

Teen Childbearing in Rural America

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May 7, 2013

Before We Start...

We want to thank our colleagues at OAH for organizing this webinar and including our presentation. And...



...please remember, its contents are solely the responsibility of the authors and do not necessarily represent the official views of OAH, FYSB, ACF, CDC or the U.S. Department of Health and Human Services.

Why Focus on Rural Teens?

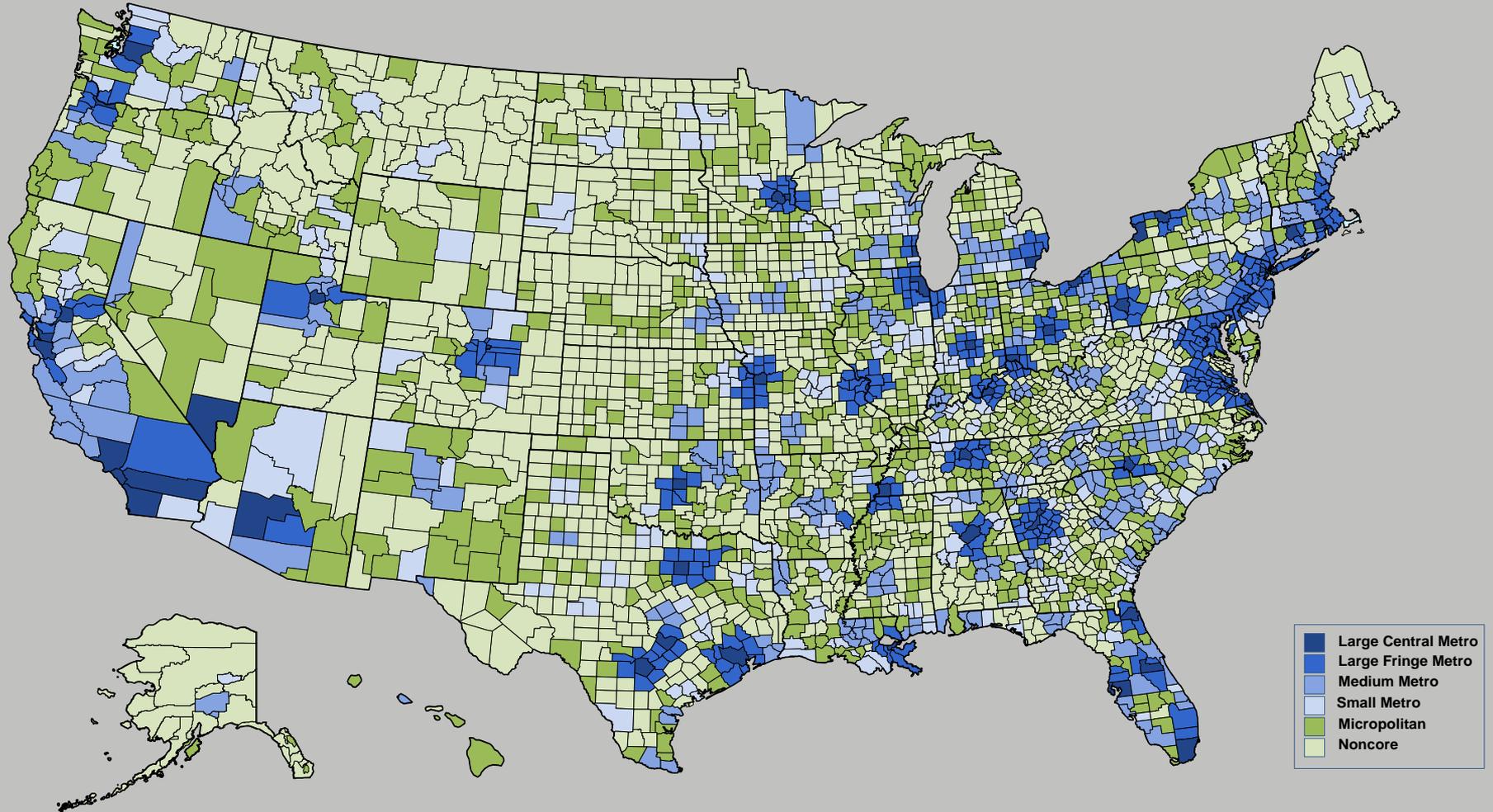
- Three quarters of the U.S. land area is considered rural
- Roughly 1 in 6 U.S. teens lives in a rural county
- Rural America is changing, yet much of the existing research on rural teens dates to the 1990s
- Teens in rural areas face unique challenges
- And each rural area is unique

Definition of Rural

Urban-Rural Category	Classification Rules
Metropolitan	
Large Central Metro	1) That contain the entire population of the metropolitan statistical area, or 2) Whose entire population resides in the largest principal city of the metropolitan statistical area, or 3) That contain at least 250,000 of the population of any principal city in the metropolitan statistical area
Large Fringe Metro	Counties in a metropolitan statistical area that do not qualify as large central and have a population of 1 million or more
Medium Metro	Counties in a metropolitan statistical area with a population of 250,000 to 999,999
Small Metro	Counties in a metropolitan statistical area with a population of 50,000 to 249,999
Nonmetropolitan ←	
Micropolitan	Counties in a micropolitan statistical area with a population of 10,000 to 49,999
Noncore	Counties in which the core city or town has a population of 9,999 or less

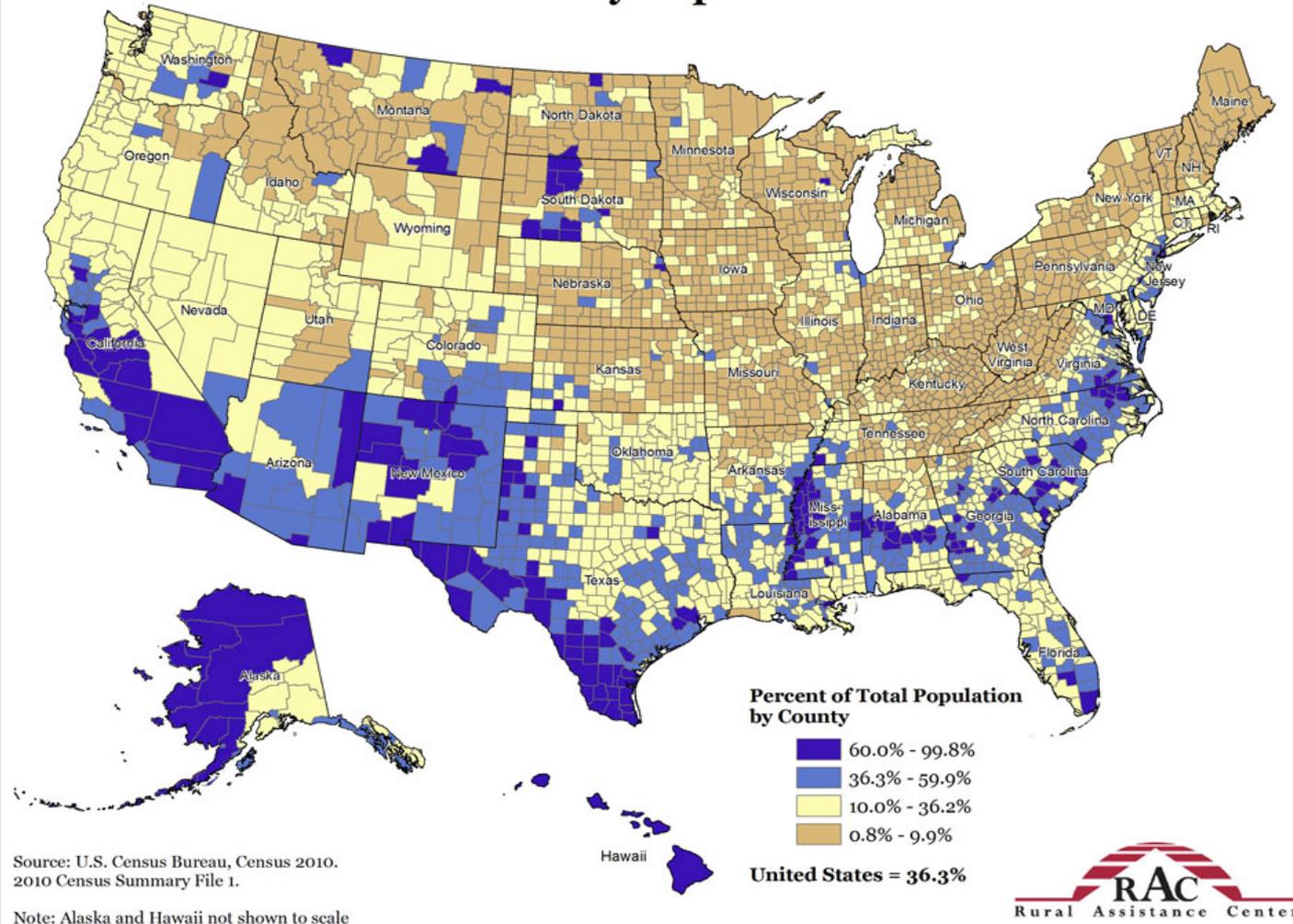
Source: Ingram, D.D., & Franco S.J. (2012). NCHS urban-rural classification scheme for counties. *Vital Health Statistics*,2(154). Available at:
http://www.cdc.gov/nchs/data/series/sr_02/sr02_154.pdf

