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all-hands-on-deck

# 2006-2011: A 5-YEAR PROGRESS REPORT ON ENDING MILWAUKEE'S TEEN PREGNANCY CRISIS



United Way  
of Greater Milwaukee



# GOAL

**REDUCE MILWAUKEE'S  
TEEN BIRTH RATE FOR  
15 TO 17 YEAR OLDS  
BY 46% BY 2015**

# IF TRUTH BE TOLD...

**2006-2011: A 5-YEAR PROGRESS REPORT  
ON ENDING MILWAUKEE'S TEEN PREGNANCY CRISIS**



**United Way  
of Greater Milwaukee**

May 3, 2011

Dear Friends,

Five years ago United Way of Greater Milwaukee took a risk. When we released the original *If Truth Be Told* report, it wasn't without controversy. Many had become complacent with children having children in our community. Others would rather not have talked about it – until we put it front and center.

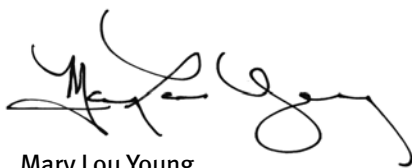
By telling the truth about the deeply rooted, and often disturbing, causes and affects of epidemic-level teen birth rates in our community, we made it clear that this was everyone's problem and we were going to rally this community around it. I am proud to say, five years later, that we accomplished what we set out to do. Teen pregnancy is now on Greater Milwaukee's front burner, and the flame is on high.

United Way and many partners from across all sectors of the community used the original report to inform and educate. In 2011, many of the same causes and effects remain deterrents to the education, income and health of our youth. However, the data shows we are producing results toward our goal to reduce births to 15 to 17 year olds by 46% by 2015.

This new report represents analysis of our communitywide efforts to date, but also offers recommendations to keep us on track to meet our ambitious, but necessary, goal. Teen pregnancy remains a complex issue, but we are confident that, united, we will reduce it and improve the quality of life for thousands of youth and families.

Many people and organizations deserve credit for our progress. I am both humbled and tremendously proud of what we have already accomplished, together. Thank you for your continued partnership as we stay the course and change our community.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mary Lou Young', with a large, stylized flourish at the end.

Mary Lou Young  
President & CEO, United Way of Greater Milwaukee

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# Executive Summary

Five years ago, United Way of Greater Milwaukee convened community partners to address the high rate of teen births among 15 to 17 year olds in Milwaukee. In 2008, after two years of progress, these partners teamed up with local public health experts and set a goal to reduce teen births in this age group by 46% over seven years, one of the most ambitious teen pregnancy prevention initiatives in the United States at the time. The partnership was founded on the premise that because teen pregnancy affects everyone, everyone needed to be at the table. Leaders from social service, government, business, public health, philanthropy, faith and education sectors have all been represented on the Teen Pregnancy Prevention Oversight Committee and its sub-committees. They have provided invaluable guidance and insight for the first five years of this ten-year effort.

According to Sarah Brown, the chief executive officer of the National Campaign to Prevent Teen and Unplanned Pregnancy, the efforts in Milwaukee are unique because of the level of partnership, the sustained focus on evidence-based programs, and the numeric goal the initiative set for the community. Setting a goal can have "...a very big impact on people, and it brings a discipline to the system. Milwaukee's goal is aspirational. It helps people concentrate, get motivated and get noticed," according to Brown.

Results of the first five years of this effort are very promising. Although there is still work to be done, there is good reason to be encouraged that the community's hard work led by United Way of Greater Milwaukee has had a major impact. Highlights include:

- 1** United Way of Greater Milwaukee and partners recorded a four-year decline in teen birth rates in the target group in Milwaukee. From a starting rate of 52 births to teen mothers ages 15 to 17 in 2006, the rate declined to 44.4 births per 1,000 girls in 2009 (15%). These declines occurred even while Milwaukee's poverty level rose. Teen birth rates have traditionally gone up with poverty rates, so this is a significant finding that suggests multiple, positive forces are at work.
- 2** Thanks in part to implementation of the Healthy Youth Act in 2010, youth in Milwaukee are exposed to more positive messages and are provided with more evidence-based, science-driven health education than ever before. United Way of Greater Milwaukee supported the adoption of the Healthy Youth Act at the state level. At the local level, United Way of Greater Milwaukee helped fund training for nearly 900 teachers in the Human Growth and Development curriculum, a nationally recognized curriculum created by the Wellness and Prevention Office of the Milwaukee Public Schools. The curriculum has helped standardize health education for a district that has a high mobility rate, and the training has been well received by both teachers and administrators. Trained teachers have in turn reached more than 20,000 students in Milwaukee Public Schools.
- 3** Through its Healthy Girls programs, United Way of Greater Milwaukee gave over 16,000 young people from elementary school through high school access to evidence-based curricula that help them make healthy decisions. Healthy Girls programs provided healthy decision-making education to homeless youth, lesbian,

gay, bisexual and transgender youth and other traditionally hard-to-reach, high-risk populations. A study of the effectiveness of these curricula showed that young people who participated were better equipped to prevent teen pregnancy and establish healthier relationships.

**4** Media campaigns created by Serve Marketing raised awareness of the issue of teen pregnancy and have elicited inquiries and responses from tens of thousands of teens and adults from across the country. The local media elevated teen pregnancy through sustained coverage, including significant prominence from the *Milwaukee Journal Sentinel* through its editorial focus on the most serious challenges facing southeastern Wisconsin, which included teen pregnancy. In addition, local advertisers and Serve donated more than \$4 million in in-kind advertising over the five-year period.

**5** United Way of Greater Milwaukee created and distributed thousands of "toolkits" to help parents and children engage in difficult conversations about delaying sexual activity and pregnancy. National data suggests that 46% of teens consider their parents the most important influence when making decisions regarding sex.

Milwaukee youth now have access to greater resources for healthy decision-making than perhaps any time in history, but they also face a number of challenges.

- Milwaukee has become a poorer city than it was five years ago, and young people are overrepresented among the ranks of the poor.
- The rate at which young people in Milwaukee graduate from high school is lower than the national average.
- Young people in Milwaukee report being exposed to or involved in violence at high numbers, and many still do not protect themselves from unplanned pregnancy or sexually transmitted infections.
- Many become sexually active very young, and a significant number of young people become sexually involved with much older partners, putting them at risk for a number of adverse health outcomes.

To be successful, the unique partnership formed between United Way of Greater Milwaukee and local leaders across sectors must continue to



make teen pregnancy prevention one of its top economic and public health priorities. Co-chair of the Teen Pregnancy Prevention Oversight Committee and president and publisher of the *Milwaukee Journal Sentinel*, Elizabeth Brenner, said, “Milwaukee is hungry for good news, and there is a surplus of smart, committed, savvy people (here).” Fellow co-chair, Commissioner of Health Bevan Baker, said, “We have the resources; we have to focus on the problem.”

United Way of Greater Milwaukee and its partners have now had four years of successful decreases in teen birth rates. As Dr. Robert Blum, international teen pregnancy prevention expert said when assisting Baltimore with its strategic plan to reduce teen pregnancy in that city, “Teen pregnancy is a marker for a lot of associated youth problems. Unless and until we have the political, social and moral will to act, we will be condemned in the future to write more plans and continue to wonder why our youth are in trouble. We know why they are in trouble and we know what to do to change it. It is our choice whether or not we will do it.”<sup>1</sup>

## What Youth Are Saying about Teen Pregnancy

“You need to think before you have sex. Safety first.”

“When men have a baby, they don’t always want the kid. They don’t want to stick around.”

“Why is teen pregnancy so high? There is a lack of contraception and people think with their hormones.”

“If you get someone pregnant, you won’t have time to hang out with your friends. You have to drop out of school to get a job. Both boys and girls drop out.”

“Day care at school is a good idea so teen parents can stay in school.”

“If you get someone pregnant, your parents will be angry.”

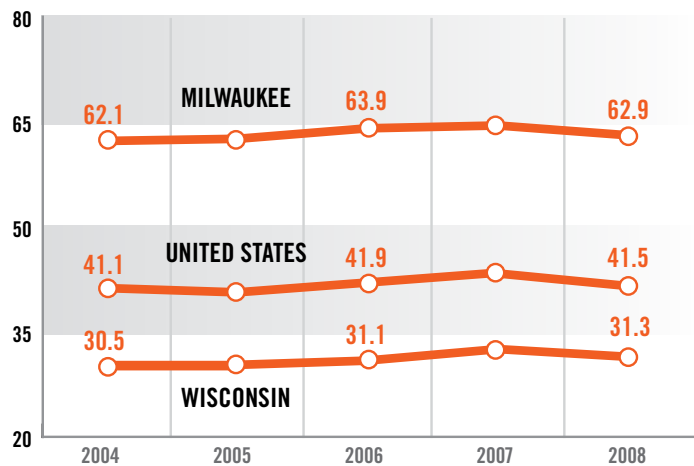
“Teen pregnancy overpopulates our city.”

# Background/Methodology

In 2005, Milwaukee had the second highest percentage of teen births in the nation (second only to Baltimore, Maryland). Teen births represented 18.7% of all births in Milwaukee that year. Wisconsin also had the second highest black-to-white ratio of teen birth rates in 2005.<sup>2</sup> United Way of Greater Milwaukee began an investigation process that year into the causes and effects of this high rate of teen pregnancy. This led to publication of a report, *If Truth Be Told*, in 2006 and the launch of a ten-year Teen Pregnancy Prevention Initiative. The report and the subsequent communitywide involvement in the issue have been raised as a national model by the National Campaign to Prevent Teen and Unplanned Pregnancy and the Healthy Teen Network. The work done in Milwaukee has helped build a national case for a creative, broad, community-based approach to reducing teen births and achieving public health outcomes.

*If Truth Be Told* set the stage for a communitywide goal to reduce teen birth rates for girls ages 15 to 17 by 46% by 2015. Scientifically established through the work of the University of Wisconsin Center for Urban Population Health and the City of Milwaukee Health Department, this goal was among the most ambitious in the country at that time. Milwaukee experienced four years of steadily declining teen birth rates between 2006 and 2009, moving from 52 teen births per 1,000 to 44.4.

## Birth Rates per 1,000 for Teens Aged 15-19



Source: Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics. Births to Teens in Wisconsin, 2008 (P-45365-08). November 2009, <http://www.dhs.wisconsin.gov/births/pdf/08teenbirths.pdf>

Figure 1

The authors of the original report carefully gathered and documented community input about the causes and effects of teen pregnancy in Milwaukee. The report made the case for a comprehensive plan involving business, social service, faith community, philanthropic and public sector leaders. It presented a series of strategic steps that these groups could take to collectively change teen pregnancy in Milwaukee. It laid the groundwork for what has been a very successful, coordinated, communitywide campaign to reduce births to teen mothers.

This report is intended to serve as a progress report and update to the original *If Truth Be Told*. It is a compilation of the work accomplished by individual agencies and by the community as it has focused its attention on the many causes and effects of teen pregnancy in Milwaukee. Many individuals who were interviewed for the report

in 2005 were interviewed for this report, as were many people who have helped develop or implement programs for youth. One adult and two youth discussion groups were held. More than 35 interviews were completed with individuals who played key roles in ensuring the community's success in preventing teen pregnancy.

## Definition of Terms

The terms “teen pregnancy rate” and “teen birth rate” are sometimes used interchangeably, but there are significant differences that should be noted.

The **teen pregnancy rate (TPR)** is computed by adding together the sums of live births, induced abortions and fetal losses for age groups under 20, dividing by the female population for the age group, and then multiplying by 1,000. The accuracy of teen pregnancy rates is questionable because many pregnancies, abortions and fetal losses are never reported.

The **teen birth rate (TBR)** is calculated by dividing the number of actual teen births by the total number of female teens for a given age group and area, and multiplying that number by 1,000. It is a more accurate measurement than the teen pregnancy rate. The teen birth rate measures teen births per 1,000 girls in the specified age groups, within the specified geographic areas.

**Total births to teens** expresses the teen birth rate as a percentage of total births to women in all age groups. This statistic takes into account the births to women in older age groups, as well as the younger age groups.

## Cohort Discrepancies

The age groups that a reporting organization tracks may vary. Some agencies or organizations track births to teens ages 15 to 19. Wisconsin and Milwaukee rates include births to females under age 15 in the numerators. In this report, wherever possible, age ranges are noted.

# Current National Research & Initiatives

Teen pregnancy continues to be a serious public health concern and economic issue in the United States. After a steady decline between 1990 and 2005, teen pregnancy rose slightly in 2006 and 2007.<sup>3</sup> In 2006, there were approximately 750,000 pregnancies to women younger than age 20 and the rate of pregnancy was 71.5 per 1,000 women age 15-19. Despite the slight increase in 2006, the overall teen pregnancy rate decreased by 39% between 1990 and 2006. The National Campaign to Prevent Teen and Unplanned Pregnancy remains concerned about the high rates of teen pregnancy and has set a goal to reduce the national number by 30% between 2006 and 2015.



## Educational Attainment & Teen Pregnancy

The interrelationship between dropping out of high school, becoming a parent as a teen, and poverty is clearly established. Only about half of teen moms have a high school diploma (compared to 89% of non-parenting teens).<sup>4</sup> If a baby is born before the mother turns 18, the likelihood that the mother will earn a high school diploma drops to 38%.<sup>5</sup> Children born to teen mothers are less likely to earn a high school diploma themselves, at 66% versus 81% born to non-teen mothers.<sup>6</sup>

In 2007, more than 6 million students between the ages of 16 and 24 dropped out of high school, putting them at risk for a lifetime of economic, social and health disadvantages.<sup>7</sup> Teen mothers or fathers represent a large portion of the group who do not finish high school. By ethnic group, rates of graduation are disparate. While our nation had a graduation rate of 70.6% in 2009, the graduation rate for white non-Hispanic or Asian youth was over 75% while the rates for African American, American Indian, and Latino youth were around 50%.<sup>8,9</sup> Many of the nation's lowest graduation rates continue to be in its large, urban school districts.

Youth who do not graduate from high school face significant challenges to entry into the workforce. The recent economic recession showed that areas with higher rates of educational attainment weathered the economic downturn better than those with lower education levels. U.S. Bureau of Labor Statistics data from January 2010 show that among people who did not finish high school, the seasonally adjusted unemployment rate was 15.1%.<sup>10</sup> For those who had a high school degree, the rate was 10.1%; for those with some college coursework but no college degree, the rate was

8.5%; for those with an undergraduate degree or higher the rate was 4.5%. Thus, those who complete college were less than one third as likely as non-graduates of high school to be unemployed in early 2010. Those who do not complete high school are not only likely to earn less, but they have less employment stability. They are often the last hired and first fired.

According to one estimate, the low graduation rates among students in the class of 2009 alone will result in \$335 billion in lost income.<sup>11</sup> Left unchecked, our low high school graduation rates will cost the United States \$3 trillion by 2019. The discrepancy in earned income between high school graduates and non-graduates is about \$9,600 annually. Applied to the class of 2007 (22,893 students) in Milwaukee Public Schools, for which there was a 68.6% graduation rate, we can estimate that the 7,188 students who did not complete high school that year will lose a combined income of \$69,004,800 annually during their working adult life (making no adjustments for inflation). Should they work for 45 years, they will have a lifetime lost income of \$3.1 trillion (again, with no adjustment for inflation, and only looking at one graduating class).

Becoming a teen parent puts students at high risk of dropping out. One Massachusetts study attributed 26% of high school dropouts to teen parenting.<sup>12</sup> By applying the same rate to Milwaukee's teens who are pregnancy-involved, if we could eliminate teen pregnancy our graduation rates would go up to almost 77% (the national average was 70.1% in 2008).<sup>13</sup> Our economy would benefit substantially through this added earning power.

## Teen Pregnancy & Education

- One in two teen moms doesn't graduate from high school compared to one in nine non-parenting teens.
- The younger the teen parent, the lower the graduation rate. Only 38% of teen girls who have children before the age of 18 graduate.
- The age of the mother also affects the child's educational attainment. Children born to teen mothers are less likely to earn high school diplomas at a rate of 66% versus 81% born to non-teen mothers.



## Poverty & Teen Pregnancy

Teen pregnancy continues to shape and be shaped by poverty.<sup>14</sup> According to Sarah Brown from the National Campaign to Prevent Teen and Unplanned Pregnancy, "Lifting women and their partners out of poverty turns them into taxpayers rather than recipients of public assistance. If for no other reason, this work that we're engaged in should be protected and promoted. It improves lives and saves money."<sup>15</sup> There are three

major factors that can predict a child’s likelihood of living in poverty: (1) whether the mother gave birth as a teen, (2) whether the parents were unmarried when the child was born, and/or (3) whether the mother received a high school diploma or GED. The likelihood of living in poverty is:

- 27% if one of these things happens;
- 42% if two of these things happen;
- 64% if three of these things happen; or
- 7% if none of these things happens.<sup>16</sup>

So, a child’s chance of growing up in poverty is nine times greater if all three of these things happen than if none of these things happens.<sup>17</sup> The burden of poverty is disproportionately borne by children of color. At least 53% of Latina youth and 50% of African-American youth will become pregnant before the age of 20. The birth rate for Native American women under age 20 rose 11% between 2005 and 2008, the steepest increase of any ethnic or racial group in the United States. Among non-Hispanic white females, the rate was 19%. A legislative effort to address these significant health disparities, the Communities of Color Teen Pregnancy Prevention Act of 2010, was introduced to the United States Congress and continues to gather supporters.

