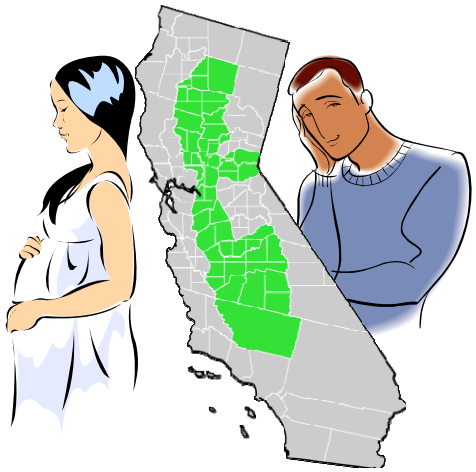

TEEN PREGNANCY PREVENTION IN THE CALIFORNIA CENTRAL VALLEY

STRATEGIC GRANT-MAKING CONSIDERATIONS

HEALTH EQUITY INITIATIVE

CYNTHIA A. GÓMEZ, PHD, DIRECTOR

SAN FRANCISCO STATE UNIVERSITY

August 2007

HEALTH EQUITY INITIATIVE

The Health Equity Initiative (HEI) of San Francisco State University is a collaborative effort that integrates research and evaluation activities, community-based participatory interventions, and training for faculty, students and community partners. The mission of HEI is to create an intellectual and action-oriented environment where the multi-disciplinary SFSU faculty, students and community allies converge and are supported as thought-leaders, problem-finders, and problem-solvers to ensure the health of local communities and global societies.

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TABLE OF CONTENTS

TABLES

FIGURES

APPENDICES:

EXECUTIVE SUMMARY

I. OVERVIEW

Although California has made significant progress in the past decade in reducing the state's teen pregnancy rate, the area of the state referred to as the Central Valley has lagged behind. It is critical to examine what can be learned from the current teen pregnancy prevention strategies, geographic context, demographics of the population, political climate, and public and private investment to-date in the region. This report attempts to gather relevant information and provide analysis, implications and considerations for The William and Flora Hewlett Foundation as it considers how to make the most strategic investments in supporting teen pregnancy prevention strategies in the Central Valley.

The information gathered was collected through a combination of methods including review and analysis of secondary datasets, interviews with key informants, and a thorough internet- and publication-based review of relevant documents. It is important to note that there are limitations to all of these types of sources and this assessment should not be considered an exhaustive and definitive analysis of teen pregnancy prevention needs, programs and services in the Central Valley.

II. THE CALIFORNIA CENTRAL VALLEY

The Central Valley stretches some 400 miles through a large, flat valley, with a population of more than 6.5 million people, 29% of which are Latino, making it one of the regions in California most heavily populated by this ethnic group (US Census, 2000). The Central Valley is now one of the fastest growing regions in California. , but has a per capita income that is 26% lower than the state average. Average per capita income in the Central Valley varies considerably by region. It is highest in the Sacramento Metro Valley and lowest in the southern region of San Joaquin Valley. In 2002, 7 of the 10 counties in California with the lowest per capita income were located in the Central Valley. To put this in perspective, the Central Valley would rank 48th out of what would be 51 states in the nation in per capita income if it were a separate state, above only West Virginia, Arkansas, and Mississippi (Great Valley Center, 2005).

III TEEN BIRTH RATES IN THE CENTRAL VALLEY

Kings, Tulare, Yuba, Kern, Madera and Fresno counties have the highest teen birth rates (ranging from 58 to 71 per 1,000 females ages 15-19) in the Central Valley (California Department of Health Services, 2004). The poverty level rate is the one variable that most significantly separates the highest teen birth rate counties from other counties within the Central Valley. While these economic factors do not directly "cause" teen pregnancies, they likely represent underlying dynamic factors such as isolation, ignorance, poor self-esteem, poor parental supervision, poor access to information, and other individual and structural level variables that may be linked to the initiation of unprotected sex in teens and the unintended outcome of pregnancy.

IV POLITICAL CLIMATE OF THE CENTRAL VALLEY

The Central Valley is represented by largely conservative legislators. They are a bloc whose votes have largely run counter to the more progressive views on these issues of other voters across the state. The political landscape, particularly as it pertains to teen pregnancy prevention, goes beyond legislators to school board members who have significant influence on this issue as well. Within the Central Valley region there are 19 counties encompassing almost 500 school districts. Although all California schools are mandated to teach HIV prevention instruction once during middle school and once during high school, information regarding the content and quality of sexually-related education in the region is lacking.

V TEEN PREGNANCY PREVENTION PROGRAMS IN THE CENTRAL VALLEY

The majority of programs in the Central Valley use a variety of strategies to affect teen pregnancy and sexual activity, but it is unclear how many of the programs address teen pregnancy in a framework informed by social determinants or incorporating more innovative strategies. There is insufficient teen pregnancy prevention programming in key counties in the Central Valley, in particular in Kings and Tulare Counties. These two counties have high teen pregnancy rates, low changes in teen pregnancy rates between 2002 and 2004, high Latino populations, and have fewer programs targeted toward teen pregnancy prevention across all strategies.

VI INVESTMENT IN TEEN PREGNANCY PREVENTION IN THE CENTRAL VALLEY

Public and private support for teen pregnancy prevention programs in the Central Valley has been limited. Although fourteen (74%) of the nineteen counties with the highest teen birth rates are located in the Central Valley, only one third of the California's teen pregnancy prevention resources are invested in the Central Valley. Similarly, there has been significant investment by private foundations in teen pregnancy prevention efforts in California, yet minimal resources have been directed to the Central Valley.

VII CONCLUSION AND RECOMMENDATIONS

The Central Valley continues to be a region of California underserved by comprehensive teen pregnancy prevention strategies. Despite previous publicly and privately funded assessments and recommendations specific to the Central Valley, there has not been any increase in focused, sustained, and evaluated efforts. Unfortunately, the teen birth rates reflect that reality. The William and Flora Hewlett Foundation is judicious in considering an expansion of investment in teen pregnancy prevention in this region. Specific recommendations are provided in this report and include the following:

- **Investment should be primarily targeted in the South San Joaquin Valley** region of the Central Valley allowing for a regional approach to addressing teen pregnancy prevention.
- **Support "on-the-ground" research** to examine community-level issues related to teen pregnancy prevention and possible solutions. For instance, research might include examination of the quality and content of information and education provided in the schools across the Valley. In sparsely populated areas, an outreach approach may be the most effective way to expose and educate teens about local clinical facilities and services, but research is needed to better understand the current gaps in existing linkages programs and to better connect rural youth to clinical service providers. Further research is also needed to assess the scope and impact of teen pregnancy prevention programs within Latino communities and with young men in the Central Valley.
- Grantmaking to support teen pregnancy prevention efforts in the Central Valley should include **support for capacity building** for the non-profit organizations in this region. Furthermore, agencies should be encouraged to use evidence-based strategies combined with efforts to attract youth including the latest technology, updated websites, visually appealing information, and other current and emerging tactics.
- Grantmaking to support teen pregnancy prevention efforts in the Central Valley should include investment in **efforts to better educate the legislator**s who represent the Central Valley and to create policy change at the state level. Local political activism by parents and youth is necessary to realize meaningful reforms in policies related to teen pregnancy prevention that have a direct impact on young people in the Central Valley.

INTRODUCTION

Although California has made significant progress in the past decade in reducing the state's teen pregnancy rate, the area of the state referred to as the Central Valley has lagged behind. The William and Flora Hewlett Foundation, which has made regional grants focusing on teen pregnancy prevention in the San Francisco Bay Area and to a limited extent in the Central Valley for the past several years, is examining the possibility of expanding teen pregnancy prevention grant-making within the California's Central Valley. As the Foundation begins to explore the possible impact of such a targeted initiative, a number of critical questions have arisen. The following are some of the issues to be addressed.

Geographic focus. The Central Valley of California stretches some 400 miles through a large, flat valley, with a population of more than 6.5 million people. The Central Valley is now one of the fastest growing regions in California, but has a per capita income that is 26% lower than the state average. Almost all of the Central Valley counties exceed the state unemployment and poverty averages. Given the diversity within this region of demographics, birth rates to teen mothers, and socio-cultural factors that could be linked to teen pregnancy, how should these factors be considered in prioritizing strategic funding decisions for the region?

Political will to support comprehensive strategy. It is critical to have a broad understanding of the current political context in the Central Valley and within the state of California. Therefore identifying some of the political factors, i.e., support by local officials, leadership for addressing needs such as providing access to contraceptive services for teens in the Central Valley, and the role various state-wide (public and private) teen pregnancy prevention initiatives have on the Central Valley is key.

Prevention Models. Teen pregnancy prevention programs tend to follow different models, with some focused on health service delivery approaches, sometimes using primary health care providers as key elements while others approach the problem from an education perspective, sometimes partnering with school districts or youth development programs which are not primarily health care providers. An assessment needs to be made as to the most appropriate approach in targeted areas. What obstacles would need to be addressed to enhance work in either area in particular possible geographic target areas?

Programmatic priorities and current resources within the Central Valley. In making funding decisions about a possible teen pregnancy prevention initiative focused on the Central Valley, there are numerous questions to be addressed in how to best target resources within the region. To this end, it is important to identify state-wide strategies that are in play as well as existing services currently in place in this region. In addition a review of past and current investments on these issues within the Central Valley will assist in understanding gaps, failed strategies, and successful investments. These should include the consideration of potential new collaborators that might become more involved with teen pregnancy prevention efforts and other sources of funding that might be tapped to support joint ventures.

This report attempts to address and gather relevant information of the stated areas and provide some potential implications and considerations for the Foundation as it considers how to make the most strategic investments in supporting teen pregnancy prevention strategies in the Central Valley.

METHODOLOGY

The information gathered for this report was collected through a combination of methods including review and analyses of secondary datasets, qualitative interviews with key informants, and a thorough internet- and publication-based review of relevant documents.

The Assessment Team (see Appendix E) was divided into three sub-teams (Epidemiology & Geography; Organizations & Access; and Resources & Politics), and each sub-team developed data collection strategies to be completed within the four-month timeframe provided to complete this report.

Strategies and Limitations

Epidemiology and Geographic Analysis. A combination of sources including most recent U.S. Census data available, California Department of Health Services data sets, and relevant reports were used to characterize the Central Valley. It is important to note that there are limitations to all of these types of sources including the accuracy of racial and ethnic attributions, the dependence on self-report for many of the characteristics, and the lack of comprehensive information within local regions.

Organizations and Access Analysis. The primary method of data collection to identify current organizations providing pregnancy prevention services and access to contraceptive services in the Central Valley was an internet search of departments of public health, community based organizations, faith based organizations, youth development agencies, primary and secondary schools, hospitals, and clinics. Through internet "snowballing," our initial search led us to additional programs and organizations that currently addressed teen pregnancy prevention and did not have a dedicated website. In addition, in depth key informant interviews were performed with leading researchers in teen pregnancy prevention in California.

In geographical areas where it appeared that few or no teen pregnancy prevention programs were available on the internet, we contacted departments of public health, community based organizations, and grantmaking foundations to gather information about existing teen pregnancy prevention programs. Contacts were also made with program representatives from the Office of Family Planning to ascertain data reflecting all Central Valley programs that perform teen pregnancy prevention activities that are currently funded through statewide initiatives.

This assessment should not be considered an exhaustive and complete analysis of teen pregnancy prevention programs and services in the Central Valley. The nature of internet web-site based research makes it difficult for the investigator to get a true sense of the actual activities, outcomes and impacts of any given program as websites generally reflect agency accomplishments. Additionally, our internet search is neither exhaustive nor is it fully descriptive of all of the programs offering teen pregnancy prevention related services in the Central Valley as we could only look at those programs with the financial and technological resources to maintain a presence on the world wide web. Given these circumstances, we acknowledge that there may be effective teen pregnancy prevention interventions operating within Central Valley that are not listed here.

Resources and Political Analysis. To better assess the political context, this team studied the current patterns of politicians, their voting patterns on relevant measures, and the broader study of the past and current legislative efforts relevant to teen pregnancy prevention. Beyond the scope of this project, but important to consider in future assessments is more local information regarding the discussions and decisions made by boards of supervisors, school boards, and other relevant decision-making bodies.

Interviews with private and public funding agencies and review of relevant reports assisted in the description of resources historically and currently funding teen pregnancy activities in the Central Valley. Again it is important to underscore that such assessments may not have captured all resources in this large geographic area.

San Joaquin Valley; "Irrigation: California." Online Photograph. From Encyclopedia Britannica

OVERVIEW OF THE CENTRAL VALLEY

Geography

California's Central Valley stretches from Shasta County to Kern County some 450 miles long, 40 to 60 miles wide, and 42,000 square miles. There are 19 counties in the Central Valley including Butte, Colusa, El Dorado, Fresno, Glenn, Kern, Kings, Madera, Merced, Placer, Sacramento, San Joaquin, Shasta, Stanislaus, Sutter, Tehama, Tulare, Yolo, and Yuba counties.

