a work in progress v.2

building a Minnesota state plan for teen pregnancy prevention and parenting

2003
**Why a State Plan?**

In the summer of 2000, a Task Force of state agency, community-based organizations, University staff and youth workers determined the need for a cohesive action plan to prevent teen pregnancy.

The purpose of the action plan is to guide all Minnesotan’s efforts to prevent teen pregnancy in a comprehensive, culturally responsible way and to increase opportunities in teen’s lives so they can reach adulthood pregnancy-free.

The plan’s recommended intervention strategies focus on addressing the disparities in pregnancy rates between youth of color and white teens, as well as the issues that face teen parents and their children.

The work of the Task Force continues to ensure progress on the State Plan (Refer to page 16 for additional information).

This document can be downloaded in PDF format

www.prc.umn.edu or
www.moappp.org

To request printed copies, send an email to prc@umn.edu or call 612-626-2820.

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*A Work in Progress v.2: Building a Minnesota State Plan for Teen Pregnancy, Prevention, and Parenting. Task Force Report for Minnesota, distributed by the National Teen Pregnancy Prevention Research Center in the Center for Adolescent Health and Development, University of Minnesota. This publication and the Pregnancy Prevention Research Center are supported, in part, by grant #U448/CCU51331 of the Centers for Disease Control and Prevention.*
Positive Notes
Good news: teen pregnancy and birth rates for Minnesota teenagers continue to decline (Center for Health Statistics, Minnesota Department of Health).

Clearly, our collective efforts are beginning to yield a positive effect – Minnesota has one of the lowest teen birth rates in the nation.

Positively, harsh truths and hard questions

Harsh Truths
Despite this good news, we recognize some harsh truths about teens in Minnesota. These truths call into question our support for youth and the value we place on them.

Populations of Color
Although the teen pregnancy rate for Minnesota has dropped 27% from 1990 - 2000, teen pregnancy rates for our populations of color are two to five times higher than in our white population.

In sharp contrast to the overall reductions in pregnancy rates, Latina teens experienced rate increases (Minnesota Department of Health).

Teens as Parents
It has been clearly established through research that teen pregnancy and welfare reliance, lack of school success and reduced employment options go hand in hand.

National data show that 80% of teens giving birth are already living in poverty. They are less likely to finish high school or go on to college, and their children are at greater risk of low birth weight, infant mortality and childhood health problems (RobinHood Foundation, R. Maynard, 1998).

Equally shocking are the concrete costs associated with teen pregnancy and parenting. Families started with a teen birth account for 53% of all welfare expenditures, or $13.3 million each month in 2001 (Minnesota Department of Human Services).

Hard Questions
Do we value Minnesota teens? Teens of every race, socio-economic status, religion and sexual orientation?

What will we do to ensure that youth are able to make healthy decisions, avoid pregnancy and embrace healthy relationships with families and friends?

Our efforts to prevent teen pregnancy – as a community, as leaders, as parents, as teachers, as policy makers – are the true reflection of how we value and support our youth.

Even with good news at hand, teen pregnancy remains a crisis in our community. Complacency equals failure because every year brings new teenagers who need our support.

## Stats and Facts

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<tr>
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<tbody>
<tr>
<td>Over 900,000 teens get pregnant annually.</td>
<td>The US has the highest rates of teen pregnancy in the fully industrialized world.</td>
<td>States are ranked 1-50 based on rates of teen births. A ranking of 1 identifies the state as having the lowest (or best) ranking. The denominator indicates the number of states reporting the data.</td>
<td>Rates are measured by the number of teen pregnancies that occur per thousand teens 15-19 years of age.</td>
</tr>
<tr>
<td>4 in 10 teenage girls get pregnant at least once before the age of 20.</td>
<td>- Twice as high as Great Britain and Canada</td>
<td>White ...............2/50</td>
<td>White .............30</td>
</tr>
<tr>
<td>Each hour nearly 100 teen girls get pregnant.</td>
<td>- Four times as high as France and Germany</td>
<td>Black .............40/41</td>
<td>Black ............162</td>
</tr>
<tr>
<td>8 in 10 teen pregnancies among teens are not planned or intended.</td>
<td>- Eight times that of Japan</td>
<td>American ............20/23</td>
<td>American ........131</td>
</tr>
<tr>
<td></td>
<td>Family Planning Perspectives, 2000 Singh &amp; Darroch</td>
<td>Latina .............41/42</td>
<td>Latina ............123</td>
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<tr>
<td></td>
<td></td>
<td>Asian/Pacific Islander ...........35/35</td>
<td>Asian/Pacific Islander ...........171</td>
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</table>

National Campaign to Prevent Teen Pregnancy, Analysis of S.K. Henshaw, 1999


Center for Health Statistics, MN Department of Health
Startling Disparities

In Minnesota, pregnancy and birth rates among youth of color are as much as four to five times higher than white teens in the same geographic area.

