

Teen Pregnancy

Youth Development/After School/  
Violence

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*fill teen preg'cy*

# Campaign Update

SUMMER 1997

## Campaign Officially Launched in May

Little more than a year after a few leaders met in response to President Clinton's call for a national effort against teen pregnancy, the National Campaign to Prevent Teen Pregnancy was formally "launched" in May with a series of high-profile events and new reports that brought heightened attention to the importance of reducing teen pregnancy.

■ Sue Cameron, County Commissioner of Tillamook County, Oregon, for her community's success in reducing its teen pregnancy rate by nearly 75 percent between 1990 and 1994, accomplished by moving ahead in the face of conflict over what prevention strategies to employ — that is, to "agree to disagree."

## The First Annual Honors Dinner

The launch calendar began Thursday, May 1 — the start of Teen Pregnancy Prevention Month — with the National Campaign's first annual honors dinner, where the many people involved with the birth of the Campaign were thanked and 12 individuals and organizations were honored for their contributions to teen pregnancy prevention across the nation. This year's honorees highlighted several key Campaign themes, such as involving men and boys in teen pregnancy prevention, enlisting the help of the media, engaging young people directly in solving this problem, making progress in the face of deep value disagreements, involving the business sector, and encouraging parent-child communication. The honorees were:

■ Patricia Canessa, President of the Board, the National Organization on Adolescent Pregnancy, Parenting, and Prevention (NOAPPP), and Russell C. Deyo, Vice President for Administration, the Johnson and Johnson Family of Companies, for their partnership in the National Urban Adolescent Pregnancy Prevention Program, an effort to identify, evaluate, and disseminate information about successful adolescent pregnancy prevention programs.

■ Elayne G. Bennett, President and Founder of the Best Friends Foundation, a school-based program for girls in grades five through twelve that fosters self-respect and promotes



The National Campaign honored the work of *Sex etc. — A Newsletter by Teens, for Teens*, at the First Annual Honors Dinner. Susan N. Wilson (center), executive coordinator for the Network for Family Life Education, which publishes the newsletter, is joined by editorial board members (from left to right), Katrina Braxton, Cecilia V. Lalama, Ira Lederer, and Seo Hee Koh.

responsible behavior and abstinence, for the program's comprehensive approach in stressing values, future plans, and self-esteem.

*Continued on page 2*

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- Campaign Research Review Shows *No Easy Answers* page 9

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# HHS NEWS

DRAFT  
Cynthia Rice et al.

→ 456-6235

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

EMBARGOED FOR RELEASE  
Thursday, May 1, 1997

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

## TEEN SEX DOWN, NEW STUDY SHOWS Secretary Shalala Announces New Teen Pregnancy Prevention Grant Programs

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

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

Additional research sponsored by HHS' National Institute of Child Health and Human Development indicates a similar trend for teenage males. The percentage of never-married males 15-19 who have ever had sexual intercourse declined from 60 percent in 1988 to 55 percent in 1995, reversing a trend measured since 1979. The NICHD research was carried out by the Urban Institute.

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

- More -

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The survey released today also found increases in the use of contraceptives at the time of first intercourse. Among women of all ages, some 76 percent of all those who began having intercourse in the 1990s used contraception at first intercourse, up from 64 percent in the late 1980s, according to the Survey of Family Growth. The increase in contraception at first intercourse was a result of marked increases in condom use: from 18 percent in the 1970's to 36 percent in the late 1980s and 54 percent in the 1990's. The NICHD-sponsored research also showed an increase in the use of contraceptives by teenage males or their partners at the time of first intercourse.

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

Secretary Shalala said the dramatic increase in contraceptive use at first intercourse and the decrease in sexual activity among teens may be responsible for the leveling off and recent decline of the teenage birth rate. HHS last October released data showing an 8-percent drop in the teen birth rate from 1991 to 1995, and the latest data available through June 1996 indicate that the decline has continued. Pregnancy rates for teens aged 15-19 also declined in 30 of 41 reporting states in 1992, the latest year for which statistics are available, according to the Centers for Disease Control and Prevention.

Speaking in Los Angeles today at a conference on girls and the media, Secretary Shalala announced two new community grant programs to prevent teen pregnancy and promote responsible behavior. One program will be aimed at teenage girls and the other at teenage boys. They are part of the National Strategy to Prevent Teen Pregnancy, announced in January.

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

The grant program for girls is part of the secretary's new Girl Power! campaign, which is aimed at enhancing self-esteem, promoting good health and preventing unhealthy behaviors among girls 9 to 14 years old. Each of the grant programs will total about \$1 million per year and involve public-private partnerships organized by individual communities.

The 1995 National Survey of Family Growth, to be released in full later this month, will provide the latest and most comprehensive national data on fertility, contraception, marriage and cohabitation, infertility, adoption, maternity leave, medical

- More -

- 3 -

services, breast-feeding, smoking and other factors which impact both teenage and adult women, and the health and well-being of their children. The study updates key trends, includes many new topics, and has significant new findings on teenagers. More findings of the survey available today include:

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

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

- Only 36 percent of teenage mothers breastfed their infants, compared with 55 percent of all mothers; and teen mothers who do breastfeed do so for a shorter time than adult mothers (an average of 18 vs 29 weeks, or about 4 vs 7 months).

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

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

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

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

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 \*\*\* ACTIVITY REPORT \*\*\*  
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ST. TIME	CONNECTION TEL/ID	SENDER NAME	NO.	MODE	PGS.	RESULT
04/29 15:48	2024837624		6287	AUTO RX ECM	58	OK 19'39
04/29 16:47	97039242289		0410	TRANSMIT G3	3	OK 05'14
04/29 16:55	847 678 7627		6288	AUTO RX ECM	18	OK 14'39
04/29 17:44	603 547 2418		6289	AUTO RX G3	5	OK 04'48
04/29 18:01			6290	AUTO RX ECM	4	OK 01'27
04/29 18:22			6291	AUTO RX G3	1	OK 01'04
04/29 18:24			6292	AUTO RX G3	1	OK 01'03
04/29 19:30	SHORENSTEIN CO. 415 772 7140		6293	AUTO RX ECM	17	OK 04'50
04/29 19:40	202 606 4469		6294	AUTO RX ECM	4	OK 01'21
04/29 21:23	GENE_SPERLING 62878		6295	AUTO RX ECM	7	OK 01'36
04/29 22:38	202 606 4469		6296	AUTO RX ECM	1	OK 00'38
04/29 23:12			6297	AUTO RX G3	0	NG 00'10
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04/29 23:14	2024837624		6298	AUTO RX ECM	56	OK 19'10
04/29 23:42			6299	AUTO RX G3	5	OK 03'50
04/30 01:00			6300	AUTO RX G3	11	OK 04'16
04/30 04:19	0039 6 6883420		6301	AUTO RX G3	1	OK 01'17
04/30 06:40	HQ USAF X0000W 703 6975863		6302	AUTO RX ECM	1	OK 03'01
04/30 09:23	NSC EXECSEC 69460		0411	TRANSMIT ECM	2	OK 01'11
04/30 09:41	66220		0412	TRANSMIT ECM	13	OK 04'05
04/30 09:45	98224587		0413	TRANSMIT G3	9	OK 06'24
04/30 10:12	A. P. M. 91 3235453		6303	AUTO RX ECM	2	OK 00'54
04/30 10:45	202 638 3536		6304	AUTO RX ECM	2	OK 00'59
04/30 10:51	66244		0414	TRANSMIT G3	16	OK 06'18
04/30 11:05	65340		0415	TRANSMIT	0	NG 00'00
					0	STOP
04/30 11:07	65340		0417	TRANSMIT G3	2	OK 01'29
04/30 11:13	65340		0416	TRANSMIT G3	2	OK 01'32
04/30 11:26	ASPE-HSP 202 690 5514		6305	AUTO RX ECM	4	OK 01'15
04/30 13:10	9143310023		6306	AUTO RX G3	0	NG 00'35
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04/30 13:12	9143310023		6307	AUTO RX G3	1	OK 00'35
04/30 13:52			6308	AUTO RX ECM	3	OK 01'21
04/30 13:54	202 364 4213		6309	AUTO RX ECM	4	OK 01'22
04/30 14:34	NSC EXECSEC 69460		0418	TRANSMIT ECM	3	OK 01'38
04/30 14:55	66244		0419	TRANSMIT G3	3	OK 01'38
04/30 15:45	912012850312		0420	TRANSMIT G3	3	OK 02'47
04/30 15:55	98 5		6310	AUTO RX G3	1	OK 01'04
04/30 16:52	NETH/EMB/PLV CDP 1 202 363 1032		6311	AUTO RX ECM	1	OK 00'34
04/30 17:23	98224587		0421	TRANSMIT G3	0	NG 00'08
					0	#001
04/30 17:25	98224587		0422	TRANSMIT G3	1	NG 00'28
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04/30 17:28	98224587		0423	TRANSMIT G3	22	OK 16'18
04/30 17:46	DHHS/ASPA 2026905673		6312	AUTO RX ECM	3	OK 01'23

Cynthia -  
Here's the draft.  
Call in your edits  
to Carmen Fowler in Pres. message

April 29, 1997

Lynn

65505

62806 (F)

Warm greetings to everyone observing National Teen Pregnancy Prevention Month, 1997.

Teen pregnancy is one of the most serious social problems challenging our nation today. These pregnancies are doubly tragic because they have serious consequences for both mother and child. Teenage mothers often drop out of school, fail to get or hold a job, and turn to welfare to support themselves and their children. Research shows that the children of teenagers are likely to repeat this pattern, dropping out, getting involved in crime and drugs, and ending up in poverty. This is no future for a child growing up in America.

My Administration is working hard ~~reduce~~ to reduce teen pregnancy. We have been saying to young women and young men alike that it is wrong to get pregnant or father a child until you are married and ready to take on the responsibilities of parenthood. We have been supporting many school and community-based efforts, especially those that promote abstinence to reduce teen pregnancy. And all across America -- in our religious institutions, our schools, our neighborhoods, our workplaces -- concerned citizens are banding together to teach young people right from wrong, to put them on the path to a better future, and to set a responsible example.

While there are still far too many children being born to teenagers, we are now ~~finally~~ <sup>finally</sup> seeing that our hard work is making a difference. Last fall, the Centers for Disease Control released a report showing that the teen birth rate decreased in 1995 for the fourth year in a row. I thank all those who are dedicating their time, talents, and energy to help our young people make wise decisions and to give them the opportunity to make the most of their lives. And I commend all those teenagers who have shown the courage and self-esteem to resist negative peer pressure. Working together, we can make sure that all of America's young people will have a bright future and the chance to live out their dreams.

Best wishes to all for a successful observance.

BC/SSF/MAH/ech-lynn  
(4.ntpp.msg)

(Corres. #3433475)

cc: Presidential Messages, 91 OEOB  
SENT TO:

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Washington, D.C. 20005

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fax to 66237 (F)

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For Immediate Release  
Thursday, May 1, 1997

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

**TEEN SEX DOWN, NEW STUDY SHOWS**  
**Secretary Shalala Announces New Teen Pregnancy Prevention Grant Programs**

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

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

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

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

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

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

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

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

## TEEN PREGNANCY PREVENTION

May 2, 1997

### Announcement

May marks both teen pregnancy prevention month and the first anniversary of the National Campaign to Prevent Teen Pregnancy. Today, in recognition of both these events, The First Lady recognizes the National Campaign to Prevent Teen Pregnancy's first 12 honorees -- individuals from around the country whose efforts to prevent teen pregnancy are making a difference. The First Lady also discusses two new teen pregnancy prevention grant programs and findings from a new study of childbearing and family planning to be released later this month by the Department of Health and Human Services.

### Background

The National Campaign to Prevent Teen Pregnancy is a private nonprofit organization dedicated to preventing teen pregnancy. It formed in response to President Clinton's challenge issued in his 1995 State of the Union address that "parents and leaders across the country... join together in a national campaign against teen pregnancy..." May 1997 marks the campaign's first anniversary.

Following his State of the Union comments, the President held a meeting at the White House with a group of prominent teen pregnancy prevention experts and advocates to discuss what might be done to combat the problem. From that meeting came a private sector planning effort that led to the creation of the national campaign.

The campaign is chaired by former New Jersey Governor Thomas H. Kean. Its Board of Directors includes Whoopi Goldberg, Katherine Graham, the Hon. Nancy Kassebaum-Baker, the Hon. Warren B. Rudman, and William A. Galston. Isabel V. Sawhill, President of the Campaign, was an Associate Director of the Office of Management and Budget during President Clinton's first term.

To commemorate the anniversary of the national campaign, the First Lady is recognizing 12 honorees chosen by the Campaign for their outstanding leadership. Each represents prevention approaches that are lowering teen pregnancy rates and strengthening communities. The honorees' work embodies several key themes that are essential to preventing teen pregnancy:

- Emphasizing values and self-esteem in working with adolescents;
- Forging partnerships with the corporate sector;
- Focusing the community on a "unity of goal" to prevent teen pregnancy even when there are conflicts over program approaches;
- Encouraging adult-child communication;
- Involving youth in the discussion;
- Emphasizing the importance of male involvement in prevention;
- Recognizing the importance of program evaluation; and
- Involving the media in reducing teen pregnancy.

### **Secretary Shalala's Announcements**

In Los Angeles yesterday (May 1), Secretary of Health and Human Services Donna Shalala announced two new community grant programs to prevent teen pregnancy and promote responsible behavior. One program will be aimed at teenage girls and the other at teenage boys. Both grow out of HHS' new Girl Power! Campaign which is aimed at enhancing self-esteem, promoting good health, and preventing unhealthy behaviors among girls 9 to 14 years old. Each of the grant programs will total about \$1 million per year and involve public-private partnerships organized by individual communities.

The Secretary also discussed a new study, to be released later this month by HHS, which shows the percentage of teenagers who have had sex declined in the 1990s after increasing steadily for more than two decades. The decline is small -- 5 percentage points -- but is significant because it shows that the long-term increase in teenage sexual activity may finally be over. This data is part of a new study of child bearing and family planning covering all women 15-44.

## BACKGROUND AND ACCOMPLISHMENTS FACT SHEET

Over the past four years, the Clinton Administration has launched a comprehensive effort to prevent teen pregnancy. Data shows we are making progress:

- Teen birth rates have fallen four years in a row, by 10 percent since 1991 (from 62.1 births per 1,000 women aged 15-19 in 1991 to 55.6 births in June 1996); and
- A new study, to be released later this month by HHS, shows the percentage of teenagers who have had sex declined in the 1990s (from 55 percent in 1990 to 50 percent in 1995).

However, there is still much work to do. More than 4 out of 10 young women become pregnant before age 20 -- nearly a million a year -- and 75 percent of those who give birth do so outside of marriage. Teen pregnancy remains a major social problem for this country and one that none of us can ignore. Yesterday, Secretary of Health and Human Services Donna Shalala announced two new community grant programs to prevent teen pregnancy and promote responsible behavior. Today, in honor of teen pregnancy prevention month and the first anniversary of the National Campaign to Prevent Teen Pregnancy, the First Lady will recognize 12 individuals from around the country whose efforts to prevent teen pregnancy are making a difference.

### Administration Accomplishments

- Since 1993, the Administration has supported innovative and promising teen pregnancy prevention strategies tailored to the unique needs of communities. HHS-supported programs already reach about 30 percent or 1,410 communities in the United States.
- In his 1995 State of the Union address, President Clinton challenged "parents and leaders across the country ... to join together in a national campaign against teen pregnancy to make a difference." In response to his challenge, The National Campaign to Prevent Teen Pregnancy was formed. The national campaign is a private nonprofit organization dedicated to preventing teen pregnancy by supporting values and fostering actions that are consistent with a pregnancy-free adolescence. This month marks the national campaign's first anniversary.
- The President has consistently supported efforts to reduce teen pregnancy as part of welfare reform, and the law he signed in August 1996 contains several important provisions:
  - Unmarried minor parents are required to stay in school and live at home, or in an adult-supervised setting in order to receive assistance;
  - It encourages "second chance homes" -- adult supervised residential homes designed to provide teen parents with the skills and supports they need;
  - \$50 million a year in new funding for state abstinence education activities is provided starting FY 1998;
  - The law includes the toughest ever child support enforcement measurements that send a strong message to young boys and girls that they should not have children until they are ready to provide for them.

- HHS last October released data showing an 8 percent drop in teen birth rates from 1991 to 1995, and the latest data available though June 1996 indicates that the decline has continued. The birth rate for teenagers as of June 1996 stood at 55.6 births per 1,000 women aged 15-19 years, compared to 62.1 in 1991, a decline of 10 percent since 1991.
- Just yesterday, Secretary of Health and Human Services Donna Shalala announced two new community grant programs to prevent teen pregnancy and promote responsible behavior. One program will be aimed at teenage girls and the other at teenage boys. Both grants grow out of HHS's new Girl Power! Campaign which is aimed at enhancing self-esteem, promoting good health, and preventing unhealthy behaviors among girls 9 to 14 years old. Each of the grant programs will total about \$1 million per year and involve public-private partnerships organized by individual communities.
- The Secretary also discussed a new study, to be released later this month by HHS, that shows the percentage of teenagers who have had sex declined in the 1990s after increasing steadily for more than two decades. The decline is small -- 5 percent -- but is significant because it shows that the long-term increase in teenage sexual activity may finally be over. This data is part of a new study of child bearing and family planning covering all women 15-44.

### **The Challenge**

- As much as we have done and as much progress as we have seen, there is much more work to do.
- Every year in this country, over one million teenagers become pregnant and four in 10 girls become pregnant as least once before turning 20.
- The encouraging recent decline in the U.S. teen birth rate is counterbalanced by a negative trend: today, nearly three-quarters of teen births are to unmarried teens, up from 15 percent 30 years ago. Today, teen mothers make up the largest group (48 percent) of all first births to unmarried women.
- Early parenting limits a young mother's likelihood of completing high school -- less than one-third of teens who begin their families before age 18 ever complete high school -- and increases the likelihood that that young mother will end up in poverty.
- When compared to children of older mothers, children of teen mothers have more health problems, do much worse in school, live in home environments of lower quality, suffer higher rates of abuse and neglect, and are more likely to become teen mothers themselves.

