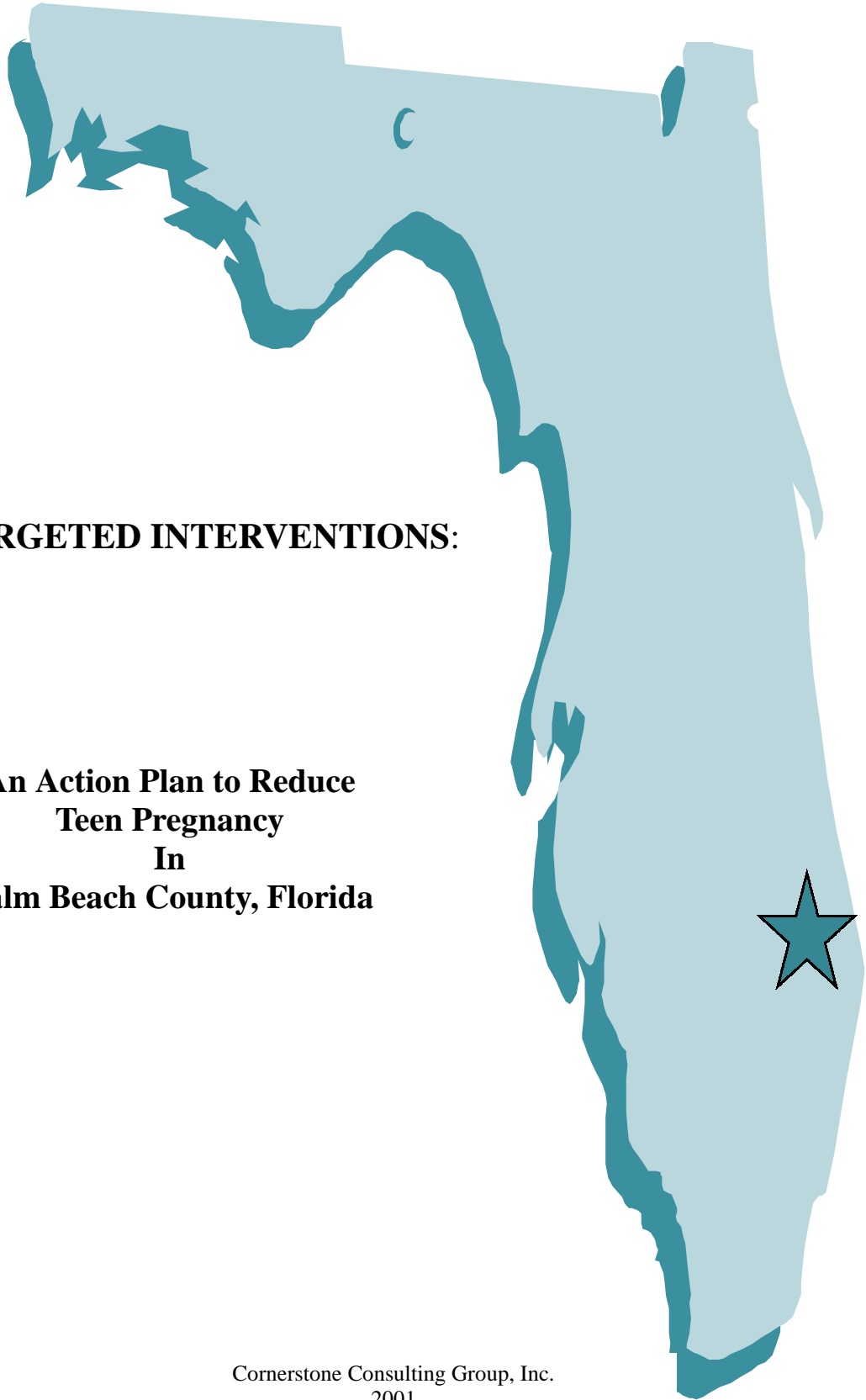


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TARGETED INTERVENTIONS:

**An Action Plan to Reduce
Teen Pregnancy
In
Palm Beach County, Florida**



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The full text of this report can be found on the following website locations:
Palm Beach County Health Department: www.doh.state.fl.us/chdpalmbeach/default.htm
Children's Services Council of Palm Beach County: www.cscpbc.org
Cornerstone Consulting Group, Inc.: www.cornerstone.to

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The Cornerstone Consulting Group works with a broad range of public and private organizations to change health and human services systems, to develop organizations, and to revitalize communities. Cornerstone's work focuses on education, health, social services, and youth and community development.

Executive Summary
Targeted Interventions: An Action Plan to Reduce Teen Pregnancy
in Palm Beach County, Florida

A Report to
Governor's Council for Community Health Partnerships, Inc.
And
Palm Beach County Health Department

The Cornerstone Consulting Group, Inc.

2001

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Introduction

Early in 2000, the Cornerstone Consulting Group began a dialogue with representatives from the Palm Beach County Health Department and other county leaders about their desire to create a comprehensive countywide plan to address teenage pregnancy. Cornerstone's initial assessment suggested that while Palm Beach County has significant resources devoted to the prevention of teenage pregnancy, efforts to date have generally lacked clearly defined outcomes, and it is, therefore, difficult to measure success.

