

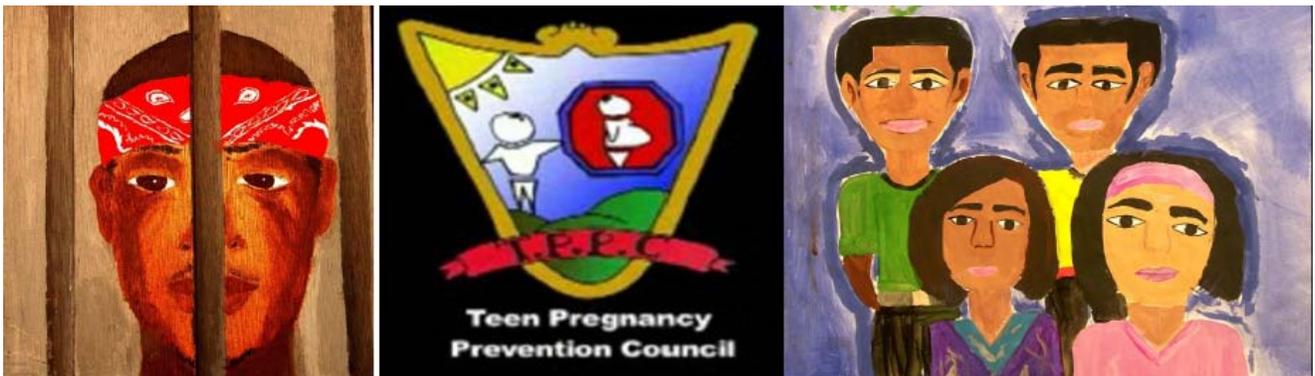


# **Answering the Call to Action: Helping New Haven Teens Avoid Unintended Pregnancy**

## **Five Year Progress Report (2007-2012)**

**The Mayor's Teen Pregnancy  
Prevention Council**

**City of New Haven  
June 2012**



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# Answering the Call to Action: Helping New Haven Teens Avoid Unintended Pregnancy: Five Year Progress Report (2007-2012) The New Haven Pregnancy Prevention Council

## Executive Summary

In 2007, the Mayor's Task Force on Teen Pregnancy released "A Call to Action; Helping New Haven Teens Avoid Unintended Pregnancy" with findings and recommendations on how to decrease the teen pregnancy rate in New Haven. After the release of this document, the Mayor John DeStefano, Jr., created the Teen Pregnancy Prevention Council (TPPC) to determine the feasibility of the recommendations of the Task Force and to lead efforts in the implementation of specific programs.

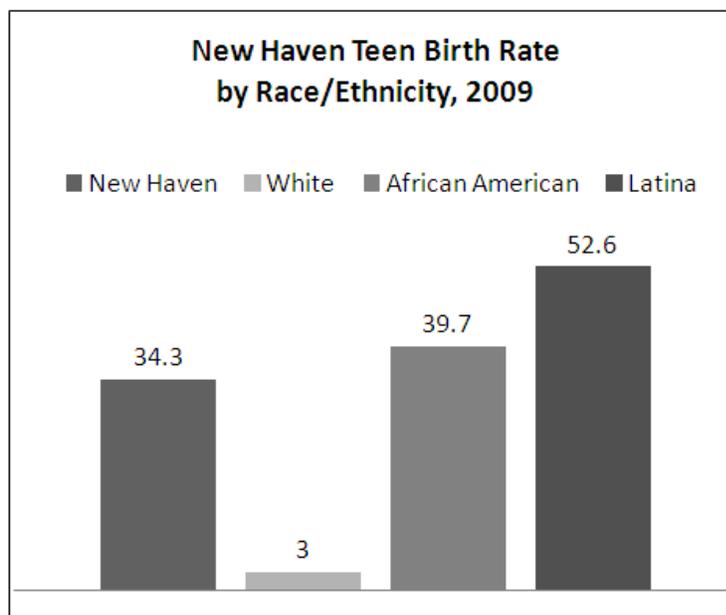
Major changes in the political, economic, and social environment have occurred since the Task Force made its recommendations. Given this climate change, the TPPC partnered with the Yale Robert Wood Johnson Foundation Clinical Scholars Program to perform a comprehensive review of the status of teen pregnancy prevention efforts in New Haven, including the accomplishments and challenges of the Council and the identification of future priority areas.

This report documents the activities of the TPPC in New Haven from 2007-2012.

## Background and Significance

Between 2001 and 2005, the USA birth rate for teens declined 35 percent to 40.4 births per 1000 teen girls. In 2005, the teen birth rate in the USA showed an increase for the first time in two decades. Because of the concern for a continued increase, the Mayor created the Task Force in order to better position New Haven to address the problem if the teen pregnancy rates continued to rise. The national rate began a gradual decrease after 2007 and has reached its lowest recorded point in 2009 with a rate of 34.3/1000 teens.

Connecticut's teen pregnancy rate is consistently lower than the US rate and has mirrored the downward trend. The teen pregnancy rate was 21/1000 in 2009.



Source: New Haven Health Department

New Haven's teen pregnancy rate of 34.3/1000 is higher when compared to Connecticut in general. Although the rates have been persistently higher than those in Connecticut, New Haven has seen a similar downward trend in overall teen birth rate over the past few years.

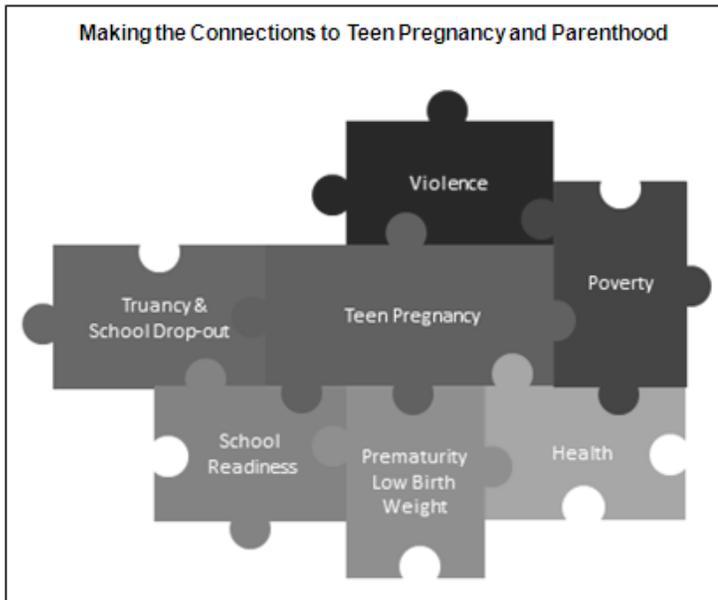
In 2009, 70 percent of teen births were experienced by 18-19 year women with 25 percent of the teen births during that year occurring in teens who had already had at least one prior birth.

There are significant disparities in the rates of teen pregnancy between racial and ethnic groups. New Haven's teen pregnancy rate in 2009 for Caucasians was 3/1000, compared to 39.7/1000 for African Americans and 52.6 for Latina teens. Latina girls are particularly vulnerable to teen pregnancy with a birth rate almost 18 times higher than Caucasian teens.

## Teen Pregnancy: An Issue of Social Justice

The ramifications of a teen pregnancy are great, with negative repercussions for the teen mother, father, and child of a teen parent. These negative effects are concentrated within New Haven's African American and Latino communities given the disparities in rates experienced by these groups.

Teen mothers are much more likely to drop out of school—in fact, only 50 percent of teen mothers graduate from high school compared to 90 percent of females who do not get pregnant.<sup>1</sup>



The children of teen parents are at a significant disadvantage as they enter into life. They are more likely to have lower school achievement and higher drop-out rates, have more health problems, experience incarceration at some time during adolescence, give birth as a teenager, and face unemployment as a young adult.<sup>2</sup>

Tremendous disparities exist: Latina and African American teen girls are 2-3 times more likely to give birth than Caucasian teens.<sup>3</sup>

The highest percentage of teen pregnancy occurs in the poorest neighborhoods.<sup>4</sup>

Reducing teenage pregnancy is critical if we, as a community, hope to decrease poverty and achieve a more equitable New Haven.

### TPPC Accomplishments 1997-2012

Over the past five years, the TPPC has focused its efforts in three priority areas: Increasing reproductive health education opportunities, increasing access for teens to comprehensive reproductive health care, and to provide support for pregnant and parenting teens. The following represent some of the Council's major achievements.

#### Reproductive Health Education

Highlights of the Council's work to educate adolescents and the community about teen pregnancy include the following:

**Real Life Real Talk:** Spearheaded by Planned Parenthood, encouraged parents and teens to engage in "open, honest and balanced discussions about sex and relationships."

**Teen Pregnancy Prevention Public Service Announcements (PSA):** In collaboration with the "Youth @ Work" program, the TPPC worked closely with a group of New Haven teens to write, videotape, edit, and produce five PSAs.

**School Based Education Programming:** Given the lack of comprehensive sexuality education in NHPS, the TPPC was integral in the curricular design, and implementation of multiple, school-based programs intended to fill the gap.

- Community Health Educations of Yale University's Dwight Hall
- Reproductive Health Educator Associates
- Health fairs at multiple locations
- Teen Pregnancy Prevention Day/Week at all New Haven high schools
- Teen Life Conferences

**Events to Reach Young Men and Boys:** Pregnancy prevention-themed dances were held in conjunction with New Haven Family Alliance.

### Health Care Access

**Contraception in the school-based health centers:** A major TPPC goal was realized as New Haven's School Based Health Centers were able to directly offer contraception.