While rates for white teens have dropped, there has been a 43% increase in teen pregnancy rates for Minnesota Latina teens. (1989-2000, Center for Health Statistics, Minnesota Department of Health).

These disparities are not isolated instances. Research shows that youth of color are barraged with disparities.

Consider how resources and opportunities are distributed:

- In Minnesota 15% more white 9th graders participate in after school sport teams than their African American and American Indian peers.
- Due to lack of health insurance, poverty and difficulty accessing culturally competent health care, children of color are at greater risk of poor health (National Center for Education in Maternal and Child Health Policy Brief, 1998).

Risk Factors Dominate

Indifference, hopelessness, and long-term stress due to racism lead to a lack of skills and motivation to avoid too early pregnancy. The risk factors shown to exist within the environments of youth of color are all associated with teen pregnancy.

- Students of color experience more emotional distress and are almost twice as likely to say they feel sad or hopeless most or all of the time compared to white students.
- Students of color are more likely to receive threats or injuries with a weapon on school grounds and are more likely to skip school because they feel unsafe either at school or on their way to/from school than white students in every grade level.
- Poverty can be the biggest risk factor of all. People of color are two to five times more likely to live in poverty than white populations.

Youth of color are up to 5 times more likely to become pregnant than white youth.


What Works?

Research indicates improvement and encourages hope. Youth of color report aspirations for higher education, positive trends in family relationships, communication with parents and reductions in sexual activity.

Clearly, it is impossible to address generic efforts toward “populations of color.” Rather, community-specific programs must be emphasized, prioritized and funded.

Programs that are proven to be effective are available and ready to be culturally adapted and customized for gender. Here the community plays a vital role.

Effective interventions must cultivate skills and create opportunities for young people to grow in a safe and healthy way.

60-70% of public school students in Minneapolis and St. Paul were students of color.

The Urban Coalition, Public School Reports, 1998-99

In the metro area alone, people of color are 2 to 5 times more likely to live in poverty than white populations.


Unless otherwise noted, all citations on this page are from: The Urban Coalition – Warning: Disparities Begin Here. The Health and Well Being of Youth in Minnesota, 2001.
While there is no easy answer or a single reason "why" teens get pregnant, current research provides insight on the dynamics, factors, and experiences that contribute.

Social Environments

Many social systems influence the lives and behaviors of teens. When investigating the "whys" of teen pregnancy, researchers know to look beyond individual characteristics. Research shows that every aspect of every social system – family, friends, school and community – plays a role.

Social systems can have a subtle or direct impact by:
- Emphasizing particular beliefs and norms, modeling certain behaviors
- Providing opportunities to practice a particular behavior
- Applying pressure to engage or not engage in specific behaviors

Risk And Protective Factors

Given the complex environment in which teens live, it is not surprising that many factors in their lives – both positive and negative – are linked to teen pregnancy. Researchers generally examine these in terms of “risk” and “protective” factors.

Risk factors raise the odds that a young person will become pregnant. While these factors alone don’t cause or guarantee pregnancy, they do identify a youth at risk.

Protective factors have a positive influence. They provide a buffer against or moderate hazards and stress. Protective factors don’t eliminate risk, they moderate it.

Risk and protective factors can be subtle or direct, obvious or counter intuitive. For example, strong parental disapproval of sex is noted as a protective factor. Yet positive parental attitudes about contraceptives are also shown to be protective. The conclusion: parents play an important role in preventing teen pregnancy.

Research Applied

This section is largely based on Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy, a report by Douglas Kirby, PhD from the National Campaign to Prevent Teen Pregnancy.

This report includes one of the most complete compilations of risk and protective factors for teen pregnancy.

It serves as a starting point for understanding teen pregnancy in relation to risk and protective factors across social environments.

What Can We Do?

