THE NATIONAL CAMPAIGN PREVENT TEEN PREGNANCY
2100 M STREET NW SUITE 300
WASHINGTON DC 20037
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melanne—
I spoke to Belle Sawhill, fyi—
Per your suggestion they have added a few magazines for younger 9 (Glamour, Seventeen and cut alot of miscellaneous "friends" and "powerful women."
How much further do we want to push? They're eager for a sign off...
Shirley

FAX TRANSMISSION

TO: Shirley Sagawa **DATE:** 10/21/98

FAX NUMBER: 456-6244

FROM: Sarah Brown

SENDER'S PHONE: 202-261-5692

SENDER'S FAX: 202-331-7735

NUMBER OF PAGES INCLUDING COVER: 14

MESSAGE:

Dear Shirley: I hope the attached pages are self explanatory—I've talked with Melanne about all this. I'll call tomorrow in hopes of getting a final green light.

Cordially,
Sarah Brown

P.S. This is the teen pregnancy campaign that Belle Sawhill runs.

THE NATIONAL CAMPAIGN TO PREVENT TEEN PREGNANCY

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SARAH S. BROWN, DIRECTOR
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WEB: WWW.TEENPREGNANCY.ORG

October 21, 1998

Memorandum:

To: Melanne Verveer

From: Sarah Brown SB

Re: December 1, 1998 lunch: purpose and invitation list

Ann Moore and I are just thrilled that the First Lady is willing to be the special guest at a luncheon on December 1 in New York City, jointly sponsored by People Magazine and the National Campaign to Prevent Teen Pregnancy. This memo takes us one step closer by restating the event's purpose and refining the draft invitation list.

As you pointed out, the original idea that you and I discussed months ago was to create an event for the magazine editors who communicate most directly with teen girls (and boys). That remains a core purpose of the event. But our strong sense is that with the unique and exciting presence of the First Lady, we can attract the attention of an even wider array of leaders and industries that communicate with teens and their parents, and that limiting the event to teen magazines would not be the best use of the First Lady's time. As you know, Ann Moore has hosted a number of issue-oriented luncheons such as the one now being planned, and she in particular urges that we broaden the scope to include leaders in a *variety* of media sectors, and that we try also to court a few highly influential individuals who can help the Campaign in a number of ways in the future. We didn't mean to change directions mid-stream -- only to get the most out of this for all concerned!

Simply put, then, **our goal is to expand the number of heavy hitters who are willing to work with the Campaign, especially those who lead entertainment media enterprises that communicate intensely with teens and, to a lesser extent, with parents of teens.** At the luncheon itself, we plan to ask for commitments to help and will follow-up intensely after the event to lock in concrete agreements. I've attached a partial list of some of the commitments that the Campaign has already secured from media leaders to give you an idea of the kinds of partnerships we seek.

The draft invitation list attached builds directly on this clear mission. Each person can bring a great deal to the cause of preventing teen pregnancy and all have been carefully considered. Listed below are the sectors that the invitations target:

- **Print media**, emphasizing the magazines read by teenaged girls and including the very few that teen boys look at, too. A few representatives of magazines that adults read will also be targeted.

- **Radio**, another medium that teens and some adults rely on heavily, targeting those industries and individuals that are most likely to be interested in the problem of teen pregnancy, either through PSAs or programming itself.

- **Music industry**, which, again, is a very powerful means of getting messages through to teenagers, especially -- *if* we can spark their interest.

- **Sports programs and magazines,** which all our research tells us is the major venue available for getting through to men and boys -- a perspective that the Campaign emphasizes constantly (that this is not just a girls' issue).

- **Selected TV entertainment programs,** with a special emphasis on those programs that teens watch and that also get through to the parents of teenagers, such as soap operas, talk shows, and selected prime time programs.

- **Selected news programs and magazines** that can do a lot to raise the profile of the teen pregnancy problem and show promising solutions.

- **Key friends** of the teen pregnancy prevention issue, including some that have already been terrifically supportive and others whom we wish to court.

- **Foundations**, including some of the Campaign's current supporters and a few being wooed.

- **Campaign family members,** including selected Board and task force members who have been especially helpful with the entertainment media.

For each of these sectors, the message of the luncheon will be quite simple: teen pregnancy is serious and each person in the room has the ability to make a substantial contribution to easing the problem. By addressing the issue in the media that teens and their parents consume, we can raise awareness and point out solutions. For some, the commitment will be to produce a special segment or story line on the problem; for others it will be to print or broadcast public service announcements (PSAs). For still others it will be engaging the interest of friends and colleagues. With the help of the leaders in the room, teen pregnancy can be reduced significantly; without their commitment, progress will be limited at best.

The attached invitation list follows these broad categories and offers a set of names under each. Although we will undoubtedly be adding and subtracting names over the next several days, our most important concern is that you and the First Lady in particular feel comfortable with the these names. We will adjust the list in any way that you suggest.

More generally, if you would prefer that we return to the original plan -- an event crisply focused on teen magazines -- we will gladly do that; it is a very useful approach and we can well understand that it might seem preferable. Ann Moore is willing to host either type of event, although her strong preference is for the model outlined here.

Incidently, you may have noticed on the mock-up invitation we sent you that Pat Fili-Krushel (President of ABC Television) is listed as a co-sponsor. She is one of the most active and constructive members of the Campaign's media task force and we are delighted that she wanted to support the luncheon in such a visible way.

I will try to reach you or Shirley shortly so that we can proceed. Under any scenario, this luncheon will be a wonderful event, and we are deeply grateful for your making such a major contribution to the National Campaign. Thank you so much.

cc: Ann Moore, *People* Magazine
Isabel Sawhill, National Campaign to Prevent Teen Pregnancy
Shirley Sagawa, Office of the First Lady

Attachments: draft invitation list
partial list of Campaign media commitments to date

Revised 10/21/98

Draft Guest List for
Hillary Rodham Clinton Luncheon
December 1, 1998

1. **Print Media**

• Nadine Brozan	New York Times
• Janet Chan	Parenting (Managing Editor)
• Christina Ferrari	Teen People (Managing Editor)
• Ann Jackson	InStyle (Group Publisher)
• Liz Smith	Newsday
• Alair Townsend	Crain's
• Carol Wallace	People (Managing Editor)
• Jeannie Williams	USA Today
• Annie Zehren	Teen People (Publisher)

2. **Print Media** (cont'd)

• Angelo Figueroa	People en Español (Managing Editor)
• John Huey	Fortune Magazine
• Walter Isaacson	Time Magazine
• Nora McAniff	People Magazine (Publisher)
• Lanny Jones	Time Inc.
• Martha Nelson	InStyle (Managing Editor)
• Lisa Quiroz	People en Español (Publisher)
• Christina Saralegui	Christina
• TK	Emerge (BET)
• TK	Heart and Soul (BET)

3. **Print Media** (cont'd)

• Cathie Black	Hearst Magazines
• Susan Taylor	Essence (Editor-in-Chief)
• Jane Pratt	Jane (Editor-in-Chief)
• TK	Jump
• Patti Aderoft	Seventeen
• TK	Vibe
• Susan Kane	YM (Acting Editor-in-Chief)

Revised 10/21/98

4. **Print Media** (cont'd)

• Paul Krantz	Better Homes and Gardens (Managing Editor)
• Susan Ungaro	Family Circle (Editor-in-Chief)
• Bonnie Fuller	Glamour
• Ellen Levine	Good Housekeeping (Managing Editor)
• Myrna Blyth	Ladies' Home Journal (Editor-in-Chief)
• Sally Koslow	McCall's (Editor-in-Chief)
• Lesley Seymour	Redbook
• TK	Woman's Day
• Linda Chavez*	Syndicated Columnist
• Stephanie George	W Magazine (Executive VP)

5. **Radio**

• Lynn Andrews	ABC Radio Networks (President)
• Joan Hamburg	
• Joan Rivers	
• Dr. Ruth Westheimer	
• TK	Hispanic Radio
• TK	Hispanic Radio

6. **The Music Industry**

• Val Azoli	Atlantic Records
• Mariah Carey	
• Judy Collins	
• Bette Midler	
• Linda Moran	Warner Music
• Salt N Peppa	
• John Seutz	VH1
• Will Smith	

7. **Sports Programs and Magazines**

• Neil Cohen	SI for Kids (Managing Editor)
• Bill Colson	Sports Illustrated (Managing Editor)
• Donna DeVarona	ABC Sports
• Cherie Greer	Grantico Enterprises (Grant Hill's company)
• Mike Klingensmith	Sports Illustrated (President)
• Brian McAndrews	ABC Sports
• John Skipper	ESPN
• Cleary Simpson	SI for Kids (Publisher)
• Sammy Sosa	Chicago Cubs
• Chan Tagliabue	Planned Parenthood
• Paul Tagliabue	NFL Commissioner

Revised 10/21/98

8. **Selected TV Entertainment Programs/Soap Operas**

• Dona Cooper	ABC Daytime (SVP of Programming)
• Susan Lucci	All My Children
• Jill Farren Phelps	One Life to Live (Executive Producer)
• Angela Shapiro	ABC Daytime (President)
• Dawn Tamofsky	Lifetime
• Mickey Dwyer-Dobbin	Procter and Gamble Productions

9. **Selected TV Entertainment Programs/Talk Shows**

• Joy Behar	ABC/The View
• Phyllis George	
• Bonnie Hammer	USA Networks
• Star Jones	ABC/The View
• Debbie Matenopoulos	ABC/The View
• Deborah Norville	Inside Edition
• Rosie O'Donnell	The Rosie O'Donnell Show
• Valerie Schaer	ABC Daytime
• Anne Sweeney	ABC/Disney Cable (President)
• Meredith Vieria	ABC/The View

10. **Selected TV Entertainment Programs/TV News**

• Joanna Bistany	ABC News
• Steve Burke	Comcast
• Betty Cohen	Cartoon Network (President)
• Katie Couric	NBC/The Today Show
• Linda Ellerbee	Nickelodeon
• Cheryl Gould	NBC News
• Donna Hanover	Good Day New York
• Patricia Matson	ABC
• Jane Pauley	NBC/Dateline

11. **Selected TV Entertainment Programs/TV News** (cont'd)

• Betty Rollin	NBC
• Diane Sawyer	ABC
• Herb Scannell	Nickelodeon (President)
• Lynn Sherr	ABC/20/20
• Lesley Stahl	CBS/60 Minutes
• Barbara Walters	ABC/20/20 and The View
• Paula Zahn	CBS
• Judy Woodruff*	CNN
• Rosalyn Weinman	NBC "The More You Know"

Revised 10/21/98

12. **Selected Program Leaders/Funders**

• Jill Barad	Mattell
• Brenda Barnes	Avon, Sears, NY Times (Board Director)
• Joannie Danielides	Eastside House
• Jane Fonda	The Turner Foundation
• Ann Fudge	Kraft
• Lois Juliber	Colgate-Palmolive
• Andrea Jung	Avon Products
• Barbara Taylor Bradford	Police Athletic League
• Linda Fairstein	Manhattan DA's Office
• Jami Landi	Police Athletic League
• General and Mrs. Colin Powell	Best Friends Foundation
• Sister Mary Rose McGeady*	Covenant House

13. **Programs to be Recognized**

• Isabel Stewart*	Girls Inc.
• TK - program enrollee	Girls Inc.
• TK	Girls Inc.
• TK	Inwood House
• TK - program enrollee	Inwood House

14. **Key Friends**

• Holly Brooks	Girls On-line
• Muriel Gonzalez	Estee Lauder
• Caroline Hirsch	Caroline's Comedy Club
• Connie Hudas	People Magazine
• Jan Klug	Ford Motor Company
• Bob Kuperman	Chiat/Day (President)
• Robert Pittman	AOL
• Anna Quindlen	Author
• Mary Lou Quinlan	NW Ayer (President and CEO)
• Sherrie Rollins	Children's Television Network
• Muriel Siebert	NY Women's Agenda (President)
• Cara Stein	William Morris
• Robin Duke	Reproductive Rights Activist
• Elsie Newburg	Philanthropist
• Mrs. Felix Rohatyn	
• Gillian Steele	Philanthropist
• Rep. Nita Lowey (D-NY)	Co-Chair, Campaign House Advisory Panel
• Rep. Connie Morella (R-MD)	Member, Campaign House Advisory Panel

Revised 10/21/98

15. **Foundations and Corporate Donors**

• Vartan Gregorian	Carnegie Corporation of New York
• Rush Russell	Robert Wood Johnson Foundation
• Virginia Floyd	Ford Foundation
• Ellen Chesler	Open Society Institute
• Paul Tudor Jones	Robinhood Foundation
• Liz Claiborne	The Liz Claiborne and Art Ortenberg Foundation
• Karen Davis	Commonwealth Fund
• Michael Bzdak	Johnson and Johnson
• John Butler	Textron, Inc.
• John Skule	Bristol-Myers Squibb Company
• John Damonti	Bristol-Myers Squibb Foundation
• Judy Shoenberg	Ms. Foundation
• Pam Stevens	DeWitt Wallace-Reader's Digest Fund
• Vicki Sant*	Summit Foundation