Working closely with the Governor's Council for Community Health Partnerships, Inc., and the Palm Beach County Health Department, Cornerstone undertook a series of activities designed to answer several key questions:

- Which teenagers are getting pregnant and giving birth?
- In what areas of the county do these teenagers reside?
- Are there common characteristics within the communities most affected by this problem?
- What preventive health education is available for teens viewed as most at-risk?
- What reproductive health services are available to at-risk youth and are services appropriate?
- Do teens know about these services, and if so, do they use them?
- What do the adults (parents and others) in communities where these teens live think about the problem of teen pregnancy and its prevention?

Our assessment process engaged community residents and institutions in developing a new understanding of the factors necessary to create a thoughtful, strategic *Action Plan* to decrease teenage pregnancy in Palm Beach County. The information gathering process included an analysis of written materials, telephone interviews, site visits to community agencies, interest-based group meetings, focus groups, and a brief survey of teens. Cornerstone contacted most major pregnancy prevention providers in the county, gained consensus on the process and input from Health Department staff, and communicated with approximately 100 community adults and 400 teens about pregnancy prevention issues.

Our findings suggest that a more clearly defined and targeted approach to teen pregnancy prevention is warranted. While the overall county rates of teen pregnancies and births are lower than those in the state of Florida as a whole and birth rates have declined slightly over the past five years, Cornerstone's closer examination of birth data by zip codes suggests that high rates of teen births do exist in the county, focused in ten geographic regions. These are socially and economically vulnerable communities, often with large minority populations, that are unlike their neighbors in the rest of Palm Beach County.

Cornerstone reviewed primary teen pregnancy prevention activities in Palm Beach County—both educational programs and reproductive health services. In addition, we examined the work of the Teen Pregnancy Prevention Coalition. Finally, we investigated the perspective of both teens and a wide range of community adults on the teen pregnancy problem in the county and efforts to ameliorate it.

Based on this investigation, we make seven overarching recommendations in the body of this report. Palm Beach County should

- clearly define priorities,
- establish measures of success to guide its efforts to reduce teen pregnancy,
- strategically target resources to communities where youth most at risk reside,
- implement a comprehensive set of sexuality education strategies in community agencies and in schools,
- implement explicit strategies to reach teens who are already having sex,
- provide teens with things to do—a variety of opportunities, supports, services, and resources to help them develop into independent and productive adults, and
- have a clearly articulated role for adults in all sectors of the community, including and particularly parents.

To guide this effort the county should create a new entity (or modify the role of an existing entity) to provide oversight and direction in developing an implementation process and to evaluate and monitor the effort over time.

The sections that follow summarize our findings with regard to each of the key questions posed at the beginning of our inquiry, followed by a discussion of each of the recommendations.

WHICH TEENAGERS ARE GETTING PREGNANT AND GIVING BIRTH?

Several decades of investigation have led researchers to a number of conclusions about teens who engage in early or unprotected sexual activity and teens who are involved in pregnancy and childbearing. First, problem behaviors often cluster in individual youth; in other words, a young person who engages in one risky behavior, such as early sexual activity, is very likely to engage in others as well, for example, substance abuse. Second, teens who engage in problem behaviors tend to share common *risk factors* that are associated with their negative development. There are also common *protective factors* that help youth avoid problem behaviors and develop positively, often in spite of significant risks. These risk and protective factors include individual characteristics of teens and elements of their relationships with family and peers. However, the factors underlying teens' behaviors are complex and include *broad social and environmental conditions*—early childhood and educational experiences, conditions of poverty and discrimination, and impoverished or inappropriate services.¹

Environmental factors, particularly poverty, are associated with every sort of adolescent risk-taking behavior: early and unprotected sexual activity, substance use, school failure, truancy, and delinquency. Regardless of ethnic group, age, or sex, disadvantaged youth are most at risk of negative outcomes.

Thus, teen pregnancy and childbearing are related to other types of risky adolescent behavior. And the factors that contribute to these behaviors—risk factors for negative adolescent development—are multi-faceted, including a number of elements of the social and environmental conditions in which teens live. A comprehensive picture of the problems of teen pregnancy and childbearing requires examination of a range of these associated features.

These conclusions are borne out in Palm Beach County. Countywide in 1999, the pregnancy rate for teenagers ages 15 to 19 was 96 per 1,000, and the birth rate was 49.4 per 1,000.ⁱⁱ The county birth rate was below the Florida rate of 55 births and barely below the national rate of 49.6.ⁱⁱⁱ However, teen pregnancy and childbearing are problems in specific communities within the county. In these communities, teen birth rates exceed the county average by as much as 300 percent. As we would expect, these are places where large numbers of youth live in impoverished circumstances, without services and opportunities that might protect them from negative outcomes and enable them to develop positively.

IN WHAT AREAS OF THE COUNTY DO THESE TEENAGERS RESIDE?

