Let's Hear about the Boys: Engaging Adolescent Males in Teen Pregnancy Prevention Event Transcripts

May 8, 2012

Evelyn Kappeler: Good Morning, again, Good Morning, Great, if I would ask people to take a seat so we could get started.

I am Evelyn Kappeler, I am the Acting Director for the Office of Adolescent Health and I want to welcome all of you to the Department of Health and Human Services' Second Annual Teen Pregnancy Prevention Awareness Event. I am glad to have such a great turnout, this is wonderful. As many of you know, May is a national teen pregnancy prevention month, a time when states, national organizations, and local community based groups across the country worked to raise awareness about teen pregnancy and the importance of effective prevention programming and services. And today marks the second annual event sponsored by the Department of Health and Human Services. And, we see this event as an additional opportunity for the department to engage in a conversation about various aspects of teen pregnancy prevention. So, this year our theme focuses on the role of adolescent males and teen pregnancy prevention. We know that adolescent males are population that deserves special attention and targeted outreach and services. Research tells us that teen pregnancy and the risk associated with sexual activity are as much an issue for boys as for girls. We also know there are challenges involving boys and young man and teen pregnancy prevention and that we need to be creative in our strategies for reaching boys and making programs male friendly. Programs and services need to target ways to help them navigate through the adolescent health years and ensure they are equipped to make healthy decisions. Education and access to services both for boys and girls are critical to addressing teen pregnancy prevention. Today's program includes a presentation by experts who are working with young people and understand the importance of engaging adolescent males. However, before we begin, I would like to try your attention to the social media table on this side of the room. It's a new component this year. We would like the conversation going through the world of social media in order to share information and the ideas that are discussed here today. For those of you with federal offices we can work side by side to send tweets via twitter and status updates via Facebook about this event and to cross promote each others recourses. And, for all of you in the room, please feel free to use the hashtag #TPPBoys to tweet about this event. You don't

have to be located at the social media table to do that. I also wondering my people that everyone is invited to join a special networking session that will begin just after the secretary's closing remarks. Please feel free to browse the tables and learn about the wonderful resources that are available from the different federal organizations. We have 15 different organizations represented today as well as information from our presenters. We are all working to create better systems of prevention, improve the health of adolescents, and create and promote effective and sustainable public health systems that address the interrelated needs of adolescents. Of course we can't do this alone. Across the federal government we have created strong partnerships and collaborations and so today I would like to take the opportunity to thank our partners and co-sponsors for this event including:

- The Administration on Children, Youth and Families
- The Centers for Disease Control and Prevention
- The Office of Population Affairs
- The Office of the Assistant Secretary for Planning and Evaluation
- And, The Office on Women's Health

We were honored today to be joined by the Assistant Secretary for Health, Dr. Howard Koh and the Commissioner of the Administration for Children, Youth and Families Bryan Samuels and it is my privilege to introduce Dr. Howard Koh, the Assistant Secretary for Health. Dr. Koh serves as the 14th Assistant Secretary for Health at the United States Department of Health and Human Services. He oversees 14 core public health offices, including the Office of the Surgeon General, the Public Health Service Commissioned Corps, 10 Regional Health Offices, and 10 Presidential and Secretarial advisory committees. He is the senior public health advisor to the Secretary and as the Assistant Secretary for Health Dr. Koh is dedicated to creating better public health systems of prevention and care so that all people can reach their highest attainable standard of health. He has been a tireless supporter of teen pregnancy prevention and it's my pleasure to have him open this event. Please join me and welcoming Dr. Howard Koh.

Dr. Koh: Evelyn, thank you so much and welcome everyone. Someday let me do the national anthem here but not today I guess but it's just wonderful to see the energy here and feel the passion of everyone gathered and I want to thank all of you for coming to this very exciting morning. I have the great pleasure of saying some few words of welcome, thanking all the speakers and panelists here and a very thrilling set of presentations and then also later on introducing the Secretary who is also very, very committed to this area so thank so very much for joining us here today and let me just say to begin to oversee some 14 coordinating officers here as a assistant secretary as an incredible privilege and incredible learning experience and in that tenure, I have been here now about three years as an assistant secretary which I can't

believe, I have had the incredible life experience of overseeing this new Office of Adolescent Health which was started in February 2010. So, you may or may not be a member of this whole effort here with respect to coordination on adolescent health and teen pregnancy prevention is only just over two years old and that effort has involved tremendous contributions from colleagues in this audience but particularly the leadership of colleagues in the Office of Adolescent Health and particularly a wonderful colleague Evelyn Kappeler, to start with no office, no template, no staff and build it up to a very vibrant, active, impactful science and evidence based effort that's really making a difference is pretty extraordinary and so I think we should start by giving Evelyn Kappeler an incredible round of applause. And, now little over two years later we actually have a staff and when I visit OAH I am always impressed by the collegiality, the absolute passion and commitment of my colleagues there, so I would like to recognize Allison Roper, Susan Maloney, Tanya Sanders, Aisha Hasan and in fact everybody in OAH can you all stand up and get a round of applause from our colleagues here. And of course one of the reasons that OAH is off to such a great start is we were able to connect with all of you, so many who have done such a great work here for so many years, so I am delighted to be sharing this opening remarks with my wonderful colleague Commissioner Samuels and you will be hearing from him in just a second from ACYF and I really want to thank all of our colleagues at Women's Health, the CDC, Population Affairs, ASPE and the 15 organizations plus represented here and thousands of other colleagues across the country who are really making a difference. So you know that we are at a very fascinating moment with respect to teen pregnancy prevention. On one hand we have just heard new information that US teen birth rate has reached a historic low, in fact declined some 9% from 2009 to 2010 to 34 births per 1000 for females age 15 to 19 so that's a marker of public health success. But, on the other hand the US teen birth rate remains one of the highest among industrialized countries. Our rate for example is 10 times the rate of Switzerland and then we also have tremendous disparities in the statistics with teen birth rates for black and Hispanic girls still twice that of white teens. So, we want to build a program where all young people have a better chance for a success for adulthood and a healthier future and that's why today we are focusing and putting renewed attention on boys. Let's hear about the boys engaging adolescent males. Oh! a big round of applause, okay. That's great. And, it's amazing to see how we have gotten off as a country to a relatively slow start this year. It wasn't even until 2002 that data collection involving males was incorporated into the national survey for family growth which gives so much critical information about this field. So at least we are finally starting to count and track the contributions of boys and men in this whole area, we want to counsel them as well as young girls and women so that everyone is making better decisions about their future. We don't want adolescent boys and males to be an after thought but in fact a primary target audience and that's why here at Health and Human Services all of our partners led by Evelyn and OAH have put so much emphasis on building an evidence-based portfolio of

programs that work and need to be exploit further and possibly discriminated with the help of all of you so that we can reach boys better. So, for example there is a program called Aban Aya I hope I said it right which targets African-American youth and addresses violence substance abuse and risky sexual behavior. It's a project in some 12 Chicago schools and this project was shown to increase condom use amongst among sexually active teens and decrease the incidents of sexual activity amongst study participants and another program called Draw the Line Respect the Line serves primarily Latino teens in middle schools ensure they are delayed for sexual experience among boys enrolled in this program. So, these are just some of the examples you are going to hear about evidenced based efforts that work that reach both males and females and this is the time in our public health history where we need to be as creative and as innovative and as inclusive as possible and that's why we are having this very important conference this morning. So, that's it for my introductory remarks. I am delighted to open up and share the progress that we have had just in a couple of years here with all of you and thank you for your continued commitment in this area and that's my great pleasure to turn the podium over to Debbie Powell who is Acting Associate Commissioner with The Administration on Children, Youth and Families thank you very, very much.