### Support

**Support for Pregnant and Parenting Teens Grant:** New Haven was awarded a three year, \$275,000 grant from the CT Dept. of Education.

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### **Overall Assessment of the TPPC**

The TPPC serves a valuable function in the City of New Haven. It brings together a committed group of knowledgeable people who provide expertise in issues related to preventing teen pregnancy and supporting teen parents.

Given the disparity in teen birth experienced in the African American and Latino community and the high rate (25 percent) of repeat teen births, the work of the TPPC is far from complete.

The TPPC can serve a vital role as New Haven works to eliminate the unfair distribution of teen pregnancy in both the African American and Latino communities and to decrease the rates of repeat teen pregnancies.

### **Recommendations for the Future**

For the Mayor's Teen Pregnancy Prevention Council to effectively advise the Mayor on relevant and current issues related to teen pregnancy the following changes should be considered:

- A staff member from the Mayor's office should be reassigned to serve as a liaison between the Mayor and the TPPC
- A modest administrative budget should be created for use by the TPPC
- Connecting representatives from the TPPC to serve on related boards and commissions for the City of New Haven, for example, the New Haven City Interagency Council on Youth
- Appoint additional members to the TPPC with expertise in areas that can further the mission of the Council such as appointing members from the Board of Education, the business community, foundations, marketing and advertising firms, the media, and the religious community

#### References:

1. Perder K, Peterson K, Manlove J. Diploma attainment among teen mothers. *Child Trends, Fact Sheet Publication #2010-01*: Washington, DC: *Child Trends*; 2010.
2. Hoffman SD. *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy*. Washington, DC: The Urban Institute Press; 2008.
3. Martin, J.A., Hamilton, B.E., Ventura, S.J., Menacker, F. & Kirmeyer, S., *Births: Final Data for 2004*. National Vital Statistics Reports. 2006. 55(1).
4. Sawhill, I.V. *Teen pregnancy prevention: Welfare reform's missing component*. Brookings Policy Brief, 1998. 38.

### **Recommended Priority Areas**

- Advocate for a comprehensive sexuality health curriculum within the NHPS with additional members appointed from the New Haven Public School System
- Find areas in City government where the TPPC can enhance the work on violence prevention, incarceration, school reform, and economic development
- Creation of a city-wide, teen pregnancy-related data collection, storage and retrieval system
- Advocate that the Health Department create a bi-annual teen pregnancy status report
- Advocate that the Board of Education measure and create a bi-annual report detailing teen pregnancy's effect on school drop-out rates and school performance
- Advocate for the coordination and equitable distribution of the many existing City health and support resources in order to make them easily accessible New Haven's citizens
- Advocate for the expansion of School Based Health Centers into New Haven Public Schools

# Answering the Call to Action: Helping New Haven Teens Avoid Unintended Pregnancy

## Five Year Progress Report (2007-2012)

### Background

#### The New Haven Teen Pregnancy Prevention Task Force

In 2006, Mayor John DeStefano, Jr., assembled the Mayor's Task Force on Teen Pregnancy Prevention because of a perceived increase in teen pregnancy. This task force was charged with determining the status of teen pregnancy in New Haven, to assess what New Haven was already doing to prevent teen pregnancy and to support pregnant and parenting teens, and to propose specific strategies to reduce the number of teen pregnancies in New Haven. Participation on the Task Force was open to all interested members of the New Haven Community. Over the course of a year, key stakeholders representing education, support services, health care providers, parents and teens met monthly to work on the stated goals of the Task Force (Figure 1). The work of the Task Force, "***A Call to Action: Helping New Haven Teens Avoid Unintended Pregnancy***" was published in 2007.

#### The Agenda of the Task Force

Finding a need for increased efforts to prevent teen pregnancy, the Task Force identified ten priority areas for the City and grouped them under three major headings:

- Reproductive Health Education
- Access to Health Care
- Support for Pregnant and Parenting Teens

The priority areas represented both overarching goals—areas that, if addressed, would dramatically and quickly make a difference in teen pregnancy prevention efforts—along with the most achievable first steps. Some priority areas represented important areas for advocacy such as the implementation of a comprehensive health curriculum within the New Haven Public Schools while others were aimed at gaining approval of the proposed HUSKY Medicaid Waiver for Family Planning Services.

The Task Force also proposed four overall progress measures for the City which could be considered relevant indicators of the success of teen pregnancy prevention efforts in New Haven. The four metrics included:

- A decrease in the rate of positive pregnancy tests by teens
- A decrease in the number of first and repeat births by teens younger than 18 years old
- A decrease in the number of births by women younger than 20 years old
- An increase in the high school graduation rate and higher education participation for teen parents

The findings and recommendations of the Task Force were crafted for the Mayor and for the City of New Haven in general. They were not written with a specific group or organization in mind as the agent of change.

**Figure 1: Organizations Represented on the Task Force to Prevent Teen Pregnancies**

City of New Haven: Community Services Administration (Health Department, Teen Pregnancy Prevention Program), Community and Economic Development  
Elizabeth Cello Day Care Center/Student Parenting and Family Services (SPFS)  
Empower New Haven  
Girls, Inc.  
Girl Scouts, CT Trails, Inc.  
Hospital of St Raphael  
New Haven Public Schools (Adult Education, Polly McCabe Center, School Based Health Clinics, Social Development & Truancy, Public Information)  
Housing Authority of New Haven  
New Haven Family Alliance  
Parents and Teens who reside in New Haven  
Planned Parenthood of Southern New England, Inc. (formerly PP of CT)  
The Consultation Center  
Yale-New Haven Hospital: Department of Social Work, Women's Center  
Yale School of Medicine  
Yale School of Nursing

## **The Teen Pregnancy Prevention Council**

After receiving the Task Force's report, the Mayor demonstrated his commitment to decreasing New Haven's rate of teen pregnancy by forming the Mayor's Teen Pregnancy Prevention Council (TPPC). The TPPC was charged with determining which parts of "A Call to Action" were most feasible and to begin to work on the Task Force's recommendations.

The Chair and members of the Council were appointed by the Mayor's office and were chosen for their special skills, knowledge, and expertise regarding teens and their health. Special emphasis was placed on appointing members who were working directly with adolescents "on the front lines" in order to determine the Council's initial actions.

The Council met frequently, and determined its agenda through a consensus process. The Council chose to focus on specific issues based on the likelihood of achieving success in that area given the current social, political and economic environment in New Haven, Connecticut. The members of the Council underwent a continuous process of re-evaluation to determine which actions and goals were most achievable in the context of the current environment.

The major priorities and activities of the Council, which are described in detail in this report, included increasing access to comprehensive reproductive health services within the school based health centers (SBHC), increasing educational opportunities, addressing sexuality and safer sex for teens within the community, and to increase support structures for pregnant and parenting teens.

## **Budgetary and Staff Support for the Teen Pregnancy Prevention Council**

Members on the TPPC worked as volunteers. The Council, as an agent of the Mayor, initially had a staff member from City of New Haven assigned to serve as a liaison between the Council and the Mayor and to perform basic administrative functions. In 2010, that person changed jobs and a new liaison was not appointed. Since then, the work of the Council has been advanced through volunteers.

The TPPC relied on the efforts of individual people and partnerships with member organizations to accomplish its goals. For example, the "Real Life. Real Talk." education awareness campaign, a program that focuses on starting conversations between teens and parents about sexual health, was primarily sponsored by and funded through Planned Parenthood of Southern New England; the TPPC focused its energies on being a key stake holder to help make this program a success.

Building on the relationships formed through members on TPPC, the Council has worked to create a unified voice about the need to incorporate teen pregnancy prevention efforts into related projects of other organizations.

Major changes in the political, economic, and social environment—both beneficial and deleterious—have occurred since the Council was created. Given this climate change, the TPPC partnered with Eric Hodgson, MD, an attending physician in the Division of Maternal-Fetal Medicine at Yale University School of Medicine, and a current postdoctoral fellow with the Yale Robert Wood Johnson Foundation Clinical Scholars Program. Dr. Hodgson agreed to work with the Council to perform a comprehensive review of the status of teen pregnancy prevention efforts in New Haven, including the accomplishments and challenges of the Council and the identification of future priority areas.

This report documents the activities of the TPPC in New Haven from 2007-2012. The following sections of the report describe the current status of teen pregnancy and parenthood from an economic and social justice perspective and the national, state and New Haven trends in teen

pregnancy that provide context for the priorities of the Council's activities and recommendations for the future.

