

Promoting What Works
A Symposium of Promising Approaches for Supporting
Pregnant and Parenting Adolescents

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Transcript: State of the Field: Adolescent Pregnancy Programming

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I want to thank you for the opportunity to be here. I want to thank Alicia and the Office of Adolescent Pregnancy Programs. I'll start off my talk with this bridge -- given that I live in San Francisco. This is one of my favorite spots in the world. It's symbolic that I am hoping my session will do for you and with you this morning in terms of the landscape. Currently I think about bridges in terms of bridge to the future. Part of what we are trying to do today is take a pulse and take a moment to reflect on where we have been and where we need to go and applaud and affirm the kind effort that many of you have been involved with for so long. You really are the champions of a population often times that are not well seen in the media. They are not the deserving young people that we think we need to invest in. I think very much about the bridge to the future reflecting on the past and building forward. Secondly bridges really are about connections between providers and funders and researchers and the teens themselves and as well as the policy makers so we need to be thinking about and re-enforcing bridges and thinking about how we build together a village of young support people. Another concept of the bridge has something to do with what Wanda raised earlier is collaboration. It takes a village to raise our people and it take a village to raise ourselves. We need to focus on people with education in social services to bring all of us together and to be thinking about this important safety net. I want to spend a little time on lessons learned in this field and what's needed for further effective programs and services for pregnant and parenting adolescents. If you think of my talk as a broad way prelude. If you see a play like cats, you often hear the themes of the songs that you are about to hear the rest of the day. I want to label the ground work for this. I want to acknowledge this as an AVATAR and the tree of soils. I don't have a monopoly on wisdom. All of you have wisdom. I am hoping that throughout the day during formal and informal times we have an opportunity to share our strength and intelligence. There are many dimensions of programs for teenage pregnancy. If you think about part of the bridge I will be doing today. I will be focusing on the clients and focusing on the services attended and the services received and the outcomes achieved. Clearly in this field there has been a lot that has been learned about the complexity of the lives of young people. I have been in this field for a very long time almost four decades. We are decorating the memorial hospital in Atlanta Georgia. We had a conference in 1974 on teenage pregnancy. All of these times and years in the field I have been amazed by the layers of complexity of the lives of young people you are

trying to serve. These are young people we are learning a lot more about the issue of violence in the home, violence in the community and how it affects young people. The issue of academic success and failure and the image has always been its young people who get pregnant then drop out of school. So many of our young people have academic failure long before teen pregnancy. When we see efforts in the field of education aimed at academic re-mediation or after school programs or school tutoring programs that is also a part of solution around teenage pregnancy. We also recognize that the living situation for many of these young people are really complicated as many of you know, though the issue of homelessness is something we haven't thought about in the past or unstable family situations has been shown to be a major impact as well as issues around their relationships. We know that there are many multiple factors influencing pregnancy whether it's cultural or familial expectations or lack of contraceptive use and I have seen - - and depend on the factors. It's remarkable to me how many of them are worried they are not through and may not be able to have a baby. They may not understand all the cognitive implications of their decision. I think we need to understand the value -- and the role of mothers in our society and how often it seems as an attractive alternative when you don't have any other options. In this field we have learned a lot about who are these pregnant moms are, as Alicia initially shared with you, we see tremendous disparities in the rates of unintended pregnancy or poverty which is no shock to anyone in this room. Poverty is -- if we could deal with poverty I think we could solve many of these issues, working in these programs thinking about job training and opportunities for young people becomes very important for the future. We see tremendous variation and sexual activities. I focus a lot on Latino childbearing. We see among first generations there is a far less likely of men using contraceptives as compared to second and third generation Latino's. We also see a tremendous link between childbearing and education -- again Latino and African-American youth tend not to complete their secondary training in education. In this society, which becomes a high-tech world, not to even to have your GED or high school diploma places you at a great disadvantage. What we really learned is it's not just about the young person himself or herself or the partner. It's the multi-generational impact of having grandparents or great grandparents who have not finished their education and how that gets conveyed from generation to generation. We are increasingly focused on social and economic environments as influencers. For example what kinds of role models are there in the community? How many young people have people in their worlds that have made it in the world even when they are living in the same economic climate? So we have to recognize that not every poor teenager gets pregnant. Not every child who grows up in a difficult situation will get pregnant. Clearly those situations and circumstances make it so much more difficult. We also know now much more about the lack or how a lack of family stability impact affects a young person's own childbearing. Partly it's because we know the importance of having involved parents. I joke around about the fact that some of you may have heard about helicopter parents. This is on the other side which is when PARENTS are hovering over their children and now due to cell phones people are sort of on their kids all the time. Maybe if some of you have not heard about the lawn mower parents. Have you heard about lawn mower parents? They are so concerned about what's going to happen to their young persons they mow the lawn in front of their child's path way so that the child doesn't have to experience any adversity. If you think about that on one side of the continuum as compared to kids who grow up in

