

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

The Cornerstone Consulting Group, Inc.

2001

Acknowledgements

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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.

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I. Executive Summary

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 for teens. Cornerstone contacted all 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.

An initial review of the county's statistical data suggested that while discussion and activities were generally focused on all teenagers, in fact a disproportionate number of births to teens are occurring among black, Hispanic, and other minority youth living in certain areas within the county. Further, given the relatively small percentage of all births in the county that are teen births, future efforts would require strategic targeting in order to ensure that the youth most at risk for a pregnancy would be reached by planned interventions.

In order to discover areas of highest need in the county for its inquiry, Cornerstone identified "hot spots," geographic areas (zip codes) within the county where the highest rates of births to teens are occurring. The use of the hot spot designation throughout the inquiry allowed Cornerstone to better assess the situation(s) faced by all teens in Palm Beach County in relation to the particular conditions in the hot spot areas.

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 report that follows describes what we did, who we talked to, and what we learned and offers a set of recommendations for developing a community-wide *Action Plan* to reduce teenage pregnancy and childbearing in Palm Beach County. As part of its engagement in the 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.

II. METHODOLOGY FOR THE ASSESSMENT OF PALM BEACH COUNTY

Cornerstone used a variety of methods to gather information about all aspects of teenage pregnancy in Palm Beach County (PBC) over a five-month period from July to November of 2000. Our approach to information collection was inductive, based on the collection of available data from all identified sources, and it was designed to involve a wide range of residents and professionals in the process. Our methods included presentations at meetings, telephone interviews, site visits to community agencies, interest-based group meetings, focus groups, and a brief survey of teens. Cornerstone contacted all 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.

The information gathering process began with analysis of written materials, including annual reports from county agencies and funders, data summaries, population information, county teen birth rates, and school data. (A list of all of the documents used for this report can be found in Appendix A.) These documents yielded varied information, including state and county birth data, child welfare trends, health care district planning information, and social and economic indicators. Cornerstone then began an often-repeated process of summarizing the information we had collected and providing it to PBC constituents for review and expansion. In addition, we developed strategies to obtain information from a broadly inclusive group of community members. These strategies are described in the sections that follow.

1. Telephone Interviews

Cornerstone interviewed Palm Beach County service providers and public health administrators by telephone in August and September of 2000. We spoke with over 50 individuals representing funding agencies, reproductive health services, county health department services, community-based organizations, religiously based service providers, and others. Interviewees were asked to identify specific local services they thought were directly related to teen pregnancy prevention, as well as other pregnancy prevention activities. Participants were also asked to share with Cornerstone any written materials or data describing or measuring teen pregnancy prevention activities. Information from the phone interviews guided our overview of existing services in the county. (A list of telephone contacts can be found in Appendix B.)

2. Site Visits/Group Meetings

Cornerstone visited Palm Beach County on three occasions over a four-month period to meet with key individuals and groups, including adult and teen community residents, local leadership, and service providers throughout the county. During each visit, we gathered additional data, reviewed data that had already been compiled, and participated in and observed on-going efforts in the county related to the issue of teenage pregnancy prevention. Prior to each site meeting, Cornerstone staff summarized data and prepared materials for review by county health department staff and service providers. Site visits allowed Cornerstone staff to become familiar with PBC neighborhoods, issues, and constituents; meet with service providers to gain consensus and feedback about our process and the emerging portrait of the county; and meet with adults and teens in focused discussions. Individual and group meetings with Palm Beach County

service providers, Health Department staff, funders, and community residents allowed us to collect and analyze information about existing services, identify service gaps, plot high need areas in the county, better understand PBC issues, and evaluate the collected information. Each of these visits is summarized below.

July 27, 2000: During our first visit to PBC, we asked Teen Pregnancy Prevention Coalition members and selected service providers to help us identify the information necessary to accurately represent the scope of teenage pregnancy issues and prevention resources in the county. In addition to the statistics collected before the visit, these data included

- information about contraceptive services and about local community agencies offering teenage pregnancy prevention programs,
- youth-serving agencies that partner with sexuality education and reproductive health care providers to make services available to teens,
- statistics on abortion and sexually transmitted disease,
- information on available transportation,
- information about school health services and school-based clinics,
- identification of hospitals and other health providers,
- information on juvenile crime rates and juvenile justice facilities, and
- identification of recent targeted teen pregnancy prevention initiatives.

The response to our request was very positive, and we were able to obtain several sources of information and talk to a number of individuals, which allowed us to construct a detailed picture of county demographics and services as they relate to teenage pregnancy prevention. From these data, we began to construct an overview of county teen pregnancy prevention services and maps of county “hot spots,” zip code areas of the country where teen birth rates are highest.

September 21-22, 2000: During the second site visit, Cornerstone focused on confirming the picture that was emerging from earlier data collection and analysis and gathering additional data from providers about available services related to teen pregnancy prevention in the county. We convened two meetings with service providers during this visit—one in the Belle Glade area and one in West Palm Beach. During each meeting, Cornerstone staff and service providers reviewed the draft overview of services available in PBC. These meetings also offered the opportunity to discuss Cornerstone’s methodology for constructing the strategic plan, to meet additional community providers, and to discuss the next steps in the planning process. During this visit, Cornerstone staff also met with PBC Health Department and Children’s Services Council officials, as well as with members of the Teen Pregnancy Prevention Coalition.

November 2-5, 2000: During the third site visit, Cornerstone held five discussions with community adults and two teen focus groups. Approximately 60 adults from ethnically and geographically diverse areas of the county participated in discussions with Cornerstone over three days. The adult participants in these groups were parents of teenagers and/or adults who interact with young people regularly. Each discussion lasted approximately two hours and focused on the following topics: how adults perceive teen pregnancy as an issue for the community, what adults are doing to prevent teen pregnancy, and what strategies and activities adults are undertaking to communicate with young people about teen pregnancy prevention and teen sexuality. Discussions included adults from the Haitian, Guatemalan-Mayan, African

American, Latino, and white communities. Further, school nurses were brought together in a special session to discuss their work as it relates to teen pregnancy prevention. Site visit findings are summarized in Section V. Appendix C contains the adult discussion guide, and Appendix D contains the discussion guide used with the school nurses. Activities with teens are discussed in the next two sections.

3. Teen Focus Groups

Approximately 50 PBC teens participated in two focus groups, one held in West Palm Beach and one in Belle Glade. Participants in the groups included both sexually active and sexually abstinent teens ages 14 to 19. Teens represented a variety of ethnic backgrounds; they came from different parts of PBC, including, West Palm Beach, Lake Worth, Riviera Beach, Belle Glade, and Pahokee. All of the youth except two were high school students, and at least three identified themselves as teen parents. A Cornerstone team member facilitated the two-hour focus group sessions, and teens were reimbursed for their participation. The group sessions were hosted by organizations whose mission is to educate teens about sexuality,¹ and several participants were peer educators in programs run by these organizations.

Cornerstone used age appropriate and engaging activities to encourage discussion about how youth acquire information about sex and contraception and how they use this information to prevent unwanted pregnancy and disease. These discussions touched on underlying themes of parental relationships, factual information versus popular myths, and the accessibility of family planning information and services for teens in the county. To make sure we heard from all the young people present, small groups of youth first discussed a set of questions designed to uncover general perceptions, attitudes, and behaviors about sex education and pregnancy prevention. In the large group setting, representatives of each small group shared the responses of their peers.

Findings from the focus groups are discussed in Section V. The discussion guide for the teen focus groups can be found in Appendix E.

4. Teen Survey

Finally, Cornerstone devised a brief survey to try to reach a larger sample of the population of teens throughout the county. In order to distribute the survey, we contacted seven youth-serving community-based providers. These providers² agreed to distribute the survey to teens attending their programs or classes teaching pregnancy prevention, programs using both abstinence-only and abstinence-plus approaches.

Over a two-week period the providers, who represented both coastal and western regions of the county, distributed 575 surveys. Approximately 50 percent of these (285) were returned. Teens ages 13 to 19 made up 67 percent of the young people surveyed; 33 percent were ages 12 and younger; and less than one percent were 20 or older. Only survey responses from teens between 13 and 19 are included in our report.

The survey asked 10 questions (see Appendix F) designed to capture information on the basic demographic characteristics of those who responded (i.e., age, gender, current sexual activity,

history of pregnancy) and to answer several questions about teens' sources of information about sex and pregnancy prevention: who teens talk to, how they view these sources of information, and how they view other sources of information available in the county that they may or may not use. The survey information was intended to be a scan of the larger population of PBC teens and was used to supplement information collected in the teen focus groups. Section V contains these results.

Taken together, these methods of data gathering and community engagement were designed to allow Cornerstone to comprehensively assess the level and distribution of teen pregnancy, childbearing, and other indicators of negative development among teens in Palm Beach County. They also enabled us to determine the availability of educational activities and services to prevent these outcomes. Such an approach, combining secondary data collection with site visits, focus groups, and community meetings, allowed for the full participation of interested providers, concerned adults, and sexually active and abstinent teens. We believe these processes provided Cornerstone valuable information that allowed us to understand the context of teen pregnancy in the county from the perspective of this wide range of constituents.

III. HOW TEENS LIVE: National and Palm Beach County Demographics

A large body of research has attempted to identify factors that are associated with adolescent sexual and contraceptive behavior, pregnancy, and childbearing. Several recent reports summarize these studies.³ They find that the factors influencing these behaviors are numerous and complex.

Early studies focused on *characteristics of individual youth*, looking at factors in the young person's personality or biology or in relationships with family and peers that were associated with early sexual activity and pregnancy.⁴ Among *biological antecedents* are factors including gender, age, testosterone level, and timing of puberty. Research has shown that these factors are causally related to adolescent sexual behavior and pregnancy, and they have moderate effects.⁵ For example, the older the teen, the more likely she or he is to be sexually active and to use contraception. A second group of antecedents includes *attitudes and beliefs* about sexual behavior, pregnancy, and childbearing, such as opinions, personal values, and perceived norms and intentions. Research has shown that most of these factors are weakly or moderately associated with sexual behavior and pregnancy.⁶

In the course of these early studies, practitioners observed and research confirmed that problem behaviors often clustered in adolescents; in other words, a young person who engaged in one risky behavior was very likely to engage in others as well. Comparisons of youth who developed various problem behaviors with those who did not led researchers to identify a common set of *risk factors* for negative development. Studies of youth who did not develop problem behaviors, often despite the presence of a number of risk factors, identified *protective factors*, characteristics of teens' personality and environment that help them develop positively. Although risk and protective factors include individual characteristics and elements of adolescents' relationships with family and peers, researchers noted that 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.⁷

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. In the sections that follow, we summarize some of the national demographic data related to adolescent risk taking and the social and environmental conditions that contribute to such behavior. We review primary teen pregnancy prevention efforts across the country. Following this review of the national picture, we present data from Palm Beach County.

1. The National Scene

A variety of national demographic data provide a picture of the context of adolescent development in the United States and recent levels of risky teen behavior. Together, these provide a perspective from which to evaluate the Palm Beach County data that follow.

- Estimates of the population of the United States in 2000 suggest that 14.5 percent of Americans are between the ages of 10 and 19, and 28.4 percent are under age 20.⁸ Among the younger population, whites make up 64 percent, blacks 21 percent, and Hispanics 16 percent.⁹ In contrast, minorities represent a smaller portion of the entire U.S. population: whites make up 71 percent; blacks and Hispanics are each 12 percent.¹⁰
- Unemployment rates vary widely by ethnic and racial group. For all Americans the rate is 4.5 percent. While the unemployment rate for whites is below the national average (3.9 percent), the rate for blacks is nearly twice the national rate (8.9 percent), and the rate for Hispanics is somewhat below this high (7.2 percent). Rates for teens follow the same pattern: 14.6 percent national unemployment for all groups, 12.6 percent for white teens, 27.6 percent for black teens and 21.3 percent for Hispanic teens.¹¹
- Income disparities among American racial and ethnic groups are substantial. Recent per capita income averages were \$19,953 for all races, \$20,603 for whites, \$15,509 for blacks, and \$14,235 for people of Hispanic origin.¹²
- Twenty percent of American children live below the poverty line. Among white children, the figure is 16 percent; while among black and Hispanic children, 40 percent live below this level.¹³ The percentage of children eligible for free or reduced cost school lunch ranges from 11.2 percent to 63.4 percent across the United States. In Florida, the figure is 43.9 percent.¹⁴
- About 15 percent of all children are without health insurance. Children 12 to 17 are slightly less likely to have health insurance than younger children. Young people ages 18 to 24 are more likely than other age groups to be uninsured. Among white children 10.6 percent are uninsured, while 19.7 percent of black children and 30.0 percent of Hispanic children lack health insurance. About one-fifth of all children are covered by Medicaid: 12.5 percent of white children, 38.8 percent of black children, and 29.8 percent of Hispanic children.¹⁵
- Across the nation, the average per pupil expenditure in public schools is \$6,189. The average base salary for full-time teachers is \$34,153. In Florida, per pupil spending averages \$5,552, and teacher salaries average \$30,892. About five percent of youth enrolled in high school nationwide leave school each year without receiving a diploma.¹⁶
- In the 1999 Youth Risk Behavior Survey, high school students nationwide reported having engaged in the following risky behaviors during the past 30 days: 17.3 percent had carried a weapon to school; 50.0 percent had drunk alcohol; and 26.7 percent had used marijuana. Half of them had ever had sex, and 42.0 percent of sexually active students had not used a condom at last intercourse. More than nine in 10 students (90.6 percent) reported being

taught about HIV/AIDS in school, and 6.3 percent said they had been pregnant or gotten someone pregnant.¹⁷

