

## FIRST D.C. FAMILY POLICY SEMINAR

### Integrating Services to Prevent Teen Pregnancy

This report covers the **highlights** of the inaugural D.C. Family Policy Seminar held on December 3, 1993 in the Reeves Building, Washington, D.C. It supplements the material covered in the **Background Briefing Report**.

**Mark Rom** opened the seminar by welcoming the participants, describing the concept of the family policy seminar, suggesting future directions for the seminar, presenting the topic, and introducing the speakers.

The first panelist, **Dr. Allen Herman**, Visiting Scientist at the National Institutes of Health, began by offering a research and statistical perspective on the teen pregnancy problem.

Herman said that trends in family formation patterns in the last few years have shown differences between whites and African-Americans. According to Herman, African Americans teenagers initiate sexual activity earlier than whites and, due to poverty and the lack of marriageable males, do not spend as much time thinking about family planning as white teenagers.

Moreover, when teens engage in sexual activity early, they tend to get pregnant and also have abortions. This statistic is borne out in D.C., where the abortion rate for pregnant teens under age 15 is 72 percent; for age 15-19, 57 percent and 50 percent for ages 20-24.

Herman provided statistics on the respective ages of the young mothers and fathers. For girls aged 12-14, 41 percent were impregnated by men 4 years older and 21 percent were impregnated by men 7 years older. The younger the woman, the larger the gap between the age of the father and the mother. Finally, Herman said that studies have shown that the teen parent-and-child unit has a very high chance of perpetuating itself.

In Dr. Herman's research, the major goals of pregnancy prevention programs are to delay sexual intercourse. The main obstacle to this goal is reaching the target population. The second obstacle is the focusing the program properly. If a program focuses only on pregnancy it will fail, because of all of the inter-linked problems that may cause teens to become pregnant. In addition, it may be difficult to identify at-risk teens in the community because it is hard to pinpoint factors that would make a teenager particularly at risk. The third obstacle is conceptualization; finding ways to look at how the teenager behaves in the context of their family instead of looking at them as isolated individuals.

Dr. Herman stressed that the most important component of any teen pregnancy prevention program would be assessment. If a program is

put in place and it is not effective, but there is no assessment component, that program will block the way for other potentially effective interventions. Also, if the program just takes people who walk in and then say the program worked for them it will not be a true evaluation. Any such program would have to be statistically effective and proven to be efficient.

The second panelist, **Nancy Ware**, Director of the Mayor's Youth Initiatives Office, spoke of efforts to integrate services for teen pregnancy in the District. Ware said that there was a need to establish comprehensive programs that could address a number of risk factors for teenagers, not just teen pregnancy. Ware also stressed that the city wants to focus on areas where there are large numbers of teenagers at risk; focus on outreach; and focus on coordinating across agencies.

The Turning Points program is one example of the District's efforts to integrate services. Turning Points aims to bring social, medical, dental and mental health services to a school setting. The program extends services throughout the day as well as into the evening. By providing these services, Turning Points can help teachers can spend more time focusing on education. The program also offers recreational opportunities in order to open up the schools for children living in the area and allow them to be constructively engaged during the afternoons.

Turning Points centers are strategically located in seven middle schools and junior high schools throughout the city. In order to address the entire family, the program includes elementary schools in two of those sites that feed into Evans and Hart. In addition, each of these programs is required to pull together a community advisory board.

Ware said that the city recognizes teen pregnancy as a family issue and that children cannot be treated in isolation of families or communities. The city's efforts reach across agencies to other departments such as the Police Department, Public Housing and Employment Services.

Ware stressed that a central element in any of these efforts is the community believing it has the ability to make an impact. Right now the city is trying to combat the psychology of fear and hopelessness that has pervaded the District.

The Youth Initiatives Office has established Neighborhood Action Teams (composed of leaders within communities, individuals and interested citizens) which provide grants for community-based grass roots programs. Over the last year, 42 groups received grants. This year, the office is also challenging groups to come up with a collaborative effort on grants within given target areas to make sure the services provided are comprehensive.

Ware closed by saying that although it is not always easy to bring agencies together to integrate services, the District's limited

resources make it critically important that agencies do work together if social problems are to be remedied.

