

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

Top of the Hill Banquet and Conference Center
Washington, D.C.
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Welcome

Reesa Webb, Project Director, JSI Research and Training Institute, Inc.: Symposium
Moderator

Reesa Webb: Good morning everybody. Don't worry, you can still get food and get settled. I wanted to make an announcement because we are web casting this and we were supposed to start at 8:30. As folks trickle in we will wait five minutes or so before we get started. I wanted to say that for the people on the web cast. We will see you in about five minutes. There is breakfast outside for those who are not on the web cast. For those of you who are, maybe you are eating breakfast already. Anyways we will start in five minutes.

Good morning everybody. I think we are going to go ahead and get started. It seems that most people have arrived. As you know we have a very packed agenda. I am going to go ahead and start. My name is Reesa Webb. I am with John Snow Incorporated. We know many of you in the room. We worked with many of you but for those of you who don't know us, we are a public health consulting firm. We have the privilege of working with many of the government agencies that are represented here, but most particularly with the Office of Adolescent Pregnancy Programs. We assist them with their training and technical assistance trainings. They obviously have been instrumental in putting on this wonderful conference for you today, that we hope you enjoy. I have a privilege of being your -- I don't know what to call myself MC super moderator, but you will have moderators for each of the panel discussions. I am going to be the bad person and try and keep us on time because we have a very packed agenda, so hopefully you will all be smiling at me when you leave. I am not so sure. We have a few housekeeping items that I wanted to go over with you. First of all as you know there's breakfast right outside the door here. Feel free to grab some breakfast and coffee by the side of the room here. The bathrooms are on this floor as you go out of each of the doors they are on the right and left. I would also like to let you know that we are being webcasted, so if anybody doesn't want anything to be heard by the world, don't say it. And we are offering our folks on the webcast an opportunity to ask questions as well. We will be hearing from them as well if they have any questions at the point where the panels are taking questions or at the point where a speaker is taking questions. So if you see folks running up to the front that's what they are doing. They are bringing the questions from the webcast. Hopefully all is working well. I guess folk will let us know if we need to change where we stand or how we are speaking, right? We are good to go. I also want to remind you all to please turn off your cell phones or put them on vibrate so they don't disturb the speakers. Without any

further ado I would like to introduce two distinguished ladies we have sitting up front here that are going to say a few words to open our session. We have Dr. Wanda Jones who's the Principal Deputy Assistant Secretary for Health with the Office of Assistant Secretary for Health, Department of Health and Human Services. I am sure you all know Wanda has spent a large portion of her career advocating for women's health. We appreciate having her here. We also have Alicia Richmond Scott, who is the director of the Office of Adolescent Pregnancy Programs in the Office of Population Affairs. Alicia is responsible for the management and administration of the Adolescent Family Life program. I think these women deserve our applause. They have really done a lot. We are anxious to hear from them so Wanda I think you are up first. Thank you.

Dr. Wanda Jones, Principal Deputy Assistant Secretary for Health, US Department of Health and Human Services

Dr. Wanda Jones: Thank you so much for that kind introduction. First of all Dr. Howard Koh was invited and regrets not being here. He was added to the world health assembly in Geneva. It doesn't mean adolescent health is chump change. When you have an opportunity to scale up and take into that arena many of the things you care about. This is his first opportunity in his two years of service to be part of that U.S. delegation. I am hopeful that you understand that he just had to go and his number two has fallen to be with you this morning. It always somewhat embarrasses me because meetings like this I would so much just like to sit and absorb and learn and take these lessons learned forward. These are always opportunities I have seized throughout my career because what was omitted from my bio -- I don't know if you have the version my mother wrote in your program there. I am trained as a molecular biologist geneticist. It's a scary thought that someone from the lab could evolve. It's nice that this meeting is happening during May which is Teen Pregnancy Prevention month. It's really a time as we approach summer to bring attention to serious public health issues and obviously teen pregnancy is one of those issues and obviously teen pregnancy is one of those issues. We know that it's no longer enough to do what we think might work, to nibble at the edge of these massive problems and to serve those who show up for our programs. Because more than likely those most in need are those that we have conveniently for several generations labeled hard to reach, noncompliant, non-adherent or whatever, just pull out your bag of labels and then discard that bag. Because the change begins with us, building that evidence base for what works has never been more important in this time of limited public funding and demands for accountability. I think we also have to recognize that no one office, no one individual, no one family, community, faith group, nongovernmental organization or anything else has the sole responsibility for these problems that continue to challenge us. We cannot work in silos or in vacuums alone. Collaboration has never been more important and sharing of information. Leveraging of resources is absolutely critical to success. We can't afford to keep doing things that don't work. There's never enough money, time or people no matter what. Tracking, evaluating, and understanding what it is we are doing that's making a difference. Being ready to use the data to tweak the program to make the changes we need when clearly something is not succeeding or absolutely essential skills for all of us. Secretary Sebelius has set a high bar for us demanding collaboration amongst all the agencies toward reducing teen unintended pregnancy and a number of other public health initiatives. I can tell you how amazing it is for me after 24