Teen Pregnancy and Childbearing: In the United States in 1996 (the last year for which there are complete data), there were 859,000 pregnancies and 492,000 births to teen mothers ages 15 to 19. These absolute numbers translate into a pregnancy rate of 97 and a birth rate of 54.4 per 1,000 teen women.¹⁸ *Birth rates* in the United States peaked in the 1950s at close to 100 births per 1,000 teen women and began a slow decline, interrupted by a period of rising rates in the 1980s. Since 1991 rates have declined slowly each year, reaching 49.6 births per 1,000 in 1999, the lowest level since the birth rate was first recorded 60 years ago.¹⁹

Pregnancy rates—which include live births, induced abortions, and fetal losses—have, for the most part, followed a pattern similar to that of birth rates, and the *abortion rate* began to decline sharply in the 1980s and in 1996 reached its lowest level in at least two decades.²⁰

Although falling rates of pregnancy, birth, and abortion to U.S. teens are a positive development, these declines are less reassuring when viewed from an *international perspective*. Among 50 nations studied in 1995, the United States had the highest or among the highest teen pregnancy, birth, and abortion rates. Further, the declines in these rates between 1970 and 1995 were smallest in the U.S., where the drop was half that in England and Canada and less than one-third the decline in the rest of Western Europe.²¹

Birth rates for teen women vary substantially across *racial and ethnic groups* and among younger and older teens. In 1999 Hispanic teens ages 15 to 19 had the highest birth rate among the major racial and ethnic groups in the U.S., nearly double the national rate. Black teens had the next highest rate, followed by white teens. The birth rate of Latina teens surpassed that of black youth in 1994, although pregnancies are more common among black teens.²²

Teen Pregnancy Prevention Activities and Services: Primary teen pregnancy prevention activities can be roughly divided into two types: educational programs and reproductive health services.

Educational programs fall into two broad groups: those that teach only abstinence and those that teach abstinence plus effective contraceptive practice (referred to as abstinence-plus or comprehensive sexuality education programs). There is widespread public support for comprehensive sexuality education programs. In a recent poll, 93 percent of the public supported comprehensive sexuality education in high schools, and 84 percent supported it in junior high schools.²³ Still only 19 states and the District of Columbia require schools to provide any kind of sexuality education, and requirements for course content vary greatly. Very few states require that school programs include information on both abstinence and contraception.²⁴

While the federal government has favored abstinence-only programs for some time in its policies and funding practices, such programs remain largely unevaluated; research to date has not proven their effectiveness. A wide variety of abstinence-plus programs have been used in schools and community programs throughout the country and have been studied for some time. Evaluations of some of these programs have been promising. No sexuality education programs have resulted in earlier initiation of sexual activity, increased frequency of sexual activity, or an

increased number of sexual partners. Some either delayed the onset of sexual intercourse, reduced the frequency, or reduced the number of partners. Some increased use of condoms or other contraceptives.²⁵ Information on practices critical to the success of educational efforts and on recommended programs can be found in the accompanying report on best practices.

Programs that provide teens with *access to contraception* and the specific skills to use particular methods include family planning clinics, managed care providers, and condom distribution programs, along with private physicians and pharmacies. In a number of communities, clinics are located in schools, and nearly one-fourth of these provide reproductive health services. A number of clinics are linked to schools, although not located within them; these are more likely to provide reproductive health care. Of women under age 20 who seek family planning services, 63 percent obtain care from clinics.²⁶ Condoms are available through programs in more than 300 schools throughout the country.

The federal government has subsidized family planning services since 1970, largely through Title X but also through Medicaid, Title V (Maternal and Child Health), and Title XX (Social Services Block Grant). There are more than seven thousand publicly subsidized clinics in the United States, serving about 1.8 million adolescents each year; yet, it is estimated that only 37 percent of the teens who need free or reduced cost services currently receive contraceptive care.²⁷ Federal funding for these programs has diminished considerably, due primarily to controversy surrounding the provision of contraceptives to teens.

Research indicates that teens' use of reproductive health services depends on a variety of factors, from location and hours to characteristics of staff and patient education programs. Information on best practices and recommended programs for providing reproductive health care to teens can be found in the accompanying report on best practices.

2. Palm Beach County

Palm Beach County is the third most populous county in the state of Florida. It is among the largest geographically, with three distinct regions: South, North, and West. The county is the wealthiest in the state of Florida, and although its per capita income is the highest of any Florida county, its poverty rate, especially among African Americans, is higher than the rate in the state as a whole. Despite obvious resources of wealth, the county is a study in contrasts, with a markedly disproportionate picture for certain sectors of the population. The following profile of adolescents in Palm Beach County bears this out.

Racial & Ethnic Composition: According to census estimates, the population of Palm Beach County in 1999 was 1,049,420. Adolescents ages 10 to 19 made up approximately 12.7 percent of the population. The majority of adolescents were white (63 percent), while blacks and Hispanics made up 22 percent and 13 percent, respectively. Native Americans and Asians made up nearly two percent of the adolescent population. An additional 14.1 percent of the PBC population was under age 10; thus, almost 27 percent of county residents were under age 20.²⁸

Currently, a population shift is occurring within the county. Between 1990 and 1999 the black population grew 43 percent, and the Hispanic population increased almost 76 percent, while the white population grew only a little over 17 percent. Most of the growth in the white population is

due to immigration of older whites to the area, while the growth of the black population is due in large part to child bearing and growth in the Hispanic population is due to both child bearing and immigration. Both the black and white populations of the county are expected to remain fairly stable, while the Hispanic population is expected to continue to grow.²⁹ The Hispanic population comprises several different cultural and ethnic groups: Mexicans, Puerto Ricans, Central and South Americans, and Guatemalan-Mayan Indians.

Teen Pregnancy and Childbearing: In 1996, Florida's teen pregnancy rate was the 4th highest in the nation. There were 115 pregnancies per 1,000 teenage women ages 15 to 19 in Florida: 51 percent of these pregnancies resulted in live births and 35 percent in abortions.³⁰ Pregnancy data are calculated by adding birth data and abortion data and an estimated percentage for fetal loss. Because Palm Beach County does not identify the age of the mother in the abortion data it collects, pregnancy rates are not computed for the county. As a rough approximation, we have extrapolated from the county birth rate of 49 per thousand women ages 15 to 19 using the state percentages of live births and abortions. This calculation yields a teen pregnancy rate of 96.1 in the county. In the discussion that follows, we focus on the available birth data; however, this should be viewed as a proxy for pregnancies, which are likely to be a little more than double the birth rate and which are the primary focus of prevention efforts.

In PBC, the *number of births* to adolescents ages 10 to 19 in 1999 was 1,305, and the number of babies born to teens ages 15 to 19 was 1,278. Births to the youngest teens represent 2.1 percent of all teen births. The teen birth rate in the county has remained fairly stable over time; however, from 1998 to 1999 births to 15 year olds increased substantially, from 58 to 80. Slightly more babies are born to white teens (51 percent) than to teens of other racial and ethnic groups (49 percent); however, only 37 percent of the teen population in Palm Beach County is non-white, so teen births are disproportionately high in communities of color. Nearly one-quarter of births to teens are to young women who have already given birth at least once.³¹ Florida has mandatory reporting laws for abortions, but the reporting data do not include age of the mother.

The county's age-specific birth rate for young women ages 10 to 14 was less than 1 per 1,000, while the rate was 49 for adolescents ages 15 to 19. The latter rate is lower than the state of Florida's teen birth rate of 55 per 1,000.³² Although countywide birth rates have declined slightly over the past five years and are currently lower than the state average, Cornerstone undertook a closer examination of birth rate data by zip codes to determine if this situation held throughout the county. This analysis suggests that high rates of teen births do exist in the county, focused in ten geographic regions. The results of this analysis are presented in Section IV.

Teen Pregnancy Prevention Activities and Services: As of 1999, Florida ranked 45th among the states in provision of *contraceptive services* to women in need: only 31 percent of the teenagers who needed free or reduced cost services received them.³³

Florida appears to be in the "middle of the pack" of states when it comes to statutes and laws regarding minors' access to information and services. Parental consent laws for both family planning and abortion have been passed, but both have been challenged. The law requiring parental consent for abortion is currently enjoined. Although Florida has restrictions on minors' consent for family planning services, agencies that receive federal Title X funds for these

services are bound by federal requirements that all clients, regardless of age, be served. Thus, minors have unrestricted access and may consent to a full range of reproductive health services, including birth control methods, STD/HIV services, and termination of pregnancy. Condoms and other non-prescription methods may be dispensed in the community and are available for purchase at pharmacies. The availability of services to teens in PBC is discussed further in Section V.3.

The state of Florida has passed the following legislation with regard to *sexuality education* in schools: each school district may provide instruction in AIDS/HIV. Any instruction in human sexuality is required to teach abstinence and the benefits of a monogamous heterosexual marriage. Further, abstinence is taught as the only way to prevent out-of-wedlock pregnancy and disease. The PBC school district's sexuality education program is discussed in Section V.4.

Other Factors Related to Teen Pregnancy and Childbearing: Education and access to contraceptive services are not the only factors affecting pregnancy and childbearing among teens in Palm Beach County. As outlined in the introduction to this section, other significant factors, such as poverty, unemployment, and availability of public resources, have an impact on health outcomes for both adults and teens. Poverty and social disorganization are associated with the whole spectrum of risky adolescent behaviors, including early and unprotected sexual activity, school dropout, drug and alcohol use, and delinquency. Because poverty and accompanying social ills disproportionately affect minorities, negative outcomes among adolescents are concentrated in these groups.

- Economic inequality between blacks and whites has increased over the past 30 years as older wealthier whites continue to move into Palm Beach County. During this period, the income gains of whites have overshadowed any gains made by either blacks or Hispanics. The per capita income of whites grew 32 percent, while income of blacks and Hispanics grew only 10 percent and 17 percent, respectively.³⁴
- Poverty rates in PBC are high for blacks and Hispanics as compared to whites. In 1996, approximately 35 percent of blacks and 18 percent of Hispanics in the county lived below the poverty line, as compared to the overall population, in which only 9.3 percent met this definition of poverty. The poverty rate for blacks in the county was higher than that for blacks in the state and the nation, even though the county as a whole had lower poverty rates than either the state or the country.³⁵
- Approximately 15.1 percent of PBC children ages 17 and under live below the poverty line.³⁶ The number of children who receive free or reduced cost lunches at school (a proxy for income) is 41.2 percent in the county.³⁷ The child poverty rate among blacks is quadruple that of whites; the Hispanic rate is two and one-half times that of whites. In rural areas such as Belle Glade, Pahokee, and South Bay and in the urban areas of Riviera Beach and Lake Worth, the child poverty rates are two times higher than those in the county as a whole.³⁸
- The unemployment rate for Hispanics is double that of whites, while the rate is almost triple for blacks.³⁹

- Palm Beach County schools rank high in Florida in the amount spent per student and per teacher; yet the county's schools rank poorly in terms of student to teacher ratios, test scores, and percent of graduates who continue their education. Graduation rates dropped 16 percent between 1993 and 1997.⁴⁰ School segregation also continues to be a serious problem.
- A survey of Palm Beach County middle school students found that 40 percent of respondents reported having carried a weapon, 55 percent having had alcohol, and 20 percent having used marijuana in the past month. The 1999 Youth Risk Behavior Survey of high school students in the county found that in the past 30 days 18 percent had carried a weapon, 53 percent had drunk alcohol, and 26 percent had used marijuana. More than half (52.9 percent) reported they had ever had intercourse, and 62.6 percent of sexually active students said they used a condom at last intercourse. The number reporting that they had been pregnant or gotten someone pregnant matched the national figure of 6.3 percent. Nearly 86 percent reported having been taught about HIV/AIDS in school.⁴¹

The demographic picture of Palm Beach County sketched above is one of contradictions: while county-wide indicators are equal to or better than national and/or state averages, several populations and 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. The following section describes Cornerstone's identification of PBC communities with high levels of teen childbearing and other indicators of social and economic vulnerability.

IV. WHERE THE PREGNANT TEENS ARE: PALM BEACH COUNTY "HOT SPOTS"

Defining and Characterizing Hot Spots⁴²

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.⁴³ We defined as "hot spots" zip code areas where the rate of births to teens was between 98 and 153 women ages 15 to 19—in other words, 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).

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

- 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.

The ten hot spot areas are characterized by high levels of risk-taking behavior among teens: pregnancy and childbearing, delinquency, and school failure. They are also characterized by one of the most important risk factors for negative development—poverty. By a variety of measures—per capita income, unemployment rate, eligibility for free or reduced cost school lunches, eligibility for Medicaid, and lack of health insurance coverage—these communities are risky places for young people to grow up. In addition, 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.