The data were obtained in a variety of ways:

- Review of past TPPC minutes
- Examination of past products and documents of the TPPC
- Discussions with the TPPC as a group
- Individual interviews with TPPC members
- Review of data regarding teen pregnancy in New Haven, Connecticut and the USA were obtained through public data sources

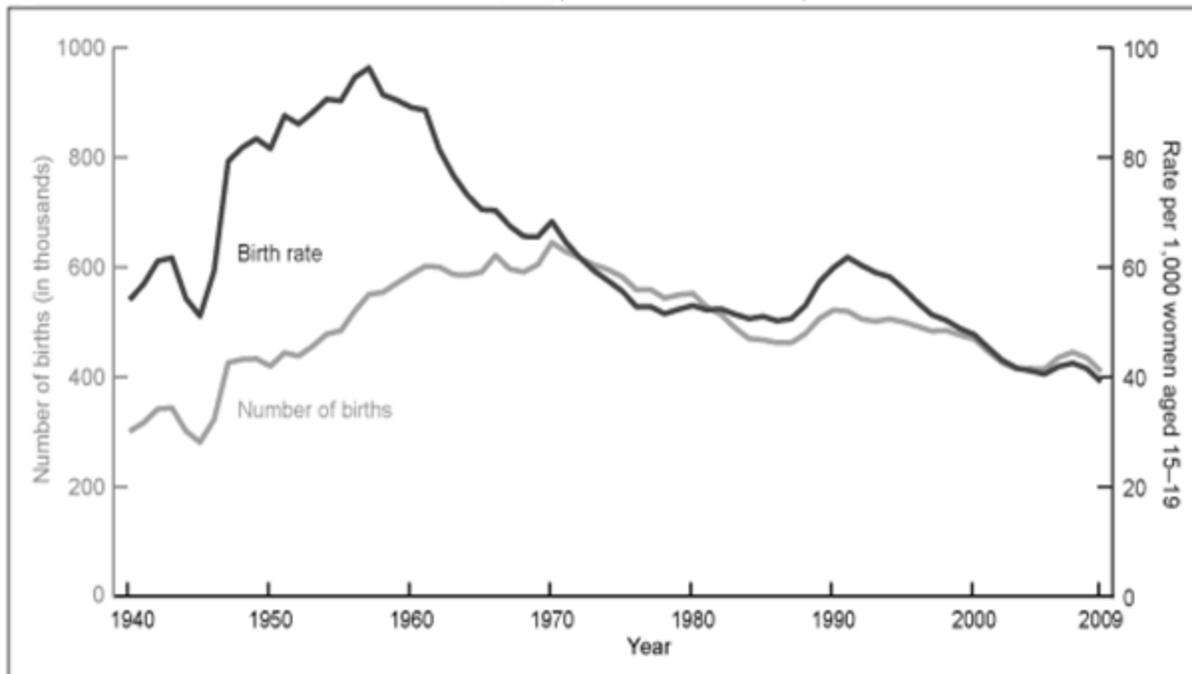
## Current Teen Birth Statistics: National, State and Local

### National Data

The USA teen birth rate is notably higher than the rates in other industrialized countries.<sup>1</sup> The most recent available data regarding teen births is from 2009 and is obtained from the US Center for Disease Control and Prevention, National Vital Statistics.<sup>2</sup>

Between 1991 and 2005, the USA birth rate for teens aged 15-19 declined 35 percent to 40.4 births per 1000 teen girls in 2005. Between 2005 and 2007, a rise was noted in the rates of teen birth for the first time since 1991. However, between 2007 and 2009 the teen birth rate continued to decrease to 38 per 1000 girls.<sup>3</sup> (Figure 2.)

**Figure 2: Number of births and birth rate for teenagers aged 15-19: USA, 1940-2009**



SOURCE: CDC/NCHS, National Vital Statistics System

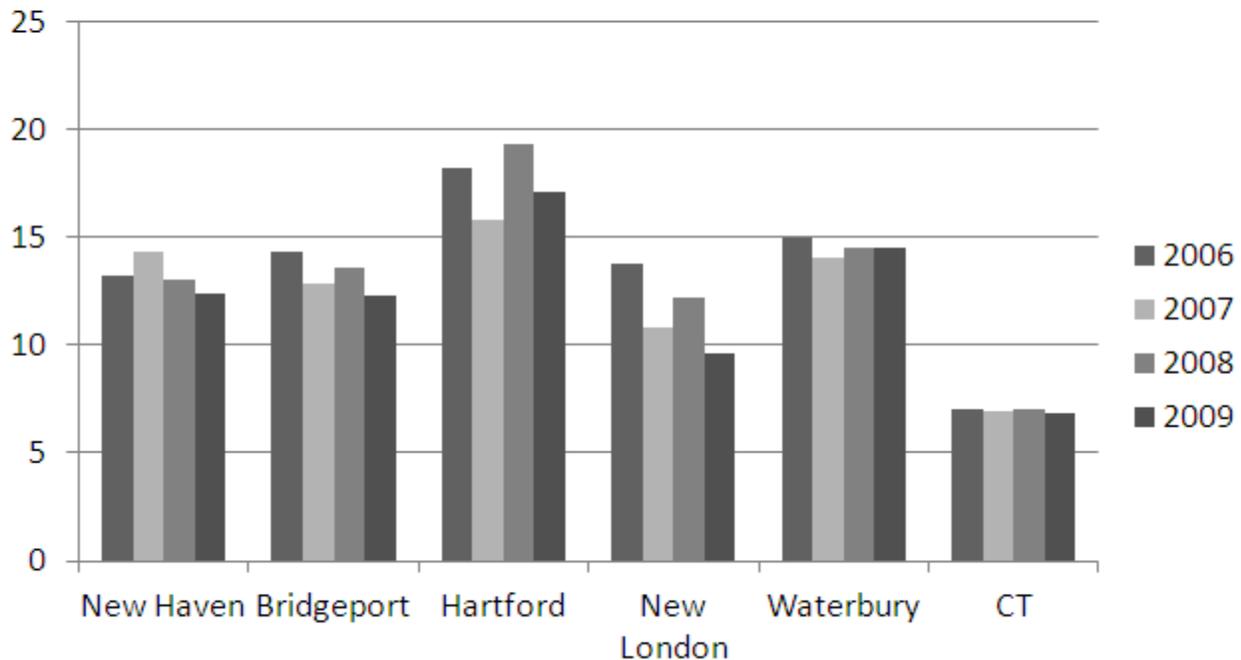
## Connecticut Data

The overall rates of teen births to girls aged 15-19 in Connecticut have been consistently lower than the national average and have mirrored the decreasing national trend. In 2005, the Connecticut birth rate was 23 births per 1000 teen girls. The rate remained steady at 23/1000 between 2005 and 2008. The rate in 2009 decreased to 21/1000. Larger urban centers in Connecticut have a markedly higher number of teen births compared to Connecticut as a whole (Figure 3).

In 2009, the rate of teenage pregnancy in New Haven County was 29/1000, which is higher than Connecticut's overall rate of 24/1000. New Haven County has the third highest rate of teenage pregnancy in Connecticut.<sup>4</sup>

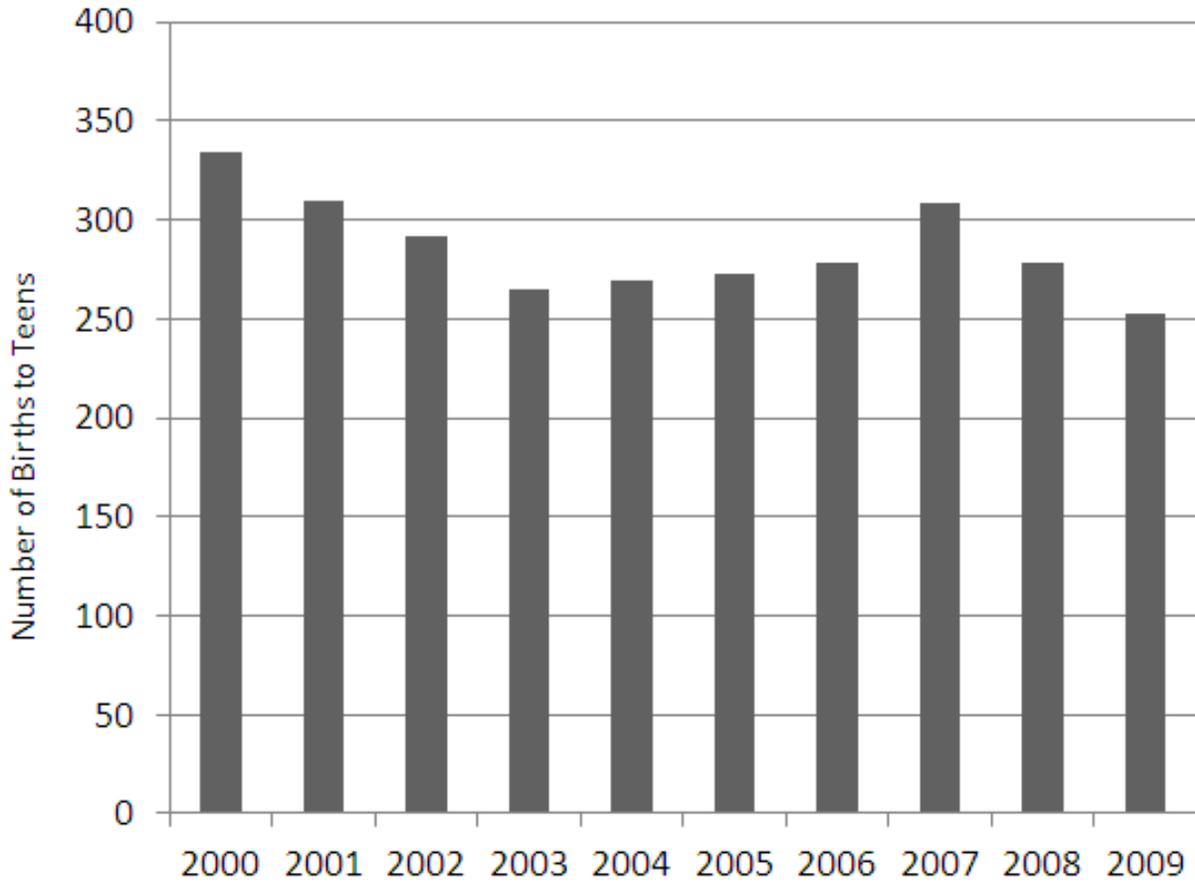
According to The National Campaign to Prevent Teen and Unplanned Pregnancy, teen childbearing cost Connecticut taxpayers at least 137 million in 2008. Nationally, teen childbearing costs taxpayers at least \$10.9 billion each year. Most of the costs of teen childbearing are associated with negative consequences for the children of teen mothers, including increased costs for health care, foster care, incarceration, and lost tax revenue.<sup>5</sup>