Kirby’s work suggests that these factors are powerful tools that we can all use in our efforts to prevent teen pregnancy.

Use this information to:
- Identify teens who are at greater risk and target them with specific, culturally competent outreach.
- Aid in the development of effective and meaningful outreach programs that emphasize protective factors and address risks.

Parent connectedness is a powerful protective factor in the lives of US teens.

Journal of the American Medical Association
Risk as a Birthright
The children of teen parents inherit the risks of their parents. Their risks include:

- Low birth weight, infant mortality and childhood health problems
- Cognitive and emotional delays that will affect their ability to learn and succeed in school
- School problems
- Greater likelihood of repeating a grade
- Poor performance on standardized tests
- Greater risk of dropping out of high school

The Cycle Continues
But the ripple effect doesn’t stop there. The perpetual cycle of teens as parents poses a risk for the health and well-being of the state as a whole.

- Families that began with a teen birth are one of the largest identifiable populations on welfare today (Minnesota Department of Human Services, 1999).
- 53% of Minnesota Family Investment Program (MFIP) cases began with a birth to a teen and 55% of all children on MFIP were in families that began with a teen birth (Minnesota Department of Human Services, 1999).

What Works?
Experts agree that helping teen parents is a long-term process that requires comprehensive and diverse strategies:

- Coordinate state, county and local systems that provide education, social services and health care to meet the multiple needs of young parents and their children.
- Provide alternative or enhanced education opportunities that reach teen parents early and keep them connected to school.
- Implement best practices such as offering flexible attendance policies and support services, including transportation and childcare, prenatal and parenting education.
- Improve child outcomes through home visiting, parenting education, quality child care and coordination with social service and community agencies.
- Engage fathers early through outreach and advocacy for counseling, support and legal advice.
- Provide quality health care for the parent and child to ensure a healthy birth and healthy development, as well as postponement of subsequent pregnancies.

2/3 of families begun by an unmarried, teen mother are poor.

the individual teen

Individual factors are most often the target of programs and research efforts. They are most easily recognized as core to the issue of teen pregnancy.

Examining individual factors alone is not enough: individual characteristics are intertwined with family, peers and the community at large. Even a teen who might be considered "well-equipped" is still at risk for pregnancy if their family or community is also at risk.

Programs That Work

Programs that develop individual characteristics and support protective factors are associated with avoiding pregnancy. These successful programs help teens develop their talents, interests, and long-term goals. Most importantly, they show promise in preventing teen pregnancy.

Of all interventions, service-learning programs show the strongest evidence of reducing teen pregnancy rates while youth participate.

Teen Outreach Program (TOP)

This youth development program combines community service, classroom-based activities and service learning for junior and senior high teens as an in-school or after-school program.

TOP has been shown to reduce teen pregnancy rates, decrease school drop-out and increase school attendance and academic achievement. Spanish and English versions are available at www.cornerstone.to

What Can We Do?

- Fund and endorse only programs based on best practices and evidence-based results.
- Prioritize service-learning programs that focus on community service and opportunities to reflect on that experience with teachers and mentors.
- Increase the number of at-risk students attending these proven programs.

individual factors for teen pregnancy

Protection Factors

Greater positive self-concept
Greater perceived negative consequences of pregnancy
Greater motivation to use contraception
Greater use of condoms and contraception
Older age at first intercourse
Receive comprehensive sexuality education
More egalitarian gender and family roles
Greater participation in sports
Positive attitude toward school
Higher school performance
Higher education plans

Risk Factors

School failure, avoidance and dropout
Greater involvement in other risk behaviors
Dating or dating at an early age
Stronger belief that causing a pregnancy is a sign of manhood or womanhood
Earlier age of first intercourse
Greater number of sexual partners
Alcohol and substance use
Attempted suicide
History of STDs
Research shows that peer relationships create both protective and risk factors. Teens continually and mutually influence each other, in both positive and negative ways. Although peers are powerful social factors in a teen’s life, programs can help teens cope with or resist peer pressure to have sex.

PrimeTime
The best peer education programs rely on youth development approaches. The University of Minnesota Pregnancy Prevention Research Center’s “PrimeTime” program is an excellent model. In addition to a comprehensive health interview and one-on-one case management, PrimeTime trains and employs teens as peer health educators and involves them in youth leadership teams. Their strategy for positive outcomes: a fusion of sexuality-focused learning with service learning. In PrimeTime, teens learn, then master subject matter. They are awarded responsibility, and sometimes salary, for outreach work. This simple process increases the teen’s competence and self-confidence. They make connections with others and experience being needed by others.

