DEPARTMENT OF HEALTH & HUMAN SERVICES

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Jen —

Let me know if I can help in any way. —

- Ellen

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Date: Thursday, September 11, 1997
FACT SHEET
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PREVENTING TEENAGE PREGNANCY

Overview: Despite the recent decline in the teen birth rate, teen pregnancy remains a significant problem in this country. Most teen pregnancies are unintended. Each year, approximately one million pregnancies occur among American teenagers aged 15-19. And almost 200,000 teens aged 17 and younger have children. Their babies are often low birth weight and have disproportionately high infant mortality rates. They are also far more likely to be poor. About 80 percent of the children born to unmarried teenagers who dropped out of high school are poor. In contrast, just 8 percent of children born to married high school graduates aged 20 or older are poor.

In his 1995 State of the Union Address, President Clinton challenged "parents and leaders all across this country to join together in a national campaign against teen pregnancy to make a difference." A group of prominent Americans responded to that challenge, forming the National Campaign to Prevent Teen Pregnancy. As the President's Senior Advisor on Teen Pregnancy and Youth Issues, Dr. Henry Foster serves as liaison to the National Campaign.

On January 4, 1997, President Clinton announced a comprehensive effort by his Administration to prevent teen pregnancy in this country. The new initiative, led by the Department of Health and Human Services, responds to a call from the President and Congress for a national strategy to prevent out-of-wedlock teen pregnancies and to a directive, under the new welfare law, to assure that at least 25 percent of communities in this country have teen pregnancy prevention programs in place.

Building on the variety of efforts already underway, the national strategy works to prevent out-of-wedlock teen pregnancies and encourage adolescents to remain abstinent. The strategy sends the strongest possible message to all teens that postponing sexual activity, staying in school, and preparing to work are the right things to do. It will strengthen ongoing efforts across the nation by increasing opportunities through welfare reform; supporting promising approaches; building partnerships; improving data collection, research, and evaluation; and disseminating information on innovative and effective practices.

Recent Trends

After rising steadily from 1986 to 1991, the birth rate for teens aged 15-19 declined for the sixth straight year in 1996, from a high of 62.1 per 1,000 teens aged 15-19 in 1991 to 54.7 in 1996. The decline was 12 percent between 1991 and 1996 and four percent from 1995 to 1996. All 50 states had a sustained decline in their teen birth rates between 1991 and 1995, and 21 of these states had declines of more than 10 percent over this period. In addition, from 1991 to 1992, the pregnancy rate for 15 to 19 year olds fell three percent. Recent declines in both birth and abortion rates indicate that teen pregnancy rates are continuing to fall.

The National Strategy to Prevent Teen Pregnancy

Building on our current efforts to prevent teen pregnancy, the national strategy announced by President Clinton on January 4, 1997 is designed to strengthen the national response to prevent out-of-wedlock teen pregnancies and support and encourage adolescents to remain abstinent:

Implementing New Efforts Under Welfare Reform. Under the welfare law signed by President

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

Supporting Promising Approaches. The Clinton Administration continues to support innovative teen pregnancy prevention strategies tailored to the unique needs of communities. HHS-supported programs in this area already reach about 30 percent, or 1,410 communities in the United States. New funding in 1997 has built on these efforts. The Community Coalition Partnership program provided additional support for comprehensive teen pregnancy prevention programs in 13 communities with high rates of teen pregnancy. In addition, the Adolescent Family Life Program provided an additional $9 million in new funding to enable communities to develop and implement 66 abstinence-based education and demonstration projects throughout the country. President Clinton continues this commitment in his FY 1998 budget plan, including $14 million for the Adolescent and Family Life Program and $14 million for the Community Coalition Partnership Program. HHS programs are based on five principles: parental and adult involvement; strong messages of abstinence and personal responsibility; clear strategies for young people's futures; involvement by all facets of the community; and a sustained commitment to young people.

Building Partnerships. The strategy will build partnerships among national, state, and local organizations. HHS will work with national youth-serving organizations to use their networks to promote activities that provide girls and boys opportunities for the future, including encouraging abstinence; with organizations working on behalf of teenagers with disabilities; and with the National Campaign to Prevent Teen Pregnancy, the private-sector group that has responded to President Clinton's challenge on this issue.

Improving Data Collection, Research, and Evaluation. The national strategy will work to improve data collection, research, and evaluation to further our understanding of the magnitude, trends, and causes of teen pregnancies and births; to develop targeted teen pregnancy prevention strategies; and to assess how well these strategies work.

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

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

The national strategy will also focus on boys and young men, by working to increase understanding of motivations for both abstinence and fatherhood and by developing effective prevention strategies for boys. These efforts will include working with the Administration's Fatherhood Initiative to ensure that men, including pre-teen and teenage boys, receive the education and support necessary to postpone fatherhood until they are emotionally and financially capable of supporting children. The strategy will

also build on existing HHS efforts, such as the Title X Adolescent Male Initiative, that promote responsible behavior among teenage boys.

On May 1, 1997, 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 programs are part of the National Strategy to Prevent Teen Pregnancy, announced by the Clinton Administration in January 1997. The grant program for girls is also part of the Secretary's Girl Power! campaign. Each of the grant programs will total about $1 million per year, and will involve public-private partnerships organized by individual communities.

Current HHS Programs

- **The Community Coalition Partnership Program for the Prevention of Teen Pregnancy** is one of HHS's most comprehensive and innovative teen pregnancy prevention programs. In 1995, the Centers for Disease Control and Prevention awarded grants to community-wide coalitions in communities with high rates of teen pregnancy. CDC awarded approximately $250,000 per year for two years to 13 communities in 11 states to help these communities mobilize and organize their resources to support effective and sustainable teen pregnancy prevention programs. For FY 1997, a total of $13.7 million was made available to help the 13 community coalition partnerships implement their action plans and evaluate their impact, as well as to support related data collection, evaluation, and dissemination activities. President Clinton's FY 1998 budget plan includes $14 million for this program.

- **The Adolescent Family Life Program (AFL),** created in 1981, supports both research and demonstration projects. Approximately one-third of total AFL funds support research into the causes and consequences of adolescent pregnancy. Of the remaining funds, approximately two-thirds are used to support demonstration projects that provide health, education, and social services to pregnant and parenting adolescents, their children, male partners, and families. The remainder supports prevention programs aimed at promoting abstinence among pre-adolescents and adolescents as the most effective way of preventing adolescent pregnancies, sexually transmitted diseases, and HIV/AIDS. In FY 1997, AFL supported 17 projects in 14 states, and these will be continued in FY 1998. AFL also received an additional $9 million to support abstinence education demonstration programs utilizing the definition of abstinence education contained in the welfare law. Of these funds, AFL awarded $1 million in one-year pilot grants to 22 grass roots/community agencies in 19 states and the District of Columbia, and $8 million in one-year grants to 44 public and non-profit groups for larger abstinence education demonstration projects. During FY 1998, AFL will be supporting a total of 83 demonstration projects.

- **Reproductive Health and Family Planning Services** (under Title X of the Public Health Service Act) are provided to nearly 5 million persons each year, nearly one third of whom are under 20 years of age. Abstinence counseling and education are an important part of the Title X service protocol for adolescent clients. The program has also launched an adolescent male initiative called the "Young Men/Family Planning Partnership Training Program." Under this initiative, Title X clinics employ male high school students as interns while also providing training in clinic operation and peer education; assisting in identifying career paths in allied health and related occupations; and increasing their use of services in a family planning setting. A second effort in this initiative is outreach beyond the traditional family planning provider network to organizations committed to working with young men. As part of this effort, the HHS Office of Population Affairs supported research grants in FY 1997 for male-oriented organizations that wish to add family planning education services for young men in their existing programs.

- **Healthy Schools, Healthy Communities,** a Health Resources and Services Administration program created in 1994, has established school-based health centers in 26 communities in 20 states to serve the health and education needs of children and youth at high risk for poor health, teenage pregnancy, and other problems.

- **The Social Services Block Grant (SSBG)** (under Title XX of the Social Security Act) provides

funding to prevent, reduce, or eliminate dependency; achieve or maintain self-sufficiency; prevent neglect, abuse, or exploitation of children and adults; prevent or reduce inappropriate institutional care; and provide admission or referral for institutional care when other forms of care are inappropriate. SSBG Grants are made directly to the 50 states, the District of Columbia, and Puerto Rico, Guam, the Virgin Islands, American Samoa, and the Commonwealth of the Northern Mariana Islands to fund social services tailored to meet the needs of individuals and families residing within each jurisdiction.

- **The Community Services Block Grant,** which operates in all 50 states, the District of Columbia, and the territories, enables local community agencies to provide low-income populations, including youth at risk, with job counseling, summer youth employment, GED instruction, crisis hotlines, information and referral to health care, and other services.

- **The Independent Living Program,** run by the Administration for Children and Families, provides funds to states to support activities ranging from educational programs to programs that help young people who are making the transition from foster care to independent living to avoid early parenthood. This program supports activities in all 50 states and the District of Columbia.

- **Youth Programs** including Runaway and Homeless Youth Programs, Transitional Living Programs, and the Youth Sports Program, address a wide range of risk factors for teen pregnancy. Together, these programs operate in 620 communities in 50 states and the District of Columbia.

- **The Community Schools Program** was created by the 1994 Violent Crime Control and Law Enforcement Act to support activities during non-school hours for youth in high-risk communities. Funds are awarded to public-private partnerships of community-based organizations to provide a broad spectrum of supervised extracurricular and academic programs after-school and during evenings, weekends and school vacations. Grantees also train teachers, administrators, social workers, guidance counselors, and parent and school volunteers to provide concurrent social services for at-risk students. The Administration for Children and Families awarded $10.15 million in grants to 54 communities in 1997 under this program.

- HRSA's **Healthy Start** has 62 demonstration projects to reduce infant mortality in the highest-risk areas and to improve the health and well-being of women, infants, and their families. Among a broad array of services provided, thousands of teenagers participate in prevention programs exclusively designed for adolescents that encourage healthy lifestyles, youth empowerment, sexual responsibility, conflict resolution, goal setting, and the enhancement of self-esteem.

- **Maternal and Child Health Services Block Grant** (Title V) funds support a variety of adolescent pregnancy prevention activities in over 55 states and jurisdictions that include adolescent pregnancy prevention programs, state adolescent health coordinators, state prenatal hotlines, family planning, technical assistance, and other prevention services. Approximately 85 percent of the block grant funds are distributed under a formula which requires a match by the states. More than $1 billion is generated under this federal-state partnership. Through the block grants, approximately 610 school-based and school-linked centers are supported. In addition, the Maternal and Child Health Bureau administers a program of discretionary grants using 15 percent of the Block Grant appropriation. In FY 1995-96, the Bureau awarded approximately 166 discretionary grants to support adolescent health programs each of which impacts directly or indirectly on the problems of teen pregnancy.

- **Empowerment Zones and Enterprise Communities** in 105 rural and urban areas in 43 states and the District of Columbia have been awarded grants to stimulate economic and human development and to coordinate and expand support services. As they implement their strategic plans, some sites are including a focus on teenage pregnancy prevention and youth development.

- **Health education in schools** supports the efforts of every state and territorial education agency to implement school health programs to prevent the spread of HIV and sexually transmitted diseases (STDs). Assistance is also provided to 13 states to build an infrastructure for school health

programs. Efforts are targeted at preventing early sexual activity, STDs, HIV, drug and alcohol abuse, tobacco use, and injuries.

- **Community and Migrant Health Centers,** including family and neighborhood health centers, operate in 3,032 community-based sites through 685 center grantees in all 50 states, the District of Columbia, and six territories. The centers provide primary and specialized health and related services to medically-underserved adolescents. Some centers include special hours or clinics for adolescent patients.

- **Indian Health Service (IHS)** provides a full range of medical services for American Indians and Alaska Natives. IHS supports projects targeted at preventing teenage pregnancy, and its prevention and treatment programs also have a special emphasis on youth substance abuse, child abuse, and women's health care.

- **Drug Treatment and Prevention Programs** include services to prevent first time and repeat pregnancies among teenagers. One hundred twenty-two residential substance abuse treatment programs for pregnant and postpartum women, as well as women with dependent children, receive support to provide family planning, education, and counseling services in 39 States, the District of Columbia, and the Virgin Islands. Also, 25 programs to prevent substance use and other adverse life outcomes serve high-risk female teens in 13 States and the District of Columbia.

- **Health Care and Promotion** under Medicaid provides Medicaid-eligible adolescents under age 21 with access to a comprehensive range of preventive, primary, and specialty services within its Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program.

- **The Medicaid program** also funds family planning services at an enhanced match rate for states. The federal government pays 90 percent of state expenditures for Medicaid family planning services, while the state funds the remaining 10 percent. The enhanced match encourages states to fund family planning programs which include patient counseling and education concerning pregnancy prevention and reproductive health.

Evaluation and Research

HHS has conducted research, surveillance, demonstrations, and evaluations on an ongoing basis to gather and provide information and technical assistance on the magnitude, trends, and causes of teenage pregnancy and on prevention programs and approaches that work, including:

- **"Beginning Too Soon: Adolescent Sexual Behavior, Pregnancy, and Parenthood"** is a two-volume comprehensive review completed for HHS by Child Trends, Inc. in June, 1995 of the most recent literature on teen sexual behavior, pregnancy and parenthood and the effectiveness of teen pregnancy prevention programs.

- As part of its **Youth Risk Behavior Surveillance System,** CDC helps states monitor critical health risk behaviors among teenagers, including sexual risk behaviors that result in HIV infection, other STDs, and teen pregnancy. In 1995, 40 states and territories and 16 large cities collected comparable data.

- The 1995 **National Survey of Family Growth,** released in May 1997, provides the latest and most comprehensive national data on fertility, contraception, marriage and cohabitation, infertility, adoption, maternity leave, medical services, breast-feeding, smoking and other factors that 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. The findings of the 1995 survey showed that the long upward trend in teen sexual activity may finally have stopped with a slight decline between 1990 and 1995 in the percentage of teenagers who have had sexual intercourse. The survey also found a dramatic increase in the use of contraception at first intercourse.

- The **National Longitudinal Study of Adolescent Health (Add HEALTH)** is a comprehensive study of adolescent health funded by HHS' National Institute of Child Health and Human Development (NICHD) of the National Institutes of Health and other HHS agencies. The study provides information about risky behaviors and resiliency factors in adolescents and about environmental influences, including parents, siblings, peers, schools, neighborhoods, and communities. Preliminary results of the study, released in September 1997, indicate that a feeling of personal connection to home, family, and school is crucial for protecting young people from a vast array of risky behaviors, such as cigarette, alcohol, and marijuana use, violent behavior, suicide, and sexual activity. The **National Survey of Adolescent Males,** supported by NICHD, OPA and other HHS agencies, will also provide relevant information on the behavior of young men and women.

- National Institutes of Health also conducts research and evaluation studies of promising interventions, including the "Adolescent Pregnancy Prevention Program", "Preventing Problem Behavior Among Middle School Students" program, and the "Research on Sexually Transmitted Diseases, Violence, and Pregnancy Prevention" (RSVPP) project.

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Date: Saturday, October 25, 1997
FACT SHEET
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IMPROVING WOMEN'S HEALTH

Overview: *Improving women's health is a top priority at HHS. The Department is committed to a comprehensive, science-based approach that will help address longstanding inequities in women's health. Actions include:*

- *Enhanced funding and major national projects for women's health research, services, and education*
- *Inclusion of women in clinical research trials*
- *Examination of gender differences in cause, treatment and prevention of disease*
- *Focus on women's health through the life cycle: adolescence, reproductive and middle years, and older women*
- *Addressing special access needs of women for health care services*
- *Helping assure that women have access to senior positions in health and science careers*

HHS Secretary Donna E. Shalala has provided prominent leadership on women's health issues. In 1993, she led the creation of a National Action Plan on Breast Cancer, bringing together a broad coalition of groups and individuals to provide research, services and education. She also forged a partnership with the Department of Justice to combat domestic violence, including creation of a toll-free HHS hotline. In 1996, she announced an initiative on prevention of HIV and AIDS, including a long-term commitment to the development of microbicides, to help women protect themselves against HIV infection.

A National Focus on Women's Health

The Department of Health and Human Services has focused increased resources and national attention on women's health issues. For FY 1997, direct funding of research and services by the HHS Public Health Service agencies is about $3.6 billion, up more than $800 million (more than 30 percent) since FY 1993. All HHS agencies and regions have also established offices or coordinators for women's health. These offices work collaboratively with the PHS Office of Women's Health, which coordinates research, service delivery and education programs across HHS agencies. The office is headed by the Deputy Assistant Secretary for Women's Health, a new senior-level position created in 1994.

- **Disease Prevention/Health Promotion.** The PHS Office of Women's Health has created a Healthy Women 2000 initiative, an educational conference series convened at the national, regional and state levels. HHS is joining with other federal agencies and with nonprofit organizations and industry to provide women with the tools and knowledge they need to lead longer and healthy lives.
- **Including Women in Clinical Trials.** All Public Health Service agencies with a focus on research have established policies to ensure that women are included in HHS-sponsored research

programs and have appointed a women's health coordinator to focus on women's issues.

- **Minority Women's Health.** The PHS Office of Women's Health sponsored a National Minority Women's Health Conference in January 1997, and is currently developing a Minority Women's Health Initiative to implement recommendations made at the conference.

- **Medical School Curricula.** A first medical school model curriculum on women's health issues has been developed to bring women's health into the mainstream of medical education. Also, a first-of-its-kind directory of women's health residency and fellowship opportunities in medicine has been prepared and widely disseminated.

- **Centers of Excellence in Women's Health.** On October 1, 1996, HHS announced the establishment of six National Centers of Excellence in Women's Health to serve as national models for improving the health care of American women. The six centers, located at academic institutions in different areas of the country, are serving as demonstrations and models which can be evaluated and duplicated throughout the nation. The centers are integrating health care services, research programs, public education, and health care professional training, and forging links with health care services in the community.