**Figure 3: Teen Births in CT Cities Compared to State, 2009  
(Percent of all births)**



SOURCE: CT Department of Public Health

**Figure 4: Number of Births to Teens in New Haven, 2000-2009**



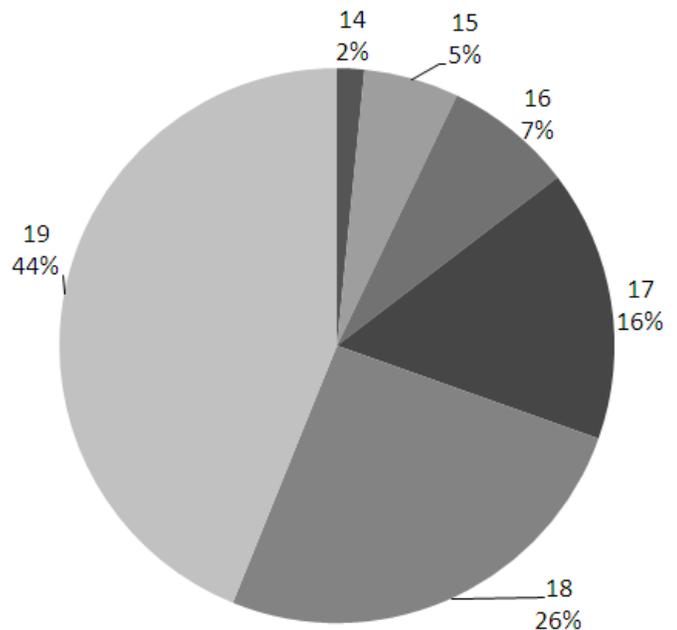
Source: New Haven Health Department

## New Haven

In New Haven, between 2000 and 2006, the teen birth rate for girls aged 13-19 in New Haven fell from the second highest (186 per 1000) among five of Connecticut's largest cities to the lowest (134 per 1000 teens). Although encouraging, this still represented a rate that was double the statewide rate and 1.8 times the national rate. Between 2006 and 2009, the number of births to teens in New Haven mirrored National and State trends with a gradual decrease to its lowest level in 2009 (Figure 4). In 2009, teen birth rates reached an all-time low of 34.3/1,000 teen girls.

In 2009, 70 percent of teen births were experienced by teens aged 18-19 (Figure 5). Also in 2009, 25 percent of teens with at least one prior birth experienced a second birth with approximately 20 percent of these births to teens aged 18-19 (Figure 6).

**Figure 5: Births To Teens in New Haven by Mother's Age, 2009**



Source: New Haven Health Department

Disparities in rates of teen pregnancy

In the USA, Connecticut, and New Haven, there is a marked disparity in the rates of teen pregnancy between racial and ethnic groups. These disparities are more pronounced when looking at New Haven compared to Connecticut as a whole (Figure 7). In 2009, the birth rate (per 1000 girls) for Caucasian teens is 3 compared to a rate of almost 40 in African American teens and a rate of 53 among Latina teens (Figure 8). Although the numbers are decreasing overall, the percent of births to African-American and Latino teens remains almost six times higher than the number of births to Caucasians (Figure 9).

**Table 1 New Haven Residents by Race and Ethnicity, Ages 13-19 (2009 Estimate)**

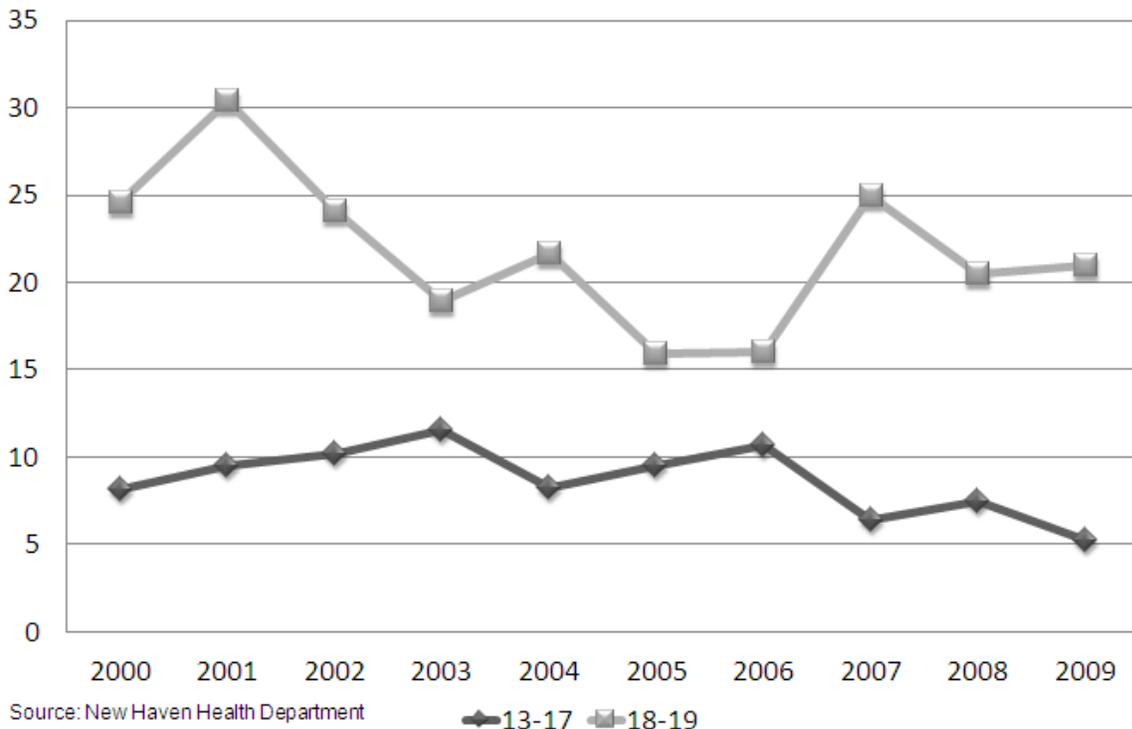
Race	Female	Males	Total	%
White	2,646	2,289	4,935	34.4%
Black	2,913	2,925	5,838	40.7%
Other	1,809	1,768	3,577	24.9%
<b>Total</b>	<b>7,368</b>	<b>6,982</b>	<b>14,350</b>	<b>100.0</b>
Latino/a	2,224	2,313	4,537	31.6%

Source: New Haven Health Department

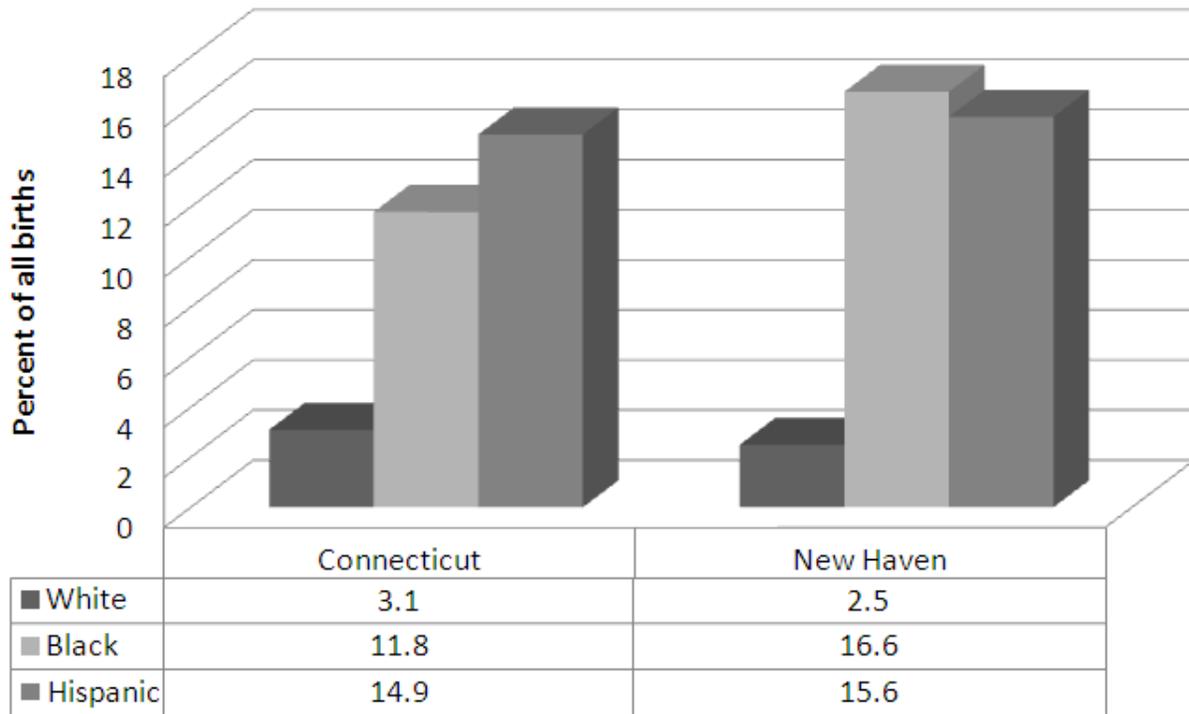
Latina teens are at an increased risk of experiencing a teen birth with a rate almost 18 times higher than Caucasian girls. Although the population of New Haven is 31 percent Hispanic (Table 1), almost 16 percent of all births to New Haven residents are experienced by Latina teens (Figure 10).