Debbie Powell: Good morning and welcome again. Yes, I am Debbie Powell, I am the Deputy Associate Commissioner and the Acting Associate Commissioner for The Family and Youth Services Bureau which is in the Administration on Children, Youth and Families (ACYF). ACYF Family Services Bureau administers the comprehensive teen pregnancy prevention Personal Responsibility Education Program which is PREP and the Abstinence Education Program and it's my distinct honor and pleasure to introduce to you our ACYF Commissioner Bryan Samuels. Bryan Samuels was appointed by President Obama to provide leadership over the Administration on Children, Youth and Families. ACYF administers around 8 billion dollars in program designed to strengthen families, support youth at risk and protect children. Before arriving at ACYF Commissioner Samuels spent his career formulating service delivery innovations and streamlining operations in large government organizations on behalf of children, youth and families including Chicago public schools, the Illinois Department of Children and Family Services, both the third largest in the nation. At ACYF he has focused his efforts on improving the social and emotional well-being of at-risk youth, promoting evidence-based practices in all of ACYF's programs and emphasizing trauma-informed care. Commissioner Samuels has also taught at the University of Chicago's School of Social Service Administration while also providing technical assistance to state and local government to improve human service delivery to vulnerable populations. Please join me in welcoming our Commissioner Bryan Samuels.

Commissioner Bryan Samuels: Good Morning everyone. And like to echo Howard's comments, we really excited about you being here, we think that this is an important discussion,

it's great that it's the second time we have had this meeting and I really our expectation is that overtime this will be a gathering point for all of us to come together and really talk about the important things that we have learned over the years as well as share innovations, new things that have occurred and really provide an opportunity for folks to really dialogue across all of the TPP programs that are up and running through the administration. I also want to acknowledge the hard work Debbie Powell and her team in getting the PREP program up and running as well as supporting the Abstinence Education Program and so Debbie and her team has done a great deal of work, we were really proud of the work they all are doing and excited about having that team in place and really moving the field forward with the federal resources that we have. This is also just an exciting time to be a part of the human services field. For so long human services has been seen as kind of a soft service, a soft science. And with the emerging evidence-based programs that are out there we really moving from a place that we are not just having theories for the programs that were operating but we were actually having evidence that they make a difference and in the context of diminishing public resources there could be no more important movement than the movement towards an evidence-based approach to teen pregnancy prevention. So, this is a great opportunity, it really does position the human services in a manner that they haven't been positioned in the past and we are really excited about being able to make the case that these early investments in our young people have lifelong benefits. So, it's a great time to be in the field and a great time to be doing this work in teen pregnancy prevention. It is also a unique opportunity today to be talking about the impact that males are having in the context of teen pregnancy prevention and I just like to tie in my welcoming comments to one of probably the most important public health studies that had been in this country over the last 20 years. That particular study was the ACES study and the ACES study was first published back in 1997 and it really looked at adverse childhood experiences and the consequences of those experiences throughout the lifespan. So, specifically the study used a database from Kaiser Permanente in conjunction with a grant from the CDC to take a look at individuals who were on average 55 years old and had third party insurance so they were employed in the private sector opportunity and it looked at the consequences of things that happened to them early in their life and surprisingly they were able to document incredibly high rates of heart disease and cancer and bronchitis, emphysema, diabetes, smoking, sexually transmitted diseases, they were able to tie adverse childhood experiences early in life to increasing rates of public health issues and so it is a profound study it had a great effect on the way we think about the consequences of early childhood experiences and their definition was broader than child abuse so the definition that they use for adverse childhood experiences were domestic violence, household with substance abuse, household with mental health issues, parents who have been separated or divorced, families have a criminal background where there is verbal abuse, physical abuse and sexual abuse. So, a pretty wide definition of adverse childhood experiences. And the reason why I thought that it was appropriate to

remind folks of that study is that not long after it was first published there was also a companion study that was published they talked about the impact of adverse childhood experiences on teen pregnancy. And so in this population of 55-year-old individuals who had jobs they were able to go back and look at, did their adverse childhood experiences have a consequence in teen pregnancy and what they found was consistent what they found in other incidents which is that the more adverse childhood experiences these individuals had, the greater was the likelihood that they would father a child in their teenaged years. So, what the study found was that boys who had four or more adverse childhood experiences were two times more likely to be involved in having a pregnancy with obviously a female and that boys who had five or more adverse childhood experiences were three times more likely. And, so the point here is that there is a close relationship between the social and emotional experiences that young people have and the rate of teen pregnancy and so often it is the case in much of our policy making and program making our tendency is to design our strategies around this rational actor model if we just give them enough information they will make the right decisions and no bad things will happen and what the adverse childhood experience study does, it provide us evidence that information alone doesn't change behavior. There are actually social determinants of behavior and as a result of that as we think about our programs in terms of going forward and reaching the most at risk young people we have now an appreciation because of this study that those consequences matter and that we can work to address those consequences and through addressing those consequences we reduce the likelihood of teen pregnancy prevention so I thought it was appropriate to take this public health study that had a profound effect on our overall understanding of the life course and highlight the fact that this study shine the light on the fact that males who have adverse childhood experiences are far more likely the father or child then males who have no adverse childhood experiences and so we are excited about the evidence-based environment that we were working in but we were also excited about the public health information that we have available today that we can use to inform our practice, inform our programs and ultimately inform the way we engage young people in trying to get the positive result for them. So we are excited to have you here today, we are excited about the conversations that you are going to have today and more importantly we are excited about the fact that we have all of the science today that we can bring together in one place and design strategies that have a greater likelihood of getting to positive outcomes for those young people who need positive outcomes more than most. So enjoy the rest of the day and thanks for the opportunity, I am going to hand it off to Evelyn and she is going to introduce our key note. So, thank you and have a great rest of the day.

