Henry Foster has agreed to serve as my senior advisor on this issue, and will be my liaison to the National Campaign. In his career as a physician and through his "I Have A Future" program in Nashville, Dr. Foster has dedicated his energies to the complex problem of teen pregnancy. In his new role, he will work in partnership with community-based organizations across our country to give our young people the tools they need to build responsible and productive lives.

Ultimately, what is needed to stop teen pregnancy is a revolution of the heart. We must all work to instill in every young man and woman a sense of personal responsibility. Having a child is the greatest responsibility any person can assume. It is not the right choice for a teen to make.

This message to our children must be constantly reinforced. One of the best ways to do this is through community organizations, like the ones I just met with. These groups, whether they are social clubs, mentoring programs or school-based classes, bear the primary responsibility of carrying this message to teenagers.

And each of us as has a role to play. I'd like to thank Colin Sears, who is here with me today, for demonstrating what an enormous contribution one person can make. Colin has worked at Baltimore's Young People's Health Connection since he was in middle school, teaching other young people to make the right decisions and take responsibility for their lives.

All of us must say to every teen: Do not become pregnant or father a baby before you are married, have finished with school and are ready to support your child.

This is the way we need to meet our challenges -- by working

together -- on national and local levels, in families and in communities, and in the public and the private sectors.

The era of big government is over, but we can't go back to the era where we simply tell people to fend for themselves. We have to move forward to the era of all Americans working to meet our challenges together.

I'd like to thank all of you for being here today. If we all work together to solve the problem of teen pregnancy, we will make a difference.

Date: 6/24/96 **Time:** 11 am

To: Debbie Fine

Company: White House

Fax: 456-7028

From: Susan Pagliaro

Pages: 2 **(including cover sheet)**

Hi Debbie! Hope you are well!

Enclosed is a list of sites I've sent your information on regarding teen preg. prev. programs. Please let me know at your earliest convenience if President Clinton visited any programs in cities besides Detroit. If possible, please let me know by noon, Th. 6/27.

Thanks!

Susan

Call

PLEASE PRINT

YES! I want to be an advocate for youth!

If you are interested in becoming an advocate for youth, you can join our Advocates Alert Network—an educational project to share information between the state and federal levels. The free Alerts are published on an as-needed basis and address legislative efforts around adolescentreproductive and sexual health.

NAME _____

TITLE _____

ORGANIZATION _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

Please send my alert by:

☐ FAX _____ (YOUR FAX NUMBER)

☐ ELECTRONIC MAIL _____ (YOUR E-MAIL ADDRESS)

☐ LETTER

Suite 200 1025 Vermont Avenue, NW Washington, DC 20005 USA 202.347.5700 202.347.2263 Fax

Technical Assistance to White House 1/1 - 6/30/96

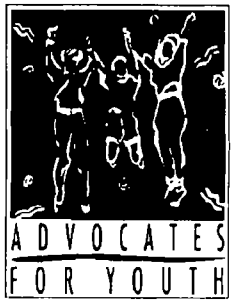
Technical assistance provided to the White House by Advocates' Teen Pregnancy Prevention staff on comprehensive, primary teen pregnancy prevention programs in the following cities:*

Detroit, MI
Orlando, FL
St. Louis, MS
Milwaukee. WI
New Haven, CT
Newark, NJ
Philadelphia, PA
Miami, FL
Springfield, IL
Denver, CO
Columbus, OH
Cincinnati, OH
Kansas City, KS
Kansas City, MS
Houston, TX

On March 4, 1996, President Clinton visited the Detroit Urban League Male Responsibility Program.

*Approximately three program sites were selected per city.

PRESS RELEASE



For Immediate Release
May 6, 1996

Contact: Susan Pagliaro or
Robin Hatziyannis
(202) 347-5700

Clinton Honors First Annual Teen Pregnancy Prevention Month

Calling teen pregnancy "one of our nation's most serious social problems," President Clinton extended greetings to those observing the month of May as National Teen Pregnancy Prevention Month.

"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," said Clinton. (The full text of the president's message is attached.)

Clinton first introduced the National Campaign to Prevent Teen Pregnancy last January in his State of the Union address. He called on families, communities, the media, and government to address this complex and profoundly human problem and asked the new board of directors of the campaign to "raise up" local, state and national efforts already underway, and to approach this issue in a non-partisan manner.

Since February, the Campaign, chaired by former New Jersey Governor Tom Kean, has begun working toward its goal of reducing the number of teen pregnancies by one third by the year 2005. "This campaign will highlight local community efforts to find out what combination of programs and services works best in reducing teen pregnancy and replicate these successful initiatives around the country. This public-private partnership also encourages community leaders to come together and address this critical national issue head on." said Margaret Pruitt Clark, President of Advocates for Youth and a member of the National Campaign's planning committee.

"With the combination of government, business, foundation, media and community involvement, we can meet the Campaigns's goal to reduce teen pregnancies by over 30 percent," said Barbara Huberman, Advocates' Director of Sexuality Education and also chair of the National Campaign's state and community coalition task force.

"National Teen Pregnancy Prevention Month is a dynamic start in a national conversation about our young people. We are delighted that President Clinton, members

-more-

of the National Campaign, and many others who joined in our efforts to help America's teenagers make a healthy transition to adulthood," said Huberman.

The director of the campaign, Sarah Brown, stresses that the campaign is still being set up, with a major emphasis on securing funds and staff to achieve campaign goals. "We are working hard to reach beyond the usual players and draw a wide variety of groups and perspectives into this effort," said Brown.

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The National Campaign to Prevent Teen Pregnancy aims to prevent teen pregnancy by supporting values and stimulating actions that are consistent with a pregnancy-free adolescence. The campaign will take a clear stand against teen 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. For further information contact Sarah Brown, Director, National Campaign to Prevent Teen Pregnancy, 2100 M Street, NW, Suite 500, Washington, DC, 20037, fax (202) 331-7735.

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Advocates for Youth works to increase the opportunities for and abilities of youth to make healthy decisions about sexuality. Since 1980, Advocates for Youth has provided information, education and advocacy to youth-serving professionals, policy makers and the public.

NATIONAL TEEN PREGNANCY PREVENTION MONTH MAY 1996

•Bumper Stickers • Buttons/Stickers • Posters • Newspaper Interviews • Newspaper Editorials • Celebrity Events • TV/Radio Talk Shows • Professional Training Programs • Film Festivals • Billboards • Library Bibliographies • Media Campaigns • Classroom Workshops • Governors' Proclamations • Balloons • Place Mats • Community Calendars • Teen Theater Performances • PSAs in School Announcements • Bulletin Boards • Mayors' Proclamations • Panel Discussions • Spirituality & Sexuality Clergy Conferences • Street Banners • Speakers' Bureaus • Presentations • Community Conferences • Donations • Local Teen Pregnancy Statistic Reports • Local, State and National Legislative Action Reports • Elected Officials at Meetings • Public Service Announcements • Teen Advisory Councils • Teen Pregnancy Videos • Press Conferences • Inserts in Utility Bills • Community Bulletin Boards • Fact Sheets • Financial Contributions • Lunch Time Educational Programs • Resource Donations • Bookstores • Educational Displays • Information in Employees' Direct Envelopes • Clubs • Civic Organizations • Awards • Local Community Councils • Resource Directories • Teen Hot Lines • Speakers at Body Care Centers • Teen Surveys • Speakers at School Boards • Articles • Workshops • Parents' Packets • Mother-Daughter/Father-Son Workshops • Workplace Lunch-time Seminars • Parent/Child Discussions• Parent Education Seminars • Community Action Retreats • Parent/Teen Speak Outs • Forums • Parent, Physician and Clergy Community Sexuality Education Conferences • Book Fairs • Letters to Elected Officials and Legislators • Local or State Legislator Luncheons • Teen Life Carnivals • Teen Conferences • Internships • Youth Leader Recognition/Award Programs • Teen Parent Panels • Essay, Poster, Poem or Rap Contest Sponsorships • Male Outreach Programs • Teen Fathers' Legal and Financial Responsibilities Pamphlets • Coach, Boy Scout Leader Clergy and Physician Sexuality Education Trainings • Special Church Services • Local Talk Shows • Teen Advisory Panels • Teen Talk Shows • Annual Media Luncheons • Billboards • Community Film Festivals • Teen Advice Columns • Press Conferences • Annual Media Awards • Teen Help Cards • Physician Education Campaigns • Physician and Health Provider "I'm Asking" Programs • Sponsorships • Male Outreach Programs • Posters in Buses • Teens in Community Service Organizations • Peer Counselor Trainings • Teen Theater Groups • Rap or Song Contests • Teen Leadership Conferences • School Newspaper Editorials • Clergy and Youth Educator Trainings • Sunday School

1025 VERMONT AVENUE, N.W. SUITE 200
WASHINGTON, D.C. 20005 USA

ADVOCATES FOR YOUTH

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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

U.S. Department of Justice

Office of Justice Programs

Office of Juvenile Justice and Delinquency Prevention

Office of the Administrator

Washington, D.C. 20531

August 29, 1996

MEMORANDUM

To: The Attorney General

From: Sarah Ingersoll
Special Assistant to the Administrator
Office of Juvenile Justice and Delinquency Prevention

Re: Teen Pregnancy

Overview

After rising steadily from 1986 to 1991, teen birth rates are down nationwide and teen pregnancy rates have declined in a majority of states. However, each year, approximately one million pregnancies occur among American teenagers; and births to very young teens are rising sharply.