years in this department to see the people at the table from the agencies, historically we have very, very limited dialogue and collaboration with and they are there now. The good news over the past decades teen birthrates are declining a bit, but we still dominate, we are still much higher in our teen birthrates than any other developed countries. We know there are economic consequences for teens and their children. Sometimes those consequences are tragic, very often they are costly to society in direct and in very indirect ways: infant mortality, childhood illness, welfare dependence, academic failure, juvenile crime and perpetuation of teen parenthood in successive generations. Often it's followed by second or more subsequent pregnancies further compounding the consequences. Well, I know these are the front lines on which you serve. It's sort of bringing coals to new castle. I wanted you to hear clearly that your work has never been more important than it is now. We cannot rest. We cannot just sit back and think that all the old ways are going to continue working into the future. We have programs and I am hopeful, folks, I know some of these are represented here. I have not had a chance. I am introverted, lab people are really introverted. I don't mix well. I am trying to fix that. I certainly see some familiar faces. If I omit one of my federal colleague agencies I apologize. Partners in this effort are the Administration for Children and Families, long known for its adoption and foster care programs, programs to address child abuse and neglect, child care and support. Disabilities, people with disabilities and head start and personal responsibility, education and shelter services for women's and children who are victims of violence amongst many other programs. The Center for Disease Control and Prevention has long been known for adolescent programs. They also have a reproductive health program that aims to prevent transmitted infections including HIV and the vast array of programs within CDC. Within The Institute of Health, The lead Institute - National Institute of Child Health and Human Development -- relate today's children, adults, families and populations and finally where I sit in the Office of the Assistant Secretary for Health and Dr. Koh leads that Office - the Office of Family Affairs and the program here, the new Office of Adolescent Health and I will talk about that a bit more in a minute and the Offices on Women's Health, which has been committed to safely navigating girlhood in the adolescent September transition. And the Office of Minority Health, which houses the infant mortality campaign and focuses on some resilience and youth development skills to keep kids on a positive track among many other programs that is are housed with OPA. Our mission is mobilizing leadership for science and prevention for a healthier nation. Under the Affordable Care Act there was established the brand new Office of Adolescent Health and given over a hundred million dollars to address teen pregnancy and you know, as a matter of fact much of the work that the Office of Adolescent and Pregnancy Prevention has done for years has been virtually eliminated. That doesn't mean that the work is without value and that it is all going to go away. We see an opportunity to lift up and leverage what the Office of Adolescent Pregnancy Programs has learned over the years and to really step into that broader arena of adolescent health. Because focusing on pregnancy is maybe a definable outcome that we could like to work on. Many of the kids the girls and the boys at risk for adolescent pregnancy have a far bigger spectrum of social, community, and family problems than just the mere act of sex that results in a teen pregnancy. Starting much younger and developing an evidence base and delivering evidence based programming that helps ensure a safe adolescent transition is where we see the Office of Adolescent Health going and that the Office of Adolescent Pregnancy Programs - what it

has learned in all of its years in service in this domain serving pregnant teens. There's going to be a natural place to build on this. The work of this expert consultation today should give us much more, much deeper understanding of some of the opportunities and some of the challenges that face us. This isn't going to be easy. I would like to wave a magic wand and make it happen. My name is Wanda but I don't have a wand. (laughter). We are committed to moving forward and to building the leverage and the evidence based asset that we need to make a difference here. We know there's severe deficit reduction pressures, very rocky times ahead. None of us is having a lot of fun right now in the budget issues. We know sustainable resources are absolutely essential, that the service we need to assemble for youth, for pregnant parenting teens, and teens as I said include, not just the girls but the boys too. Those services are going to need to be strong and sustainable and invested in over time, so the topics you are dealing with here today are really timely and they are very thoughtful and the proceedings will definitely make a difference to us. I very much look forward to getting those proceedings and seeing where we can make a difference going forward in our programs. I only wish I could stay. This life -- sadly I never get to do fun stuff like this anymore. To me learning was fun. I hated it as a kid but boy I love it as an adult. I feel like there are so many things now where I sit if I could make a difference if only I knew. I have to wait for proceedings and read the reports and get briefed and then drive it along. We need people to do that too. So know that I am there. I really admire and salute the work that you are doing and wish you success today and lovely conference site, though it's not well labeled. Let's get more men in the audience. The gentleman that are here today, yeah. We will work on that. The best thing is we have a ladies room right outside. We could tell you about gender inequity on the hill in the restroom portion. At any rate enough adlibbing from me before I get myself dug into a deep hole. Alicia, it's always a pleasure for me to substitute. Good luck in putting your work today to work. Thank you. I have a nine thirty meeting, sorry I have to go.