2006 Urban-Rural Classification Scheme



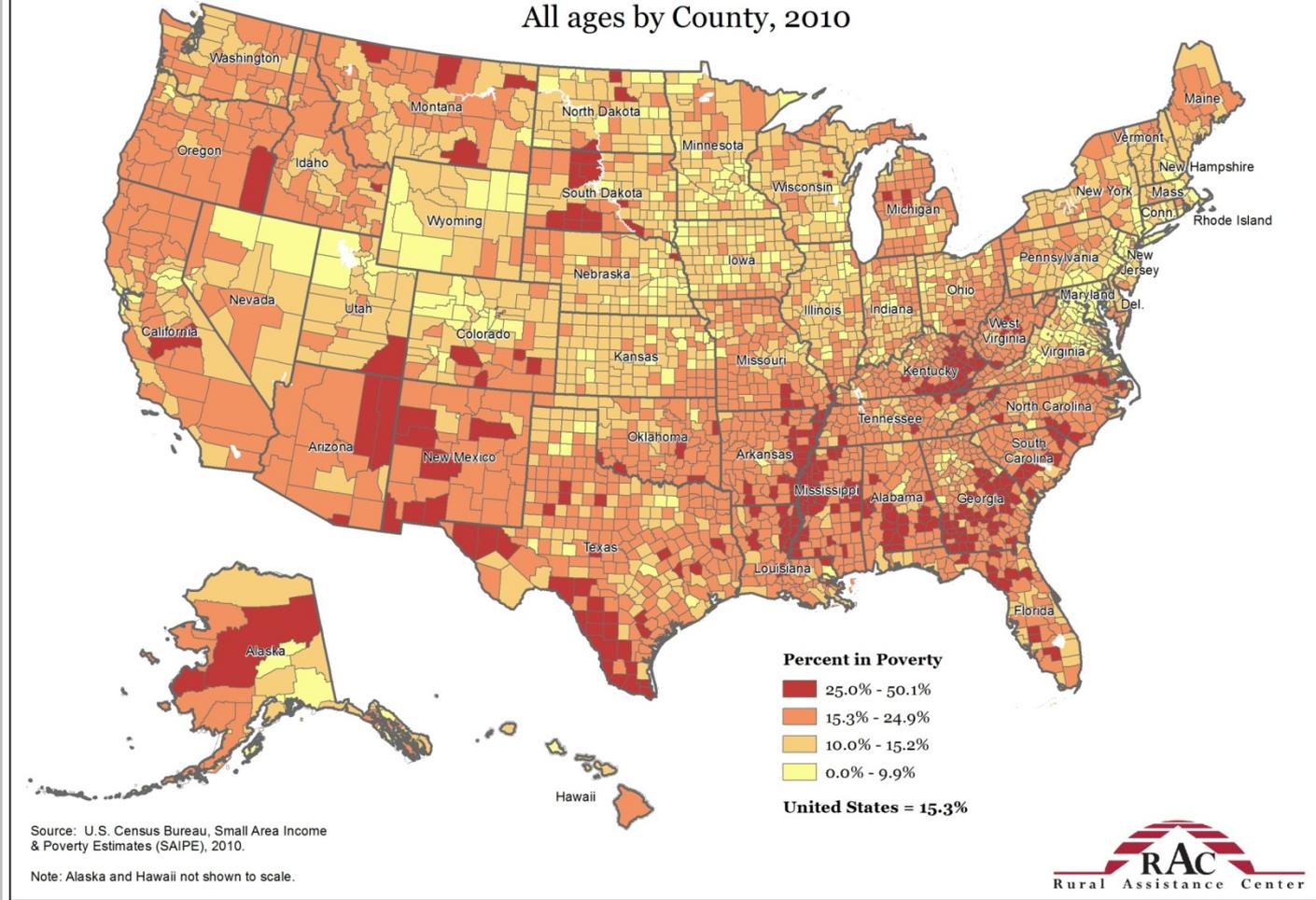
Source: Ng, A.S., Kaye, K. (2013). Science Says #47: Teen Childbearing in Rural America. Available at:
http://www.thenationalcampaign.org/resources/pdf/ss/ss47_teenchildbearinginruralamerica.pdf

Minority Populations



Rural Diversity

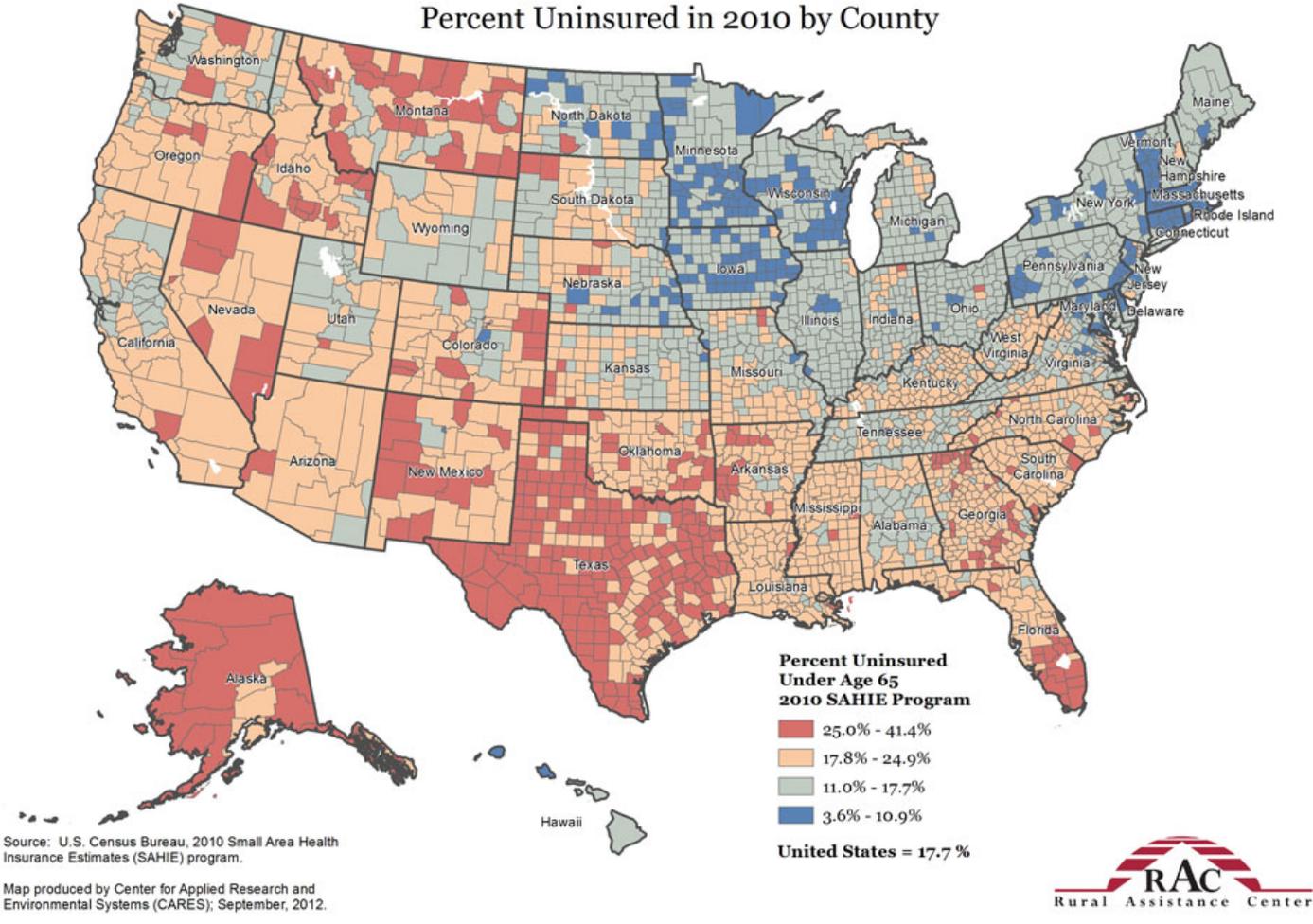
Percent of Population in Poverty All ages by County, 2010



