
Oregon Teen Pregnancy Prevention



Action Agenda

2002 Revision



Prepared by the
Oregon Department of Education
and
Oregon Department of Human Services
in collaboration with *Action Agenda*
subcommittee members

March 2002

Editor
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JOHN A. KITZHABER, M.D.
Governor



March 2002

This third edition of the *Teen Pregnancy Prevention Action Agenda* contains some very good news. The rate of teen pregnancy in Oregon is now even better than the goal set down in the Oregon Benchmarks. We were aiming for a rate of 15 pregnancies per thousand for girls 10 through 17 years old; new figures show a statewide rate of 14 per thousand.

We must give a significant amount of the credit to the state's young people, for making healthy decisions and delaying parenthood. I believe a significant contributor to this success has been the work done by the state and local coalitions over the past two years to reach young people with a message of responsibility.

Though we are gratified by these excellent results, it's important that our efforts not be decreased because we think we have "solved the problem." Every day, more of Oregon's children become adolescents and need the straightforward information and skills presented by the programs in our teen pregnancy prevention strategy.

This newly revised *Action Agenda* contains a blueprint for communities wanting to help young people avoid risky behaviors. There have been revisions in each of the existing six strategies and a new one has been added, to serve young parents.

I encourage everyone to consider becoming involved in the work of local teen pregnancy prevention coalitions. And all of us can be a role model for the young people we know and encourage them to make positive choices about their future.

Sincerely,

A handwritten signature in black ink, appearing to read "John A. Kitzhaber". The signature is fluid and cursive, with the first name being the most prominent.

John A. Kitzhaber, MD

Call to Action

Teen pregnancy is an important and complicated issue that requires a comprehensive, multi-faceted approach and collaborative efforts on local and state levels.

History

The strategies outlined in this agenda have been built upon years of effort throughout the state. Since the late 1970s, many individuals and agencies have been working toward the goal of reducing teen pregnancy.

In 1994, Governor Barbara Roberts championed a process to develop a plan called STOP (Sex, Teens & Oregon's Plan). It was a comprehensive plan for teen pregnancy prevention, encouraging action on the part of state government, schools, teens, parents and families.

In 1997, Governor John Kitzhaber released the *Teen Pregnancy Prevention Oregon Action Agenda*. It was developed by a broad-based coalition, at Governor Kitzhaber's request. *Action Agenda '97* sought to solidify teen pregnancy prevention efforts by local and state partners into a cohesive, integrated course of action.

In 2000, the *Action Agenda* was updated, adding new strategies and a set

of indicators to gauge the progress of the prevention strategies.

Since that *Action Agenda* was published, state and local teen pregnancy prevention efforts have increased coordination and collaboration not only among themselves, but with other statewide prevention initiatives as well.

These include Senate Bill 555 comprehensive planning efforts and the Healthy Kids Learn Better Partnership, a system that can help coordinate school-based health and prevention activities (including teen pregnancy prevention).

This newest publication builds on the premise of the previous *Action Agendas*: Teen pregnancy can be reduced through a comprehensive, coordinated and multi-faceted approach.

Because of the recognized need for services aimed at teenagers who are already parents, an additional strategy, Young-parent services, was added to the *Action Agenda* in 2001.

Call to Action

Coalitions play a key role

Much of the work to reduce teen pregnancy is done through local coalitions throughout the state. The seven *Action Agenda* strategies "come to life" as a result of work by local coalitions.

Each coalition uses the strength of its members and community to address teen pregnancy by:

- developing local action plans that address the seven *Action Agenda* strategies;
- implementing prevention activities and services that support youth development;
- seeking technical assistance and support from other coalitions and state partners to address local issues;
- sharing program experiences, evaluations and best practices with other coalitions.

To be most effective, a teen pregnancy prevention coalition needs to be a broad-based group of community members committed to developing healthy youth and reducing risky behaviors.

Coalition efforts build upon and coordinate with existing youth programs and services that address high-risk youth.

Coalition membership can include:

- youth-service organizations
- health professionals
- schools and educators
- parents and guardians
- the faith community
- young people
- citizen advocates
- young-parent programs
- state and local governmental agencies
- businesses
- media
- law enforcement agencies

The work of coalitions is driven by:

- Oregon's *Action Agenda* strategies to reduce teen pregnancy;
- the strengths and needs of youth in their community;
- comprehensive approaches that use the skills and contributions of all;
- the available statewide and local data.

Call to Action

State role in supporting coalitions

State entities have a role in supporting local coalitions. Specifically, the *Action Agenda* calls on state agencies to:

- provide technical assistance, support and consultation to communities as they carry out their locally selected strategies;
- develop a number of ways to evaluate the success of local efforts aimed at reducing teen pregnancy;
- provide information, research and data, and share information about best practices, so communities can identify and implement prevention strategies;

- follow the progress of strategies that are being implemented in communities and provide additional assistance if coalitions encounter difficulties.

While the specific efforts of local coalitions and statewide initiatives cannot be directly tied to the reduction in teen pregnancy, all of them together can make an impact.