Evelyn Kappeler: Well, thank you so much Commissioner Samuels and Dr. Koh and thank you for the support you gave to us and the staff at the Administration for Children, Youth and Families everyday for the work we do. Next I would like to invite our speakers to take the stage

and I am honored to have three experts in the field of male involvement with us today. Our first key note speaker is Andrew Levack, he is a leading expert on prevention efforts that reach men and boys. Andrew is the former director of EngenderHealth global Men As Partners program and continues to serve as a senior technical advisor for EngenderHealth's projects within the United States. His work focuses on redefining negative constructs of masculinity and promoting the constructive role fathers can play in the lives of their children and families. Andrew is the founding member of MenEngage, a global alliance of over 300 organizations that seek to engage boys and men in gender equality. He sits on the United Nations Secretary General's Network of Men Leaders as part of the UN campaign to end violence against women and in addition to all of this amazing work Andrew is also the Director of Gender Matters an OAH funded research and demonstration project to prevent teen pregnancy. We are also joined by two panelists today who will share their expertise in the area of male involvement. Cathy Watson is the Bureau Chief for the Baltimore City Health Department's Adolescent and Reproductive Health Services where she directs and oversees the Title 10 reproductive health clinics, develops and implements special health programming and participates in research based projects investigating best practices in the field of adolescent health. With over 20 years of experience in public health Ms. Watson is committed to adolescent health and works to build partnerships and collaborations with a variety of community based organizations. Her experience as budget chief managing over 60 staff with 4 million dollars in an annual budget and as a project officer on numerous federal grants have placed her as a recognized leader in integrating youth development best practices with quality clinical approaches. Our second panelist is Stephen Powell. Mr. Powell is the Executive Director at Mentoring USA. Prior to joining Mentoring USA in 2005 he worked in program development and management for local and national non-profits. He is also an advisory board member of New York City's Young Men's Initiative, serves on the board of directors for Harlem Serves, leads the male mentor recruitment initiative entitled MEN-TOUR and has provided mentoring technical assistance and support. Mr. Powell has received several awards and honors for his work including "Mentor of the Year" by Determined To Educate Incorporated, ACF's Region II, Regional Administrator's Excellence in Service Award, the 2012 Image Award from Fathers Incorporated, and he has been honored by the White House this year as a champion of change walking in the footsteps of Dr. Martin Luther King, Jr. Please join me in welcoming our speakers today, Andrew.

Andrew Levack: Good Morning, it is a real pleasure to be here with you today. It's truly an honor and I mean that, I mean that truly. In fact I went through some extraordinary length to be with you here today. You see my wife is 8½ months pregnant but I was so excited to talk to you today that I am not currently in Austin with her. Now I do recognize that, that's a bit ironic that I am here to talk to you about engaging men in reproductive health and I am here with you but I do want to let you know that my wife did insist that I come here to speak with you

knowing how important this topic is in my heart and she also promised me that she will not go into labor until I returned. Now, that a bit funny since she is a nurse midwife and should know better. But I am here to talk to you about engaging men in pregnancy prevention and I am going to focus on the "Why" and the "How" so I am going to start by showing three reflections on why it is important to work with men and then I am going to move and talk about three reflections about how we can do that more effectively but the first before I go into the "Why" it should be somewhat exquisite to understand that biology does dictate that men are involved in teen pregnancy alright. As a recent study that came out that found that males were involved in 100% of all teen pregnancies. So we know that they need to be involved but let's go into some detail about what we know about that. So my first key point about why it is important to work with the young men, is that we need to know that the boys need to learn about delaying sex as well. Alright. We know that abstinence is the most effective and only guaranteed method to prevent teen pregnancy and we know that there are skills out there skills like reading and writing to preventing teen pregnancy. Right, that we need delaying skills, skills to refuse sex but we often times think about those skills that particularly sit in the domain of young women, that they are the ones who are responsible for negotiating sexual limits and refusing sex. But that's a dangerous assumption to make in fact recent data from the National Survey on Family Growth found that youth 15 to 17 that only less than 30% of those youths are sexually active and that there are no significant differences between men and women. So the vast majority of young men are actually not having sex and so we need to continue to support their ability to delay and refuse sex. But at the same time I don't want to minimize the fact that often times young men do put pressure on young women to have sex and that often times it is young women who are asked to set sexual limits. Until when we talk about skills to delay sex and the skills to refuse sex those were important but we also have to talk about another very important skill particularly with young men, which is the skill of accepting no. The skill of not putting pressure and using coercion on young women to have sex. So that's need to be a part of her abstinence education. Related to that comes my second point about why we need to work with young men, which is that we need to address intimate partner violence prevention with young men. We know more and more about the interrelated nature between intimate partner violence and teen pregnancy. Some research by Jay Silverman found the girls in high school who reported experiencing dating violence were 4 to 6 times more likely to have ever been pregnant than peers who had not experienced dating violence. And so often times in sexuality education we have a real missed opportunity here, we talk about a lot of relationship dynamics and skills to prevent pregnancy but we don't talk about intimate partner violence and how it places young people at risk. And, when we talk about intimate partner violence prevention, we really have to target young men. Unfortunately, they are the vast majority of perpetrators of gender based violence are men against women. So we have to address this in our work.

And, my final message about why it's important to work with young men is that young man play an especially important role in terms of condom use. We know that for youth who are sexually active condoms are the only form of protection that provide dual protection around both pregnancy and sexually transmitted disease and while young men can play a role in multiple family planning methods, any family planning method they can play some role and have a particularly significant role to play in condom use. And I speak about condoms from my own reflections of carrying out a program in Austin, Texas where unfortunately condom use is becoming much more important in terms of pregnancy prevention because of the barriers to clinical family planning services that we have experienced in Texas and that it exist around the country. As we know Title 10 is taking drastic cuts to the family planning which is limiting young people access to free and confidential family planning services. Now in Austin there are only two Title 10 clinics still functioning and they have a very limited budget so they can provide very limited services. And in Texas, when there is a Title 10 funding there is a State Law that supersedes that, it says that we must require parental consent for use to access family planning. So, unfortunately as we move along condoms are really becoming a primary means of contraception for young people, often times they are the only method. So we have to engage young men about this important method. So, I now want to move onto the "How." Alright, how do we work with young men to prevent teen pregnancy and my key point here, the first key point of the three I want to make, is that if we are going to work with young men we need to address societal messages about masculinity. We have think about if we really want to address men's behavior we have to think about what are some of the harmful messages that exists in society about what it means to be a man and how those related to risk for teenage pregnancy. Lets think about some of those messages, they include being dominant over women, objectifying women, that man should be players, since they have multiple partners and also a men should use violence to resolve problems, they should focus on physical strength to observe power and control, that men should hold their emotions that they should not be vulnerable that shouldn't ask for help but they should seek out clinical services. So, these are all messages of a very limited notion about what it means to be man but a very dominant notion about what it means to be men that's perpetuated in movies, in music, in TV and media and often times by peers as well and it is not the definition of manhood, it's a very limited notion of what it means to be a man. We have to provide opportunities for young men to examine these issues and ask for themselves what kind of man do I want to be and do I bind to these messages. Now it's interesting that's G.I. Joe up there on your right. That's the new G.I. Joe, his bicep is bigger than his head which tells us a little bit about the messages about body image for young men too. But it is important to think about how the media message perpetuate, this is the G.I Joe that I played with when I grew up, a very different message. I am