Rural Diversity

 **The National Campaign**
to Prevent Teen and Unplanned Pregnancy
TheNationalCampaign.org • Bedsider.org • Stayteen.org

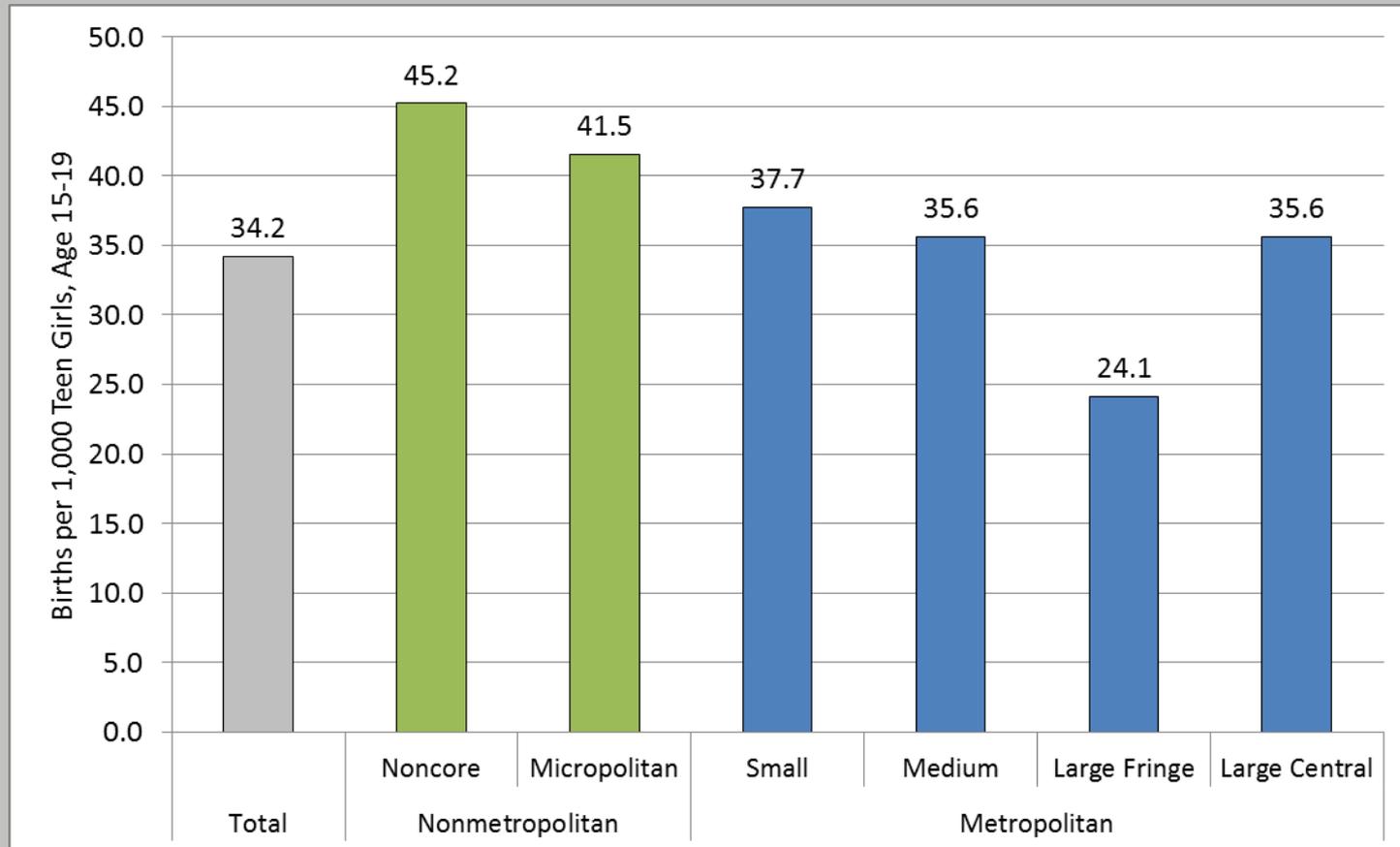
Health Insurance Coverage Status Percent Uninsured in 2010 by County



Rural Diversity

Teen Childbearing by Urbanization

Teen Birth Rates by Urbanization Level, 2010

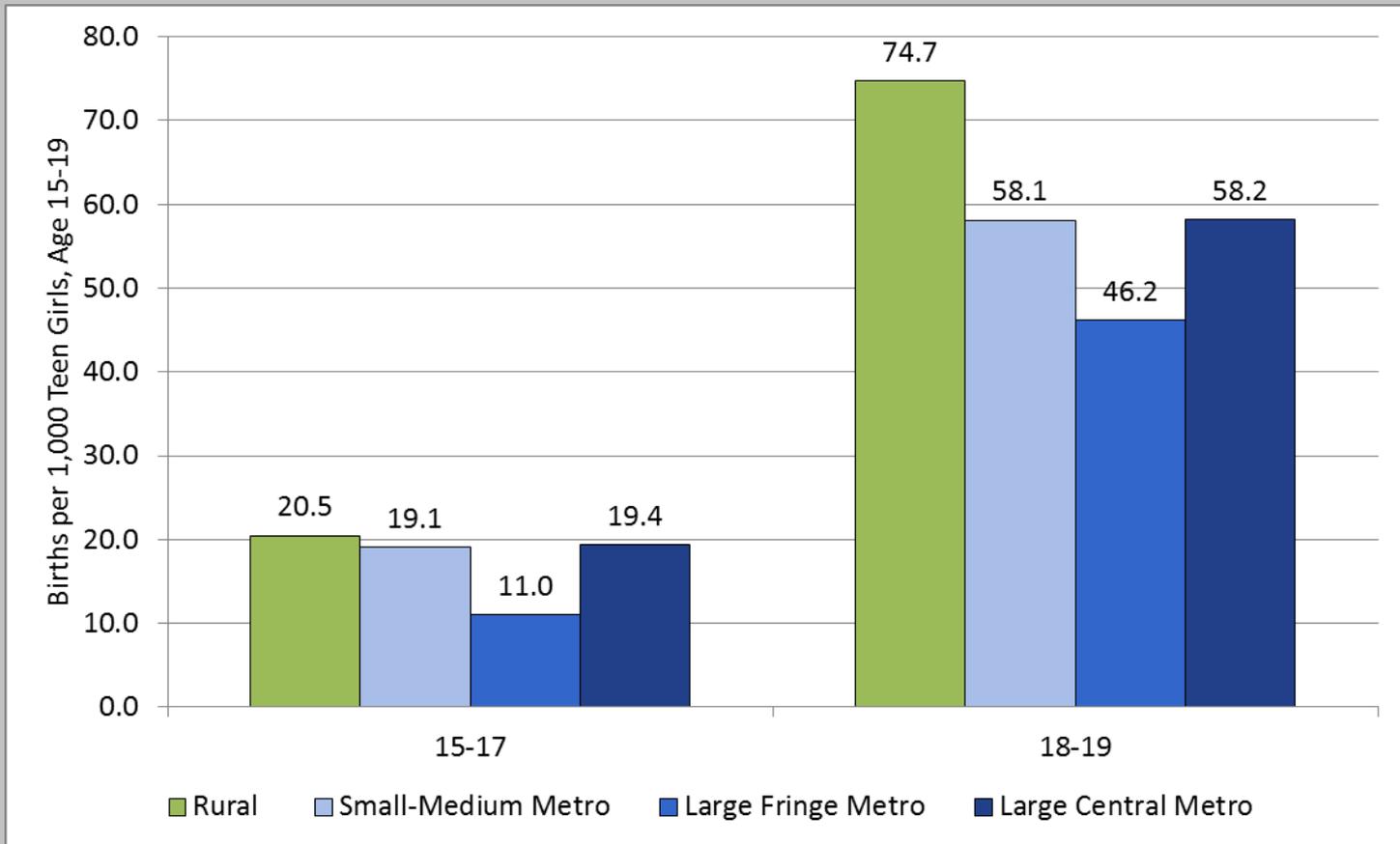


Source: Ng, A.S., Kaye, K. (2013). Science Says #47: Teen Childbearing in Rural America. Available at:

http://www.thenationalcampaign.org/resources/pdf/ss/ss47_teenchildbearinginruralamerica.pdf