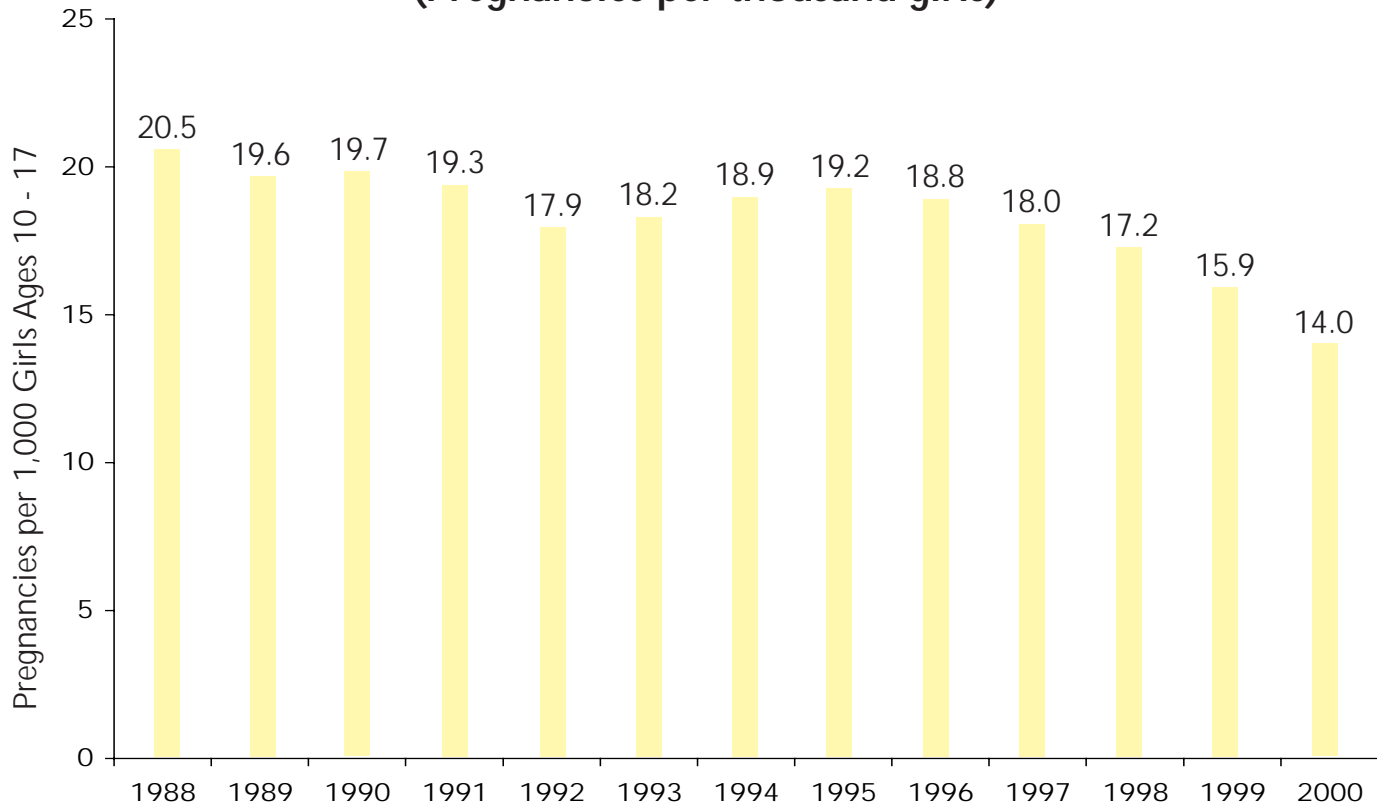
The Action Agenda teen pregnancy prevention strategies

- *Positive community values*
- *Comprehensive sexuality education and youth development*
- *Abstinence education*
- *Contraceptive access*
- *Male involvement and leadership*
- *Balancing health, safety and legal issues*
- *Young-parent services*

Results

Oregon's Pregnancy Rate for Girls Age 10 – 17

(Pregnancies per thousand girls)



For additional data about teen pregnancy, go to
<http://www.hr.state.or.us/tpp>

- Oregon had an average of 3,052 teen pregnancies per year from 1996 through 2000. That's a rate of 16.7 pregnancies for every 1,000 females between the ages of 10 and 17.
- The rate has decreased for each of the last five years and is 27 percent below the level of 1995.
- The rate for 2000 was 14 per thousand, surpassing the goal set down in the Oregon Benchmarks of 15 per thousand.
- The Benchmark goal for the year 2010 is 10 pregnancies for every 1,000 females between the ages of 10 and 17.

Measuring success

How do we know whether the strategies in this *Action Agenda* are accomplishing their goals?

To help answer that question, a set of indicators, or measures, were developed for the first *Action Agenda*, to help gauge the effects of the strategies adopted by local coalitions. In this latest edition, some of the indicators have been revised so they are clearer and more accurately reflect the kind of data upon which they are based.

The primary purpose of the indicators is to offer a yardstick to measure the progress toward the goal of reducing Oregon's teen pregnancy rate.

In looking at the indicators, it's important to remember that no one of them, by itself, represents the sole reason for the decrease in the teen pregnancy rate. Taken together, they are a contributing factor, along with many others, to the success of the past several years.

Each of the indicators reflects the results of one or more of the strategies outlined on the following pages. The relationships between strategies and indicators are shown in the chart on page 24.

A complete description of the indicators, along with their results, is included in Appendix A of this publication.