Latinas who become pregnant drop out of high school at high rates, and this has a dramatic effect on lifetime employability: less than 50% of Latinas ages 25 to 64 who lack a high school diploma are employed, and those who are earn, on average, \$15,000 or less annually.<sup>19</sup> These figures are in strong contrast to the expressed desires of Latinas, 98% of whom said that they wanted to finish high school and 80% of whom said they wanted to finish college when asked about their future plans.<sup>20</sup>

The report identifies the following challenges to education completion among Latino youth:

- limited English proficiency
- high levels of poverty
- immigration status
- a lower level of involvement of parents in school, which correlates with lower academic achievement

Preliminary data suggests that Latino teens may be positively affected by factors such as living with their biological parents, parental monitoring and greater participation in extracurricular activities and religious services.<sup>20</sup>

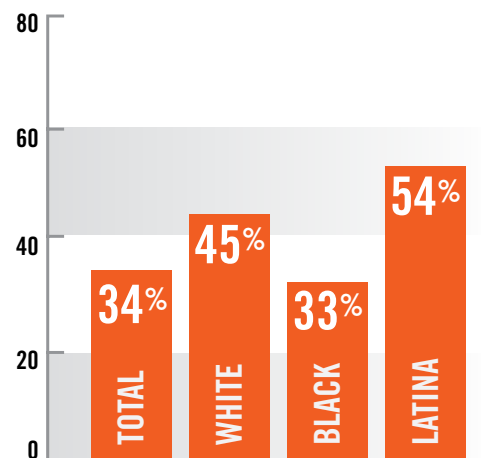
## Key Statistics: Poverty, Teen Pregnancy & Racial Disparity

- Three predictors of a child’s likelihood to live in poverty: being born to a teen mother; having unmarried parents; and having a mother without a high school degree.
- Experiencing all three of the above make the child’s chance of growing up in poverty nine times greater.
- One in two girls of color will become pregnant before the age of 20 compared to less than one in five non-Hispanic white teens.

### Special Focus: Latinos & Teen Pregnancy

While nationally, nearly three in 10 teenage girls will get pregnant this year, 53% of Latinas will get pregnant before age 20.<sup>18</sup> In 2010, national and local organizations that serve large numbers of Latino youth pledged to mobilize the community to prevent teen pregnancy. The National Consensus Statement on Latino Teen Pregnancy Prevention, collaboratively developed and supported by more than 40 organizations nationwide, identified strategies and solutions to address the high rates of teen pregnancy in the Latino community. Janet Murguía, president and chief executive officer of the National Council of La Raza, declared upon the release of the consensus statement, “High teen pregnancy rates are robbing our young women of too many opportunities: the opportunity to go to college, the opportunity to start a rewarding career and the opportunity to fulfill their dreams for a better future.”

### Percentage of Teen Mothers Who Do Not Attain a High School Diploma or GED



Source: [http://www.thenationalcampaign.org/espanol/PDF/latino\\_education.pdf](http://www.thenationalcampaign.org/espanol/PDF/latino_education.pdf)

Figure 2

The reasons for the persistently high rates of Latina teen pregnancy compared with other ethnic or racial groups are poorly understood, and a sufficient body of research does not yet exist. Effective strategies or research-based interventions to prevent pregnancies among Latinas are also in short supply. Levels of acculturation may have some effect on rates of sexual activity and sexual debut, though these effects are not entirely clear. It might also depend on which generation a young person represents. For first-generation youth, higher levels

of acculturation appear to translate into higher rates of risky sexual behaviors.<sup>21,22</sup> Recent U.S. Census data show that the Hispanic population in Wisconsin grew by 74% since 2000, thus understanding how to effectively work within this community is of paramount importance.

Several local individuals who work with the Latino population in Milwaukee were consulted for this report. They shared the following observations about effective work with the Latino communities in Milwaukee.

- 1 Latino teens are not a monolithic group. Spanish-speaking families are from diverse cultural and geographic backgrounds, and a one-size-fits-all approach to teen pregnancy prevention may not be effective.
- 2 To achieve success in working with members of the Latino community, it is important to create and maintain long-term relationships, and ensure that programs understand and emphasize the primacy of the family unit.
- 3 The Latina teenage population has higher rates of teen pregnancy despite lower rates of sexual activity.
- 4 Latinas are less likely than their non-Latina peers to use contraception if they have sex. This is attributed by many local adults to a strong Catholic religious belief system. This also means that fewer Latinas may choose abortion or adoption, should they become pregnant.

5 Among Latinas who do not have U.S. citizenship, many have a limited view of their future prospects for education or career options due to immigration status. Many believe that they will not be able to get into or complete college. Becoming a mother and raising children is seen as a cultural expectation. Some young women therefore begin this process early in their lives.

6 It is a cultural and gender role expectation that the men will work outside the home while the women stay home to raise the children.

7 Some cultural factors specific to Latino youth might be protective in some cases and in other cases might serve as a risk factor.<sup>23</sup>

Rates of Latina teen pregnancy are concerning to local leaders in Milwaukee's Hispanic community. The Hispanic Chamber of Commerce, under the direction of Maria Monreal-Cameron, held its 22nd Annual Salute to Hispanic Women Conference in May 2010. More than 120 youth and adults participated in surveys administered in Spanish and English (participants' choices of preferred language), to gather data about experiences and feelings related to Latina teen pregnancy. While English language proficiency cannot be used as a direct index of acculturation, there were some differences between the group of adults who chose to take the survey in Spanish versus the adults who chose to take the survey in English. Adults who took the survey in Spanish were less likely to report having thought about what their teen's life would be like if she became pregnant. Among the adults who took the survey in Spanish, 88% were far more likely to feel that both boys and girls need to share responsibility for whether or not birth control is used, versus 63% of the English survey-takers saying that the decision was up to the girl.<sup>24</sup> Parents who took the survey in English were more likely to have talked to their children about contraception (30% of English survey takers compared to 14% of Spanish survey takers).

## What Latino Youth Are Saying about Teen Pregnancy

“My sister got pregnant when she was 15. It was very hard. She got support from our family, but I see what she went through and it makes me not want to go through that. She can't go out - can't go anywhere with her friends, it's tough.” – Fernando, 17

“A lot of Hispanic parents have trouble talking to their teenage kids about sex and how to be careful. So if you don't have your parents to talk to – you may not have someone in your school to talk to either.” – Cassandra, 18

“My mom said my grandma never talked to her about it either – so if they never talked to them when they were young, I guess it's difficult for them to talk about it to us. It's a cycle. It just goes on and on.” – Olivia, 17



Cynthia Gonzalez,  
Healthy Girls Project Coordinator at Loyola Academy

## Fourth Consecutive Drop

The City of Milwaukee Health Department announced in October 2010 a fourth consecutive drop in the city's teen birth rate since 2006. This current trend indicates that Milwaukee is on track to reach its ambitious goal – to reduce births to 15- to 17-year-old girls by 46% to 2015.

The decline is attributed to Milwaukee's Teen Pregnancy Prevention Initiative, led by United Way of Greater Milwaukee.

This determined group of experts and volunteers from across the community – representing business, government, education, nonprofits, the faith community, health care, and law enforcement – has successfully reduced Milwaukee's teen birth rate to its lowest point in over 30 years.

The downward trend is seen across all racial and ethnic groups. But significant disparities persist; the rate is still much too high for Hispanic and non-Hispanic black girls.

A key strategy in reaching youth and to prevent teen pregnancy is the implementation of proven culturally-competent prevention and education programs through the United Way Healthy Girls Initiative, taught in English and Spanish.

*¡Cuidate!* (Take Care of Yourself) is the Healthy Girls-funded program at the Council for the Spanish Speaking's Loyola Academy High School. It uses

cultural beliefs that are common among Latinos and delivers comprehensive teen pregnancy prevention programming to Hispanic girls and boys, providing them with the skills necessary to reduce their risk of teen pregnancy through discussing self-esteem, attitudes, decision-making, sexual violence and healthy relationships.

Cynthia Gonzalez, Healthy Girls Project Coordinator at Loyola Academy, says their goal is to have zero pregnancies for program participants. So far, it's working.

"We are really pleased with our results and look forward to having zero pregnancies next year as well," Gonzalez says. "This shows we're moving in the right direction, but we still have to continue to attack the problem on all fronts. This is a community effort and all have to do their parts: parents, teachers, students, everyone."

United Way of Greater Milwaukee invests in Healthy Girls programs that produce positive results. More than 3,000 Milwaukee-area youth were served by the programs last year alone.



### **A Science-Based Approach to Preventing Teen Pregnancy**

In order to make significant progress in reducing teen pregnancy, prevention strategies need to be better linked with relevant research. National prevention experts agree that prevention practices are far more likely to be successful if they are (1) science-based and implemented on a wide scale and with fidelity and (2) sustained over time.<sup>25 26</sup>

Teen pregnancy prevention is one of the Centers for Disease Control and Prevention's (CDC) top six priorities, "a winnable battle in public health and of paramount importance to health and quality of life for our youth."<sup>27</sup> Between 1995 and 2002 the CDC focused its efforts on The 13 Communities

Project. This project showed that not only must communities form and maintain strong communitywide coalitions, they must also focus their attention on the capacity-building of these coalitions and community organizations that provide prevention programming directly to youth.<sup>28</sup>

Although the CDC has targeted its resources toward specific geographic areas, its overall program goals apply to the entire country:

- 1** Reduce the rates of pregnancies and births to youth in the target areas.
- 2** Increase youth access to evidence-based and evidence-informed programs to prevent teen pregnancy.
- 3** Increase linkages between teen pregnancy prevention programs and community-based clinical services.
- 4** Educate stakeholders about relevant evidence-based and evidence-informed strategies to reduce teen pregnancy and data on needs and resources in target communities.<sup>29</sup>

## **What Works**

There is persuasive and growing evidence that common characteristics of curriculum-based programs delay sexual activity, improve contraceptive use among sexually active teens, and prevent teen pregnancy.

### **Effective programs:**

- 1** Convince teens that not having sex or using contraception consistently and carefully is the right thing to do, as opposed to simply laying out the pros and cons of different sexual choices.
- 2** Last a sufficient length of time (i.e. more than a few weeks).
- 3** Select program leaders who believe in the program and provide them with adequate training.
- 4** Actively engage participants and personalize the information.
- 5** Address peer pressure.
- 6** Teach communication skills.
- 7** Reflect the age, sexual experience, and culture of young people in the program.

Source: National Campaign to Prevent Teen and Unplanned Pregnancy, 2009

# Comparable Cities

The 2006 *If Truth Be Told* report examined four cities similar in demographic make-up and size to Milwaukee: Baltimore, Boston, Charlotte and Kansas City. Each of these cities has made significant strides in reducing teen pregnancy through unique, community-specific strategies.

## Baltimore, Maryland

In 2002, an Annie E. Casey Foundation study found that the City of Baltimore was the only city with a higher percentage of total teen births than Milwaukee (19.9 versus 18.7 as a percentage of total births). Baltimore successfully lowered its teen birth rates among mothers 15 to 17. Between 1998 and 2005 the rate went down 60%, while nationally the rate for that age group went down by 49%.<sup>30</sup>

Baltimore has since adopted a new strategic plan to address teen pregnancy.<sup>31</sup> The city's planning team assessed what community assets were (or were not) available in all areas, and what teens, parents, youth-serving agency staff, and many other stakeholder groups thought about teen pregnancy. The plan was created in 2010 in partnership with the Johns Hopkins Urban Health Institute, the Healthy Teen Network, the Health Department, and the Center for Adolescent Health. While the plan is comprehensive and in many ways resembles the plans put in place by United Way of Greater Milwaukee and its partners, it stops short of setting a numeric goal for teen pregnancy reduction. The plan outlined a series of three recommendations designed to work in concert:

- 1 The Baltimore City Public Schools and the Baltimore City Health Department need to collaborate to increase access to evidence-based sexuality education and confidential contraceptive services for all young people in Baltimore City.
- 2 Increase youth outreach and connection, especially among certain high-risk populations of Baltimore youth who face greater risk for teen births, STI and HIV, and who may not be reached by school-based approaches or social marketing campaigns.
- 3 Create a city-wide coalition to manage this comprehensive plan, collect data, and advocate at the city and state levels.<sup>32</sup>

## Boston, Massachusetts

Boston has been part of a coordinated, state-wide effort to reduce teen pregnancy. State and city leaders have tried innovative approaches to building awareness about teen pregnancy, such as a Teen Parent Lobbying Day on which teen parents advocate to policymakers through speeches, videos, one-on-one meetings with legislators, and multi-media art displays.

In 2008, Boston's teen birth rate was 28.6—this represents a 35.4% decrease since 1998. One key to this community's success: the Massachusetts Alliance on Teen Pregnancy, a statewide coalition of over 100 health and human service agencies working to prevent teen pregnancy and support teen parents.<sup>33 34 35</sup>

As of 2009, these efforts in Massachusetts have resulted in more than 6,000 middle and high school youth receiving evidence-based programming.

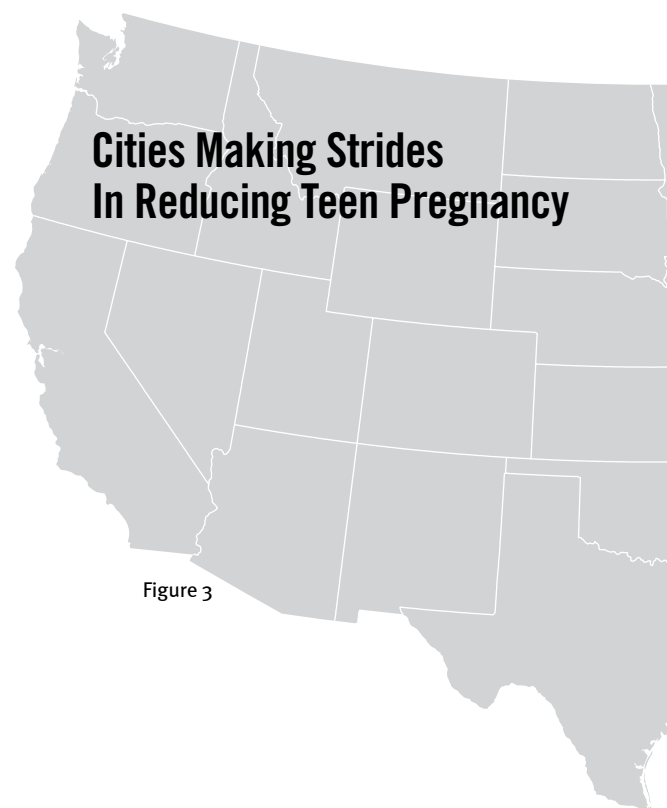


Figure 3



### Charlotte, North Carolina

North Carolina, like Massachusetts, has a statewide initiative designed to reduce teen pregnancy. Counties' approaches vary, with some using comprehensive sexuality education and evidence-based curricula, such as *Making Proud Choices!* Like Wisconsin, North Carolina passed a Healthy Youth Act, which greatly increased seventh, eighth and ninth grade student access to education about STI prevention, pregnancy prevention, and the development of healthy relationship skills.

North Carolina announced its lowest teen birth rate on record in 2009. Data compiled by the North Carolina Department of Health and Human Services (NC DHHS), shows that 56 of every 1,000 teen girls ages 15 to 19 became pregnant in 2009.<sup>36</sup> The new rate reflected a 4.4% decrease from the 2008 rate of 58.6 per 1,000 girls. Health disparities by race or ethnic background remain a persistent problem in North Carolina. The teen pregnancy rate among white teens was 45.4 per 1,000 girls, while the rate for minority teens was 74.3. The rate specifically for Hispanic teens was 118.4.

Charlotte's overall teen pregnancy rate was 60.1 in 2008, while for teens ages 15 to 17 the rate was 32.9.<sup>37</sup>

### Kansas City, Missouri

Missouri has struggled to adequately address teen pregnancy in recent years. From 1995 until 2005, the number of births to Hispanic girls increased by 178%.<sup>38</sup> During that same period, Caucasian girls experienced a slow but steady decline in the rate of live births. The rate among African-American girls declined most rapidly – going from a high of 109.8 per 1,000 girls in 1995 to a low of 71.6 by 2005. Rates among Caucasian girls dropped from 46.1 to a low of 35.9 per 1,000 girls.