## Q&A MAY 2 TEEN PREGNANCY EVENT

Question: Why did you choose to honor these specific programs picked by the National Campaign to Prevent Teen Pregnancy?

Answer: Each of these people has offered tremendous leadership in the fight for teen pregnancy prevention. The honorees' work embodies several key themes that are essential to preventing teen pregnancy: emphasizing values and self-esteem in working with adolescents; forging partnerships with the corporate sector; encouraging adult-child communication; involving youth in the discussion; emphasizing the importance of male involvement in prevention; and involving the media.

Question: What was it that Secretary Shalala announced yesterday in California?

Answer: Just yesterday, Secretary of Health and Human Services Donna Shalala announced two new community grant programs to prevent teen pregnancy and promote responsible behavior. One program will be aimed at teenage girls and the other at teenage boys. Both grants grow out of HHS's new Girl Power! Campaign which is aimed at enhancing self-esteem, promoting good health, and preventing unhealthy behaviors among girls 9 to 14 years old. Each of the grant programs will total about \$1 million per year and involve public-private partnerships organized by individual communities.

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Question: What else is in the new study?

Answer: The study -- the National Survey of Family Growth, conducted by HHS' National Center for Health Statistics -- details information on child bearing and family planning for all women between the ages of 15 and 44. The survey also found that some 76 percent of all of those who began having sex in the 1990s used contraception at first intercourse, up from 64 percent in the late 1980s. The increase in contraception at first intercourse was a result of marked increases in condom use: up from 18 percent in the 1970s to 36 percent in the late 1980s and 54 percent in 1990s. As I mentioned, a copy should be available in about a month.

Question: How much has the teen birth rate fallen over the past several years?

Answer: HHS last October released data showing an 8 percent drop in teen birth rates from 1991 to 1995, and the latest data available though June 1996 indicates that the decline has continued. The birth rate for teenagers as of June 1996 stood at 55.6 births per 1,000 women aged 15-19 years, compared to 62.1 in 1991, a decline of 10 percent since 1991.

Question: Why do you cite teen birth rates but not teen pregnancy rates? Have teen pregnancy rates fallen too?

Answer: Teen pregnancy rates refer to the rate at which teen become *pregnant* while teen birth rates measure the rate at which teens actually *give birth*. Teen pregnancy rates and teen birth rates have *both* fallen over the last few years. Teen pregnancy rates fell slightly from a high of 117 pregnancies per 1,000 women in 1990 to 112 per 1,000 women in 1992 (the most recent year for which data is available). The reason we more often cite teen birth rates rather than teen pregnancy rates is that teen birth rates are more current.

Question: What causes the difference between the teen pregnancy rate and the teen birth rate?

Answer: More than half of teen pregnancies result in birth, one third end in abortion and another 14 percent end in miscarriage.

Question: In other words, are you saying that teen pregnancy increases the incidence of abortion?

Answer: Since 1990, abortion rates among teens have declined because fewer teens are becoming pregnant, and, in recent years, fewer pregnant teens have chosen to have an abortion. Today, one-third of teens end their pregnancies in abortion, and teens account for roughly one-quarter of all abortions performed annually. I believe there is no stronger argument for teen pregnancy prevention and family planning than the need to reduce the number of abortions in this country.

Question: Isn't abstinence alone the best way to prevent abortion? Don't family planning and sex education increase abortion?

Answer: We believe unmarried teenagers should abstain from having sex. We do not believe that a couple should engage in sexual intimacy until they are ready to commit to each other and are prepared to financially and emotionally support a child. However, it is unrealistic, even dangerous, to ignore the fact that some teens will, in fact, have sex outside of marriage and before they are ready for it. It is for that reason, that we *must* simultaneously preach abstinence and teach teen about family planning and sex including the use of birth control. By offering teens family planning and sex education, we are working to prevent abortion.

The conflict you raise is very important because it is a conflict that arises in communities around the country and can be very damaging to a community's efforts to combat teen pregnancy. The conflict over which approach to use can become so intense and destructive to the community that a community decides to do nothing at all. Let me share with you a story about a community that overcame this conflict and ending up dramatically decreasing the number of teen pregnancies and births in their community.

In 1990, the rural community of Tillamook County, Oregon had the highest teen pregnancy rate in the state but fought bitterly over a solution, including the Board of Education voting down several proposals. Finally, the County decided to embrace a new ethic of "unity of purpose, diversity of means," allowing various segments of the community to develop their own intensive initiatives, from creating a church-based abstinence program to improving access to family planning programs. By 1994, the county teen pregnancy rate had dropped by 70 percent, becoming the lowest in the state and today Tillamook County Commissioner Sue Cameron is one of the 12 leaders to be honored by the First Lady.

*This story is an illustration of a finding supported in research. Dr. Kristen Moore, a member of the National Campaign to Prevent Teen Pregnancy board, has found that teen pregnancy programs that send mixed messages to teens actually work because the teen will be exposed to all messages and will take what works for her or him, whether it be abstinence, birth control, or self-esteem raising.*

Question: Isn't teen pregnancy primarily a problem in African-American neighborhoods?

Answer: No. Teen pregnancy is a problem every, across racial and socio-economic lines. About half of all pregnant teens aged 15-19 are white. However, teen *birth rates* are higher among African-American and Hispanic teens than among white teens.

Question: What are the negative effects on a teen mother and her child?

Answer: Early parenting limits a young mother's likelihood of completing high school -- less than one-third of teens who begin their families before age 18 ever complete high school -- and increases the likelihood that young mother will end up in poverty, as well as causing other hardships. We should be especially concerned about the children of teen parents. When compared to children of older mothers, children of teen mothers have more health problems, do much worse in school, live in home environments of lower quality, suffer higher rates of abuse and neglect, and are more likely to become teen mothers themselves.

Question: What else has the Clinton Administration done to prevent teen pregnancy?

Answer: We have done a lot. Over the past four years, this Administration launched a comprehensive effort to prevent teen pregnancy.

Since 1993, the Administration has supported innovative and promising teen pregnancy prevention strategies tailored to the unique needs of communities. HHS-supported programs already reach about 30 percent or 1,410 communities in the United States.

In his 1995 State of the Union address, President Clinton challenged "parents and leaders across the country ... to join together in a national campaign against teen pregnancy to make a difference." In response to his challenge, The National Campaign to Prevent Teen Pregnancy was formed. The National Campaign is a private nonprofit organization dedicated to preventing teen pregnancy by supporting values and fostering actions that are consistent with a pregnancy-free adolescence. This month marks the National Campaign's first anniversary.

The President has consistently supported efforts to reduce teen pregnancy as part of welfare reform, and the law he signed in August 1996 contains several important provisions:

- Unmarried minor parents are required to stay in school and live at home, or in an adult-supervised setting in order to receive assistance;
- "Second Chance Homes" -- adult supervised residential homes designed to provide teen parents with the skills and supports they need to finish school, become good role models, and providers for their children -- are allowed and encouraged;
- \$50 million a year in new funding for state abstinence education activities is provided starting FY 1998;
- The new law includes tough child support measurements that send the strongest possible message to young boys and girls that they should not have children until they are ready to provide for them.

**Question:** Last year the President appointed Dr. Henry Foster as his senior advisor on teen pregnancy prevention and youth issues. What has Dr. Foster accomplished to date?

**Answer:** Dr. Foster is a wonderful man. He took on this unpaid position as advisor to the President on teen pregnancy prevention because he cares so deeply about our nation's young people. Dr. Foster is a key part of the Administration's effort to send a message to teenagers of the importance of postponing child bearing until they are emotionally, physically, and financially prepared for the responsibility. Dr. Foster has spent the last year-plus traveling around the country visiting with teenagers and community-based prevention programs. He is really making a difference in this country on the critical issue of teen pregnancy prevention.

## Summary

### Whatever Happened to Childhood?

*Published by the National Campaign to Prevent Teen Pregnancy*

On May 2nd, the National Campaign To Prevent Teen Pregnancy will release its report, "Whatever Happened to Childhood?"

The report aptly illustrates teen pregnancy as a social crisis that continues to break down family, community and common culture. The message the report sends is twofold: 1) although we are making some progress, there is much more work to do and we must not let our attention stray from this critical national issue and, 2) despite consistent community-based efforts, the evidence has not born out a simple solution to the problem so we must continue to be creative, innovative and persistent in our efforts.

Of the many community experiments around the country, the report states, most have exhibited mixed outcomes, and no one program stands out as having produced clear, replicable results. Community approaches include sex education aimed at delaying sexual activity and reducing the number of sexual partners and using birth control; abstinence only programs; support for community-based family planning services; comprehensive approaches stresses components from each approach and; programs dedicated to nurturing and guiding young people.

In addition to these conclusions, the report also presents some interesting observations that may have future policy implications.

First, the vast majority (85 percent) of pregnancies among teens are not fully planned *or* unintended. Rather they result from teens' ambivalence about pregnancy, accidents, their confusion about preventing pregnancy, and sometimes their failure to make any clear decision about sexual activity.

Second, many communities do not address the problem at all because the conflict over which approach to use can become so intense that a community decides to do nothing at all. Therefore, the report states, a new and emerging approach to teen pregnancy prevention is community conflict resolution. The report lays out an excellent example of this approach at work. In 1990, the rural community of Tillamook County, Oregon had the highest teen pregnancy rate in the state but fought bitterly over a solution (the Board of Education even voted down several proposals.) Finally, the County decided to embrace a new ethic of "unity of purpose, diversity of means," allowing various segments of the community to develop their own intensive initiatives, from creating a church-based abstinence program to improving access to family planning programs. By 1994, the county teen pregnancy rate had dropped by 70 percent, becoming the lowest in the state. *This story is an illustration of a finding supported in research. Dr. Kristen Moore, a member of the National Campaign to Prevent Teen Pregnancy board, has found that pregnancy programs that send mixed messages to teens actually work because the teen will be exposed to all messages and will take what works for her or him, whether it be abstinence, birth control, or self-esteem raising.*

Third, although the teen birth rate has decreased in the past few years, the number of births to teens increased in 1993 and 1994, reflecting an overall increase in the U.S. teen population. Because the number of teens is expected to increase further, so will the number of pregnancies and births, perhaps increasing by 26 percent by the year 2010 unless rates are reduced.

The report tells its story using mostly previously released data that remain relevant. Following are facts from the report worth reviewing.

- Every year in this country, over 1 million teenagers become pregnant and four in 10 girls become pregnant as least once before turning 20.
- The pregnancy rate increased among all girls age 15-19 by 23 percent between 1972 and 1990 from 95 to 117 pregnancies per 1,000 women, and then declined to 112 per 1,000 women in 1992 (the year for which the most recent data is available). At the same time, the pregnancy rate among sexually experienced girls decreased 19 percent, largely due to increased use of contraception.
- By 1991, the teen birth rate had reached 62 births per 1,000 women aged 15-19, its highest point in the past two decades. Since then, that rate has fallen slowly to 57 births per 1,000 women in 1995.
- The encouraging recent decline in the U.S. teen birth rate is counterbalanced by a negative trend: today, nearly three-quarters of teen births are to unmarried teens, while as recently as 1960, only 15 percent were. Today, teen mothers make up the largest group (48 percent) of all first births to unmarried women.
- Birth rates are higher among African-American and Hispanic teens than among white teens
- While most pregnant teens are 18 or 19 years old, about 40 percent are 17 or younger and about half of all pregnant teens ages 15-19 are white.
- Many of the fathers of children born to teen mothers are older -- nearly 40 percent of those young men who impregnate a minor teen (under 18) are 20 years old or older.
- More than half of the teen pregnancies result in a birth (1/3 end in abortion and 14 percent in miscarriage) and of those who give birth most keep their child rather than put it up for adoption.
- Early parenting limits a young mother's likelihood of completing high school -- less than one-third of teens who begin their families before age 18 ever complete high school.
- When compared to children of older mothers, children of teen mothers have more health problems, do much worse in school, live in home environments of lower quality, suffer higher rates of abuse and neglect, and are more likely to become teen mothers themselves.

Tomorrow at the WHt, the  
First Lady will recognize 12 individuals  
and organizations.

THE NATIONAL CAMPAIGN TO PREVENT  
TEEN PREGNANCY

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

FAX TRANSMISSION

TO: Katie Button

DATE: 4/24/97

FAX NUMBER: 456-6244

FROM: Sarah Brown

SENDER'S TELEPHONE NUMBER:  
857 8692

TOTAL PAGES INCLUDING COVER SHEET: 3

MESSAGE:



PHONE: 202.857.8655

FAX: 202.331.7735

EMAIL: CAMPAIGN@TEENPREGNANCY.ORG

WEB: WWW.TEENPREGNANCY.ORG

## Memorandum

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

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

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

**CE Teens Attending:**

Stuart Merkel  
Izetta Mobley  
Editors/Reporters

**CE Contact and Campaign Honoree:**

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

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

**Sex Etc. Teens Attending:**

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

**Sex Etc. Contact and Campaign Honoree:** Susan Wilson

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

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

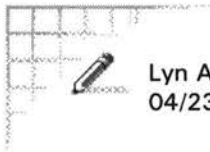
**Best Friends Teen Attending:**

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

**Best Friends Contact and Honoree:**

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

cc: Katie Button, Office of the First Lady ✓



Lyn A. Hogan  
04/23/97 12:17:00 PM

Record Type: Record

To: Bruce N. Reed/OPD/EOP, Elena Kagan/OPD/EOP, Cynthia A. Rice/OPD/EOP  
cc: Diana Fortuna/OPD/EOP, Katharine Button/WHO/EOP, Nicole R. Rabner/WHO/EOP  
Subject: First Lady's Teen Preg Prevention Event

The message of the May 2 event will be something like: we continue to make encouraging though modest progress at reducing the problem of teenage pregnancy (teen birth rates have gone down four years in a row and new data will soon be released to show that teen sexual activity is declining). However, this is still a daunting problem that needs are continued support.

What we know now is that this problem has no single solution, but rather many solutions which are being implemented in communities around the country. Every community has its varied approach to teen pregnancy prevention because every community has its own unique set of circumstances and beliefs that drive that approach. The key to really making a difference in this problem is at the local level through individualized community-based approaches. Today, we are happy to recognize 12 such community-based programs, each making a difference but doing it their own way.

**Re: releasing new data at or before the May 2 event**

Melanne and I had a conversation with Melissa about whether or not to release the HHS report and/or the grants. We decided to release neither.

--Because the new data in the report is underwhelming -- though it does show some progress -- Melanne and Melissa would not release the report at the event but would say that a report will soon be released that shows modest success toward the goal of reducing teen pregnancy.

--On the grants side, on May 1, Sec. Shalala will be at an out of town event were she will talk about girls and the media and particularly focus on teenage pregnancy and smoking as they relate to young girls. There she will announce the Secretary's girl power grants for 9-14 year olds, that in part focus on teen pregnancy prevention. The only other grants we could announce would be the abstinence grants, which are a little too controversial for this event. Instead, Melanne will have the First Lady talk about Sec. Shalala's announcement and reiterate the importance of building the self-esteem of young girls as a way to prevent early pregnancy.

Questions/commments?

**THE NATIONAL CAMPAIGN TO PREVENT  
TEEN PREGNANCY**

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

**FAX TRANSMISSION**

**TO: Katie Button**

**DATE: April 16, 1997**

**FAX NUMBER: 456-6244**

**FROM: Marti Easton**

**SENDER'S TELEPHONE NUMBER: 202/857-8631**

**TOTAL PAGES INCLUDING COVER SHEET: 3**

**MESSAGE:**

Katie,

Our Congressional panel lists are attached for the May 2 reception. I am assuming that this group is not included in our 130 invitees. If I am mistaken, please let me know.

Thank you.

