

Healthy Teens & Hartford Action Plan

I am Regina Roundtree, Interim Executive Director of the Hartford Action Plan. Some of you may recognize me from Apados Education and my work with at-risk youth via tutoring and educational advocacy. Although I am still the CEO of Apados, I believe that my work with the Hartford Action Plan Breaking the Cycle Campaign is another avenue to positively effect the educational environment for youth in this city. So I thank you for the opportunity to speak with you in support of Raised Bill 5165, the Act Concerning High School Graduation Requirements. The Hartford Action Plan is proud to be part of the Healthy Teens Coalition. We applaud your support of this bill and are grateful that you have included a half credit of health education. However we'd like to suggest that one full credit be required instead of a half only.

The Hartford Action Plan Breaking the Cycle campaign has been leading teen pregnancy prevention activities in Hartford since 1995. During that time the birth rate to teens ages 15 to 17 was cut in half from 94 births per 1000 in 1995 to 50 births per 1000 in 2006 (the latest year for which we have data). However National data is stating that there has now been an increase in teen pregnancies.

We know that comprehensive sexual education must start early and continue, always in an age appropriate way, through high school. It must teach not only the body parts, but also avoidance of risky behaviors, how to protect themselves, how to recognize good and bad relationships. In Hartford where the school system has a health education curriculum that covers a large range of issues, middle school teens are receiving only 8 sessions per year of health education, with sex education as only one or two parts of those 8 sessions. CT's state guidelines suggest that the recommended annual dosage for comprehensive health education is 80 hours per year for grades 5 through 12. Providing comprehensive sex education within the health education curriculum means that we reach far more young people than we can from smaller out of school community programs; through a full credit of health education we can continue to lower the teen birth rates, decrease many risky behaviors in teens and increase the outcomes for their children.

(2 minute mark)

Let's talk about the outcomes for children born to teen mothers (the teen mothers that gave birth in 1995-2000 are in our middle schools and high schools right now.

Taken from Fast Facts Healthy Teen Network

- Children of teen parents are 50% more likely to repeat a grade and are less likely to graduate from high school than children of older parents .
- Children born to unmarried, high school drop-out teen mothers are 10 times more likely to live in poverty than those born to married women over the age of 20 .
- Teenage sons of teen mothers are 2.7 times more likely to be incarcerated than sons of older mothers .
- Though children of teen parents have more health problems than children born to older parents, they receive only half the level of care and treatment

These facts I have shared support Hartford Action Plans point that reproductive health is important issue to teach in schools if we want to see better outcomes for our youth. We support Healthy Teens CT with the desire to see comprehensive health education as a one full credit requirement and not just a half credit.

In closing I will make a Math analogy.

No one would deny that addition, subtraction, division and multiplication are important concepts to learn. Things like $8+9=17$ or $3*25$ equals 75. Those seem obvious and I say that this is the same for .5 credit of health education.....it is a necessary foundation. BUT Here is a more difficult math problem:

I need to put down new tiles on my kitchen floor. I have measured the area and come up with 10 feet by 7. I go to home depot and see a box of tiles I like. Each tile is 1 square foot, the box

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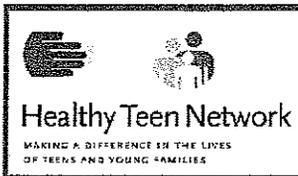
contains 20 tiles and costs \$17. I have a coupon for "buy 2 get one free". How many boxes do I have to buy to cover my floor?

The information and logical process I need to complete that real life problem require more than just basic Math skills. I need Algebra to figure out the problem. I will compare this to an additional half credit of Health education. It is not enough to give youth the facts and then never allow time for them to be taught how to use the information. We believe that 1 full credit is just the beginning to teaching our youth the value of taking care of their health... physical, mental emotional and reproductive.

APCO Insight, a public opinion research firm located in Washington, D.C., conducted a survey of Connecticut residents for the national organization Advocates for Youth on attitudes toward sexuality education. The survey was conducted among 699 randomly selected adults in the state of Connecticut, including over-samples in Hartford, Bridgeport, Waterbury, and New Haven of 100 residents each. Interviews were conducted over the telephone between December 9 and December 16, 2003. The margin of error overall is $\pm 3.8\%$.