homes where there isn't a parent who understands about what activities they are involved in, who may not be double checking on what's going on, the friends they are hanging out with, and the kinds of relationships that the parents might have and the kind of role model that the parent plays in terms of their child's adolescent development; they are more at risk for early childbearing. Clearly the lack of a care giver is a very important factor in terms of not having enough of vigilance; I can't imagine surrounding the child. Among females, we know that age difference is a big factor. Being Latina and being foreign born is much more associated with poorer contraceptive use. Also that earlier sex increased the odds of having more multiple sexual partners and greater risk for pregnancy and STD's. Currently we also need to look at male patterns. We find that among males, males who started having sex earlier with an older partner are also much more at a risk of becoming a father as compared to teen men who began sex at a later age. Also, the fact that we need to recognize that repeat births among many of these young women is very common as Alicia pointed out to you. The highest occurrence is occurring among Latina and Hispanic women. There are lower birth weights and higher incidents of worse health behaviors during pregnancy. I am talking about smoking after drug and alcohol abuse. We need to be thinking about what's happening in the environment, but also the kinds of impacts on the rippling multi-generational effect. Those children that are raised in these environments is not just because your mom is a teen mom, but it really has to do with the kind of environment in which these children are raised and that when these kids are followed and tracked longitudinally over time we see that the rippling effects impact issues such as academic outcomes, their own initiation of earlier sexual activity. Their own lack of employment and problem behaviors and two to three times more likely to be truant and fighting. This is a study I have done in the past. I live with my mom and she takes care of the baby while I'm at work and at school. She's doing everything for her and I'm giving her money and taking her on the weekends but that isn't enough when she started to talk one day I heard her call her mommy. It pierced my heart like a sword. Many of them come to your programs learn about how to read to a child nurture and how to pick up the baby when it's crying. They may go home and get a different set of messages from their own parents. When they say you are going to spoil the baby if you pick up the baby. We know that teen have a hard time reconciling the messages from meaningful adults in the programs and meaningful adults at home. The inability to reconcile these conflicting messages makes them very passive. If you see passive young women it's because they don't know they don't have the cognitive skills to reconcile these complications. We understand then that many of these young people, the babies have the cognitive and behave I can't recall outcomes, again this is not news to you. The research keeps bringing this up over and over again. I have an adopted grandfather who was a professor of engineering. He would say you are studying sociology you are studying health behavior you have the soft sciences I have got the hard sciences. I would say you know grandpa Daniel if you go to the library you can see books after books on how physics works an schematics works I am dealing with human behavior. I think I have the hard sciences rather than you. I want to point a bit on fathers and on the resource table here is a video DVD that I would like you to take with you; it's based upon a study that was funded by the Office of family Planning and California who is very concerned about Latino childbearing. They asked us to do in-depth interviews with young women having their first babies during their adolescence and 35 Latina's in the same neighborhoods but