16. **National Campaign's Media Task Force and Special Media Friends**

• Pat Fili-Krushel	ABC Network
• Sheila Johnson*	BET
• Gerry Laybourne	Oxygen Media
• Shelly Lazarus	Ogilvy & Mather
• Judy McGrath	MTV
• David Mechlin	Ogilvy & Mather
• Jody Miller*	Americast
• Ann Moore	People Magazine
• Bridget Potter	NBC Senior Vice President
• Sally Quinn	Author
• Bruce Rosenblum	WB Network (Senior Vice President)
• Nancy Rubin	US Ambassador, UN Commission on Human Rights
• Jay Winsten	Harvard School of Health Communication
• Ruth Wooden	Ad Council
• Susanne Daniels	WB Network
• Meredith Wagner	Lifetime TV
• Tony Jonas	Warner Brothers TV Productions
• Patricia Goodrich	ABC "Children First"

Revised 10/21/98

17. **Campaign Board and Staff**

• Gov. Tom Kean*	Campaign Board Chair
• Belle Sawhill*	Campaign President
• Leslie Kantor*	Planned Parenthood of NYC
• Charlotte Beers*	Ogilvy & Mather
• David Hamburg*	Carnegie Corporation of NY
• Judith Jones*	Columbia School of Public Health
• Sarah Brown	Campaign Director
• Brenda Cooper	Campaign Deputy Director
• Bill Albert	Campaign Communications Director
• Marisa Nightingale	Campaign Media Program Manager

* *Indicates a National Campaign Board Member*

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The National Campaign to Prevent Teen Pregnancy
Media Task Force Projects 1997-1998
September 3, 1998

Overview

The Media Task Force's goal is to engage the media to help disseminate a variety of prevention messages over time to the Campaign's core audiences. Our primary work is done in collaboration with entertainment media. Rather than promote a single message, the Campaign has developed a set of messages and works with a wide variety of media outlets to deliver the messages that best suit their own audiences and priorities. Through informal briefings and building relationships over time, the Campaign presents the facts and issues associated with teen pregnancy prevention, and suggests ways that each media organization can address the problem. Current projects, recent accomplishments, and upcoming plans are listed below:

Current projects and Recent Accomplishments:

1. In collaboration with the Campaign, **Black Entertainment Television (BET)** hosted four special episodes of its "Teen Summit" show from May, 1997 to May, 1998 to focus on teen pregnancy prevention. This special series of Town Hall Meetings, called **"Don't Kid Yourself: Teen Pregnancy is no Joke,"** won the Beacon Award from the Cable Television Public Affairs Association. **Original PSAs**, celebrities, experts, questions from teens, and skits from teen "posse members" were part of each show. BET has also created the **Urban Nation Hip Hop Choir**, a youth development project for over 300 young people from the Washington, DC area who perform gospel music and attend after-school workshops as part of BET's overall commitment to preventing teen pregnancy. BET is planning a series of additional Town Hall Meetings for the coming year on sex and health with funding from the Kaiser Family Foundation.

2. The Campaign has given informal briefings for the writers and producers of television shows that reach core Campaign audiences: teen girls, teen boys, parents and families. To date, briefings have been held for the staffs of shows including: ***Dawson's Creek, Zoe Bean, Seventh Heaven, The Parent 'Hood, King of the Hill,*** **and** ***Party of Five.*** Several of these shows (*The Parent 'Hood* and *Dawson's Creek*) have already told us that our messages, ideas and information are being woven into scripts for this season's shows.

3. On March 12, 1998, Pat Fili-Krushel, President of **ABC Daytime**, hosted a Campaign briefing for the executive producers and writers of ABC Daytime dramas, and for selected executives from daytime shows on NBC and CBS. Shows represented at the briefing included *One Life to Live, All My Children, General Hospital* and *The Guiding Light.* A teen panel joined our briefing and discussed issues including parental involvement and barriers to teen-adult communication. The briefing also resulted in solid relationships with executives in other areas at ABC (see #9 & 10).

4. The Campaign has made contact with writers at ***ER***, the creator of ***Two Guys, A Girl and a Pizza Place,*** the Executive Producer of ***3rd Rock From The Sun,*** and executives at **Greenblatt-Jannolari Studios**, producers of new shows for the fall season: *Maggie Winters* (CBS); *The Hughleys* (ABC); *and To Have and to Hold* (CBS). We hope to schedule briefings for these shows as appropriate. We also hope to organize briefings for the following shows: *Law & Order, Chicago Hope, Touched by an Angel, Home Improvement, NYPD Blue, Felicity,* and *Trinity.* We will continue to ask our Media Task Force for advice and contacts at these and other shows.

5. ***Teen People***, a new magazine launched in January, 1998 by People Magazine, collaborated with the Campaign on a reader poll and extensive editorial coverage of teen pregnancy prevention in its May issue in honor of Teen Pregnancy Prevention Month. The issue sold more than 1 million copies. On January 23, the Campaign held a briefing for *Teen People* senior editors and serves as an ongoing source of story ideas, information, and expertise for editorial staff. Campaign Director Sarah Brown serves on the National Advisory Board for *Teen People.*

6. In collaboration with **NBC, the Kaiser Family Foundation and the Ad Council**, the Campaign participated in **NBC's "The More You Know About Teen Pregnancy Prevention,"** a public education and outreach campaign launched on February 11, 1998. The initiative includes televised PSAs (featuring NBC talent), a study guide for schools, and a contest for junior high and high school students in which they create their own PSAs on teen pregnancy prevention. The Campaign advised NBC on scripts for the PSAs, contributed facts and information to the study guide, launched a teen web site (www.teenpregnancy.org/teen); and served as judges for contest entries. Winners attended the Campaign's Capitol Hill press briefing April 30, 1998 with Rep. Mike Castle (R-DE) and Rep. Nita Lowey (R-NY) and were interviewed nationwide about their winning PSAs.

7. Editor-in-Chief of ***YM Magazine***, Lesley Seymour, joined the Media Task Force this year. The Kaiser Family Foundation and *YM* featured the results of their comprehensive survey on teenage girls' views of sex, pregnancy and contraception in *YM*'s May issue, along with extensive editorial coverage of teen pregnancy issues. On November 7, 1997, the Campaign briefed the senior staff at *YM Magazine* and will continue to advise editorial staff on story ideas and issues related to teen pregnancy.

8. In May, 1998, **"The View,"** an ABC Daytime news show with Barbara Walters, Star Jones, Meredith Viera, and Debbie Matenopulous, explored parent-teen communication as a tool to prevent teen pregnancy. Specifically, the Campaign's "Parent Tips," released were used on air and posted on ABC's web site, which was also linked to the Campaign's. This relationship resulted from the March 12 briefing for Daytime writers and producers.

9. In June, 1998, **"Children First," ABC Television's corporate community outreach initiative,** included teen pregnancy prevention in a 30-minute network special for teens and in its related outreach materials. The special and the materials were distributed to all ABC affiliates nationwide for local use. The Campaign advised on content, and was listed on all materials and on the TV special as the resource to consult for more information. This relationship continues with the possibility of additional specials and network-produced PSAs.

10. **Ogilvy & Mather** produced, *pro bono,* "Imagine" a video that outlines the scope of the teen pregnancy problem through the voices and stories of real teens across the country. This video was created exclusively for the Campaign's use in briefings for media executives. Ogilvy & Mather has also produced, *pro bono,* a set of three posters with messages aimed at parents and adults for use in states and communities. These posters are also being displayed on the set of the television show ***ER***.

11. The Campaign is providing on-going assistance to **MTV** its work on teen pregnancy prevention. On January 30, 1998, the Campaign hosted a briefing for the staffs of youth-serving organizations and Capitol Hill offices to hear about recent MTV research from Todd Cunningham, MTV's Vice President of Research and Planning. In the fall of 1997, the Campaign provided data for an MTV news special on teen pregnancy, and reviewed scripts for PSAs created with the Kaiser Family Foundation on pregnancy, HIV and STD prevention. Ideas for future collaboration around peer involvement in preventing pregnancy are in the works.

12. The Campaign held an informal briefing for Channel One executives in April, 1997. The Campaign is currently working with Andy Hill, Director of Programming, at **Channel One** to develop segments around teen pregnancy prevention messages. Channel One News' research team is developing a story on the recent decline in teenage birth rates and the factors that have contributed to it.

13. Attendees of the June, 1997 Conference on State-Based Media Campaigns have been working year-round on teen pregnancy prevention media activities. The Campaign alerts this network when national-level activities occur (MTV news special; May issues of *YM* and *Teen People*) and they have used these opportunities to generate further local awareness and action. Campaign staff is conducting a survey of state contacts to assess progress.

Developing contacts in the media industry:

14. Bruce Rosenblum, Senior Vice President of Television Business Management at **Warner Brothers**, hosted the Media Task Force meeting for west coast members in July, 1998 to keep them updated on Campaign media activities, discuss new contacts for the Campaign, and evaluate progress to date. In September, 1997, Rosenblum introduced the Campaign to Tony Jonas, President of **Warner Brothers Television**, and Susanne Daniels, Director of Programming and Development at **The WB**, which sparked further action with both areas of Warner Brothers. Trent Jones, Vice President of current Programs at Warner Brothers Television, put the Campaign in touch with **ER** executives to advise on specific shows and to discuss a briefing for the show's creative staff.

15. Susanne Daniels, Director of Programming and Development **for The WB Network**, joined the Media Task Force this spring. She organized Campaign briefings in June and July, 1998, for six TV shows (both on The WB and on other networks). In November, 1997 she set meetings with five of the top talent agencies in Hollywood (**United Talent Agency, Creative Artists Agency, International Creative Management, and William Morris**) to help the Campaign make inroads with new contacts. Executives at some of these agencies -- whose clients include actors, directors, writers and producers of film and television -- are helping the Campaign determine whom to target for future work and how best to reach them.

16. Chris Harbert at **United Talent**, is working with the Campaign to arrange briefings for his clients and contacts at relevant shows. He connected the Campaign with **Greenblatt-Janollari Studios**, which has three new shows on network television for fall, 1998. The Campaign is pursuing the possibility of organizing individual briefings for these shows. Harbert is helping the Campaign make further inroads in the entertainment industry.

17. Andy Hill, Director of Programming at **Channel One,** attended the West Coast Media Task Force meeting in July, and has committed to work with the Campaign on several news segments in the future.

18. Aaron Kaplan of **The William Morris Agency** put the Campaign in touch with one of the co-creators of ABC's "Two Guys, a Girl and a Pizza Place," a popular new show that might explore some of the Campaign's key themes.

19. **Meredith Wagner, Senior VP of Public Affairs at Lifetime Television**, joined the Media Task Force this year.

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FAX TRANSMISSION

TO: Shirley Segawa **DATE:** 11/30/98

FAX NUMBER: 456 6244

FROM: Alexandra Wench

SENDER'S PHONE: 202-261-5550

SENDER'S FAX: 202-331-7735

NUMBER OF PAGES INCLUDING COVER: 2

MESSAGE:

Attached is a revised schedule for tomorrow's luncheon, based on Sarah Brown's conversation with Mrs. Clinton's speech writer, Laura Schiller.

Look forward to seeing you tomorrow

latest

REVISED SCHEDULE PER White House

12:15	Cocktails/reception	
12:55	Enter dining hall	
1:05	Ann Moore welcome (content as previously outlined)	(5 minutes)
1:10	O&M video shown	(4.5 minutes)
1:15	Ann Moore explains why she is helping the Campaign/shows slide/introduces the three Campaign leaders present (as previously outlined **Introduces Tom Kean** to introduce Mrs. Clinton	(5 minutes)
1:20	Tom Kean introduces Mrs. Clinton	(2 minutes)
1:22	First Lady speaks	(15 minutes)
1:37	Sarah Brown responds	(3 minutes)
1:40	Ann/Pat speak about new commitments and what others can do, offering some specific examples if Mrs. Clinton has not. End with introduction of Christina Ferrari. (Mystery bags delivered)	(10 minutes)
1:50	Christina Ferrari (content as previously outlined)	(7 minutes)
1:57	Girls, Inc	(1 minute)
1:58	Inwood House	(1 minute)
1:59	Ann Moore closes event	(1 minute)
2:00	Adjourn	

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FAX TRANSMISSION

TO: Shirley Segawa **DATE:** November 25, 1998

FAX NUMBER: 456-6244

FROM: Alexandra Leverich

SENDER'S PHONE: 202-261-5550

SENDER'S FAX: 202-331-7735

NUMBER OF PAGES INCLUDING COVER: 6

MESSAGE: Attached is the confirmed yes list for the December 1 luncheon at People Magazine (current as of COB Tuesday 11/24/98). People Magazine will be sending you additional details about who will be sitting with the First Lady, but, as of yesterday, the persons slated to be at her table include:

Head table

- Governor Tom Kean, Chairman of the National Campaign to Prevent Teen Pregnancy
- Isabel Sawhill, President of the National Campaign to Prevent Teen Pregnancy
- Linda Fairstein, Manhattan District Attorney's Office
- Norm Pearlstine, Editor-in-Chief, Time Magazine
- Dan Brestle, President, Estee Lauder
- Jan Bolton, Exec VP for Marketing and Promotion, Dillard's
- Christine Saralegui, Host, Hispanic TV, Radio, and Magazine (Ann Moore describes her as the "Oprah Winfrey" of Hispanic media)
- Annie Zehren, Publisher, Teen People
- Marsha Berry

If you have any questions or concerns about the seating, please contact Ann Moore's office at People Magazine (212-522-3970 or her assistant, Ceil, at 212-522-6220).