Summary of Findings

- Connecticut residents agree by a large margin that young people should receive sex education that teaches about birth control and sexually transmitted diseases, yet most also believe that the schools should also promote abstinence in their sexual education curriculum. In fact, most Connecticut residents (75%) do not believe that these two activities are contradictory and that schools should both promote abstinence and provide information about birth control and safe sex practices.
- A majority of Connecticut residents (59%) oppose current national policy that prohibits programs receiving federal abstinence funding from providing information about condoms and birth control as methods for preventing pregnancy and disease and which solely teaches the message of abstinence before marriage. Moreover, a majority (61%) say they would take action if they found out that their children's school prohibited information about birth control.
- Large majorities support sex education courses for junior high and high school students (79% and 91%, respectively), yet most do not support sex education for younger elementary school students aged 6 to 8 (81%). Connecticut residents are more divided on whether sex education should be taught to older elementary school students aged 9 to 11 (44% support and 53% oppose).
- Generally, Connecticut residents do not believe that young people receive information about sex too early. In fact, a large majority believe that young people get information about sex, birth control, and protection from sexually transmitted diseases either too late (29%) or at about the right time (36%).
- A majority of Connecticut residents support an active role for nurses and guidance counselors in directing sexually active young people to clinics that treat and prevent sexually transmitted diseases and to family planning clinics (79% and 69%, respectively). Additionally, a majority (60%) support school personnel making condoms and other forms of birth control accessible to sexually active young people.



Fast Facts



UNIQUE NEEDS OF CHILDREN BORN TO TEEN PARENTS

Although teenage pregnancy and birth rates are at a record low in the United States, there is still a significant number of teen families whose unique needs are not being addressed. Without access to adequate services, teen mothers may not receive prenatal care, placing the baby at increased risks of premature birth and low birth weight and resultant health risks. With appropriate and timely interventions, many of the negative outcomes associated with teen pregnancy can be prevented¹.

FAST FACTS

- Each year in the U.S., approximately 750,000 to 850,000 teenage women, ages 15 through 19, become pregnant².
- Children of teen parents are 50% more likely to repeat a grade and are less likely to graduate from high school than children of older parents³.
- Only 77% of children born to teen parents will receive a high school diploma compared to 89% of children born to older parents⁴.
- Children of teen mothers are more likely than those born to older mothers to experience adolescent childbearing, homelessness, juvenile delinquency, and incarceration^{4,5}.

The more training and encouragement allotted to teen parents, the more promising their children's futures will be.

- Consistent contraceptive use is less likely among children of teen parents, who are more likely to be sexually active by age 14. As a result, these children are at higher risk of becoming teen parents themselves⁶.
- Though children of teen parents have more health problems than children born to older parents, they receive only half the level of care and treatment⁴.
- Fathers are less likely to be in the same home as children of teen parents than homes of older parents⁴.
- As maternal age increases, the likelihood that the child lives with both biological parents also increases.
- Children born to teen mothers are more likely to be abused, abandoned or neglected⁷.
- 23,600 or 5% of children born to teen mothers will end up in foster care, partly due to higher rates of abuse⁷.
- Teenage sons of teen mothers are 2.7 times more likely to be incarcerated than sons of older mothers⁴.
- Children of teen parents are 2 to 3 times more likely to run away from home than children of older childbearing mothers. Between the ages of 12 and 16, 5% of children born to teen mothers will run away⁴.

- Children born to unmarried, high school drop-out teen mothers are 10 times more likely to live in poverty than those born to married women over the age of 20⁹.
- At age 24, 30% of children of teen parents are not in school or working, or actively looking for a job⁸.

RESOURCES

Healthy Teen Network: www.healthyteennetwork.org

The Parenting Project: www.parentingproject.org

National Network for Childcare: www.nhcc.org

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HARTFORD ACTION PLAN ON INFANT HEALTH -- TEEN BIRTH STATISTICS*



Births to Teenagers, Hartford

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	
Births to Teens	747	739	712	650	727	598	536	518	569	487	481	444	409	408	430	381	406	339	
% Births to Teens	23.0	23.6	23.5	23.3	28.3	25.9	23.7	23.0	24.9	22.5	22.0	20.0	18.8	18.8	20.1	17.9	18.1	15.8	
Births to under 15	29	23	21	23	29	17	18	12	11	11	22	13	6	10	12	4	11	8	
% Births to under 15	0.9	0.7	0.7	0.8	1.1	0.7	0.8	0.5	0.5	0.5	1.0	0.6	0.3	0.5	0.6	0.2	0.3	0.4	
Births to 15 - 17	293	323	306	293	351	264	244	220	224	182	183	158	150	142	147	132	141	121	
% Births to 15 - 17	9.0	10.3	10.1	10.5	13.7	11.4	10.8	9.8	9.8	8.4	8.4	7.1	6.9	6.5	6.9	6.2	6.3	5.6	
Births to 18 - 19	425	393	385	334	347	317	274	286	334	294	276	273	253	256	271	245	254	210	
% Births to 18 - 19	13.1	12.6	12.7	12.0	13.5	13.7	12.1	12.7	14.6	13.6	12.6	12.3	11.6	11.8	12.7	11.5	11.3	9.8	
Total Births	3248	3131	3028	2793	2565	2312	2264	2250	2289	2160	2186	2224	2181	2174	2141	2126	2238	2145	
US birth rate 15 - 17	37.5	38.6	37.6	37.5	37.2	35.5	33.3	31.4	29.9	28.2	26.9	24.7	23.2	22.4	22.4	21.4	22.0	22.2	
Hartford birth rate 15 - 17	104.0	114.7	108.7	104.0	124.6	93.8	86.4	77.9	79.3	64.4	64.8	55.9	53.1	50.3	52.1	46.7	49.9		
US Birth Rate 18 - 19																			73.0
																			73.9