Marti

# THE NATIONAL CAMPAIGN TO PREVENT TEEN PREGNANCY

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

## House Advisory Panel to the Campaign

### Co-Chairs:

Representative Michael Castle (R-DE)  
Representative Nita Lowey (D-NY)

### Vice Chairs

Representative Eva Clayton (D-NC)  
Representative Nancy Johnson (R-CT)

### Members

Representative Tom Barrett (D-WI)  
Representative Jim Greenwood (R-PA)  
Representative Bill Hefner (D-NC)  
Representative Stephen Horn (R-CA)  
Representative Jim Kolbe (R-AZ)  
Representative Jim Leach (R-IA)  
Representative Sheila Jackson Lee (D-TX)  
Representative John Lewis (D-GA)  
Representative Susan Molinari (R-NY)  
Representative Jim Moran (D-VA)  
Representative Connie Morella (R-MD)  
Representative John Porter (R-IL)  
Representative Deborah Pryce (R-OH)  
Representative Lucille Roybal-Allard (D-CA)  
Representative Tim Roemer (D-IN)  
Representative Chris Shays (R-CT)  
Representative Karen Thurman (D-FL)  
Representative Ed Towns (D-NY)

# THE NATIONAL CAMPAIGN TO PREVENT TEEN PREGNANCY

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

## Senate Advisory Panel to the Campaign

### Co-Chairs

Senator Joseph I. Lieberman (D-CT)

Senator Olympia J. Snowe (R-ME)

### Members

Senator Christopher S. Bond (R-MO)

Senator John B. Breaux (D-LA)

Senator John H. Chafee (R-RI)

Senator Susan M. Collins (R-ME)

Senator Kent Conrad (D-ND)

Senator Richard J. Durbin (D-IL)

Senator Tim Hutchinson (R-AR)

Senator James M. Jeffords (R-VT)

Senator Herb Kohl (D-WI)

Senator Mary L. Landrieu (D-LA)

Senator Patty Murray (D-WA)

**THE NATIONAL CAMPAIGN TO PREVENT  
TEEN PREGNANCY**

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

**FAX TRANSMISSION**

**TO: Katie Button**

**DATE: April 21, 1997**

**FAX NUMBER: 456-6244**

**FROM: Marti Easton**

**SENDER'S TELEPHONE NUMBER: 202/857-8631**

**TOTAL PAGES INCLUDING COVER SHEET: 21**

**MESSAGE:**

# THE NATIONAL CAMPAIGN TO PREVENT TEEN PREGNANCY

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

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Marti Easton  
Corporate Secretary  
Assistant to the President

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

## MEMORANDUM

TO: KATIE BUTTON

FROM: MARTI EASTON

DATE: APRIL 21, 1997

RE: INVITES FOR MAY 2 RECEPTION

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

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

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

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

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

**The A-list of invites to the White House reception.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Ms. Sue Cameron  
Tillamook County Health Department  
P.O. Box 489  
County Courthouse  
201 Laurel  
Tillamook, OR 97141  
phone: 503-842-3403, 503-842-7911 (home)  
fax: 503-842-1384

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

Mr. Aldrage Cooper  
c/o Mr. Russell Deyo  
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1 Johnson and Johnson Plaza  
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phone: 908-524-2487  
fax: 908-524-5304

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

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

Mr. Eric Graham  
President  
Children's Express  
1440 New York Avenue, NW  
Suite 510  
Washington, DC 20005  
phone: 202-737-7377  
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**THE NATIONAL CAMPAIGN TO PREVENT  
TEEN PREGNANCY**

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**FAX TRANSMISSION**

**TO: Katie Button**

**DATE: April 21, 1997**

**FAX NUMBER: 456-6244**

**FROM: Marti Easton**

**SENDER'S TELEPHONE NUMBER: 202/857-8631**

**TOTAL PAGES INCLUDING COVER SHEET: 21**

**MESSAGE:**

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## MEMORANDUM

TO: KATIE BUTTON

FROM: MARTI EASTON

DATE: APRIL 21, 1997

RE: INVITES FOR MAY 2 RECEPTION

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

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

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

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

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

**The A-list of invites to the White House reception.**

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

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**THE NATIONAL CAMPAIGN TO PREVENT  
TEEN PREGNANCY**

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

**FAX TRANSMISSION**

**TO: Katie Button**

**DATE: April 16, 1997**

**FAX NUMBER: 456-6244**

**FROM: Marti Easton**

**SENDER'S TELEPHONE NUMBER: 202/857-8631**

**TOTAL PAGES INCLUDING COVER SHEET: 3**

**MESSAGE:**

Katie,

Our Congressional panel lists are attached for the May 2 reception. I am assuming that this group is not included in our 130 invitees. If I am mistaken, please let me know.

Thank you.

Marti

# THE NATIONAL CAMPAIGN TO PREVENT TEEN PREGNANCY

---

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

## House Advisory Panel to the Campaign

### Co-Chairs:

Representative Michael Castle (R-DE)  
Representative Nita Lowey (D-NY)

### Vice Chairs

Representative Eva Clayton (D-NC)  
Representative Nancy Johnson (R-CT)

### Members

Representative Tom Barrett (D-WI)  
Representative Jim Greenwood (R-PA)  
Representative Bill Hefner (D-NC)  
Representative Stephen Horn (R-CA)  
Representative Jim Kolbe (R-AZ)  
Representative Jim Leach (R-IA)  
Representative Sheila Jackson Lee (D-TX)  
Representative John Lewis (D-GA)  
Representative Susan Molinari (R-NY)  
Representative Jim Moran (D-VA)  
Representative Connie Morolla (R-MD)  
Representative John Porter (R-IL)  
Representative Deborah Pryce (R-OH)  
Representative Lucille Roybal-Allard (D-CA)  
Representative Tim Roemer (D-IN)  
Representative Chris Shays (R-CT)  
Representative Karen Thurman (D-FL)  
Representative Ed Towns (D-NY)

# THE NATIONAL CAMPAIGN TO PREVENT TEEN PREGNANCY

---

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

## Senate Advisory Panel to the Campaign

### Co-Chairs

Senator Joseph I. Lieberman (D-CT)  
Senator Olympia J. Snowe (R-ME)

### Members

Senator Christopher S. Bond (R-MO)  
Senator John B. Breaux (D-LA)  
Senator John H. Chafee (R-RI)  
Senator Susan M. Collins (R-ME)  
Senator Kent Conrad (D-ND)  
Senator Richard J. Durbin (D-IL)  
Senator Tim Hutchinson (R-AR)  
Senator James M. Jeffords (R-VT)  
Senator Herb Kohl (D-WI)  
Senator Mary L. Landrieu (D-LA)  
Senator Patty Murray (D-WA)

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**NATIONAL ACADEMY OF SCIENCES**  
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Division of Health Promotion  
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December 29, 1995

Memorandum:

To: Melanne Verveer

From: Sarah Brown 

Re: Revised attachments: Koop and Winfrey letters

As requested, here are two copies of a revised attachment for the Koop and Winfrey letters. I have also included a disc with the attachment on it so that you may make additional changes if you wish. Note, however, that the paper's "attachment A" (which is a list of those who attended the Oct. 5 meeting) is not a part of the computer-based document; it would need to be copied off the existing hard-copy if you are creating a new version.

Profuse thanks again to Mrs. Clinton and to you for sending these letters. We will follow-up later next week with a phone call and will let you know the outcome. For our files, it would be very helpful if we were provided copies of the letters in their final form. These may be faxed to me at 202-334-2031.

I will be in most of today, and home later in the day if you need to reach me (office: 202-334-2932; home: 202-966-2727).

Happy - happier - New Year, Melanne, and kindest regards to you all.

December \_\_, 1995

Ms. Oprah Winfrey  
Chairman of the Board  
Harpo Inc.  
110 N. Carpenter Street  
Chicago, IL 60607

Dear \_\_\_\_\_:

~~As you may recall,~~ During his State of the Union address in January, 1995, the President identified teenage pregnancy as "the most serious problem facing our nation today," and called for a national initiative to reduce teen pregnancy. In a series of private meetings since that address, the President has asserted that any national effort to reduce adolescent pregnancy must be bipartisan, non-political, and long term, and that especially in a presidential election year, those ends were best achieved by organizing an effort in the private rather than the public sector. With the full support of the President ~~and me~~, a group has been hard at work over the last few months to develop ~~more~~ specific plans for a private sector campaign.

*On behalf of the President,*  
I am writing ~~today~~ to ask that you help ~~to~~ lead this campaign by agreeing to serve on a national campaign leadership board. In this role, you will be joined by a number of other prominent Americans drawn from the media, ~~the~~ <sup>and</sup> entertainment industry, the foundation community, academia, medicine, the clergy, child and adolescent advocacy, and local programs ~~addressed to~~ <sup>concerned with</sup> teenage pregnancy. The time required will be limited, but your visible support and commitment to this issue is essential to the campaign's success. You are widely known, deeply respected, and highly skilled in talking with Americans of all persuasions about this and so many other topics.

The purpose of the campaign will be to focus communities, parents, and teenagers themselves on the serious problem of teen pregnancy, ~~and the need to remain pregnancy free until adulthood~~. Reducing pregnancy among unmarried teenagers is an essential step in creating a better life for young people themselves and for the next generation as well. There are multiple pathways to this ~~clear~~ goal, and communities will vary in their preferred methods of reducing adolescent pregnancy. Fortunately, there is a large body of experience and research in this area that can be drawn on to craft specific messages and strategies.

The President has asked Dr. Isabel Sawhill <sup>of the Urban Institute</sup> to develop specific plans for the national campaign, and we have requested that she follow-up with a call to you shortly. She will provide more details about campaign plans and will explain more precisely what we have in mind. I have also attached a recent paper that she and others developed to provide additional background.

PHOTOCOPY  
HRC HANDWRITING

Ms. Oprah Winfrey  
December \_\_, 1995  
Page Two

I hope very much that you will agree to work on this important campaign leadership group. The President joins me in sending kindest regards and best holiday greetings.

Sincerely,  
Hillary Rodham Clinton

Attachment

A NATIONAL CAMPAIGN TO REDUCE  
TEENAGE PREGNANCY

I. Background:

*(?)*  
*Series of small meetings among experts and a larger one*

During his State of the Union address in January, 1995, the President identified teenage pregnancy as "the most serious problem facing our nation today," and called for a national initiative to reduce teen pregnancy. As a follow-up to that speech, the President convened a meeting on October 5, 1995 at the White House in order to discuss the merits and possible activities of a private sector campaign to reduce adolescent pregnancy.

In attendance were leaders from government, the media, the entertainment industry, the foundation community, academia, medicine, the clergy, child and adolescent advocacy, local programs addressed to teenage pregnancy, and social science research; a list of attendees is in attachment A. Although some of the individuals at the meeting have a long standing interest in teen pregnancy, many were relatively new to the issue. Including such individuals and institutions reflected a conscious decision within the White House to try to engage new actors and leaders in this important issue, a theme that has continued to be a key idea in planning for the future.

The President asserted that any national effort to reduce adolescent pregnancy must be bipartisan, non-political, and long term (seven to ten years in duration), and that, especially in a presidential election year, those ends were best achieved by organizing an effort in the private rather than the public sector. At the same time, the President also pledged the full support of the Executive Branch in providing accurate data and information and in lending general support to a private-sector effort; he also noted that government actions in this area would profit from the advice and leadership of a non-governmental group. He stressed the need to encourage and build on the rich variety of state and local efforts already underway around the nation.

Most fundamentally, meeting participants agreed that adolescents must be encouraged and helped to postpone pregnancy and parenthood, especially in an economy that increasingly requires higher levels of skill and education. Reducing pregnancy among unmarried teenagers is an essential step in creating a better life for teenagers

themselves and for the next generation. There are multiple pathways to this clear goal, and communities will vary in their preferred methods of reducing adolescent pregnancy.

There was also agreement that there is a leadership void at the national level on this issue. Although many local and state groups are active in this area, and numerous expert groups continue to focus on the problem, few high-profile, national leaders speak forcefully and repeatedly about the critical need to reduce teenage pregnancy. Moreover, the current array of groups and individuals active in this area is drawn from a relatively narrow band of American life; extensive outreach and education are needed to enlarge the numbers and diversity of those involved.

The White House meeting concluded with great enthusiasm for a campaign against teen pregnancy, and a general understanding that additional work was needed to specify the leadership, content, and administrative underpinnings of such a campaign. In an effort to build on the momentum generated, Dr. David Hamburg, President of the Carnegie Corporation of New York, offered to host a follow-up meeting to review more detailed plans for a national initiative. This meeting has been scheduled for January 30, and will include both those who attended the October meeting with the President and others with a strong interest in this issue.

Responsibility for developing specific plans for the national initiative was assigned to Dr. Isabel Sawhill of the Urban Institute, who agreed to work intensively throughout the balance of the fall and early winter to develop a plan of action. In this work, Dr. Sawhill is being assisted by Sarah Brown, currently at the Institute of Medicine. Support for a brief planning period (November, 1995 through January 1996) is being provided by several private foundations.

## **II. Immediate Follow-up to the White House Meeting: Nov. 1995 - Jan. 1996**

Activities in the planning phase are directed to three closely related issues: A) developing a mission statement or set of principles to guide the campaign, B) recruiting the leadership of the campaign, and C) outlining options for specific campaign activities. The goal of current planning is to present those attending the January follow-up meeting with a proposed plan of action -- a "prospectus" -- that addresses all three issues. Thus, the prospectus will present a set of guiding principles for further discussion by the group, a roster of prominent Americans who hopefully will have agreed to lead the overall campaign, and a possible slate of activities. The prospectus will also cover the campaign's relationship to existing groups active in teen pregnancy prevention, its organizational structure, and possible sources of funding.

## **A. Mission and Guiding Principles**

In preparing for the White House meeting, many groups and individuals were consulted and out of these discussions as well as the meeting itself, there is some consensus that the overall mission of the campaign should be -- quite simply -- to reduce teenage pregnancy.

A number of individuals have also suggested that a national campaign set numeric goals to motivate its work and to provide benchmarks against which progress can be measured. For example, the campaign might set as a goal reducing the rate of teen pregnancy in the United States to that of selected other developed countries by a certain year; another goal might be to have half of all large cities in America reporting an active local campaign to reduce teen pregnancy by the year 2000.

In addition, the campaign will need to be motivated or guided by a number of overarching principles or beliefs, such as the following:

- The effort needs to be long-term. Only sustained effort will enable progress to be made on this difficult problem.
- The effort should be bipartisan and respectful of the diversity of values held by different individuals and groups. Almost everyone agrees on the importance of reducing teen pregnancy. However, no single approach to reducing teenage pregnancy is effective in all situations, and tolerance for a variety of approaches is essential.
- The effort must have strong credible leadership from a group of people who are committed to reducing teen pregnancy and who are willing to use their own influence to educate others about the seriousness of the problem.
- The effort should be entirely private (nongovernmental) while recognizing that public-private partnerships and Presidential involvement may be important to its success.
- The effort should work to instill a new ethic of responsible sexual and parenting behavior among the nation's young people while recognizing that social and economic deprivation remain important precursors of teenage childbearing. The message is simple: bringing a child into the world is an enormous responsibility; couples should not have a child until they are ready to nurture and care for that child.
- The effort must be built on a solid foundation of knowledge about what approaches work and which ones don't, and seek to learn more about effective approaches.

- The effort should encourage innovation but not reinvent the wheel. Instead, it needs to leverage the efforts of other groups and local communities. Everyone needs to be involved: parents, teachers, religious and community leaders, elected officials, the media, and teens themselves.
- The effort must focus on boys as well as girls. It must seek to instill healthier attitudes about the need for mutual respect between the sexes, shared responsibility for children, the value of marriage, good parenting, and long-term commitments.
- The effort must recognize the contradictory messages that young people receive from parents, teachers, the media, and peer groups and seek to build new voluntary efforts to quiet or counteract the negative messages.
- The effort should celebrate success and good news wherever it is found, building on successful efforts to create greater confidence that the battle against children having children can be won.

These ten principles are guiding the planning phase. Later they may need to be revised to reflect the insights and values of those selected to lead the campaign.

## **B. Developing the Leadership of a National Campaign**

A major assumption underlying the proposed national campaign is that leaders at the highest levels of American life must take a public and visible leadership role on this issue. The stature and diversity of the campaign's leadership group will do much to determine the depth, extent, and impact of the campaign, and to distinguish its efforts from those of many expert groups already active in the area of teen pregnancy.

Towards that end, a potential roster of campaign leaders with clear bipartisan representation is being recruited from many sectors. Listed below are some representative names under active consideration. Although some of these individuals have already extended specific offers of help, it needs to be emphasized that not all of them have agreed to serve.

- business and philanthropic leaders, such as William Gates (CEO of Microsoft) and John Pepper (CEO of Procter and Gamble)
- state leaders (not in office), such as Thomas Kean (former Republican governor of New Jersey) and Richard Celeste (former Democratic Governor of Ohio)

- community and voluntary sector leaders, such as Hugh Price (head of The Urban League) and Andrew Young (former Mayor of Atlanta)
- entertainment and sports figures, such as Oprah Winfrey and Jerry Rice
- medicine and health leaders, such as C. Everett Koop (former Surgeon General)
- national political leaders (not in office), such as Bill Bradley (soon-to-be-retired senator from New Jersey) and Nancy Landon Kassebaum (soon-to-be-retired senator from Kansas)
- media and advertising leaders, such as Charlotte Beers (CEO of Ogilvy and Mather) and Michael Eisner (CEO of The Disney Corporation)

No matter how highly placed the leadership group, few have any in-depth, hands-on experience with teen pregnancy. It is therefore essential that mechanisms be set up so that the campaign can be continually well-informed by those involved in local programming and community change, particularly those who have extensive experience working in low-income or minority communities where teenage pregnancy is common.

As a beginning step in this direction, a meeting of local program leaders is planned for early December in conjunction with the national meeting of Advocates for Youth. Suggestions for additions to this group are being sought from the National Association for Adolescent Pregnancy and Parenting Programs, from the National Family Planning and Reproductive Health Association, from several of the foundations that have funded community programs to reduce teenage pregnancy, and from other sources. Over time, these early and informal discussions with program experts are likely to evolve into a more organized, on-going group that would work closely with the campaign's leadership.

Similarly, because relevant research and information must feed into the campaign, Dr. Kristin Moore, Executive Director of Child Trends, Inc. is organizing a meeting in mid-December of a number of experts to review what is already known about teen pregnancy prevention that could shape a national campaign, and what knowledge gaps exist that must be addressed before additional actions can be taken. Confirmed attendees include, for example, Dr. Jacqueline Forrest of the Alan Guttmacher Institute, Dr. Laurie Schwab Zabin of Johns Hopkins University, Dr. Claire Brindis of UCSF, and Dr. Freya Sonenstein of the Urban Institute. These participants might well provide the core group of an on-going research advisory committee.

Through these two groups -- program and research -- and through other less formal means as well, individuals with both research and programming experience will be consulted on many aspects of the campaign. In addition, thought is being given to developing a variety of ways to involve teenagers themselves in the design and conduct of

a campaign. Some organizations have tried to form adolescent "advisory" panels of various types for similar purposes, and their experiences will be assessed.