For the purposes of this assessment, the Central Valley is divided into three regions:

- **North Valley:** *Butte, Colusa, Glenn, Shasta and Tehama*
- **Sacramento Metro Valley:** *El Dorado, Placer, Sacramento, Sutter, Yolo, and Yuba*
- **San Joaquin Valley (North and South):** *Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, and Tulare*

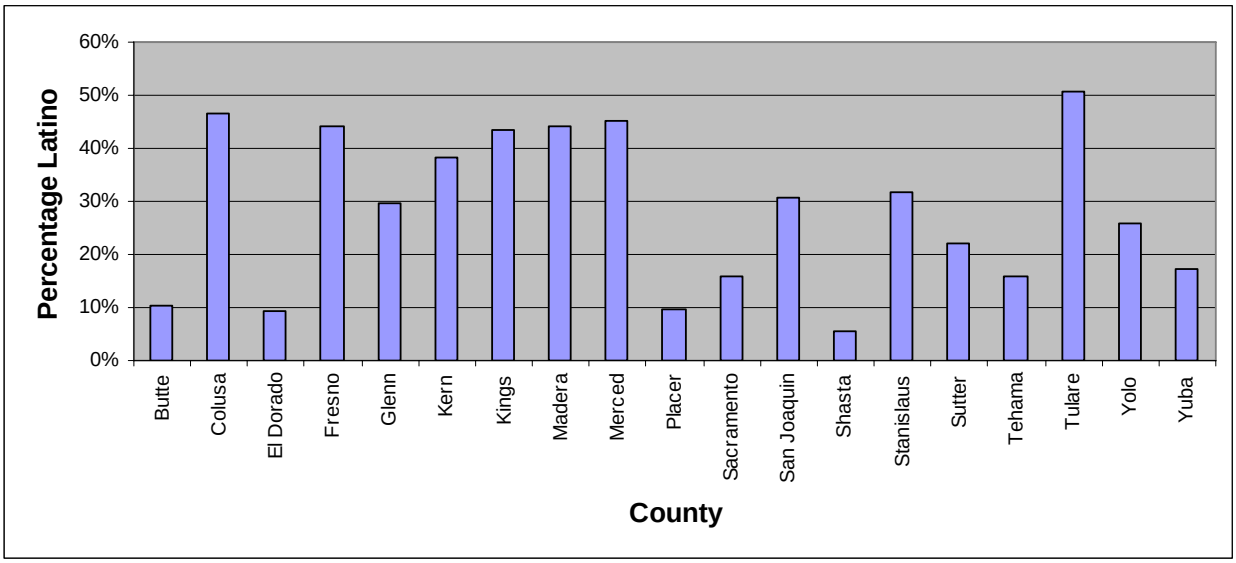
Source: Public Policy Institute of California, 2006

Demographics

The 2000 United States Census estimated the Central Valley's population to be approximately 6.5 million (US Census, 2000). In comparison, the population of Los Angeles alone is 9.3 million. In the Central Valley, 29.4% of the population is Latino making it one of the regions in California most heavily populated by this ethnic group (US Census, 2000). The counties in the Central Valley with the highest percentage of Latinos are Tulare (50.8%), Colusa, (46.5%), Merced (45.3%), Fresno (44%), Madera (44.3%), and Kings (43.6%) (US Census, 2000). Compared with the non-Latino White population, the Latino population has a larger proportion of young people. About 1 in 3 Latinos is a child under 18 years of age, compared with 1 in 5 non-Latino Whites (US Census, 2004). This data is especially relevant with regards to teen pregnancy as Latina women, when

compared with non-Latina White women, are more likely to have given birth in the past 12 months (US Census, 2004).

Figure 1: Total Latino Population in Central Valley Counties, 2000



Source: US Census 2000

The population of the Central Valley is expected to grow 24% between 2000 and 2010, making it the fastest growing region in California. Growth is projected to be particularly rapid in the North San Joaquin Valley (29%) and in the Sacramento Metro Valley (27%). Most of the growth is from migration, largely from California's coastal regions (Great Valley Center, 2005).

Economy

The Central Valley has substantial economic resources, particularly in its agricultural industry. If the Central Valley were a state, it would be ranked first in the nation for agricultural production. The value of agricultural production in the San Joaquin Valley is increasing; however, at the same time it is decreasing in the North Valley and Sacramento Metro Valley areas. Agriculture provides 20% of the jobs with six of the top seven agriculture-producing counties in the state in the Central Valley. The San Joaquin Valley generated 88% of the Central Valley's agricultural production in 2002 (Great Valley Center, 2005).

However, the landscape of the Central Valley is changing. Between 1990 and 2002, 3.7% (or 283,277 acres) of the Central Valley's irrigated farmland was converted to other uses, primarily for housing and other urban uses. During the same period, the rate of urbanization increased with 167,182 acres shifted to urban uses -- a 23% increase. The San Joaquin Valley is experiencing the greatest rate of farmland loss. From 1994 through 2003, the Central Valley lost nearly 10,000 agriculture-related jobs, or 5% of the 1994 total**.** At the same time, service industries are becoming an increasingly important part of the Central Valley economy. Construction has been the fastest growing industry since 1994**.** The shift towards more service jobs is a difficult transition for this area because some of these industries historically pay low wages and may be temporary and seasonal employment. Although conversion of farmland has the potential to dramatically change

the Central Valley's economy, today, agriculture remains the engine of the Central Valley (Great Valley Center, 2005).

Poverty

Although parts of the Valley are experiencing a significant economic boom, others continue to face challenges like poverty and hunger. The 2003 California Health Interview Survey determined that in San Joaquin County, the percentage of adults living below the federal poverty line and in a state of food insecurity--defined as not having enough money to not worry about whether one can secure adequate food--grew to 41% from 34% during the past two years. In this region, 17.7% of the population lives below the federal poverty level and at a rate significantly higher than both the national rate of 12.4% and the California rate of 14.2% **(**Harrison et al, 2005**).**

Per capita income for 2002 in the Central Valley was $24,550, 26% below the state average of $32,989. From 1997 to 2002, the per capita income in the Central Valley consistently lagged behind California as a whole. During that time, California's per capita income increased by 25%, while the Central Valley's increased by 19%. Average per capita income in the Central Valley varies considerably by region. It is highest in the Sacramento Metro Valley and lowest in the southern region of San Joaquin Valley. In 2002, 7 of the 10 counties in California with the lowest per capita income were located in the Central Valley. To put this in perspective, the Central Valley would rank 48th out of what would be 51 states in the nation in per capita income if it were a separate state, above only West Virginia, Arkansas, and Mississippi (Great Valley Center, 2005).

Unemployment

Unemployment in the Central Valley remains considerably higher than the state average. From 1998–2003, the Central Valley's unemployment rate averaged 4.2% higher than the state rate. This is a slight improvement from the prior five years, when the Central Valley rate was 4.8% higher (Great Valley Center, 2005). Six of the ten metropolitan areas in the U.S. with the highest unemployment rates are in the Central Valley. (See Table 1).

Homeless encampment, in downtown Fresno, 2004

Table 1: Highest Annual Unemployment Rates for Metropolitan Statistical Areas in the United States, 2003

City	Rate
Yuma, AZ	23.5
Visalia-Tulare-Porterville, CA	**15.5**
Merced, CA	**14.8**
Fresno, CA	**14.0**
Yuba City, CA	**13.8**
MacAllen-Edinburg-Mission, TX	13.6
Bakersfield, CA	**12.3**
Modesto, CA	**11.5**
Brownsville-Harlington-San Beino, TX	11.0
Yakima, WA	10.6

Source: US Department of Labor, Bureau of Labor Statistics

The unemployment rate in the Central Valley varies by season. Unemployment decreases in the spring which may be due to increased hiring for construction. It also decreases in the summer, which appears to be due to increased farm activity. Unemployment increases rapidly in the fall and winter when harvesting season for some major crops is over and when construction typically slows (Great Valley Center, 2005).

Transportation

Route 99 has been the key economic and transportation corridor for the Central Valley. It is the only route by car that connects every county in the Valley. CalTrans plans to upgrade much of Route 99 with 235 new projects that span the spectrum of transportation construction: almost $1 billion in capacity projects, $144 million in rehabilitation, $80 million in safety and operations, and $40 million in appearance and sound wall projects (Highway 99 Task Force, 2004). Highway 5 is also an important transportation route through parts of the Central Valley. However, in some areas it serves as a barrier by creating a divide between geographic areas. It is difficult to cross Highway 5, with few exits that are spaced far distances apart, and communities on either side are isolated from one another and from resources available only on one side of the freeway (N. Jones Personal Communication, April 12, 2007).

TEEN PREGNANCY IN THE CENTRAL VALLEY

Although the counties of the Central Valley group together in sub-regions, trends in teen birth rates vary by county. In addition, multiple factors may contribute to a higher incidence of teen birth rates in distinct counties. There are complex social and demographic factors that are related to teen pregnancy and birth rates. These factors include household income, education level, foreign born status, and language spoken. It is critical to understand how these factors interplay with one another and contribute to higher birth rates for teens in the Central Valley.

The Center for Research on Adolescent Health and Development of the Public Health Institute has analyzed the economic impact of teen pregnancy and parenting on the state California (Constantine & Nevarez, 2006). In 2003, they estimated that the annual cost to tax payers for teen births in California was $1.5 billion. The total cost to society for teen births in California was $3.3 billion. In 2006, an analysis by Senate District found that for District 14 (which includes parts of Fresno, Madera, Mariposa and San Joaquin Counties) and District 15 which includes parts of (Fresno, Kern, Kings and Tulare), the estimated annual cost to taxpayers for teen births and parenting equals $147 million and the annual social costs equal $329 million (Constantine & Nevarez, 2006).

As shown in Table 2, the teen pregnancy rate in most Central Valley counties decreased between 2000 and 2004. The most significant decrease occurred in Colusa County. In 2000, the rate was 70.1 and decreased 28.3% to 41.8 in 2002. Kings County, the area with the highest incidence rate, has remained high with small changes, while the rates decreased in other counties with a high number of pregnant teens (Tulare, Yuba, Fresno, Madera, and Kern). It is important to note that there was a slight increase in 2004 in Glenn (43.0) and Kern (65.8). Although the rates are still relatively high in Tulare (65.5), Madera (64.1.) and Kings (71.1), there was a slight decrease in 2004. However, it is not known if the progress has been made within the Latino teen population specifically. The California Department of Health Services does not provide disaggregated data examining teen (15-19 years old) live birth rates by race/ethnic group for 2000-2004 (California Department of Health Services, 2004).

Table 2: Birth Rates, Teenage Mothers (15-19 Years), California Central Valley Counties, 2000-2004

County	2000	2001	2002	2004
Butte	28.1	32.7	34.7	27.2
Colusa	70.1	56.7	41.8	n/a
El Dorado	23.5	25.2	23.5	17.4
Fresno	70.4	66.1	62.6	58.0
Glenn	51.1	46.4	40.4	43.0
Kern	73.8	66.6	65.7	65.8
Kings	77.9	68.2	72.2	71.1
Madera	71.7	76.8	65.1	64.1
Merced	66.0	60.5	58.5	51.0
Placer	20.4	20.5	20.6	16.3
Sacramento	44.4	41.2	39.6	36.4
San Joaquin	60.6	53.0	52.1	47.8
Shasta	35.4	43.2	42.2	36.6
Stanislaus	54.4	52.5	48.7	45.6
Sutter	45.5	48.8	51.8	37.9
Tehama	63.6	44.8	55.7	49.2
Tulare	78.5	74.8	71.6	69.5
Yolo	23.6	26.6	20.3	22.1
Yuba	73.8	76.3	66.6	59.7

Source: Teen Births: State of California, Department of Health Services: Birth Statistical Master File. Teen population: Special Tabulation of County Characteristics, Population Estimates for California (CADHS) Vintage 2002; Population Division, US Census Bureau.

Data from various sources, including the California Department of Health Services, indicate that not only do Central Valley communities have high percentages of teen births, they also have high percentages of residents living in poverty, families headed by a single female, low levels of educational attainment, foreign-born residents, and residents who speak a non-English language at home (Hernandez, Curtis and Sutton, 2004).

Social and Demographic Factors Related to Teen Births in the Central Valley

In this assessment, using 2004 teen birth rate data from the California Department of Health Services, Central Valley counties were ranked by teen birth rate and assembled into three groups:

- Group 1: High Birth Rate: teen birth rates between 52 and greater per 1000 females,
- Group 2: Middle Birth Rate: teen birth rates between 41 and 51 births per 1000 females.
- Group 3: Low Birth Rate: teen birth rates fewer than 40 births per 1000 females.

These groupings (see Table 3) were created to explore common social and demographic trends that may provide some insights into the most relevant factors associated with higher and lower teen birth rates across Central Valley counties.

Table 3: Grouping Central Valley Counties by Teen Birth Rate, 2004

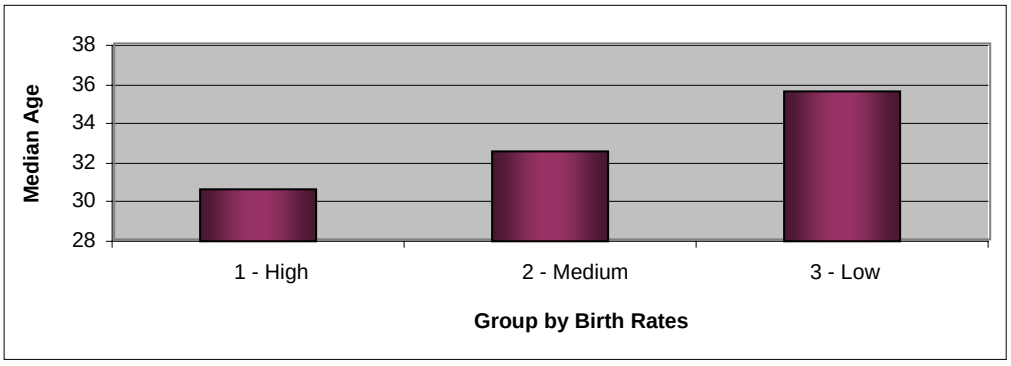
Group	Counties	Teen Birth Rate (per 1000 females age 15-19 years)
(1) High	Kings	71.1
	Tulare	69.5
	Kern	65.8
	Madera	64.1
	Yuba	59.7
	Fresno	58.0
(2) Middle	Merced	51.0
	Tehama	49.2
	San Joaquin	47.8
	Stanislaus	45.6
	Glenn	43.0
	Colusa	41.8
(3) Low	Sutter	37.9
	Shasta	36.6
	Sacramento	36.4
	Butte	27.2
	Yolo	22.1
	El Dorado	17.4
	Placer	16.3

Source: California Department of Health Services, 2004

Median Age

The median age is lowest in counties with the highest rates of teen births. As median age increases, rates of teen births decrease. Of residents who live in counties with the highest rates of teen births (Group 1), the median age is 30.7, compared with 35.7 in residents who live in counties with the lowest rates (Group 3).