Research indicates that teen pregnancy, like juvenile delinquency, is a complex problem; and that prevention and intervention requires a comprehensive approach that involves families, is culturally and developmentally appropriate, and focuses on providing young people with positive opportunities. While many cite the after school hours as a time of day when the majority of teenage pregnancies occur, there is no recent data that demonstrates that this is in fact true. This does not, however, change the importance of providing children with adult supervision and healthy after school activities.

The majority of programs to reduce teen pregnancy focus on prevention for at-risk girls; and secondary prevention for teen mothers to reduce repeat pregnancies. Many of these programs show great "promise." However, there are no teen pregnancy reduction programs that have been sufficiently evaluated or replicated to be considered "effective."

There is also little research on adolescent males and their sexual behavior; and fewer programs that work with males to prevent teen pregnancies. One key piece of research on males demonstrates that fathers of children born to teen mothers are usually significantly older than the mothers. There is also growing consensus that rape and child abuse are significant root causes of teen pregnancy; and much of young teen's early sexual involvement is coerced. According to a

study by the Alan Guttmacher Institute, some 74% of women who had intercourse before age 14 and 60% of those who had sex before age 15 report having had sex involuntarily. In addition, a March of Dimes study has shown that teenage women are at higher risk than adult women for battering during pregnancy and are more likely to have experienced battering in the year prior to pregnancy.

These facts, and increased media attention, has focused concerns and legislative action on increasing prosecutions for statutory rape. These prosecutions are a necessary strategy for addressing teen pregnancy, but should be balanced with comprehensive prevention approaches and efforts to increase the involvement of fathers in raising their children and paying child support.

Laws pertaining to statutory rape vary from state to state. To date there is no Administration policy on this issue. However, the recently enacted Welfare Reform legislation stipulates that by no later than January 1, 1997, the Attorney General will establish a program that studies the linkage between statutory rape and teen pregnancy, and that educates law enforcement officials on the prevention and prosecution of statutory rape. Research being conducted by the American Bar Association and Progressive Foundation will be very helpful in fulfilling this obligation.

With funding from the Annie E. Casey and Carnegie Foundations, Howard Davidson at ABA and Kathleen Sylvester at Progressive Foundation are examining the adequacy and effectiveness of policies and statutes designed to deal with predatory sexual activity directed at young females. Beginning February 1996, they will begin work on a 16-month study focused on the relations ship between teen pregnancy and sexual activity -- involuntary and consensual -- involving adult males and young girls. The project will examine state laws and prosecutorial policies to determine how the legal system deals with this problem. They will also survey professionals who work with teen mothers to determine how the social welfare and health systems deal with suspicions and confirmed reports of sex abuse and rape of young girls. They have already prepared preliminary papers on this subject, including a summary of what some states are doing.

Significant Documents and Reports on Teen Pregnancy

Adolescent Sex, Contraception and Childbearing: A Review of Recent Research summarizes studies on the antecedents of adolescent sexual activity, contraceptive use and pregnancy resolution. *Adolescent Pregnancy Prevention Programs: Interventions and Evaluations* provides an overview of programs and of evaluations and discusses the need for new intervention efforts with stronger evaluations. Both were published by Child Trends, Inc. In 1995 and edited by Kristen A. Moore.

Beginning Too Soon: Adolescent Sexual Behavior, Pregnancy, and Parenthood is a two-volume comprehensive review released last year by HHS of the most recent literature on teen sexual behavior, pregnancy and parenthood and the effectiveness of teen pregnancy prevention

programs.

Best Intentions, a report produced by the Institute of Medicine, emphasizes the fact that among both teenagers and adults, many pregnancies are unintended.

Kids Having Kids: A Robin Hood Foundation Report, edited by Rebecca A. Maynard. According to this 1996 report, which was highlighted by President Clinton in a June 13 press conference, adolescent childbearing costs U.S. taxpayers $6.9 billion per year and $29 billion in lost productivity. Study highlights include the fact that children born to teenagers are twice as likely to be abused or neglected and 50 percent more likely to repeat a grade. Girls born to adolescent mothers are 83 percent more likely to become teenage mothers themselves. Following the release of this report, President Clinton asked for an additional $30 million for HHS to launch a teen pregnancy prevention initiative that would support community-based prevention efforts in major cities with high teen birth rates (see below).

Report to Congress on Out-of-Wedlock Childbearing. A September 1995 report produced by the Department of Health and Human Services summarizes trends and includes papers from experts on various subjects, including the effect of the welfare system on childbearing, and risk factors for adolescent non-marital childbearing.

Sex and America's Teenagers, published by the Alan Guttmacher Institute in 1994, synthesizes over a decade of research on teen pregnancy, including international comparisons and the influence of poverty in teen pregnancy. It also points to the age difference in fathers and mothers. The study reports that among teen mothers, 66 percent had babies by fathers age 20 and older.

Trends in the Well-Being of America's Children and Youth: 1996, a report produced by HHS, provides statistical data on sexual activity and pregnancy

Major Federal and Private Initiatives

The Administration is engaged in three main tracks to address the issue of teen pregnancy:

1) National Campaign on Teen Pregnancy

In his 1995 State of the Union Address, President Clinton challenged "parents and leaders all across this country to join together in a national campaign against teen pregnancy to make a difference." A group of prominent individuals (including C. Everett Koop, David Hamburg of the Carnegie Foundation, Whoopie Goldberg, former Senator Warren Rudman, and MTV President Judy McGrath) responded to that challenge, forming the National Campaign to reduce Teen Pregnancy, a privately-funded, non-profit organization. The campaign consists of five tasks:

1) Taking a stand against teenage pregnancy;
2) Strengthening the knowledge base for effective programming;
3) Supporting and stimulating state and local action to reduce teen pregnancy;
4) Enlisting the help of the media to reduce teen pregnancy;
5) Fostering a national discussion about how religion, culture, and public values influence both teen pregnancy and responses to it.

2) Presidential Appointment of Dr. Henry Foster as Senior Advisor on Teen Pregnancy
On January 29, 1996, President Clinton announced the appointment of Dr. Foster. As an unpaid White House appointee, Dr. Foster acts as a liaison to the National Campaign and is responsible for speaking to communities on the importance of preventing teen pregnancy and keeping the President, Secretary of Health and Human Services, and Director of the Centers for Disease Control and Prevention informed on the issue.

3) HHS Grants and Welfare Reform
Because estimates indicate that over half the mothers who receive Aid to Families with Dependent Children were teenagers when they had their first child, preventing teenage pregnancy has been a critical part of the Clinton Administration's approach to welfare reform and is a critical part of the Department of Health and Human Service's grant-making activities. The Personal Responsibility and Work Opportunity Reconciliation Act, which the President signed into law on August 22, 1996, contains several measures to reduce teenage pregnancy and prevent welfare dependency.

- *Teen Pregnancy Prevention* - Under the new law, starting in FY 1998, $50 million a year in mandatory funds will be added to the appropriations of the Maternal and Child Health Block Grant for abstinence education. In addition, the Secretary of HHS will establish and implement a strategy to 1) prevent non-marital teen births, and 2) assure that at least 25 percent of communities have teen pregnancy prevention programs. No later than January 1, 1997, the Attorney General will establish a program that studies the linkage between statutory rape and teen pregnancy, and that educates law enforcement officials on the prevention and prosecution of statutory rape.

