

2013 BOULDER COUNTY PUBLIC HEALTH (BCPH) ANNUAL REPORT

PROGRAM NUMBER 485: GENESISTER (SIBLING PREGNANCY PREVENTION PROJECT) PROGRAM

Goal: To assist high-risk Boulder County youth (i.e. sisters of teen parents) in optimizing a healthy future for themselves by preventing teen pregnancy.

Needs Statement: Adolescent childbearing has significant public health consequences (e.g., higher school dropout rates, lower educational attainment, earlier sexual initiation by the children, and higher rates of substance abuse). By providing primary prevention efforts directed toward the highest-risk populations, BCPH will positively impact pregnancy rates among this targeted group. The 2011 teen birth rate in Boulder County was 15.9 per 1,000 women ages 18-19 and 6.5 per 1,000 teens ages 15-17; two thirds of these births were to white Hispanic teens.ⁱ According to the 2011 Youth Risk Behavior Survey, 30 % of Boulder County's white non-Hispanic teens have ever had sexual intercourse, while 47.5% of Hispanic high school teens reported having had sexual intercourse. GENESIS and county data indicate that approximately two-thirds of the teen births occur in Longmont. Given these disparities, GENESISTER will concentrate efforts on Latina teens residing in Longmont, although services will be available county-wide to all eligible female siblings of teen parents. GENESISTER will provide services to female siblings of male/female teen parents who reside in Boulder County. Services will be offered to these youth between 12-17 years, and clients can participate in the program from time of enrollment until their 18th birthdays. Staff is linguistically and culturally trained and competent. Dr. Thomas Frieden, director of the Centers for Disease Control and Prevention (CDC), recently cited teen pregnancy as a public health priority and one of six winnable battles in the public health field.ⁱⁱ CDPHE has also prioritized unintended pregnancy as a focus and winnable battle. The timing is right for this prevention program.

Studies indicate that, "Younger siblings of teen parents are more likely than youth whose older siblings are not teen parents to become teen parents themselves, become sexually active in early adolescence, have more accepting attitudes towards early sex and teen pregnancy, and have lower educational aspirations."ⁱⁱⁱ Research points to several variables contributing to this trend, including shared risk factors between siblings, modeling behavior of older sibling(s), and family dynamics (e.g. sibling rivalry). Child care (i.e. younger siblings spending more than 10 hours/week caring for nieces or nephews) also has a marked effect, as the more time a younger sister spends babysitting, the more likely she is to get pregnant herself. Family parenting styles also change after one child becomes a parent – both parental monitoring and confidence decrease. Research indicates that mothers tend to be less affectionate and more critical of their non-childbearing children, all of which impacts a younger sister's chance of becoming pregnant herself. While state or local data do not exist for this subpopulation, GENESIS has witnessed this phenomenon time and time again. Many families have multiple sisters enrolled in the program, most often after the eldest becomes pregnant. National evaluation studies have demonstrated that a case management model, combined with sexuality education and pro-social group activities (e.g. academic tutoring, sports, self-esteem development) can significantly impact the teen pregnancy rates of younger siblings of teen parents. Other proven primary pregnancy prevention efforts include service learning as a crucial component to prevention efforts, although not specifically with siblings.^{iv} Service learning encourages civic and community engagement through volunteerism. In addition, service learning engages youth in a variety of vocational environments, fostering a sense of self-efficacy and future orientation. The GENESISTER Program is based upon a youth development model, which recognizes and develops the potential inherent within ALL youth.

According to research from multiple investigators, younger teens dating older partners are much more likely to have sex. The National Longitudinal Study of Adolescent Health notes that 13% of same-age relationships among those between 12-14 years include sexual intercourse; if the partner is 3 or more years older, 33% of those relationships include sex.^v Issues of power, coercion, and differing developmental stages all contribute to this phenomenon. For this reason, GENESISTER staff addresses appropriate dating practices with both youth and parents.