Figure 2: Comparison of Median Age, 2000

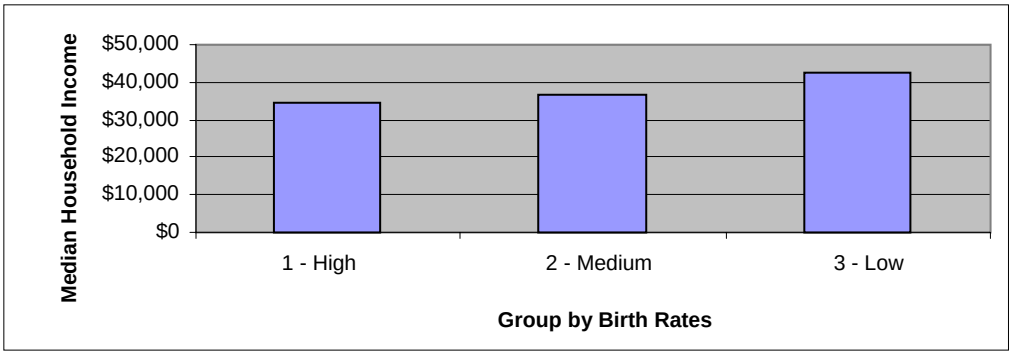


Source: US Census 2000

Income, Employment, and Poverty

Median household income is similar for Groups 1 and 2; however, for Group 3, the counties with the lowest teen pregnancy rate, median household income increases. In Groups 1 and 2, median household income ranges from $34,442 to $36,894; median household income in Group 3 is $42,605 (Figure 3).

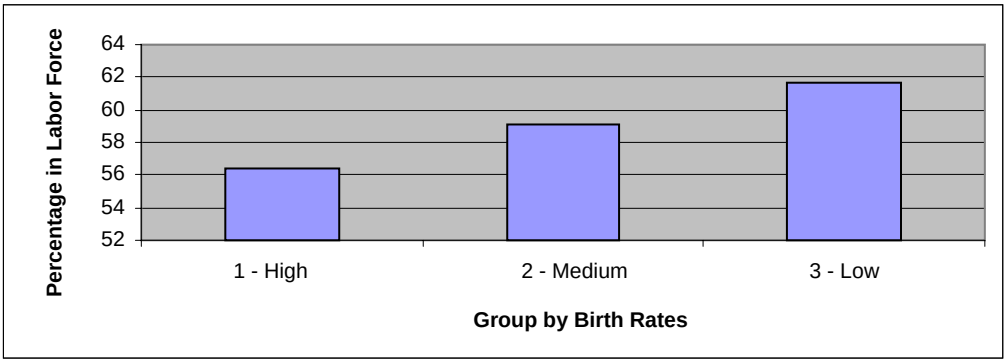
Figure 3: Comparison of Median Household Income, 2000



Source: US Census 2000

Employment levels also show a connection to teen pregnancy. Specifically, as the percentage of individuals in the labor force increases, teen birth rates decrease. The percentage of individuals in the labor force in the High Birth Rate Group, Group 1 is 56.4%, compared to 61.6% in the Low Birth Rate Group (Figure 4).

Figure 4: Comparison of Percentage of Individuals in Labor Force, 2000



Source: US Census 2000

Similarly, the groups with the highest percentage of teen births had poverty rates that were significantly higher than those of the group with the lowest percentage of teen births. In Groups 1 and 2, 23.6% and 17.8% of residents are below poverty level respectively, compared to 13.7% in Group 3 (Figure 5). In addition to having the highest rate of poverty in the Central Valley, the City of Fresno, which is in the High Birth Rate Group, ranks as the worst city in the nation for concentrated poverty rate (Table 4).

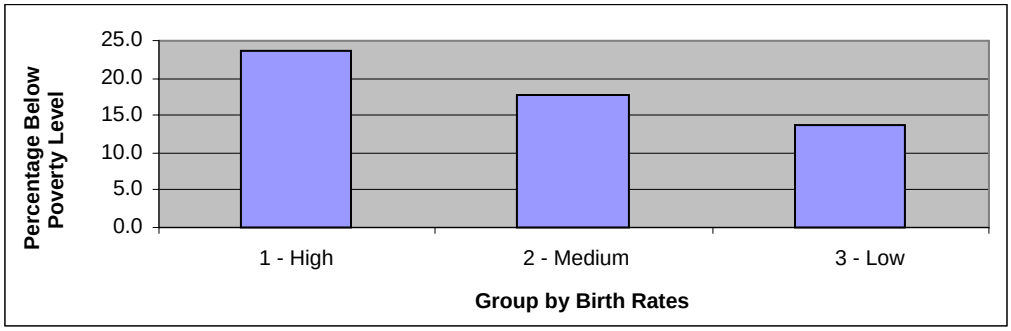
Table 4: Concentrated Poverty in U.S. Cities, 2006

City	Concentrated Poverty Rate
Fresno, CA	43.5%
New Orleans, LA	37.7%
Louisville, KY	36.7%
Miami, FL	36.4%
Atlanta, GA	35.8%
Long Beach, CA	30.7%

Source: Berube & Katz, 2006

The concentrated poverty rate is the proportion of all poor individuals in a city who live in extreme-poverty neighborhoods, areas with more than 40% of their residents living below the federal poverty threshold (Berube & Katz, 2005).

Figure 5: Comparison of Percentage of Individuals below Poverty Level, 2000



Source: US Census 2000

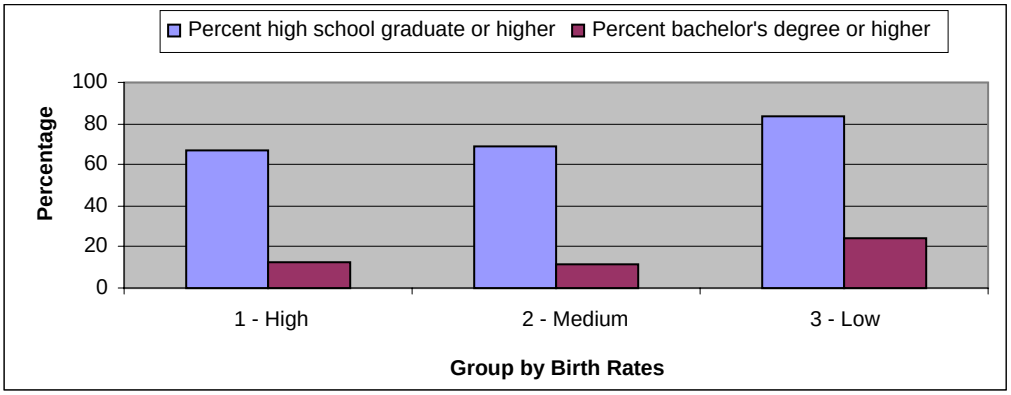
Families living in extreme-poverty neighborhoods do not have access to quality educational, housing, and employment opportunities (Berube & Katz, 2005). Poverty rates are one of the most important indicators when looking at teenage pregnancy (V. Rondero Hernandez, Personal Communication, April 26, 2007).

Rural Central Valley. Photo by Thor Swift

Educational Attainment

Educational attainment is lowest in Central Valley counties with the highest rates of teen births. Overall, in the Central Valley, 67.3% of residents who live in counties with the highest rates of teen births have completed high school, compared to 83% of residents who live in counties with the lowest rates. Of residents in Group 1, 12.5% hold a bachelor's degree or higher, compared to 24.2% of residents in Group 3 (Figure 6).

Figure 6: Comparison of Educational Attainment, 2000

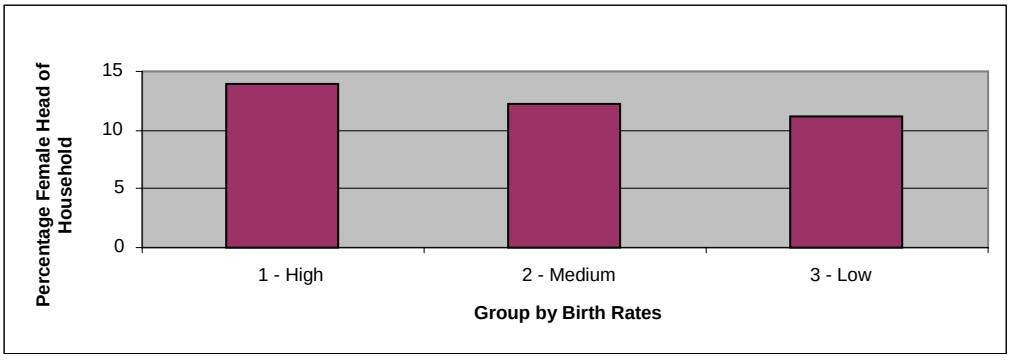


Source: US Census 2000

Families Headed by a Single Female

The High Birth Rate Group has a higher percentage of households headed by a female than the Low Birth Rate Group. In the High Birth Rate Group, 14% of households are headed by a female with no partner present, compared to 11.2% of households in Group 3 (Figure 7).

Figure 7: Comparison of Percentage of Female Householders, 2000

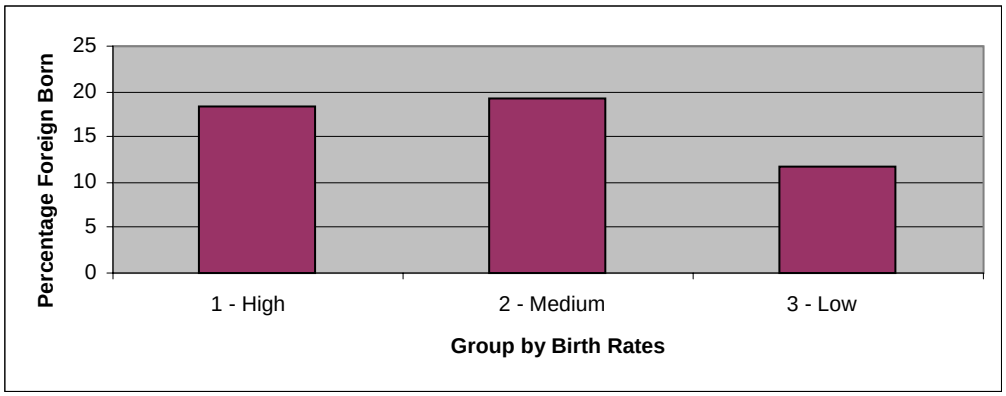


Source: US Census 2000

Nativity and Language

The groups with the highest proportion of teen births also have a high proportion of foreign-born and non-English-speaking populations. In Group 1 and 2, foreign-born persons comprise 18.3% and 19.3% of the population respectively, compared to 11.7% of the population in Group 3 (Figure 8).

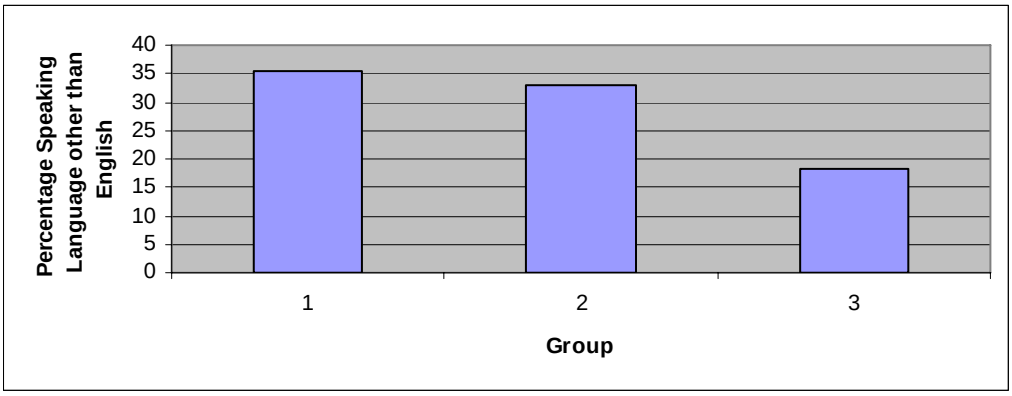
Figure 8: Comparison of Percentage of Foreign Born Individuals, 2000



Source: US Census 2000

Likewise, more than twice as many people in the High Birth Rate Group spoke a non-English language at home (35.6%) compared to 18.1% of residents in the Low Birth Rate Group (Figure 9).