Palm Beach County is a study in contrasts: while county-wide indicators are equal to or better than national averages, several areas within the county are experiencing much higher than average levels of unemployment, poverty, and other indicators of distress. These disparities make it essential to disaggregate county data in order to identify those communities that need attention. In order to identify areas of Palm Beach County that should be the focus of teen pregnancy prevention efforts, Cornerstone examined 1999 birth rates for teens within each zip code area in the county.^{iv} We defined as “hot spots” zip code areas where the teen birth rate for mothers ages 15 to 19 is 98 to 153 per 1000, rates that are two to three times higher than the countywide average. There are four such areas in Palm Beach County:

- Lake Worth (zip code 33460),
- West Palm Beach (zip code 33407),
- Pahokee (zip code 33476), and
- Belle Glade (zip code 33430).

In addition, we identified six secondary hot spot areas with teen births rates between 78 and 97. The following zip code areas fell within this range:

- West Palm Beach/Haverhill (zip code 33409),
- Riviera Beach (zip code 33404),
- Delray Beach (zip code 33444),
- Canal Point (zip code 33438),
- Boynton Beach (zip code 33435), and
- West Palm Beach/Greenacres (zip code 33413).

Age Specific Teen Births and Birth Rates, 1999
By Zip Code, Palm Beach County

	Zip Code	Total Female Population Age 10-14	Total Births to Mothers Ages 10-14	Birth Rate (per 1000 women age 10-14)	Total Female Population Age 15-19	Total Births to Mothers Ages 15-19	Birth Rate (per 1000 women age 15-19)	Rank of Birth Rate for Women age 15-19
	33401	750	4	5.30	886	44	49.70	
	33403	283	0	0.00	244	17	69.70	
Riviera Beach	33404	1169	1	0.90	996	85	85.30	6
	33405	622	0	0.00	570	35	61.40	
	33406	889	0	0.00	824	32	38.80	
West Palm Beach	33407	1084	5	4.60	970	104	107.00	2
	33408	320	0	0.00	356	1	2.80	
WPB/Haverhill	33409	445	1	2.20	409	36	88.00	5
	33410	875	0	0.00	797	14	17.60	
	33411	1280	0	0.00	792	34	42.90	
	33412	117	0	0.00	70	5	71.40	
WPB/Greenacres	33413	227	0	0.00	193	15	77.70	10
	33414	1506	0	0.00	970	16	16.50	
	33415	1347	2	1.50	1158	73	63.00	
	33417	591	0	0.00	546	30	54.90	
	33418	830	0	0.00	725	1	1.40	
	33426	216	0	0.00	165	6	36.40	
	33428	1025	0	0.00	725	11	15.20	
Belle Glade	33430	1090	5	4.60	893	89	100.00	4
	33431	468	0	0.00	635	5	7.90	
	33432	348	0	0.00	348	13	37.40	
	33433	949	0	0.00	870	11	12.60	
	33434	508	0	0.00	450	5	11.10	
Boynton Beach	33435	1050	2	1.90	931	73	78.00	
	33436	336	0	0.00	324	13	40.10	
	33437	435	0	0.00	339	13	38.30	
Canal Point	33438	69	0	0.00	50	4	80.00	8
Delray Beach	33444	733	0	0.00	671	56	83.00	7
	33445	304	0	0.00	292	15	51.40	
	33446	28	0	0.00	41	1	24.40	

Age Specific Teen Births and Birth Rates, 1999
By Zip Code, Palm Beach County (cont.)

Zip Code	Total Female Population Age 10-14	Total Births to Mothers Ages 10-14	Birth Rate (per 1000 women age 10-14)	Total Female Population Age 15-19	Total Births to Mothers Ages 15-19	Birth Rate (per 1000 women age 15-19)	Rank of Birth Rate for Women age 15-19
	959	0	0.00	741	16	21.60	
Lake Worth	739	4	5.40	685	105	153.00	1
	1031	2	1.90	957	74	77.00	
	983	0	0.00	862	51	60.00	
	1374	1	0.70	1103	40	36.30	
	662	0	0.00	590	14	23.70	
	343	0	0.00	280	2	7.10	
	366	0	0.00	276	14	50.70	
Pahokee	586	0	0.00	454	48	105.70	3
	500	0	0.00	424	3	7.10	
	598	0	0.00	608	4	6.60	
	240	0	0.00	227	3	13.20	
	251	0	0.00	207	13	62.80	
	380	0	0.00	348	4	11.50	
	311	0	0.00	222	3	13.50	

Population Source: CACI Marketing Systems

Birth Data Source: Vital Statistics

Note: Numbers are based on population estimates

Birth rate = Number of births by age group/total female population by age group x 1000

ARE THERE COMMON CHARACTERISTICS WITHIN THE COMMUNITIES MOST AFFECTED BY THIS PROBLEM?

In addition to high levels of childbearing among teens, these areas show a significant number of characteristics of distressed communities, including the following.^v

- The per capita income in all of these areas is below the county average. Three zip codes have per capita income levels of less than one-third of the average. Six have income levels one-third to one-half below the average.
- Unemployment rates in eight of these areas are above the PBC average. In three zip codes unemployment is more than two times the average.
- A quarter or more of the children in eight of these areas receive Medicaid. In three zip codes two-thirds or more of children receive Medicaid.
- Teens in these areas are, for the most part, more likely to drop out of school without graduating and more likely to engage in delinquent behavior than their peers in other parts of the county.