In 2008, more than one in 10 pregnancies (11,193 or 12%) or births (9,246 or 11.4%) in Missouri was to a teen.<sup>39</sup> Among Missouri teen pregnancies in 2008, 3,272 (29%) were to 15-17 year olds, and 156 (1%) were to 10-14 year olds. Of Missouri teen births in 2008, 1,484 (16%) were second births and 268 (3%) were a third or more child of that mother.<sup>40</sup>

The teen (15-19 years) pregnancy rate in Missouri declined by 36.5%, from 86.3 per 1,000 in 1990 to 54.8 in 2008 per 1,000. The rates steadily declined between 1990 and 2002 but have leveled off at around 55 per 1,000 since 2003.

In Jackson County where Kansas City is located, the 2004 teen birth rate was 43.5, compared to 42.2 in 2003 and 43.4 in 2002. The rate of teen births as a percentage of total births was 9.2% in 2004, slightly better than the 9.3% in 2003. Until 2004, the Kansas City area had seen an overall decline in teen births. By 2009, births to teens ages 15 to 19 represented 11.5% of all births in Jackson County.



# Milwaukee: A Current Snapshot

“If this were swine flu, we would have had a plan in two weeks,” said Milwaukee’s Commissioner of Health, Bevan Baker. Unlike disease outbreaks that emerge as immediate and urgent threats, teen pregnancy represents a “long emergency” that requires constant vigilance and focus to adequately address it. It is impacted by and impacts issues such as education, poverty, access to preventive health care, safety in the home and in the community, and many others.

In late 2010, Milwaukee was declared the fourth poorest city in the United States.<sup>41</sup> The three poorest cities, like Milwaukee, have struggled to replace manufacturing jobs that had previously employed tens of thousands of their residents. Detroit topped the ranks with 36.4% of its residents in poverty, followed by Cleveland at 35%, and Buffalo at 28.8%. The poverty rate stood at 27% for people in the city of Milwaukee; poverty county-wide went up to 20.1%.

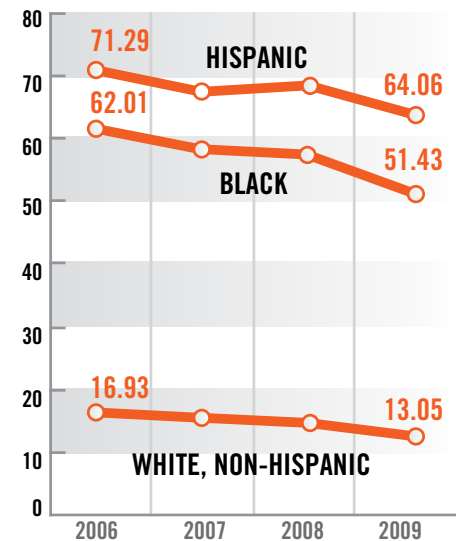
Unemployment rates were high in Milwaukee County during the economic recession, with the overall rate climbing above 10% between 2009 and 2010. For some segments of the population, however, the rate was much higher. African-American men, for example, are disproportionately represented among the unemployed in several major metropolitan areas. Milwaukee’s rate of unemployment among adult black men was estimated at 53% in 2009 or more than five times the county’s worst unemployment rate in the past five years.<sup>44</sup> The rate among white men was 14.4%, and for Hispanic men it was 25.8%. Milwaukee has the second highest unemployment rate among African-American men, right behind Detroit.

Police who work with families experiencing domestic or sexual violence see the intersections of poverty, a lack of education, and cultural factors that may affect access to services or education. Said officers who work with the Milwaukee Police Department’s Sensitive Crimes Division, “Many of the teen mothers come from disadvantaged situations, where there is less education and they are living in poverty. There are family/home conflicts and the desire to be independent that also contribute to this issue. Culturally, there are differences that contribute to seeing many young mothers. (In some cases) there is a religious belief that does not provide for the use of contraceptives and there is the cultural acceptance of early marriage.” These officers often find that it is hard to separate the factors from each other. “Overall, we can tell you that when we do see teen cases it is typical that the teen is living in any combination of the listed factors: poverty, physical abuse, lack of parental love and guidance

(lack of supervision), fearful home life or witness to domestic violence, emotional abuse or has been sexually abused.”<sup>42</sup>

The children of Milwaukee are disproportionately affected by poverty, with nearly 40% of them living below the poverty line in 2009. The number of children living in poverty in 2008 in Milwaukee was 49,952; in 2009 the number jumped to 62,432. An estimated 158,245 Milwaukeeans lived in poverty in 2009. For a family of four with two adults and two children, the poverty threshold was an annual income of \$21,954.

**City of Milwaukee’s Overall Birthrate per 1,000 for Girls Aged 15-17 by Race**



Source: City of Milwaukee Health Department Figure 4

In 2008, the City of Milwaukee Health Department documented 661 births to teen mothers between the ages of 15 and 17. This translated into a birth rate of 46.7 births per 1,000. The long-term cost of the 661 births to mothers between ages 15 and 17 in the city of Milwaukee in 2008 was estimated at \$17.2 million (in 2004 dollars).<sup>43</sup>

## Monthly Income & Expenses for a Family of Four Living at the 2010 Poverty Line of \$22,050

Monthly Expenses	Cost
<b>Income (before taxes)</b>	<b>\$1,837</b>
Basic housing	-\$706
Own/maintain a car, fill with gas	-\$147
Food for a family of four with two adults and two children (including food stamps)	-\$570
Average cost of medical bills (assuming employer assisted)	-\$298
Full-time child care for two children	-\$1,319
<b>End of month balance</b>	<b>-\$1,203</b>

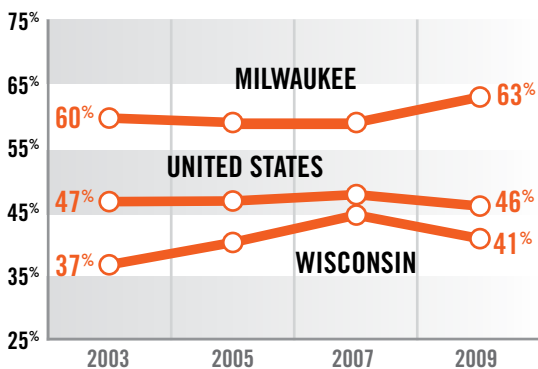
Note: Expenses do not include costs of clothing, shoes, health/hygiene products, cleaning supplies, life insurance, school supplies, education, furnishings, birthday or holiday gifts.

Source: Chart compiled from data from U.S. Census Bureau, Urban Institute, U.S. Bureau of Labor Statistics, U.S. Department of Agriculture, Food & Nutrition, National Association of Child Care Resources & the Economic Policy Institute. Figure 5

## Youth Risk Behavior Survey

Like adolescents everywhere, Milwaukee youth make decisions every day that can affect their short- and long-term health. Whether to play sports, whether to smoke or drink alcohol, whether to stay in school, or whether to have sexual intercourse are all decisions youth may make for themselves. Ideally, all youth would have adult support and loving guidance that would steer them toward healthy decisions. They would be raised in a community with strong schools, they would enjoy a variety of out-of-school activities that support their healthy development, and they would be part of a peer group that encourages positive life decisions. Unfortunately, this is not the case for many of them. Many young people in middle or high school tell us that they are affected by violence. Many engage in early sexual activity (sometimes consensual, sometimes coerced or forced), and many attend schools with few constructive after-school activities like sports or clubs.

### Percentage of High School Students Who Reported Ever Having Had Sexual Intercourse, 2003-2009



Source: CDC, Youth Risk Behavior Surveillance System, <https://apps.nccd.cdc.gov/youthonline/App/Default.aspx>

Figure 6

Young people in Milwaukee are having sex for the first time at very young ages. While we cannot be certain whether this is by choice, or is the result of sexual victimization, it is clear that many young people are at risk for sexually transmitted infections or pregnancy because of this behavior. Every two years the CDC revises and disseminates the Youth Risk Behavior Survey (YRBS) for states to implement with middle and high school students. Wisconsin implements a slightly adapted version of the YRBS statewide and the Milwaukee Public Schools (MPS) also implement this survey with youth. It is an anonymous survey. The middle school survey is slightly shorter and less in-depth than the version given to high schoolers. Results of the last two implementations of the YRBS in MPS high schools, as well as a national comparison are presented in the table below.

## Alarming Statistics: Milwaukee vs. National Youth

- Milwaukee youth are twice as likely to have sex before the age of 13.
- Milwaukee high school students are twice as likely to have had four or more sexual partners.
- Milwaukee youth are 50% more likely to be physically abused by a boyfriend or girlfriend.

Milwaukee's high school students are participating in risky sexual behaviors and are exposed to violence at higher rates than the national level with the exception of condom use among sexually active youth. They are twice as likely to report first sexual intercourse before the age of 13, nearly twice as likely to report having had four or more sexual partners, nearly twice as likely to report ever having had sexual intercourse, about 50% more likely to report having been physically hurt by a boyfriend or girlfriend, and more than 40% more likely to report having been forced verbally or physically to participate in a sexual activity.

### Milwaukee Public Schools Youth Risk Behavior Survey – High School Surveys, 2007 & 2009

Question	2007	2009	2009 National Rates
% ever had sexual intercourse	59.1%	63%	46%
% of students who had sexual intercourse for the first time before age 13	12.3%	12.3%	5.9%
% of students who have had sexual intercourse with four or more people during their lifetimes	25.3%	24.1%	13.8%
% of students who have had sexual intercourse during the past three months	42.5%	43.9%	34.2%
% who used condom at last intercourse	68.1%	68.6%	61.1%
% who used birth control pills at last intercourse	9.8%	9.6%	19.8%
% reported that in the past 12 months, their boyfriend or girlfriend ever hit, slapped or physically hurt them on purpose	15.2%	14.2%	9.8%
% reported that they have been forced, either verbally or physically, to take part in a sexual activity	10.2%	12.2%	7.4%

Source: YRBS data retrieved on January 5, 2011 from: [http://mpsportal.milwaukee.k12.wi.us/portal/server.pt?in\\_hi\\_space=SearchResult&in\\_hi\\_control=bannerstart&in\\_hi\\_userid=2&in\\_tx\\_query=YRBS](http://mpsportal.milwaukee.k12.wi.us/portal/server.pt?in_hi_space=SearchResult&in_hi_control=bannerstart&in_hi_userid=2&in_tx_query=YRBS)  
National rates are retrieved from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5905a1.htm>

Figure 7

## Brighter Futures Youth Surveys: Data from 2007, 2009

The Milwaukee Brighter Futures Initiative, a program of Community Advocates, implements a Brighter Futures Youth Survey (BYFS) approximately every two years. It follows a format derived from the Wisconsin Youth Risk Behavior Survey, a survey based on the national Youth Risk Behavior Survey. In 2007 and 2009, the BYFS asked 439 youth and 335 youth, respectively, about behaviors related to topics like tobacco, alcohol, and violence. Youth ranged from 12 to 18 years old. In 2007, 93% of respondents were youth of color, while in 2009 98% were youth of color.

All of the youth surveyed were connected to a youth-serving agency, often through an after-school program. The most recent two years of data appear in the table below.

The Brighter Futures Surveys differentiate between “violent” and “non-violent” youth. “Violent” youth are those who have experienced violence by indicating either that they have been in two or more physical fights in the past 12 months or have carried a weapon during the past 12 months. The “non-violent” youth have just one or none of those indicators of risk behaviors. Youth engaging in or experiencing violence consistently engage in additional risk behaviors, though the mechanisms are not always understood. The 2009 Brighter Futures Youth Survey sought to understand the relationships between

high-risk levels of sexual behavior and lower-risk levels of sexual behavior. Youth in the high-risk category exhibited two or more of the following characteristics: age at first sexual intercourse 12 or younger, four or more sexual partners in their lifetimes, pregnant (having been pregnant or caused someone else to be pregnant) one or more times, no condom use or “not sure” about condom use, and/or no contraceptive method used or “not sure” if a contraceptive method was used.

### Brighter Futures Survey Data: 2007, 2009

Question	% Answering, 2007	% Answering, 2009
During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?	14	15
How old were you when you had sexual intercourse for the first time?	Never have: 41% 11 or younger: 11% 12 or younger: 10% 13 or younger: 12% 14 or younger: 12% 15 or younger: 8% 16 or younger: 4% 17 or younger: 2%	Never have: 36% 11 or younger: 11% 12 or younger: 10% 13 or younger: 7% 14 or younger: 14% 15 or younger: 9% 16 or younger: 10% 17 or younger: 2%
The last time you had sexual intercourse, what method did you or your partner use to prevent pregnancy? (Out of a total of 177 respondents.)	No method: Females: 18% Males: 10% Condoms: 68%	No method: 16% Birth Control Pills: 6% Condoms: 64% Depo-Provera: 5% Some other method: 2% Withdrawal: 3% Not sure: 4%

Figure 8

### “Violent” vs. “Non-Violent” Youth Comparisons of Risk Behaviors, 2007 (Direct comparisons are not available for 2009)

Behavior or Risk Factor	Non-Violent Youth, 2007	Violent Youth, 2007
Age at first sexual intercourse	Never = 45% ≤ 11 = 8% ≤ 12 = 10% ≤ 13 = 11% ≤ 14 = 13% ≤ 15 = 8% ≤ 16 = 4% ≤ 17 = 2%	Never = 20% ≤ 11 = 28% ≤ 12 = 14% ≤ 13 = 20% ≤ 14 = 4% ≤ 15 = 6% ≤ 16 = 6% ≤ 17 = 2%

Figure 9

# What Youth Are Saying about Teen Pregnancy

Youth who participated in the 2009 Brighter Futures Youth Survey were asked to answer the question: What is the one thing you would like adults to know about what it is like to be a kid today?

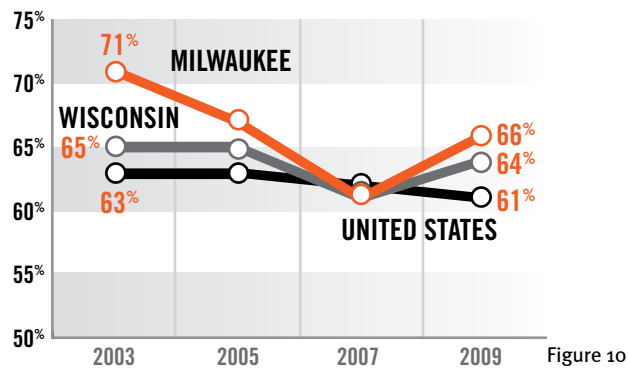
“It can be very stressful, and kids are becoming more and more sexual at younger ages.”

“I think there are lots of things that teens do that are very dangerous and out of control, and parents don’t know because they don’t ask.”

“(We’re) around a lot of peer pressure and sexual activity.”

“It’s hard to be a kid and take care of a baby by yourself.”

**Percentage of Sexually Active\* High School Students Who Reported Using a Condom at Last Intercourse**



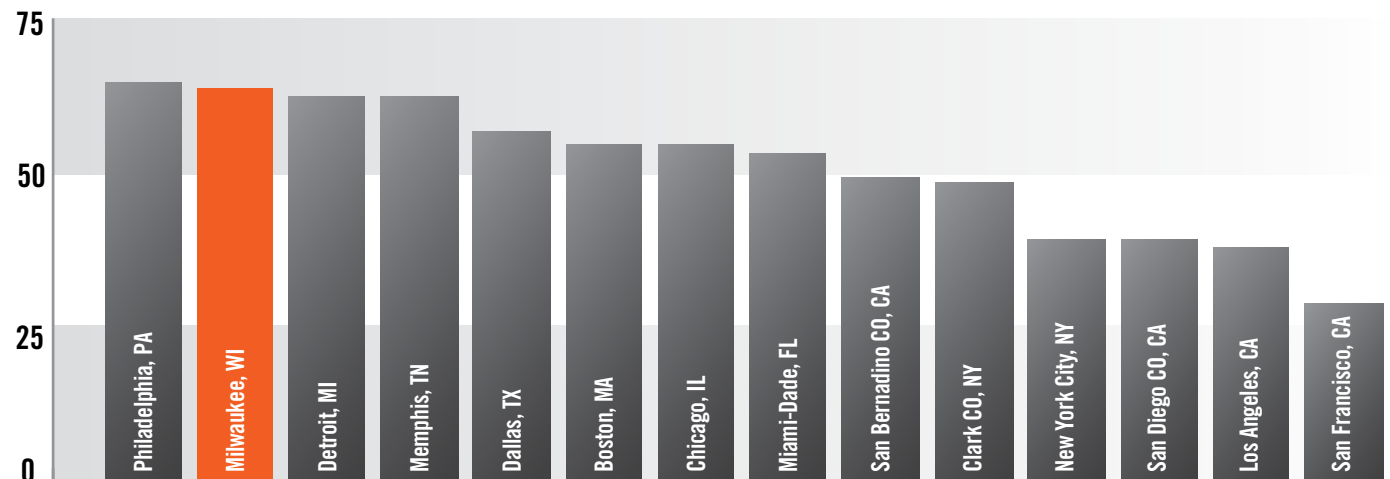
**High-Risk Sexual Behavior Youth & Non-High Risk Sexual Behavior Youth – Brighter Futures Survey Data, 2009**

