A COMMUNITY STRATEGIC PLAN
FOR PREVENTING
TEEN PREGNANCIES AND
SEXUALLY TRANSMITTED DISEASES

Prepared by the
Strategic Planning Work Group
Of the
Task Force on Teen Pregnancy Prevention

Charlottesville and Albemarle County, Virginia

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For suggestions and comments about this document, please get in touch with Jack Marshall, 3570 Brinnington Rd., Charlottesville, VA 22901 (telephone: 804-974-6390; fax: 804-974-6390; e-mail: crijack@cville.net).
# TABLE OF CONTENTS

Acknowledgements ........................................................................................................ iii
Table of Contents .......................................................................................................... iv
Mission Statement ....................................................................................................... vi
List of Abbreviations ................................................................................................... vi
Executive Summary ..................................................................................................... vii

I. Introduction ............................................................................................................... 1
   A. Purpose of this strategic plan .............................................................................. 1
   B. Background ......................................................................................................... 2
   C. The need to prevent teen pregnancy and sexually transmitted diseases ........ 4
      1. The statistical picture: Teen pregnancies ....................................................... 4
      2. The statistical picture: Sexually transmitted diseases .................................... 9
      3. The human situation ....................................................................................... 12

II. Lessons from national research on teen pregnancy prevention programs ............ 15
   A. Roots of the teen pregnancy/STD problems: Risk factors .............................. 15
   B. Findings from program evaluations .................................................................. 16

III. Overarching issues and recommendations .............................................................. 19
   A. Setting the tone .................................................................................................. 19
   B. Adjusting the mix of programs ......................................................................... 23

IV. Issues and recommendations by sector ................................................................ 28
   A. Families ............................................................................................................. 28
   B. Schools ............................................................................................................. 31
   C. Community Organizations ............................................................................... 37
   D. Health Care Services ....................................................................................... 40
   E. Religious Organizations .................................................................................. 44
   F. Business Community ....................................................................................... 47

V. Financial and administrative support ....................................................................... 50
   A. Economic costs of current and proposed programs ......................................... 50
   B. Economic benefits of current and proposed programs ..................................... 50
   C. Administrative support and overall program coordination. ............................ 55

VI. Evaluating local efforts ......................................................................................... 59
VII. Conclusions ................................................................................................. 64

Bibliography ........................................................................................................ 72

APPENDICES

A. Members of the Strategic Planning Work Group ............................................. 76
B. The Strategic Planning Process ....................................................................... 78
C. Teen female population by age, Charlottesville and Albemarle County, 1990 . 80
D. Number of pregnancies among girls aged 10-19 and 10-17 years, Albemarle
   County, by year, 1988-1997 .......................................................................... 81
E. Calculating teen pregnancy rates ..................................................................... 82
F. Pregnancy rates for girls age 15-19, Charlottesville and Albemarle County,
   by year, 1990-1997 ...................................................................................... 83
G. Number of teen pregnancies by age group, Charlottesville and Albemarle
   County, 1997 ............................................................................................... 84
H. Pregnancy, birth, and abortion rates for females aged 15-19, by race, Albemarle
   County, 1996 ............................................................................................... 85
I. Percentage of teen pregnancies ending in abortion, Charlottesville and
   Albemarle County, by year, 1990-1997 ...................................................... 86
J. Percentage of public high school students in Virginia who have had sexual
   intercourse, 1992 .......................................................................................... 87
K. Percentage of students nationally who have had sexual intercourse, by age,
   1995 ............................................................................................................. 88
L. Summary descriptions of local programs, projects, and organizations involved
   with teen pregnancy/STD prevention ............................................................ 89
M. Calculating the economic benefits of current and proposed programs .......... 95
N. Preliminary Action Agenda ............................................................................ 97

List of Figures and Tables:

Figure 1: Pregnancy rates for girls aged 15-19 in 1997, Albemarle County,
Charlottesville, Virginia, and the USA ............................................................. 4
Figure 2: Outcome of all 250 pregnancies in 1997, Charlottesville and
Albemarle County .......................................................................................... 5
Figure 3: Birth rates for girls aged 15-19 in 1996, Albemarle County,
Charlottesville, Virginia, the USA, and France .............................................. 7
Figure 4: Graph representing hypothetical distribution of local teens’
motivation to avoid becoming a teen parent .................................................... 66
Table 1: Costs of current teen pregnancy/STD prevention programs and
proposed expansions ......................................................................................... 51
Table 2: Total costs and estimated benefits of current teen pregnancy/STD
Prevention programs and proposed expansions .............................................. 52
MISSION STATEMENT

To guide the development of a community strategic plan for preventing teen pregnancies and sexually transmitted diseases, the Strategic Planning Work Group of the Task Force on Teen Pregnancy Prevention adopted the following mission statement:

All teens are entitled to opportunities to fulfill their potentials. An adolescence characterized by respect, good health, avenues for learning, and hope for the future provides such opportunities. Pregnancies and sexually transmitted diseases during adolescence rob youth of these opportunities.