The collected demographic information on each of these areas is presented in the tables that follow. Birth rates in each zip code area in 1999 are highlighted on the maps in relation to countywide and national rates. Table 2 includes the specific birth rates for each zip code area in the county.

Table 1 – Relevant Demographic Data for Palm Beach County and Hot Spot Areas¹

Palm Beach County										
Teen Birth Rate, 1999: 49 per 1,000 teen women age 15 to 19 Teen Births, Ages 15 to 19, 1999: 1,278										
Total Population	Projected Growth Rates 2005				Percent of Population		Income per Capita	Un-employment Rate	Percent of Children on Medicaid ²	Number of Children with Health Insurance ³
	Pre-School	School Age	Adult	Senior	Black	Hispanic				
1,049,420	By zip only	By zip only	By zip only	By zip only	14.8	11.2	\$29,133 Highest in FL	5.0%	By zip only	By zip only
Estimate of School Age (K-12) Population	Reported Cases of Child Abuse	Number of Crimes by Juveniles	Total High School Enrollment	Number of Dropouts & Rate		Graduation Rate ⁴	Percent of Students with Reduced Cost Lunch			
				M: 746						
				F: 666						
By zip only	By zip only	By zip only	43,685	3.2%		63.6%	Avg. 16 H.S.: 41%			

¹ All data in the tables are for 1999, except for high school enrollment, number of dropouts, percent students with reduced cost lunch, graduation rate, and reported cases of child abuse, which are for 2000.

² Includes both Medicaid, for children with family income below the federal poverty level, and the Children’s Health Insurance Program (CHIP), for children with family income up to 200 percent of the poverty level.

³ Includes both private health insurance and HMO coverage.

⁴ Graduation rate is the percentage of students who started in 9th grade graduating in 12th grade.

Hot Spot Area 33460 – Lake Worth

Teen Birth Rate, 1999: 153.0
 Teen Births, 1999: 105

Total Population	Projected Growth Rates 2005				Percent of Population		Income per Capita	Un-employment Rate	Percent of Children on Medicaid	Number of Children with Health Insurance
	Pre School	School Age	Adult	Senior	Black	Hispanic				
30,143	7.14	12.73	56.50	30.77	16.38	21.62	\$19,770	5.50	33.1	548
Estimate of School Age (K-12) Population	Reported Cases of Child Abuse	Number of Crimes by Juveniles	Total High School Enrollment ⁵	Number of Dropouts & Rate	Graduation Rate	Percent of Students with Reduced Cost Lunch				
4398	393	383	3241+222	M: 72+17	55.8% + no data	24.7% + no data				
				F: 68+18						
				4.1% + no data						

Hot Spot Area 33407 – West Palm Beach

Teen Birth Rate, 1999: 107.0
 Teen Births, 1999: 104

Total Population	Projected Growth Rates 2005				Percent of Population		Income per Capita	Un-employment Rate	Percent of Children on Medicaid	Number of Children with Health Insurance
	Pre School	School Age	Adult	Senior	Black	Hispanic				
23,966	9.74	18.55	67.13	14.33	51.17	8.39	\$15,510	7.80	63.56	456
Estimate of School Age (K-12) Population	Reported Cases of Child Abuse	Number of Crimes by Juveniles	Total High School Enrollment	Number of Dropouts & Rate	Graduation Rate	Percent of Students with Reduced Cost Lunch				
3831	441	345	3202	M: 31	62.6%	28.7%				
				F: 36						
				1.9%						

⁵ Data for each of the two high schools in this zip code are listed separately.

Hot Spot Area 33476 – Pahokee

Teen Birth Rate, 1999: 105.7
 Teen Births, 1999: 48

Total Population	Projected Growth Rates 2005				Percent of Population		Income per Capita	Un-employment Rate	Percent of Children on Medicaid	Number of Children with Health Insurance
	Pre-School	School Age	Adult	Senior	Black	Hispanic				
8,331	12.35	30.93	58.96	10.11	62.60	20.17	\$8,498	14.2	71.8	66
Estimate of School Age Population	Reported Cases of Child Abuse	Number of Crimes by Juveniles	Total High School Enrollment	Number of Dropouts & Rate	Graduation Rate	Percent of Students with Reduced Cost Lunch				
2114	248	137	658	M: 7 F: 2 1.37%	68.1%					

Hot Spot Area 33430 – Belle Glade

Teen Birth Rate, 1999: 100
 Teen Births, 1999: 89

Total Population	Projected Growth Rates 2005				Percent of Population		Income per Capita	Un-employment Rate	Percent of Children on Medicaid	Number of Children with Health Insurance
	Pre-School	School Age	Adult	Senior	Black	Hispanic				
23,208	11.71	24.58	67.97	7.45	59.53	27.44	\$9,201	14.20	54.4	260
Estimate of School Age (K-12) Population	Reported Cases of Child abuse	Number of Crimes by Juveniles	Total High School Enrollment	Number of Dropouts & Rate	Graduation Rate	Percent of Students with Reduced Cost Lunch				
5523	212	208	1645	M: 61 F: 41 5.7%	54.3%	63.9%				

Hot Spot Area 33409 – West Palm Beach/Haverhill

Teen Birth Rate, 1999: 88.0

Teen Births, 1999: 36

Total Population	Projected Growth Rates 2005				Percent of Population		Income per Capita	Un-employment Rate	Percent of Children on Medicaid	Number of Children with Health Insurance
	Pre-School	School Age	Adult	Senior	Black	Hispanic				
20,614	7.47	13.27	73.03	13.70	10.82	9.31	\$23,976	4.70	27.0	396
Estimate of School Age Population	Reported Cases of Child Abuse	Number of Crimes by Juveniles	Total High School Enrollment	Number of Dropouts & Rate	Graduation Rate	Percent of Students with Reduced Cost Lunch				
3,327	161	150	No high school	N/A	N/A	N/A				

Hot Spot Area 33404 – Riviera Beach

Teen Birth Rate, 1999: 85.3

Teen Births, 1999: 85

Total Population	Projected Growth Rates 2005				Percent of Population		Income per Capita	Un-employment Rate	Percent of Children on Medicaid	Number of Children with Health Insurance
	Pre-School	School Age	Adult	Senior	Black	Hispanic				
27,184	9.76	20.84	61.10	18.07	70.53	3.12	\$16,495	8.80	65.9	350
Estimate of School Age Population	Reported Cases of Child Abuse	Number of Crimes by Juveniles	Total High School Enrollment	Number of Dropouts & Rate	Graduation Rate	Percent of Students with Reduced Cost Lunch				
4,260	406	466	1322	M: 3	94.5%	16.8%				
				F: 1						
				.3%						

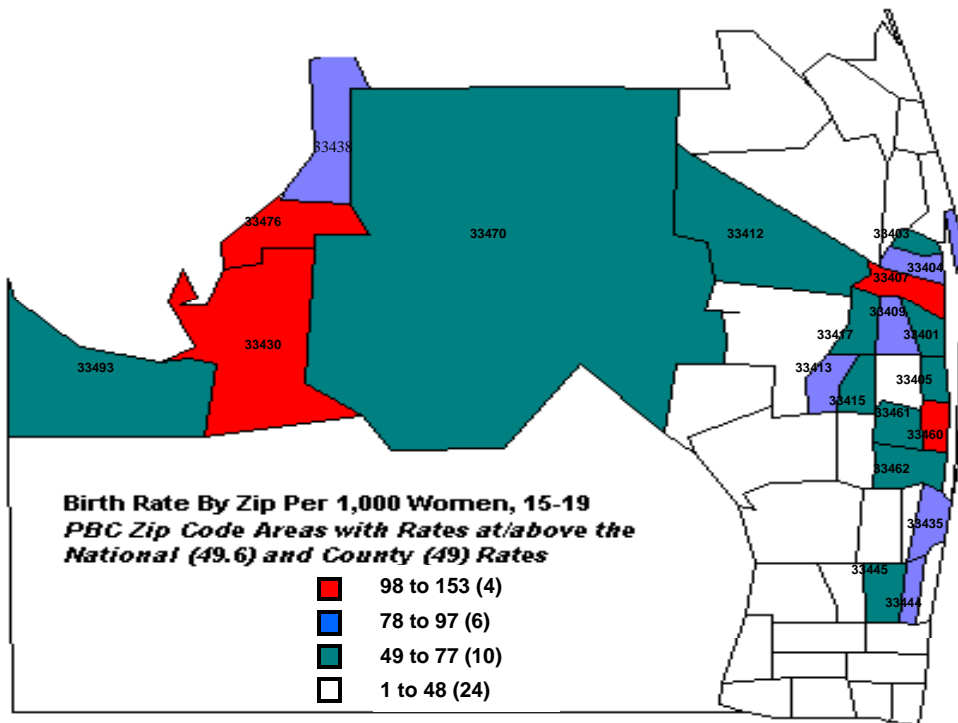
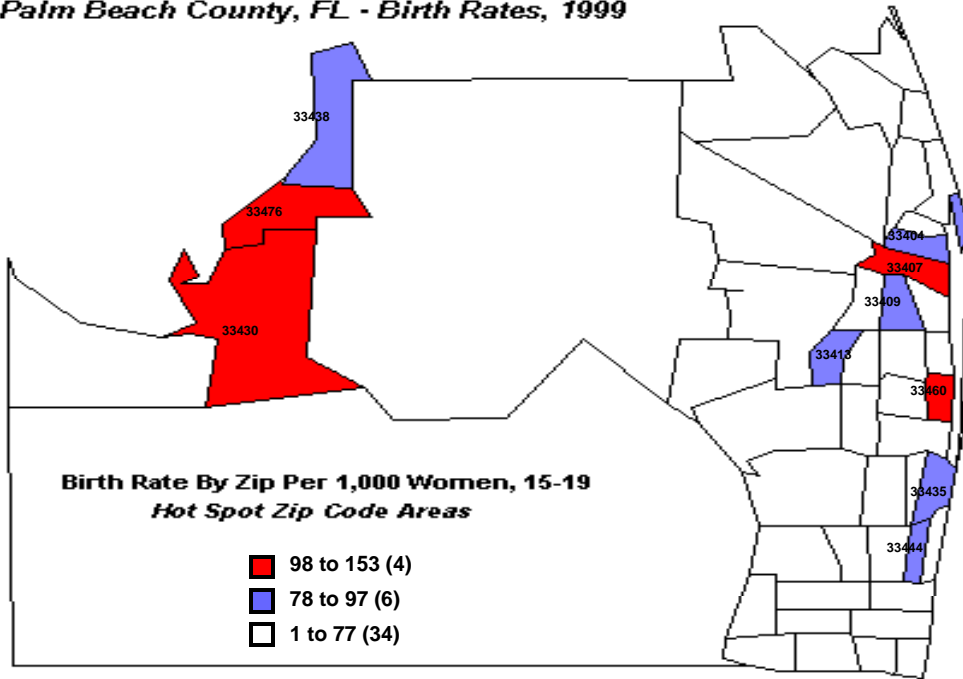
Zip Code Area 33444 – Delray Beach										
Teen Birth Rate, 1999: 83.0 Teen Births, 1999: 56										
Total Population	Projected Growth Rates 2005				Percent of Population		Income per Capita	Un-employment Rate	Percent of Children on Medicaid	Number of Children with Health Insurance
	Pre School	School Age	Adult	Senior	Black	Hispanic				
19,043	8.80	17.54	69.13	13.34	49.09	12.80	\$15,983	8.40	45.5	367
Estimate of School Age (K-12) Population	Reported Cases of Child Abuse	Number of Crimes by Juveniles	Total High School Enrollment	Number of Dropouts & Rate		Graduation Rate	Percent of Students with Reduced Cost Lunch			
3,128	239	269	2769	M: 21		63.8%	14.1%			
				F: 31						
				1.7%						

Hot Spot Area 33438 – Canal Point										
Teen Birth Rate, 1999: 80.0 Teen Births, 1999: 4										
Total Population	Projected Growth Rates 2005				Percent of Population		Income per Capita	Un-employment Rate	Percent of Children on Medicaid	Number of Children with Health Insurance
	Pre-School	School Age	Adult	Senior	Black	Hispanic				
1,378	11.89	28.73	61.76	9.52	54.93	20.03	\$9,157	13.30	6.7	9
Estimate of School Age Population	Reported Cases of Child Abuse	Number of Crimes by Juveniles	Total High School Enrollment	Number of Dropouts & Rate		Graduation Rate	Percent of Students with Reduced Cost Lunch			
1,095	7	9	No high school	N/A		N/A	N/A			

Zip Code Area 33435 – Boynton Beach										
Teen Birth Rate, 1999: 78.0 Teen Births, 1999: 73										
Total Population	Projected Growth Rates 2005				Percent of Population		Income per Capita	Un-employment Rate	Percent of Children on Medicaid	Number of Children with Health Insurance
	Pre School	School Age	Adult	Senior	Black	Hispanic				
29,070	6.65	15.59	53.97	30.44	31.69	11.85	\$18,519	6.50	24.5	510
Estimate of School Age (K-12) Population	Reported Cases of Child Abuse	Number of Crimes by Juveniles	Total High School Enrollment	Number of Dropouts	Graduation Rate	Percent of Students with Reduced Lunch				
5578	252	341	No H.S.-N/A	N/A	N/A	N/A				