not telling men that they can't be men and I not telling them that they can't play with G.I. Joe's, it's just simply the ability to be aware of that, to question that. So if we are going to talk about gender and men masculinity one of the question says how do you do that, isn't that just the way the things are, aren't boys just going to be boys, well there are ways to talk about this and to reflect on this. One of the ways is to share some of those images that exist in the media and have young men and women critically analyze and the men say hey, you believe in this, it's up to you, it's your life what kind of man do you want to be. But we can also do things like an activity that's done by lot of people called gender boxes, where you have people think about what are the dominant messages that men and women receive. We often times use an analogy to the fact that these messages are like a box, they are constraining, they say you can only be one way, there is only one way to be a true man, there is only one way to be a true woman and that's limiting and they are cost to that. Alright, so we use these some in classrooms and sometimes someone says something that's typically stereotypical, its success and educated to pick up that box and say yeah tell me more about that, tell me more about what you are saying. So, we know though that these messages are really important, alright. We actually know there are studies from the National Adolescent Survey of males that happened in the 80s and 90s where we took a look at young men who held on to some of these more traditional messages of masculinity and we found that those men who held those beliefs were less likely to use condoms consistently, more likely to have an adversarial relationship with women, and less likely to believe in males responsibility to prevent teen pregnancy. So, gender does matter, it's a key determinant of risk for teen pregnancy. I also come with messages that show as we talk about evidence-based that this work can actually make a difference. In 2007 the World Health Organization carried out a study that looked at 83 evaluated programs that worked with men and what they did is that they said which of these programs are gender transformative which are these actually look at these messages about gender and which of them only work with men as a target group and the study found that programs that were gender transformative that looked at these underlying messages of masculinity were more likely be effective then programs that's just work with men as a target population. So, there are some promising practices around that. My second message to you about the "How" is that we actually need to work with men and women together. Alright. Now, I don't have any problem with programs that work with men on their own in fact I have designed some of those programs and carried some of those out. But I think it's important to recognize the value that exists when we have men and women in a shared space, alright, that we create an opportunity for men and women to listen to each other, to hear their perspective on issues, that we provide an opportunity that lets men and women learn how to communicate with each other. I am amazed in the work that I do with young people about the adversarial nature of young men and women, that's constantly a power struggle about who is playing and whose got the upper hand on each other and we have to get past that and the only way that we can do that is by bringing each

other together and talking about how to get past that distrust and how can we get the respect.

And meanwhile when we talk about these messages about masculinity, I think it is fair to say that we know that women can actually reinforce some of these harmful notions in masculinity and that men can reinforce from these harmful messages of femininity. There is a group called Men Can Stop Rape that works in New York City and one of the young men who was working in one of those programs after several weeks of talking to men about different way to be a man, he started to share with his girlfriend and started to be more vulnerable to his girlfriend and the girlfriend came back to him and said I am not looking for that, I am looking for a soldier, alright. So, if you want men to be different women need to expect men to be different as well. Finally key point 3, don't stereotype men. What do we expect from men, what's our expectations, do we expect them to be lazy, to be abusive with alcohol and drugs, to be emotionally disengage, to be not involved with their families or do we expect something better, do we expect them to respect women. Do we expect them to have a friendly, non-violent relationship, do we expect them to support equality, who we expect and who is happier, this guy or this guy. I think this guy is happier and so another key point of this is that there is something in this for men right, that if men can be a better men it makes their own lives more fulfilling, their relationships more fulfilling, their contribution to communities more fulfilling. But these risks of stereotypes perpetuate even our work and the real risk and we all fall victim to him, I fall victim to him, you know often times, you know we make messages that reinforce stereotypes. Here is one, you know, and I understand yeah you know, men are dogs, men are pigs, I get that there are some men that behave badly. But what did they say to the young men who see this message, right. It says okay, that's the expectation, fine and that's how it supposed to be, right. We have to ask more of men, we have to have new assumptions that we make. New assumptions that say that men should be non-violent, men should be great partners, men should be faithful, men should use condoms, men should care for their children, they should stand up against violence, and they should help other men become better men. So let me finish with just, with that thought of mind to hear from one of the young men who participates in our program funded by the Office of Adolescent Health. This is a young man named Trevante, who is 17, who participated in our program last year and Trevante was a natural male leader in our group, charismatic eye, good looking, everyone looked up to him and you know if we had stereotypical expectations about who Trevante was he would have surprised you. These are some other things that Trevante said. He said one stereotype that I reject is that all men are cheaters, all men don't cheat, I don't, so that's something I reject. And he went on to talk about relationships, and he said three characteristics that I would want in a romantic partner are talking about how she feels, trust me, you know, trusting me enough to let me know her family and her being able to say that she loves me. It's young man like Trevante that we celebrate today. Young men who are out of the box and by being so get to enjoy better health, better relationships and make the

world the better place for men and women. So let's hear it for the boys.

Cathy Watson: How you are doing out there, okay good morning to you all. I would like to take this time to thank the Office of Adolescent Health for the invitation and Child Trends for the faith in me to be able to provide some insight on this topic Reproductive Health for adolescent males. There are countless reasons why males should be brought into discussion about teen pregnancy prevention. As Andrew stated there is clear evidence that men was important contributors to pregnancy. Their condom use plays a critical role in preventing pregnancy and sexually transmitted infections. However knowledge and attitude are key determinants to condom use. The period of adolescence of young adulthood is one of transition and experimentation. For some it includes participation of risky behaviors, early sexual debut and sex with multiple partners and unsafe sex among adolescents are really common leaving them at risk for unintended pregnancies and sexually transmitted infections. Even the recent decline in teen pregnancy prevention rates as I mentioned earlier the US still have high rates of teen pregnancy prevention. The impacts of teen pregnancy and parenting are financial, emotional, physical and social continued through the generations. The high rates of unintended pregnancy and STIs due in part to a lack of access to and utilization of reproductive health services for males. A lack of information in education regarding the need reproductive health services and attitude surrounding male involvement in reproductive health all impact male behavior and this in turn impacts several in teen pregnancy prevention and safer sex. Including males in reproductive health services whether it is health education or clinical services is a challenging process but it can be done. For my limited time today I am going to offer an illustration by providing you an overview of how we successfully immigrated males into our traditional family planning clinics. These overviews were presented in three parts; what worked, what did not work and what needs more work. So what worked basically. The overview of our clinics, Baltimore City Health Department has two Title 10 service providers in the city. Baltimore City Health Department being one, Planned Parenthood is the other. Baltimore City Health Department clinics are community based. We have two adult centers and one teen young adult center located in areas of high medical need, low income and poor indicators of health. Our clients come from low social economic status homes are primarily African-American with a large Hispanic population at one of our adult clinics and underinsured. Most of our clients do not have primary healthcare providers and often receive their only healthcare from our clinics. Our adult clinics have been providing traditional family planning services over 40 years with a clientele being all female. Our teen and young adult clinic which has been serving the community for 22 years have a clientele of 90% female and 10% male. Recognizing the need to serve more males we rolled up our sleeves and began to work. We started by contacting experts in the field for help. A review of the literature and conversations with colleagues that are also in gender health. They spent several months on setting the stage for us assessing the