Our mission is to prevent adolescent pregnancies and sexually transmitted diseases through a comprehensive, community-wide, collaborative effort that promotes abstinence, self-respect, constructive life options, and responsible decision-making about sexuality.

LIST OF ABBREVIATIONS

CAPP Council on Adolescent Pregnancy Prevention
CACY Charlottesville/Albemarle Children and Youth Commission
CCF Charlottesville/Albemarle Commission on Children and Families
CYFS Children, Youth, and Family Services
FLE Family Life Education
MACAA Monticello Area Community Action Agency
SARA Sexual Assault Resource Agency
STDs sexually transmitted diseases
EXECUTIVE SUMMARY

Teen pregnancies, particularly those that result in teen parenthood, extract a high price -- from the adolescents themselves, their babies, and society. In addition to the personal costs, conservative economic estimates place the financial cost to taxpayers for each teen birth at $37,000 over the lifetime of the mother and child.

Although local teen pregnancy rates have shown a modest drop during the 1990s, paralleling a national trend, American teen pregnancy and teen birth rates remain by far the highest in the industrialized world. In 1995 the birth rate for girls aged 15-19 was 54.7 in the United States overall, 45.4 for Virginia, 58.5 in Charlottesville, and 19.7 in Albemarle County. In France, as a comparison, the teen birth rate that year was 7. In addition, national statistics show that 3 million American teens each year are diagnosed with sexually transmitted diseases (STDs) that cost our nation huge amounts more to diagnose and treat.

The analysis and proposals in this document are the product of the Strategic Planning Work Group, created in direct response to the May 30, 1997 town meeting on "Partners in Teen Pregnancy and STD Prevention" sponsored by a consortium of local organizations. This strategic plan presents the Work Group’s review of approaches that have been demonstrated in other communities to reduce the rates of teen pregnancies and STDs. In this document the Work Group concludes that Charlottesville and Albemarle County can and should strengthen efforts to decrease teen pregnancy and STDs, and that investing in these tested prevention programs can be cost effective. It advances some 50 specific recommendations for meeting current needs, proposes which local groups could assume responsibility for implementing each recommendation, and includes a summary “Action Agenda”.

Because no single factor marks those most at-risk for teen pregnancy or STDs, the most successful prevention efforts address the teen as a whole person, including social, emotional, intellectual, biological, and individual aspects. National research indicates that the most effective prevention programs include youth development, volunteer service, and skills-training components. Less comprehensive efforts, however, can also have an effect on teen pregnancy/STD prevention; the plan suggests steps that should be taken by families, schools, community organizations, health care providers, religious organizations, and the business community.

Local prevention programs are supported through a combination of public, private, and not-for-profit funding sources. Currently, prevention programs in Charlottesville and Albemarle County that directly address teen pregnancy and STD prevention cost approximately $230,200 annually. These prevention
programs are highly cost-effective; conservative estimates suggest that each dollar spent on teen pregnancy prevention returns nearly 2 to 4 times its value to the community. This report consequently recommends expanding the budget for teen pregnancy and STD prevention programming to approximately $550,000 per year.

The success of local programming for the prevention of teen pregnancies and STDs has been restricted by limited financial resources, by reluctance to initiate potentially controversial programs, and by the absence of a community vision that articulates priorities in the fight against teen pregnancies and STDs. This strategic plan offers nine highest priority recommendations for improving the Charlottesville/Albemarle community’s prevention efforts:

