

Public Health Data Watch

Adolescent Pregnancy, Birth and Abortion, King County, 1980 - 2001

Introduction

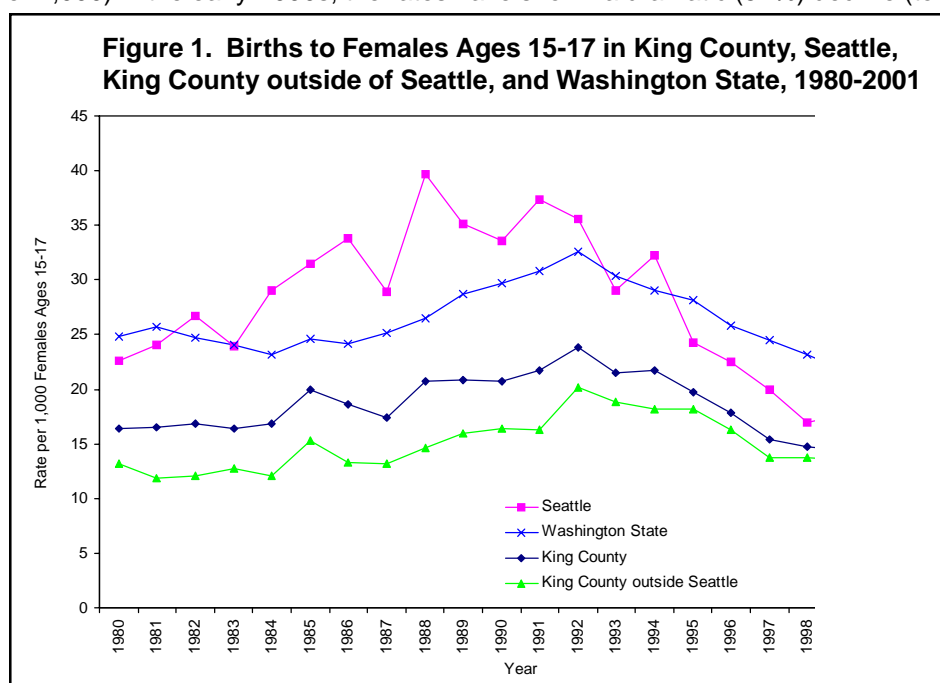
This report presents trends in the rates of pregnancy, birth and abortion to females, 15-17 years of age (teens) within King County from 1980 through 2001. Specific regions and health planning areas within King County are examined along with demographic data to further understand the dynamics of the trends and disparities in rates of teen birth within King County.

Teen childbearing is a serious public health issue because teen moms and their children face a future at greater risk of a host of adverse consequences, the effects of which are felt throughout society. Teen mothers are less likely to complete their schooling and more likely to be single parents, thus increasing the likelihood that they will be poor and dependent as young adults.^{1,2,3} In addition to perpetuating conditions of poverty and creating obstacles to personal, social and economic growth, data show that teen moms have elevated risks of poor birth outcomes relative to other mothers. Efforts to reduce teen pregnancy and child-bearing are an important component in reducing poverty and improving the health and well-being of future generations.¹⁻⁶

Decline in Rates of Teen Birth, Pregnancy and Abortion in King County

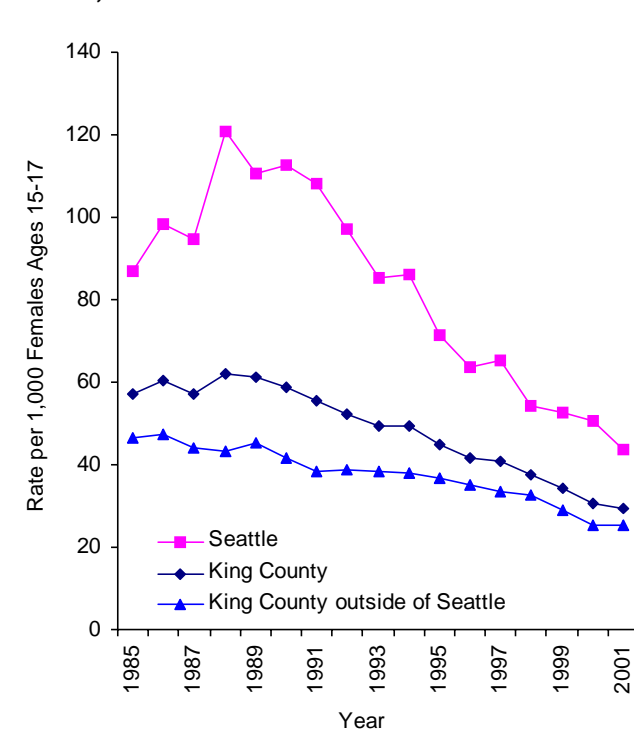
In 2001 there were a total of 358 teen births in King County with 93 to teens residing in Seattle and 265 to those residing in King County outside of Seattle. Births to females ages 15-17 have been falling in King County over the past decade. After a peak (23.9 per 1,000) in the early-1990s, the rates have shown a dramatic (52%) decline (to 11.3 per 1,000 in 2001).