Like many programs, peer education and peer leadership programs have varying results. But one finding is consistent – these programs provide immense benefit to the teens involved as leaders or educators.

What Can We Do?
- Support programs like PrimeTime and other peer education efforts.
- Monitor and observe how teen’s social norms are formed; work to establish positive, healthy norms.
- Talk to teens about birth control.
- Create opportunities for teens and their peers to interact in positive ways.
family matters

From their income level to their attitudes about sex and contraception, parents make a difference in the lives of their children.

The important role parents play in the lives of their teens includes modeling behaviors and emphasizing norms. How parents fulfill that role determines a number of risks or protections for their teens.

Research shows that parents help to protect their teens by maintaining a connection, valuing on-going communication, expressing approval and disapproval as well as appropriately monitoring teen behavior.

Programs That Work

Who teaches the parents of teens? Families instill values and expectations in their children, but parents often need additional skills and increased support to communicate clearly and effectively with adolescents. Research has shown that parenting styles have a strong impact on children’s health, behavior, performance in school and success later in life.

Positive Parenting

Positive Parenting, from the University of Minnesota’s Extension Service, is a train-the-trainer program aimed at the parenting of teens. This series of educational materials helps professionals provide the parents of teens with the information they need to be “positive parents.”

Can We Talk

Can We Talk is a program of the National Education Association designed to promote parent-youth communication on sexuality and health topics. The series of workshops can be conducted in schools, the community or workplaces for parents of 4th through 8th graders to support parents’ values in helping children and youth develop positive decision making skills and positive self-esteem.

What Can We Do?

- Implement programs like "Can We Talk."
- Aid the efforts of other workplaces and faith communities by offering training in evaluated parenting programs like "Positive Parenting."
- Support programs that encourage teen mothers to finish high school and beyond, receive health care and move into the workforce with adequate protection for their children – like affordable daycare.

family factors for teen pregnancy

<table>
<thead>
<tr>
<th>Protective Factors</th>
<th>Risk Factors</th>
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<tr>
<td>Greater teen/family connectedness</td>
<td>Partial coverage with public health insurance</td>
</tr>
<tr>
<td>Appropriate parental supervision and monitoring</td>
<td>General maltreatment by family</td>
</tr>
<tr>
<td>Positive parental attitudes about contraception</td>
<td>Older sister who was an adolescent parent</td>
</tr>
<tr>
<td>Conservative parental attitudes about premarital sex or teen sex</td>
<td>Changes in parental marital status</td>
</tr>
<tr>
<td>Foreign language spoken at home</td>
<td>Mother’s early age at first sex and first birth</td>
</tr>
<tr>
<td>Higher parental education</td>
<td>Single mothers’ dating and cohabitation behaviors</td>
</tr>
<tr>
<td>Two (vs. one) parents</td>
<td>Larger family size</td>
</tr>
<tr>
<td>Higher income level</td>
<td>Physical abuse</td>
</tr>
</tbody>
</table>

seven out of ten teens interviewed said they were ready to listen to things parents thought they were not ready to hear.

Henry J. Kaiser Foundation, 1996
**vital communities**

The environment created by neighborhoods and schools, families and extended families, even the state in which they live, has a strong influence on the lives of teens. All of these social spheres have the opportunity to provide youth with a sense of community or connections that make a difference in their lives.

Poverty and racial disparities can undermine communities. According to the research, a substantial proportion of risk factors involve some sort of disadvantage or disorganization – thus disadvantaged communities with high unemployment, low income, and high crime rates inherently create risks for their members (Kirby).

Access To Health Services

Adolescents under-utilize health and medical care services relative to their levels of need, and in comparison to other age groups. They are at high risk for being uninsured. Providers of health services to teens have challenges, too. Adolescent-specific physician and nursing training is a relatively new field, reimbursement is difficult, and providers’ time is always a premium.

The solution is clear – make available health clinic programs that improve access to counseling and contraception. Research literature shows that among sexually active adolescents, knowledge of how to effectively use contraception – plus access to contraception – helps to reduce pregnancy.