The adverse effects of teen pregnancy are therefore concentrated within the African American and Latino communities.

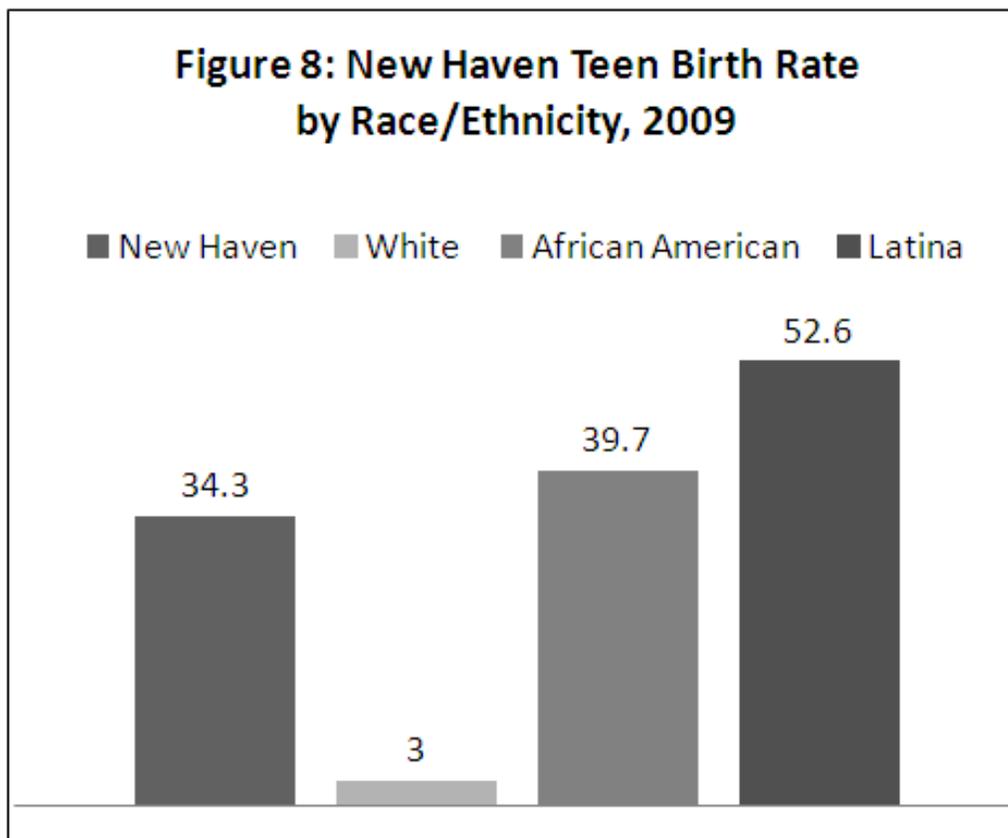
**Figure 6: Percentage of New Haven Teen Mothers with a Previous Birth, by Age Group, 2000-2009**



**Figure 7: Births to Teens aged 15-19 by Race and Ethnicity, Connecticut and New Haven, 2009 (Percent of all births)**

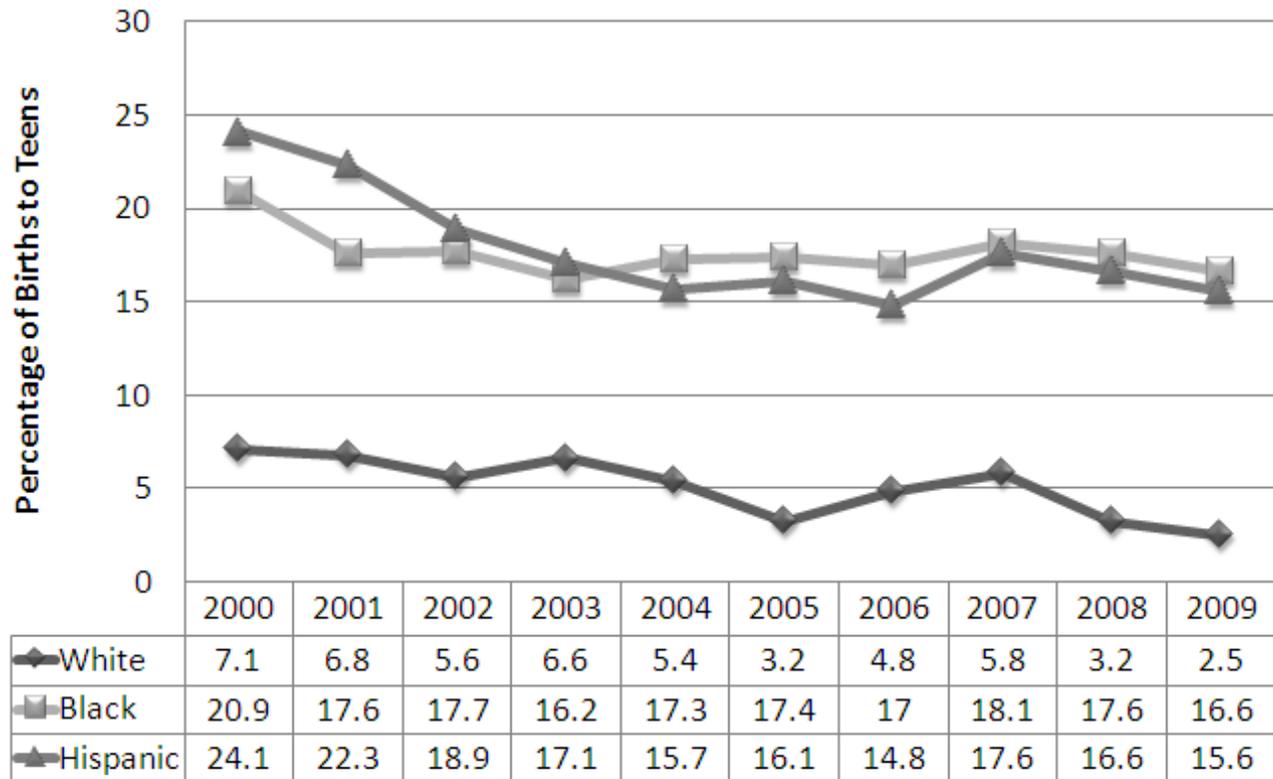


Source: New Haven Health Department



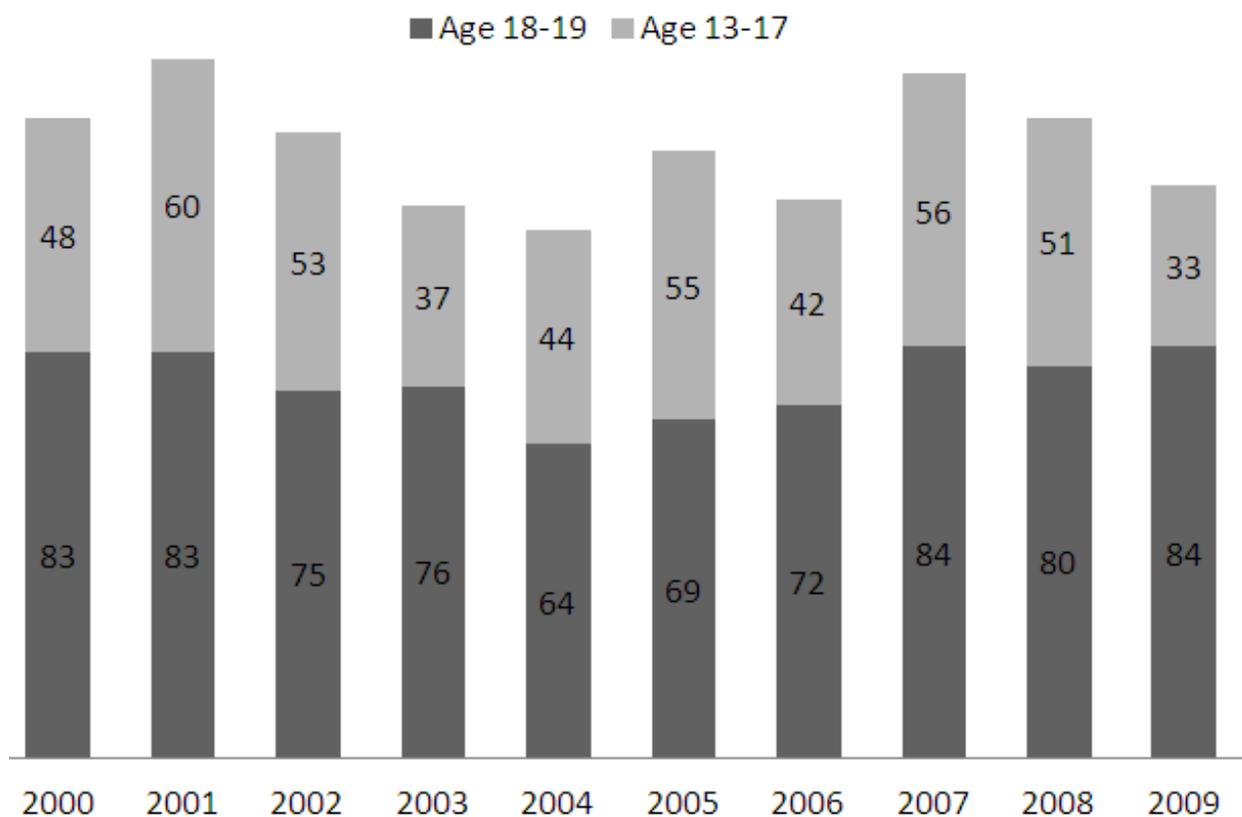
Source: New Haven Health Department

**Figure 9: Percentage of Births to Teen Mothers aged 13-19 by Race/Ethnicity, New Haven**



Source: New Haven Health Department

**Figure 10: Births to Hispanic Teens in New Haven by Year, 2000-2009**



Source: New Haven Health Department

## Teen Pregnancy: An Economic and Social Justice Issue

As an economic and social justice issue, the effects of teen pregnancy are felt by the entire family and community.\* Because of the disparities in the rates of teen pregnancy by race and ethnic group in New Haven, these effects are concentrated in the African American and Latino communities.