Thus, by a variety of measures—per capita income, unemployment rate, eligibility for Medicaid, among others—these communities are poor compared to other communities in the county, the state, and the nation. Poor communities are often risky places for young people to grow up. This is evident in the hot spot areas, where teens exhibit high levels of negative behaviors, such as, delinquency and school failure, in addition to pregnancy and childbearing. Further, the population of youth in these communities is expected to grow quite rapidly in coming years, adding to the group of teens at risk of negative development.

WHAT PREVENTIVE HEALTH EDUCATION IS AVAILABLE FOR TEENS VIEWED AS MOST AT RISK?

In its review, Cornerstone looked at efforts in Palm Beach County—educational programs and reproductive health services—to assist teens in preventing unwanted pregnancy and childbearing. Education has been cited as a component of many service plans in the county and has been the favored approach for pregnancy prevention. Though teaching only abstinence has not been shown to be effective in reducing risky sexual behavior nationwide, abstinence-only education is the approach used by several of the organizations providing pregnancy prevention education in the county, and abstinence is the primary focus within the schools.

The PBC School District is mandated by the Florida legislature to offer education in human sexuality that teaches abstinence outside of marriage as the expected standard and the only certain way to avoid pregnancy and disease. This mandate is carried out in the county through a semester of health instruction in the middle school years and a 16-week course using the district's Human Sexuality Curriculum in the 8th grade. However, most decisions

about the implementation of these abstinence programs are made within individual schools. Thus, the teaching of these subject areas is often inconsistent from school to school. In addition, curricula rely on traditional teaching techniques, sometimes contain outdated information, and are often incomplete and difficult to use. The staff that teach these subjects are sometimes inadequately prepared or unsuited to these teaching assignments.

The school district seeks to help young people abstain from sexual activity through these educational programs. In order to move toward its goal, the district will need to bring the programs into conformity with nationally recognized best practices. Specifically,

- Health and sexuality education in the county must provide continuity, building from one developmental stage to the next so that students receive comprehensive education of sufficient intensity.
- Education programs must be implemented uniformly and consistently in design and delivery in all schools in the district.
- The district must provide curricula that make use of current educational best practices.
- The district and individual schools must insure that programs are taught by trained adults committed to preparing young people to take responsibility for their future and comfortable with their role as sexuality educators.

In addition to school-based programs, the sexual health and educational programs offered in community-based settings are important for the success of Palm Beach County efforts to reduce teen pregnancy and childbearing. While Cornerstone's engagement did not allow for a review of the quality, appropriateness, or effectiveness of existing programs, we heard from many sources that programs were often poorly staffed, did not have adequate materials or resources, and generally did not incorporate many of the best practices in youth programming. Repeatedly, the lack of staff training was cited as a major problem. Such programs need to be closely examined and brought into conformity with the same standards that apply to school-based programs.

WHAT REPRODUCTIVE HEALTH SERVICES ARE AVAILABLE TO AT-RISK TEENS AND ARE SERVICES APPROPRIATE?

Cornerstone's engagement was limited in time and resources and did not allow for a full assessment of either the quality or quantity of reproductive health services available to teens in PBC. We did note, however, that while the county has made a commitment to trying to better coordinate services for teens through the Teen Pregnancy Prevention Coalition, few providers in PBC offer contraceptive services specially tailored for teens. Five organizations provide contraceptive services to the general population, including teens, in approximately 20 county locations. The majority of these services are available in County Health Department clinics or through Planned Parenthood. Abortion services are also

limited: there are no public providers of abortions in the county. Abortions are available from more than one private medical provider; some of them provide services for reduced fees depending on the patient's ability to pay.

An essential component of successful teen pregnancy prevention, especially in a community with a sexually active teenage population, is access to appropriate contraceptive services. Accessible and appropriate services are easy for teens to get to, allow teens to feel comfortable exchanging information, and offer and provide the necessary support for teens to make informed decisions about their health. Nationally, services with these characteristics are referred to as "teen friendly." Cornerstone's review of services in Palm Beach County found a very limited number of teen-friendly services for youth in the county and considerable obstacles to their use.

Teen specific services are available at the CL Brumback Health Center for three hours per week and at the Lake Worth/Lantana Health Center for three and one-half hours every other week. Both teens and adults in the community reported that transportation—getting to and from services—was a critical access issue for teens in Palm Beach County. In addition to difficulty getting to services, PBC teens face other obstacles to accessing reproductive health care. Although services are offered "on demand" at these and other locations, taking action to seek out care can carry stigma for young people.

Most of the organizations (about two-thirds) that provide "pregnancy prevention services" offer not services but what they term pregnancy prevention education or some component, including contraceptive education, sexuality education, abstinence education, or pregnancy counseling. Often these programs do not exclusively focus on teen pregnancy prevention but fulfill the mission of community-based organizations to provide a range of services to clients in need. However, if young people need information about the provision of contraceptive services or pregnancy testing and counseling, these programs may not provide it, and they may not present the full spectrum of available pregnancy prevention options. Instead, they make referrals or provide linkages to the major health providers in the county, including Planned Parenthood, the County Health Department, or an abstinence-based provider.