Figure 1 shows the trends of births to 15-17 year old females in King County as a whole, Seattle, King County outside of Seattle, and Washington State. The rates of teen birth in King County are lower than those for the state as a whole (17.7 per 1,000). Within King County, Seattle has shown the highest rates of teen birth, but the dramatic reduction of 65% from 37.3 per 1,000 in 1991 to 12.9 per 1,000 in 2001 has resulted in rates approaching the county average. King County outside of Seattle also showed a decline in rates of teen birth from a high of 20.2 per 1,000 in 1992 to 10.6 per 1,000 in 2001. **[Figure 1]**



In addition to the decline in births, there has been a dramatic decline in rates of pregnancy and abortion for this age group. In Seattle, the pregnancy rate showed the most dramatic decline from a peak of 120.8 per 1,000 to a low of 43.7 per 1,000 in 2001, a reduction of 64%. Pregnancy rates for King County as well as King County outside of Seattle have also reached lows of 29.2 and 25.2 per 1,000, respectively. **[Figure 2]** Likewise, rates of abortion have also declined in King County. The greatest drop occurred in Seattle from a rate of 81.1 per 1,000 in 1988 to 29.9 per 1,000 in 2001, a decline of 63%. Rates of abortion have declined for King County overall as well as for King County outside of Seattle to lows of 17.9 and 14.6 per 1,000, respectively. **[Figure 3]**

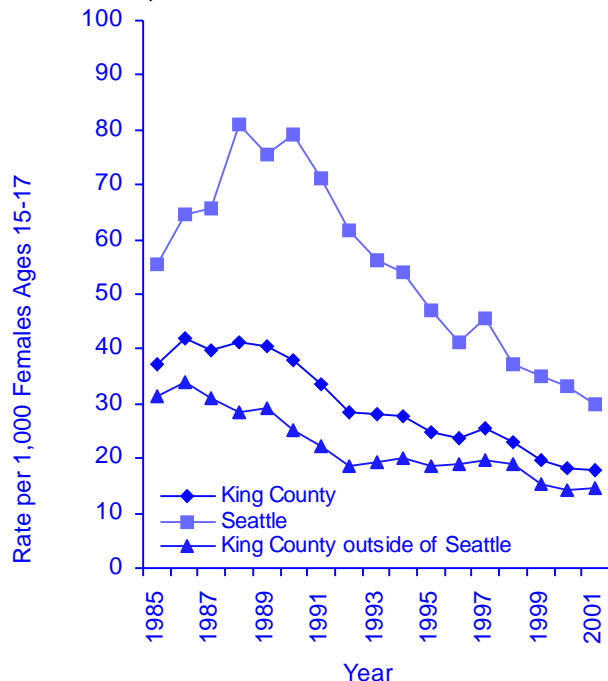
Figure 2. Pregnancies, Females Ages 15-17, King County, Seattle, King County outside of Seattle, 1985-2001



Why have teen births, pregnancies and abortions declined in the last decade?

The declines seen in King County correspond to a national decline over the last decade in the rate of teen birth. The birth rate for 15-17 year olds has decreased 35% since 1991.⁷ While these declines are important, the fact that the U.S. still leads the industrialized world in teen pregnancy and birth rates by a wide margin suggest that further reduction is possible.⁸

Figure 3. Abortions to Females Ages 15-17, King County, Seattle, and King County outside of Seattle, 1985-2001



In order to sustain and build on the success of efforts to reduce teen pregnancy and childbirth, it is important to understand the factors thought to be responsible for the decline. Data from local and nationwide surveys such as the Seattle Public Schools Teen Health Survey, the Youth Risk Behavior Survey, the National Survey of Adolescent Males, and the National Survey of Family Growth suggest that increased use of birth control and delayed sexual involvement both play a role to varying degrees:^{9,13}

- The Seattle Public Schools 1999 Teen Health Survey indicated that from 1995 to 1999 there was a statistically significant reduction in the percentage of high school students reporting they had “ever” had sex.¹³
- The percentage reporting that they had first had sex by age 13-14 also declined significantly.¹³
- The percentage having 4 or more sexual partners in their lifetime also declined significantly.¹³

Sexually “experienced” as well as sexually “active” teens have made significant gains in preventing pregnancy. Several behaviors contribute to their success:^{9,11,13}

- Increased use of a birth control method the first time having sex.⁹
- Increased condom use.^{9,13}
- Increased use of more effective methods of contraception.¹³
- Increased use of long-acting, highly effective hormonal contraception, such as Depo Provera.^{9,11}

Examination of the primary methods of birth control used by teens 15-17 years of age who were served by Public Health - Seattle & King County (PHSKC) indicates that the pattern of contraceptive use among sexually active teens living within King County follows this same pattern. The proportion of teens using the most effective methods of birth control has increased dramatically over the last 10 years. The use of hormonal injections (Depo Provera) as the primary method of birth control for teens 15-17 increased from 1.34% in 1991 to 35% in 2000. The proportion of teens using either oral contraceptives or hormonal injections increased from 69% in 1990 to 83% in 2000. Public Health-Seattle & King County has also increased pregnancy and HIV/STD prevention programming. The decline in Seattle's rates coincides with the presence of school-based health centers sited in the majority of Seattle's high schools. These centers provide reproductive health education and services to teens in a convenient and user friendly environment. The access they provide may also be a factor in the Seattle decline.

Troubling Disparities Persist

Overall, **Figures 1, 2 and 3** show favorable declines in teen pregnancy, abortion and births. However, when we look more closely at the birth data to determine whether all parts of our community are benefiting from this favorable trend, geographic disparities now become even more apparent.