Figure 9: Comparison of Percentage Speaking Non-English Language, 2000



Source: US Census 2000

In summary, Table 5 provides all of the socio-demographic characteristics by Birth Rate Group suggesting clear patterns regarding the context under which higher rates of teen births seem to occur. It is extremely important to consider the context of poverty, low education and high unemployment when considering teen pregnancy prevention strategies. The poverty level rate is the one variable that most significantly separates the highest teen birth rate counties from the other two groups. While these economic factors do not directly "cause" teen pregnancies, they likely represent underlying dynamic factors such as isolation, ignorance, poor self-esteem, poor parental supervision, and other individual and structural level variables that have been linked to the initiation of unprotected sex among youth. Families who are also immigrants coping with cultural and language barriers will likely experience additional challenges that could result in unintended teen pregnancies. However, it is also important to recognize that some of the teen births may be intended, and culturally and socially supported; thus would not be impacted by prevention efforts.

Table 5: Comparison of Social and Demographic Characteristics between Groups 1, 2 and 3, 2000

Characteristics Related to Teen Birth Rates	Group 1 - High: Kings, Tulare, Kern, Madera, Yuba, Fresno	Group 2 - Medium: Merced, Tehama, San Joaquin, Glenn Stanislaus, Colusa	Group 3 - Low: Sutter, Shasta, Sacramento, Yolo, Butte, El Dorado, Placer
Median Age	31	33	36
Annual Household Income	$34,442	$36,894	$42,605
Employment Rate	56%	59%	62%
Federal Poverty Level Rate	24%	18%	14%
High School Diploma Attainment	67%	69%	83%
Bachelor Degree Attainment	12%	12%	24%
Families Headed by a Single Female	14%	12%	11%
Foreign Born	18%	19%	12%
Language Other than English	36%	33%	18%

Source: Data from US Census 2000

Teen Birth Rate Changes

In 2006, The Public Health Institute conducted an analysis of the rate of improvement in teen births among all California counties. According to the report, those counties that ranked in the "Challenging Counties" group were those that demonstrated the least significant rate of improvement in reducing teen birth rates.

Of the nine counties in this classification, four are located in the Central Valley (Glenn, Kern, Kings, and Tulare counties). Three of these counties—Kern, Kings, and Tulare--ranked among the highest rates of teen births in California with the lowest decreases in teen birth rates between 2000 and 2004 (Table 6) (Public Health Institute, 2006).

Table 6: Teen Birth Rate Changes between 2000 and 2004 by California Counties—Challenging Counties.

County	2000	2004	Change
San Bernardino	57.8	50.0	-7.8
Imperial	74.9	67.5	-7.4
Kern*	75.5	68.2	-7.3
Glenn*	50.4	43.2	-7.2
Kings*	79.5	72.6	-6.9
Sutter*	46.0	40.1	-5.9
Tulare*	80.3	74.5	-5.8
Monterey	61.2	55.5	-5.7
Santa Barbara	41.1	40.9	-0.2

*indicates county located in the Central Valley.
Source: Public Health Institute, 2006

In conclusion, the term "the Central Valley" refers to a vast and diverse area of central California stretching from Shasta to the north and Kern to the south. Although it may sound like a community of its own this 450 mile long by 50 mile wide stretch of land encompasses a variety of populations, terrain, and economic vitality. Geographic and demographic variations begin to provide a series of contexts from which to develop specific strategies to reduce unintended teen pregnancies. Following are implications of the analysis of these characteristics.

Implications

1. Kings, Tulare, Yuba, Kern, Madera and Fresno counties have the highest teen birth rates in the Central Valley. As a result of their high teen birth rates, these counties warrant specific and sustained attention.

2. Tulare, Colusa, Merced, Fresno, Madera, and Kings Counties have the highest percentage of Latinos: Latinos have higher birth rates. Although there is some overlap with the counties that demonstrate high teen birth rates, it is unknown if changes in the teen birth rate over time is reflected in changes in teen birth rates in the Latino population. Further research on this issue is necessary. Specific attention to counties with large Latino populations may be warranted.

3. From 2000 to 2004 changes in teen birth rates have been minimal in Kern, Glenn, Kings, Tulare, and Sutter counties. These counties represent all three Birth Rate Groups (high, medium and low). On-going in-depth evaluation and comparison of counties with substantial lowering of teen birth rates versus minimal change counties may provide important insights for future strategy investments.

4. The social determinants including poverty, families headed by a single female, low level of educational attainment, foreign-born residents, and residents who speak a non-English language at home are correlated with high teen birth rates in Kings, Tulare, Yuba, Kern, Madera, Fresno. Addressing these broader social issues and social needs is necessary. Any teen pregnancy prevention strategy must incorporate some of these contextual factors by including innovative efforts or activities that can lead to improvements in youth's quality of life, such as outreach to parents, job preparation, and culturally-targeted interventions.

Young marcher, 14th Annual Cesar Chavez Celebration, Fresno, 2007

POLITICAL CLIMATE IN THE CENTRAL VALLEY

In order to understand teen pregnancy and the response to this issue in the Central Valley it is critical to examine the current political climate of this region. There are a total of 21 elected state officials (5 Senate, 16 Assembly) from the Central Valley with 71% Republicans and 29% Democrats. In the Central Valley there are very few legislators who have officially stated that they are "pro-choice." In the State Senate, Dean Florez (Fresno/Kings) is the only Senator from the Central Valley who "leans" pro-choice. In the State Assembly, Lois Wolk (Solano/Yolo), David Jones (Sacramento), Barbara Matthews (Merced/San Joaquin/Stanislaus), Nicole Parra (Fresno/Kern/Kings/Tulare), and Juan Arambula (Fresno/Tulare) are all pro-choice legislators (Planned Parenthood, 2006). When it comes to "hot button" issues regarding teen pregnancy and sex education, conservative legislators tend to lean toward abstinence only education and anti-choice beliefs. However, while voters in the Central Valley may favor Republican legislators, when it comes to issues related to teen pregnancy and sex education, most parents across the state strongly favor teaching "medically accurate, factual and age-appropriate sexuality education in public schools" (Get Real; About Teen Pregnancy, 1999).

Past Legislative Efforts

During the past two congressional sessions, there have been several pieces of legislation that have been directly related to the issue of teen pregnancy. In the 2005-2006 legislative year SB 1471 (California Community Sexual Health Education Act) and AB 2742 (Family Planning Standards for Medi-Cal Recipients) were proposed, and in the 2006 California election, Proposition 85 (Waiting Period and Parental Notification Requirement Initiative) was put before the voters.

SB 1471 (California Community Sexual Health Education Act)

The California Community Sexual Health Education Act, required any program that provides education to prevent adolescent or unintended pregnancy or to prevent sexually transmitted infections and that is conducted, operated, or administered by the state or any state agency, or is funded directly or indirectly by the state, or receives any financial assistance from state funds or funds administered by the state, including, but not limited to, public schools, to meet specified requirements. Proponents of the legislation stated that the bill provided "needed guidance to state agencies that fund or administer community-based programs or public education campaigns, in order to ensure that California has a consistent and effective approach for preventing unintended pregnancy and STDs" (Legislative Counsel of California, 2007). In addition, the bill ensured that state funds be used to support only programs that provide medically accurate information with current and unbiased data, in California communities and public schools. SB 1471 was vetoed by the Governor and was not enacted (Legislative Counsel of California, 2007).

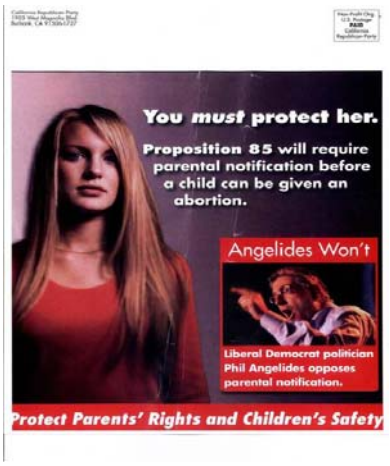
AB 2742 (Family Planning Standards for Medi-Cal Recipients)

AB 2742 required family planning services provided under Medi-Cal to be identical to those required by Family Planning, Access, Care, and Treatment (Family PACT) Program. It required all family planning benefits, including services, drugs, and supplies, available to beneficiaries under Medi-Cal and Family PACT to be uniform and conform to the provisions of current statute that establishes Family PACT. AB 2742 was vetoed by the Governor and was not enacted (Legislative Counsel of California, 2007).

Public voting records reveal that Central Valley support for SB 1471 and AB 2742 clearly followed political party lines with all Republican officials voting against both initiatives and all Democrats supporting them. Final voting results from the Central Valley representatives were 4:1 in opposition for SB 1471 and 11:5 in opposition for AB 2742. Detailed voting records indicate that a majority of the political opposition to each bill came from officials representing the Central Valley region (Legislative Counsel of California, 2007).

Proposition 85 (Waiting Period and Parental Notification Requirement Initiative)

Proposition 85, the Waiting Period and Parental Notification Requirement Initiative prohibited an abortion for an unemancipated minor until 48 hours after a physician notified the minor's parent/guardian, except in the case of a medical emergency or with a parental waiver, which is valid for 30 days (Yes on 85, 2006). The measure included reporting requirements and authorized monetary damages against physicians for violation. Proposition 85 was on the California ballot in November of 2006 but was defeated with 54% against and 46% in favor of the restrictions (Institute of Governmental Studies, 2006).



Conservative groups in California have tried numerous times to limit the sexual health services available to young women. In early 2006, the same groups behind Proposition 85 attempted to change the services that were available to young California women by placing Proposition 73 (Parental Notification of Abortion) on the ballot. As with Proposition 85, California voters defeated the measure by a vote of 52.8% to 47.2% (League of Women Voters of California Education Fund, Prop 73, 2007). In both cases the major supporters and financers were members from outside of the Central Valley. As a matter of fact, in some cases, they are not Californians at all (Institute of Governmental Studies, 2006).

Current Legislative Efforts

In the 2007-2008 legislative agenda there are three Assembly bills that could have an impact on reproductive health and pregnancy related services available to teens within the Central Valley and the entire state of California: AB 708 (Abstinence Education), AB 629 (Sexual Health Education Accountability Act), and AB 1511 (Stronger Families for California Act).

AB 708 (Abstinence Education)

AB 708 requires the State Department of Public Health (DPH) to develop and implement a program of abstinence education that would "maximize federal financial participation, specify the purpose of the program, specify the subjects to be included, and permit DPH to receive cash or in-kind donations in connection with this program" (Legislative Counsel of California, 2007).

Assembly Bill 708 had its last committee vote on April 17, 2007. At that time the results were 5 ayes and 11 no's. While the initiative failed to pass the Assembly Health committee vote, it has been granted reconsideration within the committee. Representation from the Central Valley constituents during the last vote showed Alan Nakanishi (R) (Amador, El Dorado, Sacramento, etc **)** favoring the measure, while Dave Jones (D) (Sacramento) in opposition. No other Central Valley representation was noted (Legislative Counsel of California, 2007).

AB 629 (Sexual Health Education Accountability Act)

The Sexual Health Education Accountability Act requires that any school receiving funding, either directly or indirectly, for sex education would have to meet specific requirements including:

- All information must be medically accurate, current & objective.
- Presenters must understand & use current scientific data on sexual health.
- Program must be age appropriate & currently & linguistically relevant for its target audience.
- Program may not teach or promote religious doctrine.
- Program may not reflect or promote bias against any person on the basis of disability, gender, nationality, race or ethnicity, religion, or sexual orientation.
- Program must provide information about the effectiveness & safety of one or more FDA-approved drugs or devices for contraception or STD prevention.
- Programs directed at minors must also include information that abstinence is the only certain way to avoid pregnancy & STDs (Legislative Counsel of California, 2007).

On May 31, 2007 measure AB 629 had its latest vote in the state assembly. With a final vote of 12 ayes to 6 no's, the measure passed and is currently in Assembly Appropriations Committee. Review of the voting members showed that the only Central Valley elected officials present were Alan Nakanishi (R) from District 10 and District 2's Doug La Malfa (R). Both of the representatives voted in opposition to the measure (Legislative Counsel of California, 2007).

AB 1511

The Stronger Families for California Act requires CA Department of Health Services to establish a statewide continuing public education program, to encourage parents to talk with their teens about sex and sexual health to promoting well-informed decision making by teens. The latest vote regarding AB 1511 occurred on May 31, 2007. It passed committee by a vote of 12 ayes to 5 no's. Of the legislators who voted only two were representatives of the Central Valley communities, Doug La Malfa (R) from District 2 (Butte, Colusa, Glenn, Modoc, etc) and Alan Nakanishi (R) from District 10 (Amador, El Dorado, Sacramento, etc.). Both legislators voted against the measure (Legislative Counsel of California, 2007).

School Districts and Sex Education

The political landscape, particularly as it pertains to teen pregnancy prevention, goes beyond legislators to school board members who have significant influence on this issue as well. Within the Central Valley region there are 19 counties encompassing almost 500 school districts. Each school board makes decisions regarding the students in their district. California has legislation in place requiring schools provide students in grades 7 to 12 with "AIDS prevention instruction once during middle school and once during high school" (California Department of Education, 2007). While the instruction must be "objective, medically accurate and current," the law has nothing in place to verify that students throughout the state receive the information as set forth by the law. Because the law provides each district with the freedom to plan their own curriculum, conduct in-service training to instructors or hire out-side trainers to provide the information to students, students throughout the state receive different information (SIECUS, Public Policy Office, 2007).