Parent involvement is also critical to decreasing pregnancy rates among teens. According to the National Campaign to Prevent Pregnancy, parental influence accounts for 47% of children's decisions to have sex, with friends coming in second at 18%.^{vi} Unfortunately, most parents feel they have lost that influence once a child enters adolescence. GENESISTER employs a parent specialist to work with parents to increase confidence in parent/child communication regarding sexual health. Staff, when appropriate, will also address the parents' reproductive health needs, testing the hypothesis that the greater comfort parents feel with family planning for themselves, the more likely they will be able to support their teens in accessing contraception. Research supports involving parents in teen pregnancy programs; teen girls who report higher quality relationships with their mothers are 11% less likely to initiate sexual intercourse by age 16 than those who report lower quality of mother/daughter relationships.^{vii} In addition, teens who report higher level of parental awareness of their activities are 22% less likely to initiate sexual activity prior to age 16.^{viii}

Educational attainment is a crucial component in reducing teen pregnancy rates. When teens have a positive future orientation, they have reason to delay childbearing. A recent study measuring the impact of selected behavioral risk factors rates high school dropout, along with poverty and smoking, as imposing the greatest burden of disease in the United States.⁷ Clearly, reducing high school dropout rates has significant, positive, long-term health benefits in addition to pregnancy prevention. In 2011, the graduation rate for Hispanic students in the St. Vrain Valley School District was 60.7%, compared to 85.4% for white non-Hispanic students.¹ Addressing this disparity aligns with BCPH's commitment to addressing the root causes and social determinants of poor health outcomes.

Colorado made great strides to reduce teen pregnancy rates in 2007 when it rejected Title V federal funding for abstinence-only education and passed HB 1292, mandating that public school districts that teach health education must teach comprehensive sexual education. Locally, the St. Vrain Valley School District (SVVSD) moved from abstinence-directed curriculum to a comprehensive model. Despite forward gains, comprehensive sexual health education remains threatened. Colorado recently received over \$1.5 million in federal funding to support abstinence-only and abstinence-until-marriage programs. The influx of funding into abstinence programming, which repeatedly has been shown to be ineffective, could reverse positive trends that have been achieved through many years of dedicated community work. House Bill 1081 is currently making its way through the state legislative process; if passed, it will support, but not mandate or fund, comprehensive sex education in schools. Although this is a promising start, more can be done to empower youth in making informed choices. Now more than ever, it is imperative that programs delivering comprehensive, non-biased, and medically accurate information are supported.

In 2013, GENESISTER will be partnering with Colorado Youth Matter to deliver the evidence-based Teen Outreach Program (TOP) to program participants. The TOP curriculum provides a comprehensive and intensive intervention shown to reduce school dropout and teen pregnancy by strengthening resiliency and promoting self-efficacy, healthy behaviors, life skills, and a sense of purpose. TOP has demonstrated impressive outcomes, including a 53% reduction in teen pregnancy and a 60% reduction in school dropout.^{ix} The TOP model, while providing structure, is flexible enough to accommodate program innovation and respond to the unique and changing needs of Boulder County. The model includes a service-learning component, which will provide a structure for developing, implementing and evaluating a service-learning intervention within GENESISTER. Integrating service learning into the program will strengthen and increase community partnerships, ideally with previously underutilized systems, such as the business and faith communities. Renowned researcher Douglas Kirby cites service learning as one of the top five strategies in teen pregnancy prevention.^x

He also cites youth development and programming that involves the wider community as additional protective factors, both of which are intrinsic to the GENESISTER service-learning model.

GENESISTER addresses the BCPH PHIP focus areas by identifying and responding to mental health issues experienced by GENESISTER families. Staff is trained in crisis intervention and links families with needed mental health services for ongoing treatment and care. GENESISTER also provides thorough psychosocial assessments to all incoming clients. Teens who are struggling with substance use issues are referred and linked to ongoing treatment programs. Staff collaborates with providers to assure that treatment plans are followed and monitor teens for signs of relapse. Finally, GENESISTER provides ongoing opportunities for teens to engage in healthy living activities. Pro-social groups are designed to motivate youth to participate in activities that replace sedentary activities such as TV or computer time. Activities in the past year have included: ice skating, breakdance and hip hop classes, Zumba, trips to the rec center, and game days at local parks. Fifteen youth are training for the 2013 Bolder Boulder. GENESISTER has committed to serving healthy food options at group events.