- *Live at Home and Stay in School Requirements* - Under the new welfare reform law, unmarried minor parents will be required to live with a responsible adult or in an adult-supervised setting and participate in educational and training activities in order to receive assistance.

- *Strengthened Child Support Enforcement* - The new welfare reform law includes the child support enforcement measures President Clinton proposed in 1994. The measures include: streamlined efforts to name the father in every case; employer reporting to ne hires to catch non-paying parents who move from job to job; uniform interstate child support laws; computerized state-wide collections to speed up payments; and tough new

penalties, like drivers' license revocation for parents who fail to pay.

Besides the new funding that would be provided through the Welfare Reform Act, there are only a few federal grants devoted exclusively to addressing the problem of teen pregnancy.

- *Teen Pregnancy Prevention Initiative* - The HHS FY '97 budget includes a program that will make $30 million available to cities with high levels of teen pregnancy. However, this program has not been funded and is still pending Labor, HHS appropriations bill. Given the new $50 million program to address teen pregnancy under Welfare Reform, it is unlikely that this program will be funded.

- *HHS Adolescent Family Life Program* - Created in 1981, this program has awarded nearly $106 million to support demonstration projects that provide abstinence-focused educational services to prevent early unintended pregnancies and also develop and implement new approaches in the delivery of medical, social, and educational services to pregnant and parenting adolescents, their infants, and families. There is only a small amount of funds set aside for evaluating these programs.

- *HHS Community Coalition Partnerships Programs for the Prevention of Teen Pregnancy* - This new Centers for Disease Control demonstration program will provide $6.5 million over two years to enable 13 communities to develop plans for implementing and evaluating community-wide interventions that are innovative, comprehensive, and sustainable.

- *HHS Teen Parenting Demonstration* - This program focused on working with teen mothers on welfare. Outcomes of this demonstration showed that supports for these mothers increased positive outcomes, such as school attendance, but did not reduce repeat pregnancies.

Department of Justice Grants

The Office of Juvenile Justice and Delinquency Prevention is supporting a variety of programs that, while not devoted exclusively to the issue, include teen pregnancy prevention components. They include:

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

- *YWCA Tower Expansion Program* -- Funded at $100,000 from July 1995 to June 1998 seeks to empower the lives of women and families in the Washington, D.C. Metropolitan Area. The Tower program focuses on: 1) completion of a Comprehensive Crisis Intervention Assessment to evaluate individual and family needs of each girl, 2) establishment of a Tower Hotline to facilitate relationships between families, residents, and former residents in need of intervention and counseling services; 3) providing pre-vocational training through the Harrison Center of Career Education; 4) providing training on substance abuse issues; 5) providing life management and personal skills training; 6) providing parenting classes and support groups that include information on preventing unwanted pregnancies, establishing a mentorship program; and 7) establishing a consolidated case management system.

- *Practical and Cultural Education Center for Girls, Inc., (P.A.C.E.)* - Funded at $300,000 for August 1994 to July 1996, PACE seeks to improve the quality of life for at-risk girls between the ages of twelve and eighteen in Pensacola, Tallahassee, Jacksonville, Orlando, Bradenton, Ft. Lauderdale and Miami, Florida. PACE focuses on 1) providing accredited high school completion and basic skills education; 2) developing and implementing a career placement plan; 3) preventing substance abuse through education and counseling; 4) preventing teenage pregnancies; 5) teaching cultural awareness; 6) enabling young women to choose a safe environment free from violence and abuse; 7) teaching responsible health choices; and 8) encouraging involvement and volunteerism in the community.

- The *Federal Interagency Partnership* program, implemented by Cities In Schools, Inc. (CIS) - Through training and technical assistance to States and local communities, CIS, Inc. brings social, employment, mental health, drug prevention, entrepreneurship, and other resources to high-risk youth and their families at the school level. This includes a holistic focus on behaviors that promote health and wellness; prevent specific diseases, disorders and injury; prevent high risk social behaviors; intervene to assist youth who are in need; and help support those who are already exhibiting special health care needs.

- *Program to Promote Alternative Programs for Female Juvenile Offenders* - Through a grant of $100,000 to Cook County Juvenile Temporary Detention Center, this program is working to develop a comprehensive strategy to promote systemic change and alternative community-based services to adjudicated female juvenile offenders in Cook County, Illinois and to enable them to become productive members of their communities and avoid further involvement in the juvenile justice system; including developing gender-specific programs for female juvenile offenders that addresses education, life management and personal growth skills, physical and mental health care and counseling, parenting skills, job training and skills, community service.

- *Training and Technical Assistance for Family-Strengthening Programs* - Through an award of $250,000 to the University of Utah's Department of Health and Education, this

project seeks to increase and enhance family strengthening programs nationwide by disseminating information on model family strengthening approaches, providing training and technical assistance on implementation barriers and issues, and helping communities to select and evaluate family programs. This initiative has produced a document entitled *Effective Parenting Strategies for Families of High-Risk Youth (December 1993)*, which identifies a representative group of 25 promising programs..

- *Juvenile Justice Clearinghouse* - Funded by OJJDP as a component of the National Criminal Justice Reference Service (NCJRS), the clearinghouse has access to publications, articles, and reports on teenage pregnancy and related topics in the NCJRS library and data base collection, as well as information on programs related to teenage pregnancy through Partners Against Violence Network (PAVNET. There are currently 200 titles available and they are indexed by key search terms such as teenage pregnancy, pregnancy prevention, research, and program evaluations.

Private Initiatives

- In addition to these federal programs, the Annie E. Casey Foundation in Baltimore is funding the Plain Talk Initiative in Atlanta, GA; Hartford. CT; New Orleans, LA; San Diego, CA.. Plain Talk is aimed at helping communities develop and implement locally acceptable plans to protect sexually active youth from pregnancy and disease. The Initiative seeks to demonstrate the important role adults in communities must play in shaping messages about and creating the context for reducing sexual risk taking.

Coordination

There is no current interagency working group on teen pregnancy. In addition, there is surprisingly little formal coordination underway between the Administration's Fatherhood Initiative and work in the area of teen pregnancy. Some consideration, however, is being given to the link between this issue and violence against women activities both within HHS and DOJ. For example, HHS has started looking at the issue of adolescents involved in coercive relationships; and the DOJ Violence Against Women Office has recently proposed developing a pamphlet on dating violence. In addition the Advisory Council on Violence Against Women has a work group that is looking at the issue of K-12 education which includes issue of dating violence.

U.S. Department of Justice

Office of Justice Programs

Office of Juvenile Justice and Delinquency Prevention

Washington, D.C. 20531

FAX TRANSMITTAL SHEET

DATE: 9.3.96

TO: Lyn Hogan, White House
Sara Connell, DOJ
Elisa Koff, HHS

FAX NO.: ( ) 456-7028 TELE.NO.: ( ) 690-5514

FROM: SHAY BILCHIK
ADMINISTRATOR
OFFICE OF JUVENILE JUSTICE AND DELINQUENCY PREVENTION
633 INDIANA AVENUE, N.W., ROOM 742
WASHINGTON, D.C. 20531

OR

Sarah Ingersoll

FAX NO.: (202) 307-2093 TELE. NO.: (202) 307-5911

NUMBER OF PAGES: _____ [includes this fax transmittal sheet]

ADDITIONAL INFORMATION: FYI - Thanks for the information you shared with me.

If you have not received all pages, please call me at the above-listed telephone number.

THANK YOU.