Indicator/Risk Behavior	Non-High Risk Sexual Behavior Youth	High-Risk Sexual Behavior Youth
Ages 12-15	85%	15%
Ages 16-18	59%	41%
Gender: Female	77%	23%
Gender: Male	61%	39%
Age at first intercourse ≤ 12 years old	11%	48%

\*Students who reported having had sexual intercourse in the previous 3 months  
Source: CDC, Youth Risk Behavior Surveillance System, <https://apps.nccd.cdc.gov/youthonline/App/Default.aspx>

Figure 11

**Percentage of High School Students who Reported Ever Having Had Sexual Intercourse (Select Jurisdictions), 2009**



Source: CDC, Youth Risk Behavior Surveillance System, <https://apps.nccd.cdc.gov/youthonline/App/Default.aspx>

Figure 12

# United Way's Strategic Approach

Despite significant economic and employment challenges, United Way of Greater Milwaukee and its partners have made significant progress toward their goal to reduce teen births by 46% to 30 per 1,000 among 15 to 17 year olds by 2015. This has only been possible because of the consistent involvement of dedicated individuals and organizations across a number of sectors, including but not limited to:

- The Teen Pregnancy Prevention Oversight Committee
- The City of Milwaukee and State of Wisconsin
- Colleges and Universities
- Community-Based Organizations and Programs
- The Faith Community
- Local Media
- Milwaukee Public Schools
- United Way of Greater Milwaukee Women's Leadership Council

## A Logic Model for Reducing Births to Teens

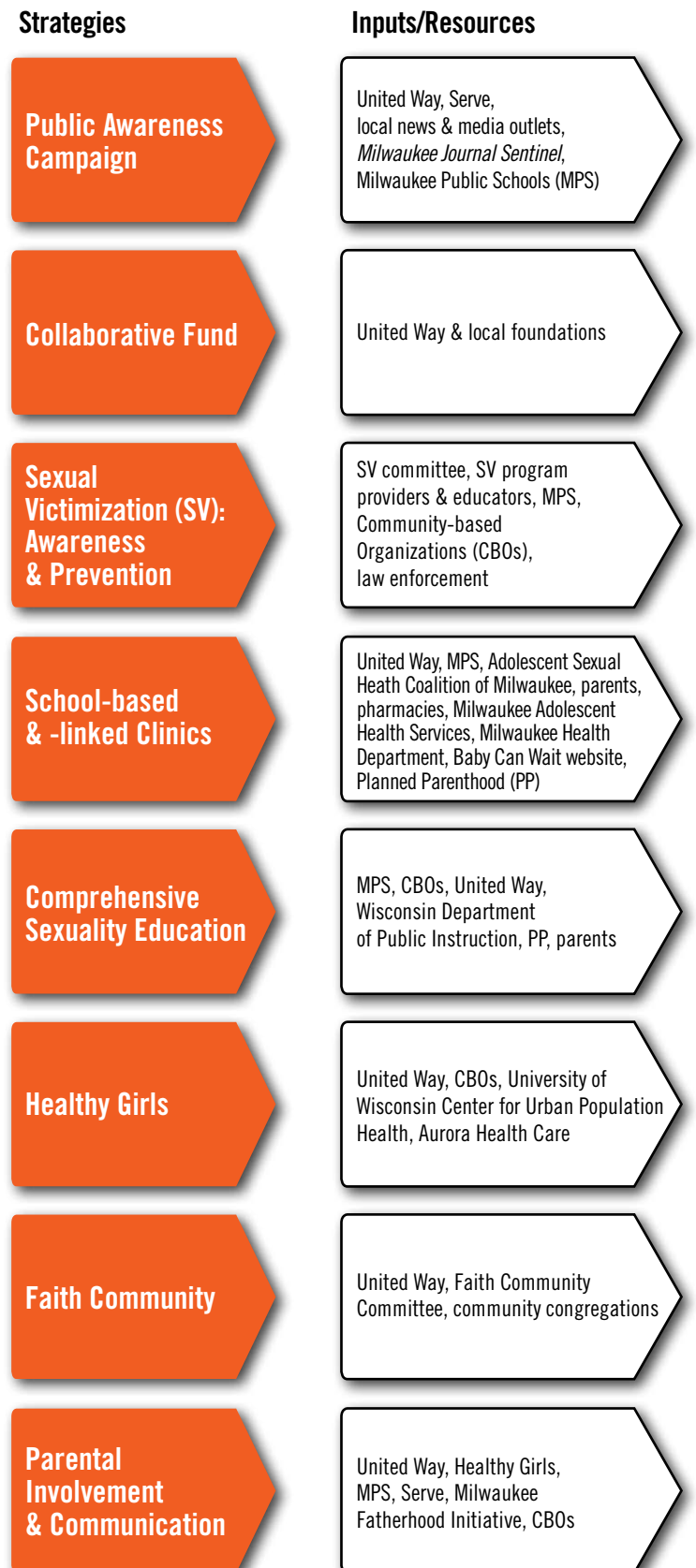


Figure 13

## Activities

Targeted Campaigns: Businesses, Youth, Sexual Victimization (SV), MPS posters, advertising, news coverage

Funder survey, outreach, coalition building, research best practices, review and fund quality proposals

Training and education, including mandated reporter training, resource materials, targeted public awareness efforts

Relationship building, STI screening, pregnancy testing, contraceptive prescribing/dispensing, referrals, physical exams, state-funded family planning coverage

Mandated comprehensive, evidence-based human development sexuality education in all grades, for all students

Implementation of evidence-based prevention programming for girls, boys, parents

Training and education of faith leaders, dissemination of faith-based prevention education throughout community

Let's Talk Month, parental inclusion in prevention activities and messaging, Milwaukee Fatherhood Summit

## Outcomes

Increased negative perception re: becoming pregnant, increased perception of teen pregnancy as a social problem affecting entire community, increased youth self-efficacy

Increased philanthropy and community commitment for evidence-based programming and efforts, increased sense of urgency re: the need to reduce the teen birth rate

Increased awareness of the link between sexual victimization and teen pregnancy, increased awareness of and access to SV services, increased agency capacity to provide appropriate service referrals

Increased access to and utilization of comprehensive reproductive health services

Increased knowledge and skills regarding healthy relationships, delayed onset of sexual behavior OR increased and consistent use of contraception, increased capacity of schools to implement sound curriculum

Increased knowledge and skills regarding healthy and unhealthy relationships, delayed onset of sexual behavior OR increased and consistent use of contraception

Increased knowledge re: the role faith communities can play in pregnancy prevention, increased communication between faith leaders and families re: human sexuality

Increased parental capacity/efficacy to influence youth, increase regular parent-child communication that lasts throughout childhood and adolescence



**GOAL**  
REDUCE MILWAUKEE'S  
TEEN BIRTH RATE FOR  
15 TO 17 YEAR OLDS  
BY 46% BY 2015

# School-Based Health Education & School Clinics

While schools have traditionally offered health education as a part of overall curriculum, the depth and breadth of sexuality education in these curricula has varied. In recent years, significant federal and state government resources have been allocated to abstinence-only sexuality education. Most of these programs prohibited the discussion of contraception to prevent pregnancy or condoms to prevent sexually transmitted infections (or pregnancy). In the early 2000s, many of these programs were under scrutiny for their lack of positive outcomes in preventing teen pregnancy and/or STIs. Surveys of parents also found that they wanted sexuality education in schools to offer a wider range of topics than what was covered in the abstinence-only curricula.<sup>45</sup>

On February 24, 2010, the Wisconsin Senate passed Wisconsin Act 134, better known as the Healthy Youth Act, or HYA. School boards in districts that offer human growth and development classes are required by the HYA to send home outlines of the intended topic areas so that parents can be informed and discuss the information with their children. Parents are also free to opt out of this education in their child's school. School boards choosing not to teach any human growth and development classes are obligated to provide written notice to parents that their children would not be receiving instruction on these topics. The HYA's imperative is to "...encourage all school boards to ensure that pupils in their districts are provided age-appropriate, comprehensive instruction in human growth and development, which included discussion of contraception and pregnancy/STI prevention. The instruction should support and enhance communication between pupils and their parents and provide pupils with the knowledge, skills, and support necessary to make healthy decisions now and throughout their lifetimes, and to make responsible decisions about sexual behavior." The HYA further describes the methods for compliance with the new law through the definitions below.

- a) "Age-appropriate" means suitable to a particular age group of pupils based on the developing cognitive and emotional capacity of and behaviors typical for the age group.
- b) "Medically accurate information" means information that satisfies all of the following:
  - 1. The information is supported by the weight of research conducted in compliance with accepted scientific methods.
  - 2. Where appropriate, the information is published in peer-reviewed journals.
  - 3. The information is recognized as accurate by relevant leading professional organizations or agencies such as the American Medical Association, the American Public Health Association, or the American Academy of Pediatrics.

The MPS Wellness and Prevention Office (WPO) had long been concerned about the high concentration of teen births among its students. To address the high teen pregnancy rate in a preventive way, WPO staff partnered with parents, community groups and United Way of Greater Milwaukee to create an age-appropriate, science-based curriculum that begins in kindergarten and runs

through the twelfth grade. Called the "Human Growth and Development Curriculum," it was created to align with Milwaukee Public Schools' Learning Targets and National Health Standards. Lessons were designed in grade ranges (grades K5-1, 2-3, etc.). While lower grades have fewer lessons per school year (12 to 15), high schoolers have up to 38 detailed lessons. The curriculum has helped ensure that even in a district with a 30% student mobility rate, students receive continuity of education.

A cornerstone of any successful curricular implementation is teacher training. Through support from United Way of Greater Milwaukee and the Department of Public Instruction, WPO staff trained 679 teachers in the MPS Human Growth and Development Curriculum during the 2009-2010 school year. These teachers came from more than 118 schools and taught in grades kindergarten through high school. The WPO is on track to train an additional 200 or more teachers before the end of the 2010-2011 school year, for a total of about 900 teachers trained through this partnership.

Many students receive health care at nurses' offices at school or at School-based Health Centers. Milwaukee's high rates of uninsured or underinsured families have kept clinic/Health Center utilization rates high. Aurora Health Care currently staffs seven of the eight centers and the Medical College of Wisconsin staffs one. Youth have not only been involved in helping spread the word about the clinical services available, but they have also helped design the packaging for condoms made available for students who meet with a nurse or other health care provider and disclose that they need access to condoms. The youth designed a sticker that goes onto condom packages available in the clinics.



Condom wrapper designed by MPS students



While significant progress has been made, many young people still do not always have sufficient access to the information they need to make fully-informed decisions about their health. Standardizing the curriculum across the district, especially in light of the high mobility rate experienced by students in MPS, has made a difference.

The training has been well received by participating MPS staff, as indicated by these post-training survey results.

- 76% of K-5 and 70% of 7-12 teachers reported that their school did not have a scheduled time set aside for health education.
- 58% of K-8 teachers reported that they did not teach a weekly health class to their students, however 94% said they would start teaching them in the future.
- 98% of teachers K-12 thought the training was well-organized.
- 99% of teachers K-12 thought the trainers were knowledgeable and skillful.
- 98% of teachers K-12 thought the training was useful.
- 98% of teachers K-12 stated that the training made them feel more comfortable about teaching the curriculum.
- 90% of the teachers K-12 reported that the training was above average or excellent.

### Milwaukee Public Schools School-Based Health Clinics, 2010-2011

School	Provider
Alliance	Aurora Health Care
Bay View	Aurora Health Care
Custer	Medical College of Wisconsin
Forest Home	Aurora Health Care
Hamilton	Aurora Health Care
James Madison	Aurora Health Care
North Division	Aurora Health Care
Rufus King	Aurora Health Care
South Division	Aurora Health Care

Figure 14

### Milwaukee Public Schools Health Curriculum Implementation, 2009-2011

Type of School	Number of Schools Implementing HGD Curriculum	Number of Schools Providing Evidence of Implementation Via Follow-Up Surveys	Percentage
Elementary (K-5, K-8, Montessori)	101	69	68.32%
Middle School	8	4	50%
High Schools	16	8	50%
All Traditional Schools	125	81	64.80%

Figure 15

# Importance of Parents

Parents play an important role in ensuring that their children do not become parents before they are ready. According to a recently released report by the National Campaign to Prevent Teen and Unplanned Pregnancy:<sup>46</sup>

- 1** Teens continue to say that parents (46%) most influence their decisions about sex. By comparison, just 20% say friends most influence their decisions.
- 2** Eight in ten teens (80%) say that it would be much easier for teens to delay sexual activity and avoid teen pregnancy if they were able to have more open, honest conversations about these topics with their parents.
- 3** Six in ten teens (62%) wish they were able to talk more openly about relationships with their parents.
- 4** Six in ten teens (63%) and adults (62%) agree that the primary reason teens don't use contraception is because they are afraid that their parents will find out. However, most parents say that if they learned that their teen was using contraception, they would be unhappy that they were having sex but happy that their daughter (63%) or son (69%) was using contraception.

United Way of Greater Milwaukee put together Let's Talk! Family Communication Toolkits to help parents and other caregivers begin and continue these important conversations with their children. The toolkit begins by acknowledging that parents are the best sexuality educators for their children; parents want to be good sex educators; but may not always understand how to do the job well; children want sex education from their parents or legal guardians; and you can be an "askable" parent, a caring parent, and a wise counselor.

The toolkit includes step-by-step assistance for what can often be difficult conversations. It also contains tools such as:

- Developmental information on age groups 6 to 8, 9 to 12, and 13 to 17, and assistance in gauging what kids are most likely to want and need to know.
- Instructions for helping children stay safe online.
- Resources available online or at a local library for youth and parents.
- Suggestions for how to become an "askable" parent.
- A parent/child checklist to help families discuss their expectations around everything from when it is okay to hold hands to enter into a committed relationship with someone.
- Information to help in prevention or detection of an abusive teen relationship.
- A worksheet with the costs of raising a baby through the first year of life.
- Information sheets on what to expect for a first women's health exam.
- Information from the American Psychological Association on sexual orientation and homosexuality.
- Information on what "consent" means in the context of a sexual relationship.

- Tools to facilitate conversations between children and parents regarding sexual content in television shows.
- A list of Milwaukee-specific resources for the prevention of sexual and dating/domestic violence.

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## What Do Parents Want?

Many parents who participated in the Hispanic Chamber of Commerce's 22nd Annual Salute to Hispanic Women Luncheon in May 2010 reported that they:

- 1** Need to move beyond embarrassment and talk to their kids about sex.
- 2** Want to be taught how to communicate with their kids in general.
- 3** Want to be able to talk to their kids about the importance of higher education.
- 4** See the need for ongoing conversations between parents and children.
- 5** Want help changing male beliefs and perspectives (in the Latino community), and enlisting these men to talk to younger male teens about abstaining from sex, or delaying sex.

One parent summed up her response to the luncheon survey and discussion by saying, "The benefits really outweigh the embarrassment of such an important topic."

Some of the ways local parents have been involved include, but are not limited to

- Approximately 7,000 Let's Talk! Family Communication Toolkits were distributed to families to facilitate positive parent and child communication.
- Human Growth and Development curriculum through Milwaukee Public Schools was made available to the public and subsequently altered in response to parental input that it be more focused on abstinence.
- Faith communities such as Calvary Baptist Church held parent/guardian information sessions about faith-based programs to encourage healthy decision-making and self-respect.
- Significant parental attendance at the Hispanic Chamber of Commerce's 25th Annual Salute to Hispanic Women Luncheon, where Latina parents completed surveys in Spanish or English.
- Strong presence of parents of school-age or teenage children on the Teen Pregnancy Prevention Oversight Committee.

Around the United States, youth are often on their own for several hours between school dismissal and the arrival of a parent at home. Many youth use out-of-school time constructively, however there is a relationship between unsupervised time and sex, STI, and substance use.<sup>47</sup> Among youth who were sexually active, 91% say they had sex in an unsupervised home setting, whether their own or someone else's. This is true regardless of whether a youth came from a one- or two-parent home. Youth who are unsupervised 30 or more hours per week are 18% more likely to be sexually active than those who report being unsupervised five or fewer hours per week. One study concluded,

*"As youths come of age, parents probably believe that it is appropriate to leave them increasingly on their own, and, accordingly, prevention approaches have concentrated on providing information and motivation for abstinence or safer sex. However, given the independent association between the amount of unsupervised time and sexual behaviors (with STD rates suggestive of particularly risky sexual behaviors) and substance use behaviors, it is worth considering increasing youth supervision, if not by parents, then by programs organized at schools or other community settings."<sup>48</sup>*

## Get At You

Activities that have specifically targeted fathers have received strong responses, according to Wisconsin Department of Health Services' Public Health Educator W. Curtis Marshall. Marshall, who works statewide on fatherhood-related initiatives, said that fathers are sometimes overlooked in organizations' efforts to connect with the community around the issue of teen pregnancy. Outreach, however, has been warmly received by fathers. Locally, the Milwaukee Fatherhood Initiative, Serve , WVTV CW 18/WCGV My 24 TV and United Way of Greater Milwaukee created "Get At You," a video campaign combining honest messages and social media to reach out to the young men of Milwaukee with positive advice.