Other factors limit the consistent and effective provision of teen pregnancy prevention services in Palm Beach County. Specifically, many of the organizations providing prevention education/services are hampered by their reliance on soft money to fund programs from year to year. Uncertain funding creates an unstable service provision environment characterized by staff turnover and lack of service continuity. In the end, such programs really become referral and linkage routes to the major county health providers mentioned above. ***In effect, all services lead back to these sources, and teens are left with only five options for comprehensive pregnancy prevention services in a large and populous county with considerable need.***

The Teen Pregnancy Prevention Coalition, comprised of major service providers in the county, was established in 1995 to prevent teen pregnancy and HIV/STD among adolescents in the county. Operating through the voluntary efforts of its members and the

resources of their agencies and organizations, the TPPC employs a full-time coordinator and works with an elected chair, a steering committee, and several topical sub-committees. The Coalition currently faces some operational challenges, including a lack of consensus on how to promote teen pregnancy prevention, a lack of representation from all sectors of the county, a minimum number of active participants, and irregular and insufficient activity by some subcommittees.

In order for sexually active teens in Palm Beach County to have access to adequate reproductive health services, a number of steps must be taken in the communities where teens are most at-risk. Specifically,

- Reproductive health services should be available in sufficient quantity to serve the population of youth who need them.
- Services should conform to nationally recognized best practices in health protocols for teens.
- Services must be open during times when teens can use them, and they must be located where teens can reach them.
- Services must have stable sources of funding.
- Organizations must muster the political will to support pregnancy prevention services for sexually active teens.

DO TEENS KNOW ABOUT THESE SERVICES, AND IF SO, DO THEY USE THEM?

In order to fully understand the challenges PBC teens face in preventing unwanted pregnancies, Cornerstone distributed a brief survey to several hundred youth and conducted focus groups with a smaller number about how young people perceive and use the pregnancy prevention education and services in their community. These methods revealed a detailed picture of the teen perspective on teen pregnancy in the county.

The young people in Palm Beach County report that their peers are their primary source of information about sex and pregnancy prevention. However, they do not feel that the information they receive from peers is always reliable. Youth report that their conversations with adults are infrequent and tend to take place in formal settings. These talks cover topics predetermined by adults, for the most part, factual information adults feel youth should know. They told us that the answers they get to their questions—*when they are brave enough to ask questions about sex*—make them feel as if adults either don't know the right answer or are afraid to be honest with them. Female participants overwhelmingly agreed that the messages they receive say that it's okay for males to have sex, but not females.

While young people know where to get information about pregnancy prevention, they have the most difficulty actually accessing services. They are unaware of the practicalities of clinic hours and locations, costs, documentation required, and their legal rights. They face difficulties in getting to services. In addition, many report stigma attached to requests for services.

Teens report that pregnancies result from several factors. First, most youth are unable to relate the knowledge they have acquired in various places to their personal needs. Second, young people report that sex is something to do in the absence of meaningful activities to occupy their out-of-school time. Finally, teens say they want more than anything to be able to talk to adults—especially their own parents—about these issues.

From the perspective of the young people in Palm Beach County, helping teens avoid early sexual activity and unwanted pregnancy involves additional support in several areas.

- Youth need sexuality education that begins at an early age and builds through developmentally appropriate programs at regular intervals. These programs must provide more than information; they must build skills and the intention to use them.
- Youth need access to reproductive health services that are provided in an atmosphere of support and confidentiality. They need knowledge of these services and of their right to use them.
- Youth need meaningful activities to occupy them during out-of-school time, and they need opportunities to build the competence and direction to secure a productive future.
- Youth need opportunities to talk to adults—especially their parents—about these issues in open, honest discussions that give them a sense of empowerment and support for their responsible actions.

WHAT DO THE ADULTS (PARENTS AND OTHERS) IN COMMUNITIES WHERE THESE TEENS LIVE THINK ABOUT THE PROBLEM OF TEEN PREGNANCY AND ITS PREVENTION?

Cornerstone also conducted discussion sessions with various groups of community adults to ascertain their views about issues related to teen pregnancy prevention: the seriousness of the teen pregnancy problem, its causes, and strategies for preventing it. One of the groups involved Health Care District of PBC school nurses; the others gathered adults who are members of various ethnic groups and/or residents in particular areas of the county. One group met at the Haitian Center for Family Services and included center staff and an ecumenical group of Haitian pastors from all areas of Palm Beach County. The second group met at the Guatemalan-Mayan Center and included mothers from the Guatemalan-Mayan community. Another group met in the Pleasant City Multipurpose Center and included adults who were members of the Pleasant City Planned Approach to Community Health (PATCH) from the coastal communities of West Palm Beach, Riviera Beach, and Delray Beach. The fourth group met at the Glades Health Initiative and included women from Belle Glade, Pahokee, and South Bay.

These adults present a consistent perspective on teen pregnancy and surrounding issues in their communities. Their views are summarized here:

- While adults see teen pregnancy as a problem in their communities, it is one of several issues related to high rates of poverty that are having an overwhelming effect on

quality of life. Important issues included drugs, violence, and economic concerns, especially unemployment.