Implications

1. The Central Valley is represented by largely conservative legislators. They are key players in statewide policy efforts that have an impact on teen pregnancy prevention. They are a bloc whose votes have largely run counter to the views of voters across the state that are more progressive about these issues. There have been several bills proposed at the state level that could have a significant impact on teen pregnancy in the Central Valley and across the state. As a result, the Central Valley is ripe for community advocacy and organization.

2. School districts have significant impact on the content of, and extent to which, sexuality information is given to young people in the Central Valley and throughout California. Given that there is no clear follow-up provided as part of the Department of Education mandate to provide information and education, it is necessary to conduct further research to understand the quality of school based sexuality education for young people in the Central Valley and its effectiveness in the prevention of teen pregnancy in the region.

OVERVIEW OF TEEN PREGNANCY PREVENTION PROGRAMS AND STRATEGIES

Organizations that aim to prevent teen pregnancy in the Central Valley employ strategies and implement programs that mirror the approaches that are nationally recognized as effective means to address this issue. Furthermore, the California Office of Family Planning, the largest funder of teen pregnancy prevention activities in the State organizes its funding around many of the strategies and programs. There are four key types of programs that can have direct and indirect impact on reducing teen pregnancy 1) information and education; 2) clinical interventions; 3) youth development; and, 4) coalition building. Within the different types of programs there are specific strategies that can be implemented. Furthermore, several experts including Best Practices in Adolescent Pregnancy Prevention (BPAPP), The University of California, San Francisco (UCSF) Bixby Center for Reproductive Health Research Policy and, Education, Training & Research Associates (ETR) have laid out the elements of these programs and strategies that make them effective at preventing teen pregnancy. An overview of these programs and related strategies sets the stage for the discussion of specific programs in the Central Valley in the following section of this document.

Information and Education

Teen pregnancy prevention strategies that fall under the heading of Information and Education include various forms of sex education as well as peer-to-peer outreach education programs.

Strategy: Sexuality Education

Sexuality Education occurs in schools, community agencies, homes, and clinics. For the purposes of this analysis, sexuality education refers to programs and curricula implemented in school, after-school, or youth group settings. Most curricula are classified with the labels: Abstinence-Only, Abstinence-Plus, or Comprehensive Sex Education. In reality, what takes place in communities and schools is more of an amalgam of practices falling somewhere along the continuum from Abstinence-Only to Comprehensive (Collins, Alagiri, & Summers, 2002). Basic descriptions of each in their more distinct forms are as follows:

<u>Abstinence-Only</u>

Abstinence-Only education's primary focus is to convince young people to abstain from sex until marriage. Such curricula do not acknowledge teenage sexual activity and do not provide education about contraception (Collins, Alagiri, & Summers, 2002). More specifically, according to the definition within Title V. Section 510 of the Social Security Act (the government article allocating

millions of federal and matching state dollars for Abstinence-Only Education), Abstinence-Only Education teaches that abstinence from sexual activity outside of marriage is the standard for all youth and that sexual activity outside of marriage is likely to have harmful consequences (Trenholm, et. al., 2007). Abstinence-Only curricula may also include a discussion of values and refusal skills.

Although Abstinence-Only approaches have received strong federal financial support over the past several years, there have been concerns raised and support on the state level has been waning. One concern has come from studies indicating that inaccurate information is included in some Abstinence-Only curricula, especially related to HIV and condoms (U.S. GAO, 2006). Others question the effectiveness of such programs. Evaluations of some state-funded Abstinence-Only programs have revealed little success in the way teen pregnancy prevention programs target indicators. That is, students participating in the Abstinence-Only programming do not differ significantly from those in the control group on measures such as remaining abstinent, age at first intercourse, number of sexual partners, and use of contraception (Hauser, 2004; Trenholm, et. al., 2007).

Comprehensive Sex Education

A comprehensive approach to sexuality education acknowledges that some teens will become sexually active and therefore need accurate information about sexually transmitted infections and contraception (Collins, Alagiri, & Summers, 2002). As comprehensive curricula include information about abstinence as the most effective prevention method, such programs are sometimes referred to as "Abstinence-Plus" (Kaiser Family Foundation, 2002). Comprehensive Sex Education may include a discussion of values, interpersonal relationships and refusal skills. Truly comprehensive sexuality education occurs across the ages in developmentally appropriate ways and includes all information and skills necessary for the development of positive and health sexuality such as reproduction, sexual response, anatomy and physiology, and sexual orientation (SIECUS, 2004).

Results from the UCSF evaluation of the California Department of Health Services' Community Challenge Grants Program consistently demonstrate that programs that use comprehensive sexuality education alone or combined with a youth development model yield the most favorable outcomes, whereas interventions that employ an abstinence-only message alone or combined with a youth development approach make the least significant difference in pregnancy rates and sexual behaviors (Bixby Reproductive Health & Policy, UCSF, 2007). Kirby (2001) from ETR also reports that effective sex and HIV education programs need to be of sufficient length of time, interactive, provide accurate information, and reinforce clear messages about abstinence and about condoms and contraception use.

Strategy: Peer to Peer Outreach

Peer to peer outreach and education is similar to the theoretical framework of community health workers and promoters (Eng and Parker, 2002). Youth are recruited and engaged in health education curricula to hone leadership skills, develop interpersonal and counseling skills, and increase knowledge base about teen health issues, family planning and human sexuality/sexual responsibility. Youth leaders work in a variety of settings and may facilitate support groups, conduct school or community presentations, and provide individual or group education and

counseling sessions. This practice draws on adolescent development (at the stage in life, peer exert great influence over one another, peer education makes use of this positive peer pressure) and youth development (viewing youth in the larger context of life and providing them with leadership skills and opportunities) principles.

Clinical Interventions

Clinical interventions include approaches to teen pregnancy prevention that involve direct medical, counseling and/or mental health services provided to teens. These interventions frequently occur in health clinics or physician's offices, but can also occur in schools, after school and recreational programs, mobile clinics, health fairs, and other community settings. Clinical interventions can also include professional and paraprofessional community health educators as well as peer and community health workers who raise awareness about community services, prepare teens for clinical experiences, and facilitate appointment making.

Strategy: Clinical Services

Clinical services refer to a number of interventions that take place in a health care environment or context. Counseling services can include individualized family planning strategies; education about contraception and STI prevention; individualized harm reduction counseling about limiting sex partners and practicing safer sex; increasing and improving the correct use of contraception; maintaining and returning to abstinence and so on. Medical services may include prescription of primary and emergency contraception, pregnancy testing, HPV and HBV vaccination, HIV and STD testing and treatment, physical and gynecological examination, and abortion.

Successful clinic programs (both school or community-based) primarily focus on reproductive health, provide educational materials and opportunities for one-on-one counseling, give a clear message about abstinence and condom/contraceptive use, and provide contraception (Kirby, 2001). BPAPP has determined that the following elements are critical to the success of clinical services,

- Teens should be able to get an appointment within 24-48 hours
- Make services accessible by offering after-school, evening, and weekend appointments
- Offer sexuality education within provision of clinical services (combine sexuality education with direct access to contraceptive services
- Ensure confidentiality
- Offer counseling at negative pregnancy tests
- Support and encourage parent-child communication about sexuality
- Include males in reproductive health services
- Promote a clear message about consistent and correct use of effective methods of contraception
- Utilize a teen advisory board *(BPAPP: A Research to Practice User's Guide*)

Strategy: Clinical Linkages

The main objective of a clinical linkages approach to teen pregnancy prevention is to connect youth at school and in the community to health clinics that provide primary and emergency contraception, pregnancy and STD screening, family planning services and health education to teens specifically.

Engaging youth in clinical services and providing birth control to youth who are sexually active or contemplating sexual activity can have a direct impact on the reduction of teen pregnancy and other negative consequences of sexual activity (Bixby CRH, UCSF, 2006). Accessing clinical services may be problematic for youth due to a number of factors including:

- transportation (access to the clinic),
- awareness (knowledge of the clinic's location, scope of services and fees),
- stigma (shame and embarrassment associated with visiting a health clinic),
- confidentiality (fear of being seen by a family member or acquaintance; fear of family, school or peers finding out about the visit; uncertainty of patient rights) (Bixby CRH, UCSF, 2006).

Programs that focus on linking youth to clinics or have a clinical linkages component are designed to engage youth in neutral, non-clinical community spaces such as school, community centers, after school programs, recreational centers or any relevant venue or event where youth gather. The program initially provides a community health promoter or educator to discuss and distribute information about clinic locations and services and ultimately motivate youth to access the clinics when appropriate.

UCSF suggests that existing programs are well positioned to focus and expand their services to include formal linkages between pregnancy prevention education and clinical services. Teens who receive a pregnancy prevention message in a school or community setting often do not access clinical services for contraceptive methods (H. Sanchez Flores, personal communication, 2007).

Youth Development

Strategy: Youth Development

Youth participating in 2007 Unity in the Black and Brown Community Block Party, West Fresno, CA.

A "youth development approach" generally refers to organizations and programs that take a holistic view of the challenges youth face and the skills, attitudes and experiences they need to be successful in life rather than just focusing on avoiding certain potential risk factors like unintended pregnancy or dangerous drug use. Youth development uses an asset approach, working with young people's capabilities and focusing on their identified needs. Moreover, the needs, strengths, and challenges of youth are addressed within the larger context of

their social, cultural, familial, and school environments (Pagliaro and Klindera, 2001). Many youth development programs look at the internal and external assets that have been found to impact young people's risk-taking behaviors and overall well-being (Appendix B).

Overall, youth development programs not only provide opportunities for young people to gain knowledge and skills, but also opportunities for contribution and leadership so that youth can develop meaningful connections with others and increase their self-confidence (Pittman, 2000). Unfortunately there has not been enough research done to accurately determine whether certain youth development programs strongly impact teen pregnancy and sexual-risk taking.

Brindis, et. al., (2005) report that programs that engage the whole family in teen pregnancy prevention and youth development are especially effective in reaching most at risk teens, especially in geographic and political climates where a direct teen pregnancy prevention message conflicts with political or religious norms. Effective programs first connect with youth through youth development. There are also programs which incorporate both youth development and sexuality components such as Reach for Health Community Youth Service, Teen Outreach Program, and the Children's Aid Society Carrera Program, all of which were found to show effectiveness in the area of teen pregnancy prevention (Advocates for Youth, 2003). The Carrera program is very intensive youth development program with multiple components that includes reproductive health with a clear message about pregnancy prevention (Philliber, et. al., 2002).

Strategy: Service Learning

There is strong evidence that service learning programs, usually considered a youth development strategy, support a delay in sexual intercourse and a reduction in teen pregnancy (Kirby, 2002). Kirby (2002) has found that, of programs (such as youth development, service learning programs and early childhood programs) that focus on non-sexual antecedents (antecedents include a focus on education, job opportunities, and mentoring relationships with adults); service learning programs (which usually do not focus on sexual issues at all) have the strongest evidence of reducing teen pregnancy rates. Service learning includes both voluntary community service and structured time for preparation and reflection (Kirby, 2001).

Coalition Building

Coalition-building is historically a community and political organizing strategy of erecting and maintaining an organization of organizations and community constituencies whose members commit to a shared purpose and collective decision making to influence an external, agreed-upon (political or institutional) target (Mizrahi and Rosenthal, 2001). This strategy is adaptable to driving social change that does not necessarily focus on a political target but social or community targets which could include unintended teen pregnancy or youth leadership. Membership in a coalition is a function, not a

goal or purpose of an organization. Although member groups are committed to a shared goal or vision, each is autonomous and dually responsible to their own respective constituencies and organizational objectives as well as the shared objectives of the coalition. Mizrahi and Rosenthal (2001) identify four key components that are necessary for the construction and continuation of a successful coalition, which can be briefly summarized as *conditions, commitment, contributions,* and *competence*:

- Favorable social, political and economic conditions should be in place for a coalition to be successful. Although political and economic conditions may never be favorable for the development of a coalition around a specified target, these contexts must be considered and responded to during the formation and ongoing activities of the organization. Social conditions must be such that the aim of the coalition is salient to community concerns and needs.
- Member organizations must be equally committed to the common goal of the coalition as well as participating in the coalition model as a means to achieving the goal.
- Similar to commitment, member organizations must contribute equitably to the coalition. Even distributions of resources, power and ideologies throughout the membership are critical for the sustainability and success of the coalition.
- Competence in a coalition refers both to the ability of an organization to effectively sustain progress in meeting the external goal as well as meeting internal goals of inter-organizational development, relationship building and collective decision making. (Mizrahi and Rosenthal, 2001)

Because teen pregnancy is such a complex issue with multiple antecedents (including poverty, school failure, family distress, and restricted access to reproductive health services), a coalition comprised of many different entities within the community could best address teenage pregnancy prevention in a comprehensive manner. Collaboration across sectors (public agencies, private businesses, religious organizations, and the media), whether informal or formal, can send multiple, simultaneous and reinforcing teen pregnancy prevention messages and programs to the community (Brindis & Davis, 1998). Many teen pregnancy prevention coalitions are made up of service providers who become member agencies, while others are independent non-profit organizations themselves, such as the community-based Pregnancy Prevention Councils in North Carolina, while still others consist of a public-private partnership such as a management consulting firm in Hartford, CT that is the lead agency for a city-wide initiative funded in part by the Annie E. Casey Foundation (Brindis & Davis, 1998).