Rural/Urban Differences by Age

Teen Birth Rate, By Urbanization Level and Age, 2010

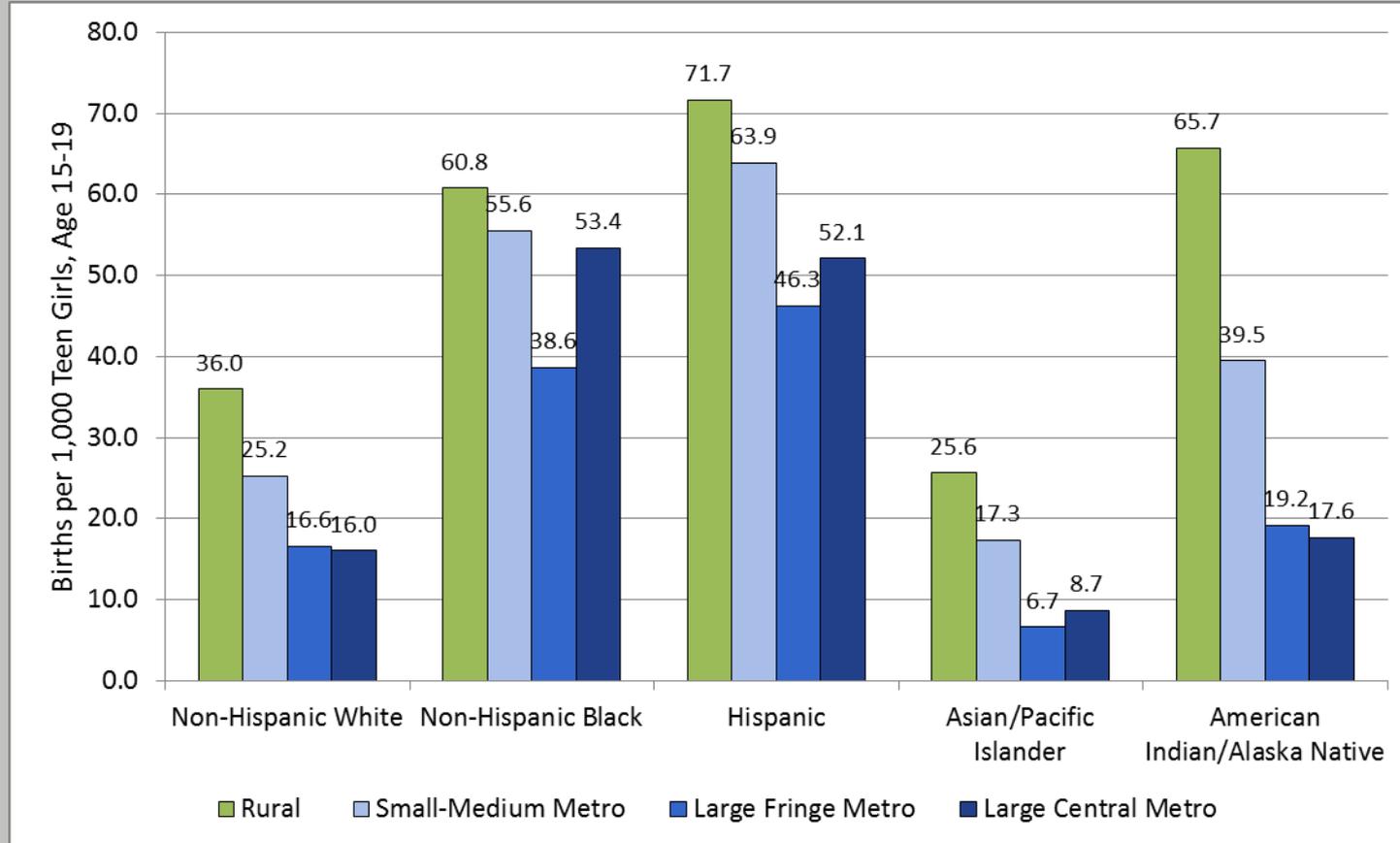


Source: Ng, A.S., Kaye, K. (2013). Science Says #47: Teen Childbearing in Rural America. Available at:

http://www.thenationalcampaign.org/resources/pdf/ss/ss47_teenchildbearinginruralamerica.pdf

Rural/Urban Differences by Race/Ethnicity

Teen Birth Rates, By Urbanization Level and Race/Ethnicity, 2010

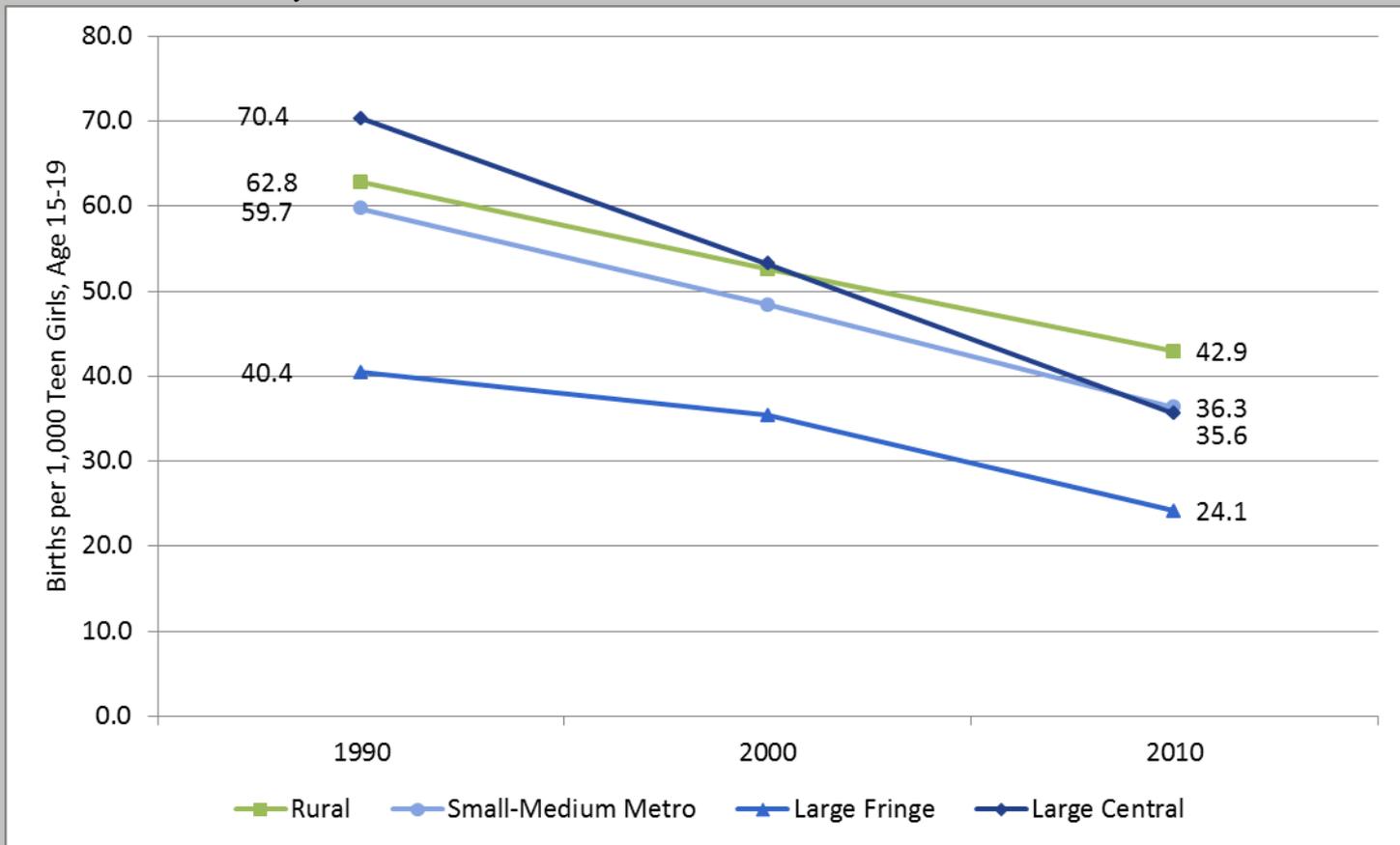


Source: Ng, A.S., Kaye, K. (2013). Science Says #47: Teen Childbearing in Rural America. Available at:

http://www.thenationalcampaign.org/resources/pdf/ss/ss47_teenchildbearinginruralamerica.pdf

Trends since 1990

Teen Birth Rates, By Urbanization Level, 1990-2010



Source: Ng, A.S., Kaye, K. (2013). Science Says #47: Teen Childbearing in Rural America. Available at:

http://www.thenationalcampaign.org/resources/pdf/ss/ss47_teenchildbearinginruralamerica.pdf

What Accounts for the Difference?