- Talking about sex is not an activity many adults are comfortable with, especially when it conflicts with cultural and/or gender norms.
- Palm Beach County schools are not perceived as an environment where teens can get accurate and timely information about sexuality education and/or contraceptive options.
- There is a lack of positive engaging activities, after school or otherwise, for teens, especially girls. In addition, young people see limited opportunities for themselves in the future.
- Transportation for teens, and for adults who rely on public transportation, is a major issue in Palm Beach County, especially for residents in the Inland area.

RECOMMENDATIONS: AN ACTION PLAN FOR PALM BEACH COUNTY

Cornerstone's review suggests that although Palm Beach County is currently devoting significant resources to address a range of youth and family issues, there is a great deal more that can and should be done specifically in the area of teenage pregnancy and childbearing. We believe more youth can be reached and long-term savings may be achieved through increased coordination and more effective programming. We also believe that a strategic, targeted approach to addressing teen pregnancy that incorporates many youth development principles will, in fact, bring about reductions in other youth problem behaviors.

Specifically, we suggest that the county needs an infrastructure to support efforts to increase coordination and integration if these efforts are to succeed. The four key ingredients in that infrastructure are a) an oversight body capable of articulating the county's vision and assuring continued progress; b) an overarching plan to detail the goals, strategies, and activities of county agencies and partner organizations; c) an ongoing public process of measuring the impact of county and associated programming and of tracking progress towards agreed upon goals; and d) the dedication of human and financial resources to make this work.

We envision three major categories of activity that would help to organize future work:

- Actions to increase the **operational efficiency** of existing youth services,
- Actions to **coordinate planning and resource allocation to areas of most need**,
- Actions to form **strategic partnerships** within and among segments of the community.

In order to achieve better coordination and integration of current and future resources, we strongly recommend that Palm Beach County create a new entity (or establish an overarching role within an existing entity) that will act as an oversight body for the range of activities suggested. The new entity would

- have the formal authority and the influence necessary to chart the future course for a revitalized youth services system;
- see to it that the various actors are held accountable;
- forge a plan and see to it that the plan is followed;
- speak on behalf of the county as regards these matters—with a clear, unified voice; and
- take action to remove the many barriers that stand in the way of increased coordination.

We believe that highest priority should be given to the following critical elements in the development of a targeted Action Plan to reduce teen pregnancy and births in the county.

1. Clearly DEFINE PRIORITIES.

The leadership in Palm Beach County needs to decide on realistic goals and incorporate program strategies that have been proven to help achieve those goals. Throughout our inquiry we found that many of the activities and services now available to teens in the county have abstinence-based education as the core component, their goal being to delay or dissuade teenage sexual activity. If the county leadership wants to endorse the principle that promoting abstinence is the sole response it will pursue, it should invest the necessary resources and implement age appropriate programs to achieve these goals. At a minimum, such approaches would require prevention strategies directed toward very young teens.

However, it is clear that large numbers of young people in the county are having sex, getting pregnant, and giving birth. With many sexually active youth and substantial numbers of teenage mothers already in the population, strategies for young teens will not be sufficient. Abstinence-based efforts do not incorporate established “best practices” for teen pregnancy prevention programs that serve sexually active youth. They also create a difficult situation for adults working with these teens. *Put simply, continued failure to build program responses that realistically address the actual behavior of teens in the county will ensure continuing rates of births among teenagers that are embarrassingly high.*

2. Establish mechanisms to MEASURE THE EFFECT of programs.

Once clear goals are established the county must develop benchmarks that will be used to measure positive movement toward these desired outcomes. Evaluation determines what is working and highlights areas that need adjustment. It is crucial for creating accountability, both to investors and the public at large. We could not find evidence in Palm Beach County that currently

funded programs are making a difference, and if they are, how, where, and why. A lot of data is being collected in multiple agencies and of different indicators, but answers are needed to a simple question: Do programs produce the intended outcomes for the groups they are intended to reach?

If long-term support for youth programs is to be developed and sustained, the community will want to know whether programs are cost-effective and successful.

3. Target the POPULATIONS TO BE SERVED.

Targeting is essential in a large and diverse county like Palm Beach. Cornerstone undertook the identification of “hot spots” to help guide decisions about the best use of limited resources. *Teen pregnancy and childbearing are not countywide problems.* High rates are occurring only in certain geographic areas. In order to “solve” the problem, the county has to target its resources to focus on the young people most likely to experience the problem. The hot spots are the areas where efforts should be focused. Young people in the hot spot communities need intensive interventions that reach large numbers of at-risk youth, over time, in age appropriate ways.

As the maps and the table indicate, a number of other communities in Palm Beach County have teen birth rates above county and national averages. We do not discount the seriousness of the teen pregnancy problem in these areas. However, limited resources require hard choices. By targeting the areas with the greatest need, advocates can focus attention on the issues of teen pregnancy and childbearing. Using these efforts as a starting point they can expand their response to include other communities in the future.

4. Implement a comprehensive set of sexuality EDUCATION STRATEGIES.

Youth report they are exposed to some information about issues related to sexuality but, for the most part, are unable to apply this knowledge to their own behavior. Further, our conversations with community adults and with school nurses point to shortcomings in both the content and the implementation of PBC educational programs. Our review confirms the perceptions of county youth and adults: for the schools to contribute significantly to the reduction of teen pregnancies and births, educational programs will have to be improved.