Breast Cancer

Breast cancer is the most commonly diagnosed cancer and the second leading cause of cancer deaths among American women. The lifetime risk of developing breast cancer today is one in every eight women, up from one in every 20 women just two decades ago. Despite these numbers, 33 percent of women age 50 to 64, and 45 percent of women age 65 and older, report not having a mammogram in the past two years.

- **National Action Plan on Breast Cancer (NAPBC).** In October 1993, President Clinton directed Secretary Shalala to establish a comprehensive strategy to fight breast cancer. Two months later, the Secretary convened an historic conference to develop a National Action Plan on Breast Cancer. The result is a major public-private partnership that is working to improve research, treatment, prevention, and public and health care professional education on breast cancer. On October 27, 1996, the third anniversary of the NAPBC, President Clinton launched the NAPBC web site, which serves as a gateway to information on breast cancer treatment, research, and prevention.

- **Increased Funding.** HHS funding for breast cancer research and programs has increased dramatically under the Clinton Administration. Between FY 1993 and FY 1997, funding increased from $276 million to $513 million.

- **Breast Cancer Gene Research.** HHS-supported research led to the isolation of BRCA1 and BRCA2, genes linked to breast cancer in 5-10 percent of cases of the disease. This discovery may lead to new treatment and prevention strategies. On October 27, 1996, President Clinton announced $30 million in new funding for research into the genetic basis of breast cancer.

- **Privacy of Medical Records.** President Clinton has supported bipartisan legislation to prohibit health plans from inappropriately using genetic screening information to deny coverage, set premiums, or to distribute confidential information. In many diseases, such as breast cancer, we are beginning to identify genetic alterations that may place a woman at increased risk. Women who test positive may increase cancer detection efforts, may elect to have preventive surgery, or may join a cancer prevention research study. However, genetic testing also can be used by insurance companies and others to discriminate and stigmatize individuals and groups of people. In fact, studies show that one of the reasons women do not get genetic testing for breast cancer is because they fear the information will be used to discriminate against them.

- **New Mammography Benefit.** President Clinton proposed, and Congress adopted, the expansion

- **National Domestic Violence Hotline.** In February 1996, President Clinton announced the opening of a 24-hour, toll-free hot-line to provide crisis assistance and local shelter referrals to victims of domestic violence throughout the country. Since its opening, the hotline has received over 143,000 calls. Phone number: 1-800-799-SAFE.

- **Violence Against Women Act.** The Violence Against Women Act, passed as part of the Crime Act of 1994, combines tough new penalties with programs to prosecute offenders and help victims of violence. VAWA authorizes $1.6 billion over five years to hire more prosecutors and improve domestic violence training for prosecutors, police officers and health and social services professionals. It provides for more shelters, counseling services, and research into causes of violence against women, as well as public education campaigns. HHS programs under VAWA include:

    - Grants for battered women's shelters
    - Education and prevention grants to reduce sexual assault against women
    - Coordinated community responses to prevent intimate partner violence
    - Grants to develop educational model curricula
    - Education and prevention services to reduce sexual abuse among runaway, homeless and street youth.

Research and Intervention. CDC is developing programs to improve data collection on the incidence of violence against women, and to develop strategies to reduce and prevent violence by effective intervention, education, training and public awareness activities. Other HHS agencies, including the National Institute of Mental Health, support research and service programs designed to prevent family violence.

- **The Family Preservation and Support Program.** The $1 billion Family Preservation and Support Program, created in 1994, helps states and communities reduce abuse and neglect by serving families at risk or in crisis.

- **Advisory Council.** An Advisory Council on Violence Against Women was created in July 1995. Co-chaired by the Attorney General and HHS Secretary, the council consists of 47 experts -- representatives from law enforcement, media, business, health and social services, victim advocacy and survivors --- helping to steer new efforts to prevent violence against women. In October 1996, the Council distributed a Community Checklist, which includes steps that every part of a community can take to prevent domestic violence.

Reproductive Health

HHS carries out a variety of programs to provide for family planning, preventing sexually transmitted disease, and reducing unintended pregnancies. In particular, efforts are underway to reduce the approximately 1 million pregnancies which occur each year among American teenagers. In addition, through a series of executive and legislative actions, the Clinton Administration has helped ensure that women and men can make their own reproductive health decisions safely, with accurate information, and without interference.

- **Family Planning.** HHS supports the provision of reproductive health and family planning services through the Title X program. Each year, some 5 million persons receive Title X-supported services. Title X funding in FY 1997 totalled $198.5 million, an increase of about $149.5 million since 1992.

- **Reducing Teen Pregnancy.** In his 1995 State of the Union address, President Clinton challenged parents and leaders across the country to join in a national campaign against teen pregnancy. A group of prominent Americans have formed the National Campaign to Reduce Teen Pregnancy, and Dr. Henry Foster, the President's senior advisor on Teen Pregnancy and Youth Issues, serves as liaison to the National Campaign. In January 1997, the President announced a national strategy

to prevent teen pregnancy. Led by HHS, the national strategy is designed to strengthen the national response to prevent out-of-wedlock teen pregnancies and support and encourage adolescents to remain abstinent. Components of the national strategy include:

- Implementing new efforts under welfare reform, such as provisions requiring teen mothers to live at home, or live in an adult-supervised setting, and stay in school
- Supporting promising approaches tailored to the unique needs of communities
- Building partnerships among national, state, and local organizations
- Improving data collection, research, evaluation, and dissemination of information
- Sending a strong abstinence message

- **Prevention of Sexually Transmitted Diseases.** HHS has provided $8.3 million to support implementation of the National Infertility Prevention Program to prevent and treat STDs, particularly chlamydia. This program is a collaborative effort between the CDC and the PHS Office of Population Affairs that involves strong collaboration among family planning, STD, and primary health care programs, as well as state laboratories.

- **RU-486.** Action by Secretary Shalala helped facilitate the transfer of U.S. patent rights for mifepristone (RU-486) from a French pharmaceutical firm to an American non-profit organization. The transfer made it possible for the drug to be submitted to the FDA for marketing approval. It is used in France, Sweden and the United Kingdom for non-surgical termination of pregnancy.

- **Improved Information and Access.** The Clinton Administration took steps to ensure that all women cared for through Federal family planning programs have access to uncensored information, including pregnancy option counseling when requested, by lifting the "Gag Rule."

- **Population and Development.** The Clinton Administration has acknowledged the tremendous costs of unintended pregnancy -- personal human costs, social costs and health care dollar costs -- both in the United States and internationally. As one of the leaders at the Cairo International Conference on Population and Development, the U.S. helped ensure the adoption of a comprehensive program emphasizing: commitment to voluntary family planning as a crucial part of reproductive health care; commitment to gender equity through improved education and development; and achievement of these goals in the context of equitable sustainable development.

Women and HIV / AIDS

Women account for an increasing number of AIDS cases. They were only 7 percent of all reported AIDS cases in 1985, but reported cases increased to 20 percent in 1996. AIDS is now the fourth leading cause of death among women 25-44. And AIDS is increasing faster among women than among men. Women of childbearing age account for the vast majority of these cases.

- **Microbicide Initiative.** At the Eleventh International Conference on AIDS in 1996, Secretary Shalala announced a new effort to develop safe and effective topical microbicides to help women protect themselves against HIV infection. The initiative includes a $100 million commitment to research and development.

- **Counseling Pregnant Women.** Physicians are being urged to counsel all pregnant women on the benefit of HIV testing. New guidelines and educational materials have been produced by the Centers for Disease Control and Prevention for women and health care providers in response to evidence that treating HIV-positive pregnant women with the drug AZT will reduce the risk of transmitting the disease to the infant from 25% to 8%.

Older Women

Women comprise 60 percent of today's population aged 65 and over. By the year 2000, it is expected that there will be five women for every two men over the age of 75. Compared to men, elderly women are three times more likely to be widowed or living alone, spending more years and a larger portion of their lifetimes disabled or residing in a nursing facility. HHS has devoted new resources to meeting the needs of women throughout their lifespan.

- **The NIH Women's Health Initiative.** This $625 million, 40-site initiative is one of the largest prevention studies of its kind. It has begun examining the major causes of death, disability and frailty in post-menopausal women. It includes a clinical trial of promising but unproven approaches to prevention, as well as an observational study to identify predictors of disease, and a study of community approaches to developing healthful behaviors. This multi-year study is examining the effects of low-fat diets on prevention of breast and colon cancer and coronary heart disease; the effect of hormone replacement therapy on prevention of coronary heart disease and osteoporotic fractures; and the effect of calcium and vitamin D supplementation on prevention of osteoporotic fractures. The community prevention trial portion of the study, being conducted with the CDC, will evaluate strategies for adoption of healthful behaviors including improved diet, nutritional supplementation, smoking cessation, increased physical activity, and early detection for women of diverse races, ethnic groups and socioeconomic groups.

- **Study of Women's Health Across the Nation.** The National Institute on Aging is sponsoring a large-scale national study to examine the health of women in their 40s and 50s. SWAN tracks the health of women during the transitional years of middle age, to measure impacts on later life. The study examines the physical, psychological and social changes that take place at mid-life, and focuses on behaviors such as having children after age 40, diet and exercise, alcohol consumption, and exposure to environmental toxins.

- **Initiative on Older Women.** Launched in 1994 by the Administration on Aging, the initiative is creating partnerships designed to address the needs of older women; addressing women's capacity to contribute significantly to society throughout their lives; and establishing an Older Women's Policy and Resource Center to educate older women at the grassroots level about issues such as income security, health, housing, domestic violence, and caregiving and the importance of addressing these concerns.

- **Elder Abuse Prevention.** The Administration on Aging and the Administration on Children and Families are funding a three-year study of the national incidence of elder abuse. The Centers for Disease Control and Prevention also provided funding to improve data collection, identify effective prevention strategies, and explore new ways to increase public awareness.

- **Elder Nutrition.** Recognizing that eighty-five percent of older individuals have a nutrition-related condition or chronic disease, the Administration on Aging is also continuing to support community nutrition services. Each year, nutrition assistance funds help provide about 250 million meals for older persons. About 60 percent of the meals recipients are women. Federal spending on these programs is leveraged by state, local and private funds.

Other New Steps

- **Reducing Infant Mortality.** Due in part to long-standing medical research and social services supported by HHS, infant mortality is at an historic low. The infant mortality rate has dropped from 20 deaths per 1,000 live births in 1970 to 7.2 deaths per 1,000 live births in 1996. In addition, the proportion of mothers getting early prenatal care is at a record high. In 1996, 82 percent of mothers began prenatal care within the first trimester of pregnancy, the seventh consecutive year of increase from 75.5 percent in 1989. Also, several risk factors for low birthweight and infant mortality are on the decline: teen births dropped for the fifth straight year in

1996 and smoking among pregnant women has been decreasing in recent years.

- **Preventing Birth Defects.** U.S. food manufacturers will add the nutrient folic acid to most enriched breads, flours, corn meals, pastas, rice and other grain products to reduce the risk of neural tube birth defects in newborns, as a result of action taken in February 1996 by the Department of Health and Human Services and the Food and Drug Administration. Folic acid, or folate, reduces the risk of neural tube birth defects such as spina bifida when consumed in adequate amounts by women before and during early pregnancy.

- **Preventing Smoking by Children and Teens.** Lung cancer is the number one cancer killer of American women, and smoking is the primary risk factor for this disease. Smoking rates are alarmingly high for teenage girls. In August 1996, President Clinton announced a comprehensive plan to protect children from the dangers of tobacco and a lifetime of nicotine addiction with the publication of the FDA's final rule on tobacco and children. The President's plan is intended to reduce tobacco use by children and adolescents by 50 percent in seven years. It builds on previous actions taken by Congress and others, such as the ban on TV advertising and state laws to prohibit the sale of tobacco to children. Additionally, HHS has initiated an anti-smoking educational partnership with the U.S. Women's Soccer Team, targeted directly toward adolescent women.

- **Girl Power! Campaign.** In November 1996, HHS launched "Girl Power!", a national public education campaign to help encourage and empower 9- to 14-year-old girls to make the most of their lives. During its first phase, Girl Power! will combine strong "no-use" messages about tobacco, alcohol, and illicit drugs with an emphasis on providing opportunities for girls to build skills and self-confidence in academics, arts, sports, and other endeavors. Subsequent phases will address related issues such as premature sexual activity, physical activity, nutrition, and mental health.

- **Mental Illness and Substance Abuse.** Two HHS agencies, the Substance Abuse and Mental Health Services Administration and the Health Resources and Services Administration, established in FY 1994 a National Women's Resource Center for the Prevention and Treatment of Alcohol, Tobacco and Other Drug Abuse and Mental Illness to provide information dissemination services on women's substance abuse prevention and treatment, as well as mental health service issues throughout the lifecycle. Other SAMHSA programs support knowledge development and application for substance abuse prevention among adolescent women, residential substance abuse treatment for pregnant women and for women with dependent children. For FY 1997, SAMHSA directed about $170 million to women's substance abuse and mental health activities.

- **Women's Health and the Environment.** The PHS Office on Women's Health has established a Federal Interagency Coordinating Committee on the Environment and Women's Health that is focusing on how home, work, and atmospheric pollutants, exogenous hormones, and other environmental factors may contribute to the risk for diseases in women. The committee will develop strategies to eliminate these health hazards from women's lives.

- **National Osteoporosis Education Campaign.** The PHS Office on Women's Health in collaboration with the National Osteoporosis Foundation is implementing a national educational program on osteoporosis to educate children, adolescents, and women across the lifespan about this disease. The campaign will emphasize prevention strategies and new methods of diagnosis and treatment.

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THE WHITE HOUSE

WASHINGTON

June 12, 1996

MEMORANDUM TO: Vicki Radd
Terry Edmonds
Gabrielle Bushman
Ginny Terzano
Kathy McKiernan
Lorrie McHugh
Julie Green
Helen Howell
Anne McGuire
Ann Cattalini
April Mellody
Carol Rasco
Melanne Verveer
Jennifer Klein
Debbie Fine
Mary Beth Donohue, HHS

From: Jeremy Ben-Ami

Subject: Background Materials for Teen Pregnancy event

Wanted to be sure you all had the following materials which should be attached:

- Draft POTUS briefing memo
- Bios of Rebecca Maynard, Tom Kean, and two students from the Children's Aid Society program
- 4 page highlights section from Robin Hood report
- 1 page status report on the National Campaign
- 1 page on the HHS $30 million initiative
- HHS guidebook that will be handed out tomorrow including one page on the Children's Aid Society program

DRAFT

October 4, 1995

TEEN PREGNANCY EVENT: REPORT ON THE COSTS OF TEEN PREGNANCY

Date:	June 13, 1996
Time:	2:30 -3:15 p.m.
Location:	OEOB Room 450
From:	Carol Rasco/Jeremy Ben-Ami

I. PURPOSE

At this event, you will:

(1) Participate in the release of Kids Having Kids, a new report on the cost of teen pregnancy funded by the Robin Hood Foundation and compiled by some of the leading experts on teen pregnancy in the country;

(2) Provide an opportunity for Tom Kean to highlight the National Campaign to Prevent Teen Pregnancy and the progress it is making in its formative stages;

(3) Highlight community based efforts to address teen pregnancy by spotlighting the Children's Aid Society (CAS) program in New York, identifying the principles of promising strategies to reduce teen pregnancy, and promoting the $30 million you requested in the FY97 budget to fund program like CAS based on those principles.

II. BACKGROUND

Robin Hood Report -- The Robin Hood Foundation was started in 1988 to fund innovative programs serving poor people in New York City. They have been particularly focused on the needs of young people and teenagers, and therefore on teen pregnancy. They commissioned this report to further understanding of the costs of adolescent childbearing for adolescent mothers, their children, the fathers, and the nation. This report focuses on the roughly 175,000 adolescents who have their first baby at the age of 17 or younger.

This report was prepared under the direction of Rebecca Maynard of the University of Pennsylvania and reflects research by 15 of the nation's leading scholars of economic and social welfare policy. It is arguably the most comprehensive study of this type ever completed.

Among its key findings:

- *Costs for the Nation*: The report estimates the cost to the taxpayer of adolescent pregnancy to be $6.9 billion (welfare, Medicaid, foster care, etc.), and the broader costs to society to be $29 billion (when one calculates lost productivity, diversion of resources, etc.).

- *Effect on the Children*: The children of teenagers 17 and under are more likely to be low-birthweight babies, have childhood health problems, be physically abused and neglected, and perform poorly in or drop out of school.

- *Effect on the Mothers*: Teen mothers under 18 are less likely to complete high school and more likely to spend time as a single parent during their children's formative years.

National Campaign to Prevent Teen Pregnancy

The National Campaign that you called for in the State of the Union has been created. It was officially formed in February of this year and is in the process of incorporating, seeking funding and staffing up. Tom Kean, as you know, is the Chair of the Campaign and will be with you today to provide an update on the Campaign's progress. Belle Sawhill is the President of the Board, and Sarah Brown is the Executive Director. The Campaign has hired staff, has set up a Board of Directors, and has gotten commitments from some major donors for funding. It will probably be ready for a full-fledged launch later this year.

Promoting Promising Strategies: HHS Guidebook and Spotlighting the Children's Aid Society

As with HOPE scholarships and Long Beach school uniforms, we are trying tomorrow to highlight a promising strategy that represents what a community can do to address the problem of teen pregnancy. That promising program is the Children's Aid Society Adolescent Pregnancy Prevention Program in New York City. In addition to spotlighting the program, HHS is issuing a short guide for communities that indicates what the principles of promising strategies are, and you will be highlighting your request for $30 million to fund more communities to try such programs.

The Children's Aid Society program is the type of multifacted, comprehensive approach to prevention that you and your administration have promoted. Participants are linked to career counseling and job clubs; medical services are provided; sexual education and family life education are a part of the program; and participants are linked to other positive activities in sports and arts. Most important, all participants are guaranteed admission to a local college upon completing high school. As you probably know, Donna Shalala played an important part in starting this program when she was President of Hunter College.