- Build on proven interventions by expanding good local programs and initiating programs shown to be effective in other localities.
- Focus on each adolescent as a whole person by offering programming that addresses social, emotional, intellectual, individual, and biological aspects.
- Improve communication about sexuality and reproductive health by encouraging adults and the media to provide clear, constructive, consistent support of the prevention message.
- Increase spending on prevention programs by public, private, and not-for-profit sectors, recognizing the cost-effectiveness of such efforts.
- Coordinate community prevention efforts by funding a professional, who will also assist with special events, information dissemination, program evaluation, and grant applications.
- Strengthen parents’ ability to communicate with their children of all ages about developmental issues and to articulate their own values about sexuality by offering support and educational opportunities for parents.
- Expand existing highly effective programs to provide a seamless continuum of services for youth of all ages in our community.
- Improve the implementation of Family Life Education curricula in schools by, among other things, adding skills building and enhancing teacher training.
- Expect health care providers to play a more active role in educating youth and parents about reproductive health and prevention of teen pregnancy and STDs.
This plan acknowledges that deep-seated differences in values and beliefs will preclude consensus on some issues. To succeed, we must seek common ground on which to build effective teen pregnancy and STD prevention efforts in our community. We must treat our differences with respect, encouraging and supporting all groups to develop prevention programs consonant with their beliefs. We must strive for unity of principle while respecting the diversity of means.

VII. CONCLUSIONS

In several ways, our review of the teen pregnancy/STD situation in Charlottesville and Albemarle County offers encouragement. The rates of teen pregnancies and teen births in both the city and county show modest declines in the past eight years, and the rates in Albemarle County are significantly below the state and national averages. Clinical services for teens seeking reproductive health care – including contraceptives – are very good. Both city and county public school systems have Family Life Education courses that reach nearly all students. The community boasts a few good pregnancy prevention programs aimed at small groups of high-risk children; some of these programs have recently expanded. We should also be encouraged to know that local teen pregnancy and STD rates can be lowered further, as our review of the research literature shows, and the examples of European countries should give us hope.

Often, though, the picture painted in these pages is disturbing. In 1997 – a fairly typical year – 250 Charlottesville and Albemarle County teens got pregnant. Of these, 90 ended with induced abortions and 151 in live births. Albemarle County’s teen birth rate is approximately three times greater than that of western European countries, and the Charlottesville rate is three times higher than the county’s. Most sexually active teens do not take advantage of local clinical services. Only about 15% of pregnant teen girls are married, and more than 80% of teen pregnancies are unintended. Every year about 1 in 4 sexually experienced teens acquires an STD, three times the number of teens who get pregnant. The teen pregnancy prevention programs in our community simply do not have the resources to deal with the needs of ordinary adolescent boys and girls, much less the needs of all high-risk children. A number of youth-serving organizations with access to many children avoid direct involvement in pregnancy or STD prevention.

For some readers, the most unpleasant element in this document may be the observation that many teens in the community – our children – are sexually active. We know they have had sexual intercourse because the youth themselves tell us, in national and statewide surveys, and because their statements are confirmed by the patterns of reported abortions, miscarriages, and births among girls aged 10-19.
The positive side of this disclosure is that most youth before age 17 are NOT sexually active; 8 in 10 girls and 7 in 10 boys are virgins at age 15. This fact suggests one of the most important strategic goals for our community teen pregnancy and STD prevention effort:

For **teens who are not sexually active**, we must provide clear support for their decision to remain abstinent, along with the knowledge and skills needed to maintain this stance. For those not yet sexually active, and for all younger teens, this should be the main pursuit of pregnancy prevention efforts.

Of 15-19 year-olds, however, more than half of both males and females are sexually active, a proportion that rises to three-quarters of 18- and 19-year olds.

For **teens who are sexually active**, we must ensure that they have worthwhile life options, help them recognize that a pregnancy or STD may interfere with personal goals, and provide access to information and reproductive health services so they have the means to avoid STDs and unintended pregnancies.

The 250 teens each year who get pregnant constitute a third group that deserves special attention. Whether the pregnant teen (with or without her mate) decides for abortion, adoption, or parenthood, she may feel that just when she is the most vulnerable, she has the least access to a network of caring and counseling.

**Pregnant teens** need special support to make the appropriate decision about the outcome of the pregnancy, to continue in school, to comply with prenatal health care guidelines, to prepare for parenting an infant, and to deal with other decisions in a life complicated by the pregnancy.

Though this document deals with pregnancy and STD prevention, it is likely to be parenthood, more than pregnancy, which provokes the most critical life changes. For this reason a fourth category of teens deserves attention:

**Teen parents** should be provided support and counseling that increases the probability that they will be good parents and decreases the probability that the role of parenthood will shut off other possibilities for personal growth.