To: Whom It May Concern
From: Lyn Hogan, Domestic Policy Council
202-456-5567
Re: Citations For Teen Pregnancy Brief

Teen Pregnancy Brief

- Each year, almost 1 million American teenagers become pregnant--approximately 10% (not 11%) of all women ages 15-19, **see Kids Having Kids, A Robin Hood Foundation Report, by Rebecca A. Maynard, editor, 1996, p.1, attached.**

- Private sector initiative, National Campaign to Prevent Teen Pregnancy, **see attached White House press release, January 29, 1996 announcing the commission, also see attached February 22, 1996 list of Board Members for National Campaign.**

- Authorized **41 states** (not 40) to bypass existing welfare rules, **and, in an average month, these welfare demonstrations will cover more than 10 million people, representing approximately 75% of all AFDC recipients, see attached memo and set of welfare waivers from, Dept. of Health and Human Services.** Strengthened child support laws resulting in record $11 billion collected in 1995; **change to, up from $8 billion in 1992;** over same period, paternity establishment rose from **(change to) about 500,000 in 1992 to 735,000 in 1995, see attached Child Support Enforcement** *draft* **for Twentieth Annual Report to Congress, U.S. Department of Health and Services, Administration For Children and Families, Office of Child Support, pp. 37-38, from Dan Williams, HHS.**

- Implemented new child support project to track down non-paying parents over state lines, etc., **see attached Presidential Memorandum, June 18, 1996, from the Federal Register;** President signed Executive Order to help track down federal workers who pay child support, **see attached Executive Order 12953 of February 27, 1995, requiring all Executive Agencies to facilitate payment of child support.**

- In May 1996, the President took executive action to require teenage mothers to stay home and stay in school, and sign personal responsibility contracts, **see attached May 1996 Presidential radio address.**

- Comprehensive Approach to Youth, Dept. of Education initiatives that will affect teen pregnancy, see Education brief; 1995 Department of Justice Safe Futures Program; Safe and Drug-Free Schools Act, passed in 1994, **waiting for information from DOJ.**

- Appointed Dr. Henry Foster Senior Advisor on Teen Pregnancy Prevention in January 1996, **see White House press release, attached.**

Note: The following bullet is not covered in the teen pregnancy brief, however, it is mentioned in other briefs. Therefore, I am including the following information and documentation for drops in teen pregnancy and teen birth rates.

- Teen pregnancy rates are down: **reality** is Teen birth rates are down and teen pregnancy declined in a majority of states. It is important to be careful with this data. Pregnancy rates are only available though 1993 and are on state-by-state basis without all 50 states reporting. Teen birth rates, however, have declined three years in a row by a total of 5%. Please **see attached HHS press release, June 24, 1996, HHS press release September 21, 1995 and internal statement from HHS/Melissa Skofield, June 16, 1996.**

The Challenges Ahead

- In his FY 97 budget, the President proposed a $30 million teen pregnancy prevention initiative (note, this program was not funded in the still pending Labor, HHS Appropriations bill), **see the attached Fiscal Year 1997 Budget under teen pregnancy prevention.**

Pulled from issue brief

TEEN PREGNANCY

"Ultimately, what is needed to stop teen pregnancy is a revolution of the heart. We must all work to instill in every young man and woman a sense of personal responsibility. Having a child is the greatest responsibility any person can assume. It is not the right choice for a teen to make."

President Bill Clinton
January 29, 1996

Each year, almost 1 million American teenagers become pregnant -- approximately 11% of all women ages 15-19. To address this serious problem, the Clinton Administration has pursued policies which recognize the fundamental obligation of all Americans to exercise personal responsibility, while expanding opportunities for at-risk young people to make positive life choices. President Clinton has stated clearly that government alone cannot solve the complex problem of teen pregnancy. The President has also called upon leaders in the private sector to join together to take action in their own communities.

A RECORD OF ACCOMPLISHMENT:

- **Private-Sector Initiative**: President Clinton has challenged leaders across the nation to come together to address the serious problem of teen pregnancy. In response, an independent, bipartisan organization has been formed. The new National Campaign to Prevent Teen Pregnancy has been established as a private, not-for-profit entity under the direction of Thomas Kean, former Governor of New Jersey and now President of Drew University, and Dr. Isabel Sawhill of the Urban Institute. The Campaign's board of directors includes prominent individuals from the business, media, entertainment, medical and philanthropic communities.

- **Promoting Personal Responsibility**: President Clinton has advocated welfare reform proposals that promote work, demand parental responsibility and toughen child support requirements:
  - The Administration has approved state welfare reform waivers to a record ~~38~~ 40 states that include various provisions affecting minor parents. These waivers are allowing states to bypass existing welfare rules and set time limits on benefits, require recipients to work or stay in school, provide child care and give employers incentives to hire welfare recipients.
  - The Administration has pursued aggressive enforcement of child support laws. In 1995, a record $11 billion was collected in child support from non-custodial parents, an increase of 40% since 1992. Over that same period, paternity establishments rose by over 40%.
  - The Administration took executive action in May 1996 to require teenage mothers to stay in school and sign personal responsibility contracts or lose their welfare benefits.

- **Comprehensive Approach to Youth**: The Administration has worked to address the complex economic and social factors which often underlie high rates of teen pregnancy and to support communities in offering young people positive alternatives to early sexual behavior and parenting:
  - Under the Clinton Administration, the Department of Education has launched a number of initiatives that address teen pregnancy prevention through improved schooling for disadvantaged students, coordination of health and social services and school-to-work opportunities to increase economic self-sufficiency. Specific initiatives include: Goals 2000; School-To-Work Opportunities Act; and expansion of the Head Start program.
  - In 1995, the Department of Justice created the SafeFutures Program, a five-year initiative which will provide approximately $8 million per year to six jurisdictions for comprehensive and coordinated delinquency prevention and intervention programs for at-risk and delinquent youth.
  - The Administration is implementing the Safe and Drug-Free Schools Act, passed in 1994, by supporting local school districts in high-need areas in their efforts to coordinate violence and drug prevention programs with comprehensive school health education programs.

- **Appointed Senior Advisor on Teen Pregnancy Prevention**: In January 1996, President Clinton appointed Dr. Henry Foster (Professor of Obstetrics and Gynecology at Meharry Medical College and founder of the "I Have A Future" teen pregnancy prevention program in Nashville) to serve as Senior Advisor to the President on teen pregnancy and related youth issues. Dr. Foster works with community-based organizations across the country to give young people the tools they need to build responsible and productive lives.

THE CHALLENGES AHEAD:

President Clinton will continue to direct and encourage government policies that promote responsible behavior on the part of America's teens and to increase positive opportunities for young people. In his FY 97 budget, the President proposed a $30 million teen pregnancy prevention initiative. These funds will be used to evaluate and implement promising prevention strategies in communities that have demonstrated a commitment to community problem solving.

The President will also continue to urge leaders from all sectors of society to marshal their resources on behalf of America's youth.

May 1996

$1 billion has been made available, primarily for heating and crisis assistance.

Child Welfare/Child Abuse

In FY 1997, ACF is requesting $419 million in discretionary funding for these programs; $50.6 million will be used to fund Community-Based Resource Centers which support statewide networks of local child abuse and neglect prevention and family resource programs. In FY 1997, ACF will also consolidate research and training programs into the Child Welfare Innovative Program, totaling $39.1 million, to allow greater flexibility in funding promising initiatives and to disseminate knowledge on what works best across the spectrum of child welfare services.

In 1993, States received reports on nearly three million children who were alleged victims of child abuse and neglect. An estimated 1,000 of these children die each year as a result of their injuries. As demands on the child welfare system to protect abused and neglected children increase, ACF has dedicated funding to promote children's healthy development by preventing and treating the effects of child abuse and neglect.

Publicly funded Child Welfare Services are designed to encourage parental responsibility and help families stay together. If family preservation is not possible, children receive temporary or permanent placements in caring homes through foster care or adoption programs.

Teen Pregnancy Prevention

Teen pregnancy rates remain alarmingly high in the U.S. President Clinton, recognizing the impact of this tragedy, has referred to teen pregnancy as one of our most serious social problems. In an effort to help local communities further develop effective prevention strategies, HHS will launch a $30 million collaborative Teen Pregnancy Prevention Initiative in FY 1997. Demonstration grants to combat teen pregnancy will be made available to selected cities with disturbingly high teen pregnancy rates. Funds will be targeted to communities who have demonstrated a commitment to community problem solving and developed an appropriate infrastructure for implementing proposed strategies. Grant funds will be available to initiate, expand, or enhance comprehensive prevention strategies which utilize social, economic, and educational approaches to reaching at-risk teens. Drawing upon strong community and family support for this initiative together we can help to ensure safe passages for our Nation's adolescents.

Refugee Resettlement

The FY 1997 budget request for the Refugee and Entrant Assistance program is $381.5 million, based on a projected refugee ceiling of 75,000 and an additional 15,000 Cuban entrant arrivals. In order to be designated as refugees, people must have a well-founded fear of persecution in their country of origin because of race, religion,

U.S. DEPARTMENT OF

HEALTH AND HUMAN SERVICES

Washington, D.C.

THE FISCAL YEAR 1997 BUDGET

THIRD DRAFT

March 4, 1996

The attached document is based on the President's Budget scheduled for delivery to the Congress on March 18, 1996, and is strictly embargoed until 1:00 p.m. that day.