Alicia Richmond Scott, Director, Office of Adolescent Pregnancy Programs

Alicia Richmond Scott: Good morning. All right. I am going to need some energy. Good morning.

Audience: Good Morning!

Alicia Richmond Scott: My name is Alicia Richmond Scott. I am going to talk real fast because I want to make sure that we can move through the program as quickly as possible and have Dr. Claire Brindis to come up and present. The Office of Population Affairs is led by Marilyn Keefe. Unfortunately she is unable to attend today. However if she were here she could convey her personal commitment that all low income women have access to reproductive health and including -- the Office Population Affairs (OPA) consists of the Office of Adolescent Pregnancy Programs and the Office of Family Planning. The Office of Family Planning administers Title of X, which provides reproductive health and preventative services to low income women in family planning clinics. One million and 224, 000 adolescents were served in family planning clinics in 2009. So the family planning clinic, the Office of Family Planning in conjunction with the Office of

Adolescent Pregnancy Programs have worked closely together in collaboration so that the Adolescent Family Life (AFL) grantees collaborate with the family planning clinics so that teens can receive services through those clinics. Over the past 30 years the AFL program has funded more than two hundred demonstration grants serving pregnant and parenting adolescents and their families. Additionally approximately one hundred research grants focusing on adolescent sexual behavior and pregnancy and childbearing have been funded, so in terms of the long standing history and the body of work AFL has definitely contributed in some, very meaningful ways. But in thinking about pregnant and parenting adolescents these teens are different at the outset than teens that receive just general service prevention services. They present with additional educational challenges and have unstable relationships and may be more likely to be in cohabitating relationships and may have early sexual experiences as well as having preexisting mental health issues and family to support. In thinking about these teens that already had these challenges, becoming parents then compounds the issue. So despite all of their perceived challenges they want the same things we do in terms of being good parents and having healthy environments for their children as well as themselves. The AFL program was the first federal program to fund grants to develop and test innovative approach with this vulnerable population. Furthermore it requires AFL grantees to provide specific comprehensive, medical and educational social services to pregnant teens. The reality is that the programming challenges, in terms of unintended pregnancies, are to give you a snapshot of where the average annual cost of where we are. Teen childbearing is approximately 9%, 1 billion each year. In terms of teens they are more likely to have repeat births especially when services are not provided. In terms of thinking about providing quality services to these most vulnerable population that they are, I just want to say that I think that we need to stretch ourselves and continue to ask the probing questions about what to do in terms of research and in terms of programming and in terms of policies to prioritize this population in the current economy. So today is the first step towards having a national dialogue about pregnant and parenting adolescents and the intervention that serves them. Each presentation will build on the other. The opening plenary session will lay the framework for today by discussing the current policies and programs that research promising approaches, identify limitation strategies and explore existing gaps, challenges and future opportunities to improve outcomes for this segment of adolescents. As you participate throughout the day, I hope that your perspective will be challenged in some way about the importance of this population and the health needs and value of the interventions. So in closing, I listed the objectives really quickly for you. In terms of the research policy and program, that you will be learning about and as well as the gaps and discussing the needs, but I really want this to be a true conversation that everyone has in its back and forth. In the room as well as on-line, so again, thank you.

We are going to start your day off talking about research. To do that I would like to introduce Dr. Claire Brindis. She's also the director of the Philip R. Lee Institute for Health Policy Studies and associate director of the policy information analysis center for adolescents and young adults. I am not finished - I have no idea when you eat. She's also the director of the Bixby Center for Global Reproductive Health. Welcome Dr. Brindis. We are looking forward to your comments on the research that's been done on parenting teens.

Thank you.