Although the Children’s Services Council and others have spent money for a wide range of educational programming for youth, committing funds is not enough; the money must be spent on the right programs for specific teens. As we have said, selecting the right mix involves consideration of both goals and the characteristics of the target audience—their ages, risk-levels, and geographic distribution. Equally important are the training, commitment, and technical resources available to program staff.

Prevention education works if it is provided to the right youth under the right circumstances. Countywide standards need to be established for programs that consider issues of sexuality and other healthy lifestyle choices. Such programs should

- be based on theoretical models, such as social learning theories, that have been shown to have an effect on other health-related risk behaviors,
- be developmentally appropriate and provide continuity from year to year,
- be long enough—at least 14 hours,
- use teaching strategies that involve students and help them personalize the material,
- include modeling and practice of communication, negotiation, and refusal skills, and
- be led by trained and committed teachers and peers.

5. Implement explicit strategies to REACH TEENS WHO ARE HAVING SEX.

An essential component of successful teen pregnancy prevention efforts, especially in a community with a large sexually active teenage population, is access to contraceptive services. Accessible services have a range of characteristics that make them teen-friendly, including locations and schedules that accommodate teens, confidentiality, and supportive health protocols and staff. *In Palm Beach County, specially designed teen-friendly contraceptive services are limited to two locations, operating just a few hours a week, to serve a youth population of 25,224 young women and 26,254 young men ages 15 to 19.*^{vi}

Whether adults like it or not, some number of young people in the county are having sex and will continue to have sex. The responsible course of action for county leadership is to ensure that the important message about abstinence for younger teens is accompanied by an equally strong message to sexually experienced youth about protecting themselves from pregnancy and disease.^{vii}

6. Provide teens with CONSTRUCTIVE THINGS TO DO.

Meaningful involvement, supportive relationships, and challenging activities that enhance motivation and improve life options are all needed in the hot spot communities within Palm Beach County. *Over and over, from youth and adults, we heard the refrain, “young people do not have enough to do.”* Increasingly, experts have recognized the need to move beyond traditional approaches that attempt to prevent teen pregnancy and other negative behaviors by focusing on fixing each individual problem. Teens who feel connections to their community and have a number of positive opportunities to develop skills and build competence are less likely to engage in any type of negative behavior. Good schools, recreation, and work and service opportunities are as much a part of effective community strategies to reduce teen pregnancy and other youth risk-taking behaviors as primary prevention activities, such as sexuality education and reproductive health services.

7. Have a CLEARLY ARTICULATED ROLE FOR ADULTS in all sectors of the community, especially parents.

In the process of implementing this plan, careful attention should be paid to telling people from various sectors of the community what is being done, why it is being done, and most importantly, what they can do to help. This effort cannot succeed if it is limited to the formal contexts where adults provide sexuality education and reproductive health care. Adults in the community must be prepared to talk with young people often and in a variety of formats about sexuality and prevention.

There is a conspiracy of silence about youth sexual behavior in many communities in America, and Palm Beach County is not an exception. For the most part, when adults are presented with an opportunity to talk frankly with young people about sexual behavior, they find it very difficult.

For many adults, the tension lies in trying to give teens factual information without seeming to condone early sexual activity or sex outside of marriage. For others, cultural norms make discussions of issues related to sexuality unacceptable. The great majority of adults simply do not have the knowledge of human and sexual development and the skills they need to do this important job. Parents will quickly admit they need help, but many youth work professionals would also benefit from skill-building activities to increase their capacity to handle these discussions.

Children and youth feel that adults, especially parents, are their most reliable sources of information about issues of sexuality. But they find adults uncomfortable in honest discussions, quick to judge, and often uninformed. If young people are to seek out adults for talks about these important issues, they need to know that adults are willing and able to have these conversations.

To a large extent, the problem of teen pregnancy is an adult issue, for adults shape the messages youth receive about sexual activity. Through clear and consistent messages from adults about the importance of both delaying sexual activity and acting responsibly to prevent pregnancy and disease, communities can help change youth behavior. It is important that adults in all sectors of the community be involved in this effort: clergy, teachers, youth workers, elected officials, community leaders, and residents, as well as parents, should understand these issues and be prepared to discuss them. In addition, local media have an important role to play—in educating community adults, in spreading the message to youth that adults are open to talking about these topics, and in reinforcing consistent community messages of sexual abstinence and responsible sexual behavior.

If the leadership in Palm Beach County wants parents and other adults to be sexuality educators for youth, resources need to be made available so adults have the knowledge and skills they need to comfortably talk with young people about these issues.

NEXT STEPS

Cornerstone believes Palm Beach County can develop and implement an agenda that will have a positive impact on the problems of teenage pregnancy and childbearing. The decision to effectively tackle teen pregnancy by implementing the agenda outlined here is consistent with priorities that will lead to widespread improvements in the overall situation for youth in the county. However, as similar efforts in other communities have demonstrated, initiating such tremendous changes requires strong leadership. Key leaders in the community need to determine whether they wish to commit to a long-term, large-scale youth system initiative.