Hot Spot Area 33413 – West Palm Beach/Greenacres										
Teen Birth Rate, 1999: 77.7 Teen Births, 1999: 15										
Total Population	Projected Growth Rates 2005				Percent of Population		Income per Capita	Un-employment Rate	Percent of Children on Medicaid	Number of Children with Health Insurance
	Pre-School	School Age	Adult	Senior	Black	Hispanic				
5,284	7.11	20.70	69.87	9.43	4.90	14.35	\$18,070	4.70	14.2	161
Estimate of School Age Population	Reported Cases of Child Abuse	Number of Crimes by Juveniles	Total High School Enrollment	Number of Dropouts & Rate	Graduation Rate	Percent of Students with Reduced Cost Lunch				
1,458	38	41	No high school	N/A	N/A	N/A				

Palm Beach County, FL - Birth Rates, 1999



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	
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	
33407	1084	5	4.60	970	104	107.00	2
33408	320	0	0.00	356	1	2.80	
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	
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	
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	
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	
33438	69	0	0.00	50	4	80.00	8
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
33458	959	0	0.00	741	16	21.60	
Lake Worth	739	4	5.40	685	105	153.00	1
33461	1031	2	1.90	957	74	77.00	
33462	983	0	0.00	862	51	60.00	
33463	1374	1	0.70	1103	40	36.30	
33467	662	0	0.00	590	14	23.70	
33469	343	0	0.00	280	2	7.10	
33470	366	0	0.00	276	14	50.70	
Pahokee	586	0	0.00	454	48	105.70	3
33478	500	0	0.00	424	3	7.10	
33486	598	0	0.00	608	4	6.60	
33487	240	0	0.00	227	3	13.20	
33493	251	0	0.00	207	13	62.80	
33496	380	0	0.00	348	4	11.50	
33498	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

V. WHAT WE LEARNED: TEEN PREGNANCY AND ITS PREVENTION IN PALM BEACH COUNTY

1. The Teen Perspective

In order to fully understand the challenges PBC teens face in preventing unwanted pregnancies, Cornerstone used a two-step approach to examining the attitudes, feelings, and knowledge of county youth. First, we distributed a brief survey to several hundred youth participating in pregnancy prevention programs or classes in seven community-based organizations in the county. Approximately half of the surveys were returned, and two-thirds of these responses are included in the discussion below. The survey was not intended to be a rigorous review of a representative group of PBC youth, rather it provides corroboration for information gained in our teen focus groups about how young people perceive and use the pregnancy prevention education and services in their community.

Focus groups conducted with young people from West Palm Beach, Riviera Beach, Lantana, and Belle Glade provided the second level in Cornerstone's assessment of the teen perspective. The following is a summary of what we learned from the group discussions, supplemented by the youth survey. The thoughts and feelings youth shared in these sessions give us a glimpse into Palm Beach County's pregnancy prevention efforts from the perspective of its teens.

Acquiring Information: In response to questions concerning the people they talk to about sex and pregnancy prevention, young people in both group discussions and the survey indicated a range of sources. However, they overwhelmingly reported that peers—male and female friends their own age—are their primary source of information. Adults, including parents, teachers, nurses and program staff, were only marginally mentioned as resources. Youth who reported sources other than peers were those who identified themselves as peer educators.

In general, the young people said they have conversations about sex often. Such conversations happen wherever young people come together. These conversations are about feelings, needs, and desires as much as requests for information. The information youth seek is most often about new feelings they are experiencing: “What is that sensation I feel when I'm with him/her?” “Is that love?” “How will I know if I'm in love?” “Why do people say sex is bad?” “Am I bad for wanting to have sex with the person I love?” Less often their questions are about the sex act itself: “Does it hurt to have sex?” “What is an orgasm?” “Is oral sex, sex?” Finally, and very much in the minority, are questions about how to prevent unwanted pregnancy and disease. Teens talk to one another almost exclusively about the former topics.

In contrast to their conversations with peers, youth told us that they rarely talk about *feelings* and the *act of sex* with adults, most of whom consider these topics taboo. Young people shared that conversations with adults in their lives about “sex education” are confined to human development and reproduction. Talks with adults are more sporadic than talks with peers and occur in formal classroom and group settings, usually in schools and youth related programs. These discussions tend to be about topics predetermined by adults and, for the most part, cover factual information adults feel youth should know. Youth told us that they usually initiate

discussions with parents about sexuality. And talks of this nature with adults in faith organizations are almost non-existent.

Participants initially indicated a high level of satisfaction with the answers they get to their questions about sex and pregnancy prevention, regardless of the source. But, when pressed about the quality of this information, youth reported that they have less trust in the accuracy of information about pregnancy and disease prevention that comes from peers than they do in the information that comes from adults. The different types of contraceptives, how to use them, rates of effectiveness, and where to obtain them, as well as symptoms and treatment of sexually transmitted infections—this is information youth feel more secure obtaining from adults.

This conclusion is supported by the survey, which indicates that for the most part youth seek factual information from family planning services, health clinics, schools, and parents—resources that involve adults. Our conversations with agencies that provide sexuality education further support this conclusion. For example, Planned Parenthood requires adult staff in peer-led sessions to ensure that the information conveyed is clear and accurate. As one young man related, “I don’t want to talk to my friends all the time, because I feel they don’t really know any more than I do.”

In response to questions about their knowledge of where to obtain information regarding pregnancy prevention, young people told us it is not hard for them to get *information*—rather the inaccessibility of services and the difficulty of actually acquiring contraceptives are problematic. Almost all of the youth we talked to could tell us where to get pregnancy prevention information and services: young people offered school nurses, local family planning organizations, and even older siblings and relatives as resources. Fewer knew the specifics of obtaining services, such as days/times of program operation, cost, documentation required, and teens’ legal rights. Most young people were familiar with the different types of contraceptives on the market. Several could explain how to use them; few knew their effectiveness rates; and almost none could talk about the appropriateness of the different methods to their personal needs. And although teens knew where they could obtain most contraceptives, they said that they are more likely to accept contraceptives (condoms) when they are openly distributed; they are less likely to obtain contraceptives when they have to request them. One young woman explained, “If you ask for information about how to get pills or Norplant, adults will assume you are having sex, and your peers will tell everybody that you are.”

Using the information: Although young people told us that they frequently discuss sex and pregnancy prevention, that these talks satisfactorily answer their questions, and that they know where to go for information and services to prevent pregnancy and disease, many teenagers are still getting pregnant. When we asked youth in the focus groups why, their responses fell into three categories: the gap between having information and using it, the lack of developmentally appropriate activities and opportunities for young people, and a generational “disconnect” between youth and adults—particularly parents—when it comes to the topic of teen sexuality.

In both the focus group discussions and in the surveys, youth said that they were being or had been exposed to information about pregnancy prevention in the form of classroom/group discussions, textbooks, pamphlets, videos, and other media. But young people indicated that this

information is often not presented in a way that ensures continuity and promotes its application in their lives. Almost all of the young people we met spoke of a class they had at one time, a program they attended for about a week, a guest speaker they once heard, or a field trip they went on. None saw consistency or connection in their experiences over the years.

Second, various comments from the group implied that sex was something young people engaged in, in lieu of other options. With the exception of the peer educators, a few athletes, and the two out-of-school youth—one a freshman in college, one currently employed—most of the young people in our group sessions were not involved in meaningful activities in “gap time” hours, i.e., after school, during holidays, and on weekends. In addition, very few of them spoke with any conviction about their future plans. When asked what they planned to do when they finished school, most responded, “I guess try to find a job.”

Finally, all the young people we spoke to felt that the generational divide between youth and adults plays a significant role in teen pregnancy. These youth found that most adults are uncomfortable talking about their own sexuality, much less teen sexuality. With the exception of occasional conversations with program staff at agencies like Planned Parenthood or with school nurses, some teachers, and even fewer parents, most youth have not experienced open discussions about their sexuality with adults. Youth told us that sex is a non-topic in their communities, where it is often viewed as “evil, sinful and dirty.” They said they would not know how to begin a conversation about sex with adults for fear of accusation and reprisal. Several youth shared how adults in their lives use religion and the “fear of God” to deter them from exploring their sexuality. Almost all of the youth had experienced adults whose messages about sex included scare tactics, shame or guilt. Although participants spoke about adults in general, parents were at the heart of youth troubles in this matter.

The young people spoke of parents in “denial” about their budding sexuality. Many said their parents still see them and talk to them as if they were children. 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 their parents either don’t know the right answer or are afraid to be honest with them. Female participants lamented the double standard for boys and girls. They overwhelmingly agreed that the messages they receive say that it’s okay for males to have sex, but not females. Most young women in the group shared that while they have had some level of discussion with their mothers or female relatives, their fathers and other adult males in their lives don’t talk to them about this topic. They also felt it is much easier for boys to obtain contraceptives than girls. Notably, all of the male participants had talked to parent figures of both genders about sex, knew how to obtain contraceptives, and had in many cases been supplied with condoms as a result of their talks.

When asked what we might tell parents about how to talk to teens about sex, youth in our focus groups had a great deal of advice. Their comments included, “Be more open with me.” “Shut up and listen.” “Don’t tell my business to family and friends.” “Stop talking about what it was like in your day.” “Don’t be so narrow-minded.” “Don’t assume.” “Don’t try to intimidate me.” “Be honest.” “Let me make mistakes.” “Tell me what you want me to do.” “Tell us the truth.”

Implications for the Action Plan: Cornerstone’s two-fold strategy to discover the views of youth on teen pregnancy issues in Palm Beach County communities revealed several important conclusions. According to these young people, additional support in four areas will help PBC teens avoid early sexual activity and unwanted pregnancy and disease.

- 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.
- Most of all, youth need to be able to talk to adults—especially their own parents—about these issues in open, honest discussions that give them a sense of empowerment and support for their responsible actions.

2. The Adult Perspective

Cornerstone conducted five 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 school nurses; the others gathered adults who were members of various ethnic groups and/or residents in particular areas of the county. These meetings were designed to be very interactive and to also serve as an opportunity for PBC residents to find out more about the strategic planning process.

The Haitian Community: In one adult discussion group, Cornerstone staff met at the Haitian Center for Family Services with center staff and an ecumenical group of Haitian pastors from all areas of Palm Beach County. Participants reported that the Haitian community in the county, which numbers between 65,000 and 100,000, is composed for the most part of first generation Americans. The larger community tends to view them as outsiders who bring problems with them; they tend to feel isolated. This sense of isolation is frequently intensified by the absence of extended families, who have been left behind in Haiti; by disruptions within nuclear families caused by immigration and citizenship issues; and by “reverse mentorship,” the situation in which children become the chief conduits of information between their parents and the larger world because of language and cultural barriers.

The Haitian adults we spoke with felt that teen pregnancy is a problem in the community, especially when the teen parents are not married. They perceive that the problem is increasing. In addition, teens who become parents have a hard time getting the support they need to finish their education and find employment. However, these problems are not generally acknowledged in the

community, part of the general taboo against talk about sex—a subject that “is in the closet,” as one participant noted.

Women are the caretakers in Haitian families and are more likely to talk to their children about sexual issues. Fathers rarely talk to children, especially daughters, about these matters. Some churches have been resistant to teaching sexuality education and certainly to promoting birth control. Participants emphasized that messages about prevention will have to be delivered in the context of respect for and transmission of cultural values. They felt that mothers could be empowered through education about their own sexuality and reproductive health to become sexuality educators for their children.

The Guatemalan-Mayan Community: In a second discussion group, Cornerstone met with Guatemalan-Mayan mothers at the Guatemalan-Mayan Center. These women reported that their cultural norms accept early marriage and childbearing but reject early sexual activity and childbearing outside of marriage. A girl of 13 is considered too young to be a parent, but by age 18, she is considered a woman. There are differences in attitudes toward men and women having sex before marriage: it is acceptable for men but not for women. The participants thought that most teens are sexually active, but they said that they would find it difficult to accept their own teens becoming sexually active.

The Guatemalan-Mayan women in the discussion group reported that mothers do sometimes speak to their children about sexual issues. In conversations with their own children, they expect to emphasize abstinence with their daughters and then discuss contraception; with sons they will talk about contraception. They felt that mothers need education about sexuality, pregnancy, and contraception to prepare them for these conversations. They also felt that children should learn about these topics in school; some felt the emphasis should be on abstinence.

The Coastal Communities: Another discussion group met in the Pleasant City Multipurpose Center with adults from West Palm Beach, Riviera Beach, and Delray Beach. Participants were members of the Pleasant City Planned Approach to Community Health (PATCH), a collaboration of health care providers in the community. These adults felt that teen pregnancy in their community is really a manifestation of several underlying problems. Among the contributors to teen pregnancy are deficiencies in the teens’ education about sexuality—including body awareness, health, and reproduction—and about taking responsibility for their own decisions. In addition, a lack of positive, engaging activities, breakdown in family and societal values about early childbearing, and the absence of supportive adult guidance are important contributors to teen pregnancy. Participants in the discussion saw the negative effects of teen pregnancy—interruption in education, diminished job opportunities, and the financial and custodial burden on the community—as serious problems.