clinics, looking at the space, changing pictures on the wall, changing colors, adding male magazines, educating and sensitizing all staff providing services to male which include providing clinical training for our clinicians and we looked at what we did as far as male involvement currently. We also aligned ourselves with local male focus community organizations some day it worked for development agency and of the entry program to provide services to their clients. The process was slow, intense and painful for the staff at times. This was our foundation and it worked. We generated a new level of energy around knowledge and welcomed the opportunity to provide services to men. This was the beginning for us and several years later we competed and was awarded an office on family planning research grant to test various interventions in the community and which allowed us to increase our male numbers some more. Just this past July we partnered with our health department STD clinic by providing reproductive health services to males once a week at one of their clinics. We average now 10 to 15 guys who seek help from that service waiting to be seen. We also see some of the guys coming into care our teen with young adult clinics which was a good success rate for us. Our approach is to increase the males reproductive health clinics have been successful. I am proud to say that from July and March of 2012 of this year we increased male users to our adult clinics by six percent compared to one percent of the previous period last year. For our teen and young adult clinic we increased our male users by 16% compared to 13% of the same period last year. So in the sense this is what worked. What did not work well, and I just say that this is not a scientific based approach this is what you know, lessons learned from the hard knocks, School for Hard Knocks I call it. As I stated early this is a slow process, we are moving up, we have encountered road blocks and a few strategies that we discovered did not work. We experienced appointments scheduling and created a couples only clinic, it did not work. We assessed reasons why and determined it was because of the timing and convenience. Our activities was in-reach to get our female clients to bring in their partners did not work. The females would take the information and gladly stated they will share it with their partners but it was difficult to say that why their partners did not come in. I can surmise that basically their partners did not feel comfortable in a female setting for the clinic that has been primarily viewed as a female clinic hence Title 10 clinics. One of our key strategies was to assign a health educator to work exclusively with the male clinic and help bring clients in. We first assigned a female health educator for that role, that did not work. Even if they had years of experience in the field she had little success with bringing the guys in. Men and young guys wanted to talk to another male. We now have a male health educator leading all the involvement at the adult and teen clinics. So what means more work we have limited results in attracting males in our existing reproductive health services. We need access to reach adolescent and young adults in the community, meet them with other male providing services, provide the information and education regarding the need for reproductive health services and responsible sexual behavior. We need more experienced and talented reproductive health educators. We need

more training for those health educators to do programs like the family planning counsel. We need to continue research activities and develop male immigration model and family planning settings and perceptions of providing service and this work is being done through the family planning counsel and through Dr. (inaudible), Michelle and Hopkins. We need more champions and experts in the field, local champions like our health educator William Tatum who dedicated to providing services to men in the community in our own clinical setting and national champions like the Healthy Teen Network that is focusing on adolescent male parents. Yes we have made a good start and the attention to males in family planning and pregnancy prevention is still there but more needs to be done and I invite you all to join me in helping move this forward. Thank you.

Stephen Powell: Good morning, oh gosh, do a little better than that, good morning. I would like to thank the Office for Adolescent Health, Child Trends and all of the other collaborative partners who pulled this very needed conversation together. I actually have a personal interest in this having two daughters, a five-year-old and a 11-month-old, so I figure if I invest in helping human services now that will keep me out of the justice system later. It's really interesting having this conversation because prior to joining Mentoring USA I actually worked for an organization called the Harlem Educational Activities Fund and I actually taught abstinence to seventh grade boys and media literacy to girls and boys in the eighth grade and what alarmed me having a conversation with the boys was where they were getting their information. Until just thinking about the situation they were in and me being, my own personal experience, I have to kind of just draw the connection because I lost my father at the age of five, was raised by a single mother, and when I was at the age of 13 you know, boys kinda go through this thing you know, one summer Nicole looked a certain way, we come back to school and Nicole has blossomed. Now and that's a normal part of human development but the question is where do I get the credible safe information that I need so that I can understand the consequences to the actions that I want to do and when you think about what children are facing now we have a microwave society but we have information that needs to be slow cooked. When I wanted to get information I would go to the library or I would go get an encyclopedia. You guys remember encyclopedia's right that's like totally outdated but it was a safe space to get the information and more importantly I also had a mother who planted seeds very early and those seeds were spirituality, responsibility. She told me three things that I carry into the work that I do with mentoring, have a goal that's going to affect positively your community and myself and my family, be mindful of the company that I am going to keep and then be aware of my consequences and actions. That lesson followed me for the rest of my life because what happens with boys we have to look at the spectrum of life as a Rites Of Passage and there are three phases to most rites of passage you have separation, transition and incorporation. So with boys what happens during the transition phase particularly if there is not a male role

model around because in mentoring the basic crust of it you are looking to model positive behavior. Now I represent Generation X and in Generation X it's a very unique positioning because as a child I heard treat her like a lady, the girls are right with me, I had the Temptations in my household but as I was growing up, I had (inaudible) back that thing up, what is she backing up? These are natural questions, but again if you are looking at young boys and young girls to be high performance vehicles we have to give them premium fuel and what they are getting right now is totally unleaded and they are acting on it. So, we can't look it. The media is a big piece for this because it is the other thing in the room. So, we have to really focus on providing a variety of ways to provide a safe conversation. Now my organization Mentoring USA we provide one-to-one site base mentoring and what we found as we have been growing our organization nationally partnering with corporations and the faith based community is that there is still a decline of men getting involved in mentoring. So, we have been very intentional in establishing that conversation and focusing on how we recruit men and one of the projects that we did with the open society foundation for campaign for black male achievement. It's an initiative called Men-Tours. So, it sounds like mentor but it's actually Men-Tour and the purpose of that project is to recruit men that are already mentors to engage other men to have the conversation with boys. We also built in a peer mentoring framework where men can be a resource to one another. The last thing we want to do as a mentoring organization when we are trying to change the culture of mentoring is to put a wounded man in front of a boy that trying to figure out his life but we have to create a safe space to have that conversation because genuinely speaking we do not encourage boys to have conversations. My daughter is five years old. When I had go into the bathroom, I noticed too much of information but when I had go into the bathroom she says to me Daddy, are you standing or are you sitting? I asked what do you am I standing or am I sitting but the point is that she has a question that I need to address and I don't want anyone else to address that question because that question needs to be addressed in the home first. So, our conversation shifted from okay now because she said to me because Jay and Jalon they stand when they use the bathroom. Okay, so she understands male anatomy but I need to manage that process. The village is on fire but the village is also virtual. What we have to look out for 20 years ago is totally different. Children have the means to communicate via Twitter, via Facebook, and when we talk about monitoring you just don't know. I could have told my mother I was in one city and be in a totally different place with a cell phone. So, the landscape has changed and the way that we have to address the process has definitely changed. So, I am very committed to engaging in this process because I also believe that there are two types of (inaudible). There is a return on the investment and there is a return on ignoring. We have to get away from ignoring this conversation and even when I take my daughter to the park is a kind of interesting when you watch a male child and a female child. Let's say they are around five years old. The male falls and the female falls, we treat them totally different. With the little girl, we ask "are you okay?" She is crying. Little