It is also important to acknowledge the many offers of help that have been received to develop the leadership function of the campaign -- offers that will be acted on in various ways over the next several months. For example:

- Gov. Kean has offered to reach out to current sitting governors to enlist their help and interest;
- Whoopi Goldberg and Jane Fonda have themselves agreed to serve as public and visible spokespersons on this issue and to recruit other entertainers as well;
- Dr. Kenneth Smith, head of the Chicago Theological Seminary, has offered to work on the involvement of church groups, especially minority-led church groups;
- Andrew Young has also agreed to help link various communities of faith to the campaign and to help in other ways as well;
- the leaders of many national groups already active in reducing adolescent pregnancy have been consulted about the proposed campaign and have offered to help and support it; these groups include the National Family Planning and Reproductive Health Association, the Alan Guttmacher Institute, the Planned Parenthood Federation of America, and the Association of Reproductive Health Professionals. In particular, Margaret Pruitt Clark, head of Advocates for Youth, has offered the support of her organization in developing ways to link the campaign to state and local efforts already underway to reduce teen pregnancy.

Through the efforts of these individuals and others, a wide variety of groups will be tapped and their support enlisted for a new national focus on reducing teen pregnancy.

### **C. Developing the Content of a National Campaign**

Participants at the White House meeting agreed that a national campaign could usefully perform at least **four functions**:

1. Celebrating and giving visibility to a wide variety of approaches being tried around the country to reduce teen pregnancy, especially those whose impact has been demonstrated and those exploring novel approaches. The intent here is to help and encourage local activists, and to extend appreciation to them for tackling a very difficult, often divisive issue. These efforts should also encourage communities not currently active in this area to become so by, among other things,

putting them in touch with others already working to reduce teen pregnancy, and providing them with appropriate information and assistance. Many communities are not yet focussed on preventing teen pregnancy and should be encouraged to become so.

2. Increasing the involvement of a wider variety of leaders and institutions in teen pregnancy prevention, including businesses, religious organizations, groups working on other important social problems, and volunteer groups. For example, corporations that market heavily to teenagers should be encouraged to address teen pregnancy prevention in various ways (direct marketing campaigns, support of local programs, etc.), and those leading community efforts against teenage substance abuse should be encouraged to build alliances with pregnancy prevention efforts as well, inasmuch as the same teenagers are often at risk for problems in both areas.

3. Spearheading a long-term, multimedia campaign to reinforce and support local efforts to reduce teen pregnancy and to help instill a new ethic of responsible behavior. Messages would probably focus on the importance of responsible parenting, the consequences of early pregnancy and childbearing for teens themselves, the critical role that men and boys play in preventing teen pregnancy, the need for parents to discuss these issues with their children, and information about the many ways available to avoid adolescent and unintended pregnancy. Although some of the media work might focus on developing Public Service Announcements (PSAs), a broader effort is envisioned, touching the content of network and cable programming, movies, and the print media as well. All such media-focussed efforts must be based on detailed market research, careful definition of target populations, and on-going evaluation of impact.

4. Encouraging foundations and public agencies to invest generously in a wide variety of approaches to reducing adolescent pregnancy, and to make certain that rigorous program evaluation is a central part of funded efforts in order to strengthen the knowledge base of how to intervene effectively. As alluded to earlier, despite all the rhetoric and passion associated with various efforts to reduce teen pregnancy, the number of local programs whose impact on teen fertility has been evaluated is very modest. Over time, a very important goal of a national leadership group addressing teen pregnancy prevention should be to encourage public and private funders to support more and better program evaluation of both new and on-going programs and to disseminate the findings widely.

In order to develop these ideas into more tangible and concrete form, participants at the October meeting, and other experts and leaders as well, are being invited to join one or more informal working groups to recommend specific actions in each of the above four areas. More specifically:

- with regards to areas 1 and 2, advice is being sought from the local program group mentioned earlier, which is being assembled under the leadership of Advocates for Youth in mid-December. Also, the Office of Population Affairs within the Department of Health and Human Services is undertaking a survey of the major national groups active in the area of teen pregnancy prevention in order to catalogue programs currently underway and to identify gaps.
- with regard to area 3, a media working group met in mid-November for the first time to plan concrete steps in this area. Attendees included representatives from People Magazine, the Ad Council, MTV, Ogilvy and Mather, ABC, and others in the entertainment industry; this membership thus included representatives from advertising, cable and network programming, the movie industry, and television.
- with regard to area 4, the research group mentioned earlier will help to define specific research needs. This group will also be invited to comment on the overall campaign (not just area 4), inasmuch as it is important that the entire initiative be grounded in the best information and research available.

All of these groups are assessing current efforts, identifying unmet needs, and making recommendations specific to each area between now and the end of the year. Their ideas will be folded into the prospectus and presented at the follow-up meeting being convened in January, described above. It is important to emphasize that in all such discussions, efforts are being made to include individuals with varying views on how best to reduce teen pregnancy.

In sum, by late-January, current plans call for the following pieces to be in place with regard to both campaign leadership and campaign content:

- a core group of American leaders will have agreed to lead a National Campaign Against Teenage Pregnancy;
- a prospectus will be in hand that identifies gaps in existing approaches to reducing teenage pregnancy, and also proposes a campaign mission, a possible slate of activities in each of the four content areas noted earlier, some ways to interact constructively with existing groups active in teen pregnancy prevention, as well as a possible organizational structure and funding base;
- a follow-up meeting will have been held under the auspices of the Carnegie Corporation of New York, with invited participants to include the campaign leadership group, those who attended the original October meeting (some individuals will fall into both of these categories), and others drawn in more recently; the prospectus will be used as the basic discussion document for that meeting;

- numerous efforts will be underway to draw in new groups to the campaign, widening the circle of leaders involved in this issue; and
- panels of both local program leaders and researchers will be under development to help inform and shape the national campaign. A teen advisory group will also be in the planning stages.

**PARTICIPANTS IN WHITE HOUSE MEETING ON TEEN PREGNANCY**

**The President**

**The Vice President**

**Donna Shalala**, Secretary, Department of Health and Human Services

**Carol Rasco**, Assistant to the President for Domestic Policy

**Alexis Herman**, Assistant to the President for Public Liaison

**Elaine Kamarck**, Senior Policy Advisor to the Vice President

**Ms. Charlotte Beers**, Chairman, Ogilvy & Mather Worldwide, NY

**Ms. Elayne Bennett**, President, Best Friends Foundation, DC

**Mr. Douglas Besharov**, Resident Scholar, American Enterprise Institute, DC

**Ms. Sarah Brown**, Senior Study Director, Institute of Medicine, DC

**Dr. Michael Carrera**, Director, Pregnancy Prevention Programs, Children's Aid Society, NY

**Dr. Marge Clark**, President, Advocates for Youth, DC

**Mrs. Marian Wright Edelman**, President, Children's Defense Fund, DC

**Ms. Jane Fonda**, Trustee, Turner Foundation, GA

**Dr. Henry Foster**, Professor, Meharry Medical College, TN

**Dr. William Galston**, Professor, University of Maryland, MD

**Ms. Christine Chambers Gilfillan**, Executive Director, MCJ Foundation, NY

**Ms. Whoopi Goldberg**, actress, CA

**Dr. David Hamburg**, President, Carnegie Corporation, NY

**Mr. Irving Harris**, Chairman, The Harris Foundation, IL

**Dr. Marion Howard**, Professor, Emory University School of Medicine, GA

**Mrs. Sheila Johnson**, Exec. VP/Corp. Affairs, Black Entertainment Television, Inc., DC

**Mr. Paul Jones**, Chairman, Tudor Investment Corporation, NY

**The Honorable Thomas Kean**, President, Drew University

**Sister Mary Rose McGeady**, President, Covenant House, NY

**Ms. Judy McGrath**, President, MTV Music Television, NY

**Ms. Ann Moore**, President, People Magazine, NY

**Dr. Kristin Moore**, Executive Director, Child Trends, Inc., DC

**Mr. Douglas Nelson**, Executive Director, Annie E. Casey Foundation, MD

**Dr. Helen Rodriguez-Trias**, Past President, American Public Health Association, CA

**Ms. Nancy Rubin**, former official, Corporation for National Service, DC

**The Honorable Warren Rudman**, attorney, Paul, Weiss, Rifkind, Wharton & Garrison, DC

**Dr. Isabel Sawhill**, Senior Fellow, Urban Institute, DC

**Reverend Kenneth Smith**, President, Chicago Theological Seminary, IL

**The Honorable Louis Sullivan**, President, Morehouse School of Medicine, GA

**Ms. Kathleen Sylvester**, Vice President for Domestic Policy, Progressive Policy Institute, DC

**Dr. Jay Winsten**, Dir., Cntr for Health Communication, Harvard Schl of Public Health, MA

**The Honorable Andrew Young**, Co-Chair, Atlanta Committee for the Olympic Games, GA

INSTITUTE OF MEDICINE  
NATIONAL ACADEMY OF SCIENCES  
2101 CONSTITUTION AVE. N.W. WASHINGTON, D.C. 20418

Division of Health Promotion  
and Disease Prevention

Phone: (202) 334-1736  
Fax: (202) 334-2939

December 19, 1995

Memorandum:

To: Melanne Verveer

From: Sarah Brown SB

Re: Teen Pregnancy: Draft letters for the First Lady's review

Melanne - Please  
see my changes. You can send  
over my signature. HRC  
w/ changes or wait  
& I'll sign on Friday

Attached are drafts of two letters for the First Lady's review. One is to Oprah Winfrey and one is to Dr. Koop, asking each to consider serving on the leadership board of the national campaign to reduce teenage pregnancy. I am sure that she and you will want to make a number of changes and to make each more personal; let me know if I can help in the revisions.

I am sending these drafts to you by both FAX and messenger. The package coming by messenger will include two versions of the background paper referred to in the draft letters - one for Dr. Koop and one for Ms. Winfrey. I will also tuck in a computer disc with the two letters on it to make the editing process easier.

You may want to work in the fact that, to date, three individuals have agreed to serve on the leadership group: Katherine Graham, Sen. Nancy Kassebaum, and Charlotte Beers (CEO of Ogilvy and Mather). Other invitations are in the works, as you know. You should also know that through Domestic Policy Council staff, the President has also been asked to consider placing several personal calls to other candidates weighing the request to join the leadership group.

The willingness of the First Lady and of you to help us approach Oprah Winfrey and Dr. Koop is exceedingly valuable and we are deeply grateful for this tangible assistance. Our future prospects depend very directly on the caliber of individuals who agree to work on this issue, and White House leadership in the recruitment process is essential.

I'm sure you'll let me know if I can provide any additional background material or information. Please do fax to me copies of the final versions that go out so that Belle will know when to place the follow-up calls (FAX: 202-334-2031).

Kindest regards as always, and Merry Christmas to you all.

PHOTOCOPY  
HRC HANDWRITING

December \_\_, 1995

The Hon. C. Everett Koop, M.D.  
6707 Democracy Blvd.  
Suite 107  
Bethesda, MD 20817

Dear \_\_\_\_\_:

As you may recall, during his State of the Union address in January, 1995, the President identified teenage pregnancy as "the most serious problem facing our nation today," and called for a national initiative to reduce teen pregnancy. In a series of private meetings since that address, the President has asserted that any national effort to reduce adolescent pregnancy must be bipartisan, non-political, and long term, and that especially in a presidential election year, those ends were best achieved by organizing an effort in the private rather than the public sector. With the full support of the President and me, a group has been hard at work over the last few months to develop more specific plans for a private sector campaign.

I am writing today to ask that you help to lead this campaign by agreeing to serve on a national campaign leadership board. In this role, you will be joined by a number of other prominent Americans drawn from the media, the entertainment industry, the foundation community, academia, medicine, the clergy, child and adolescent advocacy, and local programs addressed to teenage pregnancy. The time required will be limited, but your visible support and commitment to this issue is essential to the campaign's success. You are widely known, deeply respected, and highly skilled in talking with Americans about a wide variety of health topics, including very sensitive ones such as HIV/AIDS.

The purpose of the campaign will be to focus communities, parents, and teenagers themselves on the serious problem of teen pregnancy and the need to remain pregnancy free until adulthood. Reducing pregnancy among unmarried teenagers is an essential step in creating a better life for young people themselves and for the next generation as well. There are multiple pathways to this clear goal, and communities will vary in their preferred methods of reducing adolescent pregnancy. Fortunately, there is a large body of experience and research in this area that can be drawn on to craft specific messages and strategies.

The President has asked Dr. Isabel Sawhill to develop specific plans for the national campaign, and we have requested that she follow-up with a call to you shortly. She will provide more details about campaign plans and will explain more precisely what we have in mind. I have also attached a recent paper that she and others developed to provide additional background.

The Hon. C. Everett Koop, M.D.  
December \_\_, 1995  
Page Two

I hope very much that you will agree to work on this important campaign leadership group. The President joins me in sending kindest regards and best holiday greetings.

Sincerely,  
Hillary Rodham Clinton

Attachment

~~CONFIDENTIAL~~  
December, 1995

DETERMINED TO BE AN  
ADMINISTRATIVE MARKING  
INITIALS: PCR DATE: 09/26/14

## A NATIONAL CAMPAIGN TO REDUCE TEENAGE PREGNANCY

### I. Background:

During his State of the Union address in January, 1995, the President identified teenage pregnancy as "the most serious problem facing our nation today," and called for a national initiative to reduce teen pregnancy. As a follow-up to that speech, the President convened a meeting on October 5, 1995 at the White House in order to discuss the merits and possible activities of a private sector campaign to reduce adolescent pregnancy.

In attendance were leaders from government, the media, the entertainment industry, the foundation community, academia, medicine, the clergy, child and adolescent advocacy, local programs addressed to teenage pregnancy, and social science research; a list of attendees is in attachment A. Although some of the individuals at the meeting have a long standing interest in teen pregnancy, many were relatively new to the issue. Including such individuals and institutions reflected a conscious decision within the White House to try to engage new actors and leaders in this important issue, a theme that has continued to be a key idea in planning for the future.

The President asserted that any national effort to reduce adolescent pregnancy must be bipartisan, non-political, and long term (seven to ten years in duration), and that, especially in a presidential election year, those ends were best achieved by organizing an effort in the private rather than the public sector. At the same time, the President also pledged the full support of the Executive Branch in providing accurate data and information and in lending general support to a private-sector effort; he also noted that government actions in this area would profit from the advice and leadership of a non-governmental group. He stressed the need to encourage and build on the rich variety of state and local efforts already underway around the nation.

Most fundamentally, meeting participants agreed that adolescents must be encouraged and helped to postpone pregnancy and parenthood, especially in an economy that increasingly requires higher levels of skill and education. Reducing pregnancy among unmarried teenagers is an essential step in creating a better life for teenagers

themselves and for the next generation. There are multiple pathways to this clear goal, and communities will vary in their preferred methods of reducing adolescent pregnancy.

There was also agreement that there is a leadership void at the national level on this issue. Although many local and state groups are active in this area, and numerous expert groups continue to focus on the problem, few high-profile, national leaders speak forcefully and repeatedly about the critical need to reduce teenage pregnancy. Moreover, the current array of groups and individuals active in this area is drawn from a relatively narrow band of American life; extensive outreach and education are needed to enlarge the numbers and diversity of those involved.

The White House meeting concluded with great enthusiasm for a campaign against teen pregnancy, and a general understanding that additional work was needed to specify the leadership, content, and administrative underpinnings of such a campaign. In an effort to build on the momentum generated, Dr. David Hamburg, President of the Carnegie Corporation of New York, offered to host a follow-up meeting to review more detailed plans for a national initiative. This meeting has been scheduled for January 30, and will include both those who attended the October meeting with the President and others with a strong interest in this issue.

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Through the efforts of these individuals and others, a wide variety of groups will be tapped and their support enlisted for a new national focus on reducing teen pregnancy.

### **C. Developing the Content of a National Campaign**

Participants at the White House meeting agreed that a national campaign could usefully perform at least **four functions**:

1. Celebrating and giving visibility to a wide variety of approaches being tried around the country to reduce teen pregnancy, especially those whose impact has been demonstrated and those exploring novel approaches. The intent here is to help and encourage local activists, and to extend appreciation to them for tackling a very difficult, often divisive issue. These efforts should also encourage communities not currently active in this area to become so by, among other things,

putting them in touch with others already working to reduce teen pregnancy, and providing them with appropriate information and assistance. Many communities are not yet focussed on preventing teen pregnancy and should be encouraged to become so.

2. Increasing the involvement of a wider variety of leaders and institutions in teen pregnancy prevention, including businesses, religious organizations, groups working on other important social problems, and volunteer groups. For example, corporations that market heavily to teenagers should be encouraged to address teen pregnancy prevention in various ways (direct marketing campaigns, support of local programs, etc.), and those leading community efforts against teenage substance abuse should be encouraged to build alliances with pregnancy prevention efforts as well, inasmuch as the same teenagers are often at risk for problems in both areas.

3. Spearheading a long-term, multimedia campaign to reinforce and support local efforts to reduce teen pregnancy and to help instill a new ethic of responsible behavior. Messages would probably focus on the importance of responsible parenting, the consequences of early pregnancy and childbearing for teens themselves, the critical role that men and boys play in preventing teen pregnancy, the need for parents to discuss these issues with their children, and information about the many ways available to avoid adolescent and unintended pregnancy. Although some of the media work might focus on developing Public Service Announcements (PSAs), a broader effort is envisioned, touching the content of network and cable programming, movies, and the print media as well. All such media-focussed efforts must be based on detailed market research, careful definition of target populations, and on-going evaluation of impact.

4. Encouraging foundations and public agencies to invest generously in a wide variety of approaches to reducing adolescent pregnancy, and to make certain that rigorous program evaluation is a central part of funded efforts in order to strengthen the knowledge base of how to intervene effectively. As alluded to earlier, despite all the rhetoric and passion associated with various efforts to reduce teen pregnancy, the number of local programs whose impact on teen fertility has been evaluated is very modest. Over time, a very important goal of a national leadership group addressing teen pregnancy prevention should be to encourage public and private funders to support more and better program evaluation of both new and on-going programs and to disseminate the findings widely.