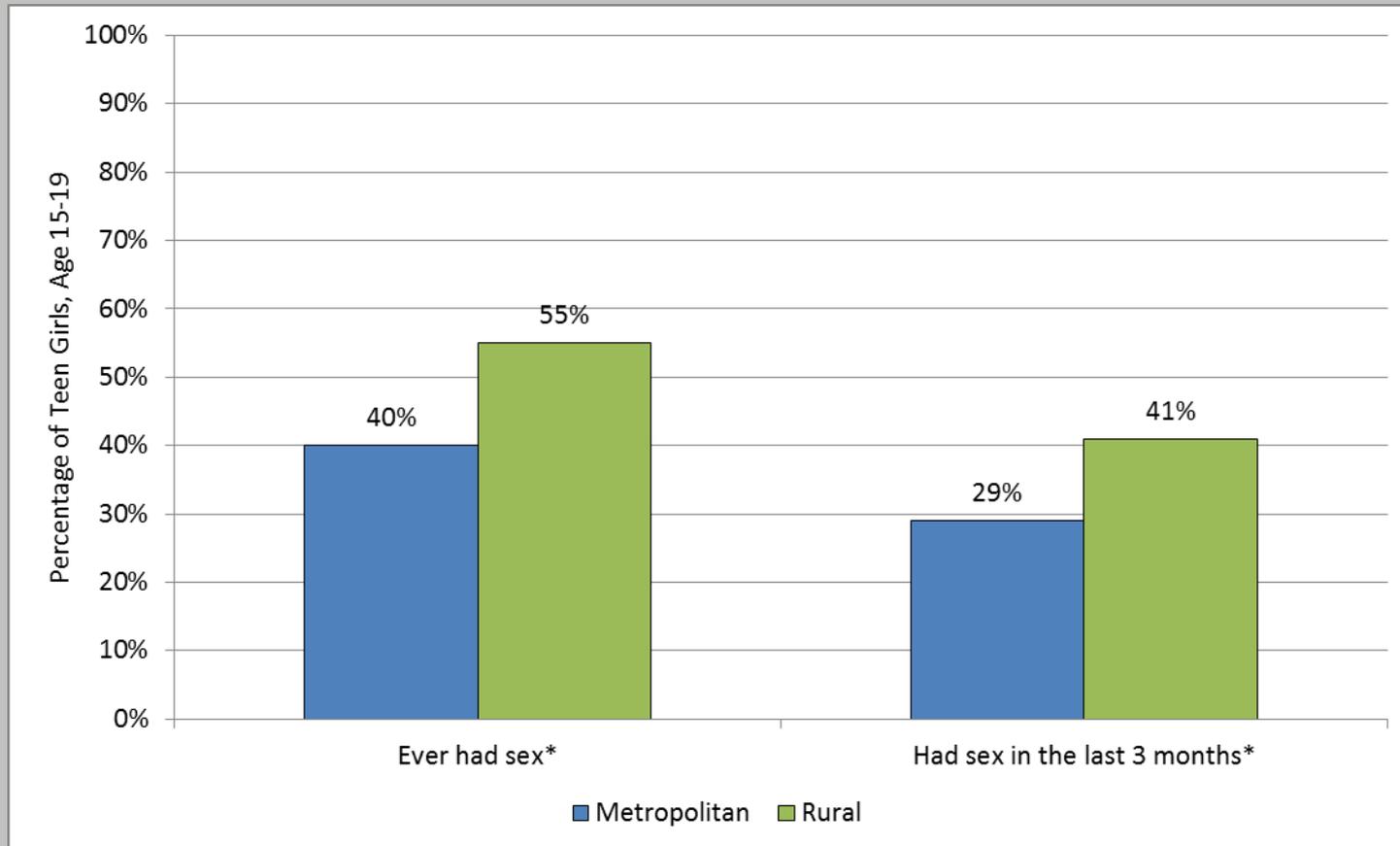
Direct Factors

- Sexual Activity
- Contraceptive Use



Related Factors: Sexual Activity

Sexual Activity Among Teen Girls, by Metropolitan Status, 2006-2010

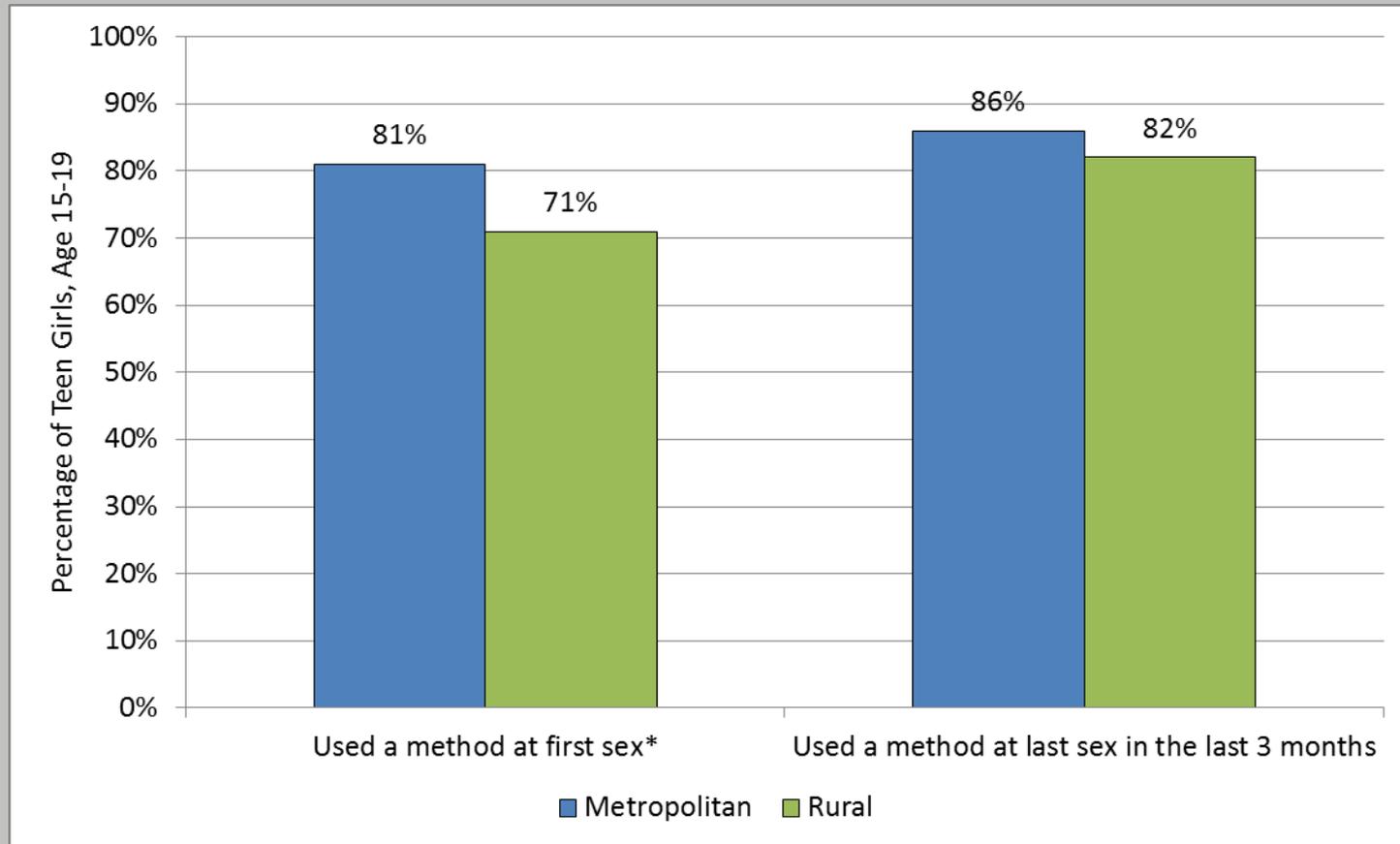


*Difference between metropolitan and rural youth is significant at the $\alpha=.05$ level

Unpublished Analysis by the National Campaign of the National Survey of Family Growth, 2006–2010 [Data File]. Hyattsville, MD: National Center for Health Statistics. Available from <http://www.cdc.gov/nchs/nsfg.htm>.

Related Factors: Contraceptive Use

Contraceptive use among teen girls, 2006-2010



*Difference between metropolitan and rural youth is significant at the $\alpha=.05$ level