Hartford births 1989 to 1994 from Child Council, Inc., Hartford Children's Health: A Report Card, Jan. 1997.
 Hartford births 1995 - 2006 from Connecticut Department of Public Health Vital Statistics - Registration Reports.
 Hartford rates are per 1000; rates for 1990 to 1995 are based on US 1990 Census population figure of 2816 females aged 15 to 17.
 Hartford rates in 1996 and after based on US 2000 Census population figure of 2824 females aged 15 to 17.
 US rates are from CDC National Center for Health Statistics; population denominators used in rates are based on yearly estimates based on 2000 Census
 * Some data for years prior to 2006 have been revised to reflect revisions made in CT DPH Vital Statistics - Registration Reports.

Child TRENDS FACT SHEET

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Diploma Attainment Among Teen Mothers

By Kate Perper, M.P.P., Kristen Peterson, B.A., and Jennifer Manlove, Ph.D.

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OVERVIEW. Recently released government data show that in 2006, the U.S. teen birth rate began to increase, marking the end of a 14-year period of decline. More specifically, these data show that between 2005 and 2007, the teen birth rate climbed five percent.^{1,2} This trend reversal is a cause for concern, given the negative consequences of teen childbearing for the mothers involved and for their children especially. For example, research indicates that children of teen mothers fare worse on cognitive and behavioral outcomes than do their peers with older mothers. Teen mothers are more likely than older mothers to be dependent on public assistance after giving birth and to experience turbulence in their family structures—even taking into account the fact that teen mothers tend to be from disadvantaged backgrounds.³ In addition, teen mothers are at a particularly high risk of dropping out of school,³ although previous research has found that they are more likely to be having problems in school prior to their pregnancy.

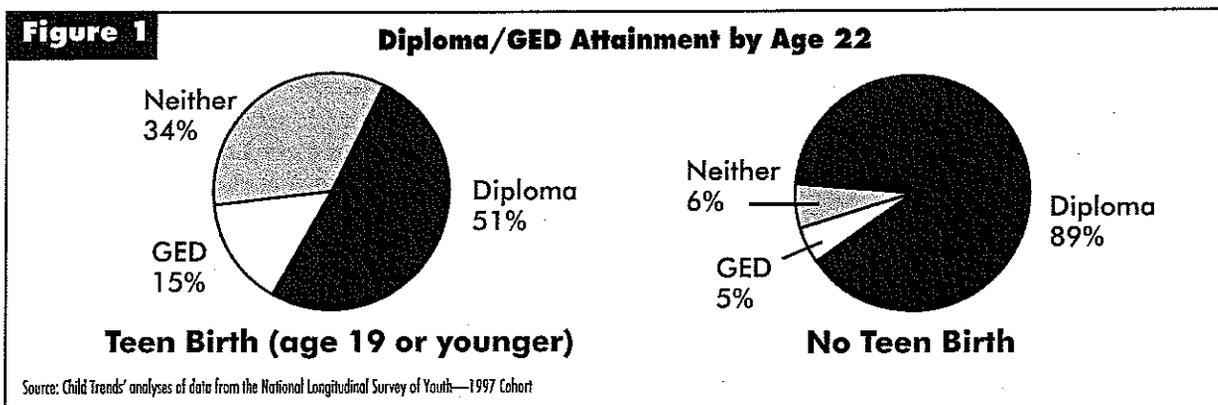
In light of teen mothers' heightened risk of becoming high school dropouts, Child Trends used recently released national survey data to explore high school diploma and GED attainment among women who had given birth as teens. Particularly, we looked at whether they had earned these educational credentials by the time that they reached their early twenties.