In order to develop these ideas into more tangible and concrete form, participants at the October meeting, and other experts and leaders as well, are being invited to join one or more informal working groups to recommend specific actions in each of the above four areas. More specifically:

- with regards to areas 1 and 2, advice is being sought from the local program group mentioned earlier, which is being assembled under the leadership of Advocates for Youth in mid-December. Also, the Office of Population Affairs within the Department of Health and Human Services is undertaking a survey of the major national groups active in the area of teen pregnancy prevention in order to catalogue programs currently underway and to identify gaps.
- with regard to area 3, a media working group met in mid-November for the first time to plan concrete steps in this area. Attendees included representatives from People Magazine, the Ad Council, MTV, Ogilvy and Mather, ABC, and others in the entertainment industry; this membership thus included representatives from advertising, cable and network programming, the movie industry, and television.
- with regard to area 4, the research group mentioned earlier will help to define specific research needs. This group will also be invited to comment on the overall campaign (not just area 4), inasmuch as it is important that the entire initiative be grounded in the best information and research available.

All of these groups are assessing current efforts, identifying unmet needs, and making recommendations specific to each area between now and the end of the year. Their ideas will be folded into the prospectus and presented at the follow-up meeting being convened in January, described above. It is important to emphasize that in all such discussions, efforts are being made to include individuals with varying views on how best to reduce teen pregnancy.

In sum, by late-January, current plans call for the following pieces to be in place with regard to both campaign leadership and campaign content:

- a core group of American leaders will have agreed to lead a National Campaign Against Teenage Pregnancy;
- a prospectus will be in hand that identifies gaps in existing approaches to reducing teenage pregnancy, and also proposes a campaign mission, a possible slate of activities in each of the four content areas noted earlier, some ways to interact constructively with existing groups active in teen pregnancy prevention, as well as a possible organizational structure and funding base;
- a follow-up meeting will have been held under the auspices of the Carnegie Corporation of New York, with invited participants to include the campaign leadership group, those who attended the original October meeting (some individuals will fall into both of these categories), and others drawn in more recently; the prospectus will be used as the basic discussion document for that meeting;

- numerous efforts will be underway to draw in new groups to the campaign, widening the circle of leaders involved in this issue; and
- panels of both local program leaders and researchers will be under development to help inform and shape the national campaign. A teen advisory group will also be in the planning stages.

**PARTICIPANTS IN WHITE HOUSE MEETING ON TEEN PREGNANCY**

**The President**

**The Vice President**

**Donna Shalala**, Secretary, Department of Health and Human Services

**Carol Rasco**, Assistant to the President for Domestic Policy

**Alexis Herman**, Assistant to the President for Public Liaison

**Elaine Kamarck**, Senior Policy Advisor to the Vice President

**Ms. Charlotte Beers**, Chairman, Ogilvy & Mather Worldwide, NY

**Ms. Elayne Bennett**, President, Best Friends Foundation, DC

**Mr. Douglas Besharov**, Resident Scholar, American Enterprise Institute, DC

**Ms. Sarah Brown**, Senior Study Director, Institute of Medicine, DC

**Dr. Michael Carrera**, Director, Pregnancy Prevention Programs, Children's Aid Society, NY

**Dr. Marge Clark**, President, Advocates for Youth, DC

**Mrs. Marian Wright Edelman**, President, Children's Defense Fund, DC

**Ms. Jane Fonda**, Trustee, Turner Foundation, GA

**Dr. Henry Foster**, Professor, Meharry Medical College, TN

**Dr. William Galston**, Professor, University of Maryland, MD

**Ms. Christine Chambers Gilfillan**, Executive Director, MCJ Foundation, NY

**Ms. Whoopi Goldberg**, actress, CA

**Dr. David Hamburg**, President, Carnegie Corporation, NY

**Mr. Irving Harris**, Chairman, The Harris Foundation, IL

**Dr. Marion Howard**, Professor, Emory University School of Medicine, GA

**Mrs. Sheila Johnson**, Exec. VP/Corp. Affairs, Black Entertainment Television, Inc., DC

**Mr. Paul Jones**, Chairman, Tudor Investment Corporation, NY

**The Honorable Thomas Kean**, President, Drew University

**Sister Mary Rose McGeady**, President, Covenant House, NY

**Ms. Judy McGrath**, President, MTV Music Television, NY

**Ms. Ann Moore**, President, People Magazine, NY

**Dr. Kristin Moore**, Executive Director, Child Trends, Inc., DC

**Mr. Douglas Nelson**, Executive Director, Annie E. Casey Foundation, MD

**Dr. Helen Rodriguez-Trias**, Past President, American Public Health Association, CA

**Ms. Nancy Rubin**, former official, Corporation for National Service, DC

**The Honorable Warren Rudman**, attorney, Paul, Weiss, Rifkind, Wharton & Garrison, DC

**Dr. Isabel Sawhill**, Senior Fellow, Urban Institute, DC

**Reverend Kenneth Smith**, President, Chicago Theological Seminary, IL

**The Honorable Louis Sullivan**, President, Morehouse School of Medicine, GA

**Ms. Kathleen Sylvester**, Vice President for Domestic Policy, Progressive Policy Institute, DC

**Dr. Jay Winsten**, Dir., Cntr for Health Communication, Harvard Schl of Public Health, MA

**The Honorable Andrew Young**, Co-Chair, Atlanta Committee for the Olympic Games, GA

**INSTITUTE OF MEDICINE  
NATIONAL ACADEMY OF SCIENCES  
2101 CONSTITUTION AVE. N.W. WASHINGTON, D.C. 20418**


Division of Health Promotion  
and Disease Prevention

Phone: (202) 334-1736  
Fax: (202) 334-2939

December 19, 1995

Memorandum:

To: Melanne Verveer

From: Sarah Brown 

Re: Teen Pregnancy: Draft letters for the First Lady's review

Attached are drafts of two letters for the First Lady's review. One is to Oprah Winfrey and one is to Dr. Koop, asking each to consider serving on the leadership board of the national campaign to reduce teenage pregnancy. I am sure that she and you will want to make a number of changes and to make each more personal; let me know if I can help in the revisions.

I am sending these drafts to you by both FAX and messenger. The package coming by messenger will include two versions of the background paper referred to in the draft letters - one for Dr. Koop and one for Ms. Winfrey. I will also tuck in a computer disc with the two letters on it to make the editing process easier.

You may want to work in the fact that, to date, three individuals have agreed to serve on the leadership group: Katherine Graham, Sen. Nancy Kassebaum, and Charlotte Beers (CEO of Ogilvy and Mather). Other invitations are in the works, as you know. You should also know that through Domestic Policy Council staff, the President has also been asked to consider placing several personal calls to other candidates weighing the request to join the leadership group.

The willingness of the First Lady and of you to help us approach Oprah Winfrey and Dr. Koop is exceedingly valuable and we are deeply grateful for this tangible assistance. Our future prospects depend very directly on the caliber of individuals who agree to work on this issue, and White House leadership in the recruitment process is essential.

I'm sure you'll let me know if I can provide any additional background material or information. Please do fax to me copies of the final versions that go out so that Belle will know when to place the follow-up calls (FAX: 202-334-2031).

Kindest regards as always, and Merry Christmas to you all.

December \_\_, 1995

Ms. Oprah Winfrey  
Chairman of the Board  
Harpo Inc.  
110 N. Carpenter Street  
Chicago, IL 60607

Dear \_\_\_\_\_:

As you may recall, during his State of the Union address in January, 1995, the President identified teenage pregnancy as "the most serious problem facing our nation today," and called for a national initiative to reduce teen pregnancy. In a series of private meetings since that address, the President has asserted that any national effort to reduce adolescent pregnancy must be bipartisan, non-political, and long term, and that especially in a presidential election year, those ends were best achieved by organizing an effort in the private rather than the public sector. With the full support of the President and me, a group has been hard at work over the last few months to develop more specific plans for a private sector campaign.

I am writing today to ask that you help to lead this campaign by agreeing to serve on a national campaign leadership board. In this role, you will be joined by a number of other prominent Americans drawn from the media, the entertainment industry, the foundation community, academia, medicine, the clergy, child and adolescent advocacy, and local programs addressed to teenage pregnancy. The time required will be limited, but your visible support and commitment to this issue is essential to the campaign's success. You are widely known, deeply respected, and highly skilled in talking with Americans of all persuasions about this and so many other topics.

The purpose of the campaign will be to focus communities, parents, and teenagers themselves on the serious problem of teen pregnancy and the need to remain pregnancy free until adulthood. Reducing pregnancy among unmarried teenagers is an essential step in creating a better life for young people themselves and for the next generation as well. There are multiple pathways to this clear goal, and communities will vary in their preferred methods of reducing adolescent pregnancy. Fortunately, there is a large body of experience and research in this area that can be drawn on to craft specific messages and strategies.

The President has asked Dr. Isabel Sawhill to develop specific plans for the national campaign, and we have requested that she follow-up with a call to you shortly. She will provide more details about campaign plans and will explain more precisely what we have in mind. I have also attached a recent paper that she and others developed to provide additional background.

Ms. Oprah Winfrey  
December \_\_, 1995  
Page Two

I hope very much that you will agree to work on this important campaign leadership group. The President joins me in sending kindest regards and best holiday greetings.

Sincerely,  
Hillary Rodham Clinton

Attachment

December \_\_, 1995

The Hon. C. Everett Koop, M.D.  
6707 Democracy Blvd.  
Suite 107  
Bethesda, MD 20817

Dear \_\_\_\_\_:

As you may recall, during his State of the Union address in January, 1995, the President identified teenage pregnancy as "the most serious problem facing our nation today," and called for a national initiative to reduce teen pregnancy. In a series of private meetings since that address, the President has asserted that any national effort to reduce adolescent pregnancy must be bipartisan, non-political, and long term, and that especially in a presidential election year, those ends were best achieved by organizing an effort in the private rather than the public sector. With the full support of the President and me, a group has been hard at work over the last few months to develop more specific plans for a private sector campaign.

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The purpose of the campaign will be to focus communities, parents, and teenagers themselves on the serious problem of teen pregnancy and the need to remain pregnancy free until adulthood. Reducing pregnancy among unmarried teenagers is an essential step in creating a better life for young people themselves and for the next generation as well. There are multiple pathways to this clear goal, and communities will vary in their preferred methods of reducing adolescent pregnancy. Fortunately, there is a large body of experience and research in this area that can be drawn on to craft specific messages and strategies.

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The Hon. C. Everett Koop, M.D.  
December \_\_, 1995  
Page Two

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Sincerely,  
Hillary Rodham Clinton

Attachment



file teen preg '09

FOR IMMEDIATE RELEASE  
June 23, 1995

CONTACT: Lisa R. Davis, Jerry Irvine  
PHONE: 202/547-0001

## **FOUR DEMOCRATIC SENATORS ENDORSE PPI "SECOND-CHANCE HOMES" PLAN AS WAY TO REDUCE TEENAGE PREGNANCY**

### **Republican teen pregnancy proposals called "ridiculously short-sighted"**

WASHINGTON, D.C. -- Four U. S. Senators, led by Senate Democratic Leader Thomas Daschle, today endorsed the Progressive Policy Institute's "second-chance homes" plan as an alternative to Republican proposals to reduce teenage pregnancy.

Senators Daschle (D-S.D.), Joe Lieberman (D-Conn.), Barbara Mikulski (D-Md.) and Kent Conrad (D-N.D.) -- leaders of the Democratic welfare reform efforts in the Senate -- backed the plan at a Washington, D.C. forum releasing PPI's new report, "*Second-Chance Homes: Breaking the Cycle of Teen Pregnancy*."

Second-chance homes are group residences where teen mothers, whose own homes are unstable or unsafe, live under adult supervision with their children. The homes provide a structured environment for young mothers, requiring them to meet certain obligations while they learn the social, personal and educational skills necessary to become independent, productive citizens.

Second-chance homes offer an alternative to the punitive and ineffective solutions proposed by conservatives and the defense of a failed welfare system offered by liberals, said Kathleen Sylvester, author of the report and PPI's Vice President for Domestic Policy. They invoke society's values, require responsibility and reciprocity from welfare recipients, and engage communities in solving the problem, she said.

In calling for a national campaign against teen pregnancy, Sen. Lieberman, chairman of the Democratic Leadership Council, PPI's parent organization, noted that children are too often "born into circumstances where they don't have a fair chance to make a go of their lives." Second-chance homes, he noted, offer children stability and structure.

- more -

## TEEN PREGNANCY, Add One

Senator Daschle noted that he introduced legislation patterned after PPI's original second-chance home proposal in S. 8, the Teen Pregnancy & Parent Responsibility Act.

Acknowledging the benefits of second-chance homes, Daschle said they "offer stability and a chance at building a network to become self-sufficient." "From parenting skills to budgeting to life skills management," he said, "second-chance homes can offer a young woman the opportunity to get control of her life and to begin again."

He said the situation presently facing teenagers underscores the need for Congress to quickly pass second-chance homes legislation. Daschle cited recent figures that show how critical it is for young girls. Since 1960, the birth rate for unmarried teens has tripled. In 1992, there were a record number of births to unmarried women (1.2 million), with almost half to teenagers. By 1988, 52 percent of girls ages 15-19 were sexually active and fully three-quarters of girls who've had sex before the age of 14 said it was involuntary.

Sen. Mikulski lauded the second-chance homes plan saying "it is specific, it is immediate, it is realizable, it's achievable, it's practical, it's sustainable, and it's terrific." Senator Conrad showed his continued support for PPI's work stating that he would again offer a second-chance homes amendment when welfare reform comes back on the schedule.

Senator Daschle called the Republican proposals "mean" and "ridiculously short-sighted."

The second-chance homes report calls for the government to serve as a catalyst for community action. These homes, with seed money and guidance from the federal government, would bring together in one setting the three fundamental elements teen mothers need if they are to have a chance to succeed: socialization, nurturing and support, and structure and discipline.

Copies of "*Second-Chance Homes: Breaking the Cycle of Teen Pregnancy*" are available by contacting the Progressive Policy Institute, 518 C Street, N.E., Washington, D.C. 20002; telephone, 202/547-0001.

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## **Second-Chance Homes** *Breaking the Cycle of Teen Pregnancy*

*Kathleen Sylvester*

For many Americans, teenage welfare mothers symbolize the tragedy of our nation's failed welfare policy and the unraveling of our nation's social fabric. Growing numbers of poor and uneducated young women, often still children themselves, are using public support to bear and raise children outside of marriage. These young women are not only a reminder of government's inability to address a fundamental social problem, but more importantly, they are producing a new generation of poor and fatherless children who will begin life with disadvantages from which they may never recover.

The current public debate over teen mothers offers Congress and the nation an opportunity to break the cycle and move beyond the punitive solutions proposed by conservatives and the defense of a failed welfare system offered by liberals.

The Progressive Policy Institute (PPI) offers an alternative that invokes society's values, requires responsibility and reciprocity from welfare recipients, and engages communities in solving the problem.

PPI's proposal would create a national network of "second-chance homes"—group residences in which teen mothers whose own homes are unstable or unsafe, live under adult supervision with their children, while meeting their social and personal obligations for receiving welfare support. These homes, with seed money and guidance from the federal government, would bring together in one setting the three fundamental elements teen mothers need if they are to have a chance to succeed: socialization, nurturing and support, and structure and discipline.

***Getting Started: How the Policy Would Work.*** Second-chance homes offer a unique opportunity for a partnership among teen mothers, government, and communities: Under PPI's proposal:

- ▶ Participants would use portions of their welfare and foster care payments and federal nutrition and housing subsidies, as program fees to offset the costs of the homes.
- ▶ Government would provide seed money, guidance, and evaluation, acting as a catalyst for community action. The federal government would set aside \$20 million a year for three years to create a national network of second-chance homes.

- ▶ Communities, too, must, join the effort. Tens of thousands of "community" members—from neighborhood clinics, women's groups, Rotary Clubs, fraternal organizations, senior citizens' groups, and youth groups—would join government and supply the element now missing in attempts to help teen mothers and their children: a connection to the communities and their values.

***A Limited Experiment.*** PPI initially proposes second-chance homes serve teen mothers under the age of 18 for three reasons. First, teen mothers under age 18 are the most likely of any welfare recipients to become long-term recipients of welfare. In fact, nearly half of long-term recipients are women who give birth before the age of 17.

Second, the requirement for many teen mothers to live in such homes sends a strong message to young females: Society no longer offers unconditional, open-ended financial support for teens who bear children out of wedlock. Government will help, but only if they meet mutual obligations: learning to be good parents, finishing school, and joining the workforce.

Third, mothers under age 18 represent only a small percentage of unwed teen mothers. In 1993, the U.S. Department of Health and Human Services reported that there were nearly 296,000 unmarried teen mothers on welfare, 67,000 of whom were under age 18. Not only are these mothers in need of the most help, but their small number represents a manageable start for communities ready to get involved.

***Elements of a Successful Home.*** Across the country, successful prototypes for second-chance homes already exist. These homes respond to the reality of teen mothers' lives. Their designs incorporate all three elements necessary to offer them a chance to succeed: socialization, nurturing and support, and structure and discipline. They create a sense of order; help girls grow up to be women; require and support education and job training; provide health care, mentors, protection from abusive men, and a sense of family and belonging.

***How do we Measure Success?*** PPI does not propose these homes as a guaranteed solution to the problem of teen pregnancy, but rather as a promising idea. The prototypes for these homes scattered across the country have produced some notable results: fewer second pregnancies, dramatically increased school completion rates for mothers, reduced incidence of child abuse, better maternal and child health, increased placement for adoption, higher employment rates, and reduced welfare dependency.

The idea is worth trying. If we cannot find a way to help teen mothers, their children will pay the price. The problem is urgent. There are now nine million children living in welfare families. As those nine million children reach adolescence, many are "scripted" to repeat the lives of their parents. We must intervene and break the cycle before those children, too, become a new generation of disadvantage.