III. PARTICIPANTS

Rebecca Maynard, professor, University of Pennsylvania and editor of Kids Having Kids

Paul Tudor Jones, Chairman, Robin Hood Foundation

Tom Kean, Chairman of the National Campaign to Prevent Teen Pregnancy

Blessing Tate, 18, participant in CAS program. A native of East Harlem, Blessing's mother, grandmother and great-grandmother were all teen mothers. She plans to remain abstinent until marriage. She just graduated from high school and will be the first in her immediate family to go to college (Morgan State). Both her parents passed away and she has lived with her aunt and uncle.

Salvador Ayala, 17, is a junior in high school and the President of his student body. He lives with his father since his mother left the family and subsequently passed away. He too is a native of an East Harlem neighborhood where many of his peers are getting in trouble and having babies. CAS has provided him with a home away from home and with the inspiration to make the most of his life.

IV. PRESS PLAN

Open Press.

V. SEQUENCE OF EVENTS

You will proceed to room 450 where you will briefly greet the participants in the green room and have a chance to meet the two young students.

Once on stage, Rebecca Maynard will begin the program with a 5 minute presentation of the key findings of the report. She will introduce Governor Kean.

Governor Tom Kean will provide an update on the National Campaign and introduce Blessing Tate.

Blessing Tate will make brief remarks and will introduce you.

You will make remarks and depart.

On departure, in the Green Room, you will briefly shake hands with six members of the Robin Hood Foundation Board and depart.

VI. REMARKS

Prepared by Speechwriting

Rebecca A. Maynard

Rebecca Maynard is Trustee Professor of Education, Social Policy and Communication at the University of Pennsylvania and Senior Fellow at Mathematica Policy Research, Inc.

Previously, she served Mathematica Policy Research, Inc. as senior vice president and director of Princeton research. She also has served as consultant to the General Accounting Office, the Rockefeller Foundation, and the U.S. Department of Health and Human Services.

She has served on numerous committees and advisory boards including the following: The National Academy of Sciences Panel on Child Care Policy; the National Academy of Sciences Panel on Quality in Student Financial Aid; the Job Opportunities and Basic Skills Training (JOBS) Program Implementation Study, Rockefeller Institute of Government, State University of New York; the National Household Education Survey, Adult Education Component; the Committee on Economic Development Research Advisory Group; Business Tomorrow; the Intergenerational Literacy Research Action Project Advisory Team; the National Job Corps Evaluation Advisory Panel; and the National Dropout Demonstration Assistance Program Research Advisory Panel.

She has published on a variety of topics and in a wide range of journals and books, including: "The Causes and Consequences of Repeat Pregnancy Among Welfare Dependent Teenage Parents," *Family Planning Perspectives*; "Methods of Evaluating Employment and Training Programs: Lessons from the U.S. Experience," presented at the International Conference on the Economics of Training; "How Precise are Evaluations of Employment and Training Programs: Evidence from a Field Experiment," *Evaluation Review*; "The Economics of Transitional and Supported Employment," *Disability and the Labor Market*; "Short-Term Indicators of Employment Program Performance: Evidence from the Supported Work Demonstration," *Journal of Human Resources*; and *The National Supported Work Demonstration*, University of Wisconsin Press.

DREW UNIVERSITY

THE HONORABLE THOMAS H. KEAN
President, Drew University 1990-
Governor of New Jersey, 1982-1990

Former New Jersey Governor Tom Kean is President of Drew University.

Rated among America's five most effective governors by Newsweek, Kean was noted for tax cuts that spurred 750,000 new jobs, a federally replicated welfare reform program, landmark environmental policies, and over 30 education reforms. He delivered the keynote address at the 1988 Republican National Convention. He has served on the President's Education Policy Advisory Committee and as chair of the Education Commission of the States and the National Governors' Association's Task Force on Teaching. He holds numerous awards from educational and environmental organizations.

Kean is shaping Drew into one of the nation's leading small universities. U.S. News & World Report noted his success by listing Drew among five "up-and-coming" universities nationwide. Kean stresses the primacy of teaching for all faculty, the creative use of technology in the liberal arts, and the growing importance of international education. He created a $10,000 annual award for outstanding teaching, a $2 million fund for minority scholarships, and a middle-income scholarship award. He added new faculty in African, Asian, Russian, and Islamic studies, and increased opportunities for study abroad. Since his arrival in 1990, undergraduate applications have increased by more than 30% and the endowment has risen more than $20 million.

Kean is on the board of a number of organizations including Carnegie Corporation of New York, the Robert Wood Johnson Foundation, United Health Care Corporation, and the National Endowment for Democracy. He is chairman of Educate America and former chairman of the National Environmental Education and Training Foundation. He recently hosted a PBS documentary, "America's Education Revolution: A Report from the Front." He holds a B.A. from Princeton University, an M.A. from Columbia University Teachers College, where he is a trustee, and honorary degrees from some 25 colleges and universities.

Kean is the author of The Politics of Inclusion, published by The Free Press. His wife is the former Deborah Bye of Wilmington, Delaware. They have twin sons, Tom and Reed, and a daughter, Alexandra. The Keans live in Far Hills, New Jersey.

Biographies of Participants in Teen Pregnancy Event
From Children's Aid Society in New York

Blessing Tate, 18, a senior at Manhattan High School, comes from two generations of teen parents (her parents and her grandparents were teenagers when they had children). Blessing believes that without the support of the Children's Aid Society, she would be "one of society's statistics." Blessing has decided to stop the cycle. Blessing says she has seen first hand -- from her family experience -- how hard it is to be a teen parent. Blessing says that she is surroundedby with young people in her community who are teen parents and that CAS has helped her focus on a different future. CAS has helped prepare her for college next year through Career Readiness Programs and has helped her make wise decisions about her body through its sex education programs: she plans to remain abstinent until marriage. Blessing says CAS also has inspired her to give back to her community. Blessing tutors young children at a CAS center in Manhattan.

Blessing lives in the Bronx with her aunt and uncle. Blessings' parents have passed way. Blessing was introduced to the Children's Aid Society four years ago when she, her brother and sisters were in foster care and in the process of being adopted.

Salvador Ayala, 17, a senior in high school, has been involved with CAS in East Harlem for the past 12 years. Salvador lives in East Harlem with his father and brother. To Salvador, CAS has been a second family. Salvador has been involved in the Pregnancy Prevention Program since 1991 and says that without this program, he would be a teen father today. He believes that the pregnancy prevention program has helped to educate him and his friends about how to take control of their lives. Salvador says that CAS also has given him hope for the future through Career Readiness Training and Employment Training. Until Salvador became involved with CAS, Salvador was not considering attending college. Now, however, he is the President of his class and has been on the honor roll since his freshman year. Salvador's father is an immigrant from Puerto Rico and works in East Harlem as a handyman. Salvador became involved in CAS after his mother left his family. CAS helped Salvador deal with his mother leaving the family and recently with his mother's death.

Kids Having Kids

A Synthesis of Project Findings

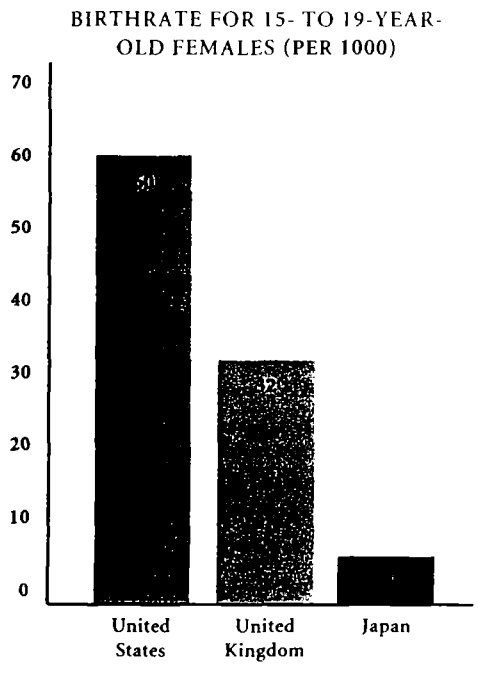
Each year, nearly one million teenagers in the United States—approximately 10 percent of all 15- to 19-year-old females—become pregnant. About one third of these teens abort their pregnancies, 14 percent miscarry, and 52 percent (or more than half a million teens) bear children, 72 percent of them out of wedlock. Of the half a million teens who give birth each year, roughly three-fourths are giving birth for the first time. Even more striking, more than 175,000 of these new mothers are 17 years old or younger. These young mothers and their offspring are especially vulnerable to severe adverse social and economic consequences. More than 80 percent of these young mothers end up in poverty and reliant on welfare, many for the majority of their children's critically important developmental years.

Due to their weak educational and skill levels, low rates of marriage, and inadequate support from nonresident fathers of their children, young mothers face significant challenges in trying to provide for their children. Partly because of their young age, very few of these mothers complete high school before their first child is born. More than 80 percent of those who are 17 or younger when they have their first child are

unmarried. Fewer than half of them will get married within 10 years. Only a small minority of the unwed fathers of the children born to adolescent mothers provide any ongoing economic support for their children.

Much of all this seems to be a uniquely American phenomenon. The teen birthrate in the United States is the highest of any industrialized nation, nearly twice as great as the next highest, the United Kingdom, and more than 15 times that of Japan. In addition, in 1988, the last year for which comparative data are available, a teenager in the United States was twice as likely to have an abortion as a teenager in the United Kingdom, the industrialized country with the next highest abortion rate. American teens were more than 13 times as likely to have an abortion as Japanese teens.

The public focus on adolescent childbearing as a major social issue has been fueled by three social forces. First, child poverty rates are high and rising. Second, the number of welfare recipients and the concomitant costs of public assistance have risen dramatically. And third, among those on welfare we see a much higher proportion of never-married women, younger recipients, and recipients who have long average durations of dependency. Adolescent childbearing has both contributed to and been affected by these trends.

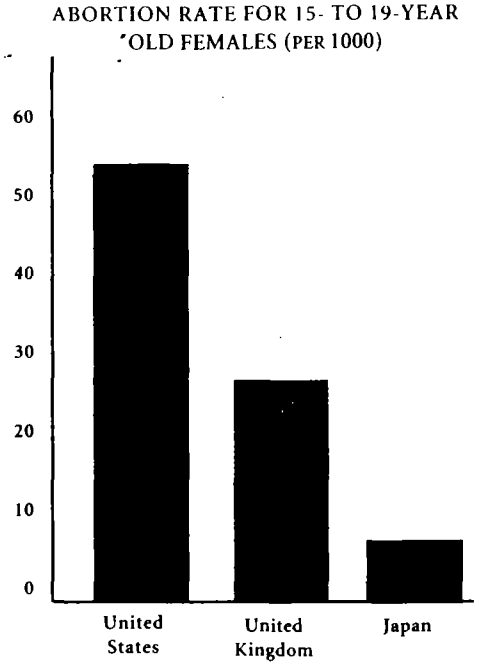


To better understand the full costs and consequences of adolescent childbearing, the Robin Hood Foundation commissioned some of the nation's leading scholars to research the issue. Working in teams on seven coordinated stud-

Much of all this seems to be a uniquely American phenomenon. The teen birthrate in the United States is the highest of any industrialized nation, nearly twice as great as that of the United Kingdom and 15 times that of Japan.

A teenager in the United States is twice as likely to have an abortion as a teenager in [illegible]

ies, the scholars explored the costs and social consequences of teen childbearing for the young mothers, their children, the fathers of their children, and the entire nation. An additional study of previously researched childbearing trends informed and helped round out this set of reports.



The scholars focused their research on the roughly 175,000 adolescents a year who have their first baby at the age of 17 or younger. Still school age, unlikely to be married, and even less likely to be prepared for parenthood, these young mothers highlight the dimensions of the teen-pregnancy and -parenthood problems in this country. The researchers compared these young mothers with women who delay their first births until the age of 20 or 21, which is still two to three years younger than the national average age of women having their first child. The researchers chose this comparison group in the belief that a delay in childbearing until the early twenties is a long enough delay to make a meaningful difference in the life options of the young mothers and their children, and is potentially attainable through aggressive teenage pregnancy-prevention options. The teenage mothers are referred to as "adolescent mothers" throughout this report, distinguishing them from older teen mothers. Those who are 20 or 21 when they have their first child are referred to as "later childbearers."

To develop an understanding of adolescent childbearing itself, researchers attempted to untangle the pathway of early

parenting from an intricate web of social forces that influence the life course of the mothers, including the behaviors and choices leading to their adolescent parenting. The researchers began by examining the gross differences in outcomes between adolescent mothers and women who delay childbearing until the age of 20 or 21. They then applied statistical controls to apportion this overall difference into as many as three categories. First, they looked for the portion of the difference attributable to background factors such as race, ethnicity, socioeconomic class, and parents' education. Second, they accounted for the portion of the difference due to factors *closely linked* to adolescent childbearing but often difficult or impossible to measure directly—factors such as motivation, self-esteem, peer-group influence, and the impact of community.

All of the studies were able to break out these two sets of components. Two of the studies went further and isolated the effects of adolescent childbearing itself on outcomes. One accomplished this by using the randomness of miscarriages, which force a delay in the timing of the first birth. The other study utilized the fact that a woman who has more than one child is necessarily older when she gives birth to her second child. Scholars, therefore, were able to separate the effects of early childbearing from the effects of other factors that are correlated with early childbearing.

The full study is to be published in October of this year by the Urban Institute Press under the title *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy.* The following summarizes the scholars' major findings.

THE NATIONAL CAMPAIGN TO PREVENT TEEN PREGNANCY

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

SUMMARY

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

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

What the Campaign will do:

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

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

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

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

For further information: To get on the mailing list of the new organization, or if you have other questions, please write to Sarah Brown, The National Campaign to Prevent Teen Pregnancy, 2100 M Street, N.W., Suite 500, Washington, D.C. 20037. FAX: 202-331-7735.

TEENAGE PREGNANCY PREVENTION:

THE ADMINISTRATION'S NEW $30 MILLION INITIATIVE

President Clinton is seeking an additional $30 million in his FY 1997 budget to help communities prevent teenage pregnancy.

By providing $1 million in new resources to each of approximately 25 communities with high teenage pregnancy rates, HHS anticipates being able to expand significantly the knowledge about what works and what does not work.

The new resources will be used to build on the Department of Health and Human Service's on-going partnership with local communities, focusing especially on those that have a solid infrastructure to launch new strategies. While other Departmental programs are making significant contributions in the area of teenage pregnancy prevention, these additional dollars will be concentrated on comprehensive pregnancy prevention interventions and on evaluation. The funds will help communities with their plans to provide opportunities for young people to take responsibility, increase their life skills, and become contributing members of adult society.

The funding will support a wide variety of community-initiated approaches to preventing teenage pregnancy that incorporate the five principles of promising strategies. These approaches include abstinence-based activities, school health, family planning, alcohol and drug abuse prevention and referral for treatment, academic tutoring, literacy training, drop-out prevention programs, career and college counseling, mentoring, job skills training, apprenticeships, part-time paid work, community service programs, and local media campaigns. The funding can also be used to ensure coordination of services and fill in gaps in services.

Funded communities will involve many sectors of the community, including parents, schools, businesses, voluntary organizations, media, law enforcement, and religious organizations, as well as the health and social services sectors.

Because assessment and learning are key goals for the additional dollars, $5 million will be set aside for evaluation and technical assistance. This will allow further refinement of the principles of promising strategies so that communities can make decisions based on as much knowledge as possible.

PREVENTING TEEN PREGNANCY:

Promoting Promising Strategies

A Guide for Communities

PRINCIPLES OF PROMISING STRATEGIES TO PREVENT TEEN PREGNANCY

Teenage pregnancy remains a profound problem, and President Bill Clinton has called for a national campaign to reduce it. Real solutions lie at the grassroots level, with families, communities, and young people themselves. Communities must develop tailored approaches to meet their own needs, resources, and values.

Since 1993, the Department of Health and Human Services has supported a variety of approaches to help communities develop comprehensive strategies. Based on research and experience, we believe that successful community efforts incorporate the following five key principles:

Parental and Adult Involvement	Parents and other adult mentors must play key roles in encouraging young people to avoid early pregnancy and to stay in school.
Abstinence	Abstinence and personal responsibility must be primary messages of prevention programs.
Clear Strategies for the Future	Young people must be given clear connections and pathways to college or jobs that give them hope and a reason to stay in school and avoid pregnancy.
Community Involvement	Public and private sector partners throughout communities, including parents, schools, businesses, media, health and human services providers, and religious organizations, must work together to develop comprehensive strategies.
Sustained Commitment	Real success requires a sustained commitment to the young person over a long period of time.

These principles are reflected in teen pregnancy prevention programs the Department supports, including the demonstration programs of the Centers for Disease Control and Prevention and the Office of Population Affairs. They will be the basis for funding decisions of the new $30 million teenage pregnancy prevention initiative proposed by President Clinton in the 1997 budget.

PROMISING STRATEGIES

CHILDREN'S AID SOCIETY'S ADOLESCENT PREGNANCY PREVENTION PROGRAMS

Approach: Comprehensive, Multi-Faceted

Short Description: This program looks beyond sex education to the whole child, offering youngsters a variety of opportunities and a broad-spectrum of services as well as positive role models. The seven major components of the program include: career awareness; family and sex education; medical and health services; mental health services; academic assessment and homework help; self-esteem through the performing arts; and fostering lifetime participation in individual sports activities. The Children's Aid Society has another program in Harlem which, in addition to the above, guarantees youth in the program who graduate from high school or get a General Equivalency Diploma admission to New York City's Hunter College.

Goals of the Program: The primary goal of the program is to assist youth in avoiding unintended pregnancy and making responsible sexual decisions.

Location: 10 New York communities and 17 cities across the country

Population Served: Youth ages 10 through 20

Early Findings: For the six New York City sites employing this model, early data show--

- Participants have educational aspirations that are higher than those reported in national samples of high school students.
- Participants have better outcomes four years after entering high school when compared to the New York City public school Class of 1994.
- Participants have substantially lower rates of alcohol use when compared to national samples of adolescents in the same age group.
- Participants are less likely to be sexually active, and those who eventually do become sexually active are more likely to have used contraception when compared to national samples.