Also attached is a list of where and how to reach Campaign staff over the holiday. Our offices are closed on Friday, but we will be checking our messages and can be reached at home. Hope you have a wonderful Thanksgiving.

THE NATIONAL CAMPAIGN PREVENT TEEN PREGNANCY

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THE NATIONAL CAMPAIGN TO PREVENT TEEN PREGNANCY

Bill Albert (Communications)

- Until Wednesday, November 25 at 1pm, can be reached at 202-261-5591. Fax: 202-331-7735.
- From Wednesday pm through Sunday pm 910-765-7921 or cell phone 301-346-3323.
- Arriving in NYC, Monday, November 30 in am. Staying at Parker Meridien, 119 West 56th Street (between 6th & 7th) p: 212-245-5000 f: 212-307-1776

Sarah Brown (Director)

- From Wednesday through Sunday can be reached at home 202-966-2727
- Arriving in NYC, Monday, November 30 around 1pm. Staying at Parker Meridien, 119 West 56th Street (between 6th & 7th) p: 212-245-5000 f: 212-307-1776

Marisa Nightingale (Media Programs)

- Through Wednesday can be reached at 202-261-5703. Fax: 202-331-7735.
- Thursday, November 26,301-652-8358, Fax 301-654-7404, then until Sunday at 202-785-4643.
- Arriving in NYC, Monday, November 30 around 1pm. Staying at Parker Meridien, 119 West 56th Street (between 6th & 7th) p: 212-245-5000 f: 212-307-1776

Alexandra Leverich (Program associate/Sarah's assistant)

- Through Wednesday, 202-261-5550. From Friday through Sunday, 410-956-9302 or 301-652-4782.
- Arriving in NYC, Monday, November 30 around 1pm. Staying at Parker Meridien, 119 West 56th Street (between 6th & 7th) p: 212-245-5000 f: 212-307-1776

Jamie Brown (Development officer/Assistant to the President)

- Tuesday through Sunday - 707-544-1650. Fax 707-544-1670

PEOPLE

Susan Ollinick - (People PR)
- Out of the country the week of November 23
- Office # 212-522-8470

Ali Wesiberg (People PR)
- Through Wednesday at 212-522-0228/Fax 212-522-0051
- Wednesday PM through Sunday Pm at home 212-707-8760
- Pager 917-712-7783

Ceil McCarthy (Ann Moore's Assistant)
- Office - 212-522-6220

Frankie Whelan (Special Events Coordinator)
- Office - 212-522-9232

Gretchen Keller (handling luncheon inquiries while Frankie is on jury duty)
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FAX TRANSMISSION

TO: Shirley Segawa **DATE:** 11/25/98

FAX NUMBER: 456 6244

FROM: Alexandra Levenick

SENDER'S PHONE: 202 261 5550

SENDER'S FAX: 202-331-7735

NUMBER OF PAGES INCLUDING COVER: 3

MESSAGE:

This just came in from People & I wanted to be sure you had a copy.

Thanks.

People

Ann S. Moore
President

Time Inc.

People
Time & Life Building
Rockefeller Center
New York, NY 10020

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212-522-7639 Fax

To: Marsha Berry

Date: 11/25/98

FAX: 202-456-6244

From: Ann Moore

Total No. Pages: 2
(Including Cover Sheet)

Re: Hillary Rodham Clinton Seating for Dec. 1 Luncheon

Marsha:

The following is a brief description of the nine people we've tentatively assigned to Mrs. Clinton's table at the December 1 luncheon for The National Campaign to Prevent Teen Pregnancy.

Annie Zehren the Publisher of Teen PEOPLE will be your hostess and will know most of the people present in the room if you need help that day.

I look forward to meeting you. Please let me know if you would like any changes or anything special done for the luncheon.

Best,

Ann Moore

cc: Sarah Brown, The National Campaign to Prevent Teen Pregnancy
Anne Zehren, Teen People

HEAD TABLE

Thomas H. Kean—This former governor of New Jersey (1982-1990) is now the Chairman of the National Campaign to Prevent Teen Pregnancy and, since 1990, President of Drew University. He is on the boards of the Carnegie Corporation of New York, the Robert Wood Johnson Foundation, United Health Care Corporation, Educate America, and the National Endowment for Democracy.

Isabel V. Sawhill, Ph.D.—is President of The National Campaign to Prevent Teen Pregnancy and currently a Senior Fellow in Economic Studies at the Brookings Institution where she occupies the Adeline M. and Alfred I. Johnson chair in Urban and Metropolitan Policy. She has written reports on economic and social issues including economic growth, poverty and inequality, the well-being of children and changes in the family.

Christina Saralegui—is the "Hispanic Oprah." Her syndicated daytime talk show, *El Show de Christina*, reaches more than 100 million viewers worldwide. She also hosts a primetime interview program, and is involved in radio and magazines. She is married to Marcos Avilar, her manager and formerly the bassist for Gloria Estefan's Miami Sound Machine.

Linda Fairstein—is America's foremost prosecutor of crimes of sexual assault and domestic violence. She has run the Sex Crimes Unit of the District Attorney's office in Manhattan for more than two decades. She is the author of the non-fiction book, *Sexual Violence*, as well as the novels, *Final Jeopardy*, and *Likely to Die*. She is married to Justin Feldman, an attorney.

Norman Pearlstine—became editor-in-chief of Time Inc., the world's largest magazine publisher, on January 1, 1995, the fifth editor-in-chief in the company's history. Prior to joining Time Inc., he was with Dow Jones & Company, becoming managing editor of *The Wall Street Journal* in 1983, and executive editor in 1991. He is a 1967 graduate of the University of Pennsylvania Law School and a member of the American Bar Association. He is married to author Nancy Friday.

Anne Zehren—is the publisher of Teen PEOPLE. Prior to that, she was the Associate Publisher of Glamour after having spent 4 years as the Marketing Director for Newsweek.

Dan Brestle—was named president of Estee Lauder USA & Canada in July 1998, overseeing the largest US based division within The Estee Lauder Companies, Inc. From 1992 until 1998, Dan served as president of Clinique Laboratories. He is a 1967 graduate of Villanova and served six years in the United States Air Force.

Jan Bolton—is the Executive Vice President of Marketing and Promotions for Dillard's, the department store chain.

Marsha Berry-Mrs. Clinton's Press Secretary.

November 1998 ■ no. 38

Brookings

Policy Brief
Common and Uncommon Sense from the Brookings Institution

Teen Pregnancy Prevention: Welfare Reform's Missing Component

Welfare reform is being widely heralded as a success. But without attention to teen pregnancy and its corollary, single-parent homes, the reform's victories may be fleeting. In the last decade, teen pregnancy rates have declined somewhat, but remain twice those of other industrialized nations. Unless this underlying situation is addressed, child poverty and other social problems are likely to increase.

Educating teens about the consequences of early sex while continuing to make contraceptives available can go some way toward solving the problem. So, too, can after-school or mentoring programs and holding young men accountable for their actions. But to really effect change, what is needed is a broader campaign to strengthen social norms against early sex and out-of-wedlock pregnancy.

Isabel V. Sawhill

Two years after the enactment of welfare reform, the new law is being hailed as a great success. Caseloads have declined by one-third since the law was signed, and with fewer individuals to support, the states are flush with money. A strong economy interacting with tougher welfare rules and more support for the working poor is helping to turn welfare checks into paychecks. But the welfare system is like a revolving door. In good times, more people move off the rolls than come on and caseloads decline. But in bad times, exactly the reverse can occur. The only way to permanently reduce poverty and its associated expense is to stem the longer-term trends, such as more out-of-wedlock childbearing, that have historically pushed child poverty and caseloads up. Unless the states invest their surplus funds in programs aimed at *preventing* poverty, success may be short-lived or purchased at the expense of the children it was designed to help. If every recipient who finds a job is replaced by a younger sister ill-prepared to support a family, the immutability of the revolving door will once again prevail.

Isabel V. Sawhill

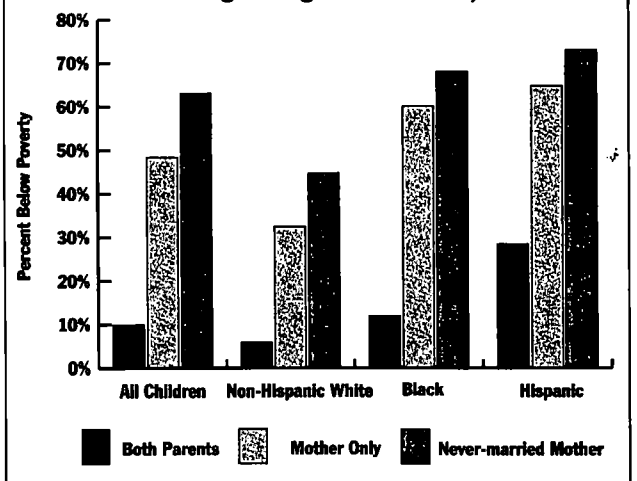
Isabel V. Sawhill is a senior fellow in Economic Studies and the Adeline M. and Alfred I. Johnson Chair in Urban and Metropolitan Policy at Brookings, as well as president of the National Campaign to Prevent Teen Pregnancy.

Preventing Teen Pregnancy

In enacting the Personal Responsibility and Work Opportunity Act of 1996, Congress failed to provide funds for early childhood education, inner city schools, or other measures that might have made a difference over the long haul. But it understood one fact all too well. Unless we can reduce teen, out-of-wedlock pregnancies and encourage the formation of two-parent families, other efforts are likely to fail.

Much more attention needs to be given to encouraging young people to defer childbearing until they are ready to be parents. Some of the funds freed up by the drop in caseloads ought to be invested in teen pregnancy prevention programs and in reconnecting fathers with their children. In the absence of such efforts, welfare reform's current success is likely to be short-lived.

Figure 1.
Child Poverty Rates by Living Arrangement of Child, 1996



Source: 1996 Marital Status and Living Arrangements. Current Population Series, U.S. Census Bureau.

Family Structure and Welfare Dependency

Rising divorce rates combined with a huge increase in childbearing outside of marriage have led to a situation in which most children born today will spend some time in a single parent family. And since roughly half of these single parents are poor (Figure 1), large numbers of children are growing up in poverty as well. Indeed, the growth of single parent families can account for virtually all of the increase in child poverty since 1970 (Figure 2).

The growth of female-headed families has also contributed to the growth of the welfare rolls. According to the Congressional Budget Office, welfare caseloads would have declined considerably throughout most of the 1980s if it had not been for the fact that the growth of single parent families continued to push them upward. Moreover, this factor was more than twice as important as the economy in accounting for the caseload increase of roughly one million between 1989 and 1993.

It is not just the growth of female-headed families but also shifts in the composition of the group that have contributed to greater poverty and welfare dependency. In the 1960s and 1970s, most of the growth of single parent families was caused by increases in divorce or separation. In the 1980s and 1990s, all of the increase has been driven by out-of-wedlock childbearing. Currently, 32 percent of all children in the United States and more than half in many large cities are born outside of marriage. Unmarried mothers tend to be younger and

Key to True Welfare Reform

more disadvantaged than their divorced counterparts. They are overwhelmingly poor (Figure 1) and about three-quarters of them end up on welfare.

A large fraction of babies born outside of marriage have mothers who are not teenagers. However, the pattern of out-of-wedlock childbearing is often established at a young age. Specifically, more than half of *first* out-of-wedlock births are to teens. So if we want to reduce such births and the welfare dependency that usually ensues, the adolescent years are a good place to start.

There are two strategies that can be used to reduce teen, out-of-wedlock births. One is to encourage marriage. The other is to discourage sex, pregnancy, and births among teens. This latter strategy has the advantage of being more consistent with the growing requirements of the economy for workers with higher levels of education and with evidence that teenage marriages are highly unstable.

Some of the funds freed up by the drop in caseloads ought to be invested in teen pregnancy prevention programs and in reconnecting fathers with their children. In the absence of such efforts, welfare reform's current success is likely to be short-lived.

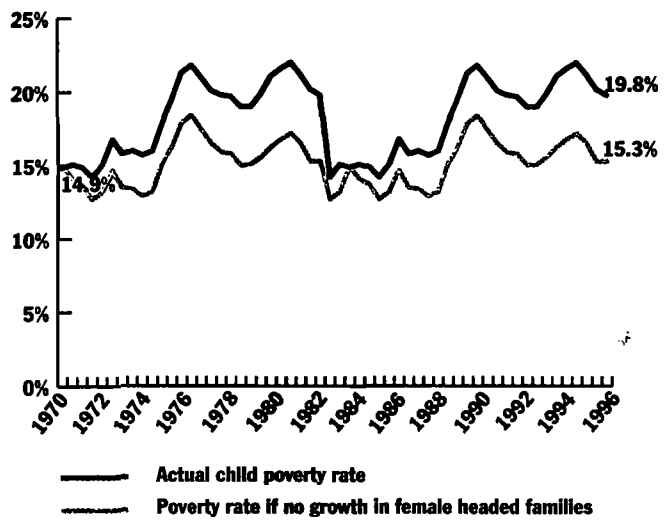
Out-of-Wedlock Childbearing: Cause or Symptom of Poverty?