PATCH members felt that a number of steps should be taken. They recommended educating the adults in the community to help them become comfortable with their own sexuality and gain the knowledge and skills to communicate effectively with young people on various issues related to sexuality. Educational programs will have to address cultural barriers in various ethnic communities that make realistic and open communication with youth difficult. Media campaigns would help educate adults and make them more comfortable with these issues. In addition, youth

need comprehensive, age appropriate sexuality education from age five through high school. Schools are not the best place for sexuality education because parents often react negatively to such programs and censorship of important information occurs in individual schools. School facilities, however, should be available after hours for both parents and youth for such programs, although additional community venues are desirable. Participants also recommended parenting courses similar to drivers' education, to help teens better understand the responsibilities of parenthood. Finally, they suggested opportunities for youth to build skills.

The Inland Communities: A fourth group met at the Glades Health Initiative with women from Belle Glade, Pahokee, and South Bay. These adults felt strongly that teen pregnancy is a serious problem in their communities. They identified a number of the issues contributing to the problem. Primary underlying concerns are the lack of alternative activities, including employment, for teens, especially girls; the lack of information about sexuality and pregnancy and STD prevention; the limited availability of public transportation to take teens to both services and activities; and the limited life expectations of local youth, many of whom do not complete high school. Additional contributors to the problem include a large migrant population that is exhausted by work and often leaves children unsupervised during seasonal work; an active drug trade that attracts young girls to older men; alcohol and sexual abuse; and the financial incentive to become pregnant provided by welfare.

Participants felt that solutions to the teen pregnancy problem will need to take all of these complicated contributing factors into account. Specifically, they cited a need for additional activities and opportunities, including employment, and for adequate family planning services. In addition, both adults and teens, women and men, need education about sexuality and pregnancy and disease prevention. In particular, mothers of teens who themselves were teen parents need education. Discussion group members emphasized that programs must be long-term and sufficiently intense. They must allow time to build relationships and include follow up. Participants suggested reaching residents through various media, including television and radio, through one-to-one contact, and through existing service organizations, tenants' associations, school and pre-school programs. In addition, they reported that some pastors are willing to talk about sex and related issues, though most churches are traditional and reluctant to tackle these topics.

School Nurses: The fifth discussion group included PBC Health Care District school nurses. These professionals, who work in both high schools and middle schools, reported that teen pregnancy is a problem in the communities where they work, even among younger students. They see a variety of deficiencies in attempts to deal with the problem. First, sexuality education is taught using outdated and sometimes inaccurate curricula that contain no prevention education. Gender, cultural, and language barriers often further limit the effectiveness of teaching about sexuality in the schools. In addition, educators who are uncomfortable with the subject matter and convey their feelings to students often teach the subject. Decentralization of decision-making about sexuality education makes principals the final authority about what will be taught, how, and by whom. Principals may be influenced by parents who are resistant to teaching about sexuality-related issues or by concerns about criticism. Finally, the nurses feel hampered by the lack of a well-defined role and of clear guidelines for maintaining student confidentiality.

The school nurses suggested that education programs are needed for adults, to help them understand sexuality, psychological and sexual development, and the value of instruction about these subjects in the school curriculum. With this knowledge, parents should become supporters of better sexuality education for teens. Effective education in schools would promote abstinence but also provide information about protection and topics such as rape, alcohol and drug use, and the use of available services. Trained educators, comfortable discussing sensitive issues with teens and willing to connect with them and support them in making responsible choices, must teach sexuality education. The nurses felt that they are best suited to this role. Further, the nurses supported more peer education by pregnant and parenting students. Finally, they wanted clear guidelines about confidentiality and about reporting requirements (of statutory rape, for example).

Implications for the Action Plan: In these discussion groups and in conversations with service providers, Cornerstone spoke to over 100 community adults in Palm Beach County. These adults present a consistent perspective on teen pregnancy and surrounding issues:

- Teen pregnancy is a problem in their communities, but discussions about teen pregnancy pointed to poverty and the overwhelming effect it has on quality of life and to other issues of concern, such as drugs, violence, and economic concerns, especially unemployment.
- 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.
- Talking about sex is not an activity many adults are comfortable with, especially when it conflicts with cultural and/or gender norms.
- 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.
- 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.

3. The Availability of Contraceptive and Related Teen Pregnancy Prevention Services

Cornerstone's engagement was limited by time and available resources and therefore did not include an assessment of either the quality or quantity of services available to teens in PBC. Instead we created a rough sketch of what services are available, where they are located, how accessible and available they are to youth, and whether they are consistent with established best practices in teen pregnancy prevention.

We initially identified county service providers through contacts in the Teen Pregnancy Prevention Coalition and the Health Department. We searched for additional services in health guides, phone directories, and funding reports. On each visit to Palm Beach County we called together service providers to obtain input and consensus about materials we had previously compiled and to collect additional information. Our process involved continually identifying additional providers and refining our data on services, attempting to compile a comprehensive

list of teen pregnancy prevention activities in Palm Beach County; however, we were constantly aware of the limitations of this process. We identified approximately 70 distinct service organizations that stated or implied that they provided teen pregnancy prevention services; we interviewed over 60 providers throughout the county to learn about the delivery of these services.

Palm Beach County has made a commitment to trying to better coordinate services for teens through the Teen Pregnancy Prevention Coalition, comprised of major service providers in the county. We were struck by the fact that in our initial conversations contacts described a wide range of services for young people under the broad umbrella of teen pregnancy prevention. However, it became evident that adolescent-specific pregnancy prevention services, such as the provision of birth control in the after-school hours, on weekends, and in venues where there is increased likelihood that teens will have access, were not what county providers had in mind when they discussed services.

Our inquiry revealed that 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. A majority of these services are available in County Health Department clinics or through Planned Parenthood and their “Teen Time” program. Access to contraception is not provided on-site at most community-based programs in the county or at programs sponsored by private agencies or foundations. No advertising occurs about service availability. Planned Parenthood, the most well known provider of such services, is not a school board-approved resource, allowed to make educational presentations about its programs in all Palm Beach County schools. Individual schools may allow Planned Parenthood presentations; however, in practice, the organization has given educational programs only to parenting classes and after-school programs. Agencies, and in some cases school nurses, refer young people who request contraceptive services to the Health Department clinics, Planned Parenthood sites, or abstinence-based programs. 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 contraceptive services. Accessible services are easy for teens to get to, allow teens to feel comfortable exchanging information, and offer and provide the support necessary for teens to make informed decisions about their health. In Palm Beach County, 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. In both our survey and our focus groups with teens, as well as in our conversations with providers, transportation—getting to and from services—was cited as 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. Though services are offered “on demand” at these locations and at other clinics, 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. A

cursory examination of these educational services, as well as phone conversations with service providers, revealed that services touted as pregnancy prevention are really educational and enrichment activities that do not exclusively focus on teen pregnancy prevention. This type of programming fulfills 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/education in Palm Beach County. Specifically, many of the organizations providing prevention education 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 five options for comprehensive pregnancy prevention services in a large and populous county with considerable need. This critical shortage of real services for teens is evidenced in the diminishing involvement of member organizations in the TPPC. With a mailing list of more than 90 individuals representing various organizations, the TPPC in reality is sustained by 10 to 15 people who attend meetings and plan teen pregnancy prevention activities for the county.

Independent government agencies like the Children's Services Council have played a key role in creating a pool of resources to sustain teen pregnancy prevention activities in Palm Beach County. However, even this directed funding has limited effect when efforts to comprehensively evaluate their programs are made without knowledge or data about the spectrum of services available in the county.

Implications for the Action Plan: Cornerstone's review of pregnancy prevention services for teens in Palm Beach County, while not a formal assessment, revealed a number of salient issues. Teen clinic hours offered once a week in one location and once every other week in another do not meet the need for services in a county as geographically dispersed as Palm Beach County. Put simply, even if all the young people who were having sex in the county wanted to act responsibly and use contraception, there is no place for them to go! 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.

4. Sexuality Education in the Palm Beach County Schools

Education, especially abstinence education, is the favored approach in Palm Beach County for providing teens with pregnancy prevention information. To further our understanding of how the county provides pregnancy prevention information, Cornerstone looked into the sexuality education programs in use in the PBC School District. Specifically, we identified practices mandated by the state, scanned the programs currently in use in the county, and spoke with district staff about how the programs are implemented in schools. By reviewing the school district's programs and their implementation, we were able to assess the potential of the educational system to support the healthy development of young people in this area of their lives. Our appraisal was guided by several key questions:

- What is the intent of the school district's sexuality education programs?
- What is the philosophical basis underlying these programs?
- How appropriate is the implementation of these programs in the schools?
- How effective are these programs likely to be in achieving desired outcomes?

The following summarizes our findings in each of these areas.

Goals and Intent: The PBC School District is mandated by the Florida legislature to offer education in human sexuality that will, in the words of the law, achieve the following goals:

- teach abstinence from sexual activity outside of marriage as the expected standard for all school- age children;
- teach abstinence from sexual activity as a certain way to avoid pregnancy, sexual transmission of AIDS, and other sexually transmitted diseases;
- teach that each student has the power to control personal behavior and encourage students to base actions on reasoning, self-esteem, and respect of others;
- provide instruction and materials that are appropriate for the grade and age of the student.⁴⁴

The district views itself as a provider of comprehensive health education that supports an “overall healthy approach to life.”⁴⁵ By offering health and human sexuality education that begins early in a child's development, the district hopes to diminish the need for increased funding and services for teen parents and for prevention and treatment of sexually transmitted disease and pregnancy when students are old enough to be sexually active. The district's abstinence-based programs “allow students to examine the biological, psychological, ethical, and cultural aspects of human sexuality and promote the building of self-esteem as a means of nurturing each individual's inherent worth.”⁴⁶ While the district embraces its role in the education of young people in these matters, it recognizes its responsibility to do so in the context of a partnership with family, culture, and community.

Philosophical Base: The PBC school district’s approach to sexuality education emphasizes helping young people develop the “ethical and moral” dimensions of their lives. Without promoting any one religious or secular philosophy, the district’s programs focus on the development of the “whole person” and aim to incorporate and respect “the conscience and values of students and parents” in addressing issues related to sexuality. To this end, the district’s Human Sexuality Curriculum has been open to review by parents, teachers, and representatives of medical, religious, and social services organizations and has undergone revisions as a result of this review process. In the foreword to the curriculum, the Superintendent notes, “The Palm Beach County Human Sexuality Curriculum...reflects a commitment to support parents/guardians and the family by promoting abstinence, wholesome relationships, and the avoidance of destructive behavior...[T]he product is a tribute to the dedication and care of the educators...and others...who have worked to provide appropriate information which will assist our youth to prepare for a healthy life style.”⁴⁷ The district offers the curriculum under a state-mandated “options” policy⁴⁸ that allows parents to exempt their children from participating.

Implementation Strategies: Health and sexuality education in PBC schools respond to the Sunshine State Standards for Health Education—state level mandates that establish educational goals for school-age youth in grades pre-K through 12. These goals are organized within a framework that identifies the strand, level, subject area, and benchmarks for each standard.⁴⁹ For the purposes of this report, Cornerstone reviewed the state standards related to health and sexuality education, scanned the health education programs for grades 6 through 12, and looked more closely at the district’s Human Sexuality curriculum for grades 8 through 12.

The health education standards for grades 6 through 8 include the strands of Health Literacy, Responsible Health Behavior, and Advocate and Promote Healthy Living. They require that young people learn concepts related to disease prevention, models for effective communication, goal setting and decision-making skills, and techniques for advocating for personal, family, and community health. The district requires a semester of health instruction—16 to 18 weeks of study—to achieve the state-mandated standards. Beyond the length of the program and the benchmarks, individual schools (or in some cases clusters of schools) within the district make decisions about curriculum, grade level, staff, and all other aspects of implementing the standards.

There are no prescribed textbooks for the program, but the district offers some supplementary resources to the schools. One of these resources is the *Teen Health Course* I and II series,⁵⁰ a “comprehensive, integrated learning program designed specifically for middle and junior high school students.” The *Teen Health Course* material is interactive, and the curriculum uses multimedia resources to engage students in non-traditional learning around health education.

Attractively packaged, the *Teen Health Course* is user friendly, including features such as a section to help teachers connect lessons to standards and resources to promote learning through various visual and audio media. The curriculum uses engaging strategies, such as cooperative learning, journals, role-plays and mini projects, throughout. It also includes opportunities for interdisciplinary learning and academic extensions beyond the classroom. Overall, the curriculum uses contemporary and non-traditional educational techniques that, if implemented as presented, would make learning both meaningful and engaging.

The district’s human sexuality program covers state standards that fall within the strands of Personal, Mental and Emotional Health; Growth and Development; Marriage and Family; and Prevention of Disease. The PBC school district’s Human Sexuality Curriculum is the core of this program. Students are introduced to the program in a 16-week course in the 8th grade. Additional elements of the program can be integrated into Health and Life Management Skills classes taught throughout the high school years. As part of its professional development program, the district prepares teachers to teach this “sensitive issues” course through annual symposiums that review benchmarks and offer training in implementing the program.