Children from teen parents are:

- More likely to be abused or neglected<sup>6</sup>
- More likely to have lower school achievement, repeat a grade, score lower on standardized tests and drop out of high school<sup>7</sup>
- More likely to be born prematurely and at lower birth weight which increases the risk of health consequences such as cognitive impairment, blindness, chronic respiratory illness, mental illness, and hyperactivity<sup>8</sup>
- More likely to be incarcerated<sup>9</sup>
- More likely to become a teen parent<sup>9</sup>
- More likely to face unemployment as a young adult<sup>9</sup>

Teen moms are:

- Less likely to receive a high-school diploma<sup>10</sup>
- More likely to live in poverty and receive public assistance for long periods<sup>11</sup>
- At higher risk for intimate-partner violence<sup>12</sup>

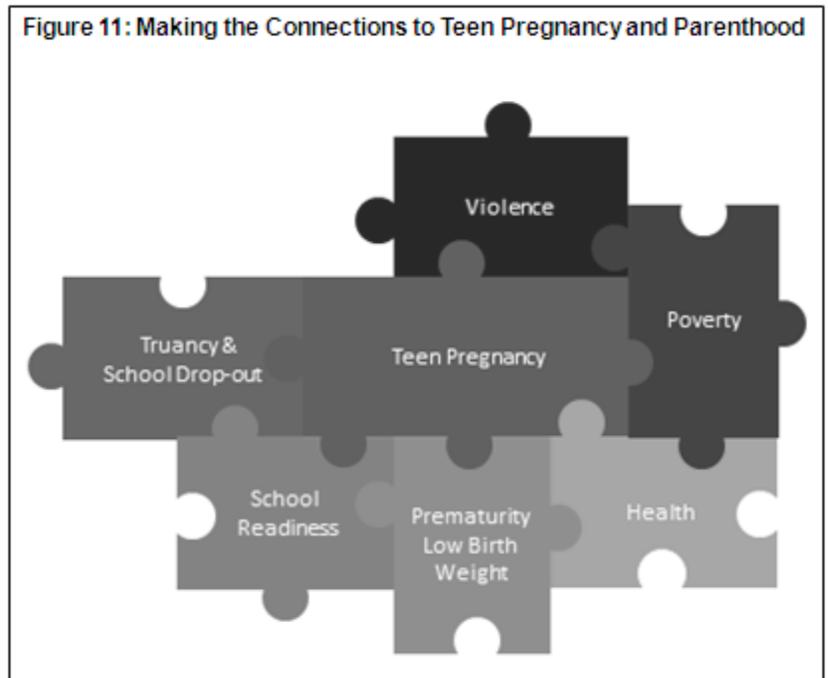
Teen dads:

- Finish fewer years of schooling than older fathers<sup>13</sup>
- Earn less income<sup>9</sup>
- Are less likely to have a job<sup>9</sup>

There are also significant racial and ethnic disparities in the rates of teen pregnancy:

- The highest percentage of teen pregnancy occurs in the poorest neighborhoods and to African American and Latina mothers<sup>11</sup>
- Latina and African American teen girls are about 2-3 times more likely to give birth than Caucasian teen girls<sup>3</sup>

Figure 11: Making the Connections to Teen Pregnancy and Parenthood



\*For more information about the ramifications of teen pregnancy, two excellent review articles are listed as References 14 and 15.

# Changes in the National, State, and Local Sociopolitical and Economic Landscape and Their Effects on Teen Pregnancy Prevention (2007-2012)

## National

1. **Economic Downturn:** The economic recession that began in 2008 and continues to this day has significantly decreased funding for many programs and staff. Decreased funding has hindered the ability of New Haven to increase the number of School Based Health Centers (SBHC), the ability to increase day care support for the children of teen parents, and the ability to hire social workers and other people working on the “front lines”. Positions within the City and the Public School System’s Social Development office were either eliminated or left unfilled. The number of school nurses has decreased through layoffs.
2. **National Health Care Reform:** Passage of the Patient Protection and Affordable Care Act in March 2010 will dramatically change the number of teens who have access to health insurance. Additionally, young adults will be able to have coverage under a parent’s private insurance plan until age 26. This reform will increase the number of families who can qualify for Medicaid by raising the income eligibility level.
3. **National Sexuality Education Standards:** Curriculum standards have been developed to address the inconsistent implementation of sexuality education nationwide and the limited time allocated to teaching the topic. The goal of these standards is to provide clear, consistent and straightforward guidance on the essential minimum, core content for sexuality education that is developmentally and age-appropriate for students in grades K-12.  
[http://www.futureofsexed.org/documents/FoSE-Standards\\_WEB.pdf](http://www.futureofsexed.org/documents/FoSE-Standards_WEB.pdf)

## State

1. **Support for Pregnant and Parenting Teens Grant:** The Connecticut Department of Education received a federal grant from the Office of Adolescent Health of the Health and Human Services Department to support pregnant and parenting teens to remain in school. This grant, which will be discussed in greater depth later in this document, was disbursed to the five Connecticut cities with the highest teen pregnancy rate/school dropout rate. As seen above, New Haven was one of the grantees and is receiving \$275,000 each year for three years to support these efforts.

## Local

1. **New Haven School Change Initiative:** In 2009, an ambitious plan was put in place to improve the quality of education for the youth of New Haven. *The New Haven School Change Initiative* is promoted as a commitment to improve our community through improved education, creation of a skilled workforce, and fostering growth of the economy.
2. **New Haven Promise:** As a capstone of New Haven’s School Change initiative, New Haven recently adopted *The New Haven Promise*. This scholarship program will pay the full tuition to a Connecticut State University for any New Haven Public School (NHPS) student who is a resident of New Haven, graduates from a New Haven Public School and meets certain obligations, among which is a minimum attendance record. This has created a renewed urgency to keep kids in school.
3. **BOOST:** This program—a partnership of the United Way of Greater New Haven, the City of New Haven and the NHPS—was created to try to ensure young parent’s success in school and in life by providing comprehensive “wrap around services”. These services fall into four broad domains—physical health, social and behavioral health, family support and engagement, and school engagement with extended learning opportunities—which have been demonstrated to contribute to children’s success in school.

## **The Work of the Teen Pregnancy Prevention Council**

The following section details the accomplishments, overall assessment and obstacles to continued progress in each of the three areas: Reproductive Health Education, Health Care Access, and Support for Pregnant and Parenting Teens.

### **Overall Teen Pregnancy Prevention Progress Measures (2007-2012)**

The Task Force proposed four overall progress measures for the City which could be considered relevant indicators of the success of teen pregnancy prevention efforts in New Haven. The four metrics included:

#### **1. A decrease in the rate of positive pregnancy tests by teens.**

One of the difficulties in evaluating the progress of a teen pregnancy prevention program is the lack of current and easily accessible data. The available information regarding teen pregnancy is often incomplete and generally lags two to three years behind the present day. Because there is no standard manner to collect data on the number of actual pregnancies, the reported numbers more accurately reflect the rate of live births to teen mothers who delivered in New Haven. Those pregnancies that end in miscarriage or termination are not included. Also, existing data do not readily indicate whether a teen birth is the young parent's first or a repeat pregnancy.

#### **2-3. A decrease in the number of first and repeat births by teens younger than 18 years old and 20 years old.**

Available data reveals that there has been a decrease in the overall number of teen births from 2006 to 2009. These data reflect national trends. It is not possible to attribute the overall decrease to a specific cause or program in New Haven, although nationally, increased access to reproductive health education, increased access and use of contraception and use of contraception public service messages are cited as some of the reasons for the decrease in teen birth.

#### **4. An increase in the high school graduation rate and higher education participation for teen parents.**

Systematic changes are needed in the way data are collected and utilized within the New Haven Public Schools. Currently, it is not possible to accurately determine the number of pregnant and parenting teens, their graduation rates, and their plans after high school.

### **Reproductive Health Education**

#### **Four main education outcome measures were proposed**

1. Increase in the percentage of classrooms receiving social development and health curriculum.
2. Increase in the number of community organizations delivering health curriculum messages and parent training.
3. Increase in the number of programs for out of school teens.
4. Implementation of community-wide information campaign.

## **The major Education activities of the TPPC:**

### **1. School Based Health Education Programming: (Outcome measure 1)**

Despite the lack of a comprehensive reproductive health curriculum in NHPS, reproductive health programming is considered a critical piece by many people to promote a teen's healthy development through adolescence. Unfortunately, the lack of a standardized reproductive health curriculum meant that these programs reached only a small percentage of New Haven's students; they represented an alternative approach to fill in some of the large gaps. Some programs, mainly run through the NHPS Social Development Program, began over 15 years ago and continue to this day.