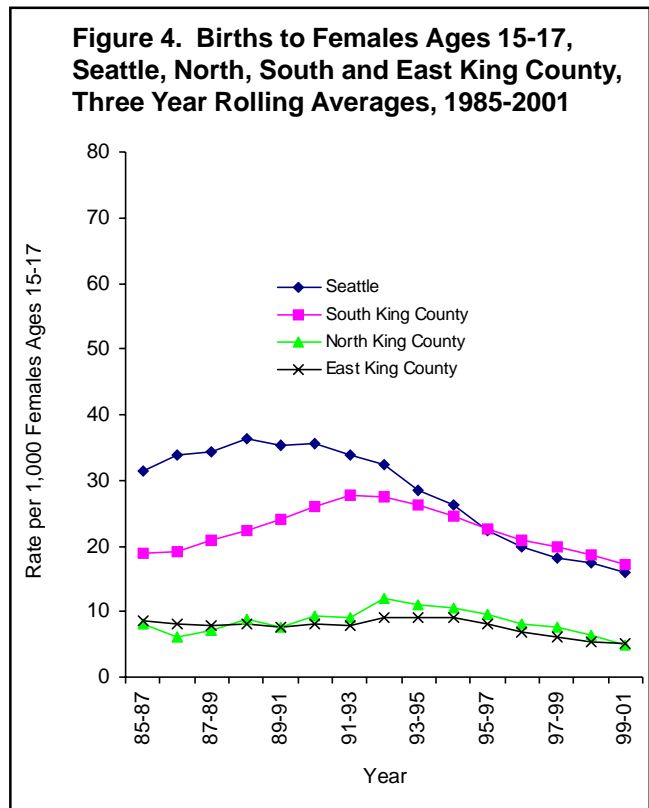


Figure 4 displays birth data by four different regions of King County: the City of Seattle (the area within the Seattle city limits), North King County (the area outside of Seattle to the north), East King County (the area outside of Seattle to the east) and South King County (the area outside of Seattle to the south). Average rates of teen birth from 1999 through 2001 in East King County (5.09 per 1,000) and North King County (4.9 per 1,000) are much lower than were reflected in **Figure 1** for the area of King County outside of Seattle in 2001 (10.6 per 1,000). Conversely, rates for South King County are much higher (17.8 per 1,000) and in recent years, comparable to those of Seattle (16.0 per 1,000). **[Figure 4]**

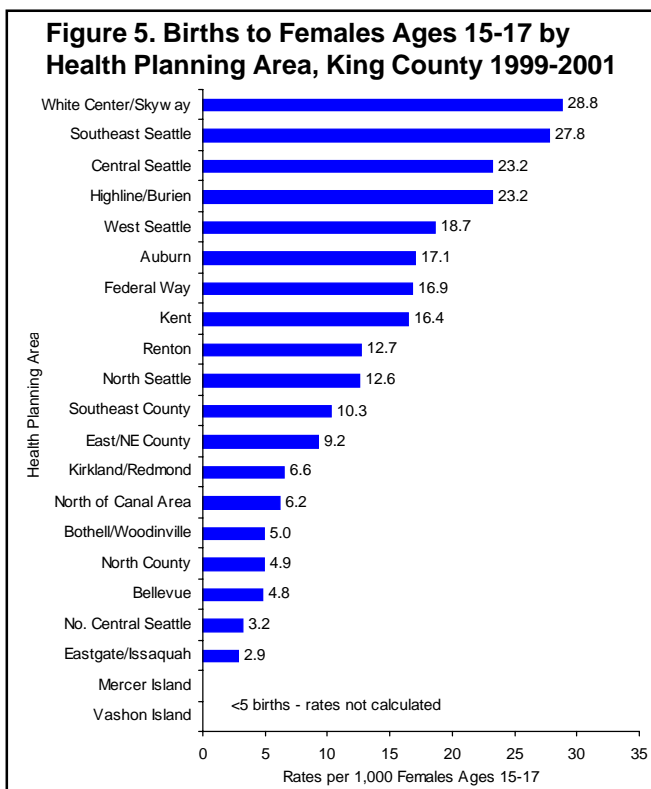
Figure 5 illustrates the rates of teen birth for each of the Health Planning Areas (HPA) within King County from 1999-2001. (See map on back cover page)

The HPAs with the highest rates are in South King County and Seattle while those with the lowest rates are in North and East King County.

White Center/Skyway in South King County and Southeast Seattle had the highest rates of teen birth with more than 25 births per 1,000 females ages 15-17. Central Seattle and Highline/Burien had the next highest rates, over 20 births per 1,000 females 15-17 years of age.

West Seattle, Auburn, Federal Way and Kent had rates which were greater than 15 per 1,000 but less than 20 per 1,000.

Renton, North Seattle, Southeast King County and East/Northeast County had intermediate rates close to the King County three year (1999-2001) average of 12.7 per 1,000.



North Central Seattle, and HPAs of East King County and North King County had lower rates of teen birth (less than 5 per 1,000 teens). Vashon and Mercer Island had the lowest with less than 5 births to teens from 1999-2001.

In contrast to previous years, Seattle, in particular, Central Seattle, is no longer the area with the highest rate of teen birth. White Center/Skyway in South King County now has the highest rate of teen birth in King County. Seattle teen pregnancies were less likely to result in a birth compared to King County outside of Seattle. This is a trend that was shown in the last Data Watch on this subject that has continued through 2001 (data not shown).