TEEN OUTREACH PROGRAM

Approach: Life Options

Short Description: The Teen Outreach Program, sponsored by the Association of Junior Leagues and the American Association of School Administrators, combines curriculum-based, facilitator-guided, small group discussions with volunteer service in the community. Issues addressed in the small group discussions include: self-understanding, communication skills, human growth and development, parenting issues, and family interaction. Some health and sex education is included. Facilitators serve as mentors and link youth to volunteer activities.

Goals of the Program: The program seeks to prevent early pregnancy and encourage school achievement.

Location: Nationwide and in Canada, mostly located in schools

Population Served: Youth ages 11 through 19

Early Findings: Early data show a reduction in teenage pregnancy as well as in school suspension and drop-out rates. The volunteering and classroom curriculum appear to be working although greater site volunteer hours and older students were associated with more positive outcomes.

POSTPONING SEXUAL INVOLVEMENT

Approach: Abstinence and Delayed Sexual Initiation

Short Description: The Postponing Sexual Involvement Curriculum, developed by the Emory University School of Medicine and Grady Memorial Hospital Teen Services Program, provides teens with the skills they need to resist peer pressure and early sexual involvement. The curriculum offers a clear message that favors abstinence and postponing sexual involvement, but also provides information about contraception. Skill-building exercises conducted by slightly older peer educators are key elements of the program.

Goals of the Program: The program provides youth with basic factual information and decision-making skills related to reproductive health. Teenagers in the program gain skills to deal with social and peer pressures that lead them into early sexual involvement.

Location: Atlanta, GA and other sites nation-wide.

Population Served: Youth ages 13 to 14

Early Findings: Compared to non-participants, a significantly smaller proportion of youth participating in the program reported being sexually active by both the 12- and 18-month follow-up periods, even though a slightly higher proportion of the participants had been sexually active before receiving the program's curriculum. The effect on delayed first sexual activity was true for both male and female participants. The impact on delayed sexual activity among females was particularly strong. In addition, the evaluation also found higher contraceptive use among those program participants who were sexually active.

I HAVE A FUTURE

Approach: Life Options and Opportunity Development

Short Description: "I Have A Future" is a community-based intervention that uses a comprehensive set of activities to expand life options for high-risk youth living in public housing projects. The focus of the program is on abstinence, community, and self-esteem. The three parts of the program include: equipping adolescents with the basic information they need about health, human sexuality, and drug and alcohol use; providing a comprehensive array of adolescent health services, with a focus on abstinence and a very strong emphasis on parental and community involvement; and assisting young people to enhance their life-options through activities that improve their job skills, self-reliance, values, and self-esteem.

Goals of the Program:

- developing a replicable community-based, life-enhancement program that promotes a significant reduction in the incidence of early pregnancy and child bearing among high-risk adolescents;
- improving knowledge, attitudes and behaviors related to personal health and human sexuality; and,
- enhancing the ability of high-risk adolescents to overcome environmental barriers to attaining the skills necessary to pursue meaningful employment and educational opportunities with the promise of upward mobility.

Location: Public housing projects in Nashville, TN

Population Served: Youth ages 10 through 17

Early Findings: Those who participated in the program had fewer pregnancies, higher self esteem, fewer self-reports of delinquent behaviors, and a greater sense of a promising future. Preliminary analyses of the I Have A Future Program have also found positive effects on intermediate outcomes such as pro-social attitudes, sexual and contraceptive knowledge, self-esteem, perceived life options, and psychosocial maturity, when comparing the active participants to the comparison group of youth from two other public housing projects.

QUANTUM OPPORTUNITIES PROGRAM

Approach: Life Options and Opportunity Development

Short Description: The Quantum Opportunities Program (QOP), a four-year demonstration program launched in 1989 was designed to test the ability of community-based organizations to improve the lives of low-income high school students. The project used Opportunities Industrial Centers in five communities to deliver an intensive package of services to youth during the four years of high school. Services included educational activities, community service activities, and development activities to help youth learn more about health issues, arts, careers and college planning.

QOP was a relatively small national demonstration program. At each site, there were 50 students--25 randomly assigned to the project and 25 to a control group. The young people received small stipends for participating in and completing approved activities. The program also established accrual accounts to collect matching funds that youth could use for additional training or education after they graduated from high school. Staff members were also given financial incentives to meet the program's participation goals.

The Ford Foundation and the Department of Labor are currently funding replications of the program.

Goals of the Program: To test the ability of community-based organizations to "foster achievement of academics and social competence among high school students from families receiving public assistance."

Location: Philadelphia, PA; Oklahoma City, OK; San Antonio, TX; Saginaw, MI; and Milwaukee, WI. (Milwaukee was later dropped from the study)

Population Served: Students entering the 9th grade

Early Findings: QOP made significant improvements in the lives of participating youth over a two-year period. Results compiled one year after the program was completed show significant differences between QOP participants and control group members. Specifically, QOP members were more likely to be high school graduates, more likely to be enrolled in secondary schools, less likely to be high school dropouts, and less likely to have children. They were also more likely to be involved in community service, to be more hopeful about the future, and more likely to consider their lives a success.

ADDITIONAL RECENTLY AVAILABLE RESOURCES

Beginning Too Soon: Adolescent Sexual Behavior, Pregnancy, and Parenthood. A 1995 two volume report reviewing recent research and describing interventions and evaluations written by Kristin Moore, Brent Miller, Barbara Sugland, Donna Ruanne Morrison, Connie Blumenthal, Dana Glei, and Nancy Snyder of Child Trends, Inc. for the Office of the Assistant Secretary for Planning and Evaluation (ASPE) in the U.S. Department of Health and Human Services. Copies available from Child Trends at 202-362-5533 or from ASPE at 202-690-6461. Also available at the Internet address http://aspe.os.dhhs.gov

The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families. A 1995 report by the Institute of Medicine. Copies available from the National Academy Press at 800-624-6242.

Great Transitions. The 1995 concluding report of the Carnegie Council on Adolescent Development funded by the Carnegie Corporation of New York. Copies available from the Carnegie Council on Adolescent Development at 202-429-7979.

Sex and America's Teenagers. A 1994 report by the Alan Guttmacher Institute. Contact the Alan Guttmacher Institute at 202-296-4012.

Trends in the Well-Being of America's Children and Youth. A 1996 report written by Child Trends, Inc. for the Office of the Assistant Secretary for Planning and Evaluation (ASPE) in the U.S. Department of Health and Human Services. Copies available from Child Trends at 202-362-5533 or from ASPE at 202-690-6461. Also available at the Internet address: http://aspe.os.dhhs.gov

The National Campaign to Prevent Teen Pregnancy. The National Campaign to Prevent Teen Pregnancy is a private, nonpartisan organization newly established to support and stimulate actions to reduce teen pregnancy. To contact the Campaign, write to The National Campaign to Prevent Teen Pregnancy, 2100 M St., N.W., Suite 500, Washington, DC 20037.

HHS Programs That Fund Community-Based, Comprehensive Teen Pregnancy Prevention Strategies

- Community Partnership Programs for the Prevention of Teen Pregnancy
  Centers for Disease Control and Prevention
  For information call: 770-488-5136

- Adolescent Family Life Program
  Office of Population Affairs
  301-594-4004

DESCRIPTION OF TEEN PREGNANCY PREVENTION EFFORTS IN ORLANDO
Contact: Debbie Fine, x65572

Last September the Orange County Healthy Start Coalition received a Community Coalition Partnership Programs for Prevention of Teen Pregnancy grant from CDC. The grant totalled $247,347 and was one of 13 (totalling $6.5 million) awarded over two years. The purpose of these grants is to support community efforts to develop, implement and evaluate community-wide interventions.

In Orange County, the Orange County Teenage Pregnancy Prevention Task Force joined with the Healthy Start Coalition (OCHSC -- a non-profit). OCHSC was established in 1992 with the goal of improving maternal and child health in Orange County; it is composed of over fifty community agencies and individuals working with at-risk youth. The Teenage Pregnancy Prevention Task Force was established 4 years ago by local churches, synagogues, parents, etc.

Although in Florida statewide the rate of births to teens has declined, in Orange County it has increased. OCHSC identified 9 zip codes where the higher rates were concentrated. The CDC money is used as "glue money" to help assess the problem community-wide, to identify where the gaps in addressing it are, and to develop and implement a community action plan that coordinates the resources of existing organizations and programs to effectively address those gaps in service.

Components/Examples of efforts to note:

1. ENABL (Education Now and Babies Later)

Orange County received an ENABL grant for this year to teach the Postponing Sexual Involvement curriculum in 3 middle schools located in the zip codes where the rates have increased. (Schools are Carver Middle School, 32805; Memorial Middle School; 32805; Robinswood Middle School, 32818.) There are 3 The Florida Legislature mandated ENABL in 1995; it is comprised of 4 components:

- **Community Based Direct Education:** Use of abstinence-based curriculum in participating middle schools. The curriculum is based on Marion Howard's model program -- Postponing Sexual Involvement -- which has both preteen and parent components. PSI for preteens is designed for 5th and 6th grade students. It consists of 5 one-hour classes offered to teens by a trained teacher and trained peer counselors. Homework assignments allow for parental involvement. The curriculum is designed to enable youth to resist pressures to become sexually involved. Teaching methods include: videotapes, role-playing, and class discussions. The 'abstinence-based' curriculum mentions birth control, however it does not teach how to use birth control methods. "The emphasis is on why young people are having sex, and how they might avoid it." It teaches about the consequences of too early pregnancy and encourages responsible decision making.

Sex Ed can be controversial Is it here?

ENABL failed in California - how our communities

1. Media
2. PSE

Orange County - Kathy Bowman Harrow

~~Girls Inc. in Or~~

Orange County is one of 11 that were selected through a competitive bid process to pilot ENABL.

- **Statewide Media and Public Relations Campaign.** The State Health Office and the Ounce of Prevention Fund will launch an advertising campaign that emphasizes Education Now and Babies Later, while encouraging parental and community involvement.

- **Evaluation:** of pilot site grants.

- **Training**: The State Health Office will coordinate a training program for PSI teachers and peer counselors, and provide technical assistance of ENABL.

2. Frontline Outreach Sylvia Parker

This is a non-profit, community-based organization in SW Orlando -- primarily with a minority population -- that was established 29 years ago. In many ways it is at the center of the teen pregnancy prevention efforts. It is funded through United Way, state and local government and private donors, and is located within walking distance of approximately 5,000 young people. Services provided include: after-school activities; GED classes; athletic programs, including amateur boxing classes (one of their participants in going to the Olympics this year); community adult classes. There is an abstinence-based 'curriculum' that focuses on development of goals and making mature decisions. The program works with young people to foster development of a vision for their future: they visit area colleges, offer tutorial services, etc. Participating young men (12-22) are educated about the importance of pregnancy prevention as well (abstinence based) and character building.

Frontline Outreach is housed in a large facility which other organizations often use for meetings, etc. Although it is not a religious based group, on Sundays many church groups use the facility for classes, worship and meeting. The director of this program chairs the Teen Pregnancy Prevention Task Force that is implementing the CDC grant, and their facility is often used as a central point for the community's activities.

I am waiting for more information on Frontline Outreach.

3. Other Activities

Other activities include:
- Churches are getting involved, and starting up clubs for True Love Waits
- Urban League does work with young boys to promote male responsibility
- Boys and Girls Clubs sponsor afternoon activities
- Other programs focus on empowering young parents

Kids hear about activities through school, bulletins, church, word of mouth.

TO:PID
MAY-31-'96 FRI 15:27 ID:HRS D7 DIST ADMIN FAX NO:407-423-6157 #831 P01

TO: Tony Welch, PIO, Headquarters
FROM: Stuart Doyle, PIO District 7
RE: First Lady Visit
DATE: May 31, 1996

Stu Doyle

Event Description

Healthy Start, Success By 6 and Healthy Families Orange are local programs that aggresively help teenage and unwed mothers, needy families, infants and school age children. They concentrate on proper health care, parenting skills and accessing available community resources that can help lead to self-sufficiency and a stable family unit.

These programs represent a collaborative effort between HRS and its Orange County Public Health Unit, Heart of Florida United Way and numerous local businesses and organizations. Without a cooperative approach, this effort could never have achieved the results it has to date.

HRS District 7 and leaders involved in this collaboration propose to introduce First Lady Hillary Clinton to some of the adult and youth, parent and child beneficiaries. Mrs. Clinton would hear their stories and learn the steps the local community has taken to make a positive difference in the lives of many of its most needy residents.

The site would be Orange Center Elementary School, which is a locale for much of the work of these programs. The school is located in a zip code area that has Orange County's highest concentration of welfare and food stamp recipients. Mrs. Clinton would learn firsthand how a community, including the corporate and academic arenas, pools its talents and resources on behalf of its most needy denizens.

Among those to be invited to this presentation: Orange County Chairman Linda Chapin; Orlando Mayor Glenda Hood; the HRS District 7 Health and Human Services Board; local legislators; the chief officers/directors of the partner agencies in the Healthy Families Orange, Success By 6 and Healthy Start programs.

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Post-it™ brand fax transmittal memo 7671	# of pages ▸ 6
To Tony Welch	From Stu Doyle
Co. HRS - HQES	Co. HRS D7
Dept. Communications	Phone # 245-0422
Fax # SC 277-2238	Fax # 11-0575

What Is The Purpose Of This Program?

- To provide home-based support services to families of newborns living in zip code area 32805.
- To promote positive parenting through resource information and parent education.
- To enhance parent-child interaction.
- To enhance the child's growth and advancement by informing parents about nutrition and child development, and by promoting immunizations.
- To stress the importance of ongoing routine health supervision and conduct periodic developmental screenings.
- To assure that families receive the health, education and support services they need.

Healthy Families Orange

Our mission is to empower families so their goals can be defined and met. Promoting healthy parent-child interaction, we'll help to strengthen the family system. Providing knowledge and periodic screenings, we'll help parents enhance the healthy growth and development of their own children. Enhancing access to needed services and community resources, we'll help families become independent, contributing members of our community.

Who Provides Services?

A growing number of agencies participate in Healthy Families Orange. This collaborative community effort was established to avoid duplication of services and coordinate existing resources.

In addition, the project works with other early childhood, maternal health and family support initiatives.

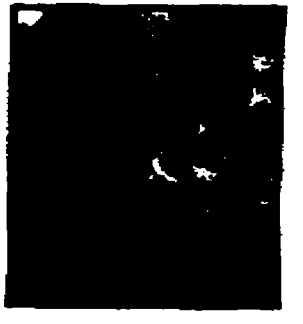
The participating organizations believe that no single organization can arrange for the delivery of all services necessary for helping families reach self-sufficiency.

A complete list of participating agencies is available at the Healthy Families Orange office.

HEALTHY FAMILIES ORANGE
621 S. Texas Avenue, Orlando, FL 32805
(407) 521-4239/40

Healthy Families Orange is made possible by grants from the Heart of Florida United Way, Orange County Healthy Start Coalition, HRS Family Preservation/Support Services, and the Ounce of Prevention Fund of Florida.

COMMUNITIES START WITH HEALTHY FAMILIES



HEALTHY FAMILIES ORANG

WHAT IS HEALTHY FAMILIES?

Healthy Families, an initiative of the Heart of Florida United Way, is a community-based family support service that helps families with newborn babies. The program emphasizes prevention and intervention to help babies and their care givers become healthy, contributing members of our community. A Family Support Worker meets with each client family in their home, and provides access to a wide range of services including:

- Outreach and community support
- Crisis intervention
- Parent education
- Linkage and referral services
- Child development screening

WHY IS THE PROGRAM

Too often, our community's human service systems have been unable to completely respond to the needs of overburdened families. These families are unable to access services because they are unaware of what's available, lack transportation, or earn an income above eligibility requirements of other programs. The result is an excess amount of stress on their family life, and unfortunately, the children are adversely affected.

IS ELIGIBLE FOR THE

Healthy Families is currently available to famili with newborns living in the 32805 zip code area

SERVICES DOES FAMILIES PROVID

Healthy Families works with the famil to develop a support plan that helps t empower the family. Families are introduced to services by their local hospital. The intensity c the program is based upon t individual family's need. Families are moved throug various levels of service, according to established criteria. Participation is voluntary, and there is no fee for service.

I. OVERVIEW

Success by 6 - Orange County is a collaboration of many different companies and organizations who are committed to our community. It was begun as a result of feedback from several community needs assessments, all indicating the need for a single source of information about services and a need for prevention programs. Responses also identified that parents want to have some way to ensure that their children have a better chance for success than they had.

To address these issues collaboratively, partners (public and private) committed to work together toward a shared vision that guides its activities. Our goal is for every child to have a healthy birth, a healthy childhood, support and care from their parents, and access to preschool learning programs.

The diverse membership draws from a broad range of community service providers, addressing early childhood, health, education, social and economic needs. These include:

Arnold Palmer Hospital for Children and Women
B.E.T.A. (Birth, Education, Training, Acceptance Inc.)
Boys & Girls Club of Central Florida
Center for Drug-Free Living
Children's Home Society
  Green House Counseling Center
Christian Service Center
Columbia Park Hospital
Community Coordinated Care for Children Inc. (4C)
Devereux Florida Treatment Network
Florida Hospital
Frontline Outreach
Health and Rehabilitative Services - District 7
  Children & Families
  Alcohol, Drug Abuse & Mental Health
  Children's Medical Services
Heart of Florida United Way
HRS/Orange County Public Health Unit
Lakeside Alternatives
Orange County Department of
  Community Affairs
Orange County Family Services Program
Orange County Healthy Start Coalition
Orange County Public Schools
Parent Resource Center
Princeton Hospital
RESPONSE - Sexual Assault Resource
  Center
The Ounce of Prevention Fund of Florida
Winter Park Memorial Hospital

This partnership of agencies made the commitment to: 1) establish a systematic approach to prevention, by initiating a culturally sensitive, family-centered, community-based, family support program, offered to every family during pregnancy or at the birth of their child. The program would encourage and engage parents, reduce their stress levels, and build their capacity to work effectively as a family; and, 2) develop a new model of collaboration, that breaks down barriers between agencies, to improve the efficiency and effectiveness of the human services system and facilitate family access to services.