Men talk candidly about many topics ranging from their fears of being a

young father, thoughts about older men dating younger women, things they wish they had known growing up, what they would tell their young selves about being young fathers, why it's good to use a condom, and why they should respect women. The videos were posted on a web site, [getatyou.org](http://getatyou.org), so that they could be voted on by online viewers. Several thousand votes were logged, and even more people viewed the videos. Winning videos were showcased on WVTV CW 18/WCGV My 24 TV.



# United Way Healthy Girls Initiative

The United Way Healthy Girls program began in 2001 as a way to respond to two issue areas that are impediments to the health and well-being of young people: teen pregnancy and sexual violence or victimization – issues that are also closely linked to high school drop out rates, cyclical poverty and life-long health challenges for teen mothers and their children. After carefully studying other communities and researching effective programming, two evidence-based curricula were selected for implementation: *Making Proud Choices!* and *¡Cuidate!*.

*Making Proud Choices!* a Safer Sex Approach to STIs, Teen Pregnancy, and HIV Prevention Curriculum is an eight-module curriculum that provides youth with the knowledge, confidence and skills necessary to reduce their risk of sexually transmitted infections (STIs), HIV and pregnancy by abstaining from sex or using condoms if they choose to have sex. *¡Cuidate!* is a curriculum designed to address the unique cultural and language needs of Latino youth.

These programs have been used successfully in Milwaukee and throughout the country. Adopting two evidence-based curricula has given United Way of Greater Milwaukee and its funded partners a means for comparing their results with others across town or across the United States. Programs have participants who are male, female and transgender. They are designed to reach all youth. Dr. Paul Florsheim from the Center for Urban Population Health said, “We need to make sure we recognize that both the teen girl and the person who impregnates her are both risk-takers.”

United Way of Greater Milwaukee has funded implementation of these curricula in more than 23 nonprofit youth- and family-serving organizations. While the number and size of available grants has varied

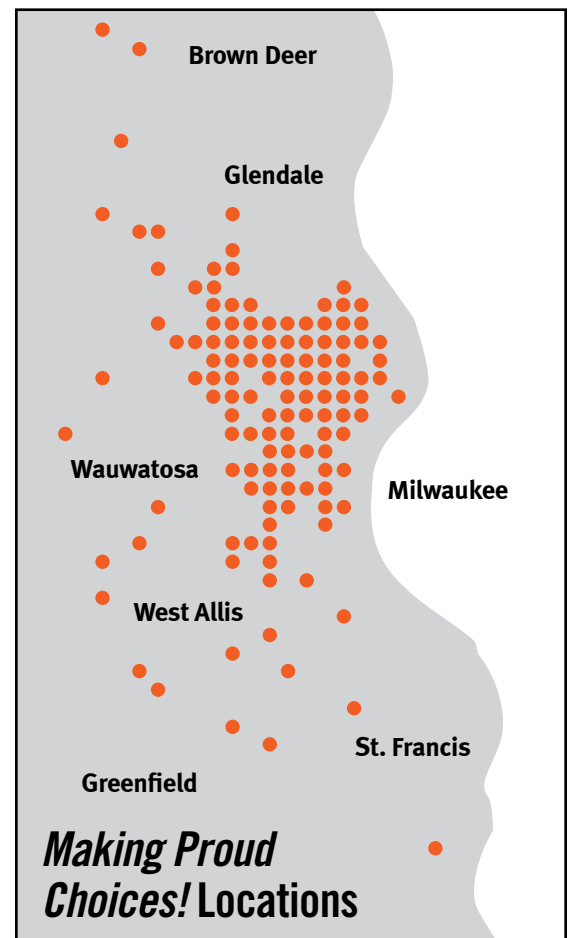


Figure 16

Non-profit agency staff who have implemented programs through funding support from Healthy Girls came to a discussion group at the United Way of Greater Milwaukee in early January, 2011. A sampling of their feedback is provided below.

“There is a light bulb moment when you see it go on and kids ‘get it’.”

“Boys and girls begin to see that there are consequences for them if they interact in terms of intimacy instead of in terms of friendship.”

“The ‘What is A Friend’ piece of *Making Proud Choices!* is really helpful.”

“Teachers and students are learning. The curriculum really helps adults open up.”

“For the first seven years at (my agency) we didn’t talk to kids about protecting themselves. Now it is the norm.”

“Youth often knew this information but didn’t want to apply it. The hesitation is going away now.”

“We have recognized the role of the faith community. We need a more direct, realistic approach.”

from year to year, United Way has invested over \$4.2 million in Healthy Girls programming since 2001, investing \$614,000 in 14 organizations for 2010-11, an all-time annual high. In order to facilitate high-quality, high-fidelity implementation of these curricula, recipients of funding participate in an all-day training before they implement *Making Proud Choices!* While *Making Proud Choices!* is for general use with youth, additional expert cultural competency training has been provided to adapt its use with lesbian, gay, bisexual and transgender youth.

By focusing on evidence-based curricula and supplying training to funding recipients, more local youth than ever have had access to high-quality, science-based sexuality education programming.

Those implementing programs in the community also talked about the challenges in working with specific youth populations. Some youth have poor literacy skills. Youth who are homeless may have a difficult time getting to all of the scheduled lessons/programs. Many people implementing programs feel they are seeing an increase in youth with undiagnosed mental or emotional health issues and worry that these young people are not getting the help they need. In short, they are working with ever-more-challenging youth

populations who have little support outside of the school setting. Their observations appear to be on target: MPS has seen a doubling of students who are homeless in the five years since the original *If Truth Be Told* was issued. The schools expect to serve 3,000 homeless students before the end of March 2011.<sup>49</sup>

Figure 16 illustrates the broad community reach of Healthy Girls programs in the past five years. More than 16,000 youth from elementary school age through young adults have now had access to this evidence-based curriculum since 2001. Figure 17 highlights the years covered in this report.

In order to ensure community capacity for delivering *Making Proud Choices!* to more and more youth each year, United Way of Greater Milwaukee has two master's-level trainers on staff who offer training to *Making Proud Choices!* facilitators annually and free of charge. Programs not funded through the initiative are also invited to send staff members.



The 2010 Aurora Health Care Healthy Girls Challenge matched new and increased gifts designated to Healthy Girls programs, including focused efforts to reduce births to teens by 46% by 2015. In addition, Aurora Health Care has sponsored the annual Women's Initiative Luncheon since 2004 and several public awareness tactics.

“Youth are getting educated in multiple places. Youth are more apt to initiate conversations in households. With the community organizations on the same page, there is tremendous impact. By giving them events and giving them language, they can improve parent involvement.”

“Kids are more open to identifying as LGBT (lesbian, gay, bisexual or transgender).” (This was echoed by a number of people present.)

“Homeless youth are really careful about not getting pregnant.”

“We need to work more with younger kids (11-12). A couple of years before 6th grade we need to start talking to them.”

“We need to fill a huge void, including a lack of an ‘emotional IQ.’”

“In my group of 20 people in juvenile corrections, 95% had experienced sexual violence or sexual assault.”

“Too often, the parenting message consists of ‘Don’t come home pregnant!’”

“It has to start at home. We have to break the cycle.”

## Center for Urban Population Health Healthy Girls Evaluation

The University of Wisconsin Center for Urban Population Health (CUPH) in partnership with the University of Wisconsin School of Medicine and Public Health, the University of Wisconsin-Milwaukee, Aurora Health Care and United Way of Greater Milwaukee assessed the level of baseline knowledge among Healthy Girls program participants and measured the changes as they completed the *Making Proud Choices!* curriculum. The questions asked come from the Prevention Minimum Evaluation Data Set (PMEDS). The PMEDS questions have been used throughout the country for more than a decade and have been shown to be both reliable and valid tools for tracking attitudes, behaviors and intentions regarding several risk behaviors.

The results of this study, which took place in 2009 and 2010, were positive across indicators. The survey gathered information from 914 people from nine to 20 years old. Youth participated in programs at one of 12 sites throughout the city. The respondents were ethnically and culturally diverse, as outlined in the table below. (Please note that “Hispanic/Latino” is an ethnic group, not a race.)

The evaluation conducted by CUPH demonstrated effectiveness of the curriculum used on *knowledge, attitudes, intentions, preventive skills/behaviors, and sexual pressure-related issues* around pregnancy prevention. The tables below represent some of the findings of the pre- and post-curriculum surveys implemented with the 914 participants described above.

### Healthy Girls Program Participants, 2006-2010

#### 2006-2007

Number of Participants	10 & under	11-14 years	15-18 years	19 & over or unknown age
2,682	73	1,487	868	254

#### 2007-2008

Number of Participants	10 & under	11-14 years	15-18 years	19 & over or unknown age
5,055	243	2,486	1,098	553

#### 2008-2009

Number of Participants	10 & under	11-14 years	15-18 years	19 & over or unknown age
2,876	57	1,561	647	298

#### 2009-2010 (Age group information varied slightly in the 2009-2010 year)

Number of Participants	11 & under	12-17 years	18-21 years	Unknown
3,112	446	2,498	153	15

Figure 17

### Center for Urban Population Health: Healthy Girls Program Participant Surveys

Gender	Number of Youth	Percent
Female	509	57%
Male	384	42.9%
Transgender	1	.1%
Missing	20	N/A (not used in totals above)
TOTAL	914	

Ethnicity	Number of Youth	Percent
Hispanic/Latino	284	32%
Non-Hispanic/Latino	596	68%
Missing	34	N/A (not used in totals above)
TOTAL	914	

Race	Number of Youth	Percent
Black or African-American	485	59%
Native American	28	3%
White	51	6%
Asian or Pacific Islander	18	2%
Multiracial	82	10%
Other	161	20%
Missing	89	N/A (not used in totals above)
TOTAL	914	

Figure 18

**Knowledge Outcomes:** Overall, 92.9% of respondents met the pregnancy prevention knowledge objective and 94% met the sexually transmitted infection knowledge objective. All results shown below are in aggregate and are statistically significant at the p .01 level.

Knowledge Questions	Before	After	Change
A condom can be used more than once. (correct answer: false)	82%	96%	14%
Birth control pills can help prevent AIDS. (correct answer: false)	69%	87%	18%
Using a condom can help prevent AIDS. (correct answer: true)	55%	81%	26%
A boy cannot make a girl pregnant the first few times he has sex. (correct answer: false)	76%	87%	11%
A 12-year-old girl can get pregnant even before she has her first period. (correct answer: true)	33%	66%	33%

Figure 19

**Attitude Outcomes:** Respondents were asked their attitudes about the future and whether they have clearly defined ideas of what is or is not sexually acceptable for them. Overall, 85.2% of respondents met the objective for responsible attitudes.

Attitude Questions	Before	After	Change
I have goals for my future. (correct answer: agree)	93%	94%	1%
When I am in a sexual situation, I get confused about my feelings. (correct answer: disagree)	47%	49%	2%
I know for sure what is sexually right and wrong for me. (correct answer: agree)	79%	77%	-2%

Figure 20

**Intention (to Change Behavior) Outcomes:** Respondents were also asked about their intentions about sexual activity or intention to use birth control should they find themselves in a sexual situation. Overall, 56.7% of respondents met the pregnancy intention objective and 76.8% of respondents met the objective for the birth control intention objective.

Intention Questions	Before	After	Change
If someone asks you to have sex with them during the next year, what will you do? (correct answer: I probably won't or I'm certain I won't.)	60%	62%	2%
How likely do you think it is that you will have sex while you are a teenager? (correct answer: I probably won't or I'm certain I won't.)	39%	45%	6%
How likely do you think it is that you will have sex while you are not in a committed relationship? (correct answer: I probably won't or I'm certain I won't.)	55%	62%	7%
Which of the following best describes your plans for using condoms (rubbers) the first (or the next) time you have sex? (correct answer: I plan to use a condom and will not have sex without using one)	74%	77%	3%

Figure 21

# Sub-committee Updates

The Teen Pregnancy Prevention Oversight Committee set up four principal sub-committees designed to focus on specific aspects of the campaign to reduce teen births in Milwaukee. They are:

- Collaborative Fund
- Faith Community
- Public Awareness
- Sexual Victimization

Reports on each sub-committee's activities follow.

## Collaborative Fund

The Collaborative Fund sub-committee is one of the more unique aspects of United Way of Greater Milwaukee's coordinated campaign to prevent teen pregnancy. Few communities, according to Ruthie Flores Retana formerly with the National Campaign to Prevent Teen and Unplanned Pregnancy, have been as broadly inclusive either in committee membership or funding strategy as United Way of Greater Milwaukee. United Way of Greater Milwaukee has successfully included business and philanthropic community leaders, channeling their substantial human and financial investments in teen pregnancy prevention into the Collaborative Fund sub-committee. Its intent is to be "a collaborative fund in partnership with local funding sources to better support prevention efforts across a continuum of programs and strategies." This partnership now includes six funders: The Brico Fund, The Faye McBeath Foundation, Greater Milwaukee Foundation, Johnson Controls Inc., Rockwell Automation and United Way of Greater Milwaukee. Scott Gelzer, executive director of The Faye McBeath Foundation, explained that while they had each traditionally given to annual appeals, this collaboration enabled them to bridge a gap in the community. "Everyone talks more than they would have otherwise, both about this issue (teen pregnancy prevention) and in general," he said. Jim Marks, vice president of the Greater Milwaukee Foundation, said they were each "making grants kind of in isolation, but this was a way to come together and leverage and learn more from one another. It was a way to learn more about the field by working with other funders."

A new member has joined the fund in 2011, Aurora Health Care. Aurora Health Care's contribution of both dollars and expertise will be a considerable asset to the sub-committee, as it broadens its reach and impact over the coming year.

The combined support of these business and philanthropic organizations has leveraged new funding streams, extending the reach of the Teen Pregnancy Prevention Initiative to thousands of new youth this past year. Highlights of the nine programs currently underway are provided below.

### Collaborative Fund Projects: 2010-11

Throughout the process, there are opportunities for individual members of the collaborative fund to award grants, in consultation with the other funders. One such exception is noted below.

#### Boys and Girls Clubs of Greater Milwaukee (Two Programs):

##### ***Making Proud Choices!* (MPC)**

MPC expands the already successful *Making Proud Choices! Plus!* program by reaching youth in additional settings and enhancing parents' and staff members' capacity to educate and support youth in making healthy decisions.

#### Creating Access to Prevention Services (CAPS)

The CAPS program addresses issues of teen pregnancy prevention, lack of access to clinical reproductive health services and STI prevention for underserved youth in the City of Milwaukee. The program provides Human Papillomavirus and Hepatitis B Virus vaccinations, access to clinical services providers and access to the State of Wisconsin Family Planning Waiver program for youth by bringing services to them at the Boys & Girls Clubs.

#### City of Milwaukee Health Department: **No Condom? No Way! (NCNW)**

NCNW is a multi-faceted teen pregnancy, STI and HIV prevention program that is implemented through the support and efforts of a constantly-expanding network of local youth advocates and community partners. The catalyst for engaging youth and partners is the distribution of free condom packages that feature high-profile youth. NCNW aims to reduce barriers to condom use by increasing awareness of and access to free condoms and local safer sex resources.

#### COA: Peer Facilitated

##### **Teen Pregnancy Program (PFTPP)**

Recognizing the critical reality of teen parenting, PFTPP employs a program specialist to train peer facilitators to serve two population groups: parents to parents, and youth to youth. The significance of this program lies in its unique peer-facilitated approach. It creates youth and parent "experts" who then educate other youth and parents, both in COA's centers and in the community.

#### Milwaukee LGBT Community Center: Project Q

Milwaukee's LGBT Community Center's Project Q offers LGBTQ-specific sexual health risk reduction intervention and the creation of positive support, both essential to empowering this vulnerable population to make behavioral change. By addressing sexual risk holistically through interventions aimed at reducing alcohol and other drug use and increasing life skills and positive coping, youth are empowered to reduce their risky sexual behaviors and avoid HIV, other STIs, and pregnancy. LGBTQ youth are often left out of the conversation about pregnancy prevention because of assumptions about their behavior.

#### Milwaukee Muslim Women's Coalition (MMWC): **Somali Bantu Women's Project**

As the only Muslim Women's organization in Wisconsin, the MMWC has had a leading role in working with Somali Bantu women and girls. These newly settled refugees have come from impoverished refugee camps and have had little or no access to information to make it possible for



them to make appropriate health care decisions whether it is self-care, nutrition, or reproductive health – particularly contraception. These women live below the poverty line and subsist on government assistance until the funding set for refugees runs out (usually within 6-12 months).

**Milwaukee Teen Pregnancy Prevention Network (MTPPN): Youth Ambassadors**

The mission of MTPPN is to share resources to prevent teen pregnancies as well as sexually transmitted diseases and infections. The MTPPN is a collaborative coalition of agencies which formed in 2003. The MTPPN facilitates successful teen summits for Milwaukee middle and high school students. The MTPPN Youth Ambassadors (peer educators) have been very effective in delivering important information to their peers about sexual health and the Family Planning Waiver.