Figure 6 shows the South King County HPAs with the highest rates of teen birth and allows examination of the trends in teen birth over time. White Center/Skyway and Highline/Burien have consistently had the highest

Figure 6. Births to Females Ages 15-17 by Health Planning Area in South County, Three Year Rolling Averages, 1990-2001

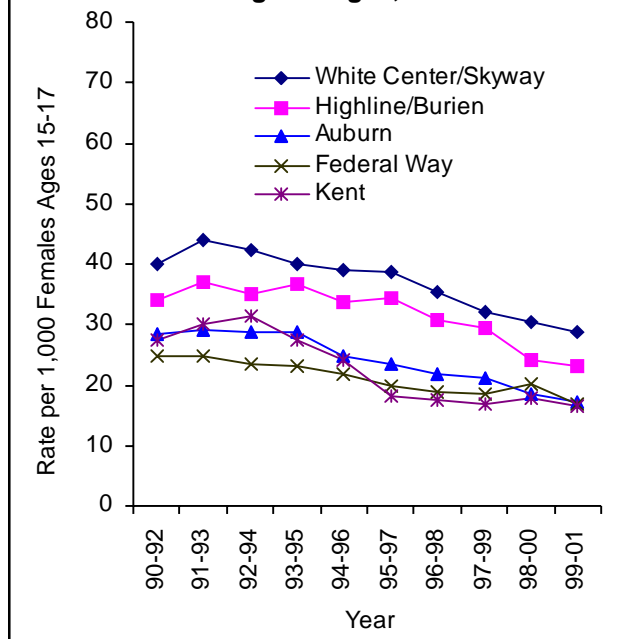
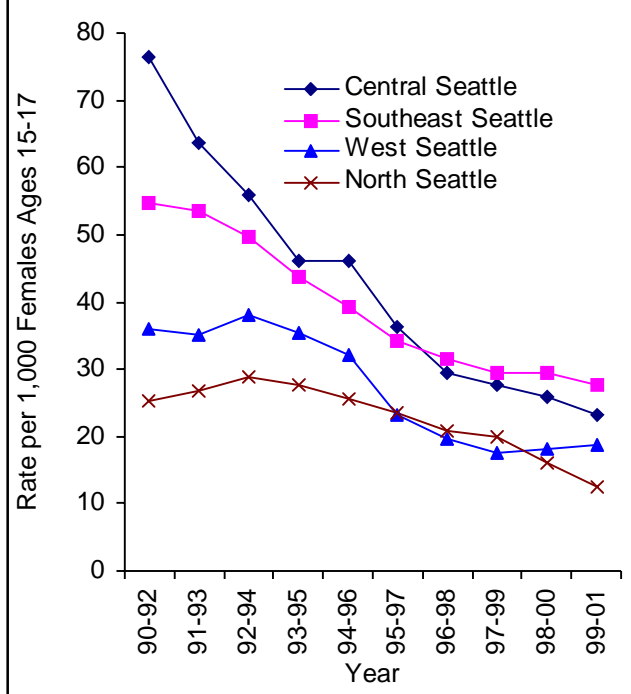


Figure 7. Births to Females Ages 15-17 by Health Planning Area in Seattle, Three Year Rolling Averages, 1990-2001



rates of birth to females ages 15-17 over the last 10 years. These two areas do show significant declines in rates of teen birth, however, with rates for 1999-2001 of 28.8 and 23.2 per 1,000 respectively. Rates of teen birth in Auburn (17.1 per 1,000), while lower, have also shown a notable decline. Kent (16.4 per 1,000) showed a dramatic decline in the early 1990's but that decline has tapered off in the last five years. Federal Way (16.9 per 1,000) has shown minimal decline and has essentially flattened out over the last five years.

Figure 7 shows the Seattle HPAs with the highest rates of teen birth. Central and Southeast Seattle have had the highest rates of teen birth over the years. A marked decline has been seen in these areas in recent years although the rates are still elevated (23.2 and 27.8 per 1,000 respectively) compared to the other HPAs within Seattle. West Seattle had a significant decline in the early nineties and has flattened out in recent years to a rate of 18.7 per 1,000 for 1999-2001. North Seattle has demonstrated a consistent decline since the early nineties to a low in 1999-2001 of 12.6 per 1,000.

Public Health Data Watch monitors trends in key health indicators for King County. It is produced by the Epidemiology, Planning and Evaluation Unit (EPE) of Public Health – Seattle & King County. This issue of Data Watch was written by Susan Barkan with considerable input, review and comment from Michelle Pennylegion, Caren Adams, Andrea Gerber, David Solet, Lois Schipper and Kathy Carson. Sue Spahr was responsible for layout and production.

For additional copies of this report, please contact:

Public Health – Seattle & King County
 Epidemiology, Planning and Evaluation Unit
 Wells Fargo Center, Suite 1200
 999 Third Avenue, Seattle, WA 98104-4039