Oregon's teen pregnancy prevention indicators:

- A. The number of Oregon counties with teen pregnancy prevention coalitions that address all *Action Agenda* strategies.
- B. The percentage of students in school, grades 9 through 12, who report never having had sexual intercourse.
- C. The percentage of students in school, age 15 through 17, who report having first sexual intercourse before the age of 15.
- D. The percentage of previously pregnant 9th through 12th grade females who report more than one pregnancy.

Results

Measuring success *(continued)*

- E. The percentage of contraceptive use at last intercourse by students in grades 9 through 12 who are currently sexually active.
- F. The number of students in 6th and 7th grades who have received STARS training within the last school year.
- G. The percentage of 6th- through 12th-grade schools that report using research-based, effective sexuality education curricula.
- H. The number of 6th- through 12th-grade teachers who receive training in effective, research-based sexuality education.
- I. The number of adult males (age 20 and older) fathering births to young females (age 15 and below).
- J. The percentage of the males fathering births to young females (age 15 and below) who are age 20 or older.
- K. Oregon's teen pregnancy rate: number of pregnancies per 1,000 females age 15 through 17.
- L. Oregon's teen pregnancy rate: number of pregnancies per 1,000 females age 10 through 17.

Strategies

Introduction

No single approach to reducing teen pregnancy can be effective. The problem has many roots, and only a multi-faceted approach can be successful in changing attitudes and influencing behavior.

The strategies outlined here provide the foundation for a community-wide comprehensive effort, aimed at helping ensure young people will make decisions that contribute to their best possible future.

For further information about programs, curricula and other materials mentioned in this section, refer to Appendix B, Resources, on page 33.

The *Action Agenda* teen pregnancy prevention strategies are:

1. Positive community values
2. Comprehensive sexuality education and youth development
3. Abstinence education
4. Contraceptive access
5. Male involvement and leadership
6. Balancing health, safety and legal issues
7. Young-parent services

Strategy

Positive community values

Build and support positive community values through public awareness, youth and adult involvement, and collaboration with the community.

Introduction

What's acceptable — or ignored — in a community influences young people's values and norms, and the decisions they make about sexual behaviors.

Children who believe they can have a positive future and youth who have family members or key adults with whom they can discuss sexuality and other issues are more likely to make safe decisions about sexual behavior.

Young people seek guidance and structure from parents and trusted adults in their lives, even though it may not be apparent.

Involvement by positive role models, community members, peers and adults is an essential part of supporting youth in making healthy choices about their future.

Goal

Communities actively support and promote teens in making healthy choices.

Recommended actions

- Involve local media in promoting positive community values and use other ideas contained in the *"Bee Involved"* booklets.
- Support and participate in community initiatives that encourage positive youth development. These include efforts by youth-led groups, businesses, prevention coalitions, and faith-based and other local community organizations.
- Support individual efforts of parents, youth and adults to reduce teen pregnancies. Some communities are achieving this through parent-youth

Strategy

workshops, mentoring programs, youth fairs and school-to-work activities.

Indicators

Among the indicators that reflect the success of this strategy are those measuring the percent of teens never

having intercourse, the use of contraceptives, the use of research-based sexuality education curricula in schools, and the state's teen-pregnancy rate.

For complete information on outcome measures related to this strategy, see Appendix A.

Background information

- *It's easy for parents of teens to believe that they've lost their influence over their kids once they reach adolescence. The power of peers and the media can seem overwhelming. But research and experience both make clear: parents do matter in the lives of their teens.*

Teenagers need support, guidance and caring from their parents as much as younger children do. And teens themselves say they want to hear from their parents about the challenges they face growing up, even if they don't always act like it.

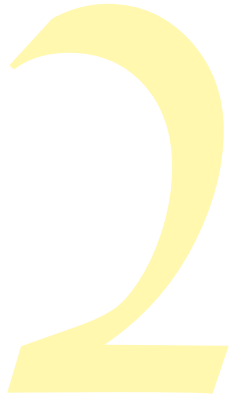
"Parents Matter: Tips for Raising Teenagers." White House Conference on Teenagers. 2000.

- *The more positive influences young people experience, the less likely they are to engage in risky behaviors, including sexual activity. Positive influences include family and community support, and a personal sense of responsibility and purpose.*

"The Power of Developmental Assets." Search Institute. 1997.

- *Oregon's local coalitions have been provided with "Bee Involved" booklets to help them be successful at building and managing community support for their coalitions. A video was produced and distributed to coalitions, to be used to raise public awareness about teen pregnancy prevention and gather additional support for prevention efforts.*

Strategy



Comprehensive sexuality education and youth development

Support and promote school- and community-based youth development efforts, and research-based, comprehensive sexuality education for all young people.

Introduction

This strategy offers local communities a solid framework of information, skills and opportunities needed by youth to enable them to have positive and productive futures.

The combination of youth development and comprehensive sexuality education has been found most effective in reducing teen pregnancy. Strategy 2 includes key information and skills related to sexuality, and the tools to build confidence and self-worth among young people in Oregon.

An essential element to helping young people make responsible decisions is providing research-based, comprehensive sexuality education. These programs have been found to help families and teens communicate about sexuality, and reduce risky behaviors among youth.