***Kathleen Sylvester is the vice president of domestic policy for the Progressive Policy Institute.***

*To receive a copy of the full report, please send a check or money order in the amount of \$3.50 to: Progressive Policy Institute, 518 C Street, NE, Washington, DC 20002, Attn: Publications Department. For more information please call (202) 547-0001.*

## **Second-Chance Homes** *Breaking the Cycle of Teen Pregnancy*

*Kathleen Sylvester*

For many Americans, teenage welfare mothers symbolize the tragedy of our nation's failed welfare policy and the unraveling of our nation's social fabric.

Growing numbers of poor and uneducated young women—often still children themselves—are using public support to bear and raise children outside of marriage. These young women are a constant reminder of government's inability to address a fundamental social problem. More importantly, they are producing a new generation of poor and fatherless children who will begin life with disadvantages from which they may never recover.

More than one million teenagers become pregnant every year; half will give birth and most will not marry. Their children are likely to grow up poor, poorly nurtured, and—because they are raised in virtual isolation from the rest of society—unsocialized. These children are at high risk of dropping out of school, getting into trouble with the law, abusing drugs, joining gangs, having children of their own out of wedlock, and becoming dependent on welfare.

These young people will pay a high price for our nation's inability to help their mothers: And society, too, will pay a high price. The problem is urgent. There are now nine million children living in welfare families. As those nine million children reach adolescence, many are "scripted" to repeat the lives of their parents. We must intervene and break the cycle before those children, too, become parents too soon and create a new generation of disadvantage.

The current public debate over teen mothers offers Congress and the nation an opportunity to try to break the cycle with the help of communities. The debate offers an opportunity to move beyond the punitive solutions offered by conservatives and the defense of a failed welfare system offered by liberals. The debate offers an opportunity to seek an alternative that can help teen mothers change their lives and—more importantly—the lives of their children.

Conservative solutions, including such punitive steps as cutting off welfare to mothers under age 18, are based on false premises: that teen mothers are entirely in control of the circumstances that lead them to early childbearing, that their reasons for childbearing are in large part financial, and that sanctions alone are enough to influence their decisions.

Conservatives would needlessly risk the well-being of children. Ignoring the inadequacy of the foster care system, they would break up families with no alternative safety net in place. Ignoring the reality that the welfare system was designed to help

families whose fathers are absent, they would reform it by absenting mothers as well, substituting institutions such as orphanages for real parents.

Liberals now find themselves in the untenable position of defending a failed welfare system. They are defending a system that makes no moral judgment about life choices that are detrimental to children—a system that relies more on sex education and condoms than on community values to deter teen pregnancy. They are defending a system that by its offer of unconditional support for welfare recipients insulates those mothers—and the fathers of their children—from taking responsibility for their own actions. It insulates these parents from accountability to their families and communities as well.

The answer is not to cut off the welfare checks of teen mothers. Nor, for many young women, is the answer to continue their welfare support and send them back to the homes where they grew up. Instead, communities must "take in" these young mothers and their children.

The Progressive Policy Institute (PPI) offers a third alternative: an approach that invokes society's values, requires responsibility and reciprocity from welfare recipients, and engages communities in solving the problem.

To do that, our nation must revive an old institution—the maternity home—in a new form. With seed money and guidance from the federal government, communities could create a national network of "second-chance homes," a new version of the homes that once provided community support for unmarried mothers.

These second-chance homes would be group residences in which young teen mothers would live—under adult supervision—with their children, while meeting their social and personal obligations for receiving welfare support. These homes would offer a rare institutional opportunity for bringing together in one setting the three fundamental elements teen mothers need if they are to have a chance to succeed: nurturing and support, structure and discipline, and socialization.

Second-chance homes would offer teen mothers a positive family environment that gives them real opportunities to become good parents, finish school, and join the workforce. By providing nurturing and support, second-chance homes would allow teen mothers to establish emotional and familial bonds and find role models apart from their own troubled families. In these homes, help and support would go hand in hand with obligation and responsibility. Unless society finds a way to offer them an environment that provides the socialization that many of these young women lacked in their first homes, they are unlikely to succeed in meeting the obligations society now places on them.

Finally, such homes would help ensure that the welfare system meets one of its most important responsibilities: removing vulnerable children from dangerous environments. Many teen mothers were themselves left too long in dysfunctional homes. They were abused and neglected; many were shuffled from foster home to foster home. Most have grown up poor and poorly nurtured.

The sad legacy of such childhoods is that many of these young mothers have great difficulty developing parenting skills; some are emotionally incapable of bonding with their own children. Others are so damaged by abuse and neglect that they are

dangerous to their children because they repeat these patterns. And a small percentage of these mothers are so damaged that they will never be able to learn to put the needs of their children ahead of their own needs.

On any given day in this country, nearly a half million children are in foster care or other temporary care because their biological parents are unable to care for them properly. Federal law specifies that foster care should last no longer than 18 months, with a decision about parental competence to be made within that period so that a child is available for adoption. The reality, however, is that courts postpone final decisions about parents' rights and leave children to languish in temporary care. In Illinois, for example, the median time spent in *first* foster care placement is approximately 13 months for white children, 18 months for Latino children, and 51 months for African-American children.

Too many children spend years of their young lives waiting. These children wait for a mother who needs to kick a drug habit, or to outgrow an attachment to an abusive boyfriend—or simply to grow up.

For some of these children, the only solution is to terminate parental rights and place them in new—and permanent—homes. This means adoptive parents, not foster care. An unfortunate but necessary goal of second-chance homes would be to make assessments about the capabilities of these young women to be good parents. Second-chance homes must offer young mothers every opportunity to become good mothers. Most will achieve this goal; those who cannot must not be allowed to damage the lives of another generation of children.

Declaring a parent "unsafe" for a child and terminating parental rights is a serious and irrevocable step. The existence of these homes would make it possible to gather enough information to make such a grave decision a well-informed and wise one.

## **Getting Started: How the Policy Would Work**

The federal government should set aside \$20 million a year for three years as seed money to create a national network of second-chance homes. These homes should be designed by community-based organizations for teen mothers under age 18 who need stable and supportive environments. Under strict adult supervision and with an array of social services available, teen mothers will stay in school or job training, learn parenting skills, and move toward self-sufficiency.

Communities can qualify for funds by pledging financial and in-kind support for the homes. Participants should be allowed to use portions of their welfare or foster care payments, as well as federal nutrition and housing subsidies as program fees.

These homes should be carefully evaluated to determine their effects on teen mothers, the children of teen mothers, and younger teens who are not yet pregnant but at risk of becoming pregnant.

This new national network of second-chance homes would be created with three implementing devices:

**1) Leveraging the federal social welfare system.** A large portion of continuing support could be funded by fees paid from participants' welfare or foster care support. Current law should be amended to give states the option of allowing designated second-chance homes to cash out participants' food stamp coupons in order to create a flexible fund that home administrators can use for food budgets. Housing subsidies, too, could be cashed out and used by residents as part of the program fee they pay to a second-chance home. The maximum median benefit per month for a family of two in 1994, for example, was \$294. Monthly food stamp benefits, child care subsidies, and housing subsidies can bring the total typical monthly benefits for a family of two to more than \$900.

The Adoption Assistance and Child Welfare Act, Title IV-E, should be protected from being capped in a federal block grant. The foster care funding it now provides for some teen mothers or their children could be redirected to second-chance homes, or states could allocate some of the program's administrative funds to second-chance homes. Title IV-B child welfare funding could also be made available for these purposes.

The Department of Housing and Urban Development (HUD) could make property available for second-chance homes as it now does for 501(c)(3) nonprofit organizations. Under HUD's "Dollar-a-Year" program, providers of services to homeless persons can lease federally owned property for one dollar a year, with an option to purchase it. In addition, nonprofits can buy some property from HUD at a 10 percent-30 percent discount. Other federally owned property, such as closed military installations and properties held by the Resolution Trust Corporation, might be made available for these purposes as well.

Residents could also use Section 8 vouchers and certificates, available under the National Housing Act, or cash out conventional low-income public housing subsidies to pay for their share of a program fee in a second-chance home.

**2) Using limited federal funds for seed money and evaluation.** In creating a national network of these homes, the federal role could be limited to offering seed money and guidance about how existing models are structured and evaluating the effectiveness of the programs.

Federal dollars for start-up costs could be designated from the Title XX Social Services Block Grant or from Senator Nancy Kassebaum's proposed Youth Development Block Grant, which is designed to support prevention programs and programs that serve as catalysts for community support for families and children. Federal start-up funds, however, would go only to communities that pledge matching funds and in-kind contributions.

Most federal assistance for welfare now focuses on amelioration, with too little spending and emphasis on prevention. States or communities that promote second-chance homes and produce measurable results—such as reduced demand for foster care, reduced numbers of second pregnancies, and shorter spells of welfare dependence—should be allowed to retain a portion of the savings from reductions in projected welfare caseloads.

Thus, federal funds could provide seed money for more homes. As capacity in the system builds, teen mothers might use their welfare support as "vouchers" to choose homes that meet their needs.

3) *Catalyzing community support: "Stone Soup."* The model for these second-chance homes comes from a children's story—the story of stone soup. When a traveler came into a very poor village whose residents had little food, he went to the square in the center of the village and began to stir up a pot of stone soup. His pot contained only water and a large stone. As people gathered in curiosity, he suggested that with a little bit of salt, the soup might be better. A bystander offered some salt. Next, the traveler suggested a snip of parsley, and again, a villager came forward. After that, the traveler asked for potatoes, and then beans, and then carrots. Within a short time, he had convinced all of the poor villagers to share, and they had pooled their meager resources to create a fine meal.

Government's role is to provide the stone for the soup: to be a catalyst for gathering communities together to solve a problem that begins in those communities and affects those communities.

The goal is achievable. There are more than 250,000 organized religious congregations in this nation. There are 83,000 local governments. There are tens of thousands of colleges, YMCAs, and neighborhood clinics; women's groups such as the Junior League and Big Sisters; Rotary Clubs and fraternal organizations; senior citizens' groups and youth groups. The members of this "community" must join government and supply the element now missing in attempts to help teen mothers and their children: connection to community and community standards.

While the costs for many of the programs cited in this paper run as high as \$50,000 a year for mother and child, many of the most effective programs cost far less because they are supported by their communities. Albuquerque's Teen Parent Residence (TPR), which costs just \$67,500 for services to 14 teen mothers for one year, operates in a cluster of HUD-subsidized low-income apartment units. The mothers pay below-market rent for the apartments they share and the state picks up the cost of an apartment for the resident "house mother," a night-duty nurse, and professional counseling services. Everything else comes from the community.

Families from local church congregations invite the young mothers and children home for Sunday dinner. A local family clinic provides "development assessments" of the babies so their mothers can learn what to do to help them progress. The U.S. Department of Agriculture's Cooperative Extension Service offers nutrition classes and child development counseling; the Rotary Club paid the salary of a consulting psychologist for a year; the local university's dental school offers free dental services. A local Presbyterian church puts on an annual Mother's Day picnic; the Civitan youth group offers babysitting services; another youth group collects cans and bottles for recycling and donates the proceeds to the TPR program. Stores such as Kmart and Wal-Mart offer huge discounts on their products, and often throw in extra groceries and diapers. The manager of the local Cort Furniture store gave the residents a discount on furniture, then loaned them one of his own trucks and a driver to pick up other

furniture that had been donated to furnish their apartments. And the Albuquerque Hispano Chamber of Commerce not only donates money to the program, it hires its graduates.

Barbara Otto, New Mexico's director of Teen Family Services, says that these donations and contributions are rarely one-time benevolent gestures. TPR has become a part of the community; supporters and volunteers continually renew their support.

At Catholic Charities' Casa Maria in San Diego, five obstetrician/gynecologists volunteer their time to serve the health care needs of the home; two social work masters' students counsel the residents; foster grandparents come in every morning to help the mothers and children begin their day; and volunteers help with group meetings and nightly educational classes.

The Bridgeway program is a private, nonprofit organization in Denver. Director Rich Haas keeps it going by cobbling together donations from individuals and businesses and small foundations to create an annual \$235,000 budget for three residences, operated for \$600 a month per mother and child. Programs and classes at Bridgeway are run by experts who donate their skills and volunteers who donate their time and goodwill. Despite its small budget, Bridgeway reports impressive statistics on adoption rates, high school graduation rates, and reduced second pregnancies.

Second-chance homes will begin to remedy one of the unintended consequences of the New Deal. When government became the primary safety net for fatherless families, the importance of community values and community institutions was diminished and the notion of reciprocal responsibility disappeared.

The parallel development has been equally destructive. When government assumed primary responsibility for women and children in the welfare system, communities were relieved of responsibility to care for their own citizens. Indeed, many communities no longer consider welfare recipients to be citizens. They live in a separate society; they are defined by their deficits rather than their capacities. For too long now, government has been a wedge between communities and individuals, providing each excuses to ignore their obligations to the other.

## **A Limited Experiment**

Initially, these homes should be designed to serve teen mothers under age 18. The current debate has frequently focused specifically on policies for welfare mothers under age 18. Conservatives have used this focus to fuel public outrage at a welfare system that appears to condone irresponsible decisions by very young girls. It is nevertheless appropriate to focus on these young women. Teen mothers under age 18 are the most likely of all welfare recipients to become long-term recipients. Nearly half of long-term welfare recipients are women who gave birth before age 17.

PPI suggests another reason to focus on these mothers in particular. The existence of these homes and the requirement for many teen mothers to live in them would send a very strong message to younger teens—those not yet pregnant. The message would be simple: Society no longer offers unconditional, open-ended financial support for young women who bear children out of wedlock. Government will help unmarried

mothers, but only if they meet mutual obligations: learning to be good parents, finishing school, and joining the workforce.

There is a pragmatic reason as well to focus on mothers under age 18. In 1993, the U.S. Department of Health and Human Services (HHS) reported that there were just under 296,000 unmarried teen mothers on welfare. The large majority, however, were 18- and 19-year-olds; there were just over 67,000 welfare mothers under age 18. We should begin our efforts to help this group of young mothers because they need the most help, because their number is small, and the "community" with the potential to take them in is large.

PPI does not propose these homes as a guaranteed solution to the problem of teen pregnancy, but rather as a promising idea. The prototypes for these homes scattered across the country have produced some notable results: fewer second pregnancies, dramatically increased school completion rates for mothers, reduced incidence of child abuse, better maternal and child health, higher employment rates, and reduced welfare dependency.

These results, however, are self-reported, anecdotal, and short-term. None has been tracked carefully enough to determine whether these results are valid in the long-term. And none has been evaluated sufficiently to demonstrate their effects on the children of teen mothers.

## Reviving an Old Idea

Maternity homes are by no means a new concept. As early as the 19th century, white, middle-class, evangelically oriented Protestant women with experience as missionaries or teachers volunteered in these privately owned homes. African-American women founded maternity homes in their own communities as well, including New York City's Katy Ferguson Home, Boston's Harriet Tubman House, and Chicago's Phyllis Wheatley House. National organizations such as the Florence Crittenton Mission and the Salvation Army provided shelter and aid to young women in trouble. In 1863, Abraham Lincoln signed a charter establishing St. Ann's Infant and Maternity Home, a home for orphans and "unprotected females during their confinement in childbirth," on Pennsylvania Avenue just a few blocks from the White House.

Initially, most homes were loosely defined as "rescue homes," providing shelter for prostitutes, alcoholics, and drug addicts as well as unmarried mothers. In order to gain credibility for their efforts, these rescue-home workers developed relationships with the judicial system; women were often sentenced to stay at Florence Crittenton or Salvation Army homes as an alternative to jail or reform school. Life in the homes was strictly supervised. In most cases, a mother could not receive visitors other than female relatives, she could not leave the grounds unchaperoned, and both her incoming and outgoing mail was censored.

Between 1910 and 1920, however, maternity care replaced redemption of prostitutes as the primary function of rescue homes, largely because prostitutes proved difficult to recruit and often left after a short period of time. Young pregnant women were more likely to actually need the rescue homes, and the homes shifted their focus

entirely to unmarried mothers. Most homes restricted their residents to mothers under age 25 with one child, and they remained largely racially segregated.

While a few maternity homes achieved a degree of racial and socioeconomic diversity, most homes served young women whose families were unable or unwilling to support them. Rehabilitation and redemption were the primary goals, while refuge from potentially abusive families was a secondary function. The homes sought to transform young, helpless women into productive members of society and to give them and their children a future.

Until the mid-1910s, maternity homes focused on marriage as a main goal. At first, homes encouraged young mothers to marry the fathers of their children, but by the early 20th century, most homes abandoned that practice. Still, the early maternity homes recognized the positive influence of motherhood on otherwise "wayward" women, and the commitment to keep mothers and children together became a sacred maternity-home policy. Both Crittenton and Salvation Army homes required residents to sign contracts in which they promised to keep their babies.

Abandoning marriage as a primary goal forced maternity homes to take on the task of employment training. Domestic work was the occupation with the most appeal, since it served young mothers' practical needs. The households in which the women worked assumed many of the supervisory functions of the maternity home, providing stable income and allowing them to keep their children with them.

By the late 1910s, old-fashioned benevolence gave way to the increasingly professional field of social work. In an effort to prove their legitimacy as scientific social experts, social workers attempted to abolish traditional charitable endeavors. Not surprisingly, maternity homes, with their focus on domesticity, proved too stereotypically feminine to survive the attacks of prominent social work leaders.

As social workers took on illegitimacy as their domain, the assumptions behind the problem of unwed motherhood changed dramatically. Instead of perceiving the problem as one of personal defects, the new school of thought attributed poverty and unwed motherhood to social inequities.