Some contend that many of the women who have babies as unmarried teens would have ended up poor and on welfare even if they had married and delayed childbearing. The argument is that they come from disadvantaged families and neighborhoods, have gone to poor schools, or faced other adverse influences that make having a baby at a young age as good an option as any other. There are few men with jobs for them to marry, and given their own lack of skills, welfare seems like a relatively good alternative. Moreover, earnings for less skilled men have plummeted over the past 30 years.

Although such arguments cannot be dismissed entirely, they are only a small part of the story. To begin with, the drop in marriage rates, which has been especially pronounced among African Americans, has been much larger than any economic model can explain. Second, early childbearers are much less likely to complete high school, leading directly to poor long-term employment prospects for the young women involved. The children in such families suffer even greater adverse consequences, including poorer health, less success in school, and more behavior problems. Finally, the argument that declining earnings has made marriage less viable is a curious one. Two adults can live more cheaply than one, and by pooling whatever earnings can be secured from even intermittent or low paid employment, they will be better off than a single adult living alone. These arguments are doubly true once a child enters the picture and one parent either needs to stay home or shoulder the extra expense of paying for child care.

One can grant that the earnings prospects of poorly educated, inner city residents are not good and have deteriorated in recent decades, and that better schools and more support systems for low-income working families would help. Still, early out-of-wedlock childbearing greatly compounds the problem. Even well-educated individuals in their twenties have difficulty living on one income these days, and most middle class families have two earners. Yet, for some reason, it is assumed that if the men in low income communities can't command a decent wage, they are not marriageable. But fathers are, or should be, more than just a meal ticket. And although two minimum wage jobs will not make anyone rich, they will provide an income of about $20,000 a year, well above the poverty level for a family with two children (Figure 3). In short, marriage and delayed childbearing have the potential to solve a lot of problems, including assuring a better future for the next generation.

Figure 2.
Most of the Increase in Child Poverty Can Be Explained by the Growth of Female Headed Families



Source: All data from Table 10: Related Children in Female Householder Families, 1959-1996 except poverty rate for related children under 18, which is from Table 3: Poverty Status of persons, by age, 1959-1996, U.S. Census Bureau.

Why Are Teen Pregnancy and Out-of-Wedlock Birth Rates So High?

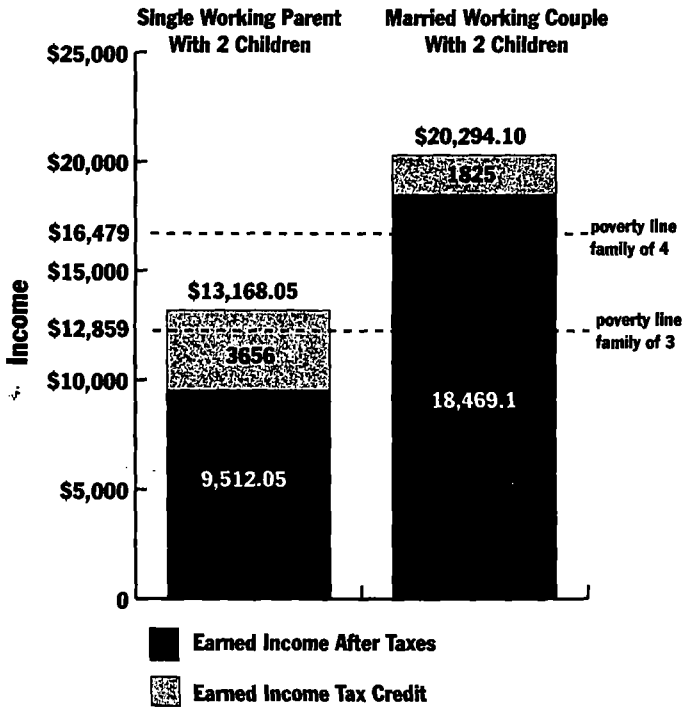
As teen pregnancy and childbearing have become more common, they have also become more acceptable, or at least less stigmatized. A few decades ago, there were real social penalties to be paid if a girl became pregnant outside of marriage. Young girls refrained from sex for fear of becoming pregnant and being socially ostracized. Among those who did get pregnant, shotgun marriages were common. Young men had to compete for women's affections by promising marriage or at least commitment. All of this changed during the 1970s and 1980s. Contraception and abortion became much more available, women became more liberated, and sexual mores changed dramatically. An earlier Policy Brief (Number 5, August 1996) by George Akerlof and Janet Yellen documents how the decline in shotgun marriages contributed to a rising tide of out-of-wedlock births. But this same change in sexual mores led not just to fewer marriages but also to a lot more sexual activity and a rising pregnancy rate among the nation's youth.

As Figure 4 shows, teen pregnancy rates increased from the early 1970s until 1990 and then declined a little during the 1990s. The relatively modest growth depicted in the chart is the result of two offsetting trends since 1972: increased sexual activity among teens combined with greater use of contraception. If teens had not increased their use of contraception over this period, teen pregnancy

rates would have soared and been almost 40 percent higher by now. On the other hand, contraceptive use did not keep pace with the greater tendency of teens to engage in sex, with the result that, up until recently, the pregnancy rate kept rising. In the war between sex and safer sex, sex won.

These increases in pregnancy rates have not always translated into higher birth rates. The greater availability of abortion after 1973 kept the teen birth rate somewhat in check. But few people, whatever their position on this difficult issue, want abortion to be the major means of preventing poverty and welfare dependency.

Figure 3.
Marriage as an Anti-Poverty Strategy



Source: Poverty line, Committee on Ways and Means (1998), p. 899; EITC, Internal Revenue Service (1997), p. 23. Assumes minimum wage of $5.15/hr.

The Good News: Teen Pregnancy and Birth Rates Are Now Declining

In the 1990s, teenage sexual activity stopped increasing or even declined a bit. This combined with greater utilization of contraception among teens has caused the teen pregnancy rate to decline for the first time in decades. Teen births have fallen as well and the proportion of all children born out-of-wedlock has stabilized. The drop in birth rates among unmarried black teens is especially striking. It has declined by almost one-fifth since 1991, a much sharper drop than that experienced by any other group.

What has caused this recent turnaround in sexual activity, pregnancy, and out-of-wedlock births? No one really knows, but there are several possible explanations. One is fear of AIDS, which is widely suspected to be the most important reason for teens' willingness to either abstain from sex or use contraception more frequently than in the past.

Another possible explanation is welfare reform itself. Although the trends pre-date welfare reform, they may have gotten an extra push from the debate leading up to enactment of the new law in 1996 and the state reforms that preceded it. Most researchers don't expect welfare reform to have a big impact on out-of-wedlock childbearing. (Past studies are somewhat inconsistent, but most find that welfare has had only minor effects.) However, the new law makes welfare, and thus unwed motherhood, as a life choice much more difficult. And past research may not be a very good guide to future behavior because it has been based on variations in welfare benefits across states, not system-wide changes that are accompanied by time limits and strong moral messages that have the potential to

change community norms.

Another factor that can't be dismissed is the performance of the economy over this period. The unemployment rate peaked in 1992 at 7.5 percent and has fallen sharply since. The long and very robust expansion, combined with increases in the minimum wage and in the Earned Income Tax Credit, may have helped to make work more attractive than welfare, and provided young women with more of a reason to defer childbearing. (This explanation is consistent with a surprisingly steep rise in the labor force participation of less educated single mothers since 1990.) And finally, tougher enforcement of child support laws may have made young men think twice before producing a baby.

Although recent declines auger well for the future, it is worth remembering that teenage pregnancy rates are still at least twice as high as in other industrialized countries and higher than they were in the early 1970s.

Given All This Good News, Why Worry?

Although recent declines auger well for the future, it is worth remembering that teenage pregnancy rates are still at least twice as high as in other industrialized countries and higher than they were in the early 1970s. About half of these pregnancies are carried to term while the remainder either end with a miscarriage or are terminated by an abortion. Very few teen mothers put their babies up for adoption, or marry the baby's father, a marked departure from practices 30 or 40 years ago.

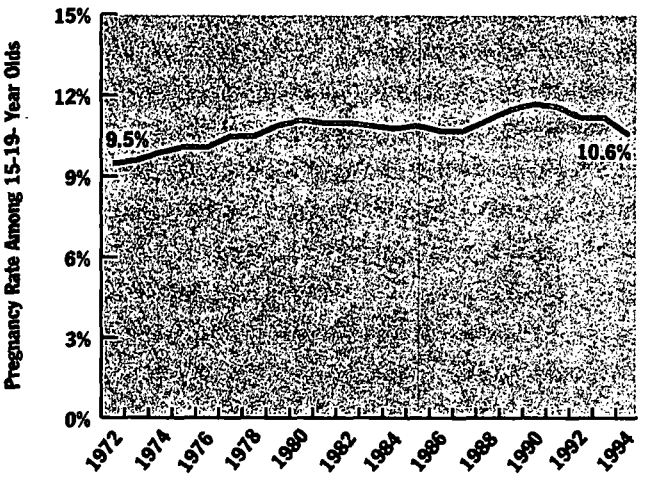
All of these considerations suggest that unless welfare reform begins to modify the behaviors that cause such a large proportion of children to be born to young, unwed mothers, it may do little more than reshuffle poor mothers and their children between welfare and low-paid work or worse. With the help of a strong economy, states could end up being quite successful at moving existing recipients off the welfare rolls. But unless they also focus on the number of young, unwed mothers coming in the front door of the welfare system, this could be a hollow victory. Congress has created an incentive for states to reduce teen and out-of-wedlock childbearing by offering a bonus of $20 million annually to the most successful states, and this has served as a wake-up call for some governors. But as Richard Nathan at SUNY Albany reports, many states have been reluctant to address the issue, considering it too hot to handle. They have tossed this political hot potato to local governments and nonprofits.

What Else Can Be Done?

Efforts to reduce teen pregnancy have traditionally centered on sex education and family planning services. Sex education, although widely available, is often too little and too late to have much impact. The best curricula focus less on reproductive biology than on teaching adolescents the skills needed to handle relationships, resist peer pressures, and negotiate difficult situations. Although teens are

using contraception much more frequently than in the past, and their preferred method—condoms—is widely available in stores, they do not typically use it consistently, especially when they are young. The result is that failure rates are high and unplanned pregnancies all too common. Even a 12 percent annual failure rate, typical for condom users, cumulates to an almost certain pregnancy in the dozen years between puberty and marriage or an adult job. Part of the problem is that the boys and young men involved are not held accountable for their actions. Although the new welfare law puts considerable emphasis on establishing paternity and collecting child support from fathers, up until now, most have had a free ride. Unwed fathers need to be offered the same work opportunities and be subjected to the same requirements as the mothers of their children. And if Congress wants to do something about the so-called *marriage penalty,* the place to start is with the Earned Income Tax Credit (EITC). As a result of the credit, a working single parent with two children can qualify for almost $4,000 a year. But if she marries another low-wage earner, she stands to lose most or all of these benefits. Congress should consider basing the credit on individual rather than family earnings. (A requirement that couples split their total earnings before the credit rate was applied would prevent benefits from going to higher income families.) Under such a revised EITC, incentives to marry would be greatly enhanced.

Figure 4.
Teen Pregnancy Rate 1972-1994



Source: Henshaw, S.K., U.S. Teenage Pregnancy Statistics, New York: Alan Guttmacher Institute, May 30, 1996. 1994 Figure from "Emerging Issues" Fact Sheet, AGI and Kaiser Foundation, 1998.

In the meantime, efforts to equip adolescents with the knowledge and the means to avoid pregnancy in the first place have been highly charged politically and have created a backlash by conservatives, and even by some moderates, who want more emphasis placed on abstinence. Public opinion polls show that over 90 percent of the public believes that abstinence is the appropriate standard for school-age youth, even though a majority still wants contraceptives to be available as a backup. (Contrary to what some believe, there is no evidence that teaching young people how to protect themselves causes them to have more sex than those who have not received such instruction.) As part of the 1996 welfare reform bill, Congress provided $50 million a year for abstinence education programs. Such programs have never been adequately evaluated and many experts are skeptical that "just say no" campaigns by themselves will have much effect. But there is new-found appreciation for the need to encourage abstinence, especially among younger teens. In addition, if these or other funds were used for programs such as mentoring, community service, or after school activi-

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ties, it could make a difference.

Those looking for proven programmatic solutions to this problem are likely to be disappointed. The point is not that sex education, family planning, or after-school programs can't be effective, but that without a change in social norms, their impact may be small. Conversely, an intervention that begins by affecting behavior in quite modest ways may eventually produce changes in norms that snowball into bigger long-term effects. Behavior is contagious. Teens, in particular, are enormously influenced by what their friends, parents, and heroes say and do. This suggests that programs not be judged only on the basis of their immediate effects but also on their potential to reorient peer culture. It also suggests devoting some funds to media campaigns and to support for community or youth-led efforts that focus on values and not just services.