The abstinence-based Human Sexuality Curriculum offers some creative strategies for engaging students, for example, handouts, transparencies, and cognitive organizing tools. However, the information is presented, for the most part, in traditional fashion: lessons are content-laden, teacher talk prevails, and activities rely heavily on pen and paper in a test-taking atmosphere. Interaction in classroom discussion is restricted by a “call and response” mode of delivery, giving students very little opportunity for discovery. In addition, the curriculum is not packaged in a user friendly way; it lacks both attractive presentation and options for extended learning. As with the health education program, decisions about the implementation of PBC’s sexuality program—teachers, classes, time frame and adaptations to the curriculum—are made within each school. Again, state standards produce some uniformity throughout the district.

Intent v. Outcomes: If the primary goal of PBC School District’s health and sexuality education programs is to help young people abstain from sexual activity, one indication of the programs’ success would be low levels of sexually transmitted disease and pregnancy in the county. However, the high rates of teen births documented in some communities in the county suggest that these programs are not achieving their state-mandated objective. In the 18 high schools served by school nurses from the health care district, 162 known pregnancies and two known abortions were documented last year. The highest number of pregnancies counted came from a high school in the Greenacres-Lake Worth-West Palm Beach area.⁵¹ While educational programs in isolation cannot be expected to bring down rates of pregnancy, birth, and disease, at the very least, these statistics imply the need for a closer look at the way PBC schools educate young people in this important area of their development.

Across the United States, a large number of sexuality education programs have been evaluated over the last 30 years. These studies indicate that students acquire knowledge about sexuality and prevention from many education programs; however, only a few programs have been shown to affect students’ behavior, leading them to postpone sexual activity and/or use protection more frequently and consistently. The programs that are most likely to have a positive effect on behavior share a number of characteristics. (Education best practices and recommended programs are discussed in more detail in the accompanying report.) In terms of content, successful programs

- include accurate but not necessarily comprehensive information about the risks of unprotected intercourse and methods of avoiding unprotected sex
- deal with social pressures—from the media and peers—on sexual behavior

- focus on reducing a small number of specific sexual behaviors that lead to unintended pregnancy and disease and take a definite stand on these behaviors
- are appropriate for the age, sexual experience, and culture of their audience.

In terms of methodology, successful programs

- are based on theoretical models, such as social learning theories, that have been shown to have an effect on other health-related risk behaviors
- are 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
- are led by trained and committed teachers and peers.

As reported above in the discussion of the teen focus groups, teens have some information about issues related to sexuality but are, for the most part, unable to apply this knowledge to their own behavior. Further, our conversations with community adults and with school nurses pointed 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.

Implications for the Action Plan: Pregnancy prevention and sexuality education have been cited as a component of many service plans in Palm Beach County; however, programs for teaching these subjects are inconsistent, sometimes outdated, and often incomplete. Though teaching only abstinence has not been shown to be effective in reducing risky sexual behavior nationwide, teaching abstinence is the favored approach in several of the organizations providing pregnancy prevention education, and programs in the Palm Beach County schools focus on abstinence. There is a gap between what the school district and community organizations seek to accomplish through health and sexuality education programs and what current levels of teen pregnancy within the county suggest that they are achieving. In order to move toward their goal, they will need to bring 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 across individual schools in design and delivery.
- 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.

5. The Teen Pregnancy Prevention Coalition

The directors of the Palm Beach County Health Department and the Children's Services Council (CSC) established the Teen Pregnancy Prevention Coalition (TPPC) in 1995 as a collaborative, community response to pregnancy and HIV/STD among adolescents in the county. The mission of the Coalition is to prevent teen pregnancy and HIV/STD and to improve the health of adolescents. The TPPC intends to achieve this mission through its fundamental goals: 1) to increase awareness of the issues surrounding teen pregnancy and HIV/STD among adolescents, 2) to decrease the number of teens who become pregnant prior to completing their education and becoming self-sufficient, and 3) to coordinate prevention efforts among agencies, organizations, service providers, and community groups. The TPPC operates through the voluntary efforts of its members and the resources of their agencies and organizations. Since 1997, the Health Department has employed a full-time coordinator for the TPPC with partial funding provided by the Palm Beach County Workforce Development Board. In 1999, the Governor's Council approved the Teen Pregnancy Prevention Coalition as a special initiative. This allows the TPPC to accept funding (grants, contributions, etc.) under the Governor's Council's nonprofit status. The Coalition has an elected chair, a steering committee, and several topical sub-committees.

The TPPC Community Action Plan (updated March 2000) contains two goals and 10 objectives:

Goal I: Increase community awareness about the problems relating to teen pregnancy and the incidence of HIV and other STDs among adolescents.

Objectives:

- Involve the public in creating a community consensus about teen pregnancy, HIV and other STDs among adolescents in Palm Beach County.
- Publicize the activities, events, programs and services provided by the TPPC.

Goal II: Decrease the number of adolescents who become pregnant before completing their education and attaining self-sufficiency.

Objectives:

- Identify the number and availability of teen pregnancy, HIV and other STD prevention programs offered in the communities of Palm Beach County by youth serving agencies and professionals.
- Identify and support the teen pregnancy, HIV and STD prevention programs provided by the religious community.
- Support the commitment of the school system to develop programs that focus on teen pregnancy, HIV and other STD prevention.
- Advocate and promote the improvement of teen access to comprehensive health services.
- Encourage teens to become involved in teen pregnancy, HIV and other STD programs.
- Encourage parents, extended families and others who care for children to become involved in teen pregnancy, HIV and other STD prevention programs.
- Increase the number of businesses that are involved in teen pregnancy, HIV and other STD prevention programs.

- Promote the use of the media and press to prevent rather than encourage early sexual involvement.
- Expand the participation of governmental agencies in teen pregnancy, HIV and other STD prevention programs.
- Implement teen pregnancy, HIV and other STD prevention initiatives that address and affect the behavior of males.

Currently, the following subcommittees are assigned to some of the specific objectives: the Steering Committee, Legislative & Judicial Committee, School and Community Education Committee, Community Awareness Committee, and the Youth Committee. Not all of the specific activities in the community action plan have an assigned responsible party or timeline. In addition, the strategies for achieving the objectives listed in the action plan are often not specified.

Operationally, TPPC currently faces some challenges, articulated by the Coalition chair; these may serve to limit achievement of the Coalition's stated goals and objectives: 1) a lot of time spent by Coalition members working through personal and philosophical differences in promoting teen pregnancy prevention, 2) a lack of representation from all sectors of the county, 3) a minimum number of active participants in monthly Coalition meetings (attendance averages 10 to 15 of the 90 individuals on the mailing list), and 4) irregular and insufficient activity by some subcommittees.

Despite these challenges, the Coalition continues to schedule monthly meetings and plan informational activities and community events connected with two annual national awareness months—National Teen Pregnancy Prevention Month in May and National Family Sexuality Education Month/Let's Talk Month in October. TPPC has achieved some consensus through the creation of Coalition by-laws and has been able to compile prevention information materials supported by the entire group. Though the Coalition does not evaluate its activities, the chair notes an increase in teen participation in Coalition meetings and Coalition-sponsored events.

VI. 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 to 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 birth rate 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.***⁵²

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.⁵³ Along with this message, the county must provide these adolescents with access to appropriate services that will allow them to act responsibly.

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.

VII. 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.

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.

Appendix A

Data and Documents Collected for the Report

Documents from Palm Beach County Health Department

- public health indicator reports
- county and state vital statistics
- county social indicators
- county child welfare trends
- county health care district plans

Reference Compendiums

- 1999 Profile of Our Children (Children's Services Council)
- Parent Education Directory – 1999 Edition (Children's Services Council)
- Directory of Funded Programs 1999-2000 (Children's Services Council)
- Florida Family Almanac, Palm Beach County Edition – The Complete Family Resource Guide (Palm Beach County Partnership, 2000 – PBC health Care District, CSC, Quantum Foundation, United Way of PBC)
- HIV and AIDS Services – The Redbook (PBC HIV Care Council, April 2000)
- Annual Report 1999-2000 (United Way of Palm Beach County)
- Where to Turn 1998-1999 (The Center for Information and Crisis Services)
- The Youth Yellow Pages – Teen Hotline (CSC & The Center for Information & Crisis Services)

Program/Organizational Materials and Reports

- Big Brothers/Big Sisters Annual Report 2000
- Glades Community Development Corporation: A Chronicle of a Community Development Intermediary
- Compilation of Health and Human Service Information – Executive Summary prepared for PBC Health and Human Services Planning Assn.
- PBC Research and Statistics – Births and Deaths by Age and Race, January 1995-May 2000

1999 Youth Risk Behavior Survey – Survey Summary for Palm Beach Middle and High School
1999 Maternal Child Family Health Alliance Number of Teens Served, and Summary of
MCFHA services
Gold Coast Community Services – Evaluation Report for “Be the One” Program, 1999-2000
Academic Year
“Be the One” Curriculum
“Be the One” Quarterly Newsletters
Treasure Coast Health Council District IX 2000 Health Plan
Palm Beach County HIV/AIDS Community Planning Partnership Prevention Plan 2001-2003
Glades Vision to Action Forums – Final Report, September 1998
The State of the Child in Palm Beach County, 1999 – Indicators, Outcomes, Trends (Children’s
Services Council)
“Aim for the Best” brochure
“Teen Time” Brochure

Appendix B Contact Call List

Ray Adams, Palm Beach County Health Care District

Joe Amato, Executive Director, Western Palm Beach County Mental Health Clinic

Ron Armstrong, Director, Department of Student Services, Palm Beach County School District

Robert Arrieux, Executive Director, Haitian Center for Family Services

Gladys Barber, Family Services Director, Building Blocks/NOAH Inc.

Fred Barch, Science and Health Program Planner, Palm Beach County School District

Denise Barton, Palm Beach County Department of Community Services

Dedra Battles, Girls Initiative

Elizabeth Callaghan, Big Brothers/Big Sisters of Palm Beach County

Terri Calsetta, Glades General Hospital

Karen Carpenter, Healthy Mothers/Healthy Babies

Sandra Chamblee, Glades Health Survey

Corletta Clay and Gloria Williams, Pleasant City Multipurpose Center

Arlene Conklin, Birthline

Jorge Cortez, Big Brothers/Big Sisters of Palm Beach County

*Delray Full Service Center (School District)

Andi Devine, Advanced Registered Nurse Practitioner Specialist, School Health Program

Tana Ebbole, Executive Director, Children's Services Council

Dani Fitzgerald, Palm Beach County School District

Ken Funderburk, Teen Center Director, Boys & Girls Clubs, Belle Glade

Lillian Alice Gaines, former Board Member, Urban League

Beatrice Gaviria, Children's Home Society, Safe Harbor Center

Laurie George, Director of Agency Relations, United Way of PBC

Sharon Greene, Division Director, Palm Beach County Health Department, Division of Health Promotion and Education

Lisa Hartstein, Program Specialist, Maternal Child Family Health Alliance (formerly Healthy Start Coalition)

Harvey Hathaway, M.D., private practice

Pamela Heyer, District Operations & Program Manager, Florida Dept. of Children & Families

Nita Harrelle, Program Coordinator, Targeted Outreach for Pregnant Women

Anne Hedges, School Health Administrator, Palm Beach County Health Care District

Angie Hoffman, ALERT, Coalition for Independent Living Options

Jennifer Houlihan, Planning and Evaluation, PBC Health Care District

Barbara Jacobowitz, Executive Director, Treasure Coast Health Council, Riviera Beach

***Alix Jean**, Hope House of the Palm Beaches (Haitian Services)

Altermease Kendrick, New Beginnings Community Development Center

***Dr. Savita Kumar**, Division Director, Palm Beach County Health Department, Division of Epidemiology and Disease Control

Jose Lozada, Research and Statistical Manager, Palm Beach County Health Department, Division of Epidemiology and Disease Control

Dr. Jean Marie Malecki, Director, Palm Beach County Health Department

Davina Martinez, ASPIRA Palm Beach

Bruce McDonald, Executive Director, Urban League of PBC

Autrie Moore-Williams, Executive Director, Glades Community Development Corporation

Val Murano, PACE (Practical Academic Cultural Education) Center for Girls, West Palm Beach

Valli Moyer, Program Coordinator, Teen Time, Planned Parenthood of the Palm Beach and Treasure Coast Area

Judy Nee, Coordinator for Palm Beach County Out-of-School Consortium

***Carmen Nicholas**, Executive Director, PBC Head Start

Gail Nielsen, Dick Webber Center

Mary Alice Nelson, Woman to Woman

Mary O'Connor, Boys and Girls Clubs of PBC

Darryl Olson, District IX Juvenile Justice Manager

Ron Osborne, Director, Pahokee Recreation Center

Lonnie Owens, Palm Beach Marine Institute

Iris Parsons, Client Services Coordinator, Pregnancy Resource Center

Stephanie Patten, Program Director, Child Development Center at St. Mary's Hospital

Lucio Perez-Reynzso, Executive Director, Guatemalan-Mayan Center

David Rafaidus, Palm Beach County Department of Community Services

Mona Reis, Presidential Women's Center

Annamaria Resterro, St. Mary's Child Development Center

***Chuck Ridley** and **Sarah Ingram**, MAD DADS of Delray Beach

Kathy Sappia, Gold Coast Community Services

Andrea Scott, Teen Program Director, Pahokee Recreation Center

Larry Seigel, Program Specialist, Children's Services Council of Palm Beach County

Ricky Seigel, Sexuality Educator, Planned Parenthood of South Palm Beach and Broward Counties, and Chairperson of the Teen Pregnancy Prevention Coalition

***Elivio Serrano**, Community Foundation for Palm Beach and Martin Counties

Barbara Bell Spence, Glades Positive Alternative Partnership (youth council group)

Marlene Spitz, Guatemalan-Mayan Center

Morales St. Hilaire, First Baptist Haitian Church, Belle Glade

Lillian Tamayo, Executive Director, Planned Parenthood of the Palm Beach and Treasure Coast Area

Reverend Alfred Taylor, Simpson Memorial United Methodist Church

Jack Thompson, Area Director for Education, West Area School District

Dr. Bob Trenchel, Medical Director, CL Brumback Health Center, Palm Beach County Health Department

Billy Troup, Operations Director, Head Start

West Palm Beach County Mental Health Clinic – Panda Belle Glade

Patricia Wallace, Concerned Youth for Community Improvement, Pahokee

Kathleen Wright, Palm Beach County Health Department, Division of Health Promotion and Education

* unable to contact after several attempts

Appendix C

Group Discussion Guide – Community Adults

Introductions

Find out participants' roles in the lives of young people—parent, mentor, job-related, etc. Explain Cornerstone's role and need for this information, set any ground rules.