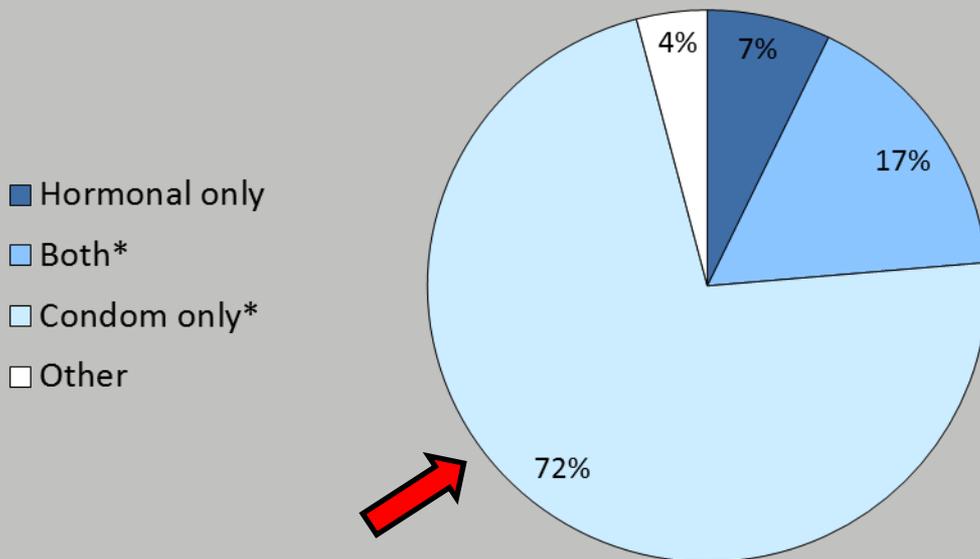
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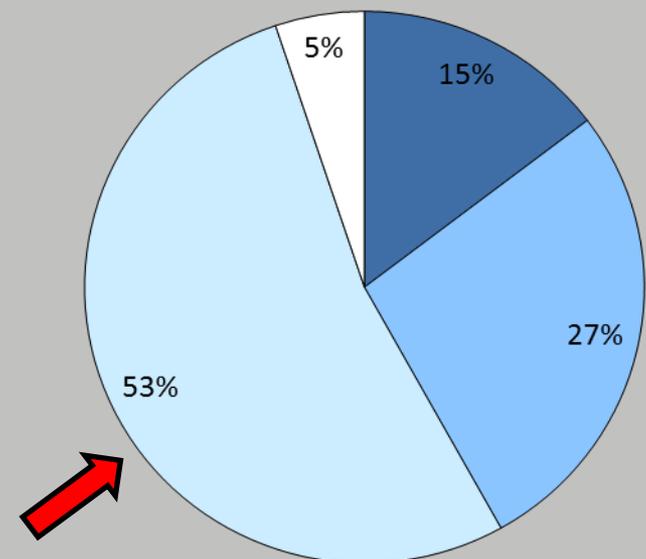
Related Factors: Method Use

Method Used at First Sex:

Metropolitan



Rural

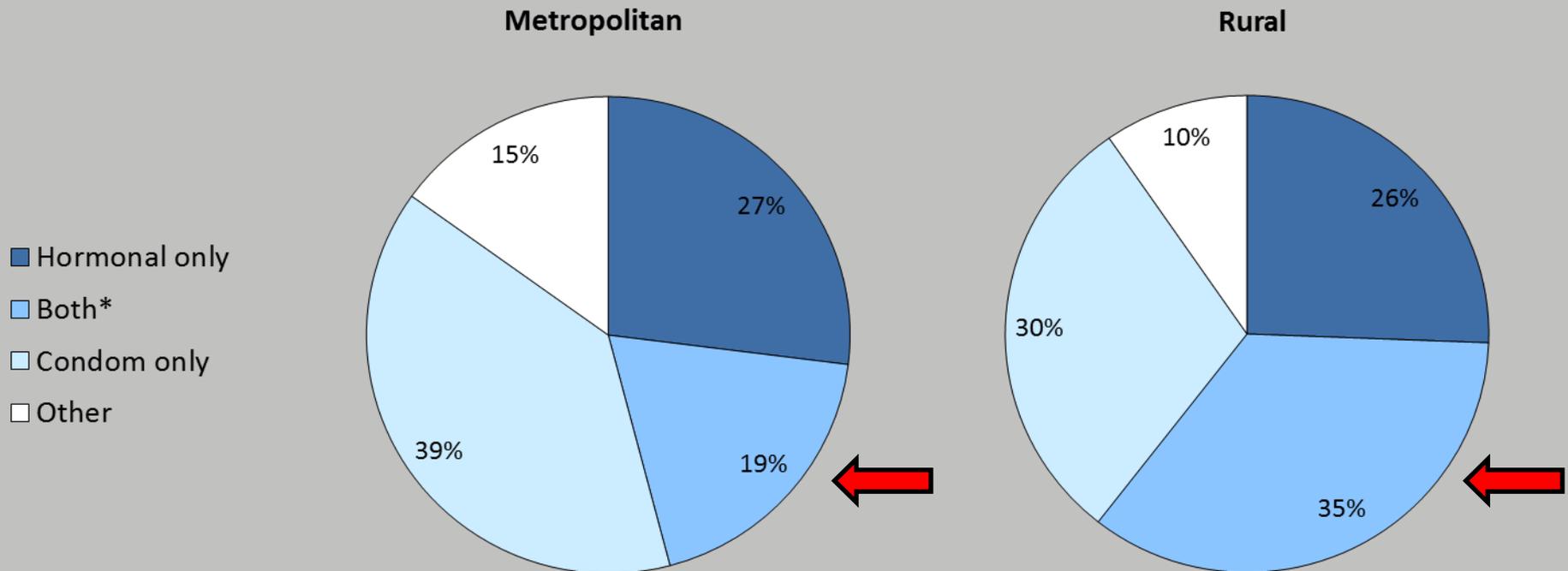


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Related Factors: Method Use

Method Used At Last Sex:



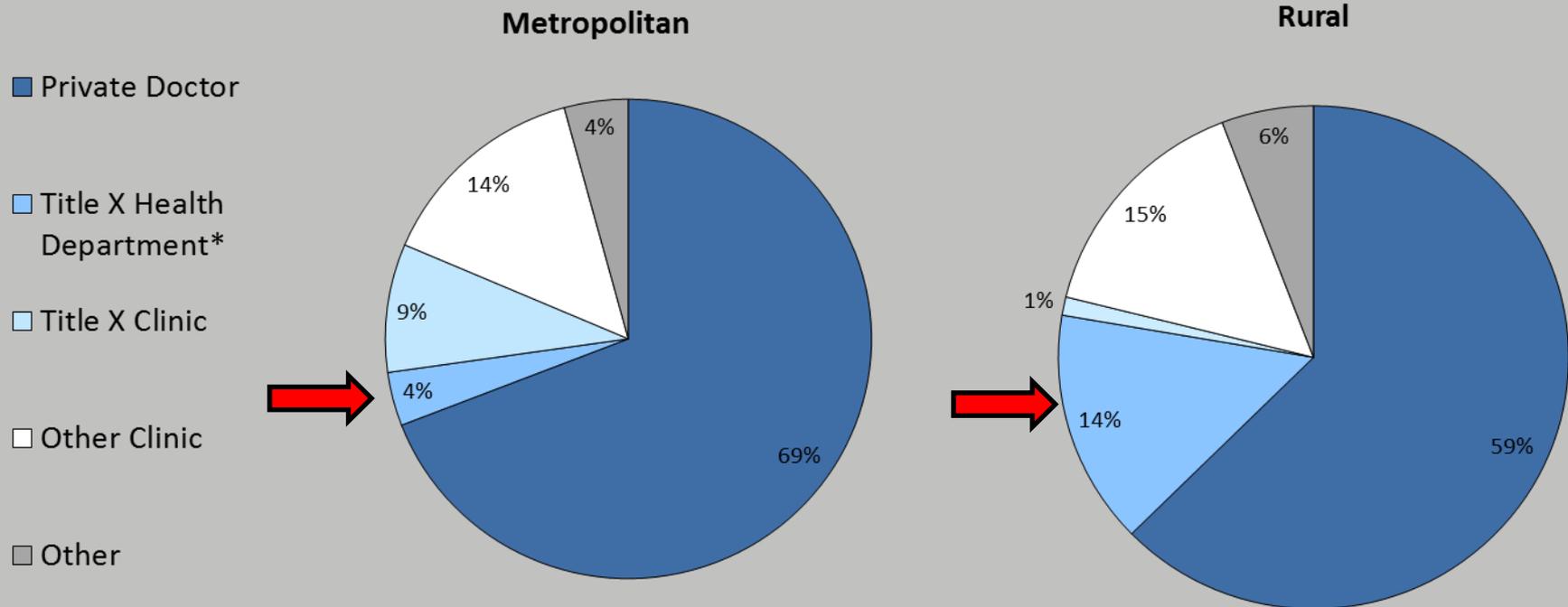
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Related Factors: Method Source

Source of Birth Control Prescription In the Last 12 Months



*Difference between metropolitan and rural youth is significant at the $\alpha=.05$ level

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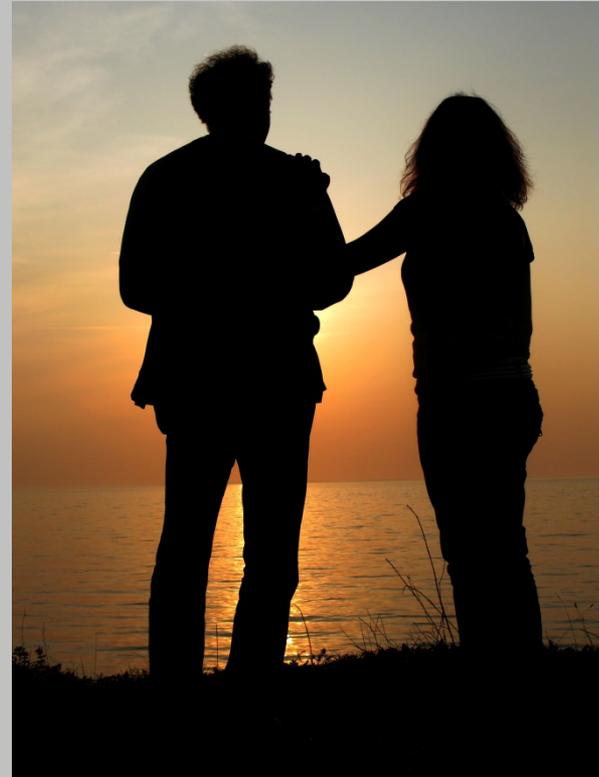
Indirect Factors