**Planned Parenthood:**

**Milwaukee Teen Contraceptive Access Program**

Funding for this program came from the Greater Milwaukee Foundation under the circumstances noted at the beginning of this section.

Milwaukee Teen Contraceptive Access Program works to identify and break down the barriers that prevent teens from accessing health care and contraceptives and provide youth with the knowledge, skills, support and resources they need to prevent pregnancy. Strategies include: Recruiting and training health promoters; reaching teens through education/outreach programs; educating adults on resources available for teen pregnancy prevention; providing teens access to health care at PPWI health centers; enrolling young women in the Family Planning-Only Services (state-funded health care); and providing contraceptive compliance services to young women.

**The Women’s Fund:**

**Reproductive Justice Collective (RJC)**

RJC supports the leadership development of women of color to eliminate the inequalities that perpetuate health disparities for women and girls, while developing and strengthening relationships

with allies (white women and men) that further support women of color leadership. RJC develops and implements organizing strategies that build awareness of and support for reproductive justice issues, especially within communities of color. It works with Collective members to craft strategic responses to prevailing issues that impact women and girls of color.

**Medical College of Wisconsin/Lady Pitts:**

**Milwaukee Adolescent Health Program Clinic**

The program aims to enhance service provision by (1) increasing the number of hours during which clinical and reproductive health services are provided by the clinic, thereby increasing student access to and utilization of services; (2) increasing the knowledge of students and staff regarding the asymptomatic nature of Chlamydia and adverse effects of other STIs through education and information distribution; (3) reaching out to the partners of sexually active students to prevent re-infection; (4) providing counseling and referral to promote increased contraceptive access and utilization; and (5) increasing opportunities for screening for pregnancies and STIs.

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## Promising Practice: “Contracep-texting” to Increase Contraceptive Use

Among young people who are sexually active, health care providers try to ensure that birth control and sexually transmitted infection prevention methods are understood and used by their patients. Working with young women who come into community-based clinics, Dr. Paula Cody with the Medical College of Wisconsin’s Children’s Division of Adolescent Medicine and her fellow physicians ensure that those on birth control stay on birth control by reminding them with text messages. Young women on daily oral contraceptives receive reminder texts at the same time every day. Results to date have been promising, and this may be a particularly good practice for young women who have already had one baby as a teen but wish to wait to have more children.

Lady Pitts is co-located with Custer High School and is slated for closure at the end of the 2010-2011 school year. Student utilization of health services has grown dramatically, and clinical staff is very concerned that these students will lose access to a medical home and the preventive health care they receive there. The presence of this clinic has been credited with lowered rates of absenteeism due to less illness and available treatment on site. Utilization of clinical services doubled during the 2010-2011 school year over the previous year; more than 600 students from the high schools have used services so far this school year.

## Faith Community

Milwaukee has many vibrant faith communities. As Claude Gilmore from the Wisconsin Division of Health Services said at a recent Teen Pregnancy Prevention Oversight Committee meeting, “Many of these churches are doing all kinds of good things people don’t know about. They are doing so much in their communities.” Churches, temples, and mosques play central roles in many families’ lives. Leaders of these faith communities are in a unique position to leverage concern and focus on issues important to their congregations. The 2010 study conducted by the National Campaign to Prevent Teen and Unplanned Pregnancy found that most teens (73%) and adults (70%) believe religious leaders and groups should be doing more to help prevent teen pregnancy.<sup>50</sup>

Many Milwaukee-based faith communities have focused on reducing neighborhood violence, poverty, homelessness, or increasing access to employment. Local churches have taken up the cause of reducing teen birth rates as well. The Reverend Dr. John R. Walton, Jr. has chaired the Faith Community sub-committee for United Way of Greater Milwaukee. He has reached out to fellow leaders in the faith community to educate and empower them around the topic of teen pregnancy prevention.

As the pastor at Calvary Baptist Church, the Rev. Dr. Walton has provided parent and youth access to *Keeping It Real! A Faith-Based Sexuality Education Dialogue Model for African American Teens*. This multi-class series began with a parent/guardian information session and continued with multiple youth education sessions taught by the church’s youth ministers. They covered sexuality, relationships, peer pressure, and other topics youth were likely to encounter in adolescence.

Pastor Venice Williams, who has worked with youth at Cross Lutheran Church and continues to work with youth through SeedFolks Youth Ministry and Kujichagulia Lutheran Center, has led classes using *Keeping It Real*. When interviewed by *Milwaukee Journal-Sentinel* reporter Annysa Johnson, Pastor Williams said, “A big part of this is for young people to understand that engaging in sexual activity is not just a physical act.” The classes have made young people think about delaying intimacy and the importance of making decisions true to your own religious values.<sup>51</sup>

There is still significant power to be harnessed through faith communities in Milwaukee. As Pastor Williams said, “The reality is that if we do not teach about responsible sexual choices, then generation after generation will continue to bring forth children they are not in any way prepared to raise.”

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## The Role of Religiosity in Teen Sexual Behavior: What We Know

- American Teens are religious. About 90% report being affiliated with a religion.
- Teens are less likely to formally participate in religion as they get older.
- Girls are more likely than boys to participate in worship services.
- Black teens are much more likely than white teens to attach great importance to religion.
- Regardless of race or gender, teens who attend services frequently are less likely to have permissive attitudes about sex.
- Girls who are Catholic or fundamental Protestant denominations are more likely to delay onset of sexual activity, but are less likely to use contraception when they do have sex.

Source: Keeping the Faith: The Role of Religion and Faith Communities in Preventing Teen Pregnancy, The National Campaign to Prevent Teen Pregnancy, 2001

Excerpted from the December 6, 2009 *Milwaukee Journal Sentinel*:

**“This church is doing something about it”**

**“...We want our teens to know that although it has taken a long time for us to take this step, they will not be denied a safe, Christ-centered environment to receive the information they need to live healthy lives...I ask only that other faith leaders address issues of sex and relationships within the context of their faith.”**

**“The core value of comforting the afflicted is one we can immediately say we are working on. Our teens are afflicted and hurting. Ideally, the home should be the safe place for teens to talk about their afflictions - having all those hormones going crazy inside!”**

The Rev. Dr. Walton has been pastor at Calvary Baptist Church in Milwaukee since 2002.



Figure 22



Figure 23

## Public Awareness

Youth today are bombarded by media messages like no other generation before them. Many adolescents communicate on Facebook and they have access to Internet communications and images through cell phones or on computers. Thus, today's teens require a unique approach to communicate with them about positive, healthy behaviors.

The Public Awareness sub-committee has served an important role in guiding the public “face” of the Teen Pregnancy Prevention Initiative. Its overall goal is to identify strategies and create an implementation plan to elevate the awareness of sexual violence as it relates to teen pregnancy. Specifically, the Public Awareness sub-committee’s charges are to

- Identify target audiences and strategies to reach prospective audiences.
- Identify awareness strategies that have proven successful in other communities and explore replication opportunities.
- Create and oversee an implementation plan to elevate awareness of the issue of sexual victimization in the community.

To accomplish these goals, United Way of Greater Milwaukee partners with Serve Marketing, the country’s first non-profit marketing firm. Serve is well known for its edgy and attention-grabbing campaigns, successfully launching informational campaigns on topics like youth homelessness, shaken baby syndrome, and HIV prevention. Their campaigns have been effective because they do not shy away from the most serious aspects of the topic at hand.

When he began his work with United Way of Greater Milwaukee, founder and president of Serve Marketing, Gary Mueller, said “We knew it was not as simple as telling people not to get pregnant as teens.” Serve conducted numerous focus groups with area youth in the beginning of the campaign. The message, said Mueller, was that they (the youth) did not think about the distant future, which to them is five, 10, 15 years down the road. The response was to “show how different teen pregnancy is going to make your life today.” The campaigns work, he said, because “we never tell kids what to do.” Instead, Serve has leveraged the power of role modeling, ever-changing campaigns that mimic lifestyles and trends youth admire, and keep people uncomfortable so that the issue stays on their minds.

Campaign efforts have focused on putting hard-hitting messages in places likely to be seen by youth, such as bus stops, billboards, bathroom walls, Facebook and the sides and backs of public buses, targeting five main audiences.

**Youth in general (Figure 22):** Reminders of the many things youth will lose if they become teen parents (sleep, time with friends, further education, milestones like prom, fun and more) through the “want extra cash?” ad, crying baby ads, the importance of safe texting (never sending or forwarding revealing photos of yourself or others), and BabyCanWait.com, a multi-front education and messaging effort through a website, a Facebook page, and business-like information cards distributed to the community.

**Men and boys (Figure 23):** Reminders of the many obligations fathers have, increased awareness of consent laws and the likelihood of pregnancy or prosecution should they become sexually involved with girls under 18, the “Get At You” video campaign designed to gather

short videos from men and boys about the importance of preventing teen pregnancy, the responsibilities of fatherhood, the importance of respect toward partners, and other health-related messages.

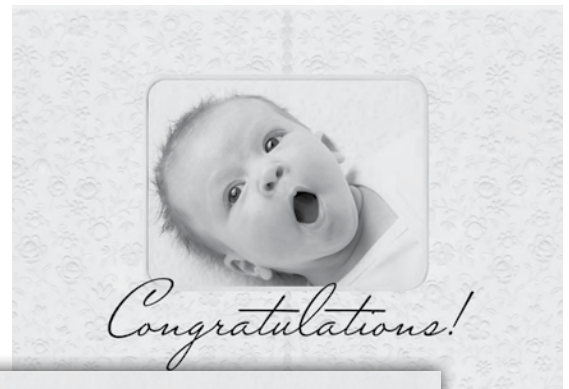
**Parents (Figure 24):** Encouraging parent/child communication about the importance of delaying sexual activity.

**Businesses (Figure 25):** The broad impacts of the cost of teen pregnancy on the community, the importance of an educated workforce to staff local businesses with trained people, and to encourage economic development.

**General community (Figure 26):** Pictures of boys pregnant, fake birth announcements designed to tie the cost of teen pregnancy to a failure to prevent it as a community, and a fake tax bill related to the per-household cost of teen births in Milwaukee.

Multimedia strategies have been designed to engage youth on many levels. Serve Marketing put together a full-scale movie premiere for a non-existent movie. Youth were recruited to come and see a movie via previews, online trailers, a Facebook page, a MySpace page, and text messages. The movie's title, "2028: It Finally Ends," referred to the year that a child born to teen parents in 2010 would finally turn 18. The movie's description on Facebook says, "Tormented by the demons of her past and burdened by a disturbing family development, Colleen Foy (There Will Be Blood) tries to make sense out of her newfound life, but a series of unfortunate events causes her world to spiral out of control." Young people were given free tickets to the "movie," which was billed as an independent horror film. When youth arrived at the theater, they were instead given messages about safe sex, the importance of delaying sex, and other positive health messages.

In order to communicate frequently with youth on a variety of topics related to teen pregnancy prevention, United Way of Greater Milwaukee created a website, BabyCanWait.com. The website has been promoted via business cards handed out at youth-serving agencies and throughout public awareness campaigns aimed at teens. In addition, Baby Can Wait's Facebook page posts regular updates for anyone who "likes" the page. Youth, parents, educators, or anyone else on Facebook can easily subscribe and find out the latest



*You're a proud parent*  
 OF ANOTHER BABY BORN TO A TEENAGE GIRL IN MILWAUKEE. Not because you've adopted him, but because you are paying his child support out of your tax dollars. And the \$136,596,972 coming out of Milwaukee taxpayer's pockets every year barely provides for basic needs. Your taxes don't fund teen pregnancy prevention programs or programs that help teen moms become self-sufficient. So you can send along a birthday present to personalize your child support payment, or you can do something to prevent teen pregnancy and the resulting cycle of poverty that afflicts teen mothers and their children. You might even lower your tax bill. Go to [onemilwaukee.org](http://onemilwaukee.org) to get involved.

Figure 24

information on topics like teen pregnancy prevention, newly released studies about teens and sex, local events that promote teen health, and much more.

Dr. Paula Cody works with the Medical College of Wisconsin's Children's Division of Adolescent Medicine. She and other Adolescent Medicine residents have contributed to United Way of Greater Milwaukee's Baby Can Wait site and also helped educate their fellow physicians about how



Figure 25

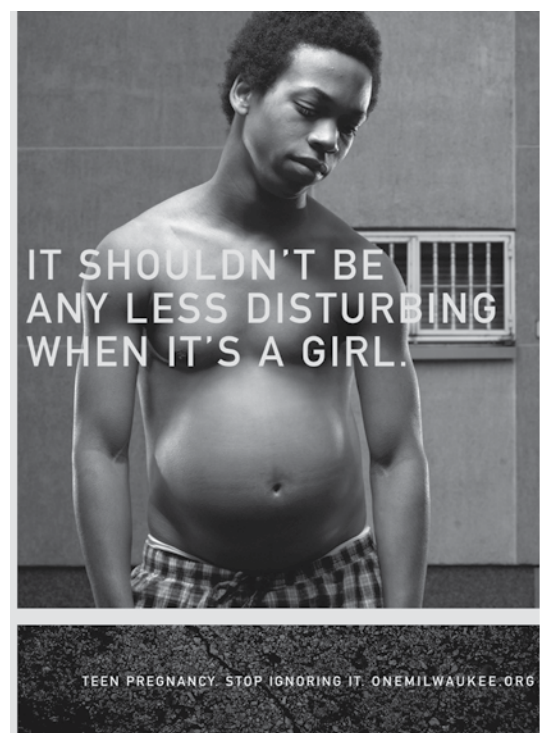


Figure 26

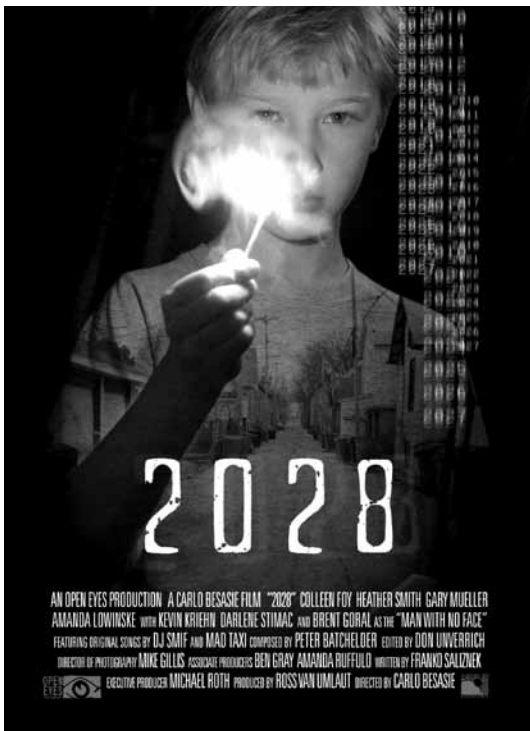


Figure 27

to interact with parents and other caregivers by creating handouts for use with patients and families. These handouts include age-appropriate information on social and physical development, risky behaviors, conversation starters, and text and internet resources. These “Kid/Teenversations” refer providers (and parents) to BabyCanWait.com, where additional information is available.

United Way of Greater Milwaukee staff and partner organization leaders have appeared frequently on local and national television, radio programs and in newspapers. The *Milwaukee Journal Sentinel* has ranked teen pregnancy as one of its top concerns for the Milwaukee community since 2008.



Figure 28

## The Media and Teen Pregnancy

Strong research supports the idea of sending repeated, healthy messages to young people. Studies completed since the project began show that “Stronger connections to parents and schools and less exposure to permissive sexual norms from peers and media were associated with less susceptibility and sexual behavior.”<sup>52</sup> This association tended to be strongest with white adolescents. This finding confirmed and expanded on earlier studies that showed that adolescents who have a positive orientation toward school, felt connected to school, and received good grades reported later sexual “debut” than teens with poor school connections and academic performance.<sup>53 54</sup>

Specific examination of exposure to media messages found that youth who use the media as a sexual information source and youth who perceived sexual permission from media were more likely to engage in sexual intercourse.<sup>55</sup> Youth themselves believe they are susceptible to positive or negative messages as well. A survey conducted by the National Campaign to Prevent Teen and Unplanned Pregnancy found the following results:

- Most teens (79% of girls and 67% of boys) agree with the following statement: “When a TV show or character I like deals with teen pregnancy, it makes me think more about my own risk of becoming pregnant/ causing a pregnancy and how to avoid it.”
- Three-quarters of teens (76%) and adults (75%) say that what they see in the media about sex, love, and relationships can be a good way to start conversations about these topics.
- Among those teens who have watched MTV’s “16 and Pregnant,” 82% think the show helps teens better understand the challenges of teen pregnancy and parenthood and how to avoid it.<sup>56</sup>

When television viewing was studied, watching sexual content on television successfully predicted teen pregnancy. In a three-year study, teens who had a high amount of exposure to such programs were twice as likely to become pregnant as those who watched television with low levels of sexual content.<sup>57</sup> Parents may be able to mitigate these effects somewhat by viewing these programs with their children and discussing these depictions of sex.

Teens who watch a lot of sexual content on television are twice as likely to become pregnant as those who watch television with low levels of sexual content.