To accomplish the above, the partnership agreed to focus on the most high risk neighborhood in Orlando. In this neighborhood, it wished to create a model collaborative, interagency prevention program, addressing the multiple issues identified in the cited needs assessments. The partnership also wished to conduct a comprehensive evaluation of the program, to document its effectiveness. Should the program prove successful, we would seek funding to replicate it throughout the tri-county area.

To select the target neighborhood, the partnership reviewed a variety of data and agreed to target the 32805 zip code, known locally as the Washington Shores/Parramore neighborhoods. Most residents of 32805 (over 80%) are low income African-American families, but the population also includes Caucasian, Hispanic, Asian, and Native American families. The area includes the lowest income census tracts in the County ($7,237 and $11,029 annual income respectively), as well as working class areas where incomes range from $15,000 to $20,000 per family. The percentage of children living in single parent households headed by a mother ranges from a low of 74% to a high of 96%. Rates of poverty, child abuse and neglect, single parenting, and other child health risk indicators far exceed the national average. Of the 4,212 cases of verified child abuse reported in Orange County in 1992, 479, or 11% , occurred in zip code area 32805, making it the zip code with the

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> *The profile of this community's perceptions represents a constellation of serious problems. Residents rated safety and the reputation of the neighborhood as one of the worst compared to all other sampled communities. They were also dissatisfied with property values and the general appearance of their neighborhood, access to stores, and commuting time. Their overall quality of life, the racial make-up of the neighborhood, and quality of housing for the money were also cited as big problems. The drug/alcohol issue was also rated as a big problem along with the presence of drugs, drug related violence and crimes (one of the worst ratings), and children needing special help... There was also dissatisfaction with the racial make-up of the neighborhood, school drop-outs, as well as an expressed need for more education programs in colleges...The above problems are compounded by the fact that residents could not count on their neighbors, perceived many personal obstacles to success, and possessed a lack of self-efficacy and planning.*

Based on the above data, the Success By 6 - Orange County Steering Committee identified Healthy Families Orange as its initial project.

Healthy Families Orange (HFO) began in January 1995 as a community-based prevention program providing intensive home visiting and case management services for up to 5 years to overburdened families in 32805. The HFO program is modeled after the successful Healthy Families America (HFA) project, a network of similar programs throughout the United States, which target overburdened families at risk for child abuse due to some combination of family history, social, and economic factors. The HFO staff have an ongoing relationship with HFA which includes training and consultation.

HFO screens all families from 32805; either prenatally or at the birth of their infants; offers comprehensive, voluntary, culturally relevant, home-based, intensive, long-term support to those at highest risk for abuse and neglect and poor developmental outcome of their children; collaborates with other agencies to bring a wide array of family support services to easily accessed sites in the community; and links families to these neighborhood family support services and to other families. Finally, HFO delivers these services through a multiagency model, creating a multiagency administrative structure, systematically coordinating services, designing and implementing comprehensive interagency agreements, participating in an innovative centralized child tracking and monitoring system, and coordinating interagency intake processes.

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Now that the program is in place and clients are being served, the need for professional mental health services has been identified by staff regarding their clients. An Ad Hoc Mental Health Committee was created to address the need and several major issues were identified, such as cultural sensitivity, historical perspective on the issues faced by this community, need for someone to be physically located in community, and ability to deal with whole family, not just individual.

A staff survey indicated that almost 70% of the client caseload is in need of long-term therapeutic services due to histories of domestic violence, abuse (physical and sexual), substance abuse and mental illnesses of various diagnosis. The Ad Hoc Committee invited current providers to participate in developing a mental health component and funding for a full-time, licensed mental health counselor was secured.

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Another potential service available to the target community is the Crisis Nursery of Children's Home Society. The nursery provides 24-hour, seven-day-per-week residential care for children age birth to 11, for up to 30 days. This resource alleviates familial stressors while parents seek employment, enter a job-training program, or seek medical and/or mental health services.

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TO:PID
MAY-31-'96 FRI 15:27 ID:HRS D7 DIST ADMIN FAX NO:407-423-6157 #831 P01

To Jen Klein

TO: Tony Welch, PIO, Headquarters
FROM: Stuart Doyle, PIC District 7
RE: First Lady Visit
DATE: May 31, 1996

Stu D.

Event Description

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To Tony Welch	From Stu Doyle
Co. HRS - Hqrs	Co. HRS D7
Dept. Communications	Phone # 245-0400
Fax # SC 277-2238	Fax # 11-0575

Gla. State HRS
Tony Welch Tallahassee
904/488-4855
Dick Bachelor PIO
Stu Doyle (Orlando)
407/245-0400

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April 17, 1996

MEMORANDUM FOR JEN KLEIN

FROM: Debbie Fine

SUBJECT: Potential Activity on Teen Pregnancy Prevention

Per your request, following is some background on teen pregnancy prevention grants the Administration has funded and some ideas on how Mrs. Clinton could highlight Administration efforts in this area if she is interested.

Purpose

An HRC visit to a local teen pregnancy prevention program that has received federal funding under this Administration would help demonstrate our commitment to reducing the high rate of teen pregnancy. Specifically, an HRC visit would:

- underscore that this is a priority issue for us;
- highlight the fact that we have dedicated resources to this issue; and
- demonstrate our approach to the issue: the federal government ought to work in partnership with community-wide coalitions to support their efforts.

Event Options

- HRC could visit and tour a local program that is part of a community-wide network. There are usually a range of sites and types of activities that occur as part of these collaborative efforts.

- Following the tour of the site, she could participate in a roundtable with local community members involved in the program. These could include any number of a diverse range of people: teachers, business representatives, religious leaders, non-profits organizations, local elected officials, young people in the program and their parents, etc.

- For many of these, I am sure that we could arrange a forum for HRC to deliver remarks to a broad range of community members participating in the programs/partnerships as well.

Summary of Grant Programs

At the end of last year, HHS released a round of grants for two different programs to fund teen pregnancy prevention efforts at the local level. Following is a summary of each grant program, a list of states that received funds, and descriptions of some of the local coalitions/programs receiving funds.

1. **Community Coalition Partnership Programs for Prevention of Teen Pregnancy**: This program was launched by this Administration under CDC in September of 1995. At that time, we awarded 13 grants totaling $6.5 million over two years to community coalitions to work with youth in preventing unwanted pregnancies. They aim to enable communities to develop plans for implementing and evaluating community-wide interventions that are innovative, comprehensive and sustainable.

Thirteen projects were funded in eleven states by grants given to "hub" agencies from existing coalition partnerships already working to prevent teen pregnancy. States where "hub" organizations receiving grants are located are: Massachusetts, California, Wisconsin, New York, Missouri, Pennsylvania, Florida, Illinois, Oklahoma, Texas, and Washington.

Following are descriptions of two of the coalitions receiving funds:

- Boston, Massachusetts: Trustees of Health and Hospitals of the City of Boston is the "hub" organization in Boston, where the Adolescent Pregnancy Prevention and Intervention Network was formed as a new initiative. It is a public/private effort by the Boston Department of Health and Hospitals, the Boston Public Schools and the Alliance for Young Families to pool resources among the many teen pregnancy prevention programs in Boston, targeting 5 neighborhoods where teen birth rates are highest. (Alliance for Young Families is a non-profit consortium of human service and health care agencies in MA that work to prevent teen pregnancy, promote adolescent health and meet the service needs of pregnant and parenting teens and their children. One of its four programs is the Boston Initiative for Teen Pregnancy Prevention which coordinates a broad-based 300 member citywide coalition promoting postponement of early childbearing through responsible decision-making.)

  Examples of specific sites that HRC could visit include:

  The Urban League of Eastern Massachusetts' Youth Education and Development Program; Roxbury, Massachusetts: This is primarily a school-based program that started 8 years ago, working with African American and Latino males (8-15) in the Roxbury, Dorchester, Jamaica Plain and Mattapan areas. The program serves boys who come from single parent families with incomes at or below the poverty level, and aims to provide a vision for participating boys for their futures as students, workers, and parents by developing confidence, academic and employability skills, values and a sense of responsibility. The Director of this program participated in a meeting with the President this year.

Geiger-Gibson Community Health Center; Dorchester, MA: Teen Pregnancy Prevention and Healthy Start Programs has historically served pregnant and parenting teens, but has added a focus on prevention of primary and secondary pregnancies through case management services. With an emphasis on education, the program aims to teach girls and boys to set goals and avoid anything like young motherhood or fatherhood, violence or drugs that might get in the way.

- Orlando, Florida: Last September the Orange County Healthy Start Coalition (OCHSC) received a CDC grant for $247,347. OCHSC was established in 1992 with the goal of improving maternal and child health in Orange County; it is composed of over fifty community agencies and individuals working with at-risk youth. The Orange County Teenage Pregnancy Prevention Task Force, established four years ago by local churches, synagogues, parents and others, joined with OCHSC to implement the grant.

  OCHSC identified 9 zip codes where the higher teen pregnancy rates were concentrated. The CDC money is used as "glue money" to help assess the problem community-wide, to identify where the gaps in addressing it are, and to develop and implement a community action plan that coordinates the resources of existing organizations and programs to effectively address those gaps in service.

  An example of one of the local programs is:

  Frontline Outreach: This is a non-profit, community-based organization in SW Orlando--a high crime, low-income area--that was established 29 years ago. The teen pregnancy prevention services are focused on teen education and development: after-school activities; athletic programs, including amateur boxing classes (one of their participants in going to the Olympics this year); and a community choir. There is an abstinence-based 'curriculum' that focuses on development of goals and making mature decisions. The program works with young people to foster development of a vision for their future: organizing visits to area colleges, offering tutorial services, etc. Participating young men (12-22) are educated about the importance of pregnancy prevention as well (abstinence based) and character building. (Note: Frontline Outreach also provides non-teen pregnancy related services to the community, like adult education and development, and emergency food and clothing assistance.)

  Frontline Outreach is housed in a large facility which other organizations often use for meetings, etc. The director of this program chairs the Teen Pregnancy Prevention Task Force that is implementing the CDC grant, and their facility is often used as a central point for the community's activities. It is funded through United Way, state and local government and private donors.

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

NOTE: These grants were actually started under the Reagan Administration (I think--possibly Bush), and can be controversial in certain teen pregnancy prevention circles because they were meant to embrace the abstinence-only approach. Although we support abstinence-only as one approach, our grant recipients represent a wider range of approaches. Another issue here is that several of the grant recipients serve parenting adolescents rather than focusing on primary prevention.

In 1995, grants were given to programs in the following states: Maryland, Texas, South Dakota, Missouri, Massachusetts, Arkansas, Arizona, Georgia, Alabama, New York, Michigan, Pennsylvania, Florida, California, and Ohio.

Examples of grant recipients include:

Emory University; Atlanta, GA: The Emory University School of Medicine is using grant money to expand Postponing Sexual Involvement (PSI), a three-tier educational series developed by Marion Howard, to reach over 9,000 young men and women and their parents. The series emphasizes the need for age-appropriate abstinence messages which are continually reinforced from elementary school through high school. PSI is known as a very successful model program that many other communities have tried to replicate. HRC could visit a school where the curriculum is used.

University of Arizona; Tucson, AZ: University of Arizona will use the PSI curriculum to encourage more than 7300 pre- and young adolescents to resist societal and peer pressures that lead them into early sexual involvement and negative health behaviors, thereby helping rural, reservation and urban youth to reach their full potential. Teens slightly older than the program participants serve as role models, and receive training in providing factual information, identifying pressures, modeling responses to pressures, teaching assertiveness skills and demonstrating ways to handle problem situations.

Lula Belle Stewart Center; Detroit, MI: This center provides prevention and care services for the low-income population in the urban Detroit/Wayne County area. Prevention efforts aim to increase both the knowledge base about pregnancy and disease prevention and communication between parents, adolescent, and pre-adolescent youth. (Note: I am unclear on whether this focuses on primary or secondary prevention, and need to verify.)

Specific Sites

If HRC chooses to do a site visit, we will need to do a good vet of the potential locations to ensure that the sites are consistent with our overall message on this issue and that would not put HRC in the middle of any controversy. For example:

- Although there are some wonderful teen parenting programs that we fund which promote parental responsibility and self-sufficiency, it would be more consistent with our prevention message for HRC to visit a program emphasizing prevention of primary pregnancy.

- We would need to carefully examine school-based programs, which can be more controversial.

Please let me know if you have questions, need additional information or if you would like to explore other approaches. Thanks.

Executive Summary

The Orange County Teenage Pregnancy Prevention Task Force (Task Force) has joined with the Orange County Healthy Start Coalition, Inc., (OCHSC) a not-for-profit 501 (c) 3 organization to submit the application for a "Community Coalition Partnership Program for the Prevention of Teen Pregnancy". The OCHSC was established in 1992 with the goal of improving maternal and child health in Orange County. It is composed of over fifty community agencies and individuals dedicated to assisting at-risk youth to improve their health, social welfare and quality of life. Members include representatives of local hospitals, private physicians, managed care organizations, the county public health unit, community health organizations and facilities, social service organizations, education, government, private businesses and consumers. The Task Force membership is made up of many of the above agencies and individuals. The Task Force and the OCHSC have entered into a cooperative agreement, with the support of the Orange County Chairman, to lead a collaborative community initiative to implement a successful teen pregnancy prevention program.

Live births in Orange County numbered 12,039 in 1993. The number of births to girls aged 17 years or less was approximately 6% of those births, a teen birth rate of 69 per one thousand. The total cost of these births to the County was over $6,000,000. Within Orange County there are eleven contiguous zip codes which have a combined population of over 200,000 and a teen birth rate of 136 per one thousand. This proposal intends to target this very high risk geographical area.

Pregnancy among teenagers is considered problematic because of its potential adverse health, economic, and psychosocial consequences. In Orange County, the birth rates to girls 14 and under have continued to climb since 1988 and the rates for 15 to 19 have had no significant change. These statistics point to an immediate and urgent need for comprehensive prevention programs. The Orange County Teenage Pregnancy Prevention Task Force has been in existence for four years. In 1994, the Task Force changed their name and focus to teenage pregnancy prevention and have been concentrating on:

- identifying successful strategies for encouraging teens to delay sexual activity and/or practice healthy behaviors;
- assisting teenage parents in understanding their new roles and responsibilities; and
- decreasing first time as well as repeat teenage pregnancy statistics.

Currently, the Orange County Teenage Pregnancy Prevention Task Force is researching successful national and regional programs. The investigation has been slow and burdensome because no one person has had primary responsibility. The participants lack expertise on viable ways to deal with teen pregnancy and are overwhelmed by the complexity of the interventions which seem to be necessary. Although agencies belonging to the Task Force have committed time and energy to this effort, the reality is that participating agencies are under-budgeted, under-staffed, and under-funded. Collaborative efforts are often stymied. While parties have come to the table, acknowledged a need to address teen pregnancy collaboratively, and, in very general terms, identified effective methods of beginning solutions, a sense of direction and momentum are difficult to maintain. The need for a focused effort in designing a strategic plan that will impact teen pregnancy in this community is critical at this juncture. This proposal will create an opportunity to successfully complete strategic planning and begin implementation.

To reach this end the following five goals are proposed:

I: Increase representation on the Teenage Pregnancy Prevention Task Force with a focus on relevant agencies not currently participating, local businesses, the media, churches and local legislative delegations.

II: Establish advisory panel to the Task Force made up of pre-teens and teens from the targeted communities.

III: Develop and conduct multiple comprehensive, statistically significant needs assessments.

IV: Prioritize target population needs for services, assistance, opportunities, and changes in social norms that should be addressed.

V: Identify effective local, regional and national culturally sensitive and linguistically appropriate teen pregnancy prevention strategies including life skills management programs that might be appropriate for Orange County's target population.

VI: Develop a community action plan that will include realistic objectives, partners and their roles, funding and coordinating mechanisms.

These goals are expanded upon in Section D.

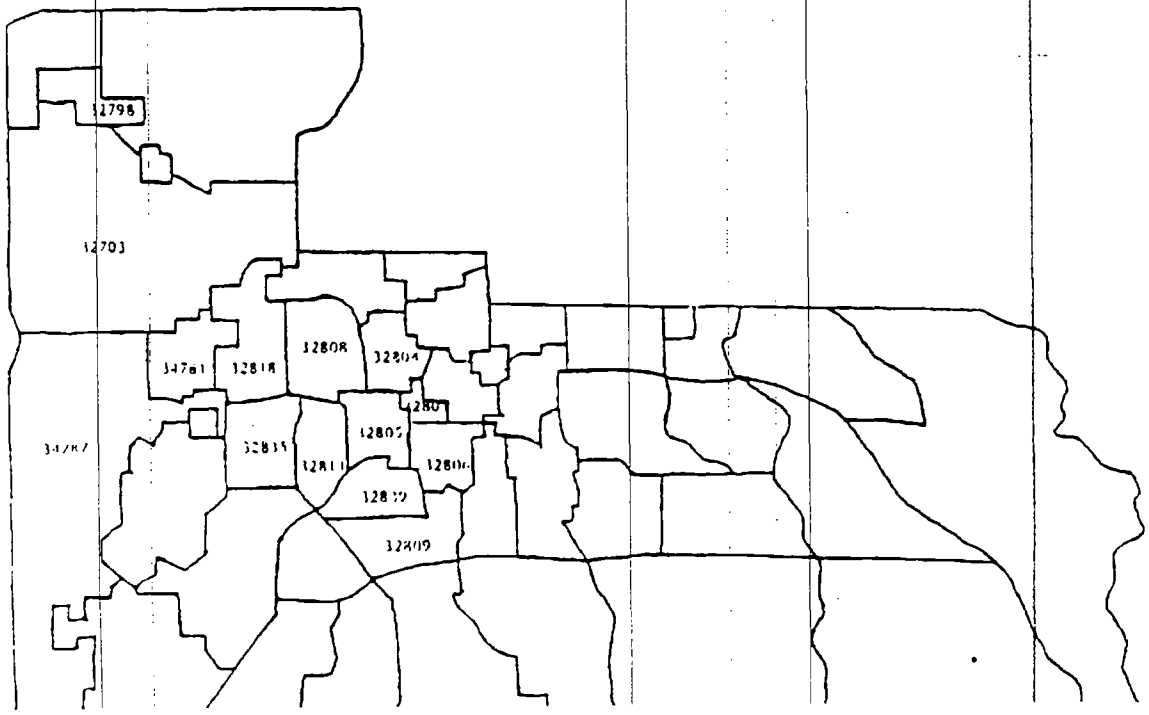
Early intervention and prevention strategies which have shown statistical merit to modify behavior currently under consideration for use in the target area are "Postponing Sexual Involvement", "I Have a Future" and "Education Now and Babies Later" (ENABL).