Additionally, youth development strategies such as “community service learning” programs provide youth the

opportunity to positively contribute to their communities, establish relationships with trusted adults, and develop skills that can be applied in career pathways.

Goal

Youth in Oregon will possess the skills and knowledge necessary to positively participate in family and other relationships, work, and community.

Recommended actions

- Ensure a continuum of school- and community-based youth development strategies is implemented statewide.
- Ensure school-based comprehensive sexuality education is research-based and being implemented in every school, per Oregon Revised Statute 336.455 and Oregon Administrative Rule 581-022-1440.

Strategy

- Build a network of support for educators, school administrators, community organizations and families who are committed to providing quality, comprehensive sexuality education and youth development strategies for all young people.

Indicators

Among the indicators that reflect the success of this strategy are those measuring the percentage of teens never having intercourse and the percentage of teachers receiving training in research-based sexuality education.

For complete information on outcome measures related to this strategy, see Appendix A.

Background information

- *Programs in schools and communities that combine clear messages about postponing sexual intercourse, reliable information on condoms and contraceptives, and negotiation and communication skills have been demonstrated to delay the onset of intercourse and increase the use of condoms and contraceptives among youth.*
- *Additionally, the overwhelming weight of the evidence shows that school-based health centers, condom-availability programs, and comprehensive sexuality education programs (including prevention of*

teen pregnancy, sexually transmitted infections and HIV) do not increase any measure of sexual activity.

- *Studies provide evidence that some youth development programs have decreased pregnancy or birth rates among youth.*

Based on information from: "Emerging Answers: Research Findings on Programs to Prevent Teen Pregnancy." Kirby, D. The National Campaign to Prevent Teen Pregnancy. 2001.

"Reducing the Risk: Connections That Make a Difference in the Lives of Youth." Blum, R.W. and Rinehart, P.M. Division of General Pediatrics and Adolescent Health, University of Minnesota. 1998.

Strategy

3

Abstinence education

Promote abstinence and help youth develop the skills to identify and resist pressures, so they are able to choose abstinence.

Introduction

This strategy focuses on providing youth with refusal skills, goal setting and positive peer support in an informed, practical way. It supports the growing number of students who are choosing to remain abstinent and recognizes the key role played by parents in the success of these programs.

Abstinence programs are designed to help all youth avoid sexual involvement, while encouraging sexually active teens to consider the benefits of abstinence.

According to a recent survey from the National Campaign to Prevent Teen Pregnancy, 93 percent of teens say they should be given a strong abstinence message. This affirms Oregon's support of public and private abstinence programs, which are active in schools, youth agencies and other youth venues throughout the state.

The skills taught in abstinence education reinforce the skills taught in drug and alcohol prevention courses. This is particularly important in light of research connecting the use of alcohol and drugs with sexual behavior in the adolescent population.

Goal

Foster a community environment that supports and strengthens young people's decisions to choose abstinence.

Recommended actions

- Develop on the state level a consistent evaluation for all state-funded abstinence programs.
- Strengthen current abstinence education efforts and seek options to meet increasing program demands.

Strategy

- On the local level, identify and implement effective strategies that offer abstinence education resources to parents and guardians.
- Develop a statewide inventory of abstinence education programs offered in Oregon communities.

Indicators

Among the indicators that reflect the success of this strategy are those measuring the extent of STARS training in schools, the percent of teens never having intercourse and the state's teen pregnancy rate.

For complete information on outcome measures related to this strategy, see Appendix A.

Background information

- *Factors that increase the practice of abstinence include some of the following:*
 - *knowledge of refusal skills;*
 - *a positive peer environment that supports abstinence;*
 - *a set of personal goals and direction for the future;*
 - *positive and supportive school relationships;*
 - *a family that supports abstinence.*
- *The federal government has developed guidelines for abstinence education and the State of Oregon has adopted ten principles for these programs. They include:*
 - *using skills-based strategies that are appropriate for the students' age and development;*
 - *providing accurate medical and scientific information;*
 - *involving parents and guardians at all levels;*
 - *ensuring that discussions include the health benefits of abstinence; avoid the use of fear and shame; and present material in an upbeat and positive manner.*
- *Oregon has expanded its abstinence education efforts since 1995 and is now funding three programs. They are "Students Today Aren't Ready for Sex (STARS)," "Stop and Think," and "Youth Solutions."*

Strategy

4

Contraceptive access

Help youth avoid pregnancy by providing timely education, outreach and access to reliable contraceptives.

Introduction

A high priority must be placed on encouraging teens to take responsibility for educating themselves and using clinical contraceptive services, if they make the decision to become sexually active.

Contraceptives must be affordable and conveniently located; services for teens must be user friendly, timely and confidential. Both females and males must have access to these services.

Teens must have the education and counseling they need for the effective use of contraceptives.

This strategy is most successful when it includes community partners such as schools, the faith community, health-care providers, retailers and community based organizations.

Goal

All sexually active youth have the necessary access, knowledge and skills to use contraceptives effectively and consistently.

Recommended actions

- Work to ensure contraceptives and services are readily accessible and available through retailers and health-care professionals.
- At sites offering contraceptives, promote the availability of information about sexually transmitted infections, relationship violence, and alcohol and drug abuse.
- Contact your local health department to learn about the availability of low- or no-cost services for teens in your community.