who were delaying having their first child until they were in their 20's to find out what was going on in their environment. A third of the film is about young men and the structural factor that is really made a difference in the lives of those who were pregnancy free during their adolescents and those who delivered first had much to do with if expectations of their parents and expectations of their uncles and aunts and people in the community who looked out for them in ways that aspired them to continue to do better with school. We know with young men that many of them experience tremendous stress, tremendous lack of social support and as a result in the lack of social support they don't play a role in the lives of their children. We also know from some of the experiences you have had is many times the young men are squeezed out. They are pushed out of the relationship with the mom and the baby as a result of the relationship with the grandparents of the baby. In one study that we were involved with at the teen age prevention program in San Francisco. About ten years ago the program was very aware of the fact that young men were experiencing a lot of stress and being pushed out but they were very important in terms of raising their babies. They offer an eight week parenting program. They offered them a pair of Nike shoes if they attended all eight sessions, no surprise many of these young men signed up and were very religious about coming. They learned about discipline and nutrition and parenting. What was very remarkable, at the end the last session two of the ten young men walked up to the program director and said you know what? I don't think I would like the shoes any more. I would like to pay for diapers and food for my baby. I think us -- fatherless themselves, may not have the skill sets to know how to be engaged and in the lives of their young family's even if they don't have a relationship with a young mom. We need to reach out to them much, much earlier before the birth of the baby so we can address the obstacles with our continued involvement. I talked a lot right now about dimensions about the clients. If we have an opportunity for a dialogue. I am sure many of you would say in my program I learned about this issue and in my program I learned about the role of violence. I want to move into the model dimension the services intended. The types of service. The service incentives. How services are delivered. Where are they delivered? And who delivers care? I want to comment on this last column on the far right. Is that I think we need to pay a lot of attention to the young people who often are serving as your program staff. And what kinds of support do they need and what kind of training do they need or guidance do they need to deal with the complexity of issues they encounter every day when they are dealing with the young people they serve. I want to make a very big pitch with the fact that this is a very complex area. I think it's often times we have not provided enough support, enough support so they don't burn out and enough sharing so that they have an opportunity to get their batteries recharged for the following. Clearly the research points out the fact the more comprehensive the programs are the better the outcomes. That's not rocket science. It's common sense. For example, programs include family counseling and mental health services, housing systems, participating models for young children and safe and consistent parenting of a young person who's in the program, but what is really missing from the field is what the dosage is? How much of these different comprehensive services and combination of services do we need in order to have the kinds of impacts? For example in some of the research that I have reviewed in the past that we know program to have between six to nine different kinds of parts of these comprehensive programs and many of them are required fortunately by the federal

government as you get funding for your programs. What's the combination of the six to nine components and the know outcomes we are trying to achieve. I want us to have a word of caution here which is we don't have enough knowledge about for whom under what circumstances do those kinds of combinations are required to have the success? And so many of you have what I call front burner an back burner teens coming to your program. That is on one day they seem fairly balanced meaning that they seem stable and something has improved and they are doing a little bit better with school. All of a sudden your front burner kid who's been doing pretty well, you say okay now they are ready for the back burner and something critical happens and they come back to you to be a front burner teen. The question is what's the dosage and also let's not raise expectations about outcomes that we are trying to achieve without being sure that we have all the components in place that we really need. So there are wonderful examples of evidence based programs, such as the Queen's Hospital Center Program that has a very strong commitment to prenatal and postpartum team care. They have a long constitute -- longitudinal approach. I know many of you are involved in evidence based practices. Partly it's these four programs have been really thinking about the complexity of teen an what's the combination of the services we need tailored to the particular young person so that they can be successful? So for example in the MCCABE center there's a lot of focus on not just health but also efforts such as social an counseling support an housing support an contraceptive support. Many of you know about the nurse family partnership which is increasingly receiving attention around the idea of having home visiting by nurses delivering support, education and services linkages up to two years postpartum. The continuity is extremely important. It's having someone in your home and having that one to one relationship that plays such an important role. The home base mentoring grandmother that has been developed an evaluated by Dr. Black which focuses on having big sister mentoring efforts and delivering curriculum. There's a curriculum but depending on the needs of the young person they will blend the messages depending upon the important issue that is are going on, and then today later you will have from Dr. Barnet talking about the computer assisted motivational interviewing that looks at stages of change and the kinds of supports that young people need and how to tailor messages more effectively so they can be a better contraceptive user as well as delaying repeat birth. Now we know and an increasingly the role of interpersonal violence and the importance of screening for this, but also what kinds of services do young people need? In another series of studies clearly the experience of physical or sexual violence was strongly associated with increased number of sexual partners, early childbearing and rapid repeat pregnancy. We recognize that many of the young women that were abused were likely to miscarry. They often fine that once a person experiences a miscarriage there's a desire for a replacement baby. As many of these young women are fleeing their abusive relationships. Many times they get into another relationship which is also not healthy. These are clearly short noticed relationships with contraceptive use may not be the prime issue. It's looking for safety it's looking for someone to hold you who aren't abusing you. One other point here I know that a number of your programs are focusing on increasing breast-feeding many of the young women who breast-feed their children for a short period of time had lower incidents an likelihood of rapid repeat pregnancy. It's not the pregnancy breast-feeding per se. It's in the kind of counseling and support and relationship between a young person and yourselves or your program that's encouraging