- Health care access
- Economic and Educational Opportunities
- Public Policy
- Cultural Factors
- Other ... *stay tuned*



Challenges in Rural Communities

- Location of services
- Confidentiality
- Insurance
- Child Care
- Isolation
- Lack of opportunities
- Shortage of health professionals
- Stigmatization of social services



Challenges in Rural Communities

- Opposition to sex education
- Weaker infrastructure
- Poverty
- Scheduling
- Long distances
- Transportation
- Parental Consent
- Translating/adapting urban interventions for rural youth
- Relationship building/community trust of outside providers



What Do Rural Teens and Young Adults Tell Us?

Experiences with the Health Department

– Trust Concerns

- “So I’m always afraid, like, maybe they won’t do as good a job because it is the health department, and it is, like, you know, cheaper or whatever versus like a doctor . . . and, you know, people don’t like the staff . . . Sometimes people treat you different if they don’t like have insurance, so—I don’t know, like at the health department, they might not, you know, do exactly like they do with a regular doctor or something.”

– Confidentiality

- “Every now and then you run into people who you know, and that’s kind of weird. You’re in the waiting room . . . I guess you kind of feel like there’s a stigma, but at the same time, the only real thing you’re doing is showing that you actually are concerned about your health and other people’s health.”

– Lack of Resources

- “It’s a free service so they can only do so much . . . That’s why they do it first-come, first-serve. They get enough people in there, and then they say, ‘Alright, we’re done. Come back next week. Sorry.’ So it’s . . . inconvenient, but at the same time, it’s what you have to do if you don’t have insurance.”

What Do Rural Teens and Young Adults Tell Us?

Barriers to Contraceptive Access

- Transportation
 - “Transportation, I think is becoming an issue. We don’t really have good public transportation here. And if you live outside the city, there’s no way to get here through public means.”
 - “It’s hard enough to get [to school] every day when I don’t have a vehicle. And then getting to [the clinic] for the day to get birth control isn’t exactly easy.”
- Cost
 - “Budget-wise, I’ve switched. I’ve gone on-and-off, on-and-off. I’m now on it again for my own wonderful little reasons. But it’s only been like a few days off, and then, because it’s 35 bucks a prescription, and college kid doing payment plan, car payment, doing half a rent payment.”

What do Rural Teens and Young Adults Tell Us?

Personal Factors

- Motivation
 - “We’d been together for a long time . . . it didn’t look like she was going to get pregnant, so there wasn’t too much concern with it. Plus we’d been together for years and it didn’t really matter at that time. I was less, uh—less concerned with results.”
- Social Norms
 - “I guess the main thing is it’s . . . kind of an awkward subject matter, and there really is no ideal time to bring up something like [contraception]. Um, you know, if you bring it up too soon, it’s weird, and if you bring it up too late, it sounds like you’re concerned about something.”
 - “It doesn’t help that a lot of women I know are—are highly opinionated about birth control pills. . . . But then I know others that have this whole philosophy about putting chemicals in their bodies, so I guess you’d have to really know who you were talking to bring it up, and um, you know, unless you want to sit there and get the possibility of a anti-birth control lecture.”

A Few Rural Resources...

- Link to our Science Says brief on Rural Teen Childbearing:
 - http://www.thenationalcampaign.org/resources/pdf/ss/ss47_teenchildbearinginruralamerica.pdf
- USDA Economic Research Service: The Atlas of Rural and Small-Town America
 - <http://www.ers.usda.gov/data-products/atlas-of-rural-and-small-town-america.aspx>
- The Rural Assistance Center
 - <http://www.raconline.org/>
- US Census Bureau: Small Area Health Insurance Estimates
 - <http://www.census.gov/did/www/sahie/>
- Bedsider
 - www.bedsider.org
- StayTeen
 - www.stayteen.org

Welcome! (Sign in or Create your account)

BEDSIDER *birth control methods* *where to get it* *reminders* *features* *questions*



You didn't give up on sex.
Don't give up on birth control.

[GO TO THE METHOD EXPLORER](#)

WHAT'S IN A LABEL?

Birth control labels: the good, the bad, and the fine print.

[read it here >](#)

REAL STORIES



angela, 24, the patch

Sunday is "me" day: mani, pedi, hair, and patch.

[more real stories >](#)

FRISKY FRIDAY

Are those SpongeBob bed sheets? What it's really like to date younger guys

[oh boy >](#)

BIRTH CONTROL 101

Looking for more info on birth control?
Look no further—Stay Teen has you covered.



The National Campaign

Mission: The National Campaign to Prevent Teen and Unplanned Pregnancy seeks to improve the lives and future prospects of children and families and, in particular, to help ensure that children are born into stable, two-parent families who are committed to and ready for the demanding task of raising the next generation. Our specific strategy is to prevent teen pregnancy and unplanned pregnancy among single, young adults. We support a combination of responsible values and behavior by both men and women and responsible policies in both the public and private sectors.

www.TheNationalCampaign.org

Thank You

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Mississippi Delta D.R.E.E.A.M. Program

“DaRing to Excel in Education, Advocacy, and Modeling
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P.O. Box 294

Marks, MS 38646

Phone: (662) 326-4614 Fax: (662)326-6633

Email: you@cablone.net Web address: youmsdelta.org

Presenters: Dr. Evelyn W. Jossell, CEO

Shirley F. French, LSW, CSWCM Delta DREEAM Project Director

DISCLAIMERS

- “The project described hereafter is supported by Grant Number TP1AH000043-03-01 from the Department of Health and Human Services Office of Adolescent Health.”
- “Its contents are solely the responsibility of the authors and do not necessarily represent the official views of OAH, ACYF, CDC or the U.S. Department of Health and Human Services.”

Purpose of Delta DREEAM

- **Educate** 5th-8th grade students using the Aban Aya Curriculum
- **Empower** participants to make sound life decisions
- **Advocate** sexual abstinence and responsible reproductive health choices

Delta DREEAM is synonymous with its purpose—to teach young people in the Mississippi Delta to dream....to hope for a better future.

EDUCATE. EMPOWER. ADVOCATE

Characteristics of target Communities:

- Rural Isolated communities
- High poverty/low income families
- High illiteracy rates
- Poor performing school districts
- Lack of transportation
- Lack of organized cultural and recreational outlets
- Poor housing
- High teen pregnancy rates

Description of target population

- 5th-8th males and females
- 98% African American
- 75% have very low reading and comprehension skills
- 65% are from single headed households with no male role models
- Multiple risk factors

Participant Risk Factors

- Low self-esteem
- Identity issues
- Too much idle time
- Pervasive poverty
- Too few positive role models
- Lack of parental involvement
- Substance abuse
- Juvenile violence

Description of Replication Model

The *Aban Aya* replication model was chosen based on the aforementioned youth risk factors. Over the course of a 4-year period, the curriculum is designed to:

- provide accurate information about risky behaviors (unsafe sex, violence, alcohol and drug use)
- change students perceptions of acceptable behavior, and alter dangerous norms: weapon carrying, drug use, sexual activity, fighting.

Based on literature suggesting that interventions targeting African American youth should emphasize cultural pride and strengthen family and community ties, the intervention promotes African American and other cultural values and uses culturally appropriate teaching methods.

Aban Aya curriculum also includes such social skills as decision-making, conflict resolution, and negotiation and refusal skills.