Photograph by Andrew Garde

CALIFORNIA TEEN PREGNANCY PREVENTION RESOURCES AND ACTIVITIES AND INVESTMENT IN THE CENTRAL VALLEY

At the State level, significant investment has been made in programs that can have an impact on teen pregnancy. This assessment focused on the resources and activities of state-wide programs supporting programs that engage in information and education, clinical interventions and coalition building. The allocation of these statewide resources to programs in the Central Valley is examined. Investigation of the statewide investment in youth development activities was beyond the scope of the assessment.

Private Foundations

Several state-wide foundations have provided resources to organizations in the Central Valley for teen pregnancy prevention activities. The California Wellness Foundation and the California Endowment have both been active in this area of grantmaking. This assessment identified five programs located in the Central Valley that currently receive grant funding from these private foundations to address teen pregnancy prevention. All five programs serve Fresno, Madera, and San Joaquin counties in the San Joaquin Valley. In addition, several other state-wide foundations have provided resources to organizations that do activities that may have an indirect impact on teen pregnancy in the Central Valley. For instance, the James Irvine Foundation has done significant grantmaking in the Fresno area and has supported a variety of youth related projects. However, it is difficult to get a complete picture of the private funding sources that support teen pregnancy prevention activities in the Central Valley. Further investigation would be required to understand the fiscal contribution made by smaller private organizations, including churches, civic organizations such as Rotary and Lion's Club and small local foundations.

California Wellness Foundation

In 1997, the California Wellness Foundation launched the Teen Pregnancy Prevention Initiative (TPPI), a $60-million, multi-year, statewide effort involving research, public education, policy advocacy, community interventions, professional and leadership development, technical assistance and evaluation. The Initiative came to a close in 2005. In addition, during the time that the initiative was implemented and today, the foundation has also done responsive grantmaking in the area of teen pregnancy prevention (N. Jones, Personal Communication, April 12, 2007).

As a part of TPPI, the California Wellness Foundation made significant grants to community based organizations to engage in teen pregnancy prevention activities. Although the project was state-wide, only a few community projects were focused on a part of the Central Valley. $3.175 million were given to three community based organizations in the Central Valley as part of a cohort of grantees that also received technical assistance and participated in grantee convenings. As part of their responsive grantmaking, the Wellness Foundation has funded a few other organizations to engage in teen pregnancy prevention activities in the Central Valley. Since 1992, responsive grants to organizations in the Central Valley have totaled close to $375,000 (N. Jones, Personal Communication, April 12, 2007).

California Endowment

The California Endowment has made significant investment in Central Valley projects and initiatives. They are one of the few state or national foundations who have located an office in the Valley positioning their regional office in Fresno. In the past 3 years they have funded approximately 5 projects that have had some focus on teen pregnancy prevention in the Central Valley (D. McKenzie, Personal Communication, April 23, 2007).

Statewide Public Resources

Every year the State of California spends millions of dollars to support teen pregnancy prevention efforts. Both the California Department of Health Services (CDHS) and the California Department of Education (CDE) invest resources in program activities focused on teenage pregnancy prevention. However, none of these statewide resources have been designed or targeted specifically on the Central Valley. However, many of them do provide resources to programs and communities within this region of the State. In addition, to date, no comprehensive assessment regarding the allocation of resources for teen pregnancy prevention in the Central Valley or in specific Central Valley regions has been made. This assessment did include an analysis of the Department of Health Services investment in the Central Valley (Appendix C.)

California Department of Health Services -- Office of Family Planning

Family Pact

The Family PACT Program is the most significant investment of the Department of Health Services to increase access to and quality of comprehensive reproductive health services, including the prevention of teen pregnancy. The program was initiated in 1997, subsequent to its establishment by the California Legislature. Initially the program was funded only by the state of California. However, in 1999 California began to receive federal funds through Health Care Financing Administration (now the Centers for Medicare and Medicaid Services) Medicaid Section 1115 Waiver. Including State and Federal resources, program expenditures were estimated to be $450 million in 2005/06 (Family PACT, 2006).

"The program provides reimbursement to service providers who provide eligible services to women and men if they reside in California, are at risk of pregnancy or causing pregnancy, have a gross family income at or below 200% of the FPL, and have no other source of health care coverage for family planning services" (Family PACT, 2006).

Family PACT Central Valley Investment

The Family PACT program has examined the need for publicly-funded family planning services across the state. "Met need" refers to need for publicly-funded family planning met by the Family PACT Program only and does not include those women served by Medi-Cal or other programs. The most recent assessment, conducted in fiscal year 2001/2002, concluded that counties throughout the Central Valley have a significant number of women ages 13-19 who need family planning services

and are not served by Family PACT -- the primary public funding source for such services. In 2001/2002 Fresno, Kings, Madera, San Joaquin, Sutter and Yuba counties all had 40-59% of need for publicly-funded Family Planning Services for women ages 13-19 met by the Family PACT program. Whereas Tulare, Kern, Stanislaus, Merced, Sacramento, Yolo, and Colusa all had between 20-39% met. Mariposa is the county in the state with the greatest need unmet by the Family PACT program, with less than 20% of the women ages 13-19 in need of publicly-funded family planning services receiving such services through Family PACT funds. In general, Sacramento, Fresno and Kern counties have the largest number of women age 13-44 who need publicly-funded family planning services of any of the Central Valley counties (Family PACT, 2007).

The Centers for Medicare and Medicaid Services 1115 Demonstration Waiver provides funding for the Family PACT program. Originally eight counties were the focus of the Waiver with four of the eight Central Valley counties (Yuba, Yolo, Sacramento and Fresno) with the concentration of these four in the Northern Central Valley. As a result of the significant need for publicly-funded family planning services in the Central Valley, in Fiscal Year 2003/2004 the target counties of the Waiver were updated to reflect the Fiscal Year 2001/2002 data. Eight additional counties were added to the Waiver. All of these counties, except one are in the Central Valley (Shasta, El Dorado, Stanislaus, Merced, Kings, Tulare and Kern). The majority of these locations are in the Southern Central Valley in the area surrounding Fresno County. (Bixby Center, 2006)

Teen Pregnancy Prevention Programs

A significant amount of the resources for implementation of community based teen pregnancy prevention programs come from the Office of Family Planning (OFP). OFP is charged by the California Legislature "to make available to citizens of the State who are of childbearing age comprehensive medical knowledge, assistance, and services relating to the planning of families." (Office of Family Planning, 2007). Every year, OFP spends millions of dollars across five key programs to address teen pregnancy. The programs are the following,

- Male Involvement Program (MIP),
- Community Challenge Grants (CCG), and
- Information and Education Program (I&E),
- Teen Smart Outreach (TSO),
- Adolescent Family Life Program (AFLP) (Office of Family Planning, 2007)

Teen Pregnancy Prevention Programs -- Central Valley Investment

One-third of all OFP funded TPP Programs are located in the Central Valley with 65% of these serving the San Joaquin Valley region. Of the 226 OFP funded TPP programs (MIP, CCG, I&E, TSO, and AFLP) 69 (31%) are located in and serve the Central Valley (Table 7) (Appendix C).

Table 7: Distribution of Office of Family Planning, Teen Pregnancy Prevention Programs in the Central Valley

	Total # of TPP Programs	MIP	CCG	I & E	Teen SMART	AFLP
California	**226**	**21**	**117**	**27**	**21**	**40**
San Joaquin Valley	45	6	21	4	6	8
Sacramento Metro Valley	16	1	8	2	2	3
North Valley	8	1	2	0	1	4

Male Involvement Program

The Male Involvement Program (MIP) began in 1995 and provides funds to community-based efforts to increase the involvement of adolescent and young males ages 12-24 in the prevention of teen pregnancy and early-unintended fatherhood. On an annual basis, MIP provides approximately $2 million to provide 25 community grantees with three-year grants to implement programs using a variety of strategies involving schools, recreation programs, and job training programs. The program focuses on young men in counties with high teen birth rates. (Office of Family Planning, 2007).

Male Involvement Program Central Valley Investment

Nearly one-third of the MIP grantees are located in the southern region of the San Joaquin Valley. Of the 21 MIPs statewide, 8 agencies currently serve the following 7 counties in the Central Valley: Fresno, Kern, Kings, Madera, and San Joaquin counties in the San Joaquin Valley; Sacramento County in the Sacramento Metro Valley region; and Shasta County in the North Valley region.

Community Challenge Grants

The Community Challenge Grants (CCG) Program was one of the four components of the Partnership for Responsible Parenting Initiative established by CA-DHS in 1996. "The CCG Program promotes community-based partnerships for the development of effective local prevention programs targeting teen and unwed pregnancies and fatherlessness resulting from these pregnancies." (Office of Family Planning, 2007). Since its inception in 1996, the CCG program has awarded $100 million to local programs to target specific population groups including, (1) pre-sexually active adolescents; (2) sexually active adolescents; (3) pregnant and parenting teens; (4) parents and families; and, (5) adults at risk for unwed motherhood or absentee fatherhood (Office of Family Planning, 2007). The Community Challenge Grants Program strives to:

- Raise public awareness about and involvement in solutions to the problem;
- Identify and support local community solutions in cities and towns throughout the state;

- Send a strong message to adult men in California that having sex with girls under 18 is a crime and will be prosecuted; and,
- Expand and strengthen statewide efforts to link 250,000 mentors with at-risk youth by the year 2000 (Office of Family Planning, 2007).

Community Challenge Grant Central Valley Investment

Over one-quarter of all CCG grantees are located in the Central Valley; and of these, 68% are located throughout the southern region of the San Joaquin Valley. Of the 117 Community Challenge Grants statewide, 31 agencies currently serve the Central Valley. An analysis of the distribution of grantees shows that 21 of these agencies are located throughout the eight counties that make up the San Joaquin Valley with the majority clustered around the southern region of San Joaquin valley. In the Sacramento Metro Valley, 8 agencies operate CCG programs throughout the following 4 counties: Sacramento, Yuba, Placer, and Yolo. North Sacramento Valley currently operates two CCG grants; both are located in Butte County.

Information and Education Program (I&E)

For over 20 years, OFP has funded the Information and Education Program. On an annual basis, the Information and Education Program provides approximately $2 million to 32 community-based organizations to conduct reproductive health education in the schools. In recent years, the emphasis has been to target alternative, continuing education and other non-traditional schools. (California Adolescent Health Collaborative, 2007).

Information and Education Program Central Valley Investment

Twenty-two percent of California's I&E programs are located in the Central Valley with two-thirds serving the San Joaquin Valley. I&E programs are fewer throughout the state with 6 of the 27 statewide programs located in the Central Valley. Four of these agencies serve San Joaquin Valley in Kern, Merced, Tulare, and Stanislaus. Two agencies are located in the Sacramento Metro Valley with both located within Sacramento County. The North Valley is not a recipient of any I&E funding at this time.

TeenSMART Outreach (TSO)

The TeenSMART Outreach Program was initiated as a three-year demonstration project in July 1995 to reduce the risk of unintended pregnancy and sexually transmitted infections (STIs) among adolescents age 19 and younger. Teen SMART builds on the Family PACT program (description below), adding additional resources and requirements for counseling, clinical services and outreach activities. This program has been continued as an ongoing part of the Office of Family Planning activities. (Office of Family Planning, 2007)

Teen Smart Outreach Central Valley Investment

Forty-three percent of the TSO programs are located in the Central Valley with two-thirds serving the San Joaquin Valley. Of the 21 TSO programs located across California, nine are located in the Central Valley. Six of those are located in the San Joaquin Valley serving Kern, Madera, Fresno,

Kings, and Tulare counties. Two are located in the Sacramento Metro Valley and serve Sacramento and Yolo counties. One is located in the North Valley in Butte County.

California Department of Health Services -- Maternal Child Health Branch

Adolescent Family Life Program

The Maternal and Child Health Branch of DHS administers the Adolescent Family Life Program (AFLP), providing case management services to pregnant or parenting teenagers and their siblings, the goal of AFLP is to prevent or delay subsequent pregnancies and to keep parenting teens in school. AFLP works in close coordination with the CalLearn Program which is administered by the California Department of Social Services and provides financial benefits to pregnant and parenting teens for staying in school and for maintaining a certain level of academic performance (California Adolescent Health Collaborative, 2007). AFLP integrates concepts of youth development and leadership, strength and asset building, and goal setting as a foundation of its intervention.

AFLP is funded through the State general fund including Title V MCAH block grant funds and federal Title XIX Medical funds. In fiscal year 2002-03, $28 million was allocated for AFLP; this is equivalent to $1697 per client per year (AFLP, 2007).

Until 2004, AFLP also administered the Adolescent Sibling Pregnancy Prevention Program (ASPPP) that extended services to younger siblings of AFLP clients who are statistically at greater risk for unintended pregnancy. Despite numerous studies that measured the success of the ASPPP, budget cuts forced the elimination of ASPPP statewide (Llewelyn, Herndorf & Curtis, 2007).

In February 2007 the report entitled, *The Adolescent Family Life Program: Program Overview and Profile of Clients* was released. The AFLP program analyzed records of over 17,000 clients who received AFLP services in 2003. AFLP tracked reportable outcomes from current case files. Pregnancy and prenatal care outcomes were measured among existing program clients regarding the impact of the program on teen births, repeat births, contraceptive use, and educational continuation. Compared to the national rate of nearly 25% of teen mothers that have a second birth before turning 20 years old, an estimated 11% of AFLP clients had a repeat birth while participating in the program. AFLP clients reported an increase in consistent contraceptive use. Three quarters of AFLP clients are Latino. Half of the AFLP clients are 16 or younger (Llewelyn, Herndorf & Curtis, 2007).