Access to health care also means confidentiality. Research shows that minors delay or don’t even seek health care if it is not confidential. Research also shows that availability of confidential care does not increase incidence of high risk behavior, and that clinics can often help teens reconnect and communicate better with parents and other adults.

**Coalitions Work**

Coalitions – adults from a wide sector of society, such as businesses, schools, neighborhood associations, community-based organizations, faith communities, public health, and government – can provide an excellent base to create change in the community. Coalitions are vehicles for pregnancy prevention messages to be heard across diverse communities.

**What Can We Do?**

- Support policies that guarantee confidential access to health care for all teens in Minnesota.
- Fund health clinic programs that improve access to counseling, contraception and health promotion.
- Target efforts and funding at disadvantaged communities so that resources and opportunities match the level of need.

**community factors for teen pregnancy**

<table>
<thead>
<tr>
<th>Protective Factors</th>
<th>Risk Factors</th>
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<tbody>
<tr>
<td>School connectedness</td>
<td>Higher level of unemployment</td>
</tr>
<tr>
<td>Work and recreational opportunities</td>
<td>Higher violent crime rate</td>
</tr>
<tr>
<td>Coordinated state programs and policies for addressing teen pregnancy</td>
<td>Higher level of community stress</td>
</tr>
<tr>
<td>Higher community socio-economic status</td>
<td>Greater residential mobility</td>
</tr>
<tr>
<td>Learning-focused school setting</td>
<td>Higher rates of school vandalism</td>
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<td></td>
<td>Higher school dropout rates</td>
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</tbody>
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Success at reducing teen pregnancy depends on unifying the efforts of community based organizations, state agencies, legislators, research communities, business leaders, faith organizations and schools.

Therefore, one of the most significant first steps in our collective efforts to reduce teen pregnancy in Minnesota is building a state plan.

Rather than individual opinions or beliefs, the requirements for a state plan are most appropriately derived from the current research and best practices presented here.

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**plan recommendations**

1. **Use data and evaluation to inform program planning and continuous improvement.**
   - Improve outcomes by focusing programs and adequate resources to youth and families with the greatest needs.
   - Mandate and support on-going data collection and evaluation to assure the most effective programming and resources for youth and communities.
   - Fund, reward and endorse programs that are based on current research and data.

2. **Ground the program in a youth development approach.**
   - Formally embrace youth development strategies that use dual approaches of reducing risks and promoting the strengths of individuals, their families, and the community.
   - Recognize and engage youth as resources within their families, schools, and communities.

3. **Eliminate health disparities.**
   - Assure that program planning and implementation involve the targeted populations and acknowledge the diversity of cultures and communities.
   - Effectively address issues of safety and employment within communities: hope for the future is a critical component of teen pregnancy prevention.
   - Identify both needs and solutions in tailoring services to a diverse population by first including the advice and wisdom from those it will serve.
   - Ensure a quality education for all children, regardless of socioeconomic level, racial, ethnic or cultural background, to develop productive life skills and a promising future.

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- Assure that program planning and implementation involve the targeted populations and acknowledge the diversity of cultures and communities.
- Effectively address issues of safety and employment within communities: hope for the future is a critical component of teen pregnancy prevention.
- Identify both needs and solutions in tailoring services to a diverse population by first including the advice and wisdom from those it will serve.
- Ensure a quality education for all children, regardless of socioeconomic level, racial, ethnic or cultural background, to develop productive life skills and a promising future.
4. Support and coordinate resources and services for teen-parented families

- Aid teen parent families in achieving self-sufficiency and healthy outcomes for their children by coordinating school-based and community-linked education, health care, childcare, social services, and parenting support.

- Support interventions that promote protective factors for children and young parents include home visiting, flexible education programs, and supportive living arrangements.

5. Assure community partnerships

- Join the task force! Assume a leadership role by convening all segments of the community to assure the on-going development and progress of this plan.

- Motivate partnerships by linking community, government, and health care leaders with providers, families and youth.

6. Involve parents and other caring adults

- Recognize and support the primary influence parents and families have in their children’s attitudes, behaviors and knowledge regarding sexuality.

- Foster collaboration among the whole community, both public and private sector, to help solve the problems of teen pregnancy and teen parenting.

- Build systems and processes that assist families in creating an environment that contributes to the well-being and success of youth.

7. Include men and boys

- Recognize and educate youth on the responsibilities of fatherhood.