Strategy

4

Indicators

Among the indicators that reflect the success of this strategy are those measuring the use of contraceptives by teens and the state's teen pregnancy rate.

For complete information on outcome measures related to this strategy, see Appendix A.

Background information

- *Among teenagers in the United States, 8 of 10 pregnancies are unintended.*

"Contraception Counts" The Alan Guttmacher Institute. 1998.

- *Among teens who are sexually active and using contraceptives, the majority of unplanned pregnancies stem from inconsistent or incorrect use.*

"Facts in Brief: Contraceptive Use." The Alan Guttmacher Institute. 1998.

- *Even teenagers who are not currently sexually active need information about pregnancy prevention in order to prevent future pregnancies.*

"Involving Males in Preventing Teen Pregnancy: A Guide for Program Planners." Sonenstein, F., Stewart, K., Lindberg, L., Pernas, M. & Williams, S. The Urban Institute. 1998.

- *For each dollar the federal government spends on family planning services, \$3.00 is saved on Medicaid costs for pregnancy-related and newborn care.*

"Title X: Three Decades of Accomplishment" The Alan Guttmacher Institute. 2001.

Strategy

5

Male involvement and leadership

Support active participation of young men and adult males in teen pregnancy prevention and parenting efforts.

Introduction

The roles men and boys play in families, relationships and community all influence the teen pregnancy rate.

Reducing the teen pregnancy rate requires that boys and young men be educated and given the tools to make good decisions.

A comprehensive and broad-based strategy offers health and sexuality education for young boys, as well as information and services for sexually active men and teen fathers.

Effective male-involvement activities address personal behaviors and decision making, and show boys and young men the impact they have in their communities. They also provide ample opportunity for adult males to serve as teachers, role models, mentors and leaders.

According to *Involving Males in Preventing Teen Pregnancy: A Guide for Program Planners*, published by the Urban Institute, a review of programs in other states shows that male-involvement efforts take different forms depending on the background of the young men, including their age, knowledge level and the nature of their community.

Goal

Encourage and provide opportunities for males (young men and adult males) to be actively involved in teen pregnancy prevention and parenting efforts.

Recommended actions

- Engage young men in planning and providing male-involvement activities.
- As part of the planning process for male-involvement activities, find out

Strategy

5

what participants know and what they're interested in learning. Build on participants' strengths and abilities with a positive philosophy, based upon respect.

- In programs, use male staff and volunteers (particularly community leaders and peer mentors) who are knowledgeable about male issues.
- Create a friendly environment, display positive images, create a special place, and provide engaging activities, based on the males' ages and cultural identity.

Indicators

Among the indicators that reflect the success of this strategy are those measuring the use of contraceptives, the number of teen births fathered by adult males and the state's teen pregnancy rate.

For complete information on outcome measures related to this strategy, see Appendix A.

Background information

- *The State of Oregon has provided funding to eight local male-involvement pilot programs.*

The intent was to study how to incorporate effective male-involvement strategies at the local level. Principles and recommended actions were developed from the Urban Institute guide, which was distributed to 36 local coalitions.

- *Statewide, there have been a number of partnerships developed to build and support male involvement in preventing teenage pregnancy.*

These included the MARS (Male Advocates for Responsible Sexuality) Program in Benton County and STRIVE (Successful Teens Reaching Inward for Vision and Empowerment) in Douglas County.

Strategy

6

Balancing health, safety and legal issues

Promote the balance between safety and accountability in the handling of teen-sexual-abuse and teen-pregnancy cases.

Introduction

There are legal as well as social issues involved in teen pregnancy. Children deserve to be supported by both parents. To do this, services need to encourage both parents to be active and positive influences in their child's life.

The methods of achieving this include paternity establishment, collection efforts by the state's Child Support Program, and encouraging and facilitating positive involvement by both parents.

A portion of teen pregnancies result from criminal acts such as rape, incest, abuse and exploitation. The challenge for communities is to effectively respond to the legal issues involved in these pregnancies without negatively affecting the health and safety of the teens involved.

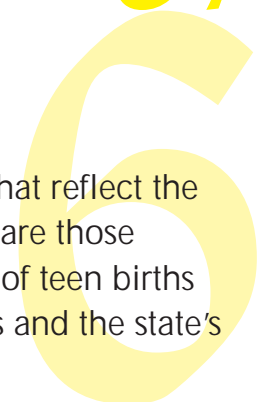
There are currently pilot projects in three counties where the multi-disciplinary team (MDT), made up of

investigators, prosecutors and social-service providers, is changing its approach. The projects seek a balance to help law enforcement pursue predators without discouraging young people from accessing services. The pilot results will be available in June 2002.

Goals

- Children are emotionally and financially supported by both parents.
- Fathers are identified early and help meet their children's needs; there are appropriate legal and financial consequences to encourage such support.
- "Mandatory reporters" are educated about their obligation to report sexual abuse.

Strategy



Recommended actions

- Increase awareness of parents' legal rights and responsibilities.
- Increase early identification of biological fathers and establishment of legal paternity.
- Increase awareness about the responsibility of mandatory reporting of sexual abuse.
- Contact your county's MDT to learn how the county responds to cases of alleged teen sexual abuse, especially those that result in pregnancy.