A number of important steps will have to be taken to give life to the ideas that have been suggested in this report. We recommend the following, in order:

- Obtain a clear commitment from elected political leadership in the county, from the philanthropic community, and from business and community leaders. Leaders should be willing to help with a promise of significant start-up and longer-term human and financial resources.
- Form a steering committee to maintain momentum and to develop an implementation strategy. The committee should lay the groundwork for fundraising strategies. Financial data regarding the money being spent on the existing service mix needs to be collected and analyzed.
- Develop an initial financing package with a mix of strategies that will form the basis for the first phase of the implementation effort.
- Hire core staff and consultants, including a politically and financially savvy executive director who will devote full time to the effort. Consultants should also include an evaluator.
- Conduct a scan of current teen pregnancy prevention and youth programming data, including financial resources currently allocated and any relevant evaluations of effectiveness.
- Determine the mix of needed programming, based on proven models and drawing input from families, youth, and community members in the hot spot areas.^{viii}

Cornerstone's engagement did not involve a financial analysis of current countywide spending on teen pregnancy prevention programming; we are, therefore, unable to determine the amount of new money that would be required to implement these recommendations. However, we believe the steps described above could be accomplished in a next phase of work, over 18 months to two years, for approximately \$250,000 to \$400,000. The most likely funding strategy would combine better use of existing funds and tapping into new funding sources, such as, philanthropy and state and federal grants.

NOTES

ⁱ National Research Council, *Losing Generations: Adolescents in High Risk Settings* (Washington, DC: National Academy Press, 1993); Carnegie Council on Adolescent Development, *Great Transitions: Preparing Adolescents for a New Century* (New York, NY: Carnegie Corporation, 1995); Dryfoos, J., *Adolescence at Risk: Prevalence and Prevention* (New York, NY: Oxford University Press, 1990); Kipke, M.D., Ed., *Risks and Opportunities: Synthesis of Research on Adolescents* (Washington, DC: National Academy Press, 1999); Benard, B., "Fostering Resiliency in Kids: Protective Factors in the Family, School, and Community" (Portland, OR: Western Regional Center for Drug-Free Schools and Communities); Benson, P.L., et al., *A Fragile Foundation: The State of Developmental Assets Among American Youth* (Minneapolis, MN: Search Institute, 1999); Cairns, R.B. and Cairns, B.D., *Lifelines and Risks: Pathways of Youth In Our Time* (New York, NY: Cambridge University Press, 1994); Dryfoos, J., *Safe Passage: Making it through Adolescence in a Risky Society* (New York, NY: Oxford University Press, 1998).

ⁱⁱ The PBC birth rate is from the Florida Department of Health, Office of Planning, Evaluation and Data Analysis, *Florida Vital Statistics Annual Report, 1999* (Online at: www.doh.state.fl.us/planning_eval/vital_statistics/99vitals/Births.pdf). The PBC pregnancy rate is an estimate calculated by assuming that 51 percent of pregnancies among teens in the county result in births, as they did in the state as a whole in 1996 according to Alan Guttmacher Institute, "Contraception Counts: Florida Information" (online at: www.agi-usa.org/pubs/state_facts/states.pdf/florida99.pdf).

ⁱⁱⁱ State birth rate is from Florida Department of Health, Office of Planning, Evaluation and Data Analysis, "Births to Women Ages 15-19," *Public Health Indicator Reports* (Online at: www.doh.state.fl.us/planning_eval/phstats/phirpt/NonDeath/births15-19.htm). National rate is from Curtin, S.C., et al., "Births: Preliminary Data for 1999" (*National Vital Statistics Reports*, Vol. 48, No. 14, 2000).

^{iv} Birth rates were provided by Jennifer Houlihan of the Health Care District of Palm Beach County. The birth data used in their calculations are from the Florida Department of Health, "Florida Vital Statistics Report, 1999." Population data are 1999 estimates based on the 1990 census from CACI Marketing Systems.

^v Data used to describe the hot spot areas come from Panda Consulting, John D. & Catherine T. MacArthur Foundation, *Palm Beach County at a Glance: Maps and Data CD-Rom* (Palm Beach Gardens, FL: Author, 2000). The Palm Beach County number of dropouts and dropout and graduation rates come from the School District of Palm Beach County, "Graduation and Dropout Rates-1999-2000" (Dani Fitzgerald, personal communication, January 26, 2001). The Palm Beach County unemployment rate was calculated by averaging the monthly rates for 1999 from "Economic.com: Economic Time Series Page," available at www.economic.com/em-cgi/data.exe/blsla/laups12042003. Details of the hot spot areas can be found in the complete report.

^{vi} Population estimates for 1999, based on the 1990 Census, see note *iv* above.

^{vii} Health and Human Services Planning Association, Inc., *Introduction to Social Indicators Overview, Palm Beach County* (West Palm Beach, FL: Author, February 1998).

^{viii} As part of its engagement in Palm Beach County, Cornerstone produced a separate document describing major program strategies for reducing teen pregnancy, identifying established best practices for each strategy, and listing proven and promising programs of each type. This report, "Program Approaches in Teen Pregnancy Prevention: Best Practices and Effective and Promising Programs," is available online at: www.cornerstone.to.