Key stakeholders in Orange County intend to create new levels of collaboration as related to teen pregnancy prevention. This project will join forces with other community efforts to document what is and is not being done in the community and will engage in additional assessments to augment this information. During the first year this will include: documenting gaps in services; continuing the Task Force's investigation into successful teen pregnancy prevention programs; and developing a community comprehensive plan. During year two, the project staff will conduct a best practices conference and a field test of the agreed upon interventions.

Partner organizations have committed to continue to be vital components in the collaboration necessary to ensure a concerted, focused effort. Additional partners from the business community will be approached with the help of the Chairman of the Orange County Commission, who has made teen pregnancy reduction a high agenda priority.

Every unplanned pregnancy creates a burden for the tax payer. This planned prevention effort will help ensure the availability of monies to fund future programs for the health and well being of the community's youth. In order to begin to implement interventions, **$299,996** is anticipated as being necessary from the Centers for Disease Control. The estimated total cost of the program during the first two years is **$545,000**. The dollars saved by preventing teen pregnancies is estimated to be $22,000,000 per year in Orange County.

Orange County Targeted High Risk Area



Community Coalition Partnership Program for the Prevention of Teen Pregnancy
Executive Summary

Project Partners:
- Orange County TeenAge Pregnancy Prevention (TAPP) Force
- Orange County Healthy Start Coalition, Inc. (OCHSC)
  a not-for-profit 501 (c) 3 organization

Partner Descriptions:
- The TAPP Force and the OCHSC have entered into a cooperative agreement, with the support of the Orange County Chairman, to lead a collaborative community initiative to implement a successful teen pregnancy prevention program.
- OCHSC
  - Established in 1992
  - Goal to improve maternal and child health in Orange County
  - Composed of over fifty community agencies and individuals
  - Dedicated to assisting at-risk youth to improve their health, social welfare and quality of life
  - Members include representatives of:
    - local hospitals
    - private physicians
    - managed care organizations
    - the county public health unit
    - community health organizations and facilities
    - social service organizations
    - education
    - government
    - private businesses
    - consumers
- TAPP Force membership is made up of many of the above agencies and individuals
- The Orange County Teenage Pregnancy Task Force has been in existence for four years
- In 1994, the Task Force changed their name and focus to prevention

Project Goals:

I. Develop an awareness and understanding of the issues surrounding youth at risk of being involved in a teen pregnancy.
II. Develop and acquire long term funding and resources for effective teen pregnancy prevention programs tailored to meet the needs of our communities.
III. Facilitate the development and implementation of strategies to decrease teen pregnancy in Orange County.
IV. Evaluate the effectiveness of ongoing strategies to prevent teen pregnancies.

The Centers for Disease Control Grant will focus on:
- Year One:
  - documenting gaps in services;
  - continuing the TAPP Force's investigation into successful teen pregnancy prevention programs; and
  - developing a draft community comprehensive plan.
- Year Two:
  - the project staff will conduct a best practices conference, and
  - a field test of the agreed upon interventions.
- Both Years:
  - Partner organizations have committed to continue to collaborate to ensure a concerted, focused effort
  - Additional partners from the business, medical, and psychosocial fields, and preteens and teens will be extensively involved in the planning and implementation of the overall project
  - This planned prevention effort will help ensure the availability of monies to fund future programs for the health and well being of the community's youth

Teen Pregnancy Prevention Task Force

OCHSC Vision Statement
Every baby deserves a healthy start.

OCHSC Mission Statement
The mission of the Orange County Healthy Start Coalition, Inc. (OCHSC) is to help provide community leadership so that parents, businesses, public and private agencies, and service provides develop, implement and evaluate ongoing strategies for effective prevention and early intervention service delivery to ensure healthy children and families.

Mission Statement
The mission of the Teen Pregnancy Prevention Task Force is to provide community leadership to assist parents, businesses, public and private agencies, and service providers with the evaluation, development, and implementation of strategies for effective teenage pregnancy prevention to ensure healthy children and families in Central Florida.

(The mission of the Teen Pregnancy Prevention Task Force is to provide community leadership to enable the evaluation, development, and implementation of effective strategies for teenage pregnancy prevention.)

Main Responsibilities
I. Develop an awareness and understanding of the issues surrounding youth at risk of being involved in a teen pregnancy.
II. Develop and acquire long term funding and resources for effective teen pregnancy prevention programs tailored to meet the needs of our communities.
III. Facilitate the development and implementation of strategies to decrease teen pregnancy in Orange County.
IV. Evaluate the effectiveness of ongoing strategies to prevent teen pregnancies.

Philosophy of Collaboration
The Teen Pregnancy Prevention Task Force will seek to meet the needs of youth by empowering them to be able to make informed choices that will prevent them from becoming a parenting teen.

Therefore, we will:
1. Work toward our common goal and
   a. will use a proactive approach to meet the needs of at risk youth
   b. will develop comprehensive prevention and intervention strategies.
2. Utilize the expertise and skills of the task force and
   a. will promote consistent attendance at task force meetings
   b. will encourage a diverse task force membership including teenagers.
3. Develop a system of communication that
   a. will distribute pertinent information on key issues
   b. will maintain communication with task force members and agencies.
4. Support agencies that
   a. will reinforce positive decision making skills
   b. will enhance clients abilities to fully utilize their personal and community resources

Main Responsibility: **Develop an awareness and understanding of the issues surrounding youth at risk of being involved in a teen pregnancy.**

Organizational Structure and Community Development Committee

Chair: Anne Quirk

Members: Sherry Turner, Staff
Marilyn DeShields
Pat Schuler
Penny Smith
Linda Stone

A. 1) Develop a list of all community entities that should be a part of the Task Force with specific focus on business representatives
2) Develop a list of individuals to represent the above entities
3) Prioritize list with alternates
4) Current Task Force members will recruit new members
5) Sponsor new member orientation
6) Hold special meetings and make visits geared toward soliciting the commitment of the business community

B. 1) Hold Teen Pregnancy Prevention Summit under auspices of Orange County Chairman with Henry Foster as keynote speaker
2) Contract with Lorraine Green, Star Parker or other national experts for Community Development

Teen Outreach Committee

Chair: Hazel Hastings

Members: Sherry Turner, Staff
Marilyn DeShields
Michael Dey
Lucille Hall
Tangela Jones
Dana McDaniel
Julie Richardson
Lori Stanley
Hudie Stone
Charlette Thomas

A. 1) Develop criteria for youth membership
2) Recruit membership for Preteen/Teen Advisory Panel
3) Substitutes will be contacted as needed as teens and preteens drop out
4) Committee will continue to assess the balance of membership and make adjustments

B. 1) Develop scope of work for preteen/teen panel
2) Establish convenient meeting place(s), time(s), and transportation
3) Invite potential members to join Preteen/Teen Advisory Panel
4) Adjust meeting times, places, methods of transportation, as needed
5) Adjust scope of work for preteens and teens
6) Develop incentive structure
7) Develop Preteen/Teen Advisory Panel training packet

C. 1) Recruit Panel Coordinator

Main Responsibility: **Develop and acquire long term funding and resources for effective teen pregnancy prevention programs tailored to meet the needs of our communities.**

Funding and Resource Development Committee
Chair: TBA
Members: Jackie Shuler, Staff
Walter Hawkins Sylvia Parker

1) Identify sources of sustainable funding
2) Define methods for targeting resources and services
3) Establish schedules for accomplishing tasks

Main Responsibility: **Facilitate the development and implementation of strategies to decrease teen pregnancy in Orange County.**

Research and Program Design Committee

Chair: Kathy Bowman-Harrow

Members: Scott Garraughty, Staff

Debra Amoedo	Deborah Stafford Shearer
Nancy Hagan	Lori Stanley
Mary Spencer	Hudie Stone

A. 1) Define parameters for target group selection
2) Develop and coordinate survey/focus groups of youths and adults.
3) Establish parameters for identifying teens at greatest risk
4) Decide on methodology (focus groups vs. survey)
5) Develop culturally sensitive, linguistically appropriate surveys to assess:
- factors in the teen population that dissuade or discourage teens from becoming pregnant
- why some teens are getting pregnant and others are not
- the perceived needs of teens
- the extent to which these needs are met in the community, or the extent to which program gaps exist
- the extent to which social norms support postponing teen pregnancy

6) Conduct assessments
7) Explore and examine personal, social, educational, economic and health needs as identified by teens
8) Identify needed services

B. 1) Review local programs that have proven cost/benefits and statistical merit in modifying behavior, e.g. "Positive Life Choices", "SMART Moves"
2) Review national programs that have proven cost/benefits and statistical merit in modifying behavior, e.g. "Postponing Sexual Involvement", "I Have a Future", "Education Now and Babies Later" (ENABL)
3) Develop criteria for an instrument to evaluate local programs without adequate documentation of program outcomes to include cost/benefit analysis
4) Implement local program evaluations, analyze data and compare these programs with others for efficacy
5) Prioritize programs for local adaptation or expansion

C. 1) Prioritize target intervention settings selected from the following: schools, after-school programs, youth clubs or organizations, clinical or social service settings, communities of faith, work-sites that employ teens, and community volunteer service programs
2) Obtain permission from relevant intervention sights and participants to field test strategies identified in Objective 1
3) Train personnel from pilot sights on intervention strategies and their implementation
4) Field test adapted interventions and modify the components based on the results

Main Responsibility: **Evaluate the effectiveness of ongoing strategies to prevent teen pregnancies.**

Evaluation and Data Collection Committee

Chair:	Sue Peterson Armstrong	Co-Chair:	Ellen Geiger
Members:	Scott Garraughty, Staff		Elaine Broome
	Persis Coleman		Mary Spencer
	Marilyn DeShields		Deborah Stafford Shearer
	Lucille Hall		Ruth Wallace

A. 1) Compare what exists with the needs of target population
2) Compare what exists with needs of professionals/other stakeholders
3) Compare Task Force perception of social norms with teen perception
4) Design linkages for teens and professionals
5) Develop timeline with prioritized recommended actions

B. 1) Access birth certificate data from HRS/OCPHU
2) Geo-code data
3) Analyze data and trends
4) Compare to national and state standards
5) Prioritize target geographical areas

C. 1) Develop culturally sensitive, linguistically appropriate surveys to assess access to teen services, assistance, and opportunities which are appealing, accessible, affordable, sufficiently intense, are in sufficient quantity and duration, provide for adequate continuity in "care providers", and are known to teens throughout the community
2) Identify existing programs/agencies/institutions etc. wherein teen needs are being met
3) Develop guidelines for the creation of new service providers

Main Responsibilities I-IV

Members: Staff and Task Force

A. 1) Establish realistic objectives
   2) Define partnership roles
   3) Identify sources of sustainable funding
   4) Coordinate various mechanisms comprising a community approach to preventing teen pregnancy
   5) Define methods for targeting resources and services
   6) Establish schedules for accomplishing tasks
   7) Delineate responsibilities for agencies and committees
   8) Develop plans for evaluating overall plan and indicators of effectiveness

B. 1) Develop a strategy for obtaining buy-in of Community Action Plan including public relations activities and time line
   2) Hold community meetings and public relations activities to obtain input
   3) Modify plan according to input

C. 1) Develop a plan to market the Community Action Plan
   2) Implement marketing plan

GRANT

Goal I: Increase representation on the Teenage Pregnancy Prevention Task Force with a focus on relevant agencies not currently participating: local businesses, the media, churches and local legislative delegations.
Objective 1: Analyze existing Task Force membership
Objective 2: Recruit Task Force and Preteen/Teen Advisory Panel membership

Goal II: Establish advisory panel to the Task Force made up of pre-teens and teens from the targeted communities.
Objective 1: Recruit parties
Objective 2: Develop incentive program

Goal III: Develop and conduct multiple comprehensive, statistically significant needs assessments.
Objective 1: To analyze 1994 vital statistics and related data to ascertain rates of teen pregnancies and their association with demographic and economic characteristics.
Objective 2: Specify criteria that will be used to identify teens who are at greatest risk of becoming pregnant or getting someone pregnant.
Objective 3: Design valid and reliable needs assessment.

Goal IV: Prioritize target population needs for services, assistance, opportunities, and changes in social norms that should be addressed.
Objective 1: Specify a systematic approach to using these criteria as a means of linking teens to appropriate prevention services, assistance, and/or opportunities.

Goal V: Identify effective local, regional and national teen pregnancy prevention strategies including life management skills programs that might be appropriate for Orange County's target population.
Objective 1: To collaboratively select and adopt strategies for the target population.
Objective 2: To prepare for the use of these interventions in community settings which will serve the greatest number of at-risk youth.

Goal VI: Develop a community action plan to reduce by ten percent the Year 2002 teen birth rate in the targeted high risk communities. This plan will include realistic objectives, partners and their roles, funding and coordinating mechanisms.
Objective 1: Compile all existing data for the purpose of developing a community action plan.
Objective 2: Obtain consensus from community at large for Community Action Plan.
Objective 3: Market plan to target communities and Orange County at large.

Name of agency: FRONTLINE OUTREACH, INC.

1. **ORGANIZATION'S BOARD-APPROVED, WRITTEN MISSION STATEMENT:** MAY INCLUDE INFORMATION ON THE ORGANIZATION'S HISTORY, PHILOSOPHY AND ACCOMPLISHMENTS.

Located in the heart of Orlando's overcrowded, low-income, high-crime west- side, Frontline Outreach, Inc.'s mission is to provide free and accessible holistic services for the poor residents of Orlando. A variety of services focused on the individual's most felt point(s) of need are provided including the following:

*CHILD DEVELOPMENT/DAYCARE AND AFTER SCHOOL PROGRAMS
*SUMMER PROGRAM FOR SCHOOL AGE CHILDREN
*CHILD/TEEN EDUCATION AND DEVELOPMENT
- -Athletic and Boxing Program
- -Gang Prevention/Outreach
- -Substance Abuse/AIDS Counseling/Prevention
- -Youth Programs
- -West Side Community Choir

*CRISIS PREGNANCY AND PARENTING EDUCATION
*ADULT EDUCATION AND DEVELOPMENT
- -GED and High School Diploma Program
- -E.S.O.L. (English as a Second Language)
- -Marriage and Family Development Seminars/Counseling
- -Substance Abuse Counseling/Prevention

*EMERGENCY FOOD AND CLOTHING ASSISTANCE

These highly effective programs developed throughout Frontline Outreach's 28 years of service have seen thousands rehabilitated that would have fallen through the cracks in the past. Positive family values are stressed, helping to establish strong families with positive direction and purpose. Frontline Outreach is committed to helping build a better tomorrow by raising up a new generation of highly motivated, educated young adults with strong moral fiber and a responsibility to our community.

As a direct result of the efforts of Frontline Outreach, we have seen takers become givers, losers become leaders, and brothers' killers become their brothers' keepers.

Many who were once on welfare, in prison, etc. - burdens to the tax payers, have now become productive wage-earners. The ones who were once a part of the problem have now become a part of the solution. Frontline Outreach is now Orlando's urban alternative saving the Florida tax-payers more than $5,000,000 annually, offering services without regard to race, color, or religious affiliation.

FRONTLINE OUTREACH, INC.

• 3000 W. Carter Street • Orlando, Florida 32805 •
(407) 293-3000

Over one million people of all ages have been recipients of the life-enriching programs outlined in this informational brochure over the past 26 years. These programs are making a significant impact in Orlando, reducing drug use, crime, and assisting families with the difficulties they face. In addition, these programs are saving thousands of taxpayer dollars to the greater Orlando area.

GOALS AND PURPOSES

Frontline Outreach, Inc.'s goal is to be a catalyst for change in the community of Orlando through providing alternatives for the youth of the community. The major beneficiaries of the programs we offer are the families.

Frontline Outreach, Inc. is successfully providing a safe place for the young people and their families to meet off the streets, which results in reducing their activity in street gangs, crime, and drugs.

Frontline Outreach, Inc. has consistently been an effective tool for the entire family by providing a variety of programs that touch all areas of the lives of the less fortunate people who make up an ever expanding portion of greater Orlando.

OUR FOUNDERS

C.R. and Estelle Smith, founders of Frontline Outreach, Inc. began more than twenty years ago to give of themselves unselfishly to the community of Orlando's less fortunate peoples. Frontline Outreach, Inc. was founded in 1967 under the name of "Tom Skinner Club"; In 1983 the name was changed to Frontline Outreach. Now more than 45 dedicated workers daily strive to provide a "Center of Hope" that feeds and clothes the hungry and needy; teaches and trains the unskilled and underdeveloped; and ministers to their needs body, soul, and spirit.

PROGRAMS OFFERED

EMERGENCY FOOD AND CLOTHING

Frontline Outreach, Inc. provides emergency food baskets and clothing to people of the community as needed. We receive much of our food from Second Harvest Food Bank at 14 cents per pound which is then given free to all in need. The months of November and December are always heavy months with distribution of Thanksgiving and Christmas baskets to over 5,000 individuals each month.

TEEN PREGNANCY PROGRAM

Each year our Teen Pregnancy Program serves about 600 young women. Because they remain in the program after the child is born, we have over 1,000 teen parents, infants, and toddlers. Frontline Outreach offers transportation to and from classes as needed. Classes offered include Prenatal Care, Personal Growth, Parenting, Lamaze Childbirth, and Postnatal Well Baby Care. We also offer special Teen Father's classes for those who wish to maintain contact with their child once it has been born.