Script: We're here to talk about teen pregnancy. Lots of people have lots of opinions, and it would be useful to take a pulse about what concerned adults in this county feel about this issue to better understand the problem and possible solutions. We're not here to talk about all the things that are wrong with today's world, but rather to focus on what you are prepared to do to address problems in your community.

Questions

1. Is teen pregnancy a problem in your community? What is the evidence?
2. What do you think should be done about teen pregnancy in your community?
 - By schools
 - By youth services, providers
 - By clergy
 - By public officials
3. What are YOU prepared to do to address teen pregnancy? What would you support?
Probe: Specific ongoing activities: dispensing condoms in schools, sex education curricula in schools, referrals to family planning services, etc... (please add more)
Suggestions for improvement in current activities
4. What are barriers to supporting these suggestions?
Probe: Culture-specific barriers, including language, beliefs/values, gender issues, economic and political power
5. After you leave today, what are you going to do to reduce teen pregnancy in your community?

Appendix D

Group Discussion Guide – School Nurses

Introductions

Find out if middle school or high school nurse.

Explain Cornerstone's role and need for this information, set any ground rules.

Script: We're here to talk about teen pregnancy. Lots of people have lots of opinions and it would be useful to take a pulse about what school nurses in the county feel about this issue to better understand the problem and possible solutions. We understand that you could be the first person a teen talks to about sex or pregnancy prevention and that you play a valuable role in the lives of teens in this county.

Questions

1. Is teen pregnancy a problem at your school? What is the evidence?
2. What do you do now in terms of pregnancy prevention activities? What do you do that's working?
Probe: curricula, specific activities, who they refer to, how parents are involved
3. What do you want to do but can't?
Probe: Specific ongoing activities, including dispensing condoms, referrals to birth control providers, expansion of school-based services
4. How are you limited from doing these things?
Probe: Rules, administration, resources, and any culturally specific barriers, including language, beliefs/values, gender dynamics, community values
5. What are some solutions to teen pregnancy prevention in schools?

Appendix E

Group Discussion Guide – Youth Focus Groups

Introductions

Explain who Cornerstone is, why we're here, what we hope to accomplish, and how they can help. As a warm-up, students give their names and either tell 1) how they got their name; 2) what their name means (if they know); 3) if they like their name; or 4) if they have a nickname they prefer. Also we ask them to share their age and grade in school and determine if any are teen parents.

Point out that our purpose is to find out some basic information:

- 1) What types of questions they have about sex and pregnancy prevention
- 2) Who they talk to about these questions
- 3) If the information they get helpful
- 4) What services are available to them regarding pregnancy prevention
- 5) How hard or easy it is to get these services

Because youth need to be “engaged” to focus on the task at hand, we use a series of activities to get and keep them talking while uncovering the reality behind their responses.

Activity #1

In small groups youth discuss questions 5-10 on the Teen Survey (reformatted). A spokesperson for each group shares the responses within his/her group followed by guided discussion.

Activity #2

Youth are given a copy of the handout, “What Messages Have You Received About Sex and Pregnancy Prevention.” After completing the handout individually, youth are asked to share messages they have received from different people in their lives about sex and pregnancy prevention.

Activity #3

Youth are placed in two teams for a mock competition. Each team reads a statement and identifies it as either myth or fact. Points are given for each correct answer with extra points if teams can explain why the “myth” statements are **not** fact.

Appendix F Teen Survey

1. How old are you? _____
2. Are you... → Male? Female?
3. Have you ever had sex?→ YES or NO
4. For GIRLS: Have you ever been pregnant?→ YES or NO
For BOYS: Have you ever gotten a girl pregnant?→ YES NO Don't Know

5. THE LAST PERSON I talked to about SEX and/or PREGNANCY PREVENTION was...
(check one)

My Friend(s)	School Health Teacher	My Case Manager
My Parents	Other Teacher	Someone at my Church
Other family members	School Nurse	A Teen Hotline
Other adults	School Counselor	No one
My Boyfriend/Girlfriend	Health Clinic Staff	Other_____

6. The LAST TIME I talked to this person was.... (check one)

This Week This Month This Year Other_____

7. Could that person ANSWER YOUR QUESTIONS about sex and/or pregnancy prevention?
(circle) → YES or NO

Did you want to know more?(circle) → YES or NO
ABOUT WHAT? _____

8. I KNOW WHERE TO GO to get information and services about sex and/or pregnancy prevention: (circle) → YES or NO

IF YES, WHERE do you go?? (check one)

Health Clinic	Planned Parenthood/Family Planning Services	
My School	My Friends	My Church
My After School Program	Other _____	

9. IT'S HARD for me to get information and services about sex and/or pregnancy prevention:
(circle) → YES or NO

IF YES, it's hard because....(check one)

Lack of Money	No Transportation	My parents
No Time	My job/work	My friends
My schoolwork	Other: _____	

10. THINK about these places.....

IN THE PAST YEAR, did you have ANY discussion about sex education at any time?

In your school (circle) → Yes or No

In your home (circle) → Yes or No

In your church (circle) → Yes or No

In a clinic (circle) → Yes or No

BIBLIOGRAPHY

Alan Guttmacher Institute. 1999. *Contraception Counts: State Information-Florida*. Online at: www.agi-usa.org/pubs/state_facts/states_pdf/florida99.pdf.

Alan Guttmacher Institute. 1999. *Teen Pregnancy: Overall Trends and State-by-State Information, 1999*. Online at: www.agi-usa.org/pubs/teen_preg_stats.html#4.

Alan Guttmacher Institute, Henry J. Kaiser Family Foundation, and the National Press Foundation. 1998. "Myth or Fact? The Real Deal on Teen Sexuality." A briefing for journalists, New York, NY: Authors.

Annie E. Casey Foundation. 2000. *When Teens Have Sex: Issues and Trends. A Kids Count Special Report*. Baltimore, MD: Author.

Baldo, M., Aggleton, P. and Slutkin, G. 1993. "Does Sex Education Lead to Earlier or Increased Sexual Activity in Youth?" Presented at the 9th International Conference on AIDS, Berlin, June 1993, Geneva, Switzerland: World Health Organization.

Bandeira de Melo, V. and Broughman, S.P. 1994. "Average Base Year Salaries of Full Time Teachers." *1993-1994 Schools and Staffing Survey: Selected Results*. Online at: www.nces.ed.gov/pubs/96312.pdf.

Benard, B. 1991. "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., Scales, P.C., Leffert, N. and Roehlkepartain, E.C. 1999. *A Fragile Foundation: The State of Developmental Assets among American Youth*. Minneapolis, MN: Search Institute.

Cairns, R.B. and Cairns, B.D. 1994. *Lifelines and Risks: Pathways of Youth in Our Time*. New York, NY: Cambridge University Press.

Carnegie Council on Adolescent Development. 1995. *Great Transitions: Preparing Adolescents for a New Century*. New York, NY: Carnegie Corporation.

Child Trends. 1998. *Trends in the Well-Being of America's Children and Youth, 1998*. Washington, DC: Child Trends. Online at: www.aspe.hhs.gov/hsp/98trends/trends98.htm/sec2a.pdf.

Compas, B.E., Hinden, B.R., and Gerhardt, C.A. 1995. "Adolescent Development: Pathways and Processes of Risk and Resiliency." *Annual Review of Psychology* 46: 265-293.

Curtin, S.C. and Martin, J.A. 2000. "Births: Preliminary Data for 1999." *National Vital Statistics Reports*, Vol. 48, No. 14. Hyattsville, MD: National Center for Health Statistics.

Dryfoos, J. 1990. *Adolescents at Risk: Prevalence and Prevention*. New York, NY: Oxford University Press.

Dryfoos, J. 1998. *Safe Passage: Making it through Adolescence in a Risky Society*. New York, NY: Oxford University Press.

Florida Department of Health, Office of Planning, Evaluation and Data Analysis. 1999. "Births by Age of Mother, 15-19." Online at:
www.doh.state.fl.us/planning_eval/phstats/phrpt/NonDeath/births15-19.htm.

Florida Department of Health, Office of Planning, Evaluation and Data Analysis. 1999. "Estimated Total Population by Age Group for July 1, 2000," *Public Health Indicator Reports*. Online at: www.doh.state.fl.us/planning_eval/phstats/phrpt/99pop/totalpop-2000.htm.

Florida Department of Health, Office of Planning, Evaluation and Data Analysis. 1999. "Florida Vital Statistics Annual Report, 1999." Online at:
www.doh.state.fl.us/planning_eval/vital_statistics/99vitals/Births.pdf

Florida Department of Health, Office of Planning, Evaluation and Data Analysis. 1998. "Florida Vital Statistics Annual Report, 1998." Online at:
www.doh.state.fl.us/planning_eval/vital_statistics/98vitals/Births.pdf

Health and Human Services Planning Association, Inc. 1998. *Introduction to Social Indicators Overview, Palm Beach County*. West Palm Beach, FL: Author.

Henshaw, S.K. 1999. "U.S. Teenage Pregnancy Statistics with Comparative Statistics for Women aged 20-24." New York, NY: AGI.

Hoffman, L. 2000. Overview of Public Elementary and Secondary Schools and Districts: School Year 1998-1999. *Education Statistics Quarterly*. Online at:
<http://nces.ed.gov/pubs2000/quarterly/summer/2feat/q2-5html#H8>.

Johnson, F. 1999. "Revenue and Expenditures for Public Elementary and Secondary Education: School Year 1997-1998." *Education Statistics Quarterly*. Online at:
<http://nces.ed.gov/pubs2000/quarterly/summer/2feat/12-7.html>.

Kann, L., Kinchen, S.A., Williams, B.I., et al. 2000. "Youth Risk Behavior Surveillance – United States, 1999." *Morbidity and Mortality Weekly Report, CDC Surveillance Summaries* 49(SS-5). Online at: www.cdc.gov/nccdphp/dash/yrbs.

Kaufman, P., Kwon, J.Y., Klein, S. and Chapman, C.D. 1999. "Dropout Rates in the United States: 1998." Washington, DC: National Center for Education Statistics, U.S. Department of Education (NCES2000-022).

Kipke, M.E., ed. 1999. *Risks and Opportunities: Synthesis of Research on Adolescents*. Washington, DC: National Academy Press.

- Kirby, D. 1997. *No Easy Answers*. Washington, DC: National Campaign to Prevent Teen Pregnancy.
- Lerner, R.M. and Galambos, N.L. 1998. "Adolescent Development: Challenges and Opportunities for Research, Programs and Policies." *Annual Review of Psychology* 49: 413-446.
- Miller, B.C., Card, J.J., Paikoff, R.L., et al. Eds. 1992. *Preventing Adolescent Pregnancy: Model Programs and Evaluation*. Newbury Park, CA: Sage Publications.
- Moore, K.A., et al. 1995. *Adolescent Pregnancy Prevention Programs: Interventions and Evaluations*. Washington, DC: Child Trends, Inc.
- Moore, K.A., et al. 1995. *Adolescent Sex, Contraception and Childbearing: A Review of Recent Research*. Washington, DC: Child Trends, Inc.
- National Campaign to Prevent Teen Pregnancy. 2000. "Facts and Stats, 2000." Washington, DC: Author.
- National Research Council. 1993. *Losing Generations: Adolescents in High-Risk Settings*. Washington, DC: National Academy Press.
- Panda Consulting, John D. and Catherine T. MacArthur Foundation. 2000. *Palm Beach County at a Glance: Maps and Data* (CD-Rom). Palm Beach Gardens, FL: Panda Consulting.
- Sexuality Information and Education Council of the United States (SIECUS). 1999. "Sexuality Education: Issues and Answers." New York, NY: Author.
- Singh, S. and Darroch, J.E. 2000. "Adolescent Pregnancy and Childbearing: Levels and Trends in Developed Countries." *Family Planning Perspectives* 32(1): 14-23.
- U.S. Census Bureau. 2000. "Health Insurance Coverage, 1998." Online at: www.census.gov/hhes/hlthins/hlthin98/hlt98asc.html, last revised 12/15/00.
- U.S. Census Bureau. "Historical Income Tables-People," *Current Population Surveillance*. Online at: www.census.gov/hhes/income/historic/po7.html, last revised 12/13/00.
- U.S. Census Bureau. 2000. "Hispanic Population of the United States." *Current Population Surveillance-March 1999*. Online at: www.census.gov/population/socdemo/Hispanic/cps99/tab01-1.txt.
- U.S. Census Bureau. 2000. "National Estimates: Annual Population Estimates by Age Group and Sex, Selected Years from 1990-2000." Online at: www.census.gov/population/estimates/nation/intfile2-1.txt, updated May 26, 2000.