Each of the four strategic goals proposed above focuses on a subgroup of the adolescent population; a fifth needs to be added. This last strategic goal
encompasses all teens – indeed, all pre-teens as well. It builds on the recognition that (a) all children will, as part of normal healthy development at some later point in life, become sexually active, and (b) whenever that point comes, many are unprepared and unprotected against STDs and pregnancy.

We should equip all our youth before their first sexual experience with the capacity to make responsible decisions about reproductive health and behavior, and provide them with age-appropriate knowledge and skills to avoid STDs and unintended pregnancies.

These five broad strategic goals provide a comprehensive vision for teen pregnancy/STD prevention in our community.

As we seek realistic strategies for reaching these goals, it is important to remind ourselves that tremendous variation exists within the population of adolescents. Of particular relevance for this discussion, teens differ in their motivation to avoid becoming a parent while still a teen. It is interesting to imagine a continuum of this motivation, along which any adolescent could be placed.

At one end would be a teen who has a powerful, paramount, desire to keep from giving birth and becoming a parent. She or he is likely to be abstaining from sex, or, if sexually active, using effective contraceptives, and in the event of an unintended pregnancy, would consider an abortion.

![Figure 4](image.png)

**Figure 4.** Graph representing hypothetical distribution of local teens’ motivation to avoid becoming a teen parent

At the other extreme would be an adolescent who wants to get pregnant (or cause a pregnancy) and become a parent. Many teens exist in a world that offers little hope: hope of a worthwhile education, for example, or a satisfying job, a stable and loving family, affordable housing and health care. Without hope, teen
parenthood is not seen as an obstacle to achieving future goals, as it is among more advantaged adolescents. Instead, for many youth with few other life options, pregnancy appears a realistic way to satisfy basic needs for recognition, status, nurturance, respect, prestige, and independence.

If we could somehow measure each teen in our community, we could distribute the entire population of local youth along this continuum according to his or her motivation to avoid giving birth and become a parent while still a teen. An entirely hypothetical distribution, based on speculation, is suggested in Figure 4. Most teens in the Charlottesville/Albemarle area would probably cluster at the “very high motivation to avoid” pole, according to the observations of members of the Strategic Planning Work Group who deal every day with local youth. But some (how many? who?) would be in the middle of the scale, with weak or ambivalent motivation, somewhat indifferent to – or in denial of -- the risk of teen pregnancy or parenthood. Yet other adolescents (is this a small but growing number? a declining number?) would fall at the “very low motivation to avoid” end, representing their wish to become teen parents.

The conjectural distribution in Figure 4, by illustrating that teens’ motivation to avoid becoming a parent varies, suggests that prevention strategies must also vary.

For planning community efforts to prevent pregnancies and STDs, the strategic implications for youth who want to be a parent are obvious. In addition to whatever other more short-term interventions are proposed, in the parts of Charlottesville and Albemarle County where hope is elusive among teens, we should be working more intensively on systemic community changes through job training and decent-paying jobs, insuring safe and affordable housing, etc. Improving the socio-economic context in which teens make decisions about risk is difficult, expensive, and controversial. But without adjustments in the underlying situation, community teen pregnancy prevention programs – at least for less advantaged youth -- cannot be expected to have their optimal effect.

Simultaneously, many immediate things can be done to modify teens’ attitudes, beliefs, knowledge, and behavior in ways shown to reduce teen pregnancy and STD rates.

In previous chapters we proposed roughly fifty specific recommendations (see Chapter I.A. for the selection criteria). From among those proposals, nine priority recommendations have been selected on the basis of their cost-effectiveness. In addition, a new recommendation is offered after consideration of community consensus on the topic of teen pregnancy/STD prevention.
✓ **Build on proven interventions:** Ensure that the design of new teen pregnancy/STD prevention efforts, as well as the continuation or modification of existing efforts, takes advantage of the results of reliable evaluation research.

✓ **Focus on each adolescent as a whole person:** Recognize the value of broad-spectrum efforts, with interventions that involve parents and other family members, help with school work, provide sports, boost self-confidence, monitor physical health, offer after-school activities, and provide reproductive health information and services. In addition to reducing pregnancy and STD rates, such a well-rounded approach has other benefits for teens.

✓ **Normalize and increase communication about sexuality and reproductive health, including teen pregnancy and STD prevention:** Inspire adults in our community to develop greater knowledge, skills, and confidence for communicating constructively with teens and pre-teens – and each other – about reproductive health and sexuality. Encourage the media to provide consistent and long-term public education campaigns about teen pregnancy/STD prevention, and establish and maintain a bureau of speakers to talk knowledgeably with local groups about the topic.