All GENESISTER objectives align with Healthy People 2020 (HP 2020) objectives and the ten essential public health services. In addition to identified essential services, all GENESISTER activities are evaluated on a biannual basis, and staff continuously strives to develop innovative solutions to health problems. GENESISTER has been awarded a Robert Wood Johnson Foundation grant in recognition of its innovation and promising practices. The GENESISTER Program provides Colorado Core Public Health Services, specifically Prevention and Population Health Promotion. GENESISTER also is in alignment with many of BCPH's guiding principles; the program effectively uses data and evidence-based strategies (while incorporating innovation into program design), promotes primary prevention, addresses social determinants of health, initiates and strengthens community partnerships, empowers people to make informed decisions, implements strategies in a culturally and linguistically appropriate manner, and works across programs and divisions.

Planning Assumptions:

1. Staff will secure sustainable funding through Medicaid reimbursement and community foundation grants.
2. Partnerships will provide in-kind/contract services.
3. The program will initially target siblings of currently pregnant or parenting teens, but the intent is to expand the program to include other high-risk groups, such as youth in foster care, incarcerated youth, and youth in addiction recovery programs.
4. Sustainable funding from municipalities and the county will be sought to supplement Robert Wood Johnson funding by 2015.

Number of Clients: 91

OBJECTIVE	SERVICES/ACTIVITIES	EVALUATION	ACTUALS COMPLETED	RESULTS*	COMMENTS
<p>1. Less than 5% of clients enrolled in the program for a period of six months or more will have a baby during the reporting period.</p> <p>EPHS #3, 4, 5, 7</p> <p>HP2020: FP-8, 9, 10, 12, 13</p>	<p>a. Pregnancy prevention efforts will include activities outlined below in objectives 2-4.</p> <p>b. Staff will conduct pregnancy testing at client request.</p> <p>c. Staff will participate in the Sexual Health Coalition working toward assuring comprehensive sex education is taught in both school districts.</p>	<ul style="list-style-type: none"> ▪ Client self-reports and chart notes will be used to determine the percentage of GENESISTER clients enrolled in the program for a period of six months or more who had a baby during the reporting period. 	<ul style="list-style-type: none"> ▪ 0 clients became pregnant or had a baby. 	<p>E</p>	<ul style="list-style-type: none"> ▪ GENESISTER demonstrated remarkable success, with no pregnancies among participants. ▪ There were 55 teens who were teen parent siblings that enrolled in GENESIS during 2013 – none of them were GENESISTER participants.
<p>2. 85% of currently abstinent clients will delay initiation of sex until at least age 15, and 50% of currently abstinent clients will delay initiation of sex until at least age 17.</p> <p>EPHS #3</p> <p>HP2020: FP-9</p>	<p>a. Staff will facilitate educational and pro-social groups in addition to providing referrals to academic guidance/tutoring so as to foster youths':</p> <ul style="list-style-type: none"> • Ability to identify and define personal values regarding sexuality. • Intent to abstain and greater self-efficacy with refusal skills. • Educational aspirations and plans for the future. • Self-esteem. • Positive attitudes toward school and increase in school achievement. • Communication with parent(s). • Age-appropriate dating. • Pro-social involvement 	<ul style="list-style-type: none"> ▪ Chart notes will reflect the percentage of currently abstinent clients who delayed initiation of sex until at least age 15, and the percentage of currently abstinent clients who delayed initiation of sex until at least age 17. ▪ Clients will be assessed regarding their sexual activity at intake and throughout their tenure in the program. 	<ul style="list-style-type: none"> ▪ 89% of clients delayed sexual initiation until at least age 15. ▪ 67% of clients delayed sexual initiation until at least age 17. 	<p>E</p>	<ul style="list-style-type: none"> ▪ GENESISTSER encourages delayed sexual initiation while simultaneously encouraging clients to get on a long-acting reversible contraception (LARC) when they begin dating, even though they don't intend to initiate sexual activity. ▪ In meeting this objective, it's clear that clients are not confused by this message and do not immediately initiate sex, even if they are on LARC.