AFLP Central Valley Investment

Thirty-eight percent of AFLP programs in California are located in the Central Valley with over half serving the San Joaquin Valley. Of the 40 AFLP programs in California, 15 are located in the Central Valley. Every county in the San Joaquin Valley receives AFLP funding. The Sacramento Metro Valley is home to three AFLP programs in Sacramento, Placer, and Yolo counties. Yuba County was recently forced to terminate participation in AFLP because of budget cuts and the inability to cover the costs of in-kind requirements. In the North Valley, four AFLP programs are located in Butte, Glenn, Shasta, and Tehama counties (Llewelyn, Herndorf & Curtis, 2007) (Appendix C).

California Department of Education - Teenage Pregnancy Prevention Grant Program (TPPGP)

The California Department of Education (CDE) implemented the Teenage Pregnancy Prevention Grant Program (TPPGP) in 1996. “This program provides $10 million each year for five years to thirty seven school-community partnerships to implement comprehensive programs that support elementary and secondary students in delaying the onset of sexual activity and reducing teenage pregnancy. This project represents the first direct funding to school communities to address primary pregnancy prevention and recognizes the significant impact of low education achievement and risk of school failure on too early sexual activity, childbearing and parenthood” (WestED, 2007)..

Programs are located in more than 350 schools in 25 counties and represent the state's diversity of large, small, urban and rural communities. While most of the partnerships have implemented programs in middle schools, several provide programs across the continuum of elementary through high school and a few are in elementary schools (WestED, 2007).

CDE requires that all applicants assess their community’s own unique needs using an assessment approach that involves all stakeholders thereby engaging the community and fostering support. Moreover, CDE encourages partnerships with existing organizations such as clinics, CBOs, after school programs, post-secondary educational institutions, and community businesses. CDE recommends the use of strategies that have a proven track record of success among similar populations and geographical regions.

In 2003 the CDE in partnership with UCSF released a report describing evaluation efforts regarding the effectiveness of the TPPGD. Comprehensive school based teen prevention efforts demonstrated success in delaying the onset of sexual activity, reducing teenage pregnancy, and increasing communication between teens and their parents. The report emphasized that effective TPP programs are those that:

- Address locally identified needs,
- Use research based strategies,
- Develop comprehensive programs,
- Build and maintain school community partnerships,
- Involve parents and families,
- Gain school administrative support,
- Build infrastructure to sustain the program, and
- Develop learning support systems to improve the academic environment (Cagampang, et al, 2002).

TPPGP Central Valley Investment

Of the 35 TPPGPs across California, nine are located in and serve Central Valley youth. Seven of the nine TPPGPs are located in the San Joaquin Valley serving seven school districts in six counties. One program is located in the Sacramento Metro Valley in Sacramento County; and one is located in the North Valley in Butte County.

Implications

Private Foundations

1. Although there has been significant investment by private foundations in teen pregnancy prevention efforts in California, minimal resources have been directed to the Central Valley. There is room for the Hewlett Foundation to make a meaningful investment that could have long-lasting impact.

2. In the Central Valley, sustainability of non-profit organizations and their programs as well as the capacity of organizations to develop, implement and evaluate their programs are significant barriers to long term change on the issue of teen pregnancy.

3. Further research is needed to understand the extent of local funding on the issue of teen pregnancy prevention.

State Resources

4. Nineteen counties in California have a birth rate that is higher than the statewide birthrate. Although fourteen (74%) of the counties are located in the Central Valley, only one third of the state's teen pregnancy prevention resources are invested in the Central Valley. There is great need and opportunity to invest in teen pregnancy prevention programs in the Central Valley.

5. The Family Pact reimbursement structure limits the scope of services that teen pregnancy programs provide. Rather than providing services based on client needs, programs restrict themselves to providing services based on allowable Family Pact reimbursements.

6. State money is largely invested in information and education activities and clinical interventions. There seems to be few Office of Family Planning resources given to support coalition building or youth development to address teen pregnancy prevention. Furthermore, the state programs focused on teen pregnancy prevention are not designed to address the social determinants that are linked to this issue and do not provide a comprehensive plan to address teen pregnancy within the Central Valley or across the State.

CENTRAL VALLEY TEEN PREGNANCY PREVENTION PROGRAMS

In this assessment specific teen pregnancy prevention organizations and programs in the Central Valley are described according to geographic region and further categorized according to type of service and setting as explained in a previous section of this report.

San Joaquin Valley Programs and Organizations

Central San Joaquin Valley Counties Kings and Tulare represent the highest concentration of teen pregnancy in the entire Central Valley. Fresno, Madera and Kern also fall into the top six Central Valley counties for teen pregnancy. San Joaquin, Stanislaus and Merced Counties in the North all exhibit moderate rates of teen pregnancy in comparison to other Central Valley areas. There is no single county in the San Joaquin Valley that has low rates of teen pregnancy.

Our assessment of the San Joaquin Valley identified approximately 63 programs that work within some capacity around teen pregnancy prevention. Of these there are three primary clinical providers that offer a range of services including clinical interventions and linkages, peer-to-peer counseling, sexual education and information and youth leadership and development.

Planned Parenthood Mar Monte

Planned Parenthood Mar Monte is the primary provider in the area. They operate 10 main clinics and 19 satellite clinics throughout the San Joaquin Valley. In addition to clinic services, Planned Parenthood offers two comprehensive sexuality education programs to teens and the Male Involvement Program in each of their locations as well as in school, community and juvenile detention settings. Teen Talk is a support group for girls aged 11-14 who are at very high risk of unintended pregnancy. Teen Success is a weekly support group for pregnant and parenting teen mothers to prevent subsequent pregnancy, encourage high school completion and boost self esteem. In Salinas, Bakersfield and Modesto PPMM runs “Rocking’ de House,” a twice monthly sexual education/family planning radio program for teens (Planned Parenthood Mar Monte Annual Report, 2006).

Clinica Sierra Vista

In the Southern San Joaquin Valley, Clinica Sierra Vista is the primary provider in Kern County and one of the largest, private, non-profit, community based agencies in California. Established 35 years ago, the initial mission of the clinic was to provide health care to poor, migrant farm workers. They provide primary and comprehensive health care and preventive health education services in fifteen clinical sites throughout the greater Bakersfield area and rural Kern County and serve a geographically dispersed, low to moderate income, ethnically diverse population. Clinica Sierra Vista is a current grantee of CCG, I&E, TSO, MIP, and AFLP. Clinica Sierra Vista is well positioned to expand its teen pregnancy prevention efforts.

Delta Health Care

In the Northern San Joaquin Valley a major provider for teen health education and services is Delta Health Care based in Stockton and Lodi. Delta is a private nonprofit organization that focuses on teen health and wellness including sexual health and pregnancy prevention. They offer clinical and

educational to teens in multiple languages. They have two school-based clinics in Stockton and a freestanding clinical site in Lodi. In addition to providing medical services, their primary strategies consist of peer-to-peer counseling, home-based and street outreach, and classroom-based education to reach teens.

Other Clinical Interventions

In addition to the clinical providers described above, county health departments operate clinics with teen-focused medical and health education services. All San Joaquin Valley counties are served by a PPMM primary or satellite clinic except for Kings. The Kings Public Health Department has one clinic with a teen focus in Hanford that offers basic family planning services and emergency contraception. Although each county has at least one and usually multiple clinical programs for youth, underutilization of these services maybe an issue particularly in rural areas. Informants from Madera, Kings and Tulare counties all mentioned that teens are hesitant to engage clinical services – even if they are directed toward a teen audience – due to shame, embarrassment and potential loss of privacy associated with accessing or being seen at a clinic. Madera and Kings County informants both mentioned the Planned Parenthood Fresno Fulton clinic as a popular alternative to local services among teens. There are six TeenSMART Outreach programs in operation in the San Joaquin Valley. The informants we spoke with all described the outreach components of TSO as popular and effective in terms of reaching the target audience and generating interest at the time of outreach. However, there is still a lag between generating interest and raising awareness among teens in the community and increasing utilization in the clinical referral sites.

Information and Education

At least 41 programs that offer some type of sexuality information and education exist in the San Joaquin Valley. The majority of these programs are funded through the Office of Family Planning I&E and CCG grants and offer curriculum and presentation based information and education in school and after school settings, clinical settings, and community settings such as the Boys and Girls Club or local community resources.

Youth Development

Youth development programs do not necessarily explicitly aim to reduce teen pregnancy, but may result in positive outcomes on sexual activity and unintended pregnancy. Friday Night Live, which is primarily a youth recreational and development program to prevent underage drinking and driving, is the most expansive youth development program in the San Joaquin Valley and California. Unlike after school programs and smaller community based programs, Friday Night Live reaches youth in rural and metropolitan areas during evening and weekend times. FNL not only provides youth programs across the state, but engages youth in leadership, decision-making, and advocacy roles through the California Youth Council (Friday Night Live, n.d.)

Outside of Friday Night Live, there are 17 other youth development programs in the San Joaquin Valley. Youth development programs in this area tend to operate in urban and semi-urban centers such as Fresno, Stockton and Bakersfield. Merced County is exceptional in that it is predominately rural, but is home to three youth development programs including the Merced Teen Pregnancy

Prevention Project. Tulare, Madera, Kings and Stanislaus counties provide relatively few youth development programs outside of existing programs through Friday Night Live. In Kings County, there are two small Male Involvement Programs and the only after school programs target preteen youth in sixth grade. Speaking to the lack of activities for teens in Kings County, an informant highlighted that "there is nothing for young people to do… They are unsupervised a lot of the time and there are no movies or anything like that for them." (Kathy McLyter, Personal Communication, April 23, 2007).

There are at least four culturally specific youth development programs in the San Joaquin Valley. Programs in Merced, Stockton and Fresno target primarily Latino and Laotian/Hmong youth. Although these youth development programs are implemented through the lens of culture, other TPP intervention strategies do not appear to be working in an explicitly culturally specific context with target youth the way youth development programs do.

Coalition Building

There are at least 11 coalitions in the Central Valley that have a youth related target. Some of these coalitions are intra-organizational such as Planned Parenthood Mar Monte and Clinica Sierra Vista which are comprised of semi-autonomous programs and clinical sites of the parent organization. Statewide and Central Valley wide coalitions that are relevant to youth leadership, policy and grant making in the San Joaquin Valley include the California Youth Council (a project of Friday Night Live), the Fresno-based Youth Leadership Institute, and the Great Valley Center.

The California Health Collaborative (CHC) is a statewide organization that has youth specific coalitions in Merced, Fresno and Kings Counties. The Merced and Fresno CHC have a specialized focus on teen pregnancy prevention in rural areas (California Health Collaborative, 2007). Other relevant coalitions in the San Joaquin Valley are inter-organizational and specific to a community or county such as Fresno Barrios Unidos and the Madera County Community Partners for Youth.

CHC Rural (Fresno County) Project

Coalitions in the San Joaquin Valley appear to be administered either at a macro level encompassing organizations throughout the state and entire Central Valley or at a micro level only including a specific city, community or county. CHCF is an example of a macro coalition that operates at the county level in three San Joaquin Valley counties. However, there does not appear to be any intermediate regional coalitions operating between these two levels that engage member organizations across county lines.

Sacramento Metro Valley

With the exception of Yuba County, Sacramento Metro Valley counties rank among lowest teen birth rates in the Central Valley and offer a fair number of programs and services throughout the Central Valley. The 2002 teen birth rate data showed that Yuba County ranked 5th among the nineteen counties that makeup the Central Valley. In Sutter County, the teen birth rate change between 2002 and 2004 was the most challenging among all California counties making it one of

counties that are failing to accomplish a significant decrease in teen birth rates (see Table 2). These high rates are a reflection of the absence of teen pregnancy programs serving Sutter and Yuba counties.

Our assessment of the Sacramento Metro Valley identified 16 pregnancy prevention sex education or outreach programs; 6 major clinical providers with multiple sites specifically for teens; over 30 youth development programs; and 2 programs involved in building teen pregnancy prevention coalitions (See Appendix D).

Clinical Interventions

The primary clinical providers in the Sacramento Metro Valley region are Planned Parenthood Mar Monte (PPMM) and Communicare Health Centers, as well as five County Public Health Departments. Planned Parenthood Mar Monte operates three sites serving Sacramento County, one in Placer County, one in Sutter County, and one in Yolo County. Communicare serves Yolo County with two locations in West Sacramento, one in Woodland, and one in Davis. Both Planned Parenthood and Communicare provide confidential and comprehensive health services including free to low-cost gynecological exams and sexual education to sexually active teens and high risk youth. Both agencies work in conjunction with schools, social services, and treatment centers. They provide STI testing and treatment, access to all contraceptive methods including the emergency contraceptive pill, information and referrals, and pregnancy testing and termination. Both clinics provide dedicated clinic days and hours specifically to serve teen clients.

Sacramento, El Dorado, Placer, Sutter, and Yolo counties are well served by departments of public health and with the exception of El Dorado County; all agencies provide health services and contraceptive access specifically for youth. Yuba County, with one of the highest teen birth rates in the Central Valley, does not provide contraceptive access for teens. In addition, the Yuba County Health and Human Services website offers no information about teen pregnancy prevention or contraceptive access for adults or teens, but instead links clients to a site that provides pregnancy crisis counseling and adoption services.

Information and Education

The Sacramento Metro Valley is home to 16 programs that provide community based sexuality information and education. Many of these programs are recipients of state funded Community Challenge Grants that mandate teen pregnancy prevention instruction in a multitude of settings. Over half of all sex education programs specifically designed to prevent teen pregnancy are located in and serve Sacramento County. The remaining sex education programs are located in Yolo County (*4*), Placer County (*2*), and Yuba County (*1*). PPMM is the major provider of both sexuality education as well as contraceptive access in the Sacramento Metro Valley.