Indicators

Among the indicators that reflect the success of this strategy are those measuring the number of teen births fathered by adult males and the state's teen pregnancy rate.

For complete information on outcome measures related to this strategy, see Appendix A.

Background information

- **Establishing paternity:** *Establishing legal paternity means children will know who their biological father is and will be legally recognized as the person's offspring.*

To establish legal paternity, parents can sign a voluntary acknowledgement of paternity at the hospital or birthing center. Or, the parents can later sign a paternity affidavit.

Families receiving services from the Department of Human Services or the Oregon Youth Authority can get help in establishing paternity through the Oregon Child Support Program.

- **Multi-disciplinary teams:** *Every county district attorney is mandated*

by Oregon law to develop a multi-disciplinary team that staffs cases of child abuse, including cases of teen sexual abuse.

- **Mandatory reporting:** *Oregon has a "mandatory reporter" law that requires many professionals who have frequent contact with children to report possible abuse.*

Information about who is a mandatory reporter and how to make reports can be found in the pamphlet "Recognizing and Reporting Child Abuse & Neglect."

Local MDTs are also a resource on mandatory reporting, especially in regard to teen pregnancy.

Strategy

7

Young-parent services

Support and promote community services and programs essential to the health and well-being of young parents and their children.

Introduction

Strategy 7 offers support to programs within communities that provide services to young mothers, fathers and their children. It affirms the unique needs of these families, and recommends actions for maximized support in meeting those needs.

Oregon communities can benefit from coordinated programs and services for young parents that support positive choices and reduce subsequent teenage pregnancies.

It is crucial that young-parent programs are culturally competent and respectful; use multiple strategies to address the diversity of the needs of young parents; tailor services to the individual; use strategies that are age- and gender-appropriate; and are flexible.

Goal

Young parents have the self-worth, skills, knowledge and resources they need to make positive life decisions and postpone additional teenage pregnancies.

Recommended actions

- Facilitate discussions with local communities to develop and implement recommended components of young-parent programs and services.
- Develop and distribute a statewide inventory of young-parent programs operating in Oregon.
- Make available to young-parent programs the *DIRECTIONS Service Providers Guidebook: Pregnancy Prevention for Young Parents*.

Strategy

7

Indicators

Among the indicators that reflect the success of this strategy are those measuring the number of second teen pregnancies, the use of contraceptives, and the state's teen pregnancy rate.

For complete information on outcome measures related to this strategy, see Appendix A.

Background information

- *Repeat births among adolescents are of particular concern for several reasons. An adolescent with two or more children is at greater risk of experiencing, and less likely to overcome, a host of difficulties associated with early adolescent childbearing, including pre-term birth, low birth weight and failure to thrive.*
- *When compared to similarly situated women who delay childbearing until age 20 or 21, adolescent mothers and their children experience a number of adverse social, health and economic consequences.*

For example, in an increasingly competitive economy, the adolescent years are best devoted to education and building the skills needed to

hold a job that pays a living wage. This is increasingly difficult while parenting. Therefore, it is clear that young-parent services are an important strategy for the health of our families and communities.

*Based on information from:
"Reviving Interest in Policies and Programs to Help Teens Prevent Repeat Births." Dailard, Cynthia. The Alan Guttmacher Report on Public Policy. 2000.*

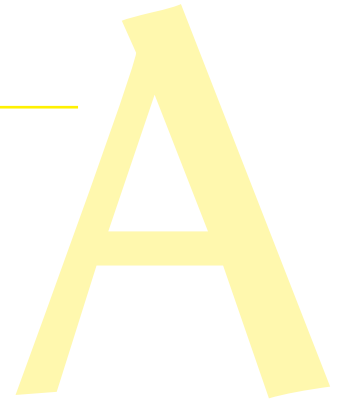
"Kids Having Kids: A Special Report on the Costs of Adolescent Childbearing." Robin Hood Foundation, Maynard, Rebecca A., Editor. 1996.

"Tracking Healthy People 2010." U.S. Department of Health and Human Services.



Appendix

Indicators



To help gauge the effectiveness of the teen pregnancy prevention strategies outlined in this *Action Agenda*, 12 “indicators” or measures have been developed.

For this edition of the *Action Agenda*, a number of the indicators were modified to clarify their meaning or more accurately reflect the nature of the data that supports them.

The following page looks at the relationship between the strategies and indicators. On subsequent pages, individual indicators are defined and results shown for recent years.

Appendix

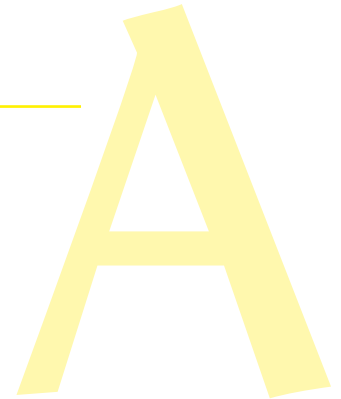
Indicators *(continued)*

The chart below shows the relationships between the seven prevention strategies and the outcome indicators. Where a relationship is shown, the strategy can influence the indicator's level, and the indicator can reflect the success of the strategy.