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	designed to develop positive peer norms. <ul style="list-style-type: none"> • Understanding of need to avoid early pregnancy. b. Staff will provide individualized mentoring and support to delay sexual initiation.				
3. During the reporting period, at least 40% of participants who have initiated sexual activity will utilize one of the following long-term, highly effective, and reversible contraception methods: Implanon, Depo Provera, or IUD. EPHS #3, 7 HP2020: FP-6, 7.1, 8, 10, 15	a. Staff will provide the following referral, follow-up, and other case management services to assist with utilization of a reliable birth control method: <ul style="list-style-type: none"> • Review comprehensive sexual health information with all sexually initiated clients. • Transport clients to family planning clinics, as feasible and necessary and with appropriate parental permission. • If warranted, provide financial assistance for clients who are experiencing financial barriers to family planning services. b. Staff will facilitate educational and pro-social groups in addition to providing academic guidance/tutoring so as to foster youths': <ul style="list-style-type: none"> • Parental acceptance of contraceptive use to minimize risks. • Positive peer norms and support for condom and contraceptive use. • Self-efficacy to insist upon contraceptive use. • Partner communication 	<ul style="list-style-type: none"> ▪ Chart notes will reflect the percentage of clients who have initiated sexual activity who utilized one of the following long-term, highly effective, and reversible contraception methods: Implanon, Depo Provera, or IUD. ▪ Clients will be assessed regarding their contraception use at intake and throughout their tenure in the program. 	<ul style="list-style-type: none"> ▪ Of clients who are currently sexually active (or who plan to become sexually active in the near future), 81% are using a long-term form of contraception (LARC). ▪ 6% have IUDs, 65% are using the Implanon, and 10% are receiving the Depo Provera shot. 	E	<ul style="list-style-type: none"> ▪ There is a growing body of research that supports LARC usage as best practice. ▪ GENESISTER has normed LARC usage among clients and, having reached critical mass, clients are now supporting each other in using these methods. ▪ A number of clients who have not yet initiated sexual activity have started using a LARC method as a precautionary measure, and most continue to remain abstinent.

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	<ul style="list-style-type: none"> on sex and perceived risks. • Knowledge/positive attitudes/self-efficacy toward contraception. • Academic achievement/career development as an alternative to early parenting. 				
<p>4. During the reporting period, less than 30% of clients will engage in ongoing dating activities with males who are more than 3 years older than the clients.</p> <p>EPHS #3</p> <p>HP2020: FP-1, 8, 9</p>	<p>a. Staff will facilitate educational and pro-social groups to foster:</p> <ul style="list-style-type: none"> • Identification and definition of healthy relationships. • Positive peer norms and support for age-appropriate relationships. • Parent-child communication on acceptable/age-appropriate relationships. • Increased parental monitoring of their children's dating habits. • Pro-social involvement with age-appropriate peers. <p>b. Parents will learn about appropriate dating practices at monthly parent groups and through individualized case management with staff.</p>	<ul style="list-style-type: none"> ▪ Chart notes will reflect the percentage of clients who engaged in ongoing dating activities with males who were more than three years older than the clients. ▪ Baseline dating information will be collected at intake. 	<ul style="list-style-type: none"> ▪ Only 1% of clients reported dating a partner who is 3+ years older than them. 	E	<ul style="list-style-type: none"> ▪ Research indicates that dating a partner who is 3+ years older puts a teen at greater risk for pregnancy. ▪ The parent specialist does a lot of work with families to educate them on appropriate dating practices, since this is not necessarily a cultural norm for many immigrant families.
<p>5. 75% of clients will participate in a minimum of 20 hours service-learning activities per year.</p> <p>EPHS #4, 10</p> <p>HP2020: AH-2</p>	<p>a. Staff will coordinate service-learning projects with community partners.</p> <p>b. Staff will arrange for the projects as either group event or individual services based on client need and demand.</p> <p>c. Staff will provide the transportation, necessary equipment, and meals.</p>	<ul style="list-style-type: none"> ▪ Chart notes will reflect the percentage of clients who participated in a minimum of 20 hours of community service (volunteer work) and subsequent service-learning activities per year. ▪ Sign-in sheets will be used to log client community service hours. 	<ul style="list-style-type: none"> ▪ Since September 2013 (when service learning specialist was hired), 42% of clients participated in service learning activities. ▪ 0 reached 20 hours. 	NM	<ul style="list-style-type: none"> ▪ Because the service learning specialist wasn't hired until September, so this objective could not be met. ▪ The bar for this objective was set very high, and staff will need to evaluate if it is a realistic goal after a full year of implementation.