The program stresses the importance of education by requiring school attendance during and after pregnancy. Less than 20% of the parents completing the program receive government help one-year after the baby is born. Out of the over 4,000 babies born in the program during the past eight years, only one has required neonatal intensive care -- saving the taxpayers approximately $42,000 per child in tax money!

CHILD DEVELOPMENT CENTER

The childcare facilities at Frontline Outreach have the capacity to serve 525 children. The children are properly nourished and lovingly cared for. Each day they are reinforced with love and they grow healthy and strong. Our daycare currently averages about 75 children, many from homes and families with limited ability to pay for the service. There is a constant need to upgrade our equipment and supplies and to sufficiently fund the staff of our center to operate at full capacity.

Volunteer Theresa Jones connects with a Frontline Outreach visitor.

ON THE FRONTLINE

Photo essay by Jacque Brund

-OVER-

Volunteer Jackie Walburn gives two youngsters a whirl during playtime.

THE NAME SAYS A LOT, BUT THERE'S SO MUCH MORE

Tucked away in downtown Orlando, just beyond high-profile Church Street and the much-traveled East/West Expressway, is a facility that quietly goes about the business of changing people's lives. If physical stature were in direct correlation with importance and productivity, the building would appear more like the Empire State Building than a two-story warehouse. Looks, of course, can be deceiving.

The center's name: Frontline Outreach.

An appropriate tag, indeed. Take a peek inside and, no doubt, these *are* the frontlines. But there is perseverance and hope, too. You can see it in the children, bouncing a ball, playing a game, singing a song, smiling. Outreach assistance can have that effect.

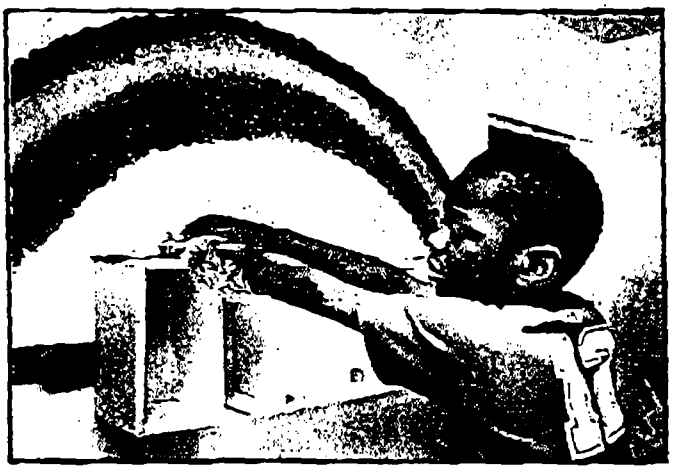
Frontline Outreach is a salvation, if only temporary, to some 500 youth and 500 adults each day.

Youth activities span a range from boxing, where world champion Antonio Tarver trains, to the Light Club Posse, a group that spreads positive influence through the arts. Here, youngsters are empowered to achieve, even if the tools they employ are seldom new.

A teen pregnancy program teaches frightened girls to become caring mothers; adult parenting classes address topics such as anger management and marriage counseling; an English class helps new residents, mostly Haitians, learn to communicate. The center's programs are valuable and varied.

Moreover, while successes are being realized within the walls of Frontline Outreach, important messages are also being taken to the streets — adjacent neighborhoods — delivered by ministries of hope. Whatever can be done is, at least, being tried.

Now in its 28th year, the center, funded primarily by donations, marches on — just like those it assists. Frontline Outreach. The name says a lot, but there's so much more to the story. — *Michael Candelaria*



Curtis Carter helps clean the cubby area near a symbolic rainbow in the children's playroom.

Founder C.R. Smith welcomes Suzi Brown and Brandon Coldes.

Pearlata Sterling, caregiver for babies, soothes Terrell Hawks with a hand puppet and old-fashioned TLC.

Olympic Profile

A Golden Opportunity

Boxer Antonio Tarver saw his life going down the tubes. Now he's looking to score an Olympic medal.

by George Diaz

The image is enticingly wholesome: A young man standing in the middle of the ring, hand over his heart while he sings the national anthem. A proud mother at ringside with tears in her eyes. Another significant victory for an amateur boxer whose vision is defined by patriotic dreams of representing his country in the Olympic Games.

Those who catch a quick glance of Antonio and his mom Gwendolyn Tarver do not know the meandering roads they traveled to reach that poignant Kodak moment. They haven't felt the pain, cried the tears, endured any hardships.

What's it like to lose your mother when you're six years old, when she leaves to pursue a singing career, and then face the world as a single parent of four with limited means of support, your only son losing his way through a turbulent stretch as a teen-ager?

What's it like to grow up without a father, to fully lose sight of your athletic dreams and be left with nothing but meaningless jobs, with a baby son to support, and finally surrendering to the dangerous alternatives of the streets?

Gwendolyn and Antonio Tarver tell their story in bits and pieces, leaving out details that are too painful to remember, concerned that those who do not know them will judge too harshly.

An objective eye would understand the heart of the matter without casting undeserving criticism. There is no shame in unconditional love. There is no shame in a mother who willed her son to listen when he was at a precarious crossroads in his life. There is no shame in a son who was smart enough to listen.

"God gave you a gift from the age of nine, Tony," his mother said during a critical juncture in Antonio's life. "Go back to boxing. Make your dreams come true. And most of all, you're my only son who will carry my name. Don't fail me."

"Mom," Tarver said, "I'm going back in the ring with full force."

Five years later, Antonio Tarver, 27, has emerged as the best amateur boxer in the United States. Fighting out of the Frontline Outreach Center in Orlando, Tarver is the only boxer in this country's history to win a United States Championship, a Pan American gold medal and a world championship during a six-month span.

Shortly after that run, he stopped Cuba's Diosvany Vega to win the 1995 World Championships Challenge in Macon, Ga., in late October. The following week, he won the Police Athletic League gold medal in the light-heavyweight division to assure himself an invitation to the Olympic Trials.

Having defeated Vega – his prime international competition – three consecutive times, Tarver rates as a logical choice to win gold in Atlanta during the '96 Summer Games.

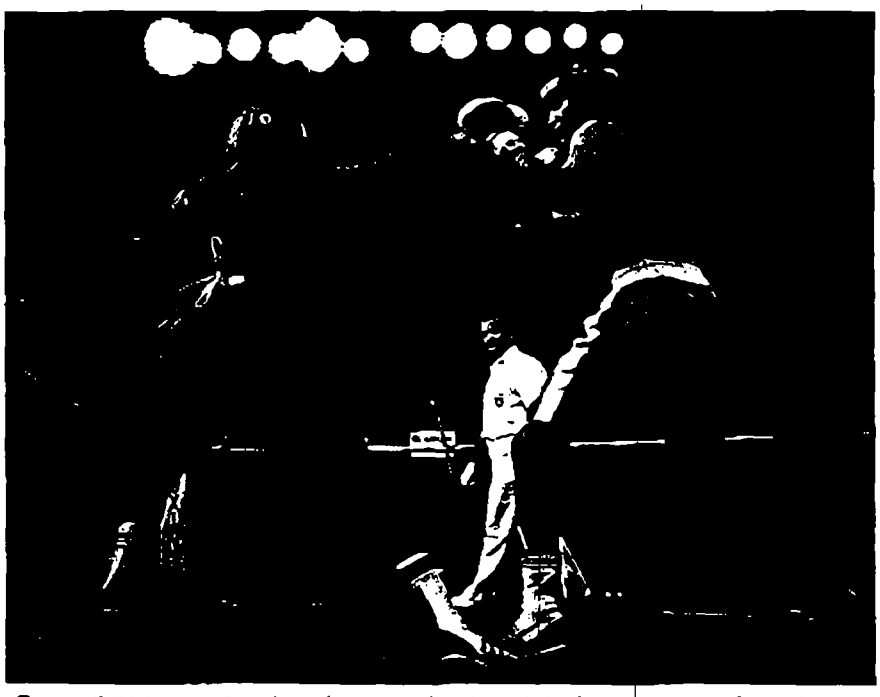
"I look at all the great fighters who were a part of amateur boxing and say, 'Wow, I've done something that nobody else has ever done.'" Tarver says. "To win those three prestigious championships in a span of six months, I can't even describe what I feel when I think about everything that I've done.

"Then I look at the Olympics, and that's how I keep focused, how I stay sound. I know that with one bout, one loss, it could be all over. That's why when I step in that ring, I know there won't be a guy who will be in better shape. There won't be a guy who has worked harder than I have."

Facing all the daily demands of life wasn't always easy for Tarver, who didn't always have the proper perspective. As a teen-ager, his athletic aspirations were always defined by basketball, not boxing.

Although Tarver was a prominent athlete at Conway Middle School and Boone High School in Orlando, there were no scholarship offers once he completed his playing days there.

Having a son out of wedlock added to his personal challenges, testing his inner-strength. He got by working odd jobs,



JOHN CHAPMAN

Tarver (left) knows that throwing a good, crisp jab is the way to win Olympic gold.

OVER-

fixing salads and appetizers at a Holiday Inn, working as a cook at Kentucky Fried Chicken, scanning items at the checkout counter at a Goodings supermarket. "Making ends meet," Tarver says.

Giving into weakness and self-pity, Tarver briefly turned to drugs as a means of escape. Although that period tested the bond between mother and son, they emerged from those struggles with a stronger love for each other.

"I talked to him when he was at his weakest point in life," Gwendolyn Tarver says. "He has always been a child who listens to me. Tony was going through a lot of changes. He felt disappointed after high school. He wasn't happy. Once he opened up to me, I was able to reach him.

"When he told me of the [drug] problem he was having, I was totally shocked. It hurt deeply and I cried, but I know I had to be strong. I prayed with my son. I took him to church because God is able and His word is true. Tony was able to see that just because things don't go your way in life, you can still move on."

Slowly, Tarver took those steps by seeking professional counseling to shed his personal demons, through his mother's inspiration remained the focal point of his strength. "I had no direction," Tarver says. "I didn't know about going about doing the things I wanted to do. It came down to my decision-making at times. It wasn't until I made the right decision to be something in life that everything fell into place.

"I had a son to take care of. I had a little boy who I knew wanted to look up to me. And as the only son in my family and a single parent, I had a lot of responsibilities. I just couldn't allow myself to fall by the wayside. Too many people were depending on me. Hey, who else is going to carry on my mother's name? I had to do something. I *had* to do something. I made a change."

MICHAEL DE HOOG

Since he returned to boxing five years ago, Tarver has had the look of a champion.

Opportunity arrived in October 1990. While completing a six-month rehabilitation program in an Orlando treatment center, Tarver heard a comforting message from a soul mate who had taken a similar fall.

Pinklon Thomas, a former heavyweight champion and recovering addict, spoke to a group about drug use.

"He told me he was a fighter who wanted to get back into it," says Thomas, now retired and living in Orlando. "I gave him my card and told him, 'When you're out of treatment, give me a call.' "

Although the relationship between Thomas and Tarver eventually unraveled, Tarver did not want to miss this chance to regain a measure of self-respect. Tarver was a promising boxer as a youth before turning to other sports. He had been in amateur tournaments with Roy Jones Jr., another top-notch boxer who would eventually represent the United States in the 1988 Olympics.

Tarver now joins Jones among the best amateur boxers in U.S. history. He understands the nuances of the computerized scoring system predicated on judges seeing good, crisp shots.

He is an excellent defensive fighter, often countering with a sharp hook. He is not egotistical enough to chase a knockout in the final round when he has a commanding lead.

"We're fast, and we can box really well," says Lou Harris, Tarver's coach at Frontline. "That's the real name of the game in amateur boxing – not knocking anybody out, but touching him more times than he touches you. That's our backbone right there."

Tarver understands that the significant payoff comes in Atlanta, where an outmatched U.S. team will attempt to make a home stand against the dominant Cubans.

Sticking a gold medal in his pocket will ensure Tarver's financial clout once he turns professional, although he insists he will have a "very promising" professional career even if he misses his golden opportunity this summer. Tarver sets his goals high, with the conviction of a young man who stands strong after persevering through personal struggles.

"I'm feeling really good about my accomplishments but I still have so far to go," Tarver says. "I want to be great. I don't want to be an average, ordinary boxer. We all can fight. We all have two hands. I want to be exceptional. That's what I strive to be. When you look at boxing, I feel that we have a black eye in this game with the Mike Tyson situation, the Don King trial. We know all about the rats out there in the business, it's time to clean it up and put this sport back on the pedestal that it used to be on when fans were proud to see a good boxing match.

"I'm ready for it. Today's fighters, we aren't as stupid or crazy as people make us out to be. We're not barbaric. We're intelligent athletes. If I can portray anything, that's what I would like to portray, that we're decent human beings and we have good heads on our shoulders and we can conduct business.

"It's all about an athlete knowing his worth and taking control of things. And I want to be that type of athlete." ●

"I had a lot of responsibilities. I just couldn't allow myself to fall by the wayside. I had to do something. I had to do something. I made a change."

AFTER SCHOOL ENRICHMENT, RECREATION, AND TRAINING (A.S.E.R.T PROGRAM)

The A.S.E.R.T. program is structured to provide training and recreation for the children, reinforcing their school work and keeping them off the street. The classes are operated eleven hours per day during school vacation times and five hours per day during the school term. The curriculum includes tutoring and homework in Math, Science, Social Studies, History, English, Writing, and Phonetics. In addition there are enrichment programs in Music, Drama, Dance, Arts and Crafts, Storytelling and Computers. A.S.E.R.T. participants are provided transportation to and from school and nutritional meals and snacks during their time here.

YOUTH AND RECREATIONAL ACTIVITIES

Frontline's gymnasium and game room is open six days a week for basketball, volleyball and other sports. Frontline has an olympic size swimming pool as part of the recreational facilities for use. A complete boxing program staffed by volunteer instructors is also offered.

There is a continual need for funds to maintain and purchase new equipment to offer a variety of activities to the youth of the surrounding community.

COUNSELING

Frontline Outreach conducts an effective counseling program for both families and individuals. the program is available for pre-marital counseling, marriage counseling, and also for those contemplating divorce. Many marriages are healed and stronger family relationships are built. There are 125 who are attending weekly Bible Studies at this time. In addition, Frontline conducts marriage seminars, ladies retreats, and spiritual guidance seminars. These programs serve a constituency of more than 5,000 persons each year.

EDUCATION

Frontline Outreach provides GED classes that currently has 55 persons enrolled. These classes are open entry, open exit and self-paced. The average age of our students is 16. Students range from barely third grade level up to eleventh grade level. Therefore, the instruction is individualized and progress is at the student's learning pace. This program has succeeded with students graduating and several enrolling in Valencia Community College. This program serves our Teen Pregnancy Program participants who have had to drop out of school to have their baby and now wish to receive their High School Diploma or GED. Daycare is offered in our Child Development Center free of charge to these girls who are working toward their GED.

English as a Second Language (E.S.O.L.) classes are currently offered to those of Haitian and Spanish background who live in the surrounding community.

C.R., Estelle, and the Staff of Frontline Outreach cordially invite you to visit our "Center of Help and Hope" for a tour. The contributions of concerned individuals and families make the programs you have read about in this brochure possible. Your financial assistance is greatly appreciated.

PLEASE CUT HERE AND SEND BOTTOM PORTION ALONG WITH YOUR TAX DEDUCTIBLE GIFT TO

FRONTLINE OUTREACH, INC. • P.O. BOX 555445 • ORLANDO, FL ORIDA 32855

Enclosed please find my contribution to help Frontline Outreach of: $_____

I would like to help on a monthly basis by becoming a "Friends of Frontline Outreach Partner." Enclosed is my first month's gift of. $_____

☐ Mr. ☐ Ms. ☐ Mrs. ☐ Mr. and Mrs.

Name _____

Address _____

City _____ ST _____ Zip _____

FROM THE HEART OF G.R. SMITH JANUARY/FEBRUARY 1994

"Life Ain't Nothing But Merchandise"

My office is a place where I am hardly ever alone. Someone is coming and going while others are knocking and waiting their turn to enter. Some bring laughter while many bring tears. Some bring criticism and advice while others bring compliments and prayers. Some come from the streets to say that they are homeless, hungry, ill or lonely, just needing a friend to talk to; while some come to help in some way or just to see what Frontline Outreach is all about. They come in all sizes from three and four year olds who are unsupervised at home, and found their way to my office, to the elderly who sometimes have to get someone to help them up the stairs. Some are members of our staff or our Board of Directors. Some others are caring community leaders while some are tough looking gang members whom I have established true and trusting relationships with. I always try to see each one. If I can't help those in need, I weep and/or pray with them. Our desire is that everyone who enters our Center of Hope leaves having received something positive; if nothing more than a smile, a prayer or an encouraging word.

Every hour of every day at Frontline Outreach is about **life**. We are providing help and hope to and for as many people as we possibly can, because while I am seeing those who come to my office, hundreds of frightened and hurting pregnant teenage girls are making their way to Sylvia Parker's open office, open arms and open heart. This younger version of Mother Theresa has now had up to 4,000 such girls, some of their disappointed and deeply hurt mothers, and a possible five hundred or more teen fathers find their way to her door and her heart. They have found that there is no day too long or night too dark for Sylvia to go to them if need be. Then there are those who have surrounded her as a support group like Grace Burgess, a med-wife, R.N. and who is working on her Doctorate in nursing; Karen Kertz, one of Orange County's most highly respected Lamaze teachers, and Sylvia's dedicated office staff. All are involved in providing quality care and **life** for each and everyone who comes.

Andrew Parker, Syliva's husband, serves as a volunteer mentor, and father role-model to the teen fathers who speaks the direct truth with authoritative love to the teen fathers. Their handsome 17 year old son, Terrance and lovely 15 year old daughter, Shayla never know how many temporarily adopted teen brothers and sisters or small children with whom they will be sharing their home, dinner table and parents with from one night to the other. The awards and certificates presented to Sylvia locally, in state or nationally can never speak of the quality love and hope of **life** given by the efforts of this grand lady and those who have joined hearts and hands to serve with her.

United Way
THE HEART
OF FLORIDA

So what is **life** like at Frontline Outreach? It's busy!!! It's God's love being fleshed out through ordinary but caring people who see **life** as precious.