Indicators	Strategies						
	1- Positive community values	2-Sexuality education, youth development	3-Abstinence education	4-Contraceptive education	5-Male involvement	6-Balancing health, safety and legal issues	7-Young-parent services
A. Coalitions addressing all strategies	■	■	■	■	■	■	■
B. Teens never having intercourse	■	■	■				
C. Delay of initiation of sexual activity	■	■	■				
D. Second pregnancies	■			■		■	■
E. Contraceptive use	■	■		■	■	■	■
F. STARS training		■	■		■		
G. Research-based curricula	■	■	■	■			■
H. Teacher training		■	■				
I. No. of adult male fathers	■			■	■	■	
J. Percentage, adult male fathers	■			■	■	■	
K. Teen pregnancy rate, ages 15-17	■	■	■	■	■	■	■
L. Teen pregnancy rate, ages 10-17	■	■	■	■	■	■	■

Appendix

Indicators *(continued)*



The following are the current teen pregnancy prevention indicators:

Indicator A: The number of Oregon counties with teen pregnancy prevention coalitions that address all *Action Agenda* strategies.

Counties addressing all strategies in 2001: 4

Counties addressing individual strategies:

Strategy 1: Community values	30	Strategy 5: Male involvement	28
Strategy 2: Sexuality education	35	Strategy 6: Legal issues	6
Strategy 3: Abstinence education	30	Strategy 7: Teen-parent services	—
Strategy 4: Contraceptive access	32	(added in late 2001)	

Data come from Department of Human Services, Office of Self-Sufficiency and Child Safety.

Indicator B: The percentage of students in school, grades 9 through 12, who report never having had sexual intercourse.

1995	1997	1999	2001
60%	65%	64%	65%

The 2001 figure shows an 8 percent improvement over that of 1995.

Data come from the Youth Risk Behavior Survey, which was renamed the Oregon Healthy Teens Survey in 2001. For additional information on the survey, see page 31.

Appendix

Indicators *(continued)*

Indicator C: The percentage of students in school, age 15 through 17, who report having first sexual intercourse before the age of 15.

1995	1997	1999	2001
20%	17%	15%	15%

The 2001 figure is 25 percent below that of 1995, and 12 percent below the level of 1997.

Data come from the Youth Risk Behavior Survey, which was renamed the Oregon Healthy Teens Survey in 2001. For additional information on the survey, see page 31.

Indicator D: The percentage of previously pregnant 9th through 12th grade females who report more than one pregnancy.

1995	1997	1999	2001
13%	17%	13%	12%

Between 1997 and 2001, this indicator dropped by 29 percent.

Data come from the Youth Risk Behavior Survey, which was renamed the Oregon Healthy Teens Survey in 2001. For additional information on the survey, see page 31.

Appendix

A

Indicators *(continued)*

Indicator E: The percentage of contraceptive use at last intercourse by students in grades 9 through 12 who are currently sexually active.

1993	1995	1997	1999	2001
74%	74%	73%	77%	82%

Contraceptive use increased 12 percent between 1997 and 2001.

Data come from the Youth Risk Behavior Survey, which was renamed the Oregon Healthy Teens Survey in 2001. For additional information on the survey, see page 31.

Indicator F: The number of students in 6th and 7th grades who have received STARS training within the last school year.

1998-1999	1999-2000	2000-2001
27,756	29,870	27,041

Data come from Department of Education and the STARS data base.

Appendix

Indicators *(continued)*



Indicator G: The percentage of 6th- through 12th-grade schools that report using research-based, effective sexuality education curricula.

In 2000, the figure was 41 percent

Data come from the Department of Education's Sexuality Assurance Survey, training statistics, and School Health Policy and Program Study.

Indicator H: The number of 6th- through 12th-grade teachers who receive training in effective, research-based sexuality education.

1993	1995	1997	1999
172	120	115	105

The figures reflect only teachers receiving training during the current year, rather than a cumulative total of all teachers who have received training at any time.

Data come from Oregon Department of Education training records.

Appendix

A

Indicators *(continued)*

Indicator I: The number of adult males (age 20 and older) fathering births to young females (age 15 and below).

1995	1996	1997	1998	1999	2000
57	72	66	54	43	41

This indicator has dropped 28 percent since 1995.

Data come from the Oregon Vital Statistics Annual Report. For additional information on this report, see page 32. The data source is limited by the number of birth records that do not show the age of the father (49 percent as of 1999.)

Indicator J: The percentage of the males fathering births to young females (age 15 and below) who are age 20 or older.

1995	1996	1997	1998	1999	2000
13.8%	17.9%	18.4%	14.9%	13.7%	16.5%

Though the percentage increased in 2000, it is the result of declines in the total number of adult male fathers and the overall number of teen births.

Data come from the Oregon Vital Statistics Annual Report. For additional information on this report, see page 32. The data source is limited by the number of birth records that do not show the age of the father (49 percent as of 1999.)

Appendix

Indicators *(continued)*



Indicator K: Oregon's teen pregnancy rate: number of pregnancies per thousand females age 15 to 17.

1990	1991	1992	1993	1994	1995
52.2	51.8	47.8	47.9	49.0	49.3

1996	1997	1998	1999	2000
47.3	44.2	42.1	39.3	35.0

This rate has decreased 33 percent since 1990 and 11 percent since 1999.

Data come from Oregon Vital Statistics Annual Report. For additional information on this report, see page 32.