## Sexual Victimization

The highly active Sexual Victimization sub-committee draws upon significant local expertise in the prevention of sexual assault of young people. Shortly after setting the communitywide goal to reduce teen pregnancy, the issue of mandated reporting of child physical and sexual abuse came up in discussions between United Way of Greater Milwaukee and youth development leaders. In response, the Sexual Victimization sub-committee developed a two-hour workshop designed to introduce youth development staff, program directors, managers and executive directors to mandated reporting. “Mandated reporters” are individuals who work in certain professions and are required to report known or suspected abuse or neglect of a child younger than 18. Mandated reporters include teachers, social workers, principals, law enforcement officers, daycare providers, foster parents and many others who work with children.<sup>58</sup> Training people to detect the often-subtle signs of sexual and/or physical abuse and neglect is an important step in reducing sexual victimization against children and teens. The work of the sub-committee was also spurred by a 1998 report by the Wisconsin Coalition Against Sexual Assault (WCASA) that found that 71% of babies born to teen mothers were fathered by men at least 20 years of age.<sup>59</sup>

During 2007, the first year United Way of Greater Milwaukee offered this training, 60 people attended. In 2010, more than 700 people received this training. From 2009 and 2010 survey data from participants, over 90% felt that they had learned one or more things about mandated reporting. More than 50% reported that they would recommend changes to their organizations in regard to mandated reporting. To date, more than 1,100 people have been trained through this process.

Obtaining the necessary training for mandated reporters on staff can be costly. To reduce this barrier to participation, the mandated reporter training has been offered for free in the past and will continue to be offered for free to all United Way-funded agencies. Partnerships through the Milwaukee Coalition Against Domestic Violence and Sexual Assault have enabled outreach to thousands of individuals who would otherwise not know about this opportunity for free training. Due to the incredible popularity of this training, a “train-the-trainer” program was put into place in 2010. Eight agencies and 11 individuals are now certified to offer this training.

Many individuals who participated in the training indicated that their agency did not have written policies on file for mandated reporting of sexual or physical abuse or neglect among the population they served. As a result, United Way of Greater Milwaukee now requires that all recipients of funding for youth programming have policies regarding mandated reporting and offer mandated reporter training every year.

While mandated reporting is a huge step toward higher community accountability for child abuse and neglect, some members of the community feel that it is the system that responds to child abuse and neglect that is broken. The system does not always respond in a way that ensures child safety. Sexual abuse can be challenging to substantiate in some home settings. Said Danae Davis, executive director of PEARLS for Teen Girls, “The girls we work with articulate the constant threat of sexual violence at home and in the community. It’s not safe at home, school, anywhere!” Carmen Pitre, co-executive

director of Sojourner Family Peace Center reflected that in the earliest days of the initiative many young women and girls consulted for the project talked about having been victimized. She stated that the charge for the adult community is that, “We have to be courageous on these teens’ behalf.”

Among young women involved with older men, according to officers with Milwaukee Police Department’s Sensitive Crimes Division, “We do see many cases of assault involving adult men with teens. Some are over 25, many are not, but they are adults just the same. The difficulty with these cases is that the teen are often ‘in love’ with the offender and do not always disclose sexual contact. They tend to seek attention and love and sometimes material things that they are not getting at home. Many of these cases do not go to prosecution because the victim will not cooperate.”

### Impact of Sexual Assault

Sexual victimization has long- and short-term consequences for its victims. Histories of sexual abuse are strongly associated with adverse social, psychological and health outcomes in studies looking at current and future effects on those victims.<sup>60</sup> Epidemiological data show that 25-40% of women and 8-13% of men report a history of sexual abuse.<sup>61,62</sup>

Figure 29 details sexual abuse or assault incidents reported to the Milwaukee Police Department in 2008 and 2009. Often, girls or young women involved in cases that would be defined as statutory rape do not report these incidents because they view themselves as being in a consensual relationship. We cannot be certain how many of the incidents of sexual assault or abuse result in pregnancies unless they are reported. It is also important to remember that law enforcement officials consider sexual assault or abuse underreported. As many as two out of three cases are believed to go unreported to police.<sup>63</sup>

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According to law enforcement officials, as many as two out of three cases of sexual assault go unreported.

## Milwaukee Police Department's Sexual Assault Cases, 2008-2009

Name of Offense	Number of Reports, 2008	Number of Reports, 2009	Two-Year Totals	Percent of Two-Year Total Sexual Assault Reports (total reported: 2,891 youth & adult)
Sexual Assault of a Child—1st Degree	563	568	1,131	39%
Sexual Assault of a Child – 2nd Degree	300	327	627	22%
Sexual Intercourse with a Child 16 or Older	57	90	147	5%
Sexual Exploitation of a Child	3	3	6	<1%
Incest with a Child	1	1	2	<1%
Exposing Genitals to a Child	12	13	25	<1%
Total youth victims	936	1,002	1,938	67%
Total adult victims	500	453	953	33%

Source: Milwaukee Police Department, Sensitive Crimes Division, 2010

Figure 29

At the individual and community levels, the economic costs of sexual assault are tremendous, called by the United States General Accounting Office (GAO) the most costly of all crimes from an economic and quality of life perspective.<sup>64</sup> One Minnesota study calculated that the lifetime costs of child sexual assault add up to \$139,000 in 2007 dollars (or \$84,000 for adults).<sup>65</sup>

Young people are not at equal risk for sexual victimization; some are more vulnerable than others. For girls, risks rise with age and peak in early adulthood, while for boys the risks peak around puberty.<sup>66</sup> Children and adolescents who are at greater risk for victimization include those not living with both parents and residing in families characterized by parental discord, divorce, violence and impaired supervisory capacities.<sup>67</sup> Youth are often victimized by family members (25%) or others in their social networks (60%), with just 14% victimized by people they did not already know.<sup>68</sup> More severe sexual abuse is associated with riskier behaviors among adolescents and adults.<sup>69</sup>

Having been sexually victimized makes a young person more likely to engage in risky sexual behaviors.<sup>70</sup> While this has long been understood for adolescent girls, the associations between boys' abuse experience and teen parenthood or pregnancy involvement has only recently been explored.<sup>71</sup> Among males who reported histories of victimization, between 22% and 61% reported pregnancy involvement, depending on the type of abuse (incest only, non-familial only, or both). Among females who reported histories of victimization, 13-26% reported pregnancy involvement. Among young people with no reported history of sexual victimization, between 8 and 10% reported pregnancy involvement. Thus, the percentage of pregnancy involvement among abused teenagers was substantially greater in males than females. However, the total number of pregnancies involving abused girls is higher than the number involving abused boys. Teens who had reported both incest and non-familial abuse were less likely to use condoms at last intercourse, rarely used any form of birth control, reported running away more often in the last year, used drugs or alcohol before sex, and had a sexually transmitted infection at significantly higher rates than those with no reported history of abuse.

Of particular interest to those working to prevent teen pregnancy through United Way of Greater Milwaukee is the group sometimes

called "compliant victims," classified by law enforcement officials as "statutory sex offenses." The dynamics of these relationships can vary, as can the age of both the teen (or in some cases pre-teen) and the adult. Recent cases in Milwaukee have involved girls as young as 13 engaging in "relationships" with men who are nearly 40, and have resulted in a pregnancy.<sup>72</sup> The law is clear on consent in Wisconsin: the age of consent is 18. Those adults who engage in sexual intercourse with children 16 or under are committing a felony-level offense; those who engage in sexual intercourse with children 16 or 17 years old are committing a Class A misdemeanor (unless that child is his or her spouse).<sup>73</sup>

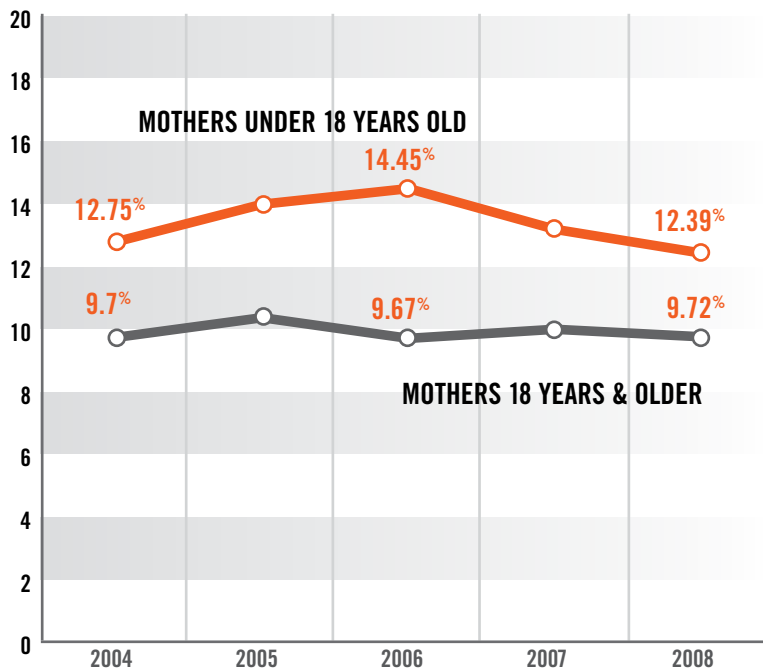
In Milwaukee, police report that at any time, cases involving minors as victims represent about two-thirds of their caseloads (Figure 29). The health consequences for those young people who are in "willing relationships" with older partners are dire. A national study found that young people in sexual relationships with non-peer partners had more than twice the risk of sexually transmitted infection.<sup>74</sup>

Generally speaking, the earlier a teen begins to be sexually active, the higher the risk of poor reproductive health outcomes such as contracting HIV/AIDS or other STIs, as well as teen pregnancy or birth.<sup>75</sup> These poor health outcomes also affect adolescents as they transition to adulthood. Those who engage with older sex partners during adolescence are more likely to contract STIs in young adulthood compared to their peers who did not have sexual relationships with non-peer partners.<sup>76</sup>

The power dynamics and health consequences for these relationships disproportionately affect the younger person involved in them. These effects also spill over into the health of teens'

newborns. According to City of Milwaukee Health Department data, girls who give birth before the age of 18 are more likely to give birth prematurely and more likely to deliver babies who have a low birth weight. They are far less likely to list a “father of record” on the birth certificate; more than 60% of mothers under 18 list no father on birth certificates. They are also substantially less likely to receive prenatal care in the first trimester, and, upon giving birth, nearly one in 10 has never received any prenatal care.

### Percentage of Low Birth Weight Deliveries in Milwaukee, 2004-2008



Source: City of Milwaukee Health Department

Figure 30

## What Youth Are Saying about Teen Pregnancy

When asked about young girls going out with older men:

“I think it’s happening all the time. Older men control and manipulate girls to do what they want. Most girls have low self-esteem and get pressured. Older men have the physical and mental advantage over younger women. Also, the girls have lower self-esteem; it’s a little bit of both.”

“Sometimes parents promote it by letting the boy stay in the house. Don’t care how old the man is. It reflects on the female more negatively than the man. It never reflects badly on the male. Females looking for love in all of the wrong places. They get played. To keep a guy, girls try to get pregnant. It doesn’t work.”

### James D. Ericson Community Impact Endowment Fund

Since 2007, dollars awarded to United Way of Greater Milwaukee by the Northwestern Mutual Foundation in honor of Jim Ericson’s retirement from the board of directors have supported teen pregnancy and sexual victimization efforts, including MPS teacher training, Let’s Talk Month and several public awareness tactics.



# Lessons Learned & the Next Five Years



Nicole Angresano, MPH  
Vice President,  
Community Impact,  
United Way  
of Greater Milwaukee

Over the past five years, this community has collaborated in an unprecedented manner to focus on the bold yet achievable goal of reducing births to teens by 46% by 2015. Early results are positive: the teen birth rate has dropped for four consecutive years, and the public's awareness of the issue has significantly increased. We are at a critical juncture: past public health efforts have shown early success only to regress due to a lack of funding or dissipating interest. Rates have dropped among other health indicators, only to go back up following a premature celebration of success. At the beginning of this initiative, we said loudly and clearly: this is not about a report that will sit on shelf; this is about long-term communitywide change and the futures of our young people. And, we must continue to spend significant financial and human capital on this issue.

Our efforts to date have been good – but they can be better. In the coming years, we will continue to execute the core strategies, as illustrated on our logic model, while implementing new strategies to reach new audiences. Here are some lessons learned from the past five years and our plans moving forward.

## 1 This is difficult stuff to talk about.

Willingness to engage in open, honest, difficult dialogue is a must. During our first five years, we launched some aggressive and controversial public awareness tactics that were not always embraced by the public. But we didn't do this simply for shock value – we did it because we have to acknowledge and discuss heavy topics if we are going to solve this problem. Teen pregnancy and sexual victimization aren't positive things. But we have to stay real. In the coming years, we will continue our bold public awareness efforts. We're not going to let anyone forget what a significant issue this is!

## 2 Parental involvement is critical.

Parents must be included in our prevention efforts. Youth have said it over and over again: they want their parents to talk to them about growing up, to help them navigate the path from childhood to adulthood. One of our first intervention strategies was Let's Talk Month, a national observance that includes opportunities for parents to increase their willingness and capacity to talk with their children about sex and sexuality. Additionally, we have placed more and more emphasis on parental involvement within our funded Healthy Girls programs, requiring ongoing outreach with the parents/guardians of youth participating in the programs. In the coming years, we will continue to engage parents often.

## 3 There isn't a "one size fits all" solution.

Prevention efforts must address the unique concerns of diverse populations; it is imperative to offer programming that is both culturally-competent and relevant. Specifically, we must make a concerted effort to identify and implement strategies that will positively impact Latino youth and their families. At present, Latino teens have the highest rate of teen pregnancy and births among all racial or ethnic groups. The National Campaign to Prevent Teen and Unplanned Pregnancy estimates that fully 53% of Latinas become pregnant as teens. This trend is consistent in our community, so in April 2011, we formed the Latino Community Task Force, which will help to inform United Way's strategies within this population. Particular attention will be paid to the role of family and religion in sexual-decision-making practices, and we will work with new partners such as CORE/El Centro in an effort to reach families that may not be affiliated with our partner social services programs.

## 4 You must meet community members where they are.

It is important not to assume that everyone understands or cares about this issue. One of our primary roles during the first years of the initiative was to educate Greater Milwaukee about the impact of teen pregnancy, not just on the teens and their babies, but on all of us.

Public opinion polls suggested that many felt teen pregnancy was simply someone else's problem, a central city issue with no impact on the rest of the community. It was important to frame teen pregnancy in a broader way, in order to engage more people, particularly policy-makers and funders. For some community members, buy-in came following a greater understanding of the economic implications of the issue, particularly the link to poverty, while others felt motivated by the issue of sexual victimization. Many in the faith community were concerned and wanted to help, but weren't sure how to navigate this complex and often controversial issue; we provided an opportunity to participate in prevention programming that was faith-centered. To have a true community initiative, you must allow people to engage on their own terms. At the core, we all want what is best for our community but we might just take different paths to achieve the outcomes.

## 5 Research matters.

Success in this effort requires the critical combination of research and community voice. This initiative has been informed by

research since its inception. We have relied on local, state and national-level data from sources such as Annie E. Casey, the Centers for Disease Control, Guttmacher Institute, the Healthy Teen Network and the National Campaign to Prevent Teen and Unplanned Pregnancy. We monitor efforts in other communities: What has worked? What hasn't? What can be replicated? Staff members attend relevant conferences and training opportunities and diligently monitor and engage in scholarly, community-based prevention research, education and the dissemination of findings to all stakeholders.

## **6 Business support makes a difference.**

Ideas are great, but without sustained and significant funding, we cannot achieve our goal. Several corporate and business partners have supported these efforts over the past five years. Without such sponsors as Aurora Health Care, Johnson Controls and Rockwell Automation, we would not have reached nearly as many youth and families and we would not have produced results. We know, however, that there are many in the community who still lack access to services and opportunities, and additional support from the corporate community would extend the initiative's reach and hasten its impact.

## **7 Young people need a medical home.**

Far too often in our community, young people lack access to a consistent medical provider or a medical home. We know that when teens have a relationship with their providers, it is a protective factor, promoting open communication and honest dialogue about risk behaviors. Our community would greatly benefit from an extension of the school-based health clinics model beyond the nine schools being served currently. Health care systems can have particular impact through supporting RNs and nurse practitioners in school and community settings.

Together, we have achieved positive results over the past five years, but we cannot let up! We must be willing to acknowledge both our many successes and our shortcomings and move forward. If a strategy isn't working, then we must try something else. If we identify gaps in our work, we must fill them. Most importantly, we cannot become fickle or complacent. 2015 is only a few years away and the young people of our community deserve opportunities to build a good quality of life well into the future.