From its very beginning, the TPPC worked to create a network of support to strengthen and expand upon existing programming. This was accomplished in a variety of ways: by volunteering as facilitators/teachers for specific programs, by helping to ensure the health curriculum that was being taught in each program contained relevant and current information, and by directly providing health education at events such as health fairs and as invited speakers for classroom presentations. Additional community agencies and resources significantly contributed to these efforts.

The following represent some of the programs in which members of the TPPC have been significantly involved.

**Teen Life Conferences:** An ongoing effort for over 15 years, members of the TPPC helped organize and run these whole-day educational conferences at New Haven high schools. Teens could choose between a variety of seminars and classes such as healthy sexuality, safer sex, healthier decision-making, being in relationships, physical changes in puberty, birth control options, bullying, and STI prevention.

**Fifth Grade Program:** This curriculum was used in 28 middle schools in New Haven over the course of a year. Three workshops were presented to all middle school students that discussed issues of healthy bodies, puberty, HIV/AIDS, and making healthy choices regarding alcohol, tobacco and drug use. These programs began after data obtained from New Haven's annual "Youth Risk Behavior Survey" (YRBS) revealed that New Haven students were initiating sexual activity at an earlier age than previously thought. Of note, the TPPC was instrumental in having questions regarding initiation of sexual activity, knowledge about contraception and available reproductive health services placed in the YRBS. The Fifth Grade Program has ended secondary to lack of staff due to layoffs.

**Community Health Educators of Yale University's Dwight Hall:** The TPPC worked closely as a longstanding partner with this group of Yale University undergraduate students who presented an 11 workshop curriculum to high school freshmen and to middle school students on topics such as contraception, HIV, alcohol and drug use, and STIs. This program is ongoing.

**Reproductive Health Educator Associates:** Yale School of Nursing students provide interactive classroom presentations at Polly McCabe School to discuss issues of healthy bodies, STI prevention, the physical changes of pregnancy, contraception, and other relevant topics. This program began in 2009 and is ongoing.

**Teen Pregnancy Prevention Week at all New Haven High Schools:** TPPC served as resource for student leaders, student council representatives, and Planned Parenthood S.T.A.R.S (Students Teaching About Responsible Sexuality) who planned such events as Healthy Sexuality Jeopardy, young men wearing a pregnancy sympathy suit, and young adults taking care of and writing about their experiences as they took care of the realistic simulator, "Baby Think-It-Over". This program began in 2010 and is ongoing.

**Teen Parent Peer Education Panel:** Coordinated by members of the TPPC, these scheduled workshops occurred in both New Haven Intermediate and High Schools. Open panel discussions allowed students to learn from actual teen parents about what it “was really like” to be in high school and also be a parent. The panels still occur but are fewer in number.

**Health Fairs:** The TPPC has actively participated in Health Fairs in multiple locations in order to reach as many members of the community as possible. Evidence-based, accurate and positive health messages were distributed by members of the Council as they engaged Health Fair attendees in conversations about healthy choices. Health fairs still occur but are fewer in number.

## **2. Real Life. Real Talk.: (Outcome measures 2 and 4)**

This program, spearheaded by Planned Parenthood of Southern New England, Inc., with major support of the TPPC, is a community-based intervention that encourages parents and teens to engage in “open, honest and balanced discussion about sex and relationships.” The New Haven coalition was comprised of 36 organizations from across the cultural and ideological spectrum: parent groups, public health agencies, faith groups, social service agencies, educators, civic leaders, public officials, libraries, and others. *Real Life. Real Talk.* was launched in New Haven in the spring of 2008, with major programming held in the spring and fall of 2008. A total of 72 workshops were held at various New Haven locations (libraries, schools, community based organizations, churches) reaching 1,029 parents/caregivers. Many of the members of the TPPC were trained as program facilitators and utilized their connections within the community to promote this program. Of note, New Haven was chosen as the only location where this intervention was planned for the entire city and not targeted at a specific location or group of people.

## **Teen Pregnancy Prevention Public Service Announcements (PSA): (Outcome measures 2 & 4)**

In collaboration with the “*Youth at Work*” program, the TPPC worked closely during the summer of 2008 with select seven New Haven teens under the direction of Robb Blocker as they wrote, videotaped, edited, and produced five PSA related to teenage pregnancy prevention. All of these PSAs can be viewed on YouTube at the following address. <http://www.youtube.com/watch?v=y2N6IEM6VKw>.

The five PSAs were widely distributed within the City of New Haven as a vehicle for discussion and to be played on closed-circuit TV loops. Discussion topics and suggestions for how to use the PSAs were included. Teens came up with the message for each PSA and pitched the idea to the TPPC. The Community Foundation provided funding for this project. Members of the TPPC worked very closely with the students and Robb Blocker through the entire process of creation, filming, editing, and disseminating. Some TPPC members actually participated as actors.

## **Events to Reach Young Men and Boys: (Outcome measure 3)**

**The Teen Pregnancy Prevention-themed Dances:** From May 2010 to September 2010, a core group of nine young adults met weekly to plan teen pregnancy prevention-themed social events. Working closely with New Haven Family Alliance Male Involvement Network, two successful Friday evening dances were held. This event was one of the first that overtly and publicly involved teens and fathers in pregnancy prevention efforts. Concern over violence that might occur in this type of setting was overcome through endorsement by the TPPC that gave credibility to the event and a tie to the Mayor’s office. The first dance, held in the Bethel AME Church Community Outreach Center and chaperoned by New Haven fathers, was considered a great success with over 80 teen attendees. Subsequently, another event was held in Fair Haven targeting the Latino community a few months after the first event. The TPPC was very active as a collaborator for these dances providing input into the planning, working with other planning groups, and handing out reproductive health information about abstinence, safer sex, contraception, and over 1,000 condoms at the actual events.

## **Overall Assessment of the Work of the Council: Education**

The TPPC has definitely enhanced the types and quality of sexual health educational opportunities in New Haven and has been able to address, in some way, each of the major areas of concern noted in “A Call to Action.”

Lack of funding, diminished staff resources, and changes in the academic priorities in New Haven have made it difficult to sustain an increase in the number of classrooms receiving social development and reproductive health programs. The programs that were performed were beneficial, although they did not reach all students.

Through the involvement of the TPPC with Planned Parenthood’s Real Life. Real Talk., the number of community organizations and parents delivering health education has increased and a city-wide information campaign has been accomplished.

Although the two reproductive health themed “dance parties” that were hosted by the fathers of New Haven were able to reach teens that were out of school, this was in a limited capacity. The PSAs that were created have the potential to reach people in environments outside of school. Through its function as a potential “vetting” body, the TPPC has been able to improve the accuracy and validity of the health curricula facilitated by other organizations. As a representative of the Mayor, they played a role making sure the people in the classrooms were meeting the NHPS objectives.

### **Significant Obstacles to Improving Reproductive Health Education in New Haven**

Without a systematic, comprehensive reproductive health curriculum, the efforts of the TPPC could not be tied to an existing education program.

- The multiple programs that were initiated, enhanced, or supported by the TPPC represented a temporary or stop gap fix for a larger issue. Although valuable for those students who were exposed to the education, the lack of an overarching curriculum made it impossible for every student at all schools to participate or receive comprehensive health education.
- Diminishing resources, both in terms of staff and money, made continuation of many of these educational programs very difficult
- The lack of significant funds makes it challenging for the TPPC to initiate wide-scale programs as an independent organization

## **Health Care Access**

### **Three main health care access outcome measures were proposed:**

1. Increase in the number of students enrolled in School Based Health Centers.
2. Increase in the number of teens accessing SBHCs for information or services.
3. Increase in the number of teens with health coverage.

### **The Task Force recommended a focus on the following areas:**

1. Identify health insurance options for uninsured and underinsured teens in New Haven by (a) ensuring that all teens eligible for HUSKY are enrolled, and by (b) connecting graduating teens with ongoing health care coverage by providing the skills and information needed to continue accessing health care services.

2. Approval of the proposed HUSKY Medicaid Family Planning Expansion which would expand Medicaid eligibility for family planning services to men and women in childbearing age (13-44) who would otherwise not be eligible for services.
3. Increase both male and female teens' access to comprehensive reproductive care.

### **The Major Health Care Access Activities of the TPPC:**

#### **Providing comprehensive reproductive care in the school-based health centers: (Outcome measures 1 and 2)**

In August 2010, a major goal of the TPPC was realized after five years of effort as New Haven's School Based Health Centers (SBHCs) were granted permission to provide hormonal contraception directly to students who obtained parental permission to use the SBHC. The TPPC was critical in moving this issue forward with major involvement of multiple TPPC member "champions". Some of the major roadblocks that were overcome include misunderstandings regarding services of the SBHC, misinformation regarding contraceptive availability and sexual activity and concerns regarding community reaction. Despite the concerns, today, the number of teens utilizing the SBHC for reproductive health care is increasing with no major criticism being lodged against this initiative. An academic article describing the process of including contraceptive services in SBHCs and its success has recently been published.<sup>17</sup> Based on New Haven's success with this initiative; the TPPC has been approached by other Connecticut Towns/Cities to provide consultation and guidance.

#### **Increasing enrollment for use of the SBHC: (Outcome measure 1)**

A concerted effort was made to increase the number of students receiving parental permission to use the SBHC and actually utilizing the SBHC for care. Services provided by the SBHC were explained to parents at school orientations and at "parent's nights" throughout New Haven. The SBHC were also introduced and discussed with parents at *Real Life. Real Talk.* events.