✓ **Spend more on teen pregnancy/STD prevention:** To a greater degree, base the amount of public-sector money spent on teen pregnancy and STD prevention efforts on the public-sector costs of teen pregnancies and STDs. Our community should recognize the cost-effectiveness of good teen pregnancy-STD prevention programs, and expect the public sector, the private sector, and the not-for-profit sector to contribute more to the solution of this problem.

✓ **Provide coordination for community teen pregnancy/STD prevention efforts:** The community should recruit a professional to coordinate the various teen pregnancy/STD prevention efforts, to serve as a clearing house for information, to stimulate special events, to help with program evaluation, and to assist in the drafting of grant applications. The position, filled at least half-time, should be initially funded for a minimum three year period.

✓ **Strengthen parents’ ability to communicate with their children of all ages about developmental issues, including responsible sexual behavior, and to articulate their own values.** Although formal programs may assist in this process, the primary responsibility here lies with the parents.

✓ **Expand existing highly effective programs that prevent teen pregnancy and STDs to provide a seamless “continuum of services”**; Charlottesville and Albemarle County have already begun to implement effective programs that
reduce pregnancies and STDs, and should now establish a long-term goal of expanding these programs so that all eligible youth have access to them.

For high-risk youth, Teensight at FOCUS, Reach, and Camp Horizon appear highly effective, yet serve only a small fraction of those likely to benefit.

For more typical youth (who are also at substantial risk of pregnancy and contracting STDs), volunteer community service programs have shown striking effects in reducing pregnancy rates (along with other problem behaviors) in national evaluations, yet also serve only a small fraction of those local youth who are likely to benefit.

Expansion of these programs is not only likely to be effective, but also cost effective, bringing a rapid return on our community’s initial financial investment as well as numerous long-term social benefits.

✓ Improve the implementation of Family Life Education in schools: Simply offering fact-based FLE, however controversial, is not enough to reduce pregnancy rates. But enhancing this education with skill-building activities (such as assertiveness and decision-making skills) in the context of providing basic factual and age-appropriate information has been shown to be effective in preventing pregnancies. This broadened approach, together with improved teacher training, should be the basis for FLE education in local schools.

✓ Expect health care providers to play a more active role in educating youth – and their parents – about reproductive health and pregnancy/STD prevention: Health care professionals should promote positive messages about sexual development throughout the lifespan of their patients. Age-appropriate sexual information should be part of normal anticipatory guidance in health care visits from birth through adolescence.

This strategic plan begins by observing that teen pregnancies, particularly those that result in teen parenthood, extract a high price – to the adolescents themselves, their babies, and society. So, too, do sexually transmitted diseases among adolescents have high costs. The document goes on to review strategies that have been demonstrated, through objective evaluations in other communities, to reduce the rates of teen pregnancies and STDs.

Further, this plan argues that we in Charlottesville and Albemarle County can – should -- strengthen efforts to deal with teen pregnancy and STDs, and that investing in these tested prevention programs can be cost effective.
But agreeing on a common vision – on this (or any) strategic plan – is not an easy first step. A review of the lessons learned from recent program evaluations around the country (Philliber and Namerow 1995, p. 3) points out that

in some communities, work on teen pregnancy has become a virtual battleground, where adults argue over program approaches and even question each other’s morality. As a result, programs to prevent teen pregnancy have often been selected because they make adults comfortable rather than because they are effective.

Conversely, programs of demonstrated effectiveness have been rejected because small groups have opposed them on moral or religious grounds.

For any community to effect change, some degree of consensus is required about both the problems and their solutions (Kotloff et al., 1995, p. 6). We can probably reach consensus that adolescence is a time for education and growing up, not for pregnancy and childbearing (National Campaign to Prevent Teen Pregnancy, 1997a).

But it may be more difficult to find agreement in our community for this document’s definition of the problems and, even more formidable, to reach consensus in favor of the solutions proposed in this strategic plan. In the past few years this inability to find unanimity has derailed proposals for teen pregnancy programs here as elsewhere, a problem well summarized in the title of a thoughtful publication by the National Campaign to Prevent Teen Pregnancy (1998): “While the adults are arguing, the teens are getting pregnant.”

One way through these differences is for all sides to embrace a new ethic of “unity of purpose, diversity of means” (National Campaign to Prevent Teen Pregnancy, 1997b, p. 14):

This perspective stresses the importance of reducing teen pregnancy and STDs, but allows each group to take action in its own arena and in its own way without opposition. It also tacitly recognizes that America is an increasingly diverse country requiring respect and tolerance for differing points of view.