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release May 4, 1996

RADIO ADDRESS BY THE PRESIDENT
TO THE NATION

The Map Room

10:06 A.M. EDT

THE PRESIDENT: Good morning. This week was another good week for America. We learned that growth is up and unemployment is down. That's good for American jobs and good for America's families. We also had more good news on America's families today involving the Family and Medical Leave Act, which I was proud to sign in 1993. This week the bipartisan panel Congress created to study it reported that the law has helped more than one in six American employees take time off because of a serious family health problem, without any danger of losing their jobs. And almost 90 percent of the businesses found that complying with Family and Medical Leave cost them little or nothing. This is making America's families stronger, promoting work and family.

That's what we have to do with welfare reform, too. Our job is to fix a welfare system that too often pulls families apart and turns it into one that helps families pull together, to fix a system that traps too many people in a cycle of dependency that ends up snaring their children as well, and, instead, to create one that promotes jobs and independence.

For the last three years, we have been working hard to turn the welfare system around. All across America, the welfare rolls are down, food stamp rolls are down, teen pregnancy rates are down, compared to four years ago. And compared to four years ago, more and more people on welfare today are working as a condition of receiving welfare.

A lot of this has happened because our administration has

worked very hard to free states from federal rules and regulations which have built up over the years and which contribute to the flaws in the present system. We have slashed this red tape to 37 states, covering 75 percent of all the people on welfare in America, so that they can take steps to fix the broken system.

State by state, we are building a welfare system that demands work, requires responsibility, and protects our children.

But more needs to be done. The American people need a welfare system that honors American values: work, family, and personal responsibility. In 1994, and again this year, I sent Congress a sweeping welfare reform plan that would impose strict time limits on how long people can stay on welfare and strict work requirements for people when they are on welfare. My plan would also provide more funding for child care, so single parents can go to work. And it would crack down on parents who skip out on their responsibility to pay child support.

If Congress sends me a welfare reform bill that is tough on work instead of tough on children and weak on work, I will gladly and proudly sign it. Meanwhile, I am going to keep moving ahead to fix the welfare system by promoting work and looking out for our children.

Today, I'm acting to help teen mothers break free from the cycle of dependency for good. The only way for teen mothers to escape the welfare trap is to live at home, stay in school, and get the education they need to get a good job. We must make sure the welfare system demands that teen mothers follow the responsible path to independence.

Ohio has used freedom from federal rules to implement a terrific program they call LEAP -- Learning, Education, and Parenting. LEAP cuts welfare checks when teen mothers don't go to school, and rewards them when they do. And it works. A report released just this week by the Manpower Demonstration Research Corporation shows that for an important group of teens LEAP significantly increased the number of teen mothers who finished school, got jobs, and got off welfare. Every state should follow this example.

That's why, today, I'm announcing that every state must put in place a plan to keep teen mothers on welfare in school. We are going to audit the progress of every state and make the results public.

Second, we are going to make teen mothers who drop out of school go back to school and sign contracts that spell out exactly how they are going to take responsibility for their own lives.

And third, we are giving states immediate authority to provide bonuses to teen mothers who go to school and graduate, and to cut back the

checks of those who don't.

Finally, I'm challenging every state in the country to use its power to keep children who have children at home where they belong. There should be no incentive to leave home for a bigger welfare check. Unfortunately, even though they can, most states don't require teen mothers to live at home. That's wrong. Of course, if there is an abusive situation at home, children should be living in another safe, responsible setting.

But we have to make it clear that a baby doesn't give you a right, and won't give you the money, to leave home and drop out of school. Today, we are moving to make responsibility a way of life, not an option.

These commonsense steps have bipartisan support. They will help teen parents escape the cycle of dependency and start down the path to a successful future for themselves and their children. Now Congress needs to do its job and pass welfare reform. I'm glad that a group of bipartisan lawmakers is working on welfare reform. If Congress sends me a clean welfare reform plan that demands work, demands responsibility, protects children, and helps families stay together -- I will sign it. Until then, I'll keep working to do everything in my power to reform welfare, step by step and state by state.

Thanks for listening.

END 10:12 A.M. EDT

HHS NEWS

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

FOR IMMEDIATE RELEASE
Monday, June 24, 1996

Jeff Lancashire, 301-436-7551
Sandra Smith, 301-436-7551

TEEN BIRTHS DROP FOR THIRD STRAIGHT YEAR

Birth rates for teenagers in the U.S. declined in 1994 for the third straight year, according to the latest natality statistics released today by HHS Secretary Donna E. Shalala.

"The Advance Report of Final Natality Statistics, United States: 1994," prepared by the National Center for Health Statistics, a part of the Centers for Disease Control and Prevention, shows the birth rate for teenagers 15-19 years of age dropped from 59.6 births per 1,000 population in 1993 to 58.9 per 1,000 in 1994.

"This is another piece of good news in the battle against teen pregnancy, but we still have a long way to go," Secretary Shalala said. "Every day the tragedy of teen pregnancy hurts our children, our communities and our country. The President understands that teen pregnancy is one of the greatest problems facing our nation, and he has demonstrated leadership and taken action to help solve it."

To continue this progress, the administration has proposed a new $30 million Teen Pregnancy Initiative, to support community prevention efforts in cities with high teen pregnancy rates. In the past year, HHS also funded 15 demonstration programs through the Adolescent Family Life program aimed at preventing early teen sexual activity and pregnancy, as well as 13 grants through the Centers for Disease Control to help communities build coalitions to reduce teen pregnancy. (See HHS Fact Sheet: "Preventing Teenage Pregnancy.")

The 1994 birth rate among teens ages 15-19 was five percent lower than the recent high of 62.1 in 1991. The decline from 1993 to 1994 in teen births was 1 percent for teens age 15-17 (to 37.6 per 1,000 women) and 1 percent for teens age 18-19 (to 91.5 births per 1,000 women). Recent declines in abortion rates and birth rates for teenagers indicate that the teenage pregnancy rate has also fallen in the 1990's.

Despite this recent decline, the 1994 rate was still higher than in any year during the period from 1974 to 1989.

- More -

Today's report covers broad natality statistics. Overall, births in the U.S. declined for the fourth straight year in 1994 to 3,952,767. The birth rate fell 2 percent to 15.2 births per 1,000 total population; the lowest rate since 1978.

Among women of different race and ethnic groups, fertility rates were highest for Hispanic women, especially Mexican women, and for black women. Successively lower rates were reported for American Indian, Asian or Pacific Islander, and white women. Rates for teenaged women were highest among Mexican, Puerto Rican, and black women.

Meanwhile, the birth rate among unmarried women increased four percent in 1994, although the increases over the past five years have been much slower than that of the period 1984-1989. In 1994, nearly one out of three births were to unmarried women.

The multiple birth ratio rose to 26 per 1,000, an increase of two percent from 1993, and 33 percent since 1980. The higher-order multiple birth ratio (primarily triplet births) jumped 12 percent, doubling since 1987 and tripling since the early 1980's.

The report also provides a great deal of information on maternal health and behavioral characteristics, and improvements were reported in early prenatal care and reduced cigarette smoking:

--Eighty percent of mothers began prenatal care within the first trimester of pregnancy, the third consecutive year of increase. Meanwhile the proportion of mothers with late or no care continued to decline, dropping to four percent.

--Cigarette smoking during pregnancy declined again in 1994, for the fifth consecutive year, to 14.6 percent of mothers. Over 12 percent of births to smokers were low birthweight (less than 2,500 grams) compared with almost 7 percent of births to non-smokers.

--The incidence of low birthweight continued to climb, rising from 7.2 to 7.3 percent. Low birthweight improved among black mothers, but rose among white mothers. There was no change in low birthweight among American Indian or Hispanic mothers, but levels increased among Asian or Pacific Islander infants.

The report is available from National Center for Health Statistics, 6525 Belcrest Road, Hyattsville, MD, 20782; or by e-mail at: paoquery@nch10a.em.cdc.gov. The report is also found on the Internet at http://www.CDC.gov/nchswww/nchshome.htm.

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HHS NEWS

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

EMBARGOED FOR 4 P.M. EDT
Thursday, Sept. 21, 1995

Contact: CDC (404) 639-3286

CDC RELEASES NATALITY AND TEEN PREGNANCY REPORTS

Teen births are down nationwide and teen pregnancy declined in a majority of states, according to two new studies from the Centers for Disease Control and Prevention released today. CDC also reports that the rate of unmarried childbearing among women of all ages may have stabilized, and the agency released new findings on maternal and infant health.