boy, "suck it up, be a man." Maybe, he just wants to cry. Maybe, he is hurt but the point is that we have to encourage conversation because the one thing that I realized is that my mother had very little influence and I am being very honest. She had very little influence on me when I was a teenager. My influences came from my peers but the seed that she planted early was "make sure that you are around the right company." I stayed away from high risk activity because I was working towards a goal and I clearly understood what would deviate me from that goal. So, pushing that conversation and making sure that our children are in a safe environment is a great way to really look at this whole topic on engaging male around teenage pregnancy prevention. Thank you.

Evelyn Kappeler: I would like to thank a wonderful panel and we now have an opportunity for some questions from the audience that Child Trends staff will be walking around with microphones. If you would please be sure to identify yourself, your name and the organization with which you are affiliated and then the presenter to whom your question is directed. So, if you have a question, you want to raise your hand. We will bring the mic around. It's one over here.

Audience Member 1: Hi, my name is Sarah, the lawyer for Advocates for Youth. I thank you so much for your wonderful presentations. I was wondering if any of you could speak about some successes you had in terms of pushing back against programs that do reinforce gender norms and stereotypes especially for a young man where it's very much that be a man, man of type language because I feel there is a ten of them out there, especially too often and like the sexual health field. So, if you had successors what is the language you use when you are approaching somebody's communities? Thank you.

Andrew Levack: Thank you. First shot of that, you know, pass it on for anyone else to reflect. Well, I think it helps there is a name for that. We actually talk about those programs being gender reinforcing. Right, that you have got gender transformative programs on one end that I mentioned that provide a reflection on this and then in the middle, you have programs that are gender neutral that don't really get into gender at all and then on the other end of the spectrum, you have gender reinforcing that actually consciously or often times most often times subconsciously reinforcing some of these harmful messages and I think it's an opportunity as I said you know I don't work with men a long time and I have been a victim myself of doing the same things, you know, so I think it's not to be adversarial about it. It's just to name it and talk about it and recognize that a lot of times we do unintended harm when we actually reinforce those and I will give you one quick example, I used to do a lot of work in South Africa and they had a very popular condom there. There was a number one seller and was called Conqueror Condom and there was a picture of a Zulu warrior with a shield standing over a woman and you know it's so great and so to some extent they carried out their

goal of selling a lot of condoms to men, but at what cost and so even if people say, yeah all men like talking about this, this is where they are at, about to say well, let's get into another place then because it's not a really good place to be at.

Cathy Watson: We primarily work with young guys in our teen clinic and the one lesson learned that I mentioned earlier that I want to reinforce here is that the relationship is what it is they get the information to the young person. I am coming from a social work background, we always say to my staff begin what a client is, begin what a young person is, help them to identify what they want, what they don't want and support them in what direction they want to go into. This helps them to achieve what they want and help us to meet our goals that we want to do.

Stephen Powell: And the one thing, a small thing I would add to that is being very mindful of the labeling that we do to children, you know, so focusing on the fact that if you look at a child, they are like a bank. So, you either make an investment or you make a deposit based on the language that you are using and what we find a lot particularly with single mothers who are trying to find mentors for their sons. The one statement that I always hear is he is the man of the house. He is the man of the house. So, when he is 8 years old, he can't be the man of the house. He is actually looking for someone to be the man of the house. So, what happens in that situation because a lot of boys when they don't have a man in the house or you tell them at the wrong time that they are the man of the house now that they are 13, 14 years old and their peer circle has changed. They may be associated in a gang type of environment and because you already anointed him as the man of the house, he is going to act on that. So, making sure that they are just very mindful with the type of language that we are using so focusing on the preparation and the training for parents involved in the process is the big piece around them.

Evelyn Kappeler: Do we have some more questions? Okay.

Audience Member 2: Hello, I am Roberto Stanley with the National School Board Association. Would you please address the role that school based health clinics might be able to play in this realm?

Cathy Watson: Okay. As there are Title 10 providers in Baltimore City, we do contract with the school based health center providing reproductive health services at about, may be 12 schools in the Baltimore City area. We work very closely with them providing the reproductive health service as well as a health education services that they need to help to move the young people through whatever choices they want to make within the schools.

Andrew Levack: I will just say that I am uniquely unqualified to answer that question because I live in Texas where we don't have school based health services. So, I would encourage the need for them absolutely. We are just trying to get sexuality education.

Evelyn Kappeler: Do we have some other questions from the audience? I think we have one over here and he is trying to turn the mic on.

Audience Member 3: Yes, Good Morning. My name is Henry Jones, Social Worker Department of Human Services with the teen parent assessment program and certainly teen parent is almost an (inaudible) teen and parents but it's where it is we try to empower them at whatever age. I am certainly glad to be here very powerful information and Mr. Powell in particular I feel for you, you are going to have two teens at the same time. So, I want to just give you that projection so you can prepare for that. You understand and you also traumatized me. I have a son who is 26 now but 21 years ago I discovered he was sitting down urinating because that's what his mother taught him, I had no idea so you know it really affected me at the time too so.

Stephen Powell: We can create a support group for one another.

Audience Member 3: Thank you, that's right. Now we know that certainly males and females learn differently at different times and my question is what educational reforms and what would you evocate for so that we can kind of level that playing field so they can learn at the same time as much as possible.

Cathy Watson: I am going to start off by saying that I will love to see the sexuality education begin in elementary school. I think we need to start them early to get the prevention messages, you know, to these young people so that they can make informed decisions.

Stephen Powell: The other piece of this is financial literacy. When I was teaching abstinence going down the list of how much diapers cost and food and all of the other financial responsibilities that come what being apparent is an essential piece of this ending with site base mentoring providing structured sessions as a real piece to having a successful mentoring relationship. So, I would actually add the whole piece around financial literacy.