her to do adopt a very healthy protective aspect of mother child transmission of not only her own milk but also love that becomes the supportive aspect of it. We also know that for many of these young women the lack of self-esteem internal control emotional stress may contribute to the disorganization in their live in terms of contraceptive behavior and the domination and control of the partner will also many times have been impacted by the contraceptive use. We have been doing focus group research with family planning programs. One of the educators shared a story of the young women counseling. She had come into the clinic for the pregnancy test. The young girl started to cry. The counselor said, "Why are you crying, are you unhappy that you are not pregnant what's going on? Aren't you relieved that was her image?" And the young women said to her, "You know what? My boyfriend is putting a lot of pressure on me to have his baby." Why is that? "Because he is worried that he's going to be killed and that he's not going to be around to take care of his mom, so in his culture when you grow up you are responsible to take care of the elderly." And if you fear for your own life that you are not going to be playing that role that culturally accepted role, norm. You are looking for someone who will play that role? I want to make it very clear I am giving you this as a story as an indicator as you know fire alarm safety aspect. I am not saying all teenagers are doing this. It's illustrative that the impact that violence has in our communities and how it has a rippling effect on teenage pregnancies. The issues of intensity and quality and tailors are issues I have chatted about. I want to turn to attendance attrition. I worry sometimes when I work with policy makers. They say we put money into that program and that program doesn't work. I hate the concept of throwing the baby out with the bath water. We have to be HONEST say how well are we doing with the delivery? We have these wonderful comprehensive services, but are the young women coming to the program sufficiently to be expose today the comprehensive programs? Are they maintaining their participation? If they are not then we have to understand why they are not coming? And part of the reason I think that some of these home oriented programs deal with some of these attrition kinds of issues and it's important to think about are there ways especially with computers and I phones and other kinds of internet. Are there other ways to connect with young people that doesn't require them to take three buses even when you are paying them or giving them their chips to go on the bus? The kinds of skill sets that are required to get organized to come to the program we must understand why they may not get the fulfilled dosage of the program. Clearly when women and young people do take the opportunity to learn how to prepare for young adulthood. Many of them are successful and clearly this daily contact with the -- including protective child care makes a difference. If we don't have the young people coming on a consistent basis. If we lose them these kinds of results are not going to happen. Clearly the home visiting becomes a very important element in delaying second births. The greater numbers of home visits the greater the better the outcomes. I want to talk a little bit about outcomes. We talked about the health of the mom and the child. We are all committed to educational outcomes and economic outcomes and social outcomes as well as pregnancy outcomes. So parental -- so that there's improvement in infant attachment, childhood behavior, emotional development and cognitive growth an all of these elements become extremely important not only in terms of doing better for the child, but also reducing things like child abuse or the lack or the reliance on physical punishment of young people of their baby that is we know becomes a major factor. The moms who have the likelihood of having the school based child care center have a much

higher likelihood of graduation or continued school and enrollment. Those moms who only used family care had a much lower rate of 67%. What's important was those infants and toddlers enrolled in child care they are must greater advantage of receiving the kind of support a nurturing a stimulation that young people need. I can tell you as a mom of two I did not understand child abuse until I was a mother. I understand why or how that can happen so easily. If you think about a teenager who may herself have not been parented how easy those solutions are. In a conversation I had with the head of department of social services for the state of California. Dr. Anderson said to me we have a lot of young women who have the babies that are around the age of two starts putting their children in foster care. Some of you giving me body language saying that's happening. Why do you think that's happening about age two? I said I know I have had two; two year olds that are hard years. Partly these two years old are start to look allot like the fathers of the baby and that increases the amount of physical abuse that happens in those homes. These are sort of the tip of the iceberg that is important. So I talked to you about these four dimensions. I think that the implications very briefly are given the complexity. We need to adopt multi-pronged approaches to service delivering including issues about economic development and to continue to do the types of evaluation that is will help us understand to whom and what circumstances an well as dosage that's necessary for the complex individual that is we are trying to help. Where do we go from here? This is an iceberg. I think a lot of the of times -- we need to work at the following levels, the individual and family level, the school, peer community and policy level. Here in this triangle are, you might within the - to comment on the fact that I am not asking anyone individual in this room can do all four levels all by themselves even if you are fantastic at your program. Who can you work with and who are you working with and who are the nontraditional individuals that you need to be reaching out to make this a better kind of element working together in a stone suit kind of concept. When we think about academic success or we think about the community level how we create safe and supportive environments. How do we access role models? When Governor Wilson was in office in California he's a republican governor. He actually implemented a statewide mentoring program. He sought out 250, 000 mentors as part of his teenage pregnancy prevention campaign and really reached out to businesses and to get businesses to donate certain hours per week of their workers so that they could be involved in the relationships. I can tell you there were three times as many young people who signed up for mentoring as there were mentors. Clearly this was a tremendous need. Then to be thinking about what kind of policies do we implement that are protected? In our new health care reform programs the fact that we are going to have coverage and have coverage for up to age 26 in insurance benefits for young adults that's a very important area. We also need to assure there's adequate support for reproductive health services and contraceptive services et cetera. When I talk about a multi-pronged, concurrent, and reinforcing program. I am thinking about a D day world war two campaign. What can the schools do and community resources and parents and other adults do? Each of them playing an important role and then for you all to play the role of synthesizer and convener and bringing these different words to get they are. We need to focus on life course, comprehensive, multi-level approaches, building an impact. In thinking about where we are going the concept in Alicia's leadership as well as the Office of Population Affairs and the adolescent and pregnancy prevention programs -- including appropriate selection