Phone: (206) 296-6817
 Fax: (206) 205-5314
 Email: data.request@metrokc.gov

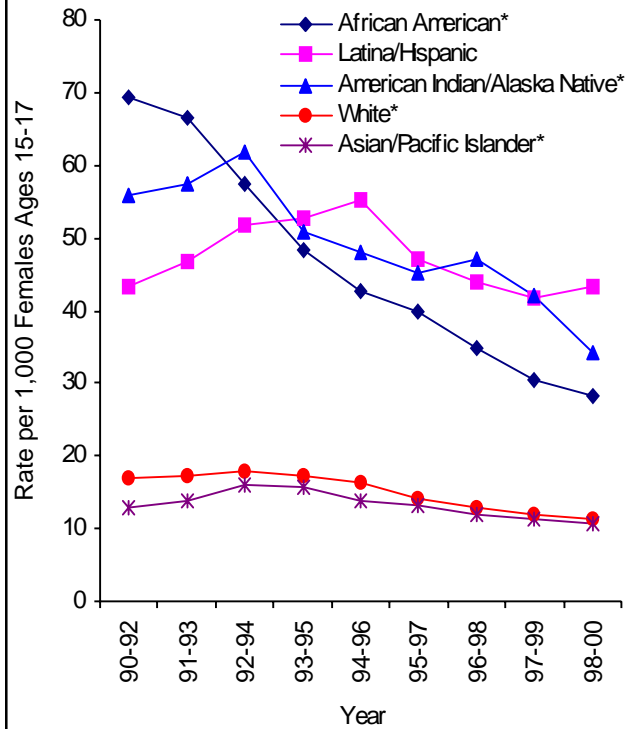
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For 1999-2001, North King County had a rate of 4.9 per 1,000 and East King County 5.1 per 1,000 (not shown). Rates of teen birth in North and East King County are lower than the county as a whole and have been stable over the past decade. The rates in HPAs within these areas have also been low and stable over time.

Teen Births by Race/Ethnicity

Declines have been seen within most racial and ethnic groups, although significant differences continue to exist between groups within King County. Birth rates have generally been higher among African American, American Indian/Alaska Native and Latina/Hispanic girls 15-17 relative to white and Asian teens. For all three regions of King County, the rates for whites and Asians have remained fairly stable over the last decade. **Figure 8** illustrates the decline in rates of teen birth for different race/ethnicity groups within King County. With the exception of Latina/Hispanic females, all race/ethnicity groups have shown statistically significant declines in teen births. The rates for African Americans, and to a lesser extent for American Indian/Alaska Native females 15-17, while still considerably elevated, are approaching that of whites and Asian/Pacific Islanders in King County. The rate for Latinas/Hispanics has not shown a significant decline over the last decade and in fact appears to be leveling off.

Figure 8. Births to Females Ages 15-17 in King County, WA by Race/Ethnicity, Three Year Rolling Averages, 1990-2000



*statistically significant downward trend

Figure 9. Births to Females Ages 15-17 by Areas Defined by the Percent of the Population Living Below the Federal Poverty Level (FPL), King County, Three Year Rolling Averages, 1990-2001

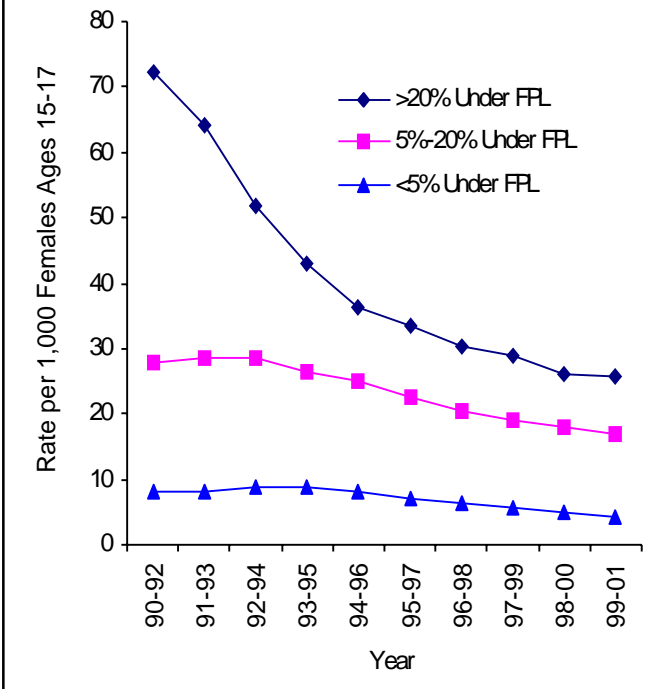


Table 1. Number of Births to King County Females Ages 15-17 in 2000:

African American	81
American Indian/Alaska Native	18
Latina/Hispanic	83
White	222
Asian/Pacific Islander	47

Table 1 indicates for each race/ethnicity the number of births in 2000 to females 15-17 years of age. Despite the higher rates in Latinas/Hispanics (34.2 per 1,000), American Indian/Alaska Natives (43.4 per 1,000) and African Americans (28.4 per 1,000), the majority of births to teens in King County in 2000 occurred among whites (11.2 per 1,000).

Poverty and Teen Pregnancy

Teen births are more likely to occur among teens living in poverty. Giving birth as a teen also increases the likelihood that the teen will go on to live her life in poverty. **Figure 9** shows the rates of teen births in areas characterized by the level of poverty in which they live. In areas where more than 20% of people are living below the federally defined poverty level, the rates of teen birth