Although the 1993 teen birth rate is still higher than 20 years ago, the birth rate for those 15-19 declined 4 percent from 1991 to 1993, according to the Advance Report of Final Natality Statistics, 1993, the annual report on birth patterns in America from CDC's National Center for Health Statistics. Teen pregnancy rates (including both births and abortions) were down in a majority of states as reported in "State-Specific Pregnancy and Birth Rates Among Teenagers--United States, 1991-1992," in the Sept. 22 Morbidity and Mortality Weekly Report, also being released today.

"Although these findings are encouraging, we clearly still need to do more to reduce teen pregnancy," said HHS Secretary Donna E. Shalala.

After increasing steadily between 1986 and 1991, the birth rate for teenagers 15-17 years declined 2 percent from 1991 to 1992 and was unchanged in 1993 at 37.8 births per 1,000. The birth rate for

older teens aged 18-19 was down 3 percent in 1993, to 92.1 per 1,000.

Pregnancy rates for teens declined in 30 of 41 reporting states and in the District of Columbia from 1991 to 1992. Decreases in teen pregnancy are reflected in a decline in both abortion and birth rates, with greater declines noted in the abortion rates. There were a wide range in pregnancy rates by state, from 53.7 per 1,000 women 15-19 in Wyoming to 106.9 for Georgia. Rates increased significantly in only two states.

In 1993, there were over a half-million births to teenagers -- over 200,000 to those not even 18. The teenage population is growing and if teen birth rates do not continue to decline, there will be a rise in the number of teen births over the next few years.

The 1993 annual natality report also documents that the rate of nonmarital childbearing has been essentially unchanged for three consecutive years, at 45.3 births per 1,000 unmarried women aged 15-44 in 1993. Prior to this period, there had been a 50-year rise in childbearing by unmarried women, and from 1980 to 1991 the rate increased 54 percent. Nonmarital births totaled just over 1.2 million in 1993 and accounted for 31 percent of all births that year.

The birth rate for unmarried teens leveled off between 1991 and 1993, showing the same pattern as that for all unmarried women. The vast majority of teen births are nonmarital (72 percent) but teen unmarried births account for only 30 percent of all nonmarital births.

Overall, births in the United States declined in 1993 for the third consecutive year, to just over 4 million. The birth rate per 1,000 total population declined to 15.5, its lowest point in 15 years. Birth rates for women in their twenties, the peak childbearing ages, declined in 1993 by 2 percent.

After rising steadily for almost two decades, birth rates for women in their thirties appear to have stabilized, recording just modest increases for the past few years. Still, there were more than 900,000 births to women in their early thirties, and the number of births to women aged 35-39, 357,000, was higher than in any year since 1960.

More than 100,000 babies were born in multiple deliveries in 1993, the highest number ever reported. Live births in twin delivery increased 1 percent while the number of triplet and higher-order plural births rose 7 percent.

The report documents maternal medical and lifestyle risk factors during pregnancy and their impact on the health of the infant:

-- **Cigarette smoking** during pregnancy declined to 15.8 percent, down from 19.5 percent in 1989, the first year that information on smoking was recorded on the birth certificate. Smoking during pregnancy declined in all age groups; still almost a quarter of young white and American Indian women, aged 15-24, smoked during pregnancy. Smoking is a key risk factor for low birth weight and infant mortality.

-- The most frequently-reported **medical risk factors** continued to be anemia, diabetes, and pregnancy-related hypertension.

-- **Prenatal care utilization** improved in 1993, following more than a decade of little change, with 79 percent of mothers receiving care in the first trimester. Fewer than 5 percent of mothers had late or no care, the lowest level since 1969.

-- The **cesarean delivery rate** declined again in 1993, to 21.8 percent of all births, continuing the downward trend noted in recent years following a rapid and steady increase through the late 1980s. The vaginal birth after cesarean delivery (VBAC) rate increased 8 percent in 1993.

Other measures of maternal and infant health were not so positive, the annual report shows.

-- **Preterm births** (prior to 37 completed weeks) increased 3 percent in 1993 to 11 percent of all births and almost one in five black infants.

-- **Low birthweight** increased from 7.1 to 7.2 percent the highest level reported since 1976. Most of the rise occurred among white births (6.0 percent), but low birthweight is still much higher among black infants (13.3). Low birthweight contributes to three-quarters of all infant deaths.

Data in Advance Report of Final Natality Statistics, 1993, are based on the birth certificates filed in state vital statistics offices and reported to the National Center for Health Statistics through the Vital Statistics Cooperative Program. "State-Specific Pregnancy and Birth Rates Among Teenagers--United States, 1991-1992," is based on birth certificate data as well as abortions reported to the Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion. Both centers are part of the Centers for Disease Control and Prevention, U.S. Public Health Service, within HHS.

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Note: For further information regarding these individual reports, please contact: "State-Specific Pregnancy and Birth Rates Among Teenagers--United States, 1991-1992," MMWR, Rachel Kaufmann or Lisa Koonin at 404-488-5200. Advance Report of Final Natality Statistics, 1993, Stephanie Ventura at 301-436-8954 or Sandy Smith at 301-436-7551.

cc: CHR
Broe
LHN H
return to OBA

6/19

NOTE TO LORRIE MCHUGH --

FYI, data to be released by the CDC indicate that birth rates for teenagers in the U.S. declined for the third straight year in 1994, down 2 percent to 58.9 births per 1,000 teens aged 15-19. Altogether, the birth rate for 15-19 year olds has fallen 5 percent since 1991. Birth rates for 15-17 year olds and for 18-19 year olds both fell by nearly 1 percent in 1994, and have declined by 3 percent since 1991.

This new data on teen birth rates confirm what President Clinton has been saying, that the teen pregnancy rate has been going down in the 1990s but that it is still far too high.

We have some flexibility in timing the release of this good news. The CDC needs to decide in the next couple days when to release the data, and they would like the release date to be on or before June 28th. If there is interest in working with us on this release, please let me know how you would like to proceed. Although this may not merit the scheduling of another White House event, we could time this release to coincide with a Presidential announcement of the data in a speech.

We also need to discuss a Surgeon General's report on physical activity and immunization when you get a minute.

Thank you.

Melissa Skolfield

cc: Jeremy Ben-Ami
Rahm Emanuel

THE WHITE HOUSE

WASHINGTON

[redacted]

Thank you for expressing interest in our efforts to address the problem of teenage pregnancy in America. I hope the materials that follow will be helpful to you.

If you would like further information on what the public and private sectors are doing to confront the issue of teen pregnancy you may wish to contact the following people.

For information about the newly formed private-sector National Campaign to Prevent Teen Pregnancy please write to:

Ms. Sarah Brown
Director
National Campaign to Prevent Teen Pregnancy
2100 M Street, NW
Suite 500
Washington, DC 20037

To reach Dr. Henry Foster, please contact his office directly at:

Dr. Henry Foster
Meharry Medical College
Department of Obstetrics and Gynecology
1005 D.B. Todd Boulevard
Nashville, TN 37208

For further information on what the Clinton Administration has done and is doing to reduce the rate of teenage pregnancy please contact:

Ms. Debbie Fine
Domestic Policy Council
The White House
OEOB 213
Washington, DC 20500

THE NATIONAL CAMPAIGN TO PREVENT TEEN PREGNANCY

Summary

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. Marti Easton, c/o the Urban Institute, 2100 M Street, N.W., Suite 500, Washington, D.C. 20037.

THE CLINTON ADMINISTRATION RECORD ON REDUCING TEEN PREGNANCY

A Summary Report

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

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

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

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

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

January 27, 1996

The Facts About Teen Pregnancy

A NATIONAL EPIDEMIC

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

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

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

TREND TOWARDS OUT-OF-WEDLOCK CHILDBEARING

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

INTERNATIONAL COMPARISONS

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

ROLE OF ADULT MALES

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

COSTS TO THE CHILDREN

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

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

COSTS TO SOCIETY

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

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

Research and Evaluation:
Learning What Works to Prevent Teen Pregnancy

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

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

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

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

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

- Teenage Parent Demonstration: In order to gain further insight into the occurrence of repeat pregnancies, in 1993, HHS funded a 5-year follow-up evaluation of the Teenage Parent

Demonstration, initially conducted from 1986 to 1991. This program targeted the high-risk population of teenage mothers on welfare, providing case management and support services such as education, training and child care. The follow-up evaluation continues to monitor these mothers and focuses on the occurrence of repeat pregnancies.