In conclusion, reducing teen pregnancy could substantially decrease child poverty, welfare dependency, and other social ills. Although little is known with certainty about how to advance this objective, states now have the opportunity to experiment with a variety of promising approaches that are critical to the longer-term success of current welfare reform efforts. Whatever approach states choose, they should remain cognizant of the importance of strengthening the social norm that teen out-of-wedlock childbearing is—to put it most simply—wrong.

The Brookings Institution
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Dear Colleague:

Advocates for Youth is dedicated to creating programs and promoting policies which help young people make informed and responsible decisions about their sexual and reproductive health. We provide information, training, and advocacy to youth-serving organizations, policy makers, and the media in the U.S. and internationally.

Enclosed please find Advocates for Youth's second volume of ***Measuring Up: Assessing State Policies to Promote Adolescent Sexual and Reproductive Health***. This publication reports the results of our survey of 15 states' policy environments on issues affecting young peoples' ability to make healthy transitions to adulthood. We hope that you agree that *Measuring Up* effectively argues that adolescent reproductive health is a multifaceted issue, with no single, successful approach to reduce young peoples' sexual risktaking behavior.

I have also included ***Teenage Pregnancy: The Case for Prevention.*** This publication complements the conclusions of *Measuring Up*, contending that the U.S. should allocate prevention funding to a combination of strategies that effectively reduce teenage pregnancy, such a comprehensive sexuality education, contraceptive services, and youth development programs.

In these publications, Advocates for Youth has outlined a strategy to help state legislators and advocates concentrate on addressing teen health with effective policies and programs that work. Through our specific recommendations, and provision of sample legislation upon request, we are working to enhance the accomplishments of proactive advocates and state and national policymakers.

We look forward to communicating with you further during future legislative sessions. Sample legislation is available through our Legislative Affairs Department. Please do not hesitate to contact us if you need assistance with any adolescent or reproductive health issue.

Sincerely,

Ammie N. Feijoo

Ammie N. Feijoo
Legislative Affairs Program Associate

Encl.: *Measuring Up: Assessing State Policies to Promote Adolescent Sexual and Reproductive Health*
Teenage Pregnancy: The Case for Prevention
School Condom Availability

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The Facts

SCHOOL CONDOM AVAILABILITY

An increase in reported sexually transmitted diseases (STDs), including HIV/AIDS, among adolescents has prompted many communities to take action to protect their youth. One proven method is to provide comprehensive sexuality education along with school based programs that make condoms available to sexually active youth. Numerous national health organizations have adopted policies in support of school condom availability as a component of comprehensive sexuality education.

Condom Availability Programs Are Successful

- A comparison of public high schools in New York City and Chicago found positive effects of condom availability programs. With the same sexual activity among senior high students in both cities (NYC, 59.7 percent; Chicago, 60.1 percent), sexually active students in New York, where there is a condom availability program, were more likely to report using a condom at last intercourse than were those in Chicago, where condoms are not available in school (60.8 to 55.5 percent).[1]
- In a two-year study of Philadelphia health resource centers (HRCs) that make condoms available, the percent of students using condoms at last intercourse increased from 52 to 58 percent. In schools with high HRC use, the number of students ever having intercourse dropped from 75 to 66 percent, while condom use at last intercourse rose from 37 to 50 percent.[2]
- By comparison, in schools reporting lower HRC use, the percentage of sexually active teens decreased from 61 to 56 percent, while condom use a last intercourse rose from 57 to 61 percent. Non-program schools showed an increase in sexual activity among teens, while condom use increased from 62 to 65 percent.[2]

Condom Availability Programs Do Not Promote Sexual Activity

- A study of New York City's school condom availability program found a significant increase in condom use among sexually active students but **no** increase in sexual activity.[1]
- A World Health Organization review of studies on sexuality education found that access to counseling and contraceptive services did not encourage earlier or increased sexual activity.[3]
- In Europe and Canada where comprehensive sexuality education and convenient, confidential access to condoms are more common, the rates of adolescent sexual intercourse are no higher than in the United States.[4]

Sexually Active Teens Face Risks

- The 1995 Youth Risk Behavior Survey found that 53.1 percent of high school students have ever had sexual intercourse; 20.9 percent of the males and 14.4 percent of the females have had sexual intercourse with four or more people. Only 54.4 percent of sexually active students reported using a condom at last intercourse; 60.5 percent males, 48.6 percent of females.[5]
- Each year, an estimated 3 million adolescents are infected with STDs, accounting for 25 percent of the estimated 12 million new STDs occurring annually in the United States.[6]
- 1997, one-half of all new HIV infections in the United States occurred in people under the age of 25. One in four new HIV infections in the U.S. occurs in people under the age of 22.[7]
- AIDS is the sixth leading cause of death for among those 15- to 24-years-old.[8]
- Each year approximately 1 million teenage women in the United States become pregnant.[6]
- Condom use among adolescents decreases as they mature. Self-reported condom use is at 62.9 percent in the ninth grade, and steadily decreases to 49.5 percent for high school seniors,[5] as many young women start using the pill as their birth control method.[7]
- The percentage of U.S. youth who receive HIV education in school increased 59 percent, between 1989 and 1995, from 54 to 86 percent. During the same period, condom use among sexually active youth in school increased 17 percent.[7]

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Adolescents Lack Access to Contraceptives

- Adolescents face many obstacles to obtaining and using condoms. Some of these obstacles include confidentiality, cost, access, transportation, embarrassment, objection by a partner, and the perception that the risks of pregnancy and infection are low.[6]
- A 1996 survey conducted by high school peer educators examined the accessibility of family planning methods in drug and convenience stores in Washington, D.C. and found that:

  Condoms were behind the counter in 83 percent of all convenience stores and 15 percent of drug stores.

  Only 33 percent of the stores had signs clearly marking where the contraceptives were located.

  Adolescent females asking for help in locating and/or purchasing condoms encountered resistance or condemnation from clerks 27 percent of the time, compared to 10 percent for male teens.[9]

Condoms Are an Effective Method of Protection

- Latex condoms are highly effective barriers to HIV when used consistently and correctly.[10]
- The Center for Disease Control and Prevention (CDC) defines consistent use of condoms as using a condom at every act of sexual intercourse. Correct use means using undamaged, unexpired condoms, using only water-based lubricants, careful opening of the package, correct placement and use throughout intercourse, and correct removal of the condom after ejaculation.[11]
- Studies of condoms in the U.S. have shown less than a 2 percent breakage rate. Most breakage occurs due to incorrect use.[11]
- A study of 123 couples where one partner had HIV, and the other did not (sero-discordant couples) found that none of the uninfected partners who reported consistent condom use during the study became infected.[12]

Condom Availability Programs Are Common

- Advocates for Youth National School Condom Availability Clearinghouse has found 418 public schools in the U.S. that make condoms available to students.[13]
- Condoms are made available through different strategies: school nurse, 54 percent; teachers, 52 percent; counselors, 47 percent; other health workers, 29 percent; principals, 27 percent; other school personnel, 13 percent; bowls and baskets, 5 percent; vending machines, 3 percent; and by students, 2 percent.[14]
- In 81 percent of schools, some type of parental consent is required before a student can acquire a condom. In 71 percent of the schools, all students have access to condoms, except those whose parents deny permission in writing ("opt-out"). In 10 percent, students have access only with written permission of their parents ("opt-in").[14]
- In 98 percent of schools with condom availability programs, students may receive counseling. In 49 percent of the schools, counseling is mandatory for condom receipt.[14]
- Counseling commonly includes information on abstinence, instruction on proper storage and use of condoms, and, in some schools, a demonstration on using condoms.[14]

The Public and Public Health Groups Support Condom Availability Programs

- In a 1993 New York City survey of parents of public high school students, 69 percent stated that students should have access to condoms in school.[15]
- A 1992 Gallup Poll found that 68 percent of adults surveyed thought condoms should be available in the schools, and a separate survey of high-school seniors showed 81 percent agreed.[6]
- In a 1995 survey of Denver high school students, 85 percent supported condom availability in their school.[16]
- The Institute of Medicine, the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, and the American Medical Association have all adopted policies recommending that condoms be made available to adolescents as part of comprehensive school health programs.[17,4,6,18]

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Teenage Pregnancy: The Case For Prevention

An Analysis of Recent Trends & Federal Expenditures Associated With Teenage Pregnancy

ADVOCATES FOR YOUTH

Advocates for Youth is dedicated to creating programs and promoting policies which help young people make informed and responsible decisions about their sexual and reproductive health. We provide information, training, and advocacy to youth-serving organizations, policy makers, and the media in the U.S. and internationally.

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Advocates for Youth
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EXECUTIVE SUMMARY

Recent declines in teen sexual activity and increases in contraceptive use by sexually active teens have resulted in reduced rates of teenage pregnancy and births. Nevertheless, the United States continues to exhibit the highest rates of adolescent births in the industrialized world.

The social and economic consequences of too-early childbearing for teens and their children can be grave and long-lasting. The public costs associated with teenage pregnancy also are great. Advocates for Youth estimates that, in fiscal year 1995 alone, the federal government spent over **$39.3 billion** to help families that began with a teenage birth.

Increased public commitment to prevention is clearly warranted. In FY 1995, the federal government allocated **less than one-fifth of $1 billion ($131million)** for teen pregnancy prevention, or **three hundred times less** than the amount of expenditures to support families begun by a teenage birth.

It is unquestionably important that the U.S. government continue to help young families, but it is also necessary that the nation reduce the number of adolescents who will require this support in the future by increasing investment in pregnancy prevention. For example, in 1996 the Alan Guttmacher Institute estimated that publicly subsidized contraceptive services annually avert 385,800 teen pregnancies, consequently preventing 154,700 teen births and 183,300 abortions.[1] For every dollar invested in publicly subsidized contraceptive services, U.S. taxpayers save $3.00 in Medicaid costs for pregnancy and neonatal related health care alone.[1] Just as important, 385,800 fewer teens suffer the emotional, social, and economic consequences of an unwanted pregnancy.

Tragically, current levels of pregnancy prevention funding are insufficient to sustain recent declines in teenage pregnancy rates. Census Bureau projections indicate that, by the year 2005, 13 percent more young people ages 10-19 will live in the United States than did in 1995. Higher levels of prevention investment will be necessary simply to sustain current teenage pregnancy rates.

Investments in pregnancy prevention must be made wisely. Returns on prevention investments are maximized when dollars are allocated to the most effective and promising approaches. Research indicates that comprehensive sexuality education—including information on abstinence as well as contraception—can delay the onset of sexual activity and increase contraceptive use by sexually active teens. Contraceptive availability programs—such as family planning clinics and condom availability—also reduce risky adolescent sexual behavior. Youth development programs, which motivate teens to avoid pregnancy by helping them develop their skills and abilities, are particularly effective for young people at high risk for too-early childbearing.

Unfortunately, in 1996, Congress allocated $50 million to fund abstinence-until-marriage (abstinence-only) education. This represents over **38 percent** of the total prevention investment ($131 million) made in the previous year, and there is *no* evidence that abstinence-only education effectively reduces adolescent pregnancy. If the abstinence-until-marriage education funds were invested instead in adolescent contraceptive services, the savings would be at least three-fold in averted Medicaid expenses for pregnancy and neonatal-related care.

Congressional funding of ineffective pregnancy prevention strategies reflects American discomfort with adolescent sexuality and with sexually active youth. By age 19, over 70 percent of teens have had sexual intercourse. Twelve million American teens are sexually active. Yet, Congress continues to allocate precious prevention dollars to programs that withhold information about contraception.

U.S. adolescent sexual behavior differs little from that of their peers in other industrialized countries. Public policy in these countries, however, reflects a commitment to helping sexually active teens avoid sexually transmitted diseases and unplanned pregnancy. In Sweden and the Netherlands, for example, investments to increase access to sexuality education and contraceptive services have helped sustain a teen birth rate that is one-ninth that of the United States. In 1990, the teen birth rate in the United States was six times higher than in France, almost twice the birth rate in the United Kingdom, and more than double that of Canada.[2] These findings indicate that the U.S. should:

- Reduce the costs of teenage pregnancy through investment in prevention rather than in limiting federal support for families began by a teen birth.

- Invest wisely. Prevention funding should be allocated to scientifically evaluated strategies which reduce teenage pregnancy and too-early childbearing, such as comprehensive sexuality education, contraceptive services, and youth development programs.

INTRODUCTION

Despite recent declines in teen pregnancy, the United States continues to have the highest adolescent birth rate of all industrialized countries. Continuing this decline is a primary interest of policy makers and community members alike. Early pregnancy affects not only adolescents but also families, communities, and the nation as a whole. Factors linked to teenage pregnancy are complex and range from poverty, school failure, and behavioral problems to family distress and restricted access to health services. Preventing these pregnancies, however, is no easy task.