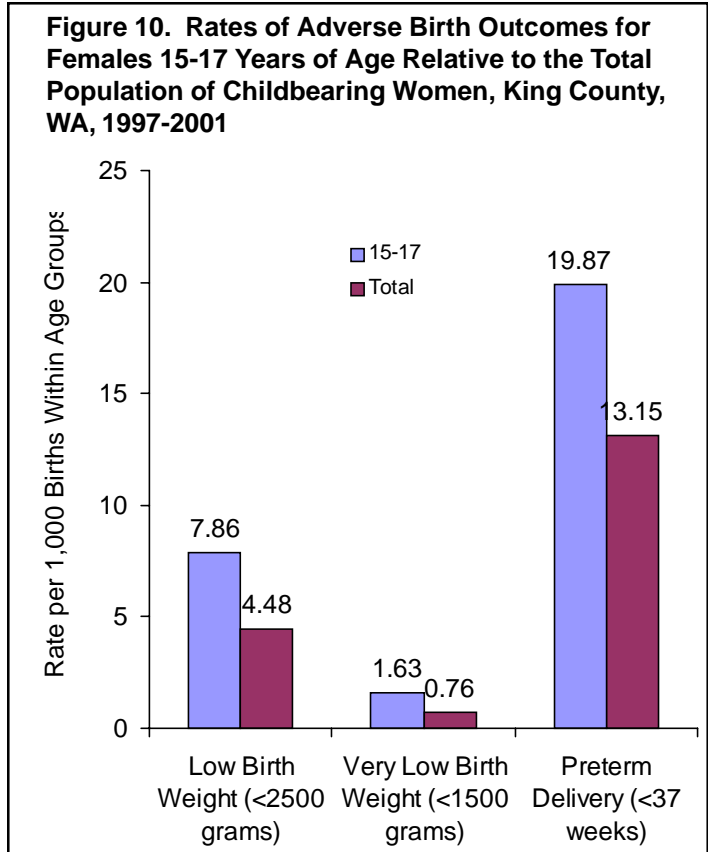
are highest (25.6 per 1,000). In areas where 5% to 20% of the population is living below poverty the rate of teen births in 1999-2001 was 16.8 per 1,000. In areas where less than 5% of people are living below poverty, the rates of teen birth are the lowest (4.3 per 1,000). Notably, there has been a decline in teen births across the different economic areas, with a dramatic decline in high poverty areas.

Why Should We Be Concerned About Teen Birth?

Teen mothers and their babies face a future at greater risk of a host of adverse consequences, the effects of which are felt throughout society. Because teen mothers are less likely to complete their schooling and more likely to be single parents, the likelihood that they will be poor and dependent as young adults is increased.^{1,2,3} Thirty one percent of teen moms under 17 have closely-spaced second births, further amplifying these issues.¹⁴

Furthermore, the hardships of premature parenting are likely to be visited on the next generation. Most teen mothers and fathers are not prepared for the emotional and financial responsibilities and challenges of parenthood, and as a result their children often receive inadequate parenting.⁴ Given the importance of careful nurturing and stimulation in the first three years of life, the burden borne by babies with parents who are too young to be in this role is especially great. Children born to teen mothers are more likely to have insufficient health care,⁵ and are more likely to fall victim to abuse and neglect.¹⁴ Children of teenagers often suffer from poor school performance, are more likely to leave high school without graduating and are more likely to be poor, thus perpetuating a cycle of unrealized potential.^{1,6} In addition to perpetuating conditions of poverty and creating obstacles to personal, social and economic growth, the data show that teen moms relative to other mothers have elevated risks of adverse birth outcomes, including low birth weight and related health problems.⁵

An analysis of birth outcomes to women in King County over the last five years showed that teen mothers were significantly more likely to get late or no prenatal care, to smoke, and to be anemic during their pregnancy. Girls 15-17 years of age who gave birth were significantly more likely compared to other mothers to have a low birth weight infant (<2500 grams), a very low birth weight infant (<1500 grams) and a preterm infant (birth prior to 37 completed weeks of gestation). [Figure 10] These findings are cause for concern because disorders related to short gestation and low birth weight were ranked as the second leading cause of infant deaths,¹² and surviving children begin life with an elevated risk of subsequent health and developmental problems.



Glossary

- **Adolescents:** As used in this report, youth 15-17 years of age.
- **Rate per 1,000:** The total number of births, abortions or pregnancies occurring within a population during a specified time period (usually a year), divided by the total population, and then multiplied by 1,000. Rates are a measure of the likelihood of health events occurring in a population.
- **Rolling Averages:** For small populations, slight changes in the number of events can cause large fluctuations in rates, making year-to-year changes difficult to interpret. To help stabilize the rate and observe the overall time trend, the rates are aggregated into "rolled" averages in 3 year intervals across the total observed period.
- **Significant Trend:** To examine whether changes in rates are statistically significant, a chi-square test for trend was used. A significant trend indicates that the change in a rate is not random and that an increase or decrease in the rate is more than you would expect to see based on chance alone.