Andrew Levack: Thanks for that question. Yeah, I would certainly support your question I think that we know that yes there are some studies that are looking at different learning styles between men and women some examinations of male and female brains that seem to say that there may be some biological differences, but despite those differences I think that we have to recognize the teachers may have biases based on gender and we really need to break those down that, you know, all of these norms around gender are perpetuated by teachers, by parents and by all individuals. So, working with the teachers to get past stereotypes about what subject's men and women should be focusing on and what their potential are

and the other thing I would say about schools as I mentioned the adversarial relationship that I see between young men and young women in schools. I think that we need to make school safer places for young men and particularly young women places that they can actually not be worried about the harassment and the bullying that exist and being able to just be in an environment to learn and if we could level that playing field I think we make a long, long way into providing an opportunity for both young men and women to get the education they deserve.

Evelyn Kappeler: Do we have other questions? I think there is one over here.

Audience Member 4: Hi, my name is Lisa Porter. I have a quick question. My focus is substance abuse. So, how has substance abuse been integrated in some of the teen pregnancy programs?

Cathy Watson: We evocate evidenced-based curricular in our program and we do a number of them and within the curriculum comes the message about substance abuse and how we can educate our young people to handle the pressures and held the choices to make as I keep saying inform the positive health choices.

Andrew Levack: I think for me I would say that one of the things that I like working about gender as a sort of underlying issue for teen pregnancy prevention for sexuality education. As a gender it's really a gateway to have a lot of explorations about a lot of issues and certainly substance abuse is one of them. The fact that dominant messages about masculinity are that you have to drink, you have to smoke, you have to, you know, be able to hold your alcohol right that if you are not a real man. If you don't right your seen is weak if you don't and so really hoping providing an opportunity for the reflection about where those pressures come for but not only pressure to have sex the need to be violent but also substance abuse is very much interrelated with that and I think also a lot of teen pregnancy prevention programs have done a very good job in making again that interconnected link between risk for teen pregnancy and substance abuse. The fact that basically the first thing to go when a person is on drugs or alcohol is judgment and that the fact for person isn't comfortable talking about sex, they might use drugs or alcohol to make themselves more comfortable or to alleviate that anxiety and there are clear messages that that's not the way to go that, you know, you need to just simply be able to if you are going to have sex, you need to be comfortable enough to talk about sex and if you are not, you shouldn't be having sex at all and so to have that conversation I think sort of gets a little a bit upstream from the issues of substance abuse.

Evelyn Kappeler: Other questions? I think there is one over here.

Audience Member 5: Hi, thank you for your presentations. I am Jermaine Bond from the Joint Center for Political and Economic Studies. We have been hearing a lot of talk in the last couple of years about the importance of preconception health and care and we know that having a reproductive life plan is important but I wanted to know what the panel thinks about the importance of preconception health and care. We know it's not promoted for boys. So, how do you feel about preconception health and care?

Cathy Watson: We actually promoted for both males and females. It is a really important piece for us in one of our adult clinics, because we do have a, we call a comprehensive women health center and we talk to both the female and encourage them to advise and to set the stage for the reproductive health plan with their partner but on the other side we have a lesson any young adult clinic that is we serve primarily a major piece of how the young guys coming in and we do talk to them quite a bit again the relationship, health educator being a one to advise them and to get them to know what choices they have and what information available to them so they can decide, well, may be this is not right from me when I do the latest. Our whole conversation to the females in our clinic is, you know, first question is when do you want to become pregnant? You know when in your life that you want to become pregnant and have you discussed it with your partner and would you not become pregnant to be a four years from now, then may be this particular contraceptive is better for you and you need to talk to your partner to find out if this works for him also.

Evelyn Kappeler: I think we have another question over here in the front of the row?

Audience Member 6: Hi, I am Krishna Upadhya work in the Adolescent Health Department at Georgetown University and one of the great things about my job is that I get to see young people who are coming from a really wide variety of backgrounds and I think a lot of times we focus our programs on, you know, high risk urban youth who have a unique set of challenges but there are a lot of other youths who are facing the same developmental challenges that you all discussed and I just want if you could talk some about any programs that are out there, that may be are addressing youth and other circumstances, I mean how it might work more towards evocating for those as well.

Andrew Levack: Well, I will start that I would say that gender transformative programs are for everyone, right that I think that certainly gender is influenced. It goes through the lens of class and race and socio-economic status and culture but you know it is interesting I have done this work around gender in many countries around the world and the same dominant messages about masculinity essentially exists surely have different, different variations but you know I have worked with, you know, very privileged upper class kids who have the same analysis of dominant messages about masculinity. There may be a little bit vary but I think it's important that you know this issue isn't specific certainly gender isn't specific to a sort of high

risk individuals and I would say that you know I believe that all teens are at risk for teen pregnancy. So, thanks.

Evelyn Kappeler: I think we have another question in the front here.

Audience Member 7: Hi, I am Lisa Tate with a National Fatherhood Initiative. First I want to say thank you to the Office of Adolescent Health for having this critical conversation and you guys for your time here today. My question is more about we hear a lot about evidenced based and research based curricula. What are some of your thoughts about what curricula is out there currently to address both the prevention side and also address those teens that find themselves as parents particularly the male gender? Thank you.

Andrew Levack: Thank you. Let me first take it that, in terms, first of all, some of our teens that you know we don't have a lot of evidence base about what works with teen parents. I believe one review that I recently saw that one mentoring program with teen parents was shown to be effective but it's not that we have evidence that shows that are not effective, we just don't have evidence and it's very difficult thing to demonstrate and show. You know, in terms of the evidence base that we have out there around teen pregnancy prevention, we have a growing emerging evidence base of programs that work and that are effective. Obviously, the Office of Adolescent Health is endorsed 27 I believe evidence-based interventions, most of those which engage both young men and young women. In addition to that if we take a look at the evidence base that I mentioned from the World Health Organization study, there are much more global programs that work outside of the United States that have also been able to show demonstrate effectiveness particularly working with male only groups that have been showing to increase condom use, decrease reports of use of violence against partner, decrease rate for STI. So, there are other programs and part of what OAH is funding and some of those new innovations adopted for the United States. So, it's an ongoing question.

Evelyn Kappeler: Well, at this point I want to thank all of you for being here in your great questions and I want to thank our panel if we can give them a hand, please.