As many special people come to my office, and Sylvia's office, there is still my darling wife, Estelle, who's appointment book is as full as the busy full-time doctor or psychologist. She is busy seeing victims of broken marriages, unfaithful and abusive spouses, adult & teenage victims of incest who are now trying to find healing. Some are single while some are married with children. Some are males and some are females. Some are rich, some are poor; while many are in between. Some are even professional counselors. As she sees and has seen victims of all kinds, even those who are victims of their own poor choices; she has also seen some of the greatest victories take place in so many of their lives. Victories like a young, beautiful, blond professional lady, standing before a Frontline Outreach anniversary banquet crowd of about 300 people saying "I was living with a man that I wasn't married to, and married to a man that I wasn't living with, suffering from addictions to both drugs and alcohol when I first started attending one of Estelle's weekly Bible studies. Now after many other of her Bible studies, one on one sessions with her and attending a number of the Frontline Outreach annual Marriage Seminars and ladies retreats, I stand here tonight a Christian, happily married, and with no addictions. I thank God for C.R. and Estelle Smith; who have patiently and lovingly taught me what God's will is for my **life**." She said much more, giving our Lord the praise. This young woman, now says that she knows that life would have been a dead-end street for her if she had not come to know Jesus. Today she has a good job as a professional counselor, and she and her husband are faithful financial supporters of Frontline. This and many thousands of other changed lives through Christ are world wide in their service and influence on others.

My concern is, as I am sure yours is, we must all give more strong and serious attention to the continuing rise in youth crime. There is still too much talk about it, and too much money spent on non-corrective efforts and programs. I still dare anyone to compare Frontline Outreach's style, opportunities and success rate in reaching those young people who have been tagged as "at risk youth" with any other similar program. Even though there are more and more federal grants being dropped all around, and some given to organizations with little or no track record; we at Frontline are reaching more young people and seeing more positive change than any one that I know. Keep in mind that Greg Fox at Chan. 2 WESH-TV described Frontline as the most diversified community service organization in Central Florida; and a WFTV-Chan. 9 reporter said "Frontline has the best program for school drop outs that I have seen."

As I have said before, we are Orlando's major conduit or Outreach to the "at risk youth" population in Westside Orlando. In fact, just this week, my office door opened without anyone even knocking. In walked nearly 20 sixteen to nineteen year old young men who would fit into the street gang family. I greeted them all, and found seats for them. I always see this as a wonderful opportunity to be Orlando's voice to these young men. I was talking very direct to them about their future, that is going to be affected by their present behavior, attitude and image. One seventeen year old quickly said, "C.R., man, ain't nothing to do but hustle in the street". I addressed the statement with the question, "But Bull, what about your **life**? You could kill or get killed so quickly." His reply was "**Life ain't nothing but merchandise**." I was so deeply hurt that he saw **life** as being of such little value. I said, "Bull, **life** is precious!! Clothes, furniture, etc., are merchandise." I went through much more of the value of **life** with him and the others as we do with so many young people every day. Someone has to be in place to deal with that kind of mind set. First there has to be trust and an awareness about their behavior, attitude and the image they have developed; and how all of this now affects and will affect their lives.

Again, I remind you that Frontline Outreach's success is only as strong as our support base. You like Sylvia Parker, my darling Estelle, Larry Curry who gave up med-school and a 22 year dream to become a Cardiologist when God told him to go back to the mean streets of Orlando and comfort with the same love he was comforted with as a young man at Frontline, and I have to decide what the true value of **life** is. We all must work, and fight for the **life** of this generation of youth whether they live next door, down the street or 3000 miles across town. Jeremiah 29:7 (Revised Standard) says "Seek ye the welfare of the City and pray to the Lord on its behalf; for in its welfare you will find your welfare."

Because many of you gave so generously as 1993 came to a close, Frontline Outreach closed the year with most bills paid. In fact, we would have closed the year out in the black if we had not been hit with a $20,000 increase in our workmans Comp Insurance.

It was great having a short breathing time without stressful unpaid bills. However, now that we are into the new year, funding has suddenly dropped so until if you and others don't continue to give generously, we will be right back in big debt again. We have to have a minimum of $4,500 per day to open the doors to welcome and provide necessary love and services to keep this great diversified Christ Centered ministry going. **When a community can invest $1.2 million per year in Frontline Outreach and save tax payers more than a minimum of $10,.000,000 per year, this tells me that supporting Frontline Outreach is a wise investment for anyone. So I am asking you to enclose your investment in the enclosed envelope today. Remember your investment is in life!!**

Changed lives through God's love and mercy don't car-jack, home invade, murder or add to our already over crowded jails and prisons. We are waiting and praying for your immediate vote for life, as you send your gift of love now.

Sincerely yours and His for others,

C. R. Smith

C.R. Smith
Founder/President

CRS/sr

1993 STATISTICS

FRONTLINE OUTREACH served 270,128 units (people) in 1993 at a cost of $4.50/unit (person). We are using units because many of those served were served more than one time during the year. Please keep in mind that it costs as much to serve one person 52 times as it does to serve 52 people one time. We served 130,520 cafeteria meals to program attendees; 1,825 heads of families or individuals received food baskets and/or clothing.

Adult Retreats, Seminars and One on One.....**2,748**
Childcare (recently liscensed for 225 children)
.....from.**90**/day
A.S.E.R.T. (After School Enrichment, Recreation & Tutoring) [recently liscensed for 300 children]
.....from.**100**/day
GED/ESOL/Apprenticeship teaching Construction skills **60-90**/day
Boxing(A number of State & National Champions)
.....over **80**
Crusaders/Jr. Magic (on Sat.).....up to **90**
Gym at night.....**50-75**
Teen Pregnancy
Teen mothers enrolled.....**725**
Babies born (average wt./7 lbs).....**240**
Babies born since inception of program in 1985 (with only 2 neo-natal babies).....**4,000**
Teen parents enrolled in Parenting Class...**1,179**
Teen mothers enrolled in Lamaze Classes.....**550**
Current percentage of all pregnant girls residing in Orange County being served.....**25%**
Current percentage of girls who are not on welfare 1 year after baby is born.....**80%**

THE STATE OF THE MINISTRY ADDRESS

Frontline Outreach Ministries, as most know, was started by my darling wife, Estelle, and me on November 10, 1967. Now as we look back, life has changed so much for us until it is difficult to remember clearly what life was like before that date.

We had one of the most successful small businesses in Central Florida. It was successful because of God's blessings and a lot of hard work; but also because I had earned the trust, respect and love of the residents of the Orlando Black community. I started the door to door, credit clothing business at a very young age. In 1951, I moved the business from the car to a small store located at 128 South Bryan Street, where I was able to provide the first over the counter credit to the residents of Orlando's Black community. Later I moved to a store three times larger than the first, where I hired the first African-American sales clerk to ever work in a caucasian owned store in Orlando. As time passed and times changed, some national chain stores joined me in providing over the counter credit for my people. As this happened, I began to sell T.V. and appliances with the help of Bill Bear, Orlando's then "Mr. T.V.". The one store was soon three T.V. and Appliance stores, with the fourth on the drawing board.

The rewards of the hard work, God's blessings, and the earned trust and respect of our customers became many. Some were a big new home on Lake Silver, new Cadillacs, all expense paid trips for two to the Bahamas and other vacation spots, etc., (money in the bank), and most of all the privilege of giving to many others while enjoying the financial security that I had dreamed of as a very poor Georgia share-cropper's son.

You ask "Why go back to all of this?" Well, so I can tell you that we had no way of knowing how that November 1967 night would change our lives. That was the evening that I stood on the back of one of our company pickup trucks with a bullhorn in my hand trying to tell about 90 curious teens, who had gathered around, of our burden for them. Then, too, we have many hundreds of supporters who have never heard the story of how this life changing ministry began.

That change came fast following that first meeting where 44 of the 90 teens gathered in a vacant apartment near our pickup. The weekly numbers had grown to over 150 per rally within five weeks. We were in the apartment 2 weeks, a borrowed church, for 5 weeks and then we moved to a city borrowed youth club for a year. After not getting an invitation back to that one, we moved to another city owned building, where we then were having about 250 per week.

At that time, Orlando was plagued with five growing and active youth gangs, but I never knew how close we were to them other than when I would see on T.V. or read in the Sentinel where they had hit. Yet, I soon found myself deeply and seriously involved with all of them.

As the rally numbers grew we soon found that representatives from the different gangs were in the crowd. Some came to learn while others came to challenge rival gang members to fight. Often I would return from a run to pick up some who lived a distance away to find my little wife in the middle of trying to separate guys who were stacked sometimes four men deep. I soon learned to dodge switch-blades, chains and ball bats. Following the seven or more runs to pick up students who lived too far to walk, and the fights outside; my darling and I would stand before a group of young people pouring our hearts out to them, while many were anxiously waiting for the meeting to end so they could go back to their rumbles. However, during the meetings they had heard how Jesus loves them and how much we loved them, too. Changes in their lives slowly began to take place.

There would be times that we would have them fairly quiet as we were showing a rented Christian film when suddenly before we could get the lights on, we were having more live excitement in the room than any film that we could rent might provide. Metal garbage cans were suddenly rolling down the aisle, making unbelievable noise while screaming, frightened teen girls were even louder. Many of the other guys would rush out into the darkness of the night saying, "C.R., we will get them." Even today grown men, who rolled those garbage cans still tell me, "C.R., I can still hear your voice in the night saying "No, that's O.K., God will take care of them." One of those young men and I were recently reminiscing of those days and he lovingly hugged me as he began to talk about how they knocked out the windows of our then new Cadillacs and horizontally brush painted them, etc. As he speaks to others of those days, he says, "C.R. defanged me with his unconditional love. He beat us up and never swung a blow with his hands." However, actually he didn't pray to receive Christ until June 3, 1983. As he prayed, he had an AK47 in his right hand. This was years after he had become one of Orlando's biggest nightmares, and had even been involved in some serious covert activities.

My darling and I became busier with the exploding growth in numbers at each rally. Those attending included teens who were honor roll students to gang members. I soon found myself pushing the three stores on back burners as our lives became engulfed with our heart driven call to serve our troubled teens at that time.

Even though I had a capable manager in each store, my not being there much of the time, caused the customers and employees much frustration. Many nights I would stay out all night until 3 and 4 a.m. with one gang or the other. The one gang that I gave most of my time to was the "Ring Eye Gang". During the day I would hear one member tell another where they were going to hit that night. I was determined to win their total trust, so I spent many thousands of our personal dollars on activities and food to keep them busy until almost dawn.

While standing with many of them before Judges in a tri-county area, my next move was to get them jobs. Other than hiring a few of them myself, Walt Meloon of Correct Craft Boat Co and Mrs. Francis Williams, who owned all Holiday Inns in Orlando at that time, hired many of them; knowing they were gang members. Orlando still owes these two people a strong vote of thanks. Remember this was in the angry 60s and early 70s.

With the help of Walter and Janet Pharr, Jim and Anne Rush and a few others like Mr. and Mrs. R.T. Overstreet, all gangs were dissolved by the end of 1970. Walter Pharr wrote the first check to the ministry. He and Anne Rush were charter members of our first Board of Directors of seven members. It was Mr. Overstreet who lovingly encouraged me to become chartered. Attorney James Moreland, then in Winter Park, got our 501(c)3 status for us. Now almost 27 years later, we still receive much appreciated and needed help from the Pharrs, the Rushs and the Overstreet Foundation.

We had no gangs in Orlando from 1970 until 1984 when we moved into our present 42,000 sq. ft. Center of Hope. Then I got pulled behind a desk trying to raise the needed million dollars per year to operate it. So in only ten years, Orlando has let things get into the mess we are now in today. I have come back again to say "If Frontline Outreach had been properly funded this past decade, we would not have the gang problem today that we have". Orlando's problem could have been prevented, but now it is "pay day" that I so often told so many was coming. I wrote a "Letter to the Editor" of The Orlando Sentinel in 1987 entitled "Pay Day Some Day". I still have copies, if you would like one.

You have heard me say this before, but it must be said again. As I tried to warn Orlando about the budding of the gangs, I also, later, tried to warn about the coming home invasions and car-jackings. Now girl gangs are budding; but **most of Central Florida still sleeps**, in spite of the fact that I have never been wrong on these issues. Bill Frederick just wrote me a letter in which he said, "C.R., you have always been a true prophet on these issues." I don't claim to be a prophet, but I do know that God has given me a special style and success rate of working with these young people. I live with the situation 24 hours a day. So I see things coming long before they get here.

Now, are you ready for the big "C.R. Smith 1994 prediction"? Ready or not, here it is. If the churches, the corporations, individuals, etc. don't wake up fast, Orlando will soon reach a state of anarchy or near that sad type turmoil. As we reach that place of total confusion, and the results of it; the big God placed vacuum in the hearts of our youth is going to make them become ripe targets for the ever so fast and dangerous well trained and well funded Muslim recruiters. Please write this down, because in the past I have not been heard by enough people. Now I must say, "**This is Orlando's last decade as we have known it, if Frontline Outreach is not properly funded**." People can laugh, scoff, not listen to me or call me a fool, but I still say, "Write this date and this prediction down and don't throw it away." "Another More Horrible Pay Day" will again come "Some Day", all because I wasn't heard by enough people. **History will be rewritten again in this decade, but the end results will be more hideously dangerous than the past ten years.**

I will devote the next newsletter to Orlando's coming dark cloud, giving you more information and national statistics that will shock you. Did you know that one out of every 15 Black Americans are associated with the Nation of Islam religion, and the majority of them live in ten states? You may well know that Florida is not one of the ten states, yet.

My darling and I believe in what we are doing to the point we have invested everything we had which includes more than $1,000,000, liquidated that good business, borrowed on my major life insurance policies and lost them because of irregular pay checks. Today, as Estelle and I face each day with no life or health insurance, no retirement and some unpaid bills that we would like to pay, we know that we made the right decision. Even in all of our tearful times and the nights that we go to bed bone tired, we would not reverse and go back. **We know that we are in the "right place" at the "right time" doing the "right thing".** Yet, we are now helpers needing help, if we are going to help keep Orlando a safer and happier place to live this next decade.

As I close this "Statement of the Ministry Message", hold your seat. I am going to make some statements that may upset some who read this, but if I can open the eyes, ears and heart of one for every one whom I upset; I will have gained some ground.

My darling and I don't expect everyone in any way to do what we have done; However, I believe that God is going to hold everyone who has heard of Frontline Outreach's struggles, but did not support the efforts, partly responsible for every child, teen and adult who have fallen through the cracks because of a shortage of funds at Frontline. Yet, on the other hand God is blessing and will continue to bless each of you precious people who have given and are giving to keep life in this unique and wonderful ministry.

There is an envelope enclosed for each reader to enclose your most generous gift today. Please believe me, what I have said in this letter has not been written to try and scare anyone into giving. I have only written you what the Lord has impressed on my heart to write, and from experience.

Please pray! Please give! and please visit the "Frontline Center of Hope" as President Bush and his son, Jeb recently did. As you do, I believe you will become more committed to helping to reach this lost generation of children and youth. President Bush said, "I am impressed with the size, the diversity and the success of this place." Jeb Bush said, "I have finally found something that works." Yet, it will only keep working and even more effectively, if our support base becomes stronger.

Sincerely yours and His for others,

C. R. Smith

C.R. Smith
Founder/President

CRS/sr

III. STATEMENT OF PROPOSED WORK/OPERATIONAL PLAN:

A. INTRODUCTION

DESCRIPTION OF NEED

Each year in Orange County approximately 1,000 babies are born to teenage mothers. Florida has seen a 43% increase in the number of unmarried girls between the ages of 15 and 19 having babies according to an article in the April 24, 1995 Orlando Sentinel quoting recent figures out of Tallahassee.

Of these babies, nearly 7.4% are born with low birth weights. More than 88 babies under the age of one die in Orange County annually. Many of these babies who die are part of a growing number of low birth weight infants.

The average low birth weight baby costs $16,000 more in the first year than a normal birth weight baby.

Nearly 10% of pregnant Orange County residents receive late or no prenatal care. Despite efforts of the public health department to provide prenatal care programs to nearly 3,000 mothers each year, our hospitals admit 666 women in active labor who have had no prenatal care. Less than 30% of pregnant teenagers receive prenatal care in their first trimester.

Twenty-five percent of teen parents will repeat a pregnancy within one-year after delivery. This statistic jumps to between sixty and seventy percent in the second year.

School-age pregnancy is the largest single cause of school dropouts. Fifty percent of this country's welfare expenditures goes to families in which the mother began parenting as a teenager.

Black females constitute approximately 11% of total female population of the United States, yet in Orange County, black females are 57% of the women infected with AIDS. 63% of the children infected with AIDS in Orange County are black and 73% of these children became infected at birth because their mother was HIV+. More than 50% of the black females diagnosed with AIDS are infected through injecting drug use by themselves or their sexual partners.

Frontline Outreach Teenage Pregnancy Education Program has been successfully providing free services to teens for the past 10 years which combat all of the above problems associated with births by teen parents.

DESCRIPTION OF OBJECTIVES AND ACCOMPLISHMENTS ADDRESSING THE NEED

FRONTLINE OUTREACH provides the Teen Pregnancy Program in an effort to meet the following objectives:

1. To prevent low birth weight babies. In Florida, over 25% of all low weight babies are born to black teens. The average birth weight of a baby born to one of Frontline Outreach's Teen Pregnancy Program participants is 7 pounds, 2 ounces. Since 1985, only two of the over 4,000 babies born in our program have required intensive neonatal care.

2. To decrease infant mortality rate in minority newborns. Florida's minority infant mortality rate is 16.3%. Frontline Outreach's is less than 1%.

3. To provide education to avoid repeat and unwanted pregnancies. Of the clients who remain in our program, less than 20% have repeat pregnancies.

4. To assist in producing responsible and productive citizens. Eighty percent of those in Frontline Outreach's Teen Pregnancy Program receive a high school diploma and job training. Less than 20% receive governmental assistance one-year after their baby is born. All eligible clients are encouraged to register and vote.