of those interventions that work best for the composition of the young people that you serve. The idea of replication and the science of rehabilitation. If I think about replication one of the examples I would like to use in terms of science an implementation that is adaptation with fidelity after core components that are extremely important. Think about the content and program that have been tested before and how you are going to replicate those and the implementation and the logical around the styles of teaching. I think of McDonalds. I think about how anywhere in the world you can get a quarter pounder. It doesn't matter where you are you will always get the quarter pounder with the two pickles, but if you go to Georgia you can get grits on the menu and if you go to Hawaii you can get two finger POI on the menu and if you go to France they serve wine on the menu. The concept here I am trying to convey which I know is a silly example. We need to maintain the fidelity so what is known scientifically and what evidence works. We have to build around that core. Those elements that resonate with the values and means and aspects of your own community without diluting what you are trying to replicate. Again I think it's very important to think about what kinds of skill sets in order to provide and implement programs effectively. As we build this new science of evidence based programs and you have leadership in Washington who is very committed today this and is really fantastic we also encourage you to be thinking about new types of models to be developing, new kinds of aspects that are important to the young people that you serve. When I think about this I think about the curriculum and what are the programs that are reaching marginalized and even more marginalized populations such as those young people in foster care and those young people who have been incarcerated in the past and homeless. Let me talk about one other concept here. When we think about wide casting and narrow casting in the world of product selling, we know when we sell something like soap all of us need soap. It doesn't matter if it's a wide cast one. Narrow casting is the people like Dove who have developed campaigns that focus on different sizes of women and different ethnic groups and different racial groups and different ages, so when we think about our program we need to think about wide casting. What do teenagers need? What do all adolescents need in order for them to be successfully navigating into young adulthood? They all need love. They all need nurturing and they all need support. They all need to understand that within those groups there are young people who might need more strength and dosage especially around young people who maybe dealing with L G B T issues or generational issues if you are 1.5 generation. I'm a Latina immigrant who came to this country when I was almost nine and I had to navigate between the old culture and the new culture. We need to be thinking about how we deal with these different elements and groupings within your population. Finally we also need to be thinking about merging issues such as the economic environment and the ongoing recession. As I read the business page every day, because I think it's very informative. I worry about how many summer jobs there are going to be this year because those summer jobs play such an important role in self-definition and thinking about the future and the question of hope. And we need to be also thinking about the impact of social media. I think about it being a very positive but also a very negative kind of -- the kinds of interpersonal relationships and the kind of messages and the kinds of ways media can impact and interfere. Then how do we use positive deviance. It's a concept of individual who is living and working and being in the same communities from the same areas where you are serving young people. What are aspects of their lives that are protecting

them? What is their resilience from? What can we learn from these young people that help shape the interventions you are developing. When you think about -- think also about continuous quality improvement so we think about planning, doing, studying and analyzing. Don't be afraid of taking risks. Learn from these lab stories. I am not saying you have got to do everything all in one day or with all people or with all clients. Perhaps take a new cohort of young people and work around what they are doing and do something to perhaps in bringing in the arts and bring in the voice and bringing in a variety of other interventions. Finally I do want to say that I think about one of my favorite movies which are the wizard of oz. as many of you know one of the characters really has a lot to do with brains. I started off my talk by saying there's tremendous power in this room of shared intelligence. There is tremendous heart in this room because you wouldn't be doing the kind of work that you would be doing without that heart. Finally I want to support you and affirm your courage every day for the work you are doing. Thank you very much.