In 1986, Advocates for Youth began calculating federal expenditures to support families that began with teen births. Advocates calculated this figure on a regular basis in order to highlight the public and social consequences of too-early childbearing. In 1993, some members of Congress argued that the large costs associated with teen childbearing were best addressed by cutting appropriations for social services and other welfare benefits. This misguided policy ignores the inevitable and enormous health, education, and juvenile justice costs incurred when we fail to assist young families and other individuals in need.

To provide context for the expenditures to support young families, Advocates for Youth now also calculates the federal dollars allocated to the prevention of teen pregnancy. To meet the challenge of teen pregnancy prevention, the U.S. government operates and funds numerous programs that help adolescents prevent too-early childbearing. The federal government expends far more money, however, to provide services for families begun with a teenage birth. Clearly, society has an obligation to provide funds *both* for prevention and for support of families begun by teens. So long as prevention dollars remain inadequate, the United States will continue to have very young families in need of support.

This year for the first time, Advocates additionally calculated the amount of money *invested* by the federal government in preventing adolescent pregnancy. Advocates chose to examine the investments and expenditures on the national level because the federal government is the largest funder of prevention programs, sets national priorities by its funding decisions, and supports the greatest number of prevention programs consistently found across the nation.

In fiscal year 1995, the federal government spent over $39.3 billion to help families that began with a teenage birth (including families currently headed by adults) and invested less than one-fifth of $1 billion ($131million) in helping adolescents prevent a first birth.* These are conservative figures, since limited data were available to quantify how many adolescents are being reached by prevention as well as intervention programs.

The figures provide a reflection of the nation's weak commitment to preventing teenage pregnancy compared to its stronger obligations to support families begun by a teenage birth. The

* One billion is 1,000 millions.

calculations indicate that, despite the potential for saving public dollars by reducing teenage pregnancy and childbirth, the United States is not investing enough in preventing teen pregnancies and protecting young people's futures.

While this study reflects a snapshot of the situation in fiscal year 1995, Advocates believes the policy implications apply to the future as well. The welfare reform initiatives of 1996 are likely to result in a decline in funding for services for low-income families. At the same time, public dollars are likely to increase for welfare-to-work programs, such as job training and day care. This shift in emphasis may eventually lower expenditures of the nature described in this analysis. Without an increase in federal dollars allocated to effective prevention programs, the nation is unlikely to fully realize the economic savings predicted by the sponsors of welfare reform.

Concurrently, some projections show that, from 1995 to 2005, there will be a 13 percent increase in the number of young people ages 10-19 who live in the United States.[4] As the population of teenagers expands, so will the number of those at-risk of teenage pregnancy. Without a significant investment in pregnancy prevention, the number of those requiring support after a teen birth will continue to rise.

STATISTICS AND TRENDS IN TEEN PREGNANCY AND CHILDBEARING

Adolescent pregnancy and early childbearing are not new phenomena; young American women have traditionally become pregnant and given birth during the teen years. In fact, the adolescent birth rate was the highest ever in the late 1950's and early 1960's.

Myths About Teen Pregnancy

Myth: Today, teens are giving birth at unprecedented levels.

Fact: The teen birth rate is significantly lower in the 1990s than in the 1950s and 1960s. In 1996, the teen birth rate was 54.7 births per 1,000 females ages 15 to 19 compared to 81 per 1,000 in 1950 and 89 per 1,000 in 1960.[8,9]

The contemporary view of teen pregnancy as a social and moral problem is closely related to changes in family structure and the economy. Young people of the 1950's and 1960's tended to marry young (often following a premarital conception) and to have relatively large families; and one wage earner, even without a high school diploma, could find work to support a two-parent household with children.[3] Today, both teens and adults are more likely to have children outside of marriage. In 1960, 15 percent of all teen births occurred outside of marriage; in 1995, 76 percent of teen births occurred to single women. Despite an increasing number of single-parent households, it has become difficult for one wage earner to support children adequately.[5]

The following facts highlight recent trends in teenage pregnancy and early childbearing.

Most teenage pregnancies and births are unintended and occur to older adolescents.

- Nearly two-thirds of all adolescent pregnancies occur to women ages 18 to 19.[6]

- Nearly 82 percent of teenagers report that their pregnancies are unintended; overall, about 25 percent of all unintended pregnancies occur among teenage women. Women over 40 are almost as likely as adolescents to say that their pregnancies were unintended.[7]

- Among teenage women, approximately nine percent of 14-year-olds, 18 percent of 15- to 17- year-olds, and 22 percent of 18- to 19-year-olds experience a pregnancy each year.[6]

- The birth rate for 15- to 19-year-old adolescents declined 12 percent from 1991 to 1996, reversing the trend from 1986 to 1991, when the birth rate increased 24 percent. The teen birth rate declined from 62.1 in 1991 to 54.7 births per 1,000 females ages 15 to 19 in 1996.[8]

Myths About Teen Pregnancy

Myth: Teenagers are responsible for the vast majority of unintended pregnancies.

Fact: Of all unintended pregnancies, 75 percent are experienced by adult women. Further-more, in 1987, about 50 percent of pregnancies among women aged 20-34 were unintended, while more than 75 percent of pregnancies to women over 40 were unintended.[7]

- Birth rates dropped in all adolescent subgroups between 1991 and 1996. There was a decrease of 14 percent in those ages 10 to 14; 12 percent for those ages 15 to 17; and eight percent for those ages 18 to 19.[8]

- In 1950, the birth rate was 81 births for every 1,000 girls ages 15 to 19; in 1960, the birth rate was 89 births for every 1,000 teenaged girls this age.[9] In comparison, the 1996 teen birth rate was 54.7 births per 1,000 females ages 15 to 19.[8]

The abortion rate among teens has declined over the past two decades.

- Adolescents obtain about 20 percent of all abortions performed in the United States each year.[10]

- Since 1980, both the numbers of abortions and the abortion rate among teens ages 15 to 19 have decreased. The adolescent abortion rate in 1980 for this age group was 42.8 compared

Myths About Teen Pregnancy

Myth: Adolescents account for most out-of-wedlock births.

Fact: Thirty-three percent of all out-of-wedlock births are experienced by adolescents, down from 50 percent in 1970.[5]

to 25 per 1,000 teens in 1993.[11,12]

- Between 1980 and 1990, the abortion rate decreased by 24 percent among sexually experienced women ages 15 to 19. This may be related to the declining pregnancy rate; it is also possible that restrictive laws, limited availability of abortion providers, and decreased public funding have limited the ability of teens to choose abortion.[13]

Contraceptive use among teens, particularly condom use, increased considerably during the last decade, and sexual activity rates have declined.

- In 1993, although slightly more than half of all high school students reported ever having had sexual intercourse in the years 1993-1995, rates among high school seniors declined during the same years from 68.3 percent in 1993 to 66.4 percent in 1995. Rates among ninth graders also fell from 37.7 percent in 1993 to 36.9 percent in 1995.[14,15]

- Seventy-six percent of young women ages 15 to 19, who first had intercourse between 1990 and 1995, reported that they used contraception, up from 45 percent in 1982.[16,17]

- Contraceptive use among young men has also increased. In 1993, 59.2 percent of high school males reported condom use at most recent intercourse compared to 60.5 percent in 1995.[14] This is particularly significant since condoms also provide protection from HIV and other STDs.

Myth: African-American teens are responsible for dramatic increases in out-of-wedlock births.

Fact: The non-marital birth rate for African-American teens has risen only four percent since 1970 while the rate for white teens has tripled from 10.9 to 35.5 per 1000 women.[5]

- The Centers for Disease Control and Prevention attributes recent declines in adolescent pregnancy and birth rates to a leveling off of sexual activity and increased condom use among sexually active youth.[8]

CALCULATING THE FEDERAL EXPENDITURES AND INVESTMENTS FOR TEENAGE PREGNANCY: THE COST STUDY METHODOLOGY

Since 1986, Advocates for Youth has calculated the amount of money the federal government spends in a single year on behalf of all families in which the first birth occurred when the mother was a teenager—even when the mother is no longer a teenager. The Cost Study is intended to draw public attention to the need to invest federal dollars in preventing adolescent pregnancy.

When Advocates released the last estimate of the costs of teenage childbearing in 1993, some Congressional lawmakers used the figure to bolster claims that public assistance programs (particularly for teen parents) were overly expensive and should be curtailed. Neither the 1993 study nor this current document are intended to encourage *any* reduction in spending on social services or other programs to support low-income families and individuals. Rather, Advocates believes that the nation must make a corresponding investment in—and commitment to—preventing teenage pregnancy.

In 1997, Advocates for Youth and the Southern Regional Project on Infant Mortality revised the cost study calculation with the assistance of a national advisory committee. The expanded federal estimate includes expenditures on families that began with a teen birth as well as investments in teen pregnancy prevention. Both Advocates and the Project analyzed spending for fiscal year 1995 (FY95). Because this methodology varies from that used previously (for example, WIC was added), past expenditure estimates should not be compared with the current figure. In 1997, the Southern Regional Project released its analysis of expenditures and investments in 17 Southern states.

The federal *expenditure on families begun by teenagers* is calculated by adding the portion of social service program budgets spent on families which began with a teen birth, including families now headed by an adult female who was a teenager when she had her first child. The federal *investment in the prevention of teenage pregnancy* is calculated by adding the costs for programs which specifically target adolescent pregnancy prevention. For those programs providing prevention services to a more generalized population, Advocates includes the percentage of the program budgets used to serve a teenage clientele.(See Technical Appendix for expenditures formula)

The calculation of federal expenditures relies on estimates that 55 percent of the recipients of most social services programs first gave birth when they were teenagers.[19] This estimate, developed by a private research firm, has been recognized by Congress and published in Congressional documents.[19] Advocates uses this 55 percent estimate to calculate the costs associated with providing Medicaid, WIC, and AFDC for families that began with a teen birth.

This estimate was not appropriate to use for Food Stamp recipients, however. Many Food Stamp recipients do not receive AFDC, and Food Stamp recipient families are less likely to have begun with a teen birth. For this program, Advocates used 47 percent to calculate the expenditures to families begun by a teen birth. The Southern Regional Project used this estimate in its recent cost analysis of the Southern states. The figure is based on an average of two recent reports by the U.S. General Accounting Office (GAO) and the Urban Institute.[20, 21]

Several programs were not included in the calculation, although they enhance adolescents' abilities to avoid pregnancy and/or provide services to families that began with a teen birth. In general, these are programs for which information is not kept by age or by the childbearing status of recipients. In addition, the calculation does not include tertiary costs associated with teenage

pregnancy and childbearing. For example, costs are not included for job training, housing subsidies, subsidized school meals, special education, foster care, and day care programs, because there is greater variability of individuals who utilize these programs, as compared to national programs, such as AFDC, which are consistently more available across the country.

Expenditures to Support Families Begun with a Teen Birth		Investments to Prevent Pregnancies and First Births Among Teenagers	
Medicaid health care services	$19.3 billion	Medicaid family planning services	$77.4 million
Maternal and Child Health Bureau, Title V	$3 million	Maternal and Child Health Bureau, Title V	$862,500
Aid to Families with Dependent Children	$7.6 billion	Public Health Service Act, Title X	$48 million
Food Stamps	$10.5 billion	Community Health Centers	$200,000
Special Supplemental Food Program of Women, Infants, and Children	$1.9 billion	Healthy Schools, Healthy Communities	$600,000
Social Services Block Grant (Title XX of the Social Security Act)	$13.3 million	Centers for Disease Control and Prevention	$835,500
Adolescent Family Life Act	$4.5 million	Adolescent Family Life Act	$2.2 million
TOTAL: $39.3 Billion		TOTAL: $131 Million	

Federal Expenditures: Providing Services and Support to Families Which Began with a Teen Birth

Using the formula described above, Advocates calculated the federal expenditures on families begun by teens via seven federally funded assistance programs.[22] These expenditures were then totaled to ascertain federal dollars spent directly to support these families.

The amount spent in FY95 to provide social services for families which began with a teen birth was **39.3 billion dollars ($39,268,749,354)**.

Medicaid: **$19.3 Billion**

Using the estimate that 55 percent of Medicaid recipients were teenagers at first birth, Advocates calculates that 55 percent of Medicaid expenditures, or **$17,318,099,821** in direct Medicaid costs and **$1,948,650,000** in administrative costs, were spent in FY95 on families which began with a teen birth. The total service and administrative costs are **$19,266,749,821**.

Program Description: Title XIX of the Social Security Act (Medicaid) is an entitlement program which provides free or highly-subsidized medical care to qualified recipients. The U.S. Department of Health and Human Services (HHS) administers grants to the states through the Health Care Financing Administration (HCFA); public assistance offices and health departments manage the program locally. States administer Medicaid benefits, but costs are shared between the federal and state governments, with the federal government contributing between 50 to 80 percent of the total costs and states contributing the remainder.

Medicaid pays for general health care, as well as prenatal care, childbirth, and neonatal intensive care services. In FY95, Medicaid beneficiaries included recipients of Aid to Families with Dependent Children (AFDC) and Supplemental Security Income (SSI) , as well as pregnant women, and families (with infants) having incomes up to 185 percent of the federal poverty line.

Aid to Families with Dependent Children (AFDC): **$7.6 Billion**

Advocates calculates that 55 percent of AFDC funds, or **$7,583,400,000,** was spent in FY95 for families which began with a teen birth.