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	d. Staff will utilize the evidence-based Teen Outreach Program curriculum to structure service-learning projects.				
6. a. 25% of parents will rate their relationship with their GENESISTER teen as average, and 50% will rate their relationship as above average according to the Child Trends Positive Relationship with Parents (PSP) Scale. b. 25% of GENESISTER teens will rate their relationship with their parent as average, and 50% will rate their relationship with their parent as above average according to the Child Trends PSP scale. EPHS #3 HP2020: AH-3, FP-13	a. Individualized case management and education will be offered to parents, focusing on increasing parent/child relationship and communication. b. Youth specialists will encourage and assist clients in increasing open and honest communication with their parents. c. Staff will work with families to mediate family conflict.	<ul style="list-style-type: none"> ▪ Staff will administer the PSP scale with participating parents and teens once per calendar year. ▪ PSP scales for both parents and teens will be included in chart notes. ▪ PSP scores will be entered and tabulated in an SPSS database. ▪ Chart notes will reflect work done with individual teens and parents regarding open and honest communication. 	<ul style="list-style-type: none"> ▪ Only 4% of parents rated their relationship with their GENESISTER teen as average or below on the PSP scale. ▪ Fourteen percent of youth rated their relationship with their parents as average or below on the PSP scale. 	E	Parent and youth specialists work with the family on increasing communication and, when there is a discrepancy between the youth and the parent's view of the relationship, this is explored.
7. 85% of service-learning participants will report an increased sense of community connectedness upon completion of a service-learning project. EPHS #4, 10 HP2020: AH-2	a. Staff will assist clients in developing, implementing, and evaluating service-learning projects. b. A minimum of four service-learning opportunities will be offered during the academic school year. c. Staff will utilize the evidence-based Teen Outreach Program curriculum to structure service-learning projects.	<ul style="list-style-type: none"> ▪ Staff will administer the Connection to Community scale prior to and after client participation in service-learning projects. ▪ Data will be kept in chart notes and entered into an SPSS database for tabulation. 	<ul style="list-style-type: none"> ▪ Clients have taken the pre-survey but have not completed the post-survey because they have not yet completed their service learning projects (May 2014). 	NM	When clients have completed their service learning projects at the end of the school year (May 2014), they will be given the post-survey which will allow us to evaluate their sense of community connectedness post-intervention.
8. Less than 15% of clients will drop out of school during the reporting period. a. 25% of GENESISTER	a. Staff will partner with community agencies offering after-school tutoring/study hours, and/or refer clients	<ul style="list-style-type: none"> ▪ Chart notes will reflect the percentage of clients who dropped out of school during the reporting period. 	<ul style="list-style-type: none"> ▪ No clients dropped out of school during the reporting period. ▪ 7% of clients rated their 	E	The GENESISTER model equally emphasizes school dropout and pregnancy prevention, recognizing interconnected-