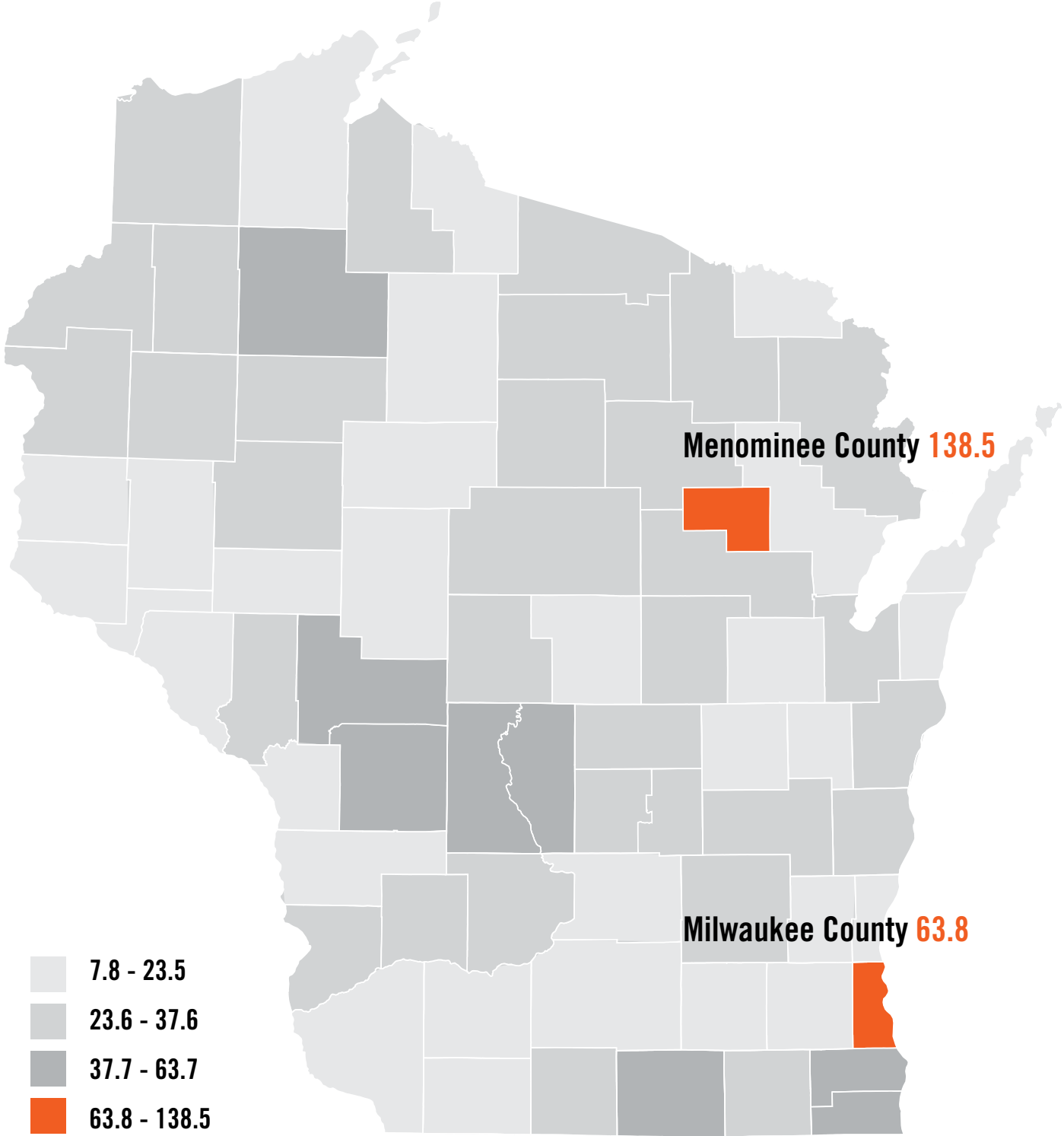
# Notes

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# Appendix

## Wisconsin Counties Teen Birth Rate Aged 15-19 (Births per 1,000 females), 2006-2008



Source: Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics, Wisconsin Interactive Statistics on Health (WISH) data query system, <https://www.dhs.wisconsin.gov/WISH>

Figure 31

MILWAUKEE • WISCONSIN

# JOURNAL SENTINEL



**Bucks drop opener to New Orleans**  
Sports

**Bobby Valentine, Brewers express interest but no deal**  
Sports, 3C



**Giants stand tall in World Series Game 1**  
Sports

**Brad Jones out for season**  
Injured shoulder will need surgery Sports, 5C

2010, 2008 PULITZER PRIZE WINNER FOR LOCAL REPORTING

**City's teen birthrate heading downward**  
*Milwaukee Journal Sentinel, October 28, 2010*

Figure 32

**JOURNAL SENTINEL**  
**PolitiFact Wisconsin**

Sorting out the truth in politics

**Schools, Social Security turn out to be hot topics**

With the election fast approaching, PolitiFact Wisconsin reviewed two claims related to state legislative races — one on Social Security, one on schools. What do they have in common? Both are Pants on Fire. 2A



**STATE ASSEMBLY RACES**  
Greater Wisconsin Committee, outside group



**THE STATEMENT**  
Republican candidates in key Wisconsin Assembly races "side with those who want to privatize Social Security — and risk our retirements on Wall Street."



**STATE SENATE DISTRICT 1**  
American Children for Children, outside group



**THE STATEMENT**  
Democratic candidate "Monk Elmer voted to exceed the (school district property tax) spending caps."

**ELECTION 2010**

## A fiscal exam for Feingold, Johnson

Senate candidates have differences

By DON WALKER and CRAIG GILBERT

Senate Democrat Russ Feingold says he would be more than happy to have Tuesday's election decided on which candidate is more fiscally responsible.

So would his Republican opponent, Ron Johnson. Johnson says Feingold has been part of the problem of spiraling deficits and calls controlling federal spending his overriding priority.

Feingold says he has a concrete history of fighting wasteful spending and says Johnson won't tell voters how he'd reduce the deficit.

So how do their claims of fiscal responsibility stack up?

For better or worse, Feingold has a voting record to judge, Johnson doesn't.

The two have real and obvious policy differences, and they epitomize different visions of fiscal conservatism.

Please see SENATE, 6A

Helped by a bold awareness campaign, pregnancy numbers in Milwaukee have dropped in last 3 years



BEING A TEEN FATHER IS A BIGGER BURDEN THAN YOU THINK. HAVING A KID DOESN'T MAKE YOU A MAN. IT JUST MAKES YOUR LIFE HARDER. GIVE YOUR FUTURE A CHANCE. WAIT.

UNITED WAY OF GREATER MILWAUKEE

Milwaukee health officials credit the United Way of Greater Milwaukee's public awareness campaigns, including the ad pictured above, for helping bring down the teen birthrate.

## City's teen birthrate heading downward

By KAREN HERZOG

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Milwaukee's teen birthrate — the second highest in the nation less than a decade ago — is dropping at a pace that could put it near the much lower state average by 2015, according to data released Wednesday by public health officials.

"We know there's much work to get done, but we should all feel encouraged this trend is going in the right direction," said Bevyn Baker, Milwaukee's health commissioner.

Baker is co-chair of a United Way of Greater Milwaukee advisory committee that set a goal in 2008 of reducing the city's

teen birthrate, which hovered in 2006 at 52 births per 1,000 teens ages 15 to 17. By 2015, the goal is 30 births per 1,000 teens in that age group.

The committee targeted new pregnancy prevention efforts starting with fourth-graders because they would turn 17 in 2015.

Programs and aggressive awareness campaigns funded by United Way and its community partners have helped educate teens about pregnancy prevention, Baker said.

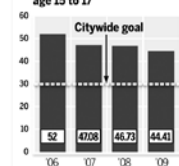
Please see BIRTHS, 10A

► Editorial: 8A

### Working toward goal

The teen birthrate in Milwaukee is declining at a rate that may put it on pace with the state average by 2015.

City of Milwaukee's overall birthrate per 1,000 for girls age 15 to 17



Source: City of Milwaukee Health Department



The ads have helped get students and adults talking about teenage pregnancy, officials say.

WIPED CLEAN | A JOURNAL SENTINEL WATCHDOG UPDATE

## Lawsuit planned in police shootings

Badger Guns accused of being negligent in sales

By JOHN DIEDRICH

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A current Milwaukee police officer and a former officer, both wounded with firearms sold by Badger Guns, are expected to sue the West Milwaukee gun dealer Thursday, claiming the business was negligent and has become a public nuisance.

The lawsuit will be filed in state court on behalf of Alejandro Arce and Jose Lopez III, two of six Milwaukee police officers injured over a 20-month period with guns sold by Badger Guns or its predecessor, Badger Outdoors.

The other officers are represented by the same law firm and may join the suit or file separately later, their attorney, Patrick Dunphy, said Wednesday.

The lawsuit will argue the gun store deliberately overlooked warning signs when it sold the handgun and assault-style weapon that were used to wound Lopez and Arce in November 2007.

The 40-page lawsuit, a copy of which was provided to the Journal Sentinel, calls Badger Guns and Badger Outdoors "one of the most notorious gun dealers in America" and says it consistently sells guns that end up in the hands of criminals.

The lawsuit — a first in Wisconsin and one of a handful nationally — seeks unspecified monetary damages for the officers and also asks for an order "enjoining or abating the public nuisance."

"The secondary goal is stop Badger Guns from acting irresponsibly, from being the primary provider of crime guns in this state."

Please see BADGER, 7A

### NEWSWATCH

BREAKING NEWS AT JOURNAL-SENTINEL.COM

**BUSINESS**

### Bank of America takes control of Grand Avenue mall

Now that downtown Milwaukee's financially troubled Shops of Grand Avenue has a new owner, what is its future? For the short term, Grand Avenue will remain a half-empty mall under control of the Bank of America. 1D

**NATION & WORLD**

### Europeans object to U.S. air security measures

The United States has imposed unnecessary and overly intrusive air travel security measures, European officials say, calling on the Obama administration to re-examine policies ranging from X-raying shoes to online security checks. 3A

**LOCAL**

### Wind damage mounts

The powerful Great Lakes windstorm continued to cause damage Wednesday in Wisconsin, ripping down electrical lines and brick walls and pushing monster waves across Lake Michigan. 1B

## Teen Audience



Figure 33



Figure 34



Figure 35



Figure 36

Teen Audience

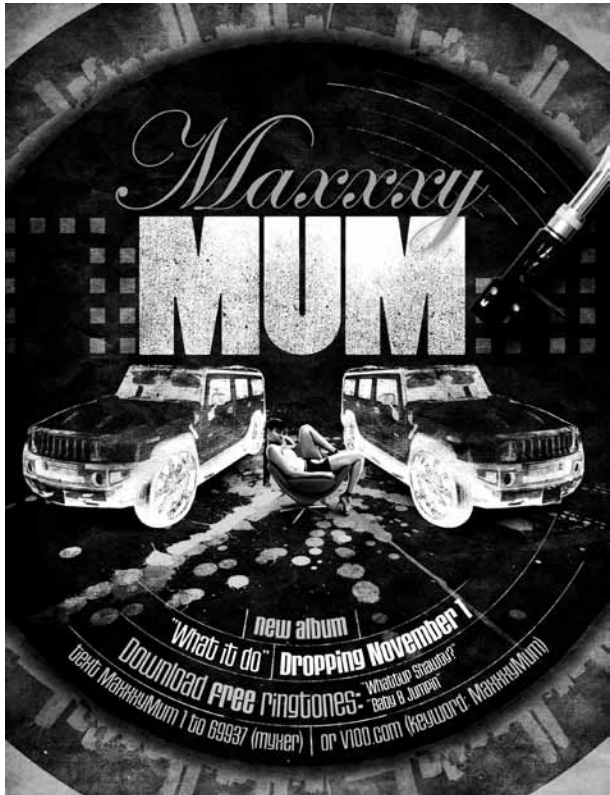


Figure 37

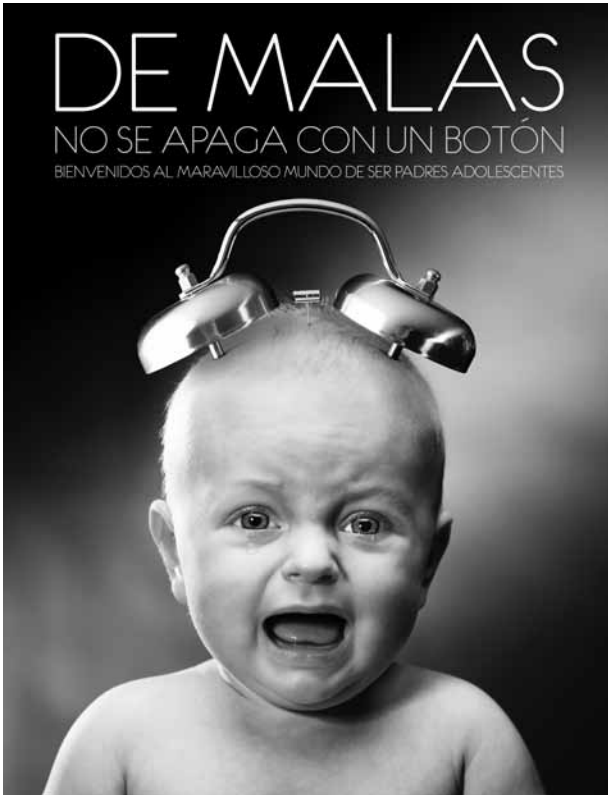


Figure 38



Figure 39





**Business Audience**



Figure 44

**Adult Male Audience**

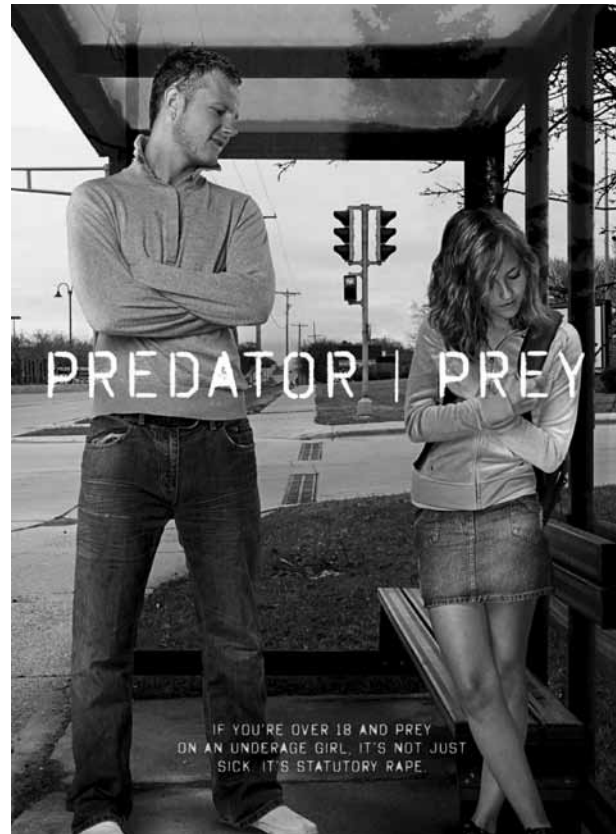


Figure 45



Figure 46

**2007 MILWAUKEE TEEN PREGNANCY TAX CONSEQUENCES**

KEEP TOP PART OF DOCUMENT FOR YOUR RECORDS.

QUANTITY	DESCRIPTION	ASSESSMENT
1	Cost of a baby born to a teen	\$92,394*
<p><b>WARNING:</b> Milwaukee is one of the top 10 cities in the U.S. with the highest percentage of total births to teen mothers.</p> <p>More than 2,000 babies are born to teens in Metro Milwaukee each year. Taxpayers incur 85% of the costs. (Source: Wisconsin Department of Health &amp; Family Services)</p> <p>The total annual cost to Metro Milwaukee taxpayers is over \$179 million.*</p>		<p><b>TOTAL COST ► \$92,394* ◀</b></p> <p><small>* SOURCE: THE NATIONAL CAMPAIGN TO PREVENT TEEN PREGNANCY. BY THE NUMBERS: THE PUBLIC COSTS OF TEEN CHILDBEARING IN WISCONSIN.</small></p>

Milwaukee has the seventh highest rate of births to teens in the country. This costs you, the taxpayer, thousands of dollars per year for children that aren't even yours. All because of higher child welfare and healthcare costs, lower educational attainment and lower earning potential. So although this bill is not real, the annual cost to you, as a taxpayer, is very real.

**TEEN PREGNANCY. DON'T JUST PAY FOR IT. HELP PREVENT IT.  
GO TO ONEMILWAUKEE.ORG**

*This important message is brought to you by the community-wide Teen Pregnancy Prevention Initiative led by UNITED WAY OF GREATER MILWAUKEE • 225 West Vine Street, Milwaukee, WI 53212*

**15% IS GOOD.  
46% IS BETTER.**

**WE'VE MADE A LOT OF PROGRESS  
IN REDUCING TEEN PREGNANCY.  
LET'S KEEP THE MOMENTUM GOING.**

**THANK YOU**

**FOR HELPING US REACH OUR GOAL  
OF REDUCING BIRTHS TO 15 TO 17 YEAR OLDS  
BY 46% BY 2015.**

225 West Vine Street  
Milwaukee, WI 53212  
414.263.8100  
UnitedWayMilwaukee.org



United Way  
of Greater Milwaukee