Program Description: Before being dismantled by Congress in 1996, AFDC was the main cash income assistance entitlement program for women and children. AFDC offered financial aid, food, clothing, and shelter to low-income families. The Family Services Administration of HHS administered AFDC nationally; county public welfare, human services, or social service departments directed the program on the local level. Although time restrictions are being incorporated as a result of welfare reform, most states will implement at least a two-year grace period for recipients. Thus, in the coming years, large numbers of costs will continue to be accrued by those who had their first birth as an adolescent.

Food Stamps: **$10.5 Billion**

Advocates calculates that, in FY95, **$10,499,734,200** in Food Stamp funding supported families begun with a teen birth.

Program Description: Food Stamps is a federal entitlement program that helps low-income

persons purchase food. Eligibility is based solely on need, regardless of age, disability, or family status. The U.S. Department of Agriculture administers Food Stamps through state welfare departments. States can choose to accept coupons either as cash or as electronic benefits transfer (EBT) through participating stores. For this program, Advocates used 47 percent as the percent of recipients who first gave birth as teenagers.

Special Supplemental Food Program for Women, Infants, and Children (WIC): **$1.9 Billion**

Advocates estimates that the total FY95 WIC expenditures spent for families begun by a teen birth was **$1,898,050,000**, or 55 percent of the WIC expenditures in that year.

Program Description: WIC provides nutritional benefits to low-income women, infants, and children up to age five who have financial need and are at nutritional risk, including pregnant and parenting teens. WIC is administered federally by the Food and Consumer Service of the U.S. Department of Agriculture (USDA) and locally by health clinics and county social service departments. WIC offers services such as healthy foods, nutrition education and counseling, and increased access to health care and social service programs. WIC has been credited with reducing the incidence of low-birth weight and other serious health problems.

Maternal and Child Health Bureau (MCHB, Title V): **$3 Million**

Advocates calculates that at least **$3,050,000** was expended in FY95 by federal Maternal and Child Health programs for families that began when the mother was a teenager. This includes costs associated with Special Projects of Regional and National Significance (SPRANS), Community Integrated Service Systems (CISS), Healthy Tomorrows, and the Center for Substance Abuse and Prevention (CSAP), which are described below.

Many programs funded with the MCH Block Grant target teen pregnancy prevention and provide services to families which began with a teen birth. In FY95, however, the federal government did not track use of the block grants in preventing adolescent pregnancy or supporting families begun with a teen birth. Staff attempted to generate an estimate of the block grant funding spent on investment versus expenditures by working with state agency sources to describe their use of the federal MCHB share.

As a result, Advocates determined that the average investments and expenditures vary tremendously by state. Some states apply close to one-third of their MCH block grant to pregnancy prevention; others use less than 10 percent for these programs. It was also difficult to separate primary prevention programs from programs which offer both support and prevention services for adolescent parents. For these reasons, the Block Grant has been excluded from both the investment and expenditure side of the cost study equation.

Program Description: Title V of the Social Security Act is the basic authorizing legislation for the Maternal and Child Health Bureau (MCH). Eighty-five percent of the MCH Block Grant ($550 million) is passed directly to the states. The remaining 15 percent of MCH funding is set aside for the Bureau to operate federal projects such as SPRANS, CISS, Healthy Tomorrows, and CSAP.[23] In its calculation, Advocates included the *portion* of these funds that supported families begun with a teen birth.*

Special Projects of Regional and National Significance (SPRANS) works to deliver more effective MCH services across the country and to provide the states with new tools to improve the health of mothers and children. SPRANS aids local and state coalitions in addressing issues such as adolescent pregnancy and HIV/AIDS and improving adolescent access to health care. SPRANS supports a wide variety of programmatic efforts, several of which address teen pregnancy prevention or services for pregnant and parenting teenagers. Costs associated with services for pregnant and parenting teens were allocated as expenditures to support families which began with a teenage birth.

Community Integrated Service Systems (CISS) has as its goal the reduction of infant mortality and improvement in the health of mothers and children, including those living in rural areas and those with special health needs. CISS programs are public/private partnerships to address health problems identified in a particular community. CISS includes programs for pregnant and parenting youth. Here, Advocates includes CISS funding for services for pregnant and parenting teens.

Healthy Tomorrows Partnership for Children Program supports innovative children's health care efforts to prevent disease and promote access to health services. Healthy Tomorrows aims to improve the health status of mothers and children by promoting innovative children's health care models. Healthy Tomorrows' projects can offer both primary and secondary pregnancy prevention programs, and provide services to support young families.

Center for Substance Abuse Prevention (CSAP) has, as its mission, to provide leadership in preventing alcohol, tobacco, and drug abuse, which may be connected to other problems (including teenage pregnancy). CSAP promotes innovative ideas and strategies to eliminate substance abuse problems both in the U.S. and internationally. Many CSAP programs identify teen parents as a target population; Advocates included the amount spent for these programs in the expenditures calculation.

* Staff worked with Administration contacts to estimate funding of grantees which provide primary prevention programs and those which provide services to adolescent parents. The budget amount for these programs was placed in the appropriate side of the equation. In some cases, a percentage of a program budget was placed on both the investment and the expenditures equation, if the grantee provided both types of services. The *Healthy Start* program staff declined to estimate the percent of program budget spent on pregnancy prevention versus social support for familes begun by a teen birth; therefore, Healthy Start has been omitted from the investments as well as the expenditures calculation.

Social Services Block Grant (Title XX of the Social Security Act, SSBG): **$13.3 Million**

Advocates estimates that in FY95 **$13,300,000** was expended via the Social Services Block Grant for families begun by a teenage birth.

Program Description: SSBG is a federal entitlement program which distributes block grants to the states. In FY95, SSBG provided $2.8 billion to the states for a wide range of social service goals. Social Services Block Grants, combined with other federal dollars, accounted for 46 percent of the total social services expenditures in the country; SSBG lists pregnancy and parenting programs among the top 20 SSBG services provided. SSBG funds spent on providing pregnancy and parenting services specifically to married and unmarried adolescent parents were included in the expenditures calculation.*

Adolescent Family Life Act (AFLA): **$4.5 Million**

AFLA programs are split between pregnancy prevention initiatives and care programs for pregnant and parenting teens. Two-thirds of AFLA must offer care services for teens who are pregnant or parenting. Advocates included this portion of the total AFLA's funding, **$4,465,333**, in the expenditure equation.

Program Description: The Adolescent Family Life program was created in 1981 as Title XX of the Public Health Service Act. AFLA is administered by the Office of Adolescent Pregnancy Programs in HHS. By statute, AFLA programs support pregnancy prevention initiatives and care programs for pregnant and parenting teens. AFLA's programs focus on developing and promoting abstinence programs and helping teens avoid sexual intercourse.

Total Federal Expenditure: By summing the expenditures identified in each of the programs above, Advocates calculates that the Federal expenditures in FY1995 on families begun by a teen birth was **$39.3 billion ($39,268,749,354)**.

* Family planning services comprise five percent of the total spending for Social Services Block Grants. The federal government, however, does not keep data on the percent of these services which were delivered to teenagers. Pending more comprehensive data collection, Advocates determined that SSBG could not be included in the investments calculation.

Federal Investments: Preventing Teen Pregnancy

In order to describe the investments made to prevent teenage pregnancy, Advocates added the costs of resources allocated to pregnancy prevention programs which *specifically* include adolescents as an audience. Programs included in this calculation are described in greater detail below. As noted previously, the federal government invested approximately **$131 million ($130,519,150)** in programs specifically to prevent or delay adolescent pregnancy and childbearing.[24]

Medicaid (Title XIX of the Social Security Act): **$77.4 Million**

In FY95, over $500 million ($513,195,590) of the total Medicaid appropriations were spent on providing family planning services. Of this, **$77,451,316** was spent on providing family planning services to young people 15-20 years of age.

Program Description: Medicaid is an entitlement program which provides free or highly-subsidized medical care to qualified citizens. The U.S. Department of Health and Human Services (HHS) administers grants to the states through the Health Care Financing Administration (HCFA), and public assistance offices and health departments manage the program locally. States administer Medicaid benefits, but the federal and state governments share the program's costs. The Federal government contributes between 50 to 80 percent of the total cost, and states cover the remainder.

Title X (of the Public Health Services Act): **$48 Million**

In FY95, Title X was funded at $193,349,000. Approximately 25 percent of Title X clients are adolescents; **$48,337,250** was spent providing family planning services to teens.

Program Description: Title X, America's family planning program, provides family planning services, information, and counseling through more than 4,000 health centers across the nation. Adolescents are specifically included in Title X's mandate, because teens have difficulty accessing reproductive health services through traditional means. Barriers to accessing reproductive care typically cited by adolescents include: fear that their confidentiality will be violated, the cost of services, inaccessible locations, and inconvenient hours of operation.

Adolescent Family Life Act (AFLA): **$2.2 Million**

One-third of AFLA's total budget is dedicated to pregnancy prevention programs; Advocates included this percent, or **$2,232,666,** in the prevention estimate.

Program Description: The Adolescent Family Life program was created in 1981 as Title XX of the Public Health Service Act. AFLA is administered by the Office of Adolescent Pregnancy Programs in the Department of Health and Human Services. AFLA primarily focuses on developing and promoting abstinence programs to help teens delay sexual intercourse. Funding for AFLA programs is divided between pregnancy prevention initiatives and care programs for pregnant and parenting teens. We include only those programs focused on primary prevention in this calculation.

Healthy Schools, Healthy Communities (HSHC): **$600,000**

In FY95, Administration contacts and the first-year program evaluation report note that 10 of the 26 HSHC sites provided heath education on communication, decision making, pregnancy prevention, or STD prevention. The sites could use up to $60,000 of their funding to provide health education, including pregnancy prevention information, although decisions about how this occured were left to local communities. Advocates multiplied this $60,000 by 10 (the number of sites providing this information), to estimate that approximately **$600,000** in HSHC funds are spent on pregnancy prevention education efforts.

Program Description: HSHC is the federal government's school-based health center program. HSHC seeks to reduce the critical health problems of the school-age population through information and services. In FY95, the Maternal and Child Health Bureau of the Department of Health and Human Services initiated 26 projects to support health resource centers and local school-based health care demonstration projects.

Centers for Disease Control and Prevention (CDC): **$835,417**

In FY95, funding levels for CDC teen pregnancy prevention programs were **$835,417**.

Program Description: In FY95, the CDC operated one major program specifically to reduce teen pregnancy, the Preventive Health and Health Services Block Grant. This block grant funded 61 projects to address the Health Status Objectives in the government's blueprint for raising American's health status (*Healthy People 2000)* through an organized focus on prevention. Objective 5.1 of *Healthy People 2000* concerns reducing the rate of pregnancies for girls aged 15-17.[24]

Maternal and Child Health Bureau (MCHB, Title V): **$862,500**

In FY95, the Maternal and Child Health Bureau provided **$862,500** in direct funding for programs to prevent teen pregnancies. Programs included are: SPRANS, CISS. Healthy Tomorrows, and CSAP.

Advocates worked with Administration contacts to estimate the percentage of SPRANS, CISS, Healthy Tomorrows, and CSAP funding allocated to primary prevention. SPRANS, CISS,

Healthy Tomorrows and CSAP account for only 15 percent of the total MCH Block Grant ($550 million). The additional 85 percent of funds are shifted directly to the states. In FY95, the federal government did not track either pregnancy prevention or expenditures for support provided by the states with MCH block grant monies. Therefore, it proved impossible to divide the federal share into investments versus expenditure categories.

Program Description: Title V is the basic authorizing legislation for the Maternal and Child Health Bureau (MCH), including federal projects such as Special Projects of Regional and National Significance, Community Integrated Service Systems, Healthy Tomorrows, and the Center for Substance Abuse Prevention. (The programs are described in the "Expenditures" section above.)

Community Health Centers (CHCs): **$200,000**

In FY95, CHCs served over seven million patients in more than 600 sites. Of this total, approximately 44 percent were infants, children, and youth aged 0 to 19 years old. CHCs do not gather data based on reproductive status, so it proved impossible to include these health care delivery costs in either the prevention investments or the expenditures calculation.

Five CHCs did, however, participate in the Guidelines for Adolescent Prevention Services (GAPS) program, providing teen clients with health education and guidance on various issues including teen pregnancy prevention; the FY95 cost of implementing GAPS was **$200,000** and was included in the calculation of federal funding allocated to preventing teenage pregnancy.

Program Description: CHCs are authorized under Section 330 of the Public Health Service Act. CHCs were first funded in the mid-1960's to provide accessible health services to low-income families. CHCs provide access to case-managed, family-oriented primary health care services for people in medically underserved areas. CHCs seek to improve access to comprehensive services particularly for the homeless, migrant and seasonal farm workers, people infected with HIV/AIDS, the elderly, and substance abusers.[25]

CHC's *GAPS* program addresses adolescents' ability to access health services. GAPS—*Guidelines for Adolescent Preventive Services*—is being implemented in five CHC sites to increase teenagers' ability to access services and prevent pregnancy. The *Guidelines* are the American Medical Association's recommendations to help primary care providers organize and deliver comprehensive preventive health services to adolescents, a population which is traditionally hard to reach. The guidelines are unique because they emphasize health guidance, which encompasses health education, health counseling, and anticipatory guidance.