Dr. Koh: Thank so much everyone for a fascinating morning, it was so thoughtful and so provocative and I know that as we are hearing these very insightful comments and conversations we are thinking about these issues not only as health professionals but also parents for those of you who have kids. I have three kids of my own, two boys and a girl and I know this panel made me think a lot about the conversations I have had with them going up, what we did well, what we could do better. So, thank, thank you very much, what a fascinating and very creative and innovative morning and now it's my great pleasure to introduce the Secretary to you today. As always very meaningful to do that in this hall because on the walls here you see the portraits of former Secretaries who have made valuable

contributions and made history and left a legacy and I can certainly assure you that Secretary Kathleen Sebelius is truly making history and leaving her legacy as well. You all know that before coming to HHS, she was the Governor of Kansas from 2003 until she started here in April of 2009. She gained national recognition in that role and was named one of the America's top five Governors by Time Magazine and then since becoming Secretary here in 2009 she has made history literally everyday. She started in during the HIN1 crisis and led our department and our country through that. She has been a tremendous leader through health reform past in 2010 and has led implementation everyday since that and this is transformative for all of us as you will know and what's going also very inspirational has been her leadership and her historic commitment to prevention and public health. (Inaudible) Assistant Secretary get to see this commitment everyday and I am very, very proud to work with her and for her and everyone here should know about her commitment to prevention for adults and kids since we are focusing particularly on young boys today, you should know that there are many efforts the Secretary has led not only in the department but also in collaboration with the Department of Education helping the state to increase the quality of early childhood education programs working to improve head start giving parents more information to make the best choices for their children and the list goes on and on. The Secretary has an extraordinary schedule and just an overwhelming number of commitments that the fact that she is here today to talk about teen pregnancy prevention and particularly emphasizes on boys is testament to her dedication to this area. So, please join me in welcoming Secretary Kathleen Sebelius.

Secretary Kathleen Sebelius: Good Morning everybody. I am delighted to have a chance to join this conversation today and I want to start by recognizing couple of our great health leaders, Dr. Howard Koh who serves as the Assistant Secretary in Health who is involved in a lot of the strategies throughout the department and certainly in establishment of the new Office on Adolescence Health and a number of the issues that come with that and one of our great new health leaders Evelyn Kappeler who is the Acting Director of that Office on Adolescent Health and if you had a chance to hear from some of the other health strategists as Howard said I have done few things in the policy and I am also the mom of two boys and I recently discovered that my about to be born grandchild is a boy. So, I am taking all of this to heart today because I think as parents we start there with our own children and strategies but I think the opportunity that we have to work together to improve adolescent health and reduce teen pregnancy is probably one of the most important efforts underway. What's great is that we know some things are working. I took great comfort in the CDC new numbers that show continued progress and you all have been on the front lines of delivering a lot of that success but what we know is from 2006 to 2010 that we now have 57% of young women saying that they have never had sex compared to only 49% so in 1995 so this numbers have gone up and gone up substantially which is under 60% of young women who are deferring and delaying sexual

activity and of those sexually experienced teens, 60% are saying they are using highly effective contraception methods again good news, not great news, but good news to be up over well over half and a significant difference again from 1995 when fewer been half of the sexually active teens were indeed using effective contraception. So that basic combination really has been the key to some reduced pregnancy numbers, delay sexual activity and if you are engaged in sexual activity, use contraception that works. That's produced a 44% decline in teen birth rate over the last 20 years and I think that is incredibly good news and it's good news because it really unlocks a world of possibilities for those young men and those young women who are not parents prematurely, but despite all that has been accomplished and that's a lot. That's a good trend line and a very substantial reduction what we know is that there is a lot left to do. So, we still have 750,000 young women age 15 to 19 who become pregnant every year, 750,000 that's a lot of pregnancies for teen moms and for them what we also know all to well is everything changes at the point that they become pregnant. They struggle with very immediate and very adult decisions and responsibilities immediately. Down the road we know they are less likely to complete high school, more likely to become financially dependent on their families and social services and not having a high school degree can make as much as a million dollar difference in their work history. So, even if they end up successfully working without that degree and without further schooling, they are always behind. Their new baby is also at risk, more likely to die in infancy. Years later more likely to use drugs, lose a job, go to jail. Those tracks are all too well recorded and teen pregnancy is not just about public health and social services it has an enormous economic impact on families and on the country. It costs an estimated 11 billion dollars every year to provide those sorts of supports. So, you all know those numbers well and what's really it stake what's on the front line of those numbers are real people, young people who you work with everyday but you know it's possible to reach them and you have shown that when we reach out with effective evidence base strategies we can continue to reduce teen pregnancy and for too long we have been slowed to apply that approach evidence base strategies on a national level but I think under this administration not changing and we have made a commitment at the federal level to help you who are doing the heavy lifting day and day out to develop and expand your efforts. So in 2010, here in HHS we established the Office on Adolescent Health and invested a $100,000,000.00 in the best evidence based teen pregnancy prevention programs in the country. Later that year the President signed the (inaudible) which adds additional resources for proven teen pregnancy prevention efforts under the Administration on Children and Families and I know you have had these conversations and the provocative panel that just presented any (inaudible) from senior leaders of our agencies and programs and I hope that one of the many messages you take away today is that we understand how important the work you do is for the health and the prosperity of our whole country and I want to make sure you have the support you need to keep that work going. So, we have heard from a lot of you about the testing strategies and that you are doing

around innovative programs on the front line and while every community has coordinates and challenges we have also seen many of the most successful programs have a number of things in common. One is a very strong focus on collaboration. Improving adolescent health requires a strong supportive network built over time. It requires healthcare workers and teachers, law enforcement officers and employers, families and faith leaders all working together and we have seen that when they move together in the same direction they get some pretty remarkable results. So, we know collaboration as key. Another important thread in one of the focus areas of today's discussion is the importance of engaging young men, supporting strong girls is fundamental to preventing teen pregnancy but too often in the past we haven't taken the next step and engage boys in the conversation as well. That's a mistake. Fathers who are loving and nurturing, no matter what their age can improve the outcome for their children, for their families and for their communities. When children have fathers who are more involved in their lives, they are significantly more likely to do well in school. They are significantly more likely to have healthy self-esteem, exhibit empathy and avoid various high risk behaviors but we also know that preventing teen pregnancy in the first place is the ultimate goal for both young men and young men and that's why today's focus is on how we engage young men in the conversations and that's why your sharing some of your strategies with us today and I really look forward to hearing from Howard and Evelyn and others about the detailed conversations that go on and what more we can do to support those efforts. We all have a huge stake in helping our young people wait to become parents until they are adults. We know we have more work to do but I know the kind of effort that you are putting in day in and day out, we want to learn from you, we want to support your efforts, we want to work as partners and I know that with your commitment and leadership we are on the right path to success. So, thank you again for what you do each and everyday.

Evelyn Kappeler: I want to thank Secretary Sebelius, Dr. Koh, Commissioner Bryan Samuels and all of you for joining us today. We have these wonderful resource tables and we have set aside some time for networking. I also want to thank all of the staff in the Office of Adolescent Health and Debbie Powell's staff for pulling this meeting together and I look forward to chatting with you as you visit the resource tables. Thank you so much for joining us. Have a good afternoon.