We will never reach 100% agreement on what to do about teen pregnancies and STDs, and we should not expect to. There will always be people who insist that community leaders are moving too fast or too slow, or that the proposed actions are counterproductive or even immoral.

But the lack of total concurrence must not be allowed to paralyze the community’s ability to take meaningful steps. In this regard Tillamook County, Oregon, provides an instructive model. The essence of their approach was to take action in an atmosphere of
tolerance, with all sides “agreeing to disagree” (National Campaign to Prevent Teen Pregnancy, 1997a, p. 2):

When in 1990 state data showed that this rural county of 23,000 citizens had one of the highest teen pregnancy rates in the state, the county health department proposed creating a school-based clinic that would provide contraception, provoking intense community conflict. The proposal was defeated by the school board, but the community agreed that something had to be done. They decided the only consensus they needed was that the teen pregnancy rate must drop. Various segments of the community developed intensive initiatives – ranging from creating new church-based abstinence education programs, to improving access to family planning clinics, to expanding YWCA programs for girls – and agreed not to fight each other’s efforts. By 1994, the county teen pregnancy rate had dropped by 70 percent, becoming the lowest in the state.

Those of us in Charlottesville and Albemarle County who are concerned about our teen pregnancy and STD rates may not believe it is realistic here to aspire to a 70% reduction in four years. But we can, working with planners and program developers, seek to avoid simplistic solutions, to implement programs with the greatest evidence for success, and give attention to the broad array of risk factors that reduce motivation to avoid pregnancy (e.g., poverty, lack of opportunity)(Kirby 1997). Even more important, we can agree not to fight each other’s efforts. In the public sector particularly, we can agree to include “opt out” mechanisms that allow teens (and their parents) to not be subjected to any programs they find objectionable on the basis of religion or conscience.

So, for a final recommendation:

✓ Seek common ground on which to build effective teen pregnancy/STD prevention efforts in the community, but recognize that deep-seated differences in values and beliefs will preclude consensus on some issues. Treat these differences with respect, while encouraging and supporting the groups who espouse them to develop prevention programs consonant with their beliefs. Strive for unity of principle (i.e. the importance of reducing teen pregnancies and STDs) while respecting diversity of means.

This strategic plan represents a modest, mainstream approach to teen pregnancy and STD prevention. Surely a community with the wealth of resources that Charlottesville and Albemarle County enjoys can find the will to implement it.
APPENDIX N: PRELIMINARY ACTION AGENDA

This Action Agenda is simply a reorganization of the recommendations in the body of the Strategic Plan, proposing who should do what with whom to reach the strategic goals. It is not intended to usurp organizations’ autonomy by assigning them work, but rather to begin a process of turning this plan into action. This Agenda is tentative; it can and should be revised as leaders of local agencies examine the Strategic Plan in terms of their own organizational goals, objectives, and capabilities.

Some activities - those requiring only administrative decisions, reallocation of existing resources, and/or political will -- could be initiated immediately. Others - those needing additional resources, organizational adjustments, or new leadership -- will necessarily be delayed until funding or infrastructure is in place. All proposed actions can be undertaken immediately unless otherwise noted.

**Teen Pregnancy/STD Prevention Steering Committee** is to be a new group composed of the existing Strategic Planning (Small) Work Group of the Task Force on Teen Pregnancy Prevention and/or a new Study Group of the Commission on Children and Families.

- Guide the effort to obtain support for the Strategic Plan from organizations and leaders in the Charlottesville/Albemarle community, and encourage implementation of the Plan’s recommendations.

- Prepare grant requests to fund (a) a part-time position of Teen Pregnancy/STD Prevention Coordinator, (b) social marketing campaigns, (c) educational materials to be used by schools, religious groups, business, civic groups, etc., (d) other activities proposed in this Strategic Plan. Assist local agencies in preparing grant requests to expand their programs or develop new ones.

- [If funds are available for the Coordinator position] Provide support and guidance to the Teen Pregnancy/STD Prevention Coordinator.

- Assess progress toward achieving the strategic goals. A year from the date of distribution of the Strategic Plan - in September 2000 - and again in September 2001, the Steering Committee should examine the degree to which the recommendations in this Strategic Plan have been implemented. Needs should be reassessed, priorities revised, and the Action Agenda updated.
Commission on Children and Families

- Create a “Work Group” to focus on teen pregnancy/STD prevention. Consider asking this Group to become, or be part of, the Teen Pregnancy/STD Prevention Steering Committee (see above) that will operationalize and guide the implementation of the recommendations in this Strategic Plan.