Summary

- King County births, pregnancies and abortions in adolescent girls (age 15 to 17) have fallen sharply and are now at historic lows. The 2001 birth, abortion and pregnancy rates are the most favorable seen since 1978, the earliest year data on rates are available.
- The decreases in rates are so substantial that, despite an increase in the population in this age group over the last two decades, even the raw number of births, abortions and pregnancies to adolescents are now the lowest since 1978.
- While the declines have occurred across the county, they are the steepest in Seattle, where the birth rate fell by two-thirds since the peak in the late 1980s and early 1990s. At its highest point, the Seattle adolescent birth rate was 2.7 times higher than the rate in King County outside of Seattle; now, the gap is very narrow. The Seattle decline is steeper than that seen in other cities for which data are available.
- The reasons for the decline are not known for sure. However, it is probably due to several factors, including:
 - ❖ There has been a reduction in high school students who have begun sexual activity and who have had four or more sexual partners in their lifetime.
 - ❖ There has been increased use of effective, long-acting hormonal contraception, such as Depo Provera, and other forms of effective contraception.
 - ❖ Reproductive health education and services are available to teens in Seattle's school-based health centers, which were established in the mid-1990s, when the decrease began.
- The highest rates have moved from Seattle to South King County as Seattle's rates have declined. Within South King County, White Center/Skyway and Highline/Burien have consistently had the highest rates. Within Seattle, Southeast and Central Seattle have the highest rates of teen birth. West Seattle's rates have shown little change in the last five years.
- There have been significant declines in African American and American Indian/Alaska Native teen birth rates. Yet large racial disparities continued to exist. Rates in these groups are elevated compared to the population as a whole. In Latinas/Hispanics, rates have leveled off in recent years, rather than falling. The reasons for this trend are not yet fully understood and will be a focus of further effort.
- Poverty and teen birth are wrapped up in a cyclical relationship that negatively impacts the teens themselves, their children and their communities. Despite this challenge, over the last decade, the highest poverty areas have exhibited a decline in the rate of teen birth.
- The areas of North King County and East King County have continued to have low and stable rates of teen birth over the last decade.

While accomplishments in the teen birth arena have been substantial and meaningful, there is much progress to be made in King County. Approximately 1,100 teens ages 15-17 become pregnant yearly, and 360 of these teens give birth with significant consequences for these young mothers, their children, partners, families and the community as a whole. It is critical to build on the successes achieved to date. This can be accomplished by employing proven strategies, preserving successful programs and services during tough economic times, and continuing to support the group that is primarily responsible for improved teen birth rates – teens themselves. (See Recommendations)

Recommendations

Healthy People 2010¹⁵ identifies several goals specific to reducing the nation's rate of teen pregnancy and birth (see box below). The following recommendations delineate how King County can continue to move toward achieving these Healthy People 2010 goals.

Support efforts to implement medically accurate, age-appropriate comprehensive sexuality education programs in multiple community venues, including schools. Research consistently demonstrates that teens who receive accurate sexuality education are more likely to make the choice to delay the onset of sexual intercourse.¹⁶ A vast majority of adults consistently say they support accurate sexuality education. In addition, youth consistently report that their parents are their most significant source of information about sexuality and values.¹⁷ By working to increase community-based efforts which enhance youth and parent/adult involvement, powerful incentives to delay sexual activity and teen parenting can be mutually reinforced.

Continue to support and expand school- and community-based clinical services that target sexually active teens. Research indicates that sexuality education combined with access to clinical services can increase the use of contraceptives among sexually active teens.¹⁸ As described earlier, the birth rates in King County vary by geography and ethnicity. These variances require further inquiry and targeted interventions.

Design interventions and programs that specifically target young men. National data indicates that the age of onset of sexual activity among young men, particularly among our African American youth, is decreasing.¹⁹ These troubling trends warrant further inquiry and attention.

Support teen pregnancy prevention programs, including youth development programs. Research indicates that youth development programs are an effective model to reduce the risk of teen pregnancy. Kirby et al (2003) state, "Youth development programs are comprehensive efforts that offer frequent support from adults, create a sense of opportunities for young people, and foster the skills to make the most of both current and future opportunities."²⁰

Ensure that teens have access to continuous, high quality health care to promote optimal health, as well as healthy pregnancies after the transition to adulthood. The majority of behavior patterns that pose lifelong health risks begin in adolescence. Therefore, it is critical for teens to have access to high quality health services and health education and that they learn how to utilize these health-promoting resources. Research has shown that women who are in good health prior to pregnancy and have access to high quality health care have healthier pregnancies and birth outcomes.

Healthy People 2010 Goals*

- 1) Increase the proportion of adolescents who have never engaged in sexual intercourse before age 15 years.
- 2) Increase the proportion of young adults who have received formal instruction before turning age 18 on reproductive health issues, including all of the following topics: birth control methods, safer sex to prevent HIV, prevention of sexually transmitted diseases, and abstinence.
- 3) Increase the proportion of sexually active, unmarried adolescents aged 15 to 17 years who use contraception that both effectively prevents pregnancy and provides barrier protection against disease.
- 4) Increase male involvement in pregnancy prevention and family planning efforts.
- 5) Reduce the proportion of females experiencing pregnancy despite use of a reversible contraceptive method.

*specific to reducing the nation's rate of teen pregnancy and birth

Source: U.S. Department of Health and Human Services. *Tracking Health People 2010*. Washington, DC: U.S. Government Printing Office, November 2000.

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- (10) A "sexually experienced" teen is defined as a teen who has had sex at least once in their life. In contrast, a "sexually active" teen is one who has had sex in the last 3 months.
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Public Health Activities Aimed at Reducing Teen Pregnancy in King County and Washington State

There are a number of ongoing and emerging activities aimed at improving the sexual health of adolescents and reducing the rate of teen pregnancy in King County. Offered below is a brief summary of these activities.