Our findings show that slightly more than one-half of young women who had been teen mothers received a high school diploma by the age of 22, compared with 89 percent of young women who had not given birth during their teen years. Furthermore, results of our analyses show that young women who had a child before the age of 18 were even less likely than were those who had a child when they were 18 or 19 to earn a high school diploma before the age of 22, although the rates of GED attainment in the former group were slightly higher. We also found differences in educational attainment among teen mothers by race/ethnicity.

FINDINGS

Teen mothers have lower high school diploma attainment than those who did not have a teen birth.

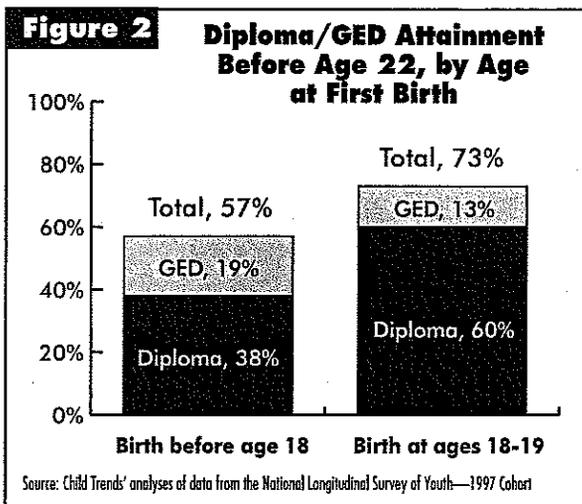
- Young women who had been teen mothers were less likely than other young women to earn a high school diploma by the age of 22 (see Figure 1). Almost nine in 10 (89 percent) young women who had not given birth as a teen earned a high school diploma before the age of 22. By comparison, only about one in two (51 percent) young women who had been a teen mother earned a high school diploma by that age.



- A higher proportion of young women who had been teen mothers earned a GED (15 percent) than did their counterparts who had not experienced a teen birth (5 percent).
- One in three (34 percent) young women who had been teen mothers, however, earned *neither* a diploma or a GED, compared with only 6 percent of young women who had not had a teen birth.

Younger teen mothers are less likely than older teen mothers to earn a diploma.

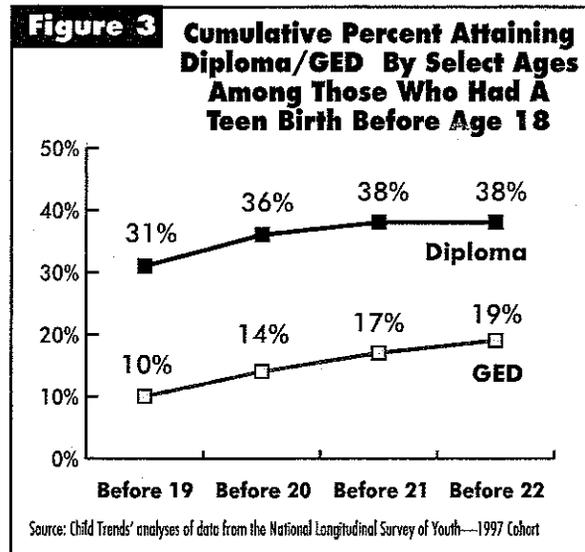
- Young women who gave birth before the age of 18 (traditionally the age at which an adolescent completes high school) were far less likely than were those who gave birth between the ages of 18 and 19 to earn a high school diploma. Among young women who had a child before the age of 18, only 38 percent earned a high school diploma by the age of 22, compared with 60 percent of those who were 18 or 19 at the time that they had their first child (Figure 2).
- Young women who gave birth as a younger teen were more likely than those who gave birth as an older teen to earn a GED. Almost one in five (19 percent) young women who had a child before the age of 18 earned a GED, compared with 13 percent of those who were between the ages of 18 and 19 when they first gave birth. Nevertheless, young women in the younger age group were less likely than were those who gave birth at 18 or 19 to have earned any educational credential by the age of 22. Specifically, 43 percent of young women who were under the age of 18 when they first gave birth had earned neither a diploma nor a GED by the



age of 22, compared with 27 percent of young women who were between the ages of 18 and 19 when they first became mothers and only 6 percent of young women who did not have a child in their teen years.

Some teen mothers attain credentials after a school-age birth.

- Some young women who had a child before the age of 18 earned a diploma or GED after the child was born.^{4,5} For these women, a slightly higher proportion earned a GED than earned a high school diploma between the ages of 18 and 22 (see Figure 3). Specifically, the proportion earning a high school diploma rose 7 percentage points between the ages of 19 (31 percent) and 22 (38 percent). In comparison, the proportion earning a GED rose by 9 percentage points—from 10 percent before the age of 19 to 19 percent before the age of 22. Thus, almost one-half of former teen mothers who completed a GED did so after the age of 18.