- Collaborate with other community organizations to design and implement public awareness/social marketing campaigns for teen pregnancy/STD prevention.

- Consider in the future establishing teen pregnancy/STD prevention as one of the organization’s “Priority Issues.” Serve as a focal point of leadership and advocacy for teen pregnancy/STD prevention activities in the community.

Parents

- Assume greater responsibility for the sexual behavior of one’s children.

- Strengthen the ability to communicate with children about developmental issues, including responsible sexual behavior, and to articulate one’s own values.

- Ensure that children receive yearly comprehensive preventive health-care checkups which include reproductive health.

Schools, School Boards, and School Health Advisory Boards (city and county)

- Re-examine and improve the Family Life Education (FLE) programs
  -- Ensure that there is a clear locus of responsibility and advocacy in each school system.
  -- Increase the number of hours children are exposed to FLE (whether through schools or in other community programs), and extend FLE to the eleventh and twelfth grades (within existing financial constraints and the demands created by state SOL accreditation requirements).
  -- Update the content and teaching methods for FLE, incorporating techniques and resources that have been demonstrated to actually lead to reductions in teen pregnancy/STD risk behavior; most importantly, include more skill-building exercises.
  -- Provide for refresher training and support for FLE teachers (in collaboration with specialists from local agencies).
-- Evaluate the quantity, content, and quality of individual FLE teaching; encourage peer coaching among FLE teaching.
-- Involve parents more in the schooling - including FLE - of children at all ages; build in parent-child homework assignments.

- Strengthen teen pregnancy/STD prevention efforts outside the FLE curriculum
  -- [if funds become available] Encourage the expansion into schools of existing pregnancy/STD programs aimed at high-risk students (e.g. MACAA’s Beating the Odds; Teensight at FOCUS’s Reach)
  -- Continue to provide students with access to trusted professionals (counselors, psychologists, health care professionals, etc.) who are knowledgeable about youth-related reproductive health issues.
  -- Consider introducing student peer-education programs designed to counter misinformation about sexuality among students; collaborate with local agencies for technical assistance and funding.
  -- Increase student involvement in volunteer programs.
  -- Facilitate students’ access to off-campus health-care clinics, and investigate the possibility of establishing school-based health clinics.
  -- Permit carefully selected social science research on teen pregnancy/STD prevention to be carried out within the student population.

**Monticello Area Community Action Agency (MACAA)**

- Continue current programs (i.e. Beating the Odds, Camp Horizon, and Steppin’ Up); in conjunction with the Teen Pregnancy/STD Prevention Steering Committee, seek funds to expand these programs.

**Teensight at FOCUS**

- Continue current programs (i.e. Teensight and Reach); in conjunction with the Teen Pregnancy/STD Prevention Steering Committee, seek funds to expand these programs.

**Youth-Serving Organizations (Boys and Girls Club; Boy Scouts; Girl Scouts; YMCA; 4-H Club; etc.)**

- Strengthen activities and programs that contribute to teen pregnancy/STD prevention; seek guidance from national organizational headquarters, and from local specialists.
Religious groups

• Address issues of teen pregnancy and STD prevention more explicitly, in accordance with denominational and congregational beliefs.

• Seek educational support from national church headquarters and from local specialists.

Regional employers

• Strengthen efforts to provide a “family-friendly” environment that encourages parents to be involved in children’s lives.

• Expand opportunities for employees to participate in volunteer youth programs.

• Consider establishing/expanding links with a school or community youth project (particularly volunteer programs), and work with the Charlottesville Area School Business Alliance.

• Help fund teen pregnancy/STD prevention efforts in the community; for businesses with a special link to teens, help provide information about pregnancy/STD prevention.

Local governments (i.e. City of Charlottesville and Albemarle County)

• Provide funding for
  (a) expansion into schools of existing pregnancy/STD programs aimed at high-risk students (e.g. MACAA’s Beating the Odds; Teensight at FOCUS’s Reach); and
  (b) new and expanded youth volunteer activities.

• If, at the end of the initial three-year trial period for the position of Teen Pregnancy/STD Prevention Coordinator, an evaluation suggests that the Coordinator has been cost-effective, assume responsibility for funding the position.