U.S. Census Bureau. 2000. "National Estimates: Annual Population Estimates by Sex, Race and Hispanic Origin, Selected Years from 1990-2000." Online at:
www.census.gov/population/estimates/nation/intfile3-1.txt.

U.S. Department of Labor, Bureau of Labor Statistics. 2000. "Geographic Profile of Employment and Unemployment, 1998," Bulletin 2524. Online at:
http://stats.bls.gov/opub/gp/pdf/gp98_01.pdf, last updated 4/10/00.

Ventura, S.J., Curtin, S.C., Mathews, T.J. 2000. "Variations in Teenage Birth Rates, 1991-1998: National and State Trends." *National Vital Statistics Reports* Vol. 48, no. 6. Hyattsville, MD: National Center for Health Statistics.

Endnotes

¹ The organizations hosting the focus groups were Planned Parenthood of the Palm Beach and Treasure Coast Area and Glades Community Development Corporation in Belle Glade.

² The providers distributing the teen survey were Palm Beach Marine Institute, PACE Center for Girls, Building Blocks/NOAH, Inc., New Hope Charities, Gold Coast Community Center, Children's Home Society, and New Beginnings Community Development Center.

³ Dryfoos, J., *Adolescents at Risk: Prevalence and Prevention* (New York, NY: Oxford University Press, 1990); Kirby, D., *No Easy Answers* (Washington, DC: National Campaign to Prevent Teen Pregnancy, 1997); Moore, K.A., et al., *Adolescent Sex, Contraception and Childbearing: A Review of Recent Research* (Washington, DC: Child Trends, Inc., 1995); Lerner, R.M. and Galambos, N.L., "Adolescent Development: Challenges and Opportunities for Research, Programs and Policies" (*Annual Review of Psychology* 49: 413-446, 1998); Compas, B.E., Hinden, B.R., and Gerhardt, C.A., "Adolescent Development: Pathways and Processes of Risk and Resiliency" (*Annual Review of Psychology* 46: 265-293, 1995).

⁴ Lerner and Galambos, "Adolescent Development"; Compas, et al., "Adolescent Development."

⁵ Kirby, *No Easy Answers*; Moore, et al., *Adolescent Sex, Contraception and Childbearing*.

⁶ *Ibid.*

⁷ 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, 1991); 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); 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, *Adolescents at Risk*; Kipke, M.E., ed., *Risks and Opportunities: Synthesis of Research on Adolescents* (Washington, DC: National Academy Press 1999).

⁸ U.S. Census Bureau. "National Estimates: Annual Population Statistics by Age Group and Sex, Selected Years from 1990-2000" (Online at: www.census.gov/population/estimates/nation/intfile2-1.txt, updated May 26, 2000).

⁹ U.S. Census Bureau, "Hispanic Population of the U.S.," Current Population Survey-March 1999 (Online at: www.census.gov/population/socdemo/Hispanic/cps99/tab01-1.txt.) These figures are for 1999.

¹⁰ U.S. Census Bureau, "National Estimates: American Population Estimates by Sex, Race, and Hispanic Origin, Selected Years from 1990-2000" (Online at: www.census.gov/population/estimates/nation/intfile3-1.txt).

¹¹ U.S. Department of Labor, "Geographic Profile of Employment and Unemployment, 1998," Bulletin 2524, (Online at: http://stats.bls.gov/opub/gp/pdf/gp98_01.pdf, last updated 4/10/00).

¹² U.S. Census Bureau, "Historical Income Tables—People, 2000," *Current Population Survey* (Online at: www.census.gov/hhes/income/historic/po7.html, last revised 12/13/00); figures are for 1998.

¹³ Child Trends, *Trends in the Well-Being of America's Children and Youth, 1998* (Washington, DC: Author, 1999); figures are for 1996.

¹⁴ Hoffman, L. "Overview of Public Elementary and Secondary Schools and Districts: School Year 1998-1999," *Education Statistics Quarterly* (Online at: <http://nces.ed.gov/pubs2000/quarterly/summer/2feat/q2-5html#H8>). There is no national average because a number of states did not report complete results.

¹⁵ U.S. Census Bureau, "Health Insurance Coverage 1998" (Online at: www.census.gov/hhes/hlthins/hlthin98/hlt98asc.html, last revised 12/15/00).

¹⁶ Per pupil expenditures from Johnson, F., "Revenue and Expenditures for Public Elementary and Secondary Education: School Year 1997-1998," *Education Statistics Quarterly* (Online at: <http://nces.ed.gov/pubs2000/quarterly/summer/2feat/12-7.html>). Teachers' salaries from Bandeira de Melo, V. and Broughman, S.P., "Average baseline Salaries of Full time Teachers," *1993-1994 Schools and Staffing Survey: Selected Results* (Online at: www.nces.ed.gov/pubs/96312.pdf). Dropout statistics from Kaufman, P., et al., "Dropout Rates in the U.S.: 1998" (Washington, DC: National Center for Education Statistics, U.S. Department of Education (NCES2000-022), November 1999).

¹⁷ Kann, L. et al., Youth Risk Behavior Surveillance – United States, 1999, *CDC Surveillance Summaries* 49(SS-5). (Online at: www.cdc.gov/nccdphp/dash/yrbs).

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- ¹⁸ Pregnancy rate is from The National Campaign to Prevent Teen Pregnancy, "Facts and Stats, 2000" (Washington, DC: Author, 2000); other figures are from the Annie E. Casey Foundation, *When Teens Have Sex: Issues and Trends. A Kids Count Special Report* (Baltimore, MD: Author, 2000).
- ¹⁹ Curtin, S.C. and Martin, J.A., "Births: Preliminary Data for 1999" (*National Vital Statistics Reports*, Vol. 48, No. 14, Hyattsville, MD: National Center for Health Statistics, 2000).
- ²⁰ Ventura, S.J., Curtin, S.C., Mathews, T.J., "Variations in Teenage Birth Rates, 1991-1998: National and State Trends" (*National Vital Statistics Reports* Vol. 48, No. 6, Hyattsville, MD: National Center for Health Statistics, 2000).
- ²¹ Singh, S. and Darroch, J.E., "Adolescent Pregnancy and Childbearing: Levels and Trends in Developed Countries," (*Family Planning Perspectives* 32(1): 14-23, 2000).
- ²² Curtin and Martin, "Births: Preliminary Data for 1999."
- ²³ Sexuality Information and Education Council of the United States (SIECUS), "Sexuality Education: Issues and Answers" (New York, NY: Author, 1999).
- ²⁴ *Ibid.*; Alan Guttmacher Institute, Kaiser Family Foundation, National Press Foundation, "Myth or Fact? The Real Deal on Teen Sexuality" (A briefing for journalists, New York, NY: Authors, 1998).
- ²⁵ Kirby, *No Easy Answers*; Baldo, M., Aggleton, P. and Slutkin, G., "Does Sex Education Lead to Earlier or Increased Sexual Activity in Youth?" (Presented at the 9th International Conference on AIDS, Berlin, June 1993, Geneva, Switzerland: World Health Organization); Miller, B.C., Card, J.J., Paikoff, R.L., et al., Eds., *Preventing Adolescent Pregnancy: Model Programs and Evaluation* (Newbury Park, CA: Sage Publications, 1992).
- ²⁶ Frost, J.J., "Family planning clinic services in the U.S., 1994" (*Family Planning Perspectives* 28(3): 92-100, 1996).
- ²⁷ Alan Guttmacher Institute, "Teen Pregnancy: Overall Trends and State-by-State Information, 1999" (Online at: www.agi-usa.org/pubs/teen_preg_stats.html#4).
- ²⁸ U.S. Census, "Population Estimates" (Online at: www.census.gov/population/www/estimates/countypop.html).
- ²⁹ *Ibid.*
- ³⁰ Alan Guttmacher Institute, "Contraception Counts" and "Teen Pregnancy: Overall Trends and State-by-State Information."
- ³¹ 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).
- ³² Alan Guttmacher Institute, "Teenage pregnancy: Overall Trends and State-by-State Information"; Henshaw, S.K., "U.S. Teenage pregnancy statistics with comparative statistics for women aged 20- 24" (New York, NY: AGI, 1999); Florida Department of Health, Office of Planning, Evaluation and Data Analysis, "Births by Age of Mother, 15-19" (Online at: www.doh.state.fl.us/planning_eval/phstats/phrpt/NonDeath/births15-19.htm).
- ³³ The Alan Guttmacher Institute, "Contraception Counts: Florida Information, 1999."
- ³⁴ Health & Human Services Planning Association, Inc., *Introduction to Social Indicators Overview, Palm Beach County* (West Palm Beach, FL: Author, February 1998).
- ³⁵ *Ibid.*
- ³⁶ *Ibid.*
- ³⁷ Data for the Palm Beach County School District for the 200-2001 school year, reported by Donna Quinlan of the Children's Services Council, personal communication, January 2001.
- ³⁸ Health and Human Services Planning Association, Inc., *Introduction to Social Indicators Overview*.
- ³⁹ *Ibid.*
- ⁴⁰ *Ibid.*
- ⁴¹ Kann, et al., "Youth Risk Behavior Surveillance -1999"; Palm Beach County School District, "Palm Beach County Middle and High School Survey Results" (West Palm Beach, FL: Author, 1999).
- ⁴² Data used to describe hot spot areas, including information on the tables and maps, come from Panda Consulting, John D. & Catherine T. MacArthur Foundation, *Palm Beach County at a Glance: Maps and Data CD-Rom*. These data come from several sources: Children's Services Council data sets—2005 projections, birth data, juvenile crime data, school age population, child abuse investigations, DSC clients, health insurance, and Medicaid. All other data on the CD-Rom were derived from 1999 Census Bureau estimates or publicly available data sets. Data on high school enrollment are from "Enrollment Analysis by Zip Code – 2000-2001" (School Board of Palm Beach County, October 2000). The Palm Beach County graduation rates, drop out numbers, and drop out rates come from Dani Fitzgerald (personal communication, January 17, 2001). Data on school lunches are from "Free/reduced Lunch Counts – 2000-2001 (provided by Linda Rossow, Director of School Support and Instructional Computing, Jan. 29, 2001). Figures are for 1999, except for child abuse, high school enrollment, lunch data, dropouts, and graduation

rates, which are for 2000. Palm Beach County unemployment rate was calculated by averaging the monthly rates for 1999 from “Economagic.com: Economic Time Series Page” (Online at: www.economagic.com/em-cgi/data.exe/blsla/laups12042003).

⁴³ Birth rates were provided by Jennifer Houlihan of the Health Care District of Palm Beach County. The birth data used in the district’s 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.

⁴⁴ Florida House Bill 1739, June 29, 1990.

⁴⁵ Palm Beach County School District, “Introduction,” (Palm Beach County, FL: 1996).

⁴⁶ *Ibid.*

⁴⁷ *Ibid.*, “Preface.”

⁴⁸ Florida Statute 233.067, Section 10.

⁴⁹ The Sunshine State Standards Format has this form: HE.A.1.3.2. HE represents the subject area, in this case Health. A represents the Strand; 1 is the Standard within that Strand. The next number represents the level: 1 is Pre-K-2; 2 is grades 3-5; 3 is grades 6-8; and 4 is grades 9-12. The final number represents the specific Benchmark.

⁵⁰ New York, NY: Glenco, McGraw Hill, 1996.

⁵¹ These are unofficial numbers provided in personal communication from Anne Hedges, Health Administrator for the Palm Beach County Health Care District, August 14, 2000.

⁵² Population estimates for 1999, based on the 1990 Census, see note 43 above.

⁵³ While the focus of this inquiry was teen pregnancy, disease prevention is a related issue that also requires attention. The rate of HIV/AIDS infection among teens and adults in the county is well above the Florida level, which is twice the national rate. Women, and therefore newborn children, are at particularly high risk for AIDS in Palm Beach County, where more than one is four cases is spread through heterosexual contact. Health and Human Services Planning Association, Inc., *Introduction to Social Indicators Overview*.