Total Federal Investment: By summing the federal dollars invested in teen pregnancy prevention by the programs listed above, Advocates calculates the federal investment to prevent teenage pregnancy in FY 1995 to be **$131 million ($130,519,150)**.

ANALYSIS AND DISCUSSION: POLICY IMPLICATIONS

The calculations above indicate that the federal government allocated over **$39.3** billion in fiscal year 1995 to help support families that began with a teenage birth. In comparison, far less than one-fifth of $1 billion ($131 million) in federal funds were invested in the prevention of teenage pregnancy. Federal expenditures in FY95 exceeded federal investments in prevention by a ratio of 300 to one. In fact, in FY95 each household contributed $396 to support families which began with a teenage birth; per household contribution to the prevention of teenage pregnancy, however, totaled a mere $1.32. Increased public commitment to prevention is clearly warranted.

Since the publication of Advocates' previous estimate in 1993, others have conducted similar analyses examining the costs of teen child-bearing and the benefits of prevention. For example, in 1996, the Robin Hood Foundation estimated the enormous social costs of adolescent childbearing. The foundation calculated the direct costs of teen childbearing, together with the other disadvantages faced by teenage parents, to be between $6.9 and $18.6 billion per year. This figure includes costs of public assistance, health care, foster care, criminal justice expenses and lost tax revenue associated with teen childbearing. The foundation additionally estimated the social and opportunity costs for teens, up to age 17 who bear children during adolescence, to be between $8.9 and $28.8 billion annually. Social and opportunity costs include lost productivity, health care, and foster care.[26]

Advocates' calculation of the federal expenditures related to helping families which began with a teen birth is significantly higher than the Robin Hood Foundations'. Advocates' calculation includes teenagers up to age 20, since the majority of teenage births occur to women over age 18. The estimated expenditures would be larger still if Advocates, like the foundation, included the social and opportunity costs (such as lost tax revenue) associated with teen childbearing.

Contraception: A Cost Effective Investment

The Census Bureau estimates that by the year 2005, the percentage of young people ages 10-19 living in the United States will increase by 13 percent. Proportionate increases in federal funds for teen pregnancy prevention programs will be necessary simply to maintain the current pregnancy, birth, and abortion rates. To make these rates decline further, the United States will need to commit significant resources to effective prevention programs.

While improvements in the rates of teenage childbearing bring hope, far too many teens still give birth in the United States each day. Many will need federal assistance to lessen the consequences of too-early childbearing. An increased investment in the prevention of teenage pregnancy would result in lower federal expenditures to support families that began with a teenage birth.

A recent study conducted by the Alan Guttmacher Institute found that, in one year alone, publicly subsidized contraceptive services averted 385,800 teen pregnancies—154,700 births and

183,300 abortions. For every $1.00 invested in publicly subsidized contraceptive services, the taxpayer saves $3.00 in Medicaid costs for pregnancy and neonatal related health care alone.[o]

For example, Title X is one of the sources of public funds for subsidized contraceptive services. The amount of money spent by the federal government in FY95 to provide Title X family planning services to teens was approximately $48 million. Using the AGI formula, Title X funds invested in teenage family planning services resulted in saving $144 million in future Medicaid costs for pregnancy-related care and medical care for newborns.

But investments must be made wisely—returns on prevention investments are maximized when dollars are allocated to the most effective and promising approaches to teen pregnancy prevention. Research indicates that comprehensive sexuality education, including information on abstinence and contraception, can delay the onset of sexual activity and increase contraceptive use by sexually active teens.[27] Contraceptive access programs, such as family planning services and condom availability, also reduce adolescents' sexual risk-taking and improve their contraceptive use.[28,29,30] Finally, youth development programs which link contraceptive services with the motivation to delay first births are particularly effective for young people at high risk for too-early childbearing.[27]

Federal Prevention Policy: Trends in the Wrong Direction ✓

Limited prevention dollars are not always allocated wisely. In 1996, for example, the Congressional welfare reform legislation allocated $50 million per year for five years to fund abstinence-until-marriage education. This entitlement mandates programs to teach abstinence until marriage as the only acceptable form of human behavior and denies young people information about contraception for the prevention of pregnancy or HIV/STDs. Requirements that the states match the federal grant with $3 of their own money expands the restrictions of funding significantly and deploys resources from other prevention programs.

Additionally in 1996, Congress provided $9 million in increased appropriations for abstinence-until-marriage education within the Adolescent Family Life Act. Numerous evaluation experts have reviewed the literature and program evaluations and have found that there is no clear evidence that abstinence-only (or abstinence-until-marriage) education is effective at reducing adolescent pregnancy. As one research team noted: "We are not aware of any methodologically sound studies that demonstrate the effectiveness of curricula that teach abstinence as the only effective means of preventing teen pregnancy."[32]

Using the AGI formula above, had the $59 million allocated to abstinence-until-marriage education ($50 million in welfare reform and $9 million in AFLA funding) been invested instead in publicly funded contraceptive services for teens, the return would have been three-fold. Put another way, the savings in Medicaid costs for pregnancy-related health care and medical care for newborns would have been $177 million.

Redressing teen pregnancy means accepting the reality that 12 million American teens are sexually active and that a large number of these teens lack access to family planning counseling and services. Society has an obligation to help these young people make informed, responsible decisions about the prevention of unintended pregnancies and too-early childbearing.

The United States compares poorly with other industrialized nations in terms of addressing adolescent sexuality and pregnancy prevention—the nation has the highest teen birth rate of all developed countries. In countries such as Sweden and the Netherlands, where the national governments have made significant commitments to family planning and comprehensive sexuality education, teen pregnancy rates are significantly lower. For example, in the Netherlands—where teenage sexual activity is about the same as in the United States, but where teens receive more education about sexuality and have better access to family planning services—pregnancy rates are only one-seventh those of the United States. Data from 1990 indicates that the teen birth rate in the United States is six times higher than in France, almost twice the birth rate in the United Kingdom, and more than double that of Canada.[2]

In general, most of these countries provide comprehensive sexuality education, affordable and accessible family planning services, and broad "safe sex" messages. Philosophically, these countries accept that adolescents, especially older teens, may well be sexually active. Therefore, programs and policies focus on teaching young people protective behaviors and skills, as well as providing accurate information about sexuality. While United States youth tend to be as sexually active as their peers in industrial Europe, they are often both uninformed and uncomfortable about sexuality and reproduction, as well as how to access reproductive and sexual health care.

CONCLUSION

As noted, rates of adolescent pregnancy, childbearing, and abortion have been declining for several years. To continue these welcome trends, however, the country must make political and economic commitments to prevention programs that work. In general, the nation can and must take steps to protect our young people:

- Reduce the costs of teenage pregnancy through investment in prevention rather than in limiting federal support for families which began by a teen birth.

- Invest wisely. Prevention funding should be allocated to scientifically evaluated strategies which reduce teenage pregnancy and too-early childbearing, such as comprehensive sexuality education, contraceptive services, and youth development programs.

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Technical Appendix: Cost Formula Used to Calculate Fiscal Year 1995 Expenditures for *Expenditures and Investments*, Volume II, (1997)

AFDC COSTS	AFDC Total Expenditures x % Recipients Who Were Teens at First Birth (47% default)	1a_____
FOOD STAMPS COST	Average Monthly # of FOOD STAMPS Recipients x Average Monthly FOOD STAMPS Allocation x % of AFDC Recipients also Receiving FOOD STAMPS x 12 (months) x % Recipients Who Were Teens at First Birth (47% default)	2a_____
FOOD STAMPS ADMINISTRATIVE COSTS	FOOD STAMPS Total Administrative Costs x % Recipients Who Were Teens at First Birth (47% default)	5a_____
MEDICAID COSTS	[(Annual # of Adult MEDICAID Recipients Eligible Based on AFDC Status x Average Annual MEDICAID Outlay per AFDC Adult) + (Annual # of MEDICAID Children x Average Annual Outlay per AFDC Child)] x % Recipients Who Were Teens at First Birth (47% default)	3a_____
MEDICAID ADMINISTRATIVE COSTS	MEDICAID Total Administrative Costs x % Recipients Who Were Teens at First Birth (47% default)	4a_____
WIC COSTS	Total WIC Budget x % of Recipients Who Were Teens at First Birth (47% default)	6a_____
TOTAL COSTS	1a + 2a + 3a + 4a + 5a + 6a	Total Expenditures: _____

Data used to calculate state expenditures were collected from state agencies that administer the Medicaid, Food Stamps, WIC, and AFDC programs; the Health Care Financing Administration; and the 1996 *Green Book: Background Material and Data on Programs Within the Jurisdiction of the Committee on Ways and Means.* U.S. House of Representatives, Committee on Ways and Means. Government Printing Office. Washington, D.C.

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MODEL TEEN PREGNANCY PREVENTION PROGRAMS

Model programs impart knowledge and explore attitudes about human development, relationships, personal skills, sexual behavior, sexuality and culture. They are most effective when they actively involve adolescent participation, focus on skill building and refusal skills, are made relevant to sexual orientations and are culturally specific and sensitive, integrate sexuality education into comprehensive health education, and use peer counseling and support.

Girls, Incorporated Preventing Adolescent Pregnancy

This Girls, Incorporated program provides females aged nine to 18 with information, skills, and self-esteem to avoid early pregnancy. Four age-appropriate components encourage educational and career pursuits, parent/daughter communication, recognition of and resistance to pressure to become sexuality active, and linkages with community health services, including access to contraception. A four-year evaluation found that girls who participated regularly in the program were less likely to initiate early sexual intercourse.

National Resource Center, 441 West Michigan Street, Indianapolis, IN Contact: Bernice Humphrey 317/634-7546

Postponing Sexual Involvement (PSI)

Developed for eighth graders, this curriculum uses older teen educators, nurses, and counselors to stress abstinence but also incorporates contraceptive information and decision-making skills. An 18-month evaluation showed that youth not given the program were as much as five times more likely to have initiated sexual intercourse than youth in the program.

Adolescent Reproductive Health Center, Grady Health System, 80 Butler Street, SE Atlanta, GA 30335 Contact: Marion Howard or Marie Mitchell 404/616-3513

School/Community Program for Sexual Risk Reduction Among Teens

This school and community-based pregnancy prevention program in South Carolina combined teacher, parent, and clergy sex education with a media campaign, school-based family life education, and access to family planning counseling and contraceptives. The teen pregnancy rate declined from 77 per 1000 in 1981-1982 to 37 per 1000 in 1984-1986. In 1990, state legislators prohibited dispensing of contraceptives on school grounds. The program disbanded.

University of South Carolina, School of Public Health, Department of Health Promotion & Education, Columbia, SC 29208 Contact: Murray Vincent 803/777-5152

Reducing the Risk (RTR)

This school-based approach to pregnancy prevention for tenth graders emphasizes avoidance of unprotected sex through abstinence or contraceptive use for those who are sexually active. The RTR curriculum reduced the rate of unprotected intercourse by 40 percent among lower risk youth and among students who had not yet initiated intercourse.

ETR Associates, PO Box 1830, Santa Cruz, CA 95061 Contact: Douglas Kirby or Richard Barth 408/438-4060

The Self Center

This school-based program for seventh through twelfth graders in Baltimore, Maryland linked sexuality and reproductive health education and counseling with the provision of medical services at a nearby clinic. The program delayed the initiation of sexual activity among 14- and 15-year-old female participants by seven months and increased contraceptive use at last intercourse among sexually active females by 22 percent. Its success spawned the city's establishment of school-based health centers.

Johns Hopkins School of Hygiene and Public Health, Department of Population Dynamics, 615 N. Wolfe Street, Baltimore, MD 21205 Contact: Laurie Zabin 415/955-5753

Smart Start

This family planning clinic allows new adolescent clients to postpone a pelvic exam and routine blood test (following a careful medical and social history) for up to six months and still obtain birth control pills. An 18-month evaluation found that participants used condoms more consistently and had slightly fewer pregnancies than those not delaying the exam.

Family Planning Council of Southeastern Pennsylvania, 260 Broad Street, Suite 1900, Philadelphia, PA 19102 Contact: Kay Armstrong 215/985-2623

Children's Aid Society Family Life and Sex Education Program

This long-term, holistic, multidimensional adolescent sexuality and pregnancy prevention program includes job and career awareness, family life and sex education, medical and health services, mental health services, academic assessment and homework help, and guaranteed college admission upon high-school graduation and project director's recommendation. Evaluation showed that participants' pregnancy rate is approximately one-third the national average.

Teen Pregnancy Prevention Program, 350 East 88th Street, New York, NY 10128 Contact: Michael Carrera 212/876-9716

Teen Outreach Program

This junior high and high school-based program combines life skills and adolescent reproductive health education with youth involvement in community service. A five-year evaluation showed that TOP students had fewer pregnancies, course failures, and school suspensions than non-TOP students. The program was more effective with high school than with junior high school students.

Cornerstone Consulting Group, TOP National Project, Houston, TX 77271 Contact: Lynda Bell 215/572-9453