The name of the intervention is drawn from two words: **ABAN** (fence) and signifies protection; **Aya** (the unfurling fern) signifies self-determination

Delta DREEM Replication Model

- Serves 28 rural schools throughout the Mississippi Delta
- Provides weekly 55 minute sessions in Health, P.E., or computer classes delivered over a two-semester period
- Uses interactive teaching strategies to actively engage participants
- Follows each participant from 5th through 8th grade with a scaled up curriculum during each year of participation
- Includes supplementary services to augment curriculum

Delta DREEM Supplemental Activities

Mentoring



DREEM Girls After School Club



Field Trips



Community Service



Supplemental Activities Continued

Leadership Development



Camping Retreats



Supplemental Activities Continued

Parental Involvement



Program Challenges

- ✓ Transportation to and from implementation sites
- ✓ Frequent turnover in school administration
- ✓ Inconsistency in class scheduling
- ✓ Lack of structure and discipline in host schools
- ✓ Low reading and comprehension levels of participants
- ✓ Lack of parental involvement
- ✓ Excellent curriculum, but needed some updates (i.e. infusion of technology, poems and music selections need to be more relevant to today's teens)

Strategies

- ✓ Purchased agency vehicles and partnered with school sites to transport students to and from after school activities
- ✓ Aban Aya administrative staff personally meet with all new school administrative to reintroduce program and discuss memorandum of agreement signed by prior administration
- ✓ Adapted our schedules by meeting after school or meeting with group at later date assigned by school staff.
- ✓ Additionally, always allow enough time in the program year for schedule adjustments
- ✓ To increase parental involvement, the program offered incentives (i.e. gas cards, McDonald cards, and recreational events that included parent/child participation)
- ✓ To maintain fidelity, the agency only changed those materials that were approved by curriculum developer.

Urban Rural versus Rural

Urban Rural

More high performing students
High administrative turnover
Inconsistency in class scheduling
Higher reading and comprehension levels
More community resources
Slightly better parental involvement
Fewer discipline problems
Lower teen pregnancy rate
More transient

Rural

Low performing students
Low administrative turnover
Inconsistency in class scheduling
Poor reading/comprehension
Resource challenged
Poor parental involvement
Moderately high discipline
Higher teen pregnancy rate
Less transient

Lessons Learned

- ✓ Curriculum must be accompanied by supplementary activities for participant retention
- ✓ Health Educators must be knowledgeable of subject matter and well prepared
- ✓ Must establish gate keepers at each implementation site to ease access to students
- ✓ Participants respond better in sessions when there are interactive activities
- ✓ Providing incentives helps with retention of participants
- ✓ Although teen pregnancy statistics are high, all teens are not having sex
- ✓ Collaborative partnerships are vital to program success

Program Outcomes

- ✓ Participants showed increased pride in who they were
- ✓ Participants self-reported decrease in risk behaviors involving sexual activity, use of marijuana, and use of alcohol
- ✓ Participants self-reported overall enjoyment of program
- ✓ School Administrators self-reported pride and excitement of notable changes observed in Aban Aya participants

Delta DREAM Aban Aya Program

.....Empowers youth to dream beyond the pervasive poverty that surrounds them and envision a future of promise, hope, and success!



EDUCATE. EMPOWER. ADVOCATE.

Program Contacts:

Youth Opportunities Unlimited, Inc.

Delta DREEAM Program

P.O. Box 294

Marks, MS 38646

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Web address: youmsdelta.org

Phone: (662) 326-4614 Fax: (662) 326-6633

Dr. Evelyn W. Jossell, CEO

Shirley F. French, LSW, CSWCM, Program Director

Morehouse School of Medicine - Carrera Adolescent Pregnancy Prevention Program

Making a Difference in Small Town and Rural Georgia

Mary Langley, PhD, MPH, RN, ICPS

Director

Health Promotion Resource Center

Department of Community Health/Preventive Medicine

Morehouse School of Medicine

Atlanta, Georgia

May 7, 2013

Disclaimer

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Funding Source

The Georgia Carrera Teenage Pregnancy Prevention Project is supported by Grant Number TP1AH0000039-01-00 from the U.S. Department of Health and Human Services, Office of Adolescent Health.

Overview

- **Children Aid Society Carrera Teenage Pregnancy Prevention Program (CAS-Carrera) developed in 1984 by Dr. Michael Carrera**
- **Goal: To help young girls and boys avoid becoming mothers and fathers during the second decade of their lives.**
- **Program Philosophy: Youth are "at promise" and not "at risk".**
- **Holistic, "above the waist" approach .**

Dr. Michael Carrera and the MSM Carrera Staff



MSM/CAS-Carrera

Seven Components

- **Education**
- **Employment (Job Club)**
- **Family Life and Sexuality Education (FLSE)**
- **Self-Expression**
- **Lifetime Individual Sports**
- **Full Medical/Dental Care**
- **Mental Health Services**

Micropolitan Program Site

- **Lamar County**
- **Population – 18,317 (Barnesville, largest city and county seat – 6,755)**
- **Operated by the Lamar County Activity Center, Inc.**
- **Students:**
- **Enrolled – 94**
- **Active – 57**
- **Inactive – 37**
- **Serve students from two micropolitan counties (Lamar and Spalding)**
- **Ethnicity – Primarily African American**

Lamar County Carrera Program



Lamar/Spalding Carrera Youth At Promise



Rural Program Site

- **Jasper County Population 13,660 (Monticello, largest city and county seat – 2,667)**
- **Operated by the Monticello Get Ahead House, Inc.**
- **Students:**
- **Enrolled – 87**
- **Active – 55**
- **Inactive – 32**
- **Serve students from only Jasper County**
- **Ethnicity – African American and Hispanic**
- **Highest retention rate at rural site**

24 HOUR
BANKER



HAMILTON
COMMUNITY BANK

5:25



Jasper County Job Club Banking Day





Capacity-Building Successes

- **Providing evidenced-based programming for these communities**
- **Longest cyclical funding for adolescent programming**
- **Helped established 501c3 status for sub-contracted CBOs**
- **Improved visibility of CBOs**
- **Improved fiscal accountability**
- **Sustainability Planning**

Program Successes

- **73% of students have an overall passing average (an increase of 6% from the Fall)**
- **100% of students have opened a bank account**
- **100% of students receive preventive Mental Health services weekly**
- **95% of students have medical insurance and 85% have a primary care physician**
- ***The Carrera Worldview – Youth At Promise Not At Risk!!!!!!***



Partnership Successes



Monticello/Jasper County Chamber of Commerce



Lamar County Fire Department



Lamar/Spalding Carrera Youth at Morehouse School of Medicine



Component Implementation

Challenges

- **Education** – Finding Certified Educators within the community and/or who believe in innovative teaching
- **Employment (Job Club)** – Limited opportunities to expose youth to diverse employment



Strategies

- Recruit from surrounding counties; adjust education component start time to allow staff travel.
- Internet and Guest Speakers. Virtual Adventures. Field trips to Atlanta and other counties



Component Implementation

Challenges

- **FLSE** – Community and/parental taboo on sex education →
- **Individual Sports** Southern culture, traditional team sports (football, basketball and baseball). →

Strategies

- Community presentations and parenting sessions emphasizing the top up approach to teenage pregnancy prevention
- Trade off: Allow youth to spend some time with traditional sports. Use Wii and vendors to introduce lifetime sports.

Jasper County Parent FLSE Information Session



Lamar/Spalding Martial Arts



Component Implementation

Challenges

- **Self-Expression**
Limited funding/resources for supporting variety of arts, crafts, drama and creative venues



Strategies

- Community volunteers; staff; short-term vendor contracts. Drama productions with specific themes. Support students' interests.

Jasper County Self-Expression



Component Implementation

Challenges

- **Full Medical/Dental**
Limited/no resources within community.
Limited to no healthcare coverage for working poor
- **Mental Health Services**
Limited/no resources within community.



Strategies

- **Facilitated Health/Dental Services:** Medicaid, Health Department and MSM Resident Program. Smile Bus (Mobile Dental Service).
- **MOU with quasigovernmental mental health services.** MSW vs. School Counselors

Help A Child Smile



Other Program Implementation

Challenges

- **Transportation Major Barrier** →
- **Limited Parental Support** →
- **Limited funding for experiential learning/field trips** →

Strategies

- **Partnership with school system and drop-off points.**
- **Home visits; assist parents with social service issues.**
- **Fundraising as part of Job Club. Free or low cost field trips.**

Jasper County Carrera Program



Other Program Implementation

Challenges

- Limited Number of Potential Partners →
- Intergenerational Poverty and Hopelessness →
- Educational and/or Community Climate of Low Expectations →

Strategies

- Partners without borders—follow the money.
- Helping youth to look beyond the now—educational/cultural field trips.
- Sharing our success and community engagement.



If You Want to Prevent/Reduce Teenage Pregnancy in small town and rural communities...

- **Build Resiliency and social skills**
- **Provide opportunities for engagement within and outside of the community**
- **Provide a nurturing and supportive environment**
- **Show them that you care, but establish rules of conduct**
- **Set realistic expectations and goals**

The MSM-Carrera Motto:
Love unconditionally and never give up!



Contact Information

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Program Sites

Lamar/Spalding Carrera Program

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Jasper County Program

Roberta Anderson

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The Monticello Get Ahead House

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For More Information on the Monticello Get Ahead House (Rural Site)

<http://www.getaheadhouse.org>

Learn more about the Lamar/Spalding Carrera on Facebook!

<https://www.facebook.com/LamarSpaldingCarrera>