Reaching Into Our Communities And Promoting Partnerships to Prevent Teen Pregnancy

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

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

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

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

- Healthy Schools/Healthy Communities: In 1994, the Administration started the new Healthy Schools/Healthy Communities program -- funding 27 **new school-based health centers** in 20 states and the District of Columbia. These centers provide for

the health services and education needs of children and teenagers at high risk for poor health, teenage pregnancy, and other problems. A comprehensive evaluation of this program is currently being conducted.

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

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

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

Promoting Personal Responsibility Among Young People

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

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

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

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

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

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

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

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

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

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

LEARNING MORE ABOUT YOUTH AT-RISK

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

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

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

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

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

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

EXPANDING OPPORTUNITIES FOR YOUTH AT-RISK

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

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

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

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

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

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

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

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

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

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

LIFELONG LEARNING: INVESTING IN OUR YOUNG PEOPLE

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

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

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

EMPOWERING COMMUNITIES TO SOLVE PROBLEMS

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

HELP US KEEP THE ADVOCATES NETWORK EFFICIENT!

SIECUS needs your help to keep our Advocates database up-to-date. Please share with us your e-mail address if you have one. We are also interested in learning how best to communicate with the Advocates and how they communicate with policy makers. Please fill out this brief questionnaire and return to SIECUS at 1711 Connecticut Avenue, NW, Suite 206, Washington, DC 20009, or fax to (202)462-2340.

NAME(print)_____

ADDRESS_____

CITY, STATE, ZIP _____

TELEPHONE/FAX (For Action Alerts only!)_____

E-MAIL ADDRESS_____

1) Do you read the *Advocates Report*? ☐ yes ☐ no

2) How would you prefer to receive the *Advocates Report*? ☐ mail ☐ e-mail ☐ fax

3) Have you contacted policy makers in response to information contained in the *Advocates Report*?
☐ yes ☐ no

4) If you have contacted policy makers, how did you communicate with them?
☐ mailed letter ☐ telephone call ☐ faxed letter ☐ e-mail

5) Are there any sexuality-related issues that are not covered in the *Advocates Report* that you would like to see covered?_____

SIECUS ADVOCATES REPORT

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President

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Editors

SIECUS Advocates Report is a periodic publication of the Sexuality Information and Education Council of the United States, a national nonprofit organization, founded in 1964 to affirm sexuality as a natural and healthy part of life. SIECUS develops, collects, and disseminates information, promotes comprehensive education about sexuality, and advocates the right of individuals to make responsible sexual choices.

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GET ON BOARD AND ON-LINE: JOIN THE SIECUS ADVOCATES NETWORK

SIECUS Advocates become well informed activists by receiving the *Advocates Report*. Numbering in the thousands, members of the Advocates Network can have a real impact protecting comprehensive sexuality education and sexual rights on the federal, state and local level. Mail, fax, or even better e-mail (SIECUS@SIECUS.org) to sign-up friends, family and colleagues to raise their voices against intolerance.

NAME(print)_____ NAME(print)_____

ADDRESS_____ ADDRESS_____

CITY,STATE,ZIP_____ CITY,STATE,ZIP_____

PHONE/FAX(Action Alerts)_____ PHONE/FAX(Action Alerts)_____

E-MAIL ADDRESS_____ E-MAIL ADDRESS_____

SIECUS ADVOCATES REPORT

SPRING/SUMMER 1996

HOT TOPIC: TEENAGE PREGNANCY PREVENTION

Policy makers have given political prominence to teen pregnancy prevention since the issue reemerged during the welfare reform debates. As usual, some efforts offer useful approaches to reducing teenage pregnancy, while others fall far short of the mark. Members of Congress are not the only ones offering solutions — the Clinton Administration and the private sector are also speaking out.

Adolescent Family Life (AFL) Act: The 15-year-old demonstration program is garnering new attention. Senator Arlen Specter (R-PA) has recently introduced a bill to reauthorize the often controversial program and to increase its funding to $75 million dollars — far more than its current $7 million appropriation. Many reproductive health advocates are very concerned about this effort. First, the AFL program has had a history of funding abstinence-only programs. The new legislative language would not encourage abstinence-based or "abstinence-plus" programs (those that focus on abstinence but also provide information about contraception and links to services) that social science research says is an effective approach. Second, the AFL program also proved troublesome as it was administered in a way that violated the Establishment Clause of the U.S. Constitution (separation of church and state) by funding religious-based programs using religious messages to encourage abstinence. As a result, the program was the subject of a long-standing legal battle, *Kendrick v. Sullivan*, which was settled out of court. (The settlement agreement expires in 1998). The program also funds programs for pregnant and parenting teens and research on adolescent pregnancy issues.

National Campaign to Prevent Teen Pregnancy: This private sector initiative was stimulated by President Clinton's challenge in the 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." He repeated the theme in his 1996 Address. The Campaign hopes to reduce the teen pregnancy rate by one-third by the year 2005. The Campaign will use the media to communicate about teen pregnancy; support and stimulate local action; foster a national discussion about religion, culture, and public values that influence teen pregnancy and the responses to it; and strengthen the knowledge base for effective programming.

Clinton Administration efforts: In addition to drawing attention to the issue in the past two State of the Union Addresses, the Clinton Administration has included in its FY 1997 budget $30 million for a teen pregnancy effort under the Administration for Children and Families. At this time, details of the effort are not available. In addition, President Clinton has named Dr. Henry Foster, former Surgeon General nominee, as an unpaid Presidential Advisor on teenage pregnancy and youth issues.

ACTION: Contact your Member of Congress and the White House to express that comprehensive sexuality education, not abstinence-only programs, are effective in reducing teenage pregnancy and helping young people make responsible sexual choices. Because the lives of young people are so valuable, ask them to base their teenage pregnancy initiatives on sound, scientific research that explores the characteristics of effective programs — not on politics.

IN THIS ISSUE:

SIECUS IS ON LINE!

SIECUS's new website offers information about the agency's positions, projects and programs. Fact sheets on sexuality education are free and easily downloaded. Descriptions of publications are also available. The "What's New" section includes legislative and community affairs, video and book reviews, international news, and links to useful sites. "What's New" will also include a "discussion" section for educators, health care professionals, parents, and students who are involved in sexuality education. If you have questions about the site or about SIECUS, simply click to the SIECUS feedback form, and we will send you more information.

Find SIECUS's website by typing in the URL address (below) in conjunction with a web-compatible service. If you have text-only access, Lynx will provide web access in a text-only format

http://www.siecus.org/

COMMUNICATIONS DECENCY ACT CHALLENGED

President Clinton signed the Communications Decency Act into law in February, two weeks after the Senate passed the bill, 91-5, and the House passed it, 414-16. In response, the American Civil Liberties Union (ACLU), with over 45 anti-censorship groups including SIECUS, immediately brought suit against the U. S. Department of Justice, claiming that the Act is "constitutionally overbroad" and violates First Amendment rights. The case, *ACLU v. Reno* (which is consolidated with *ALA v. Department of Justice*) was heard before three Philadelphia federal district court judges and concluded on May 10. During the five days of the proceedings, SIECUS Board member Bill Stayton, a clinical psychologist, Baptist minister, and professor, testified before the panel.

The law would impose fines or a prison term of up to two years on anyone who "makes, creates, or solicits, and initiates the transmission of...any communication which is obscene or indecent" to minors. Rep. James Exon (D-NE), one of the Act's originators, claimed that communications reform was necessary to protect children under 18 years of age from accessing pornography on the Internet. On-line pornography is already subject to criminal prosecution under existing obscenity law, and the term "indecency" does not contain exceptions for material with "serious value without prurient appeal." Without this exception, educational postings that deal with sexual issues (such as the SIECUS website) are suspect. Overall, this action places restrictions on on-line speech involving "obscene or indecent" communication and abortion information. Moreover, it could mean that the posting of material on the World-Wide Web or on bulletin boards is subject to prosecution if those underage might see it.