The third panelist, **Erlene Wilson**, is the Public Affairs Officer for the Maryland Governor's Council on Adolescent Pregnancy. The Council is a public policy institute within the state government, which is responsible for implementing a series of strategies to prevent and reduce teen pregnancy.

The first strategy of the Council was to try to delay sexual initiation. The Council helped launch a mass media campaign, Campaign for Our Children, comprised of billboards and advertisements aimed at teens. The state contribution was \$300,000 per year, bolstered by \$5 million (over five years) in contributions from the private sector.

The aim of the mass media campaign was to build self-esteem, give teens facts on how much a baby would cost, and give them comebacks to learn how to say "no."

The next Council strategy was to provide and support family planning services for teens. With \$1 million from the state legislature, the Council established three model clinics for teenagers across the state. One in Baltimore, called the Young People's Health Connection, was located in a shopping mall frequented by many teens. The Council worked with the staff so that they could learn to be "user-friendly" and to provide useful hours for teens to attend. The Council also worked with health departments throughout the state to implement the same strategies.

Another goal of the council was to get the community involved. The Council provides seed money for community-based efforts that are aimed at teen pregnancy preventions. Wilson mentioned two notable programs: the HOT program (Healthy Opportunities for Teens) in Baltimore County; and in Somerset County, the Greenwood project.

The Council also sponsored a program dealing with parents called PACT, or Parents and Children Talking, which helps parents learn how to sit down and address real problems with kids. The program has grown from a public awareness campaign to a full-scale community involvement effort.

### **Points Raised During the Discussion**

\*\* One participant asked for a description of an intervention that worked well. Wilson and Herman both cited a program in Baltimore, a school-linked program called Family Place, located in a high teen pregnancy area. The program incorporates family planning linkages and attempts to build self-esteem for young African American males through a unique program called Rites of Passage. Rites of Passage offers an Afro-centric curriculum providing young black men with orientation for manhood.

\*\* An member of the audience said that her research suggested that, contrary to popular belief, pregnant teens do not in fact suffer from low self-esteem. She asked why we can't come up with a good measure of self-esteem. Herman said that African American women pay a high price for social advancement; part of the problem is they view themselves in absence of societal reinforcement. In fact, some young women appear to have a high sense of self but it is incongruous with the society around them -- they think they know who they are but society is telling them they don't know who they are. Wilson added that young women get mixed messages from the media such as degrading videos. She stressed the importance of having many different strategies to combat this because so many different people need to be reached.

\*\* One person asked what Maryland was doing to measure the effectiveness of the media campaign; and also what leadership is being provided to combat the conflicting messages about sexuality being seen on music and videos. Herman said that according to the Department of Health in Baltimore, 94 percent of teens can remember the slogans and 75 percent said they felt the campaign helped them feel they could talk to parents, compared to a 20 percent national average in 1990. Over 1989, 1990, and 1991, there was a 5 percent reduction in births to teens and a 17 percent reduction in abortions. Wilson said for the second part of the question that there is not a group in Maryland specifically addressing media issues. Wilson said that in general, citizens need more education with regard to teen pregnancy and sexuality issues.

\*\* One official from the D.C. Office of Paternity and Child Support asked how that office could be a influence this particular population. Wilson cited several of Maryland's efforts for young fathers, including spreading the message about the monthly cost of a child and the fact that in Maryland the child support enforcement law says that young men are responsible for children they father. The state also established a small program for young fathers which helps young men overcome barriers in supporting kids; the state is also working on paternity establishment at birth. Wilson added that the federal child support enforcement agency in this region would provide a 66 percent reimbursement for purchasing the child support awareness part of the Maryland campaign.

\*\* A representative from the D.C. Office of Latino Affairs asked if there were any figures for teen pregnancy rates for Latinos in the District. Herman said that among adolescents the younger the mother or the father, the more likely they are classified as a Black Hispanics. Also he said that the longer Hispanic women have lived in the American society, the further they tend to be away from a close-knit family structure.

Mark Rom concluded the session by thanking the speakers and participants, soliciting their comments for improving the DC Family Policy Seminar, and offering to distribute summaries of the

meeting to all participants.