- Take advantage of opportunities to re-focus attention on the male role in pregnancy prevention as a major component of any effort to prevent teen parenthood and to promote responsible fatherhood.

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**involve communities**

The level of a community’s investment in youth and their social networks affects the likelihood that youth will mature into healthy contributing citizens and avoid teen pregnancies.

Successful activities often involve:

**Developing Policies**
that establish standards of behavior and penalties, provide barriers to health-compromising products while embracing those that enhance health.

**Providing Opportunities**
for youth that involve community service, supervised recreation, mentoring, access to health care, and higher education and career opportunities.

**Community Organizing**
that brings together citizens, including youth, that is action-oriented and reinforces health behavioral norms.

**Working with Media**
to incorporate health enhancing messages that promote positive youth development and the reduction of teen pregnancy.

**Developing Health Services**
that provide physical and mental health and preventative services specifically for teens.
8. Support comprehensive sexuality education

- Endorse comprehensive sexuality education that includes information about contraception and abstinence as important components of a complete education.
- Ensure that sex education reflects research-based approaches, is culturally relevant, and assures inclusion of all students.

93% of Minnesota adults think that sexually active teenagers should have access to contraception.

Minneapaois Sexuality Education Survey, 2000

sexuality education

Teens’ sexual beliefs, attitudes, perceived norms, and confidence are strongly related to their sexual and contraceptive behavior—and these are things that can be strengthened through education. Providing education about healthy relationships, the responsibilities of parenthood, pregnancy, and the consequences of sexual involvement is also an important strategy for pregnancy prevention.

Given the diverse ideas in our communities about what constitutes "appropriate" sexuality education, we must all understand that research has repeatedly demonstrated that comprehensive, factually accurate sexuality education does not increase the sexual activity of our young people. Our educational efforts must be based on curricula and teaching/learning strategies that have been rigorously evaluated and found to be effective.

Our young people expect and deserve no less from us.

Program Checklist

Curriculum-based programs that have been shown to reduce sexual risk-taking share ten characteristics, in Kirby’s 2001 review. In recommending or endorsing programs, these characteristics can serve as a check list. A program that has one or two of these characteristics will not suffice, effective programs must adopt at least 9 of the 10 characteristics listed here.

1. Focus on reducing one or more sexual behaviors that lead to unintended pregnancy or HIV/STD infection.
2. Base programs on theoretical approaches that have been demonstrated to influence other health–related behavior and identify specific, important sexual antecedents to be targeted.
3. Deliver and consistently reinforce a clear message about abstaining from sexual activity and using condoms or other forms of contraception. This appears to be one of the most important characteristics that distinguishes effective from ineffective programs.
4. Provide basic, accurate information about the risks of early and unprotected sex and about methods of avoiding intercourse or using protection against pregnancy and STDs.
5. Include activities addressing social pressures that influence sexual behavior.
6. Provide examples of and practice good communication, negotiation, and refusal skills.
7. Employ teaching methods designed to involve participants and help them personalize messages about prevention and health.
8. Incorporate behavioral goals, teaching methods, and materials that are appropriate to the age, sexual experience, and culture of the students.
9. Structure programs so that they last a sufficient length of time (i.e. more than a few hours).
10. Select teachers or peer leaders who believe in the program and then provide them with adequate training.
A Work in Progress: Building a Minnesota state plan for teen pregnancy prevention and parenting describes the multi-faceted strategies that our state needs to help prevent teen pregnancy and strengthen the healthy development of all of our young people.

Our recommendations are grounded in approaches and methods that are supported by scientific evidence, where there is the greatest likelihood of success. And success comes from the application of multiple strategies rather than a single approach.

Effective Programs for Teens
We know that sexual risk taking and teen pregnancy can be reduced by the following:

- Programs that enhance both a sense of connection to school and improve academic performance and aspiration;
- Service learning programs that focus on community service opportunities with time to process that experience with committed teachers and mentors;
- Health clinic programs that improve access to counseling and contraception;
- School-based and community-based sexuality education programs that are comprehensive, theory based, well evaluated, and focused on development of both knowledge and skills.

Beyond the Plan
In addition to these proven strategies, we affirm the primary role that parents, families, other adults, and community organizations including religious institutions play in shaping the values, priorities, and attitudes of our youth. This means that all of us play a role because young people need:

- To be surrounded by caring adults who communicate values and expectations about what it means to be a good and successful person.
- An education that will serve them now and in the future, and employment opportunities that will launch them into a lifetime of productive work.
- The opportunity to make meaningful contributions to their communities, to be safe, and to have fun.