Rep. Henry Hyde (R-IL) was responsible for adding the restriction on abortion information, which opponents refer to as an "on-line gag rule." It was taken from the 1873 Comstock Act which forbade the use of the mails for disseminating information related to contraception and abortion. Rep. Hyde inserted the provision outlawing the electronic dissemination of abortion information "designed, adapted, or intended for producing abortion or for any indecent or immoral use; or any...notice of any kind giving information, directly or indirectly, where how or of whom or by what means any such mentioned article, matter, or things may be obtained or made..." This provision is being challenged in U.S. federal court (*Sanger v. Reno*) by the Center for Reproductive Law and Policy. The U.S. Department of Justice indicated that it would not enforce the new provision until the judicial panel had ruled in the larger case. The next hearing is scheduled for May 28.

Interestingly, Rep. Hyde himself was impacted by this legislation. He had asked an abortion provider to testify at hearings he was holding. The potential witness declined because Hyde's Judiciary Committee routinely posts hearing testimony on the Internet. The provider feared that his testimony on abortion services would fall under the law's purview.

Pro-choice Members of Congress have introduced legislation that would change the language of the Comstock Act by amending the United States Code to eliminate the prohibitions on the transmission of abortion-related matters. The House version of the bill has nearly 50 cosponsors and the Senate version of the bill has 10. The bills are now in appropriate committees, but they have not seen any action.

ACTION: Contact your Senators and House Representative to encourage their participation in any action that would eliminate the criminalization of reproductive and sexual health information.

POLICY MAKER CONTACT INFORMATION:

To contact President Clinton:
White House comment line: 202/456-1111
White House e-mail address:
president@whitehouse.gov

To contact your Senators:
Capitol Switchboard: 202/224-3121,
then ask for your Senator.

To contact your House Representative:
Capitol Switchboard: 202/224- 3121,
then ask for your Representative.
If you do not know the name of your Representative, give the Switchboard operator your zip code and you will be connected.

ANTI-SEXUALITY EDUCATION, ANTI-KINSEY INSTITUTE BILL INTRODUCED

Rep. Steve Stockman (R-TX) has introduced the Child Protection and Ethics Act. The bill would call for a study by the General Accounting Office (GAO) to determine if the Kinsey Institute's 1948 report, "Sexuality in the Human Male," and the 1953 report, "Sexuality in the Human Female," contained information "erroneous and/or wrongfully obtained by reason of fraud or criminal wrongdoing (i.e., systematic sexual abuse of children)", and whether AIDS prevention, family life education, diversity education and sexuality education programs significantly or partly rely on the scholarship of, directly or indirectly, the 1948 and 1953 Kinsey Reports. If the GAO determines these allegations are true, then no federal funds can go to agencies, schools and universities that use Kinsey's work or work by anyone associated with the Kinsey Institute unless they indicate that the Kinsey Reports were unethical and fraudulent. The Kinsey Institute has already answered these false charges and has provided information about the reports to policy makers and media.

While the legislation is unlikely to move in Congress, it represents a serious attack on sexuality education. This legislation is yet another attempt by opponents of sexuality education to impugn the reputation of organizations supporting sexuality education and to undermine the widespread public support for sexuality education. It also represents a thorough misunderstanding of sexuality education as proponents of the legislation mistakenly believe that the Kinsey Reports are the sole basis and genesis of current sexuality education programs. Equally troubling is that 45 Members of Congress have co-sponsored the legislation.

ACTION: Contact your House Representative to explain that the GAO study would be a waste of taxpayers' money and federal employees' time. The Kinsey Institute has already made available the information about the reports. Current sexuality education is not based on the 1948 and 1953 Kinsey Reports. Express your support for comprehensive sexuality education.

LATE-TERM ABORTION PROCEDURE AVOIDS CRIMINALIZATION

Rare late term abortions — performed in the cases of life endangerment to the woman or severe fetal anomaly — would have been made illegal if President Clinton had not vetoed the "Partial-birth Abortion Ban Act" on April 10. If he had signed the measure, it would have marked the first time an abortion procedure had been made illegal since the Supreme Court decision in *Roe v. Wade*, which legalized abortion. Anti-abortion forces had dubbed the procedure "partial-birth abortion," and had played up the details of the abortion procedure. In turn, they ignored that women were terminating much-wanted pregnancies that had taken a tragic turn, either because the fetus was too deformed to survive or because the pregnancy was seriously jeopardizing the woman's life or health. When the House passed the bill, 286-129, their leadership would not allow an exception to the ban in cases in which the procedure was needed to avoid serious adverse health consequences to the woman. The Senate had also rejected the exception, 51-47, and then passed the bill 55-44. Had the legislation contained the exception, President Clinton would have signed it. A vote to override the veto of this bill is likely. Neither the House or the Senate have scheduled a veto override vote as of this writing.

ACTION: Contact the White House to thank President Clinton for his veto of the "Partial-birth" Abortion Ban Act. Contact Congress to voice your opposition to the ban on so-called "partial-birth" abortions. The Christian Coalition has set up a toll free number to call Congress and voice opinions on the President's veto. Call 1-800-962-3524 and let the Christian Coalition pick up the tab for your participation in the democratic process.

SURVEYS HINDERED BY LEGISLATION

The Family Privacy Protection Act, part of the Contract with America, continues to move forward. The legislation requires that researchers conducting federally-funded studies obtain written consent of a minor's parent or guardian before asking the minor about sexual behavior or attitudes (among other topics). Behavioral and social science researchers believe that the legislation will impair research in two ways: by skewing the samples due to the difficulty of obtaining written parental consent for high-risk youth or limiting the scope of research because of higher administrative costs associated with written consent. The bill passed the House overwhelmingly, 418-7, last spring.

This spring, the Senate Committee on Government Affairs passed the bill, making floor action a possibility. Given election-year political decision-making, exact timing is hard to predict. When the bill comes to the Senate floor, opponents of the bill are expecting an up-hill battle as the Senate passed a similar measure a few years ago on the Goals 2000 education bill.

ACTION: Contact your Senators and tell them you do not support the Family Privacy Protection Act. Explain that important youth-risk behavior research, upon which prevention programs rely, would be hindered by this needless legislation. If you are a service provider, explain how you use research to plan and inform your programs and services.

SUPREME COURT GUARANTEES EQUAL PROTECTION IN COLORADO

In a 6-3 majority ruling on May 20, the U.S. Supreme Court upheld a 1994 ruling by Colorado's Supreme Court that Amendment 2 of the Colorado Constitution violated the fundamental right of the "Equal Protection Clause" of the U.S. Constitution.

The proponents of the original Amendment 2 referendum claimed that the measure was not intended to discriminate against individuals based on sexual orientation but, rather, existed to remove unfair "special protections." The amendment went so far as to prohibit all legislative, executive or judicial action at any level of state or local government designed to protect this "class" of people.

Cities such as Denver, Boulder, and Aspen had passed ordinances ensuring civil rights protections to lesbians, gays, and bisexuals based on evidence of past discrimination in such areas as housing and employment. Amendment 2 nullified these ordinances, although a preliminary injunction prevented their enforcement.

This new ruling, *Romer v. Evans*, states that "(I)f the constitutional conception of 'equal protection of the laws' means anything, it must at the very least mean that a bare...desire to harm a politically unpopular group cannot constitute a legitimate governmental interest."

Although this U.S. Supreme Court decision will bar passage of any new anti-discrimination laws in Colorado, it is unclear what effect it will have on similarly proposed anti-gay referenda planned for this fall in Oregon, Washington, and Idaho.

FAR RIGHT DISTORTS SIECUS' MISSION

In September 1995, Concerned Women for America (CWA) began a distortion campaign against SIECUS. By January 1996, SIECUS – Members of Congress – had received 30,000 pieces of hate mail from CWA supporters. In March 1996, CWA took its anti-SIECUS distortion campaign to all 50 states. It published a a negative booklet about SIECUS and mailed it to every governor and to every state Department of Education.

CWA is not the only political extremist organization targeting SIECUS. Focus on the Family is distributing its own anti-SIECUS publication. The Family Research Council is targeting both SIECUS and the Kinsey Institute in their attack campaign. Building on the FRC's efforts, U.S. Rep. Stockman (R-TX) has introduced a bill to investigate the Kinsey Institute and stop Federal funding for SIECUS.

SIECUS has sent information about our organization (along with information about sexuality education) to every member of Congress as well as to the governor and chief school officer of every state.Your continued support is critical to our ability to respond to these attacks and to continue to promote comprehensive sexuality education and sexual rights.