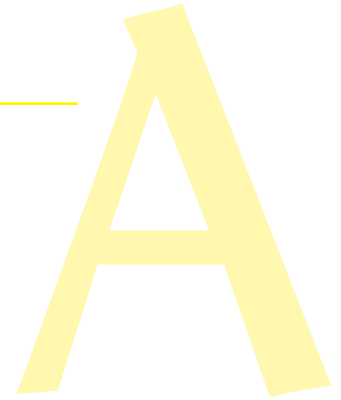
Indicator L: Oregon's teen pregnancy rate: number of pregnancies per thousand females age 10 to 17.

1990	1991	1992	1993	1994	1995
19.7	19.3	17.9	18.2	18.9	19.2

1996	1997	1998	1999	2000
18.8	18.0	17.2	15.9	14.0

Appendix

Indicators *(continued)*



This rate has decreased 29 percent from 1990 and is down 12 percent from 1999.

Data come from Oregon Vital Statistics Annual Report. For additional information on this report, see page 32.

Pregnancies among 10 to 14 year olds comprise only a small proportion of the total rate for 10 to 17 year olds. For example, in 1998, 191 of the state's 3,176 teen pregnancies were in this age group.

Limitations of the Oregon Healthy Teens Survey

The Oregon Healthy Teens Survey (formerly the Youth Risk Behavior Survey or YRBS) is a voluntary and anonymous biennial survey of high school students, administered in the spring of odd numbered years, beginning in 1991.

Oregon results include data from both randomly selected and volunteer schools. Since 1995, the samples have been weighted to account for school enrollment size and grade.

The 1999 data appeared to be fairly representative of students statewide in terms of school size and socio-economic level, but did not include students from all counties and did not constitute a random sample.

In addition, because the survey is administered in schools, results do not include students who do not attend school or who were absent from school on the day the survey was administered.

Appendix



Indicators *(continued)*

In 2001, the Youth Risk Behavior Survey was replaced by the Oregon Healthy Teens Survey (OHTS) which combines several survey instruments into a single tool.

A multi-stage, stratified cluster sample design was used, which encompassed the initial YRBS sample, and in which 8th and 11th grades are over-sampled. This design allows for replacement of refusing schools by the next school cluster that fits specific size and geographic criteria. Therefore the sample is random for at least the 8th and 11th grade data. Limitations of the currently used Oregon Healthy Teens Survey are otherwise similar to the YRBS.

Limitations of Vital Statistics Report

Oregon Vital Statistics are published by the Office of Disease Prevention and Epidemiology of the Health Services Group within the Department of Human Services.

Data are collected using refined, established and relatively stable population-based reporting systems. Limitations to the data are limited primarily to reporting compliance, reporting error or definitional changes between data collection years.

Appendix

B

Resources

Publications

- *Bee Involved in Teen Pregnancy Prevention* booklets:
 - *Organizing, Operating and Building Your Coalition*
 - *Communication*For copies call the Department of Human Services (DHS), Salem, (503)945-5600
- *DHS Statewide Youth Resource Card*: Call DHS, Salem, (503)945-5600 for copies
- *Directions Service Providers Guidebook: Pregnancy Prevention for Young Parents*
Contact Travis at the Oregon Teen Pregnancy Task Force, (503)239-6996
- *Involving Males in Preventing Teen Pregnancy*: The Urban Institute
(toll-free)1-877-847-7377 http://www.urban.org/pubs/inv_males
- *Parents Matter: Tips for Raising Teenagers*: <http://www.teenpregnancy.org/whouse.htm>
- *Recognizing and Reporting Child Abuse & Neglect*: For copies call DHS, Salem, (503)945-5600
- *Tracking Healthy People 2010*: www.health.gov/healthypeople/document/

Programs

- Healthy Kids Learn Better Partnership: Ginny Ehrlich, Department of Education, Salem, (503)378-3600 x 2711 or Romila Tandingan, DHS, Portland, (503)872-6747
- MARS (Male Advocates for Responsible Sexuality): Lena Edmunds, Benton County Health Department. (541)766-6629
- Stop and Think: Andrew Robinson, Lane Pregnancy Support Center. Eugene, (541)485-8662

Appendix

B Resources *(continued)*

Programs *(continued)*

- STRIVE (Successful Teens Reaching Inward for Vision and Empowerment): Michael Kurtz, Roseburg DHS, (541)440-3301 x 258
- Students Today Aren't Ready for Sex (STARS): Jon McDaid, DHS, Portland, (503)280-6781 ext 286
- Teacher training on research-based, effective sexuality education programs: Brad Victor, Department of Education, Salem (503)378-3600 x 2712
- Youth Solutions: Rose Fuller, Northwest Family Services, Portland, (503)215-6377

Organizations & Web sites

- Advocates for Youth: www.advocatesforyouth.org
- Alan Guttmacher Institute: www.agi-usa.org
- Association of Reproductive Health Professionals: www.arhp.org
- DHS Teen pregnancy prevention Web site: <http://www.hr.state.or.us/tpp/>
- National Campaign to Prevent Teen Pregnancy: www.teenpregnancy.org
- Search Institute: <http://www.search-institute.org>
- Sexuality Information & Education Council of the United States (SEICUS): www.siecus.org
- Urban Institute: <http://www.urban.org>