Public Health Resources for Schools - 2003-2004 Brochure

In conjunction with this Data Watch, Public Health is also releasing a brochure entitled "Public Health Resources for Schools: 2003." Please see this brochure to read about the comprehensive set of services provided by Public Health to the youth of King County. Programs detailed include:

- Family Planning, Other Clinical Services and Health Access
- Health Promotion and Prevention
- Communicable Disease Control, Epidemiology and Immunizations
- Environmental Health
- On-Line Resources, including family planning web pages

Improved Access to Family Planning Services

Easy access to needed family planning and other clinical services is an on-going challenge for many teens. Over the past several years, Public Health—Seattle & King County has intentionally increased access to family planning services to adolescents by:

- Successfully implementing a new program called **Take Charge**. This new Medicaid program provides family planning services to men and women at or below 200% of the federal poverty level.
- Providing **teen friendly walk-in family planning clinic services** at many public-health centers (see Public Health Resources brochure for more information).
- Offering family planning services, including emergency contraception, through the **Family Planning Community Services Offices (CSO) program**. Through this program family planning public health nurses, in partnership with DSHS, make family planning information available directly to CSO clients (see Public Health Resources brochure for more information).
- Coordinating and providing oversight to **14 school-based and school-linked health clinics** that also provide primary care services (see Public Health Resources brochure for more information).

Youth Development Programs

Research supports a youth development model as a promising intervention to help reduce teen pregnancy. Across King County, there are many programs sponsored by community agencies, schools and health providers using this model. Described below are two examples of youth development projects within Public Health.

Connecting Cultures

In an effort to more effectively meet the needs of the growing Latino/Latina youth population in Southwest King County, Public Health sought and received grant funding to increase access to family planning services among Hispanic and Latino youth in South King County through training and targeted outreach.

Pathways

Located in the Tukwila School District, Pathways is an after-school peer mentoring program. High school students work with at-risk middle school students to promote self-esteem, goal setting and healthy behavior practices. After undergoing training in mentoring and relationship development by staff members, high school mentors work with middle school students in a group setting and participate in a series of social, educational, vocational and recreational activities and workshops, as well as community service projects. In addition to mentoring, Pathways staff link students with health care management services, Medicaid re-enrollment, and counseling.

Public Health is currently focusing on interventions to increase access and use of *Emergency Contraception (EC)**. These local and state efforts include:

- **Supporting 2001 legislation**, which mandates that EC information and kits be made available to all sexual assault victims treated at emergency rooms in Washington State.
- **Providing referrals** to local pharmacies that make EC available and to the national EC Hotline, which gives information about local providers of EC. To contact the EC Hotline directly dial (888) NOT-2-LATE.
- **Making EC available for free to community-based providers** by working in partnership with Washington State Department of Health

* *Emergency Contraception is a birth control method that can be used up to 72 hours after unprotected sexual intercourse.*

Data Sources and Notes

- **Births:** The total number of live births. Information on births occurring in Washington is collected through birth certificates by the Washington State Department of Vital Statistics section at the Center for Health Statistics.
- **Abortions:** The total number of induced abortions. Information on abortions is also collected by the State's Center for Health Statistics.
- **Pregnancies:** Numbers of pregnancies are the sum of births and abortions.
- **Population Data:** Population estimates from 1991 through 2000 used in this report were produced by Public Health-Seattle & King County, in September 2002 and incorporate 2000 U.S. Census Data.
- **Socioeconomic Status:** Information on the percent of the population living below poverty in census tracts is drawn from the 2000 US Census.
- **Race/Ethnicity:** A person may belong to one of four racial groups: African American, Asian American, American Indian/Alaska Native or white. In addition, a person of any race may be classified as of Latino/Hispanic ethnicity.

Notes on Presenting Data by Race/Ethnicity

Epidemiologic analyses frequently examine group differences in health outcomes by demographic characteristics such as age, gender, and race/ethnicity. In recent years, the presentation of data broken down by race/ethnicity has been questioned by researchers and communities. There is concern that readers may incorrectly assume that differences between groups are biological and that the racial categories used are not necessarily reflective of individuals' self-identification. It has also been argued that the continued use of race/ethnicity may reinforce negative stereotypes, introduce false assumptions, and stigmatize communities of color.

Most researchers believe that race/ethnicity is a marker for complex social, economic, and political forces that are important influences on community and individual health. Most communities of color in this country have experienced social and economic discrimination, and other forms of racism, which can negatively affect the health of those communities. We continue to examine and present data by race/ethnicity because we believe that it is important to understand which racial/ethnic groups are disproportionately affected by significant health issues. We hope this understanding will lead to strategies that address these issues, as well as the social and economic inequities that underlie them.

Public Health Data Watch



Public Health - Seattle & King County
Epidemiology, Planning and Evaluation Unit
999 Third Avenue, Suite 1200
Seattle, WA 98104-4039

Teen Birth Rate in King County by Health Planning Area Rate per 1,000 Females Ages 15-17, 1999-2001

This report is an update on rates of adolescent birth, pregnancy and abortion in King County. It reports on trends over time to 2001 (the latest available data), and presents data by neighborhood, race/ethnicity and poverty level.

King County births, pregnancies and abortions in adolescent girls (age 15-17) have fallen sharply and are now at historic lows. The steepest decline was seen in the City of Seattle, where the rates have fallen by approximately two-thirds since the peak in the late 1980s and early 1990s. The highest rates have moved to South King County as Seattle's rates have declined (see map at right for adolescent birth rates by Health Planning Area).

There have been substantial declines in high-poverty neighborhoods and in African American and American Indian/Alaska Native teen birth rates. Yet disparities by race/ethnicity and socioeconomic status in these rates persist.

The reasons for the decline are not known for sure. However, possible reasons include declining high-risk sexual activity among high school students, the increased use of long-lasting and effective contraception, and the availability of reproductive health education and services at Seattle's school-based health centers.