For adults who are reluctant to invest up front in our young people, we need to be clear: We will pay now, or we will pay later. And if we pay later, our costs in terms of material resources and loss of human potential will be much, much greater.

Youth development approaches are based on the research findings that we must respect youth and support their development, rather than treat them as a series of problems to be solved.

Back in 1973, the concept of “youth development” was presented to the then-called federal department of Health, Education and Welfare by Dr. Gisela Konopka, a professor of social work at the University of Minnesota. Her position paper identified eight fundamental requirements for the Healthy Development of Youth.

Youth need opportunities to:

1) Participate as citizens, members of a household, and responsible members of society
2) Gain experience in decision making
3) Interact with peers and acquire a sense of belonging
4) Have time to reflect on oneself in relation to others
5) Discuss conflicting values and formulate their own value system
6) Experiment with their own identity, with relationships to others, with ideas
7) Develop a feeling of accountability
8) Cultivate a capacity to enjoy life

Now is the time for us to invest in the healthy development of all of our young people.
resources

Youth Development


Data
Minnesota Student Survey – www.cfl.state.mn.us/studentsurvey


Child Trends, Inc. – www.childtrends.org

Parents and other Adults


Teen Parent Families
STEEP (Steps Toward Effective, Enjoyable Parenting) University of Minnesota, Institute of Child Development – www.icd.coled.umn.edu/harriscenter
Center for Assessment and Policy Development – www.capd.org
Center for Law and Social Policy – www.clasp.org

Men and Boys

Sexuality Education

The Sexuality Education Challenge: Promoting Healthy Sexuality in Young People, ETR Associates. (800) 321-4407

Community Partnerships
Healthy Communities, Healthy Youth: How Communities Contribute to Positive Youth Development (1993). Search Institute (800) 888-7828


Health Disparities
The Multicultural Challenge in Health Education, ETR Associates. (800) 321-4407

Comprehensive Programming
Program Archive on Sexuality, Health, and Adolescence (PASHA), Socio-metrics Corporation www.socio.com


Other excellent resources
Advocates for Youth – www.advocatesforyouth.com
National Teen Pregnancy Prevention Research Center – www.allaboutkids.umn.edu/prc
Allan Guttmacher Institute – www.agi-usa.org
Dial 911
Actively involved individuals see teen pregnancy as an emergency that threatens the well-being of our youth.

These individuals joined forces to create the Task Force. Members of the Task Force included:

- Coordinated School Health
- Family Tree Clinic
- Hennepin County Community Health Department
- The Konopka Institute for Best Practices in Adolescent Health
- National Teen Pregnancy Prevention Research Center
- Minnesota Department of Children, Families and Learning
- Minnesota Organization on Adolescent Pregnancy Prevention and Parenting (MOAPPP)
- Minnesota Department of Health
- University of Minnesota, Center for Adolescent Health and Development
- Minnesota Department of Human Services
- Saint Paul – Ramsey County Department of Public Health

Coming together to build on previous plans, the Task Force set to work. The process began with an examination of current research. The Task Force then set forth to gather input from the community.

Contributors included public and community health officials, youth-serving agencies, child support organizations, minor parent services, community health clinics, schools, county health departments, schools and departments within the University of Minnesota as well as the teens themselves.

Second Release
The work of the Task Force continues. In addition to the plan, a marketing program was created to ensure progress.

One strategy treats this plan as a living document – always in development. The plan’s second release proves commitment to the approach.

10 things you can do

1. Read the State Plan and send us your feedback
2. Join the community and receive regular updates on teen pregnancy issues via e-mail; write to prc@umn.edu or call 612-626-2820.
3. Write and call your elected representatives and ask them to support the State Plan recommendations
4. Register to vote and VOTE
5. Ask your local school board members or principal whether the schools in your area teach comprehensive sexuality education
6. Stay informed! Watch your local papers for stories about youth activities in your community and teen pregnancy prevention efforts in your community
7. Talk to the youth in your lives and be a mentor
8. Write a letter to the editor
9. Organize/attend a candidate forum in your community and ask candidates their position on the State Plan recommendations
10. Stay connected with the Task Force and learn what you can do in your community.