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<p>youth will rate their educational engagement as average and 50% will rate their educational engagement as above average according to the Child Trends Educational Engagement Survey (EES).</p> <p>EPHS #3, 4</p> <p>HP2020: AH-5</p>	<p>b. Staff will foster positive attitudes toward school achievement by offering field trips to local colleges and high schools and linking clients to college mentors.</p> <p>c. Staff will partner closely with school district dropout prevention specialists.</p> <p>d. Staff will work closely with parents to troubleshoot home issues that interfere with academic achievement, providing appropriate referrals, when necessary.</p>	<ul style="list-style-type: none"> ▪ Chart notes will reflect school attendance and enrollment status. ▪ Staff will administer the EES once per school year. ▪ EES surveys will be included in chart notes. ▪ EES scores will be entered and tabulate in an SPSS database. 	<p>educational engagement as average or below.</p>		<p>ness of these issues.</p>
<p>9. 25% of clients will demonstrate an average sense of hope for the future and 50% of clients will demonstrate an above average sense of hope for the future according to the Child Trends Hope Survey.</p>	<p>a. Staff will assist clients in future planning, goal setting, and future visioning through program activities.</p>	<ul style="list-style-type: none"> ▪ Chart notes will reflect staff activities and mentoring geared toward developing a sense of positive future orientation. ▪ Hope surveys will be administered on an annual basis and filed in client charts. ▪ Survey results will be entered into an SPSS database for tabulation. 	<ul style="list-style-type: none"> ▪ 12% of clients scored at average or below on the Child Trends Hope Survey. 	<p>M</p>	<p>Youth specialists address concerns raised by the survey, and, when indicated, refer and connect clients with mental health services.</p>
<p>10. Staff will actively participate in efforts to align programming with the direction and guiding principles of the BCPH strategic plan.</p>	<p>a. Staff will participate in agency planning groups associated with the strategic plan, including facilitating communication from the group to other staff and from staff to the planning group.</p> <p>b. Staff will participate in trainings to enhance staff competency to implement population-based and collective impact strategies and promote practices to advance health equity.</p> <p>c. Staff will participate in health assessment and planning activities designed</p>	<ul style="list-style-type: none"> ▪ Participation in trainings, meetings and other aspects of the process will be documented. ▪ Results and decisions of the assessment and planning process will be documented. 	<ul style="list-style-type: none"> ▪ Staff has been actively involved in the Healthy and Intended Pregnancy (HIP) Assessment process. ▪ Staff has been working to expand program activities to address a larger population, including providing a training by a Denver-area expert on LARCs to People's Clinic staff and developing an "askable adult" training with the local sexual health coalition. 	<p>E</p>	<p>The GENESISTER program manager has been a co-lead for HIP, and a GENESISTER youth specialist is also participating in the assessment.</p>

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	<p>to prioritize health issues and determine the agency role in addressing these issues.</p> <p>d. Staff will participate in Community Health Division discussions related to integration and collaboration.</p>				

ⁱ 2013 Kids Count in Colorado report.

ⁱⁱ Tobbe, Mike. Associated Press, September 30, 2010.

ⁱⁱⁱ "Putting what works to work Presentation: Younger Siblings of Teen Parents: At Increased Risk of Teen Pregnancy?" December 21, 2007, National Campaign to Prevent Teen Pregnancy.

^{iv} Ibid.

^v Bruckner, H., & Bearman, P. (2003). Dating Behavior and Sexual Activity of Young Adolescents: Analyses of the National Longitudinal Study of Adolescent Health. In Albert, B., Brown, S., & Flanigan, C. (Eds.), *14 and Younger: The sexual behavior of young adolescents* (pp. 31–56). Washington, DC: National Campaign to Prevent Teen Pregnancy.

^{vi} Troccoli, K, "How to Involve Parents in Programs to Prevent Teen Pregnancy," December 2006.

^{vii} Miller B, Benson B, & Galbraith K, Family relationships and adolescent pregnancy risk: A research synthesis, *Developmental Review*, 2001, 21(1): 1-38.

^{viii} Crouter A, & Head M. Parental monitoring and knowledge of children. In Bornstein MH (Ed.), *Handbook of parenting: Being and becoming a parent* (Vol. 3). Mahwah, N.J.: Lawrence Erlbaum Associates, Inc., 2002.

^{ix} Allen, J.P., Philliber, S. (2001) Who Benefits Most From a Broadly Targeted Prevention Program? Differential Efficacy Across Populations in the Teen Outreach Program. *Journal of Community Psychology*, 29, (6): 637-655.

^x Suellentrop, K (2011). What Works 2011-2012: Curriculum Based Programs That Help Prevent Teen Pregnancy. National Campaign to Prevent Teen and Unplanned Pregnancy, Washington, D.C.