The social insurance movement of the New Deal officially transferred welfare functions from the private to the public sector. Not surprisingly, the clash between private charities and mothers' pension advocates was intense. The new ideology stressed the superiority of the home to the institution. The New Deal mothers' pensions were intended to support mainly widows and orphans but quickly extended to benefit the small population of unwed mothers as well. Ironically, both maternity home advocates and mothers' pensions advocates sought the same goal: to keep mothers and children together. The former exerted their efforts on personal defects, while the latter concentrated on equalizing economic and social differences.

During the 1940s, the majority of unwed mothers relinquished their children for adoption, and child welfare services began focusing on prenatal services only. Again, the pendulum swung, and by the 1970s the majority of pregnant teenagers were giving birth and keeping their children. But because most maternity homes had been phased out, young women no longer had such refuges available.

A handful of these homes, however, exist today. Lincoln's St. Ann's has never closed its doors. Now located just outside Washington's city limits, it serves pregnant teens and new mothers from abused and neglected backgrounds. It also has a nursery full of boarder babies—tiny victims of the city's drug wars.

While the circumstances and needs of these young women are vastly different from those of the home's first residents, they still meet Lincoln's definition. They are "unprotected females," still in need of society's support if they are to make decent lives for themselves and their children. The time has come for society to revive the old maternity homes in a new form.

## Who are Teen Mothers?

Policy should not be based on stereotypes and myths about teen mothers. Policy should be based on what is true about teen mothers:

- ▶ *They are poor.* Many come from families strained by poverty and dysfunction. The Alan Guttmacher Institute reports that 83 percent of teenagers who give birth come from economically disadvantaged households, though only 38 percent of all teenage women are from such families. As researcher Joy Dryfoos has noted, teenage pregnancy is just one "marker" of disadvantage.
- ▶ *They are hindered by lack of socialization.* Teen mothers are not the promiscuous and "worldly" young women of the stereotypes. They do not live in any "world" beyond the reality of their own neighborhoods. They are products of the streets where they grew up; they learn how to treat their own children from the parents who raised them; and they model their social behavior after peers who come from the same neighborhoods. These young women have little chance of emulating any other kind of life. They have few models for any other life.
- ▶ *They do badly in school.* For teen mothers, schools are rarely places where they have found any measure of success; most are poor students. Data from the National Longitudinal Survey of Youth demonstrate that 36 percent of students who score in the lowest fifth in basic academic skills become teen parents, compared with less than 5 percent of students in the highest fifth. Contrary to popular belief, most teen mothers do not drop out after becoming pregnant; most leave school before they are pregnant. For many of these young women, a welfare check seems a more realistic goal for obtaining an income than getting a high school degree.

- ▶ *They suffer from poor health; so do their children.* Young, poor, unmarried, uneducated, and uninsured mothers are much less likely than older, more stable mothers to obtain prenatal care. Only three in five teen mothers received early prenatal care in 1992; one in 10 received late or no prenatal care. The result is poor health for the adolescent mothers, whose own nutritional needs compete with the needs of their unborn children. They are more likely to deliver low-birthweight babies. Each low-birthweight baby averages \$20,000 in hospital costs; total lifetime medical costs for such children can average \$400,000. As they grow, low-birthweight babies often suffer developmental problems that severely limit their school achievement.
  
- ▶ *They have been badly nurtured.* Many come from homes where they are subjected to neglect or physical violence. In a nation in which there were more than one million cases of child abuse or neglect confirmed in 1993, many of those victims are young women who are teen mothers. Some are destined to visit these same tragedies on their own children. Mothers under age 20 were vastly overrepresented among families reported for both abuse and neglect. In one survey, 30 percent of mothers who neglected their children were under the age of 20—three times their proportion of the population.
  
- ▶ *The majority are victims of sexual abuse.* Sexual abuse and rape play a significant—and largely ignored—role in teenage pregnancy. Studies show that as many as two-thirds of teen mothers were victims of rape or sexual abuse at an early age. These crimes are frequently committed by relatives or other adult males living in the same household with the teen mother. Many teen mothers, in fact, report that they became pregnant to stop sexual abuse.
  
- ▶ *They suffer from mental and emotional problems.* Their histories of abuse damage the lives of young women in powerful and lasting ways. When abuse goes unreported, these young women can manifest the long-term effects of untreated abuse throughout their lives. Clinical evidence shows that they are prone to psychiatric illnesses including spells of depression, suicidal tendencies, drug addiction, and alcoholism. In addition, researchers Debra Boyer and David Fine note that sexual abuse often delays cognitive, social, emotional, and psychological development. Thus mothers who have been abused not only have difficulty adapting to the difficulties of their own lives; they may be impaired in their ability to nurture their children.

- ▶ *They are easy prey for older men.* Young women who have been victims of early sexual abuse often develop emotional patterns that make them especially vulnerable to the attentions of older men. Most men who father children by teen mothers are not adolescents themselves. The National Center for Health Statistics reports that almost 70 percent of children born to teens are fathered by men aged 20 and older. And while the average age gap between teen mothers and the fathers of their babies is four years, the very youngest girls—who are 11 or 12—are often victims of men in their 30s and 40s.

## Elements of a Successful Home: A Social Contract

Successful prototypes for group homes respond to the reality of teen mothers' lives, and their design incorporates all three elements necessary to offer them a chance to succeed: socialization, nurturing and support, structure and discipline. And they begin with the basics.

*Creating a sense of order.* New residents are quickly introduced to rules and regulations. At the Teen Parent Residence program, the teens must sign an agreement to follow house rules: to perform the household chores assigned to them in a timely manner, to be responsible for their own actions, to be contributing members of the TPR community, and to set and meet their individual goals with the help of the staff. If they break the rules, the consequences are clear and swift—they lose their privileges. Repeat offenders are evicted. Most homes have strict curfews and limited visitation policies; many have zero-tolerance drug policies.

The idea that help and support are conditional on behavior is crucial to the success of these programs. At the Casa Maria program in San Diego, CA, young mothers are required to set goals for themselves and expected to live up to them. When a young mother succeeds by following the rules and attains her goals, she becomes a senior resident and assumes responsibilities normally assigned to a house mother. In addition, she is rewarded financially with a reduction in her room and board payment.

Many programs have developed incentive strategies to acknowledge and reward good work. The Father Pat Jackson House in Ann Arbor, MI, charts incremental steps on the self-esteem ladder with concrete incentives. Teen mothers come into the program as probationary "opals." As they adjust to the structure and routine of the home and succeed in their daily tasks, they graduate to the ultimate status of "diamonds" and earn telephone and weekend pass privileges. Privileges are promptly taken away if they transgress.

One important component of self-worth and confidence-building, often overlooked in institutional settings, is the need to celebrate and validate developmental experiences and successes. At the Teen Mothers Program in Washington, DC, teen mothers who graduate from high school are given a special party to mark their success.

*Helping teen mothers grow up.* Most developmental psychologists agree that growing up takes place in stages and that it involves learning and taking responsibility in ever larger and more complicated doses. Young adolescents, girls up to the age of 14, develop self-esteem by learning and mastering the basic social and cognitive skills required to function at home, in school, and in society at large. They are socialized by learning to play and negotiate with siblings at home and peers at school. They become responsible by doing chores at home and homework for school. And they learn because they can go to school and they have attentive and interested parents who expect them to do well.

These daily experiences and accomplishments, along with the acknowledgement and celebration of successes, help young women shape their self-image and their understanding of who they are and what they can accomplish. Without a sense of self-worth, they lack the inner resources necessary to complete the next stage of development which is to mature, become independent, and prepare for the world of work.

As Toby Herr and Robert Halpern point out in their descriptions of Chicago's Project Match welfare reform program, a child takes steps toward independence, builds self-esteem, and learns responsibility by catching a bus to get to school on time, taking care of pets, getting a library card, setting the table each night, and contributing to a savings account.

Unfortunately, many teen mothers come from unstable homes where there are few such obligations and little discipline. Struggling with the responsibility of parenting without having mastered lesser responsibilities can be an insurmountable task. To help young parents grow up, second-chance homes offer them opportunities they did not have at home for building new coping mechanisms and learning and mastering daily life skills such as cooking, cleaning, budgeting, and eventually job preparation.

Houston's Teen-Age Mothers and Infants (T.A.M.I.) House has developed a point system to give residents an opportunity to build a storehouse of small accomplishments while learning to work cooperatively with other young mothers. Five points are awarded for completing small tasks such as washing dishes or sweeping and mopping the kitchen floor. With 115 points, a resident earns a weekend pass.

In the Teen Mothers Program, young teens learn how to groom themselves, make their beds, and clean their rooms. Older teens take more responsibility for menu planning, shopping, and cooking. When they are ready to leave the home and look for a job, they learn how to use public transportation, and how to dress and conduct themselves for a job interview.

*Helping teens learn to be good mothers.* Young mothers whose own mothers were inadequate or absent need help learning how to nurture and discipline their children. Most teen parent residences offer classes in child development, scheduling, and nutrition. In a communal environment, young mothers also learn from each other and from the adults who come into the home on a regular basis. A graduate of Teen Mothers Program says it was a "foster grandmother" who visited her young daughter every day for several years, read stories to her, and taught her ABCs and other childhood basics. When the little girl went to school, she was well-prepared and she thrived.

Frances Santiago, the house mother of the Teen Parent Residence program, is always there for a basic question about mothering: Is it time for my baby to switch from a bottle to a cup? When will she learn to roll over? What should I do about biting? And she is there as well to celebrate with the young mothers as their children meet milestones: a first tooth or a first step. Santiago, who calls the babies her grandchildren, is a living example of how to show children affection and love while being firm.

At St. Ann's, lessons about child care are as basic as teaching young mothers never to leave their babies unattended. Each morning, mothers go through the ritual of feeding, bathing, and dressing their babies before their own classes begin. Throughout the day, staff members provide ongoing coaching, prompting, and supervision. In addition, the young mothers are required to participate in workshops and talks on parenting and child development issues. St. Ann's also schedules a family night each week during which mothers and children go on a group outing.

At the Northwest Maternity Center in Washington, DC, the majority of residents were themselves victims of abuse. When they enter the program, they are taught to curb their aggressive behavior and to treat the other residents with respect. They are not allowed to hit or scream. In child development classes, they learn why babies cry and what to do for them. And they are taught to put their babies back in their cribs when they are too angry to hold them carefully. It generally takes six months for the young mothers to learn to treat their babies gently and to demand that others treat them that way too.

*Requiring and supporting continued education and job training.* Nearly all programs require mothers to be in school or in job training. Some of the larger programs have schools at their own facilities or offer General Equivalency Degrees (GED) on site. Many teen mothers choose GED programs or alternative schools to better accommodate their children's schedules.

Most teen mothers in these programs complete high school, and a significant number go on to vocational school or college. The mothers report that the added responsibility of a child gives them an incentive to succeed. These programs recognize, however, that teen mothers often need help catching up in school. Most insist on scheduled study time and offer tutoring or remedial classes. Many offer links to the world of work as well, helping mothers find vocational programs in fields such as nursing or welding—fields in which they can make enough money to support their children and get health benefits.

At Homes for the Homeless in New York City, the program takes advantage of its large size by offering "in-house" apprenticeships. Residents have part-time jobs in the program's day care center or its housing office or administrative offices. They gain marketable job skills while mastering basics such as learning to dress appropriately, showing up on time, and dealing with co-workers.

*Offering health care and mental health services.* The majority of young mothers are eligible for Women, Infants, and Children (WIC) and Medicaid. Teen parent residences make sure they get these services. Some of the larger homes are Medicaid providers and

have health care professionals on staff; smaller ones bring in health care professionals as needed.

Perhaps even more than physical health care, many adolescent mothers need mental health care for depression or other psychological problems. At the Florence Crittenton Services, licensed psychologists and psychiatrists provide ongoing clinical supervision and case consultation. Health care is available through various providers in the community. "Rap groups" led by social workers give parenting teens an opportunity to discuss their problems with their peers in a group setting.

*Offering opportunities to find mentors.* Time after time, studies show that disadvantaged children who are "resilient" and overcome their disadvantages have benefitted by the presence of a strong, caring adult in their lives. Because so many teenage mothers have lacked such a presence in their early years, second-chance homes offer opportunities to introduce them to alternative mentors.

Each teen at Bridgeway is connected to a big sister "Bridger" who acts as a friend, confidante, and role model during the program and in follow-up years. Moreover, Bridgeway offers a curriculum of 104 courses all taught by volunteer "educators." The Father Pat Jackson House Program takes advantage of its proximity to the University of Michigan by recruiting college students to provide transportation and act as role models.

"Foster Grandparents" are a loving and caring presence at St. Ann's. Some of the grandmothers have been coming for years to help with the babies and to nurture the new mothers. "Mentor Mothers" is a volunteer program developed by the Maternity Center in Washington, DC. While some mentor mothers are available only for occasional transportation and tutoring help, others have bonded with their charges and provided surrogate mothering for many years.

*Offering protection from abusive and predatory men.* For many teen mothers, protection from controlling and abusive boyfriends is essential to success. These homes offer physical protection and refuge from abusers; most have strict rules about male visitation. Strict schedules and rules give young women an "out," a way to avoid contact with men they don't want in their lives. They have an excuse to say no when they are most vulnerable.

For those young women who want to establish stable relationships with their babies' fathers, second-chance homes offer both a neutral place to negotiate; some offer couples' counseling and parenting classes for fathers as well. And in the long-term, perhaps the most important defense that these homes can offer to vulnerable young women is the confidence and self-esteem that comes from positive achievements: raising healthy and stable children and gaining the skills to become self-sufficient.

*Providing a sense of family.* The proposed name for this network of new institutions—second-chance homes—has two elements. "Chance" implies opportunity. "Second" implies a new home that substitutes for an original home. But for many of these young women, second-chance homes are their first homes. These are the first

opportunity these young women have had to form bonds of trust and caring. Staff and volunteers and other residents are their families.

One of the best examples comes from a group home in Alamogordo, NM, that is shared by elderly low-income women and teen mothers. After an initial period of intergenerational friction, the residents settled into a comfortable arrangement. The elderly women assumed the roles of grandmothers: cuddling babies, reading stories to toddlers, and dispensing their wisdom on child care to the new mothers.

When one of the elderly women, Julia, became ill with cancer and was unable to care for herself, the teen mothers took over her care so that she wouldn't have to leave their home. They arranged class and work schedules to make sure that one of them was always there to watch over her. After a brief stay in the hospital, the doctors released Julia to go home to die with her family. Instead of going home to her blood relatives, she choose to spend her last days with her grandchildren at the Alamogordo home.

Long after they graduate, teen mothers maintain their connections to the people who have cared for them. They send pictures of their children and call to report on successes—good report cards or new jobs or new apartments. They show up at holiday time to be with their families.

## **The Long-Term Approach: Creating a Climate for Change**

What would it take to make these programs work better? Program directors say they need to have some real leverage over the teen mothers. The programs that work best are those that function under true social contracts: Residents know that they must abide by certain standards of behavior and contribute to their own success. House mothers or other program officials must have the ability to discipline these young women and evict them for persistent failure to follow rules and procedures.

Next, enough money to expand the programs to offer a continuum of care. Most observers agree that an ideal program would provide a three-tiered approach. The first tier would require strict 24-hour supervision and an equally demanding hour-by-hour daily structure for teens between the ages of 13 and 15. During this phase, they might live in traditional homes in which they would live and eat communally.

Older teens—including those up to age 18 and perhaps even older—would still be supervised but allowed more independence commensurate with their willingness to be responsible and fulfill their obligations. This phase of the program would be a transitional one. Young mothers would learn to be responsible for managing their children and their jobs and their budgets and households with minimal supervision and support and some help with day care. During this phase, they might live in separate apartments that are clustered in the same building or in a dormitory-style facility that has kitchens.

When they move on to fully independent living, many of these young women still need access to follow-up services—a support group to belong to or a monthly visit from a mentor.

Building such a system will be a long process. But with the support of communities, it is an achievable goal.

## How Do We Measure Success?

Even with all of these supports and services, homes for teen mothers have only limited success in turning around the lives of teen mothers. Many of the mothers drop out or are expelled from programs because they are unable to cope with the rigid rules and requirements. Others cannot conquer drug abuse or mental health problems. Some are "reclaimed" by families eager to cash in on their welfare checks. And many of these young women cannot resist the power of old boyfriends who make new promises.

Many successes that may be measurable in the long-term—such as higher lifetime earnings or shorter lifetime spells on welfare—have not been measured. But the prototypes for second-chance homes around the country have produced measurable achievements, unverified but promising.

**School completion.** It is clear that mothers with higher levels of education and training are more successful at supporting their children. Accordingly, second-chance homes make education a priority:

- ▶ At the Florence Crittenton Homes and Services, they recently reported a high school completion rate of 92 percent for teen mothers in the program.
- ▶ At Amity Street in Lynn, MA, 50 percent of the residents have completed a job training program or have reached an educational goal (GED, college, high school diploma). Of those enrolled in high school, 90 percent graduate.
- ▶ At St. Ann's Infant and Maternity Home, mothers must be in school and can elect to attend the fully accredited high school located on campus, or go to other local schools. Fully 96 percent of its residents graduate from high school or obtain a GED.
- ▶ At the Teen Parent Residence, 117 teen mothers completed educational plans and vocational planning, 74 attended Job Corps, 14 completed requirements for a high school diploma, 19 completed their GEDs, and 20 completed postsecondary training at Job Corps or a private vocational education school.
- ▶ At Bridgeway, half of the program's graduates not only complete high school, but go on to college or other postsecondary education.

**Independent living.** In the long run, the main goal of a second-chance home is to help teenage mothers make the transition to independence. There are several ways of evaluating this aim:

- ▶ At St. Elizabeth's in New Albany, IN, 77 percent of participants are now off the welfare rolls.
- ▶ At Amity Street, 85 percent of the mothers made the successful transition to independent living and were able to set up their own households.
- ▶ At the Northwest Maternity Home, 65 percent of graduates have been placed in permanent jobs.