#### **Serving as an Advocate for the approval of the Husky Family Planning Medicaid Waiver: (Outcome measure 3)**

The State of Connecticut Department of Social Services, in the effort to increase access to comprehensive reproductive health care and reduce unintended pregnancy, will offer a Family Planning Medicaid Waiver in the spring of 2012. This will enable uninsured women, men and teens (citizens largely) who are at or below 250 percent of the federal poverty level—thus, unable to receive traditional Medicaid—to sign up for a Medicaid plan that covers family planning services and supplies as well as testing and treatment for sexually transmitted diseases. To encourage utilization of this new benefit, people will be able sign up at multiple locations including point-of-care locations in the community. If eligible, participants can receive health coverage that same day. SBHC will work to increase awareness of this benefit and will provide information about ways to enroll.

### **Overall Assessment of Work of the Council: Health Care Access**

In regards to the outcome measures noted above, the TPPC has been able to accomplish a great deal. The major goal of providing comprehensive reproductive health care in the SBHC was realized and has therefore increased the number of teens with access to comprehensive reproductive health services.

Although a goal of the TPPC, passage of the Family Planning Medicaid waiver was not possible to achieve without change in State government leadership and community champions.

More attention should to be paid to advertising, enrolling and access to SBHC including the creation of an overarching plan to enroll students and to increase the number of schools with SBHC.

## **Significant obstacles to improving Healthcare Access in New Haven**

- Despite strong support, it took over five years to secure comprehensive reproductive health care (providing contraception) in the SBHC (August 2010)
- Changing Medicaid's eligibility requirements and provision of services requires approval at the State level. The political will to achieve this outcome dramatically improved with the election of a Democratic Governor.
- Not every middle and high school in New Haven has a SBHC, which limits easy accessibility for many students

## **Support for Pregnant and Parenting Teens**

### **Three main support outcome measures were proposed:**

1. Increase the number and percent of parenting teens receiving supports.
2. Increase the number of parenting teens graduating high school.
3. Increase the number of parenting teens attending higher education and/or are gainfully employed.

### **The major activities of the TPPC in regards to supporting pregnant and parenting teens:**

**Support for Pregnant and Parenting Teens Grant: (Outcome measure 1)** Recently, New Haven was awarded a three year, \$275,000 per year grant from the Connecticut Department of Education to support pregnant and parenting teens (SPPT). This grant was made available to the five school districts within CT that had the highest teen pregnancy and school dropout rates. The project is designed to support School-Based Support structures for Pregnant and Parenting Teen Programs in grades 9-12 and that focus on improving the health, education, and social outcomes for pregnant and parenting students and their children. A primary purpose was to improve the students' success as measured through high school completion and health and wellness outcomes of students and their children.

A minimum of 50 pregnant and parenting teens will be identified and will receive intensive outreach, educational support and case management to help them stay in school while learning the new responsibilities of being a parent over the term of the grant.

All pregnant and parenting teens will also be enrolled in the Nurturing Families program. The Nurturing Families Network of the Children's Trust Fund works to improve the chances that children of teen parents will have a promising future by providing intensive support for high risk families when their first child is born. Specifically, the program helps teen parents understand, learn, and practice the new responsibilities involved in being a successful parent by staying with the teen parent until the child enters kindergarten. Another aspect will be to build early literacy skills by helping teen parents learn to read from birth on to their babies. The program called *Raising Readers* will reinforce those critical early literacy skills that will prepare their babies for school success.

The project will also support a Local Advisory Committee in New Haven to inventory all of the existing resources that support pregnant and parenting teens and their children. The TPPC will likely serve as this local advisory committee.

## **Overall Assessment of the Work of the Council: Support for Pregnant and Parenting Teens**

The economic downturn made expanding services for pregnant and parenting teens almost impossible over this time period until New Haven received the SPPT grant.

The ability of the TPPC to build connections between city agencies created a strong foundation upon which programs such as the SPPT could be built.

System-wide changes are required to accurately determine the graduation rate and post-graduation success of parenting teens.

### **Significant obstacles to improving Support for Pregnant and Parenting Teens in New Haven.**

- The economic downturn significantly decreased the available staff and resources to support pregnant and parenting teens
- Multiple services are available although they are difficult to access for all pregnant and parenting students
- There is an overall lack of coordination of services for pregnant and parenting teens
- While it is easier to track the progress of students who participate in the Polly T. McCabe School, without a system-wide, upgraded tracking system, it is not possible to accurately determine the exact number of pregnant and parenting teens nor their graduation rates and post-graduation outcomes

## **The Mayor's Teen Pregnancy Prevention Council: Overall Summary**

Since its establishment in 2007, the TPPC has been able to accomplish a great deal in its work to decrease the rates of teen pregnancy and to support pregnant and parenting teens in New Haven. The Council has been able to address, in some capacity, each of the major goals delineated in "A Call to Action".

Based on individual and group interviews with members of the Council, the following describes the strengths, challenges to continued progress, and recommendations to improve the effectiveness of the Council for the future.

### **Strengths of the Council**

- The diverse members of the Council are drawn from critical New Haven community organizations. Bringing them together has created a web of support that touches major areas of community life in New Haven.
- Many of the major accomplishments of the Council, such as providing comprehensive reproductive health care in the SBHC, were achieved through specific efforts of individual champions who gained support and assistance from the members of the Council.
- The Council has been able to maximize its impact by using its expertise to improve the work of other groups, for example, by providing content support and improving curriculum for educational activities.

- Because the TPPC was created specifically through the leadership of Mayor DeStefano, the issue of teen pregnancy prevention has become legitimized and seen as an important effort to improve New Haven's future.

### **Challenges to Continued Progress**

- When it was originally created, the TPPC was associated with a staff member that provided some administrative support to the Council and served as a liaison to the Mayor's office. Due to staffing changes within the City government, the original staff member changed her position and the TPPC lost a critical link to the Mayor's Office.
- Attrition from the group has made the active group membership too small. This may limit future perspectives and impact.
- The active members of the group are not necessarily the decision-makers from representative organizations. This limits forward momentum.
- There are differing opinions about the future priorities for the group. The TPPC does not have the financial resources to do effective and comprehensive programming or large scale advocacy.
- The group would benefit from increased access to the Mayor and to the New Haven Board of Education to advise, influence and help change policies.
- When Council members and the Chair were appointed, specific expectations for involvement and length of commitment were not specified.

### **Recommendations for the Future**

The TPPC serves a valuable function in the City of New Haven. It brings together a committed group of knowledgeable people who provide expertise in issues related to preventing teen pregnancy and supporting teen parents.

Given the disparity in the rates of teen pregnancy within the African American and Latina community and the high number of teens experiencing a second teen birth, the work of the Teen Pregnancy Prevention Council is far from complete.

The TPPC can serve a vital role as New Haven works to reduce the rate of teen pregnancy in the African American and Latino community and the rates of repeat teen pregnancy.

Because economic constraints limit the ability of this group to independently coordinate large-scale programs, the group's impact could be maximized in an advisory role to the Mayor to show the interrelatedness and impact that teen pregnancy has on issues of dire importance to the City of New Haven: violence prevention, school reform and drop-out rates, incarceration/reentry, and economic development.

For the Mayor's Teen Pregnancy Prevention Council to effectively advise the Mayor on relevant and current issues related to teen pregnancy the following changes should be considered.

- A staff member from the Mayor's office should be designated to serve as a liaison between the Mayor and the TPPC.

- An appropriate administrative budget should be created for use by the TPPC to purchase educational materials.
- Appointing representatives from the TPPC to serve on related boards and commissions for the City of New Haven, for example, the New Haven City Interagency Council on Youth.
- A serious effort should be made to coordinate and improve data collection and retrieval in regards to teen pregnancy prevention efforts. Lack of relevant data severely hampers the TPPC and New Haven to receive external funding.

In order for the TPPC to be more effective as a group, the following changes to the leadership and organization structure should be considered.

- Formalize the governance and membership structure to include set term limits, guidelines for leadership succession, and expectations for Council involvement.
- Reinforce the advisory, advocacy, and policy oriented focus of the Council.
- Appoint additional members to the TPPC with expertise in areas that can further the mission of the Council such as appointing members from the Board of Education, the business community, foundations, marketing and advertising firms, the media, and the religious community.

Based on individual and group interviews with members of the TPPC, the following issues should be considered as future priorities for the Mayor's agenda.

- Advocate for the establishment of a comprehensive sexuality health curriculum within the New Haven Public School System in accordance with the new Connecticut State Department of Education guidelines on Comprehensive Sexual Health Education.
- Teen pregnancy is linked to many of New Haven's priorities. Specifically, violence, future school success, incarceration, and poverty are potential consequences of teen pregnancy and parenthood. Therefore, the TPPC should participate and collaborate in discussions related to city initiatives focused on these areas.
- Creation of a city-wide data collection, storage and retrieval system for relevant teen pregnancy-related information.
- Advocate for the health department create a bi-annual status report on the state of teen pregnancy in New Haven.
- Advocate that the Board of Education measure and create a meaningful bi-annual report on the effects of teen pregnancy on school drop-out rates and school performance.
- Advocate for the coordination and equitable distribution of the many existing City health and support resources in order to make them easily accessible to the citizens of New Haven.
- Advocate for the increased utilization and expansion of School Based Health Centers into all New Haven Public Schools.

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