Black teen mothers are more likely than Hispanic or white teen mothers to earn a diploma/GED by age 22.

- Teen childbearing is more prevalent among black and Hispanic teens than among white teens. In our sample, 31 percent of black women and 28 percent of Hispanic women gave birth before the age of 20, compared with 15 percent of white women (analyses not shown).
- Black women who gave birth as teens were more likely to earn a high school diploma or GED by the age of 22 than were their white

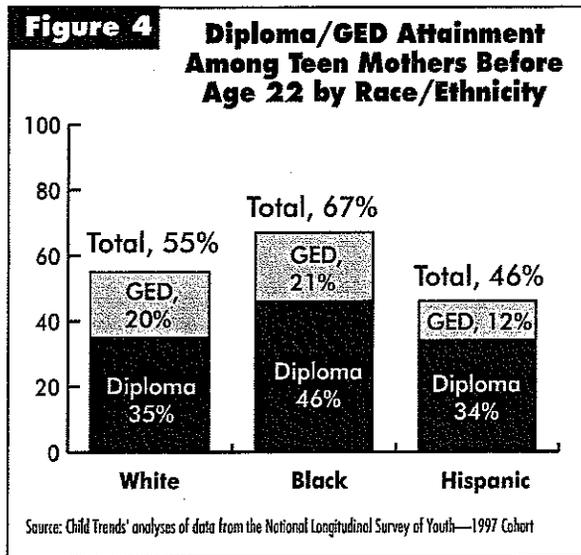
and Hispanic peers. Among those who had a child before the age of 18, 46 percent of black young women earned high school diplomas, compared with 35 percent of white and 34 percent of Hispanic young women (see Figure 4).

GED, compared with 55 percent of white women and 46 percent of Hispanic women in this category.

SUMMARY

Only one-half of women in our study sample who had been teen mothers had earned a high school diploma by the age of 22, compared with almost 9 in 10 (89 percent) young women in our study sample who had not given birth as a teen. Our analyses are descriptive, and we cannot make cause-and-effect inferences from the results. Past studies have found, however, that many teens who become mothers lag behind in school academically and that a substantial percentage drop out *before* their pregnancy.^{6,7}

Still, previous research suggests that teen mothers' reduced likelihood of attaining a high school education could result in a number of negative consequences for them and for their children. First, completing a high school education (earning a diploma or GED) reduces the risk of subsequent teen pregnancy, which has been linked to even poorer outcomes among teen mothers and their children.^{8,9} Second, as the share of the population with a college degree grows, the number of attractive jobs within reach of those with only a high school diploma or GED decreases, while those without either credential are left even further behind.¹⁰ Third, even though 15 percent of all young women in our sample who were teen mothers went on to earn a GED (including 19 percent who had a child before the age of 18), a GED does not seem carry the same weight as a regular high school diploma. For instance, research has found that workers with GEDs earn less money than those with a high



- Among those who had a child before the age of 18, white and black young women earned a GED at higher rates than did their Hispanic peers. Approximately one in five black and white young women (21 percent and 20 percent, respectively) earned a GED before the age of 22, compared with only 12 percent of Hispanic young women.
- Overall, more than two-thirds (67 percent) of black women who had a child before the age of 18 earned either a high school diploma or

ABOUT THE DATA SOURCE AND METHODOLOGY USED IN THIS FACT SHEET

Data used in this *Fact Sheet* were drawn from the National Longitudinal Survey of Youth—1997 Cohort (NLSY97). The NLSY97, sponsored and directed by the Bureau of Labor Statistics, U.S. Department of Labor, is a nationally representative sample of 8,984 young people who were between the ages of 12 and 16 on December 31, 1996 (baseline). Respondents are followed annually, and fertility history and educational attainment information are updated in each round of the survey. To establish whether or not a respondent had earned an educational credential by the age of 22, we used a measure of the date of high school diploma or GED receipt from the last round of available data when all respondents were 22 or older (Round 11, 2007). We used fertility history information provided in each round to establish our sample of teen mothers. We then compared the educational attainment of young women who had a baby before the age of 18 (traditionally the age at which an adolescent would earn her high school diploma) to those who did so when they were 18 or 19. We also compared young women who had given birth as a teen to young women who never had a teen birth for the full sample and across racial/ethnic subgroups.

school diploma.¹¹ Moreover, GED recipients are less likely to go on to a two- or four-year college than are people with a high school diploma.¹¹ Finally, higher parental educational attainment is linked to improved cognitive and behavioral outcomes among children 12-14 that may reduce their risk of early sexual activity and teen pregnancy¹³ thus reducing intergenerational cycles of disadvantage.

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