**Reducing second pregnancies.** The national average for repeat pregnancies by teenagers is 11 percent-26 percent within one year, and 50 percent in two years:

- ▶ At Bridgeway, only 8 percent of the teens become pregnant again in the two years following completion of the program.
- ▶ At Seton Home, only 10 percent of the teen mothers who go through the program get pregnant a second time within one year.
- ▶ At the Teen Parent Residence, only six of 117 participants became pregnant with another child while in the program.
- ▶ At St. Elizabeth's, only 4 percent of program participants had a second child within a two year follow-up period.

**Increased placement for adoption.** The national average for adoption placement by teen mothers is less than 3 percent:

- ▶ At Bridgeway, almost 20 percent of teen mothers choose adoption.
- ▶ At the Teen Parent Residence, 11 of 117 placed children for adoption.
- ▶ At St. Elizabeth's, 51 of 188 births resulted in adoption.

**Healthier babies.** Overall, the teenage mothers are less likely to receive prenatal care and their babies are more likely to be born at a low birthweight and suffer from poor nutrition:

- ▶ At Seton Home, early prenatal care has raised the birthweight of its residents' babies to nearly eight pounds.

- ▶ At Bridgeway, a rigorous program that offers prenatal care and teaches the young women better nutrition resulted in an average birthweight of over 7 1/2 pounds.

**Saving money.** While offering such programs with a full range of services can be expensive, many programs reduce costs by using volunteers. And in the long run, programs that keep families together are significantly less expensive than those that separate mothers and children:

- ▶ At the Teen Parent Residence, for \$67,500 per year in state funding, TPR provides services for 14 teens and their babies. The remainder of the program's funds come from fees paid by program participants and contributions from charity.
- ▶ At Bridgeway, the cost for mother and baby is \$600 per month or \$7,200 per year.
- ▶ At Homes for the Homeless, for \$12,000 per person per year, shelter for mothers and their babies is provided. The normal cost is \$40,000 per child for foster care and \$18,000 per adult for emergency shelter services in New York City.
- ▶ At St. Elizabeth's, the cost for each mother and child is \$80 a day.

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## APPENDIX

Examples of residential treatment centers for pregnant teens exist in a number of states. These facilities can be small or large; they are usually funded by varying combinations of private and public monies. Some are located in inner cities, others in more rural areas.

Some have large professional staffs, others are staffed mainly by volunteers. Most accept teen mothers between the ages of 15 and 18 and limit their stay to about two years. The majority accept only teens who already have children, although a handful accept pregnant teens. Some programs must accept mothers assigned to them by the courts or social service agencies; others simply accept all of the applicants or referrals they can accommodate. All programs require participants to be enrolled in school or job training. In general, services include classes in parenting and life skills as well as some counseling and support services. Day care is an important component of these programs, though not always provided on-site. Vocational training and job placement services are sometimes available.

### **Alamogordo United Futures**

1815 N. Florida Avenue

Alamogordo, NM 88310

Mobile Telephone: (505) 430-8897

For more information contact: Richard Brandner, Director

The Group Home serves both low-income elderly women capable of living independently and young women with their children. Family stability and intergenerational experience are encouraged. The 12-unit facility housing the United Futures Project is owned by Northwest Association for Retarded Citizens and mortgaged under HUD Section 202 funding for facilities for special needs populations.

Various services are provided to both the elderly women and the teenage mothers. Services available to seniors include transportation to the Alamo Senior Center, legal services, health promotion, and recreation at the Senior Center. Young mothers are provided child care assistance, assistance in enhancing life and parenting skills, and financial assistance for school. The state spends \$25,000 to pay a portion of the director's salary; teen mothers are eligible for low-income rent subsidies; they pay their rent from their welfare checks.

### **Amity Street, Transitional Housing for Parenting Teens**

Catholic Charities, North Region

55 Lynn Shore Drive

Lynn, MA 01902

(617) 593-2312

For more information contact: Richard D. Muzzy, Director of Outreach and Youth Services

Amity Street consists of a nine-unit building that houses young single mothers ages 18-23 with one or two children under the age of five. The home opened in October 1987, and has served a total of 42 young mothers and 55 children. They are able to maintain their own residences with the support of Catholic Charities' staff for up to two years. The program offers counseling, case management, support groups, and assistance with employment training and education.

The program costs approximately \$190,000 per year. Some funding for support services is received through the Department of Social Services. Residents are eligible for rent subsidies through the Massachusetts Rental Voucher Program administered by the Lynn Housing Authority. United Way and local fundraising efforts further maintain the program.

**Bridgeway**

85 S. Union Boulevard - Suite 204  
Lakewood, CO 80228  
(303) 969-0515

For more information contact: Rich Haas, Executive Director

Founded in 1986, Bridgeway is a private, nonprofit organization that operates three homes and an education center for 16 pregnant teenagers and their babies. Parenting mothers can stay up to six months or more in a home supervised by live-in houseparents. Bridgeway has an annual budget of approximately \$235,000 and is funded by workplace campaigns and business and individual donations.

Bridgeway provides counseling and classes in Lamaze childbirth, self-esteem, nutrition, parenting, adoption options, prenatal care, resume-writing, job skills, and drug abuse. Volunteers from the community serve as "Bridgers" who act as mentors.

**Door of Hope**

2799 Health Center Drive  
San Diego, CA 92123  
(619) 279-1100

For more information contact: Charlie Cox, Director

Door of Hope consists of two homes: one for pregnant teenagers, and one called Havens for young women with emotional and psychological problems. The maternity home serves approximately 50 residents per year, and Havens takes in an average of 25 young women per year. The women are admitted only if they are wards of the court or are legally emancipated from their guardians.

Door of Hope offers 24-hour supervision by residential managers, an on-campus public school, counseling, prenatal care, day care, and classes in independent living skills, parenting, alcohol and drug abuse, Lamaze childbirth, job placement, and discharge planning. There are 40 paid staff members in addition to volunteer support.

The cost of the program per girl for the maternity home is \$2,360 per month, and for Havens it is \$4,423 per month. The babies cost about \$708 per month in both homes. Havens costs more because the young women placed there have fairly severe emotional, psychological, or behavioral problems and need more specialized care.

### **Father Pat Jackson House Program**

1014 South Main Street

Ann Arbor, MI 48104

(313) 761-1440

For more information contact: LaTresa Wiley

Father Pat's is a transitional home that houses five teenage mothers and their babies. Residents can stay for up to two years, but the average stay is four to six months. The house is staffed by a director, social worker, two house mothers, and two overnight staff. Volunteers are generally University of Michigan students who provide transportation and mentoring.

Due to Father Pat's affiliation with St. Mary's Parish, funding comes mostly from grants in the Catholic community and from private grants. The cost of the program is \$260 a month per mother and baby, which is \$15,600 a year for the total program.

### **Florence Crittenton Homes and Services of West Virginia**

2606 National Road

Wheeling, WV 26003-5393

(304) 242-7060

For more information contact: Sharon Perry, Executive Secretary

FCCHS of West Virginia was created in 1895 as a residential home for young mothers. In the 1991-92 program year it served more than 1,100 young mothers throughout West Virginia and Belmont County, Ohio. Pregnant teenagers are referred from the Department of Health and Human Resources, the judicial system, high school counselors, church leaders, and family members.

Located in a residential neighborhood, the facility is equipped with an alternative on-site school, a day care center, a health clinic, and counseling and case management services. The main facility is surrounded by three residential homes that are used for transitional living programs and is staffed full-time.

Crittenton also offers 10 community, home-based service sites. Programs here include maternity care, community outreach, pregnancy and child abuse prevention programs, day care, health clinics, support groups, Lamaze childbirth, child care, parent skills training, adoption and adoption counseling, family and group counseling, life skills training, case management, and family preservation services.

FCCHS is funded by foundations, corporations, private donations, and client fees.

**Homes for the Homeless**

36 Cooper Square, 6th Floor  
New York, NY 10003  
(212) 529-5252

For more information, contact: Page Bartels, Director of Development and External Affairs

Founded in 1986, Homes for the Homeless is a comprehensive, residential nonprofit organization that has served 8,400 families including more than 18,300 children in New York City. The cost of the program is \$12,000 per person annually, or \$36,000 per family annually. Homes for the Homeless also operates two summer camps for homeless children.

Homes for the Homeless operates four "American Family Inns," which offer housing and comprehensive services to homeless mothers and their children. A needs assessment is developed for each family upon entry to the centers. Assistance is offered in the areas of health care, educational enhancement for both parents and children, employment training, foster care, independent living skills, substance abuse treatment, and follow-up services. Two innovative aspects of the program are a "safe nursery" for children at risk of abuse and an in-house apprenticeship program, where residents learn job skills by working within the organization.

**Northwest Maternity Center**

4010 12th Street, N.E.  
Washington, DC 20017  
(202) 483-7008

For more information contact: Elizabeth Segal

The Northwest Maternity Center is a private/nonprofit residential facility for five mothers with one or two children, which operates in tandem with the Pregnancy Center. The center has been open for two years, and 26 young women have completed the program. The two facilities exist on a shoestring budget of \$160,000 a year, with the Maternity Center getting about \$60,000 of that amount. Funding comes from private individuals and corporate donors and includes donations of food, toys, and furniture.

The center has flexible admission and length of stay requirements. The mothers are between the ages of 15 and 24, and stay less than two years. They are referred from community agencies, schools, and the Pregnancy Center.

The only paid staff members are the director and the social services director, so the home depends heavily on a volunteer staff of 18. The program includes counseling, referrals, and classes in parenting, child development, basic skills, and self-esteem.

**Seton Home**

1115 Mission Road  
San Antonio, TX 78210  
(210) 533-3504

For more information contact: Brenda Tatro, Executive Director

Licensed by the state of Texas, Seton Home is a group home for pregnant teenagers and teenage mothers, aged 12-20. The facility consists of two cottages, each of which houses eight mothers and their babies. Approximately 35 mothers go through the program each year.

Each cottage is staffed by one house mother or independent living skills instructor. In addition, Seton Home has a social service director, volunteer coordinator, and an executive director. Volunteers perform such tasks as office work, yard work, and mother's day out activities.

Seton Home has an annual budget of \$330,000. The United Way provides 20 percent of the funding, while the remainder comes from grants, fundraising projects, direct mail campaigns, and support for money for some mothers from the state.

**St. Ann's Infant and Mothers' Home**

4901 Eastern Avenue  
Hyattsville, MD 20782  
(301) 559-5500

For more information contact: Peggy Howard Gatewood, Director

St. Ann's, a Catholic charity, has taken in pregnant women since its inception in 1860. In 1983, it established a program for adolescent mothers and their babies. Currently 14 young women, aged 16-19, and their babies live at the home for up to two years. On average, 23 young women go through the program annually. Many are referred from foster care and other public agencies, while some are homeless and come in off the street.

The cost is \$175 daily for a mother and baby. Funding is provided by a combination of state block grants, local government appropriations, allocations from the United Way, and private grants. For those who can afford it, payment is based on sliding scale.

The mothers are supervised 24 hours a day by a staff of 27, including social workers, nurses, child care workers, a parenting specialist, a job placement specialist, and a child psychologist.

### **St. Elizabeth's Regional Maternity Center, Southern Indiana**

621 E. Market Street  
New Albany, IN 47150  
(812) 949-7305

For more information contact: Joan Smith, Founder and Director

Established in 1989, St. Elizabeth's consists of two homes: a maternity home for pregnant teenage women and an aftercare home for teen mothers and their babies. St. Elizabeth's is funded by donations from private individuals and corporate donors, community development block grants, HUD, the March of Dimes, and HHS. In the past six years, 182 babies have been born at St. Elizabeth's. There are no age restrictions, although most of the mothers are aged 15-20. They are referred from schools, doctors, hospitals, and word of mouth.

The cost per mother and child is \$80 a day in the maternity home, and residents who are able pay the home on a sliding scale. The aftercare home costs \$4,800 per year per mother and child, thanks to a \$1.5 million grant from HUD and a multitude of in-kind contributions from community groups. While it depends heavily on volunteer support, St. Elizabeth's has 14 full-time staffers, including three with MSW degrees, and two part-time employees.

The home offers parenting and child care classes, self-esteem classes, and counseling. One staff member is a sex abuse therapist and provides individual counseling as well as group sessions and family counseling.

### **T.A.M.I. (Teen-Age Mothers and Infants) House**

509 Branard Road  
Houston, TX 77006  
(713) 527-0718

For more information contact: Barbara Reid, Executive Director

The Teen-Age Mothers and Infants House is a traditional home that houses up to six mothers with their babies. Residents live in T.A.M.I. House for an average of 10-12 months, but others are there anywhere from six-18 months. Mothers can be 16-17 1/2 years old when they enter the program. Funding comes from the Child Protective Services, Community Development Block Grants, the United Way, private donations, and churches. The cost per resident is \$15 a day for a baby and \$35 a day for a mother.

The staff consists of a single female house parent and a nursery worker. In addition, *pro bono* therapists are hired to council the residents. Volunteers are used only to augment the professional staff, to help in the nursery, get food at the food bank, or perform general office duties. The program encourages residents to enrich their lives by attending plays, visiting museums, and participating in community events.

### **Teen Mothers Program/Sasha Bruce Youthwork**

701 Maryland Avenue, N.E.

Washington, DC 20002

(202) 675-9380

For more information contact: Brenda Lockley, Director

The Teen Mothers Program is a residential treatment facility for five teenage mothers and their babies run by the Sasha Bruce Youthwork program, a private, nonprofit agency. The Teen Mothers Program is funded directly by grants from the DC Department of Human Services, Family Service Division. It costs approximately \$110 per day per person to run the program. The participants are aged 15-18 and stay from 18 months to two years. The teen mothers are referred by the court system and are wards of the DC government. All court-remanded cases must be accepted into the home.

Residents are offered a number of classes in cooking, child care, female health and sexuality, and living and parenting skills. Counseling, tutoring, art therapy, and referrals are also available.

There are no resident staff members; supervision is provided by two staffers at a time based on rotating shifts. Volunteers and foster grandparents are important elements of the program.

### **The Teen Parent Residence**

1750 Indian School Road, N.E.

Apartment 109

Albuquerque, NM 87104

(505) 246-2497

For more information contact: Barbara Calderon, Center Director, Albuquerque Job Corps

The Teen Parent Residence is a referral-only home for 14 young mothers and their babies, aged 14-22. During the four and a half years the program has been running, 117 participants have gone through the program. Professionals provide counseling and training in health, nutrition, parenting skills, independent living, family planning, safety, child development, self-esteem building, and necessary life skills such as budgeting and shopping.

Each teen and her baby receive AFDC, Food Stamps, WIC, and Medicaid. Out of the AFDC money, the rent and utilities are paid as well as other basic requirements. Child care is provided by the Children, Youth, and Families Department during the day to allow the mothers to attend school. The program is maintained through state funding with community organizations providing furniture for the apartments and supplies for the project.

## BIBLIOGRAPHY

- The Alan Guttmacher Institute. 1994. *Sex and America's Teenagers*. New York, NY: The Alan Guttmacher Institute.
- Boyer, D., and D. Fine. January/February 1992. "Sexual Abuse as a Factor in Adolescent Pregnancy and Child Maltreatment." *Family Planning Perspectives* 24 (1): 4-11, 19.
- California Vital Statistics Section. 1992. "California Resident Live Births, 1990, by Age of Father, by Age of Mother." Sacramento, CA: California Vital Statistics Section, Department of Health Services.
- Carnegie Corporation of New York. April 1994. *Starting Points: Meeting the Needs of our Youngest Children*. New York, NY: Carnegie Corporation of New York.
- Children's Defense Fund. 1995. *The State of America's Children Yearbook 1995*. Washington, DC: Children's Defense Fund.
- Dawson, D.A. 1991. *Family Structure and Children's Health: United States, 1988*. Vital and Health Statistics, Series 10, No.178 (DHHS Pub. No. [PHS] 91-1506). Washington, DC: National Center for Health Statistics.
- Dryfoos, Joy G. 1990. *Adolescents at Risk: Prevalence and Prevention*. New York, NY: Oxford University Press.
- Herr, Toby, and Robert Halpern. February 1994. *Lessons from Project Match for Welfare Reform*. Chicago, IL: Erikson Institute.
- Horowitz, S.M., et al. 1991. "Intergenerational Transmission of School-Age Parenthood." *Family Planning Perspectives* 23: 168-177.
- Kunzel, Regina G. 1993. *Fallen Women, Problem Girls: Unmarried Mothers and the Professionalization of Social Work 1890-1945*. New Haven, CT: Yale University Press.
- Levin-Epstein, J. November 18, 1991. *States Update*. Washington, DC: Center for Law and Social Policy.
- Liebmann, George W. April 6, 1995. "Addressing Illegitimacy: The Root of Real Welfare Reform." Heritage Foundation Background. Washington, DC: Heritage Foundation.

Lubove, Roy. 1986. *The Struggle for Social Security, 1900-1935*. Pittsburgh, PA: University of Pittsburgh Press.

The Ounce of Prevention Fund. 1986. *Child Sexual Abuse: A Hidden Factor in Adolescent Sexual Behavior. Findings from a Statewide Survey of Teenage Mothers in Illinois. An Ounce of Prevention Study*. Chicago, IL: The Ounce of Prevention Fund.

U.S. Department of Health and Human Services, Office of Family Assistance. June 1995. Unpublished Statistics. Washington, DC.

Utah State University's Department of Family and Human Development and Child Trends, Inc. November 1990. "Adolescent Sexual Behavior, Pregnancy, and Parenting: Research Through the 1980s." *Journal of Marriage and the Family* 52: 1025-1044.

Widom, Cathy Spatz. October 1992. "The Cycle of Violence." *National Institute of Justice: Research in Brief*. Washington, DC: National Institute of Justice.