Community foundations and other local donors

• Provide funding for
  (a) the new part-time position of “Teen Pregnancy/STD Prevention Coordinator” for an initial three-year period;
(b) social marketing campaigns (e.g. to reaffirm community values
discouraging teen pregnancy; to encourage parent-child
communication);
(c) educational materials to be used by schools, religious groups, business,
civic groups, etc.;
(d) local research that would contribute to teen pregnancy/STD prevention.

- Share with local governments responsibility for funding for the expansion of
existing prevention programs for high-risk youth of MACAA, Region Ten, and
FOCUS, both in and out of schools, and for new youth volunteer programs.

**Health care providers: General**

- Stay current about adolescent reproductive health issues, including relevant
laws.

- When dealing with teens and pre-teens, follow the AMA guideline promoting
age-specific messages about sexual development, and devote more attention to
reproductive health during check-ups of youth. Ensure that teens know where
to confidentially obtain reproductive health care information and services.

- Increase local educational outreach on adolescent reproductive health issues;
volunteer to participate in the Speakers’ Bureau organized by CAPP.

- Test adolescents more frequently for STDs.

**Martha Jefferson Hospital**

- Continue to provide funding to direct teen pregnancy/STD prevention
programs and the CAPP Transportation Fund.

- [If funds are available for the Coordinator position] Provide office space,
supervision, and administrative support (not necessarily secretarial assistance)
for the proposed Teen Pregnancy/STD Prevention Coordinator.

- [If funds are available for the Coordinator position] Administer grants for
selected teen pregnancy/STD prevention activities, such as donations for
sexuality education in the community.
Planned Parenthood of the Blue Ridge (PPBR)

• Continue to provide confidential reproductive health information and clinical services to teens and pre-teens; devote greater effort to informing local teens about the availability of services.

• Continue and expand the outreach program that provides educational specialists to local schools and organizations to speak about teen pregnancy/STD prevention; work with the proposed new CAPP Speakers’ Bureau.

• Renew the “Educating Children for Parenthood” program at Clark Elementary School or another school in Charlottesville; if evaluation shows it to be effective, offer to expand the program to other schools in the city and county.

• Continue to make available the PPBR Resource Center (with books, brochures, audiovisual materials, etc.) to teens and local groups.

• Collaborate with other community organizations to design and implement public awareness/social marketing campaigns for teen pregnancy/STD prevention.

Teen Health Center

• Continue to provide confidential reproductive health information and clinical services to teens and pre-teens; devote greater effort to informing local teens about the availability of services.

• Continue and expand the outreach program that provides educational specialists to local schools and organizations to speak about teen pregnancy/STD prevention; work with the CAPP Speakers’ Bureau.

Thomas Jefferson Health Department

• Continue to provide confidential reproductive health information and clinical services to teens and pre-teens; devote greater effort to informing local teens about the availability of services.

• Continue and expand the outreach program that provides educational specialists to local schools and organizations to speak about teen pregnancy/STD prevention; work with the CAPP Speakers’ Bureau.
Council on Adolescent Pregnancy Prevention (CAPP)

- Continue current activities that support teen pregnancy/STD prevention efforts in the community, including (a) the Transportation Fund (through a grant to CAPP from Martha Jefferson Hospital); (b) support to FLE teachers to attend training workshops and receive subscription to “Family Matters”; (c) annual production and distribution of the “Teen Help Card” and brochure describing local family planning services for teens; and (d) other support programs (e.g. speakers, seminars) and networking activities (e.g. monthly meetings, newsletters) to help local leaders exchange ideas and information.

- Provide encouragement and assistance to faith groups interested in developing teen pregnancy/STD prevention programs.

- Establish and maintain an active Speakers’ Bureau, arranging opportunities for local teen pregnancy/STD specialists to speak to community civic groups, parent and school organizations, faith communities, etc.

- Collaborate with other community organizations to design and implement public awareness/social marketing campaigns for teen pregnancy/STD prevention.

United Way

- Continue funding MACAA’s Beating the Odds and Teensight at FOCUS’s Reach; consider increasing funds to help the programs expand.

- Assist businesses in identifying opportunities for collaboration in youth volunteer programs and other activities that serve to help prevent teen pregnancies and STD (in conjunction with the Chamber of Commerce and CAPP).

- Take the lead in developing standardized data collection and evaluation strategies for community programs that serve youth.

Local Media

- Keep teen pregnancy and STD issues – both nationally and locally – in the public eye.

- Assist with local social marketing/public awareness campaigns regarding teen pregnancy/STD prevention.