This assessment did not analyze the number or quality of sexuality education occurring in public or private schools.

Youth Development

The Sacramento Metro Area is home to dozens of youth development organizations. Programs are widely varied from independent Boys and Girls Clubs, YMCA programs, school-linked after school programs, recreational programs, and faith-based organizations. Although the majority of youth

development programs focus on increasing high school graduation rates, decreasing at-risk youth behaviors, or developing youth leadership, results of such programs often impact rates of teen pregnancy. A 2003 report by Youth In Focus entitled *Youth Empowerment and Community Action in the Central Valley: Mapping the Opportunities and Challenges* reported that youth focused organizations tend to cluster around major metropolitan areas leaving rural areas underserved; therefore, youth development organizations in the Sacramento Metro area are plentiful; however, Sutter and Yuba counties provide very few youth development organizations of any kind.

Coalition Building

The California Center for Civic Engagement and Youth Development (CCCEYD) and PPMM appear to be the primary coalition building agencies serving the Sacramento Metro Valley region. The CCCEYD is located in Sacramento and participates in coalition building that is primarily focused on youth development while PPMM operates sites in Sacramento, Placer, Sutter, and Yolo counties and assumes a leadership role in coalition building and advocacy specifically focused on youth and pregnancy prevention.

Sacramento, Placer, Yolo, and El Dorado counties provide an adequate number of teen pregnancy prevention programs in relation to the rates of teen births; however, it is clear that Yuba and Sutter counties continue to face challenges with a dearth of pregnancy prevention services of all kinds—clinical services, sex education, youth development, and coalition building.

North Valley

The North Valley consists of five counties – Butte, Colusa, Glenn, Shasta, and Tehama. Of these counties, Butte is the most populated with over 215,000 people, almost 10 times more people then Colusa and Glenn Counties. It is also the only county in this northern central valley region that falls in the lowest grouping in our teen pregnancy rate categorization appears to have the most happening in the area of TPP programs. Colusa and Glenn Counties, both with populations under 30,000, fall in the middle grouping with regards to pregnancy rate. Colusa County appears to have had a large decrease in teen pregnancy rate from 2000 to 2004. As illustrated below in the more detailed description of programs in the North Valley, it is not evident from our research if a particular intervention, possible hospital closings, or population decrease was responsible for the drop in teen pregnancy rates. In fact, with regards to teenage pregnancy prevention interventions, there appears to be a lack of any such programming in the County; this is true within Glenn County as well. Shasta, second largest in population after Butte, and Tehama Counties both appear to have a variety of clinical, education, and youth development services available.

Information and Education

Most of the education programs in the North Valley are offered by county Departments of Public Health (Butte, Glenn and Tehama Counties) or Departments of Education (Butte and Tehama) and therefore, often specific to that county. Within the North Valley, Planned Parenthood Shasta-Diablo is a presence; however it provides educational outreach services only to Shasta and Butte Counties. Two other sources of sexuality educational programming reside in Butte County through the California Health Collaborative's Our Children, Our Treasure Partnership: A Partnership for Teen Pregnancy Prevention, which claims to have reached over 15,000 youth and adult residents in the

Oroville area and the Four Winds of Indian Education; both programs have received Community Challenge Grants. Peer-to-Peer outreach occurs in Butte County through the county DPH's TeenSMART Program and through Planned Parenthood Shasta-Diablo. And, the YMCA of Shasta County in partnership with the Shasta Health Consortium houses a TPP program funded by a Community Challenge Grant. Northern Valley Catholic Charity Services of Shasta County is an active entity, providing the AFLP to pregnant and parenting teens.

Teens with infant simulators.

In Tehama County, some of the main TPP programs appear to be; 1) the Tehama County Prevention Project, a program of the Tehama Dept. of Education which delivers several youth development and prevention programs including a "Baby Think It Over" curriculum (realistic infant simulators); and 2) the Tehama County Health Services Agency / Public Health Division Adolescent Sibling Pregnancy Prevention Program (ASPPP) has TAPP and Cal-Learn. And finally, Teen P.O.W.E.R. (Pregnancy Prevention with Education and Resources), part of Rape Crisis Prevention and Intervention, has a stated intent to decrease teenage pregnancy (also active in Butte and Glenn Counties).

The Glenn County Office of Education has a partnership with Friday Night Live and a Youth Counsel active in community issues (although teenage pregnancy prevention programs is not listed as one of these issues). Neither the Colusa County Department of Health and Human Services, nor the Colusa Department of Education websites refer to any teenage pregnancy prevention programs programming. The DHHS does have a Maternal, Child, and Adolescent Health Division, but makes no mention of pregnancy prevention. The Department does provide HIV testing however.

Clinical Interventions

Shasta and Butte Counties appear to have several clinics offering reproductive health services both through the health department and local community clinics. Planned Parenthood clinics service these same counties. Butte has several clinics which appear to provide reproductive health services and contraception (including several centers that are part of Del Norte Clinics Inc.) and sometimes target specific populations (for example, Nancy's Prevention Clinic for uninsured Latinos). Shasta County has multiple clinics providing reproductive health services, most are satellites of the Shasta Community Health Center. It is not clear whether most of these clinical services provide teen-focused clinical hours or outreach.

Regarding the other three counties, Tehama, Glenn, and Colusa, it is not evident from internet research whether reproduction health services are available for youth. In some of the counties, websites indicate that those seeking HIV testing and related services contact health departments in other counties. Glenn County's Public Health Dept. does have a teen clinic, although the extent of accessible reproductive health services is unclear.

Lastly, it may be worth noting that Butte County has four "Crisis Pregnancy Centers" (Birthright, Pregnancy Resource Center, etc.) although it is unclear what, if any, role they may play in

influencing local programs and services. Some other North Valley counties have such centers as well.

Youth Development

Youth Development programs take a variety of forms and may or may not indicate a specific focus on health or TPP. Butte County has many organizations that may be categorized as "youth development" including some that have peer prevention education programs. One such program is the Partners in Health and Safety at the Office of Education that works with youth, health educators, and community organizers to address health issues of young people and promote the development of assets; the website however, does not specifically mention teen pregnancy prevention as one of its areas of focus. Other counties may have youth development programs that are not health related. Colusa appears to have some youth development programs like 4-H and a Peer Court. As mentioned in the Information and Education section above, the Glenn County Office of Education has a partnership with Friday Night Live and a Youth Counsel active in community issues (although teenage pregnancy prevention programs is not listed as one of these issues). Shasta County also has several youth centered programs including Peer Court, 4-H, and GABY (Grants Advisory Boards for Youth) connected with the Shasta Regional Community Foundation, the Great Valley Center and YLI. And finally, Butte County also has several smaller programs that focus on youth in many different capacities including after school teen centers (such as YMCA, Gridley Community Center – includes Planned Parenthood Services, and Boys and Girls Clubs), services for pregnant and parenting teens (Northern Valley Catholic Social Services, Orville Union High School Young Parent Program, and Chico Unified Young Parent Programs), and programs that focus on keeping families together (Youth for Change) and helping foster and runaway youth (California Youth Connection and Teen Parent Services respectively).

Coalition-Building

There does not appear to be any specific teen pregnancy prevention coalition building in the North Valley.

Implications

1. There is insufficient teen pregnancy prevention programming in key counties in the Central Valley, in particular in Kings and Tulare Counties. These two counties have high teen pregnancy rates, low changes in teen pregnancy rates between 2002 and 2004, high Latino populations, and have fewer programs targeted toward teen pregnancy prevention across all strategies. A combination of social determinants and scarce program resources point to a need to prioritize efforts in these two counties. Additionally, Yuba and Glenn Counties also rank poorly in social determinants of teen pregnancy and lack teen pregnancy prevention resources.

2. Throughout the youth development programs in the Central Valley sub-regions there do not seem to be any emphasis on service learning as a teen pregnancy prevention strategy. Yet, research has indicated that this important youth development approach has been successful in other areas of the country (Kirby, 2001). Furthermore, engaging in service-learning and other youth development programs can positively benefit all youth, regardless of their risk for teen pregnancy, and provide skills and confidence to those who may become pregnant despite prevention efforts.

3. The majority of programs in the Central Valley use a variety of strategies to affect teen pregnancy and sexual activity. However, it is unclear how many of the programs address teen pregnancy in a framework informed by social determinants such as low socioeconomic status, unemployment, female heads of household, nativity and others previously mentioned factors. There is an opportunity for new and restructured programs to take an ecological approach and consider antecedents to teen pregnancy beyond the individual level.

4. Counties with the highest rates of teen pregnancy are clustered in the Central San Joaquin Valley around Fresno County. Some of these counties have countywide coalitions; others may be represented in Valley-wide coalitions. There does not seem to be regional inter-county collaborations targeting teen pregnancy or other youth related issues. Coalition building across county lines may increase the capacity of individual communities that are currently less successful in preventing teen pregnancy. This strategy could also be applied to isolated counties such as Yuba and Glenn that singularly experience high rates of teen pregnancy and low rates of change, but are surrounded by counties that consistently fair better in teen pregnancy prevalence and programming. Teen pregnancy prevention efforts in these areas may be enhanced by increased collaboration, planning and sharing of resources with surrounding counties.

5. In rural areas, clinical linkages programs such as those carried out under the TeenSMART Outreach grants appear to be very popular. Despite their popularity and ability to reach teens in outreach activities, there seems to be poor follow through reflected in actual utilization of the clinical services. Reasons such as loss of privacy, stigma and limited transportation, are all possible explanations. In sparsely populated areas, an outreach approach may be the most effective way to expose and educate teens about local clinical facilities and services. However, a combination of more research and program innovation may be needed to help understand the gaps in existing linkages programs and to better connect rural youth to clinical service providers.

6. Epidemiological data points to a correlation between Latino populations and high rates of teen pregnancy. Further research is needed to assess the scope and impact of teen pregnancy prevention programs within Latino communities in the Central Valley.

RECOMMENDATIONS

The following recommendations are based on the data gathered through this assessment and the implications outlined in the specific areas of analysis.

1. Tulare, Kings, Fresno, Madera, Kern and Yuba counties should receive significant and sustained investment in teen pregnancy prevention efforts. Tulare, Kings, Fresno, Madera and Kern are all in the same geographic sub-region of the Valley and a regional approach to the issue should be considered. Currently, Yuba (located in the Sacramento/Metro Valley sub-region) has few services targeted at teen pregnancy prevention.

2. There should be a focus on the social determinants and the antecedents that are linked to high teen pregnancy rates. Programs designed to intervene on the individual level are not sufficient to address this region's challenge of teen pregnancy. In addition, programs should be targeted at young children, not just teenagers.

3. Youth development programs with a focus on teen pregnancy prevention should be supported as a key strategy to address teen pregnancy in the Central Valley. They have been demonstrated to be an effective approach and can have significant ancillary benefits for communities and youth as well.

4. Grantmaking to support teen pregnancy prevention efforts in the Central Valley should include support of more "on-the-ground" research to examine community-level issues related to teen pregnancy prevention and possible solutions. For instance, research might include examination of the quality and content of information and education provided in the schools across the Valley. Only local youth, parents and organizations truly know the impact of teen pregnancy on the people who live and work in the many communities through out the Valley. Furthermore, assessment can be an opportunity to foster coalition building on this issue.

5. Grantmaking to support teen pregnancy prevention efforts in the Central Valley should include support for capacity building for the non-profit organizations in this region. Furthermore, agencies should be encouraged to use updated efforts to attract youth including the latest technology, updated websites, visually appealing information, and other current and emerging tactics.

6. Grantmaking to support teen pregnancy prevention efforts in the Central Valley should include investment in efforts to influence the legislators who represent the Central Valley and to create policy change at the state level. Local political activism by parents and youth is necessary to realize meaningful reforms in policies related to teen pregnancy prevention that have a direct impact on young people in the Central Valley.

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Appendices

APPENDIX A

Key Informant Contacts

The following individuals generously provided interviews regarding their knowledge and expertise to inform this report on teen pregnancy prevention in the California Central Valley:

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APPENDIX B

40 Developmental Assets® for Adolescents (ages 12-18)

Search Institute® has identified the following building blocks of healthy development—known as **Developmental Assets®**—that help young people grow up healthy, caring, and responsible.

External Assets

Support

1. **Family support**—Family life provides high levels of love and support.
2. **Positive family communication**—Young person and her or his parent(s) communicate positively, and young person is willing to seek advice and counsel from parents.
3. **Other adult relationships**—Young person receives support from three or more nonparent adults.
4. **Caring neighborhood**—Young person experiences caring neighbors.
5. **Caring school climate**—School provides a caring, encouraging environment.
6. **Parent involvement in schooling**—Parent(s) are actively involved in helping young person succeed in school.

Empowerment

7. **Community values youth**—Young person perceives that adults in the community value youth.
8. **Youth as resources**—Young people are given useful roles in the community.
9. **Service to others**—Young person serves in the community one hour or more per week.
10. **Safety**—Young person feels safe at home, school, and in the neighborhood.

Boundaries & Expectations

11. **Family boundaries**—Family has clear rules and consequences and monitors the young person's whereabouts.
12. **School Boundaries**—School provides clear rules and consequences.
13. **Neighborhood boundaries**—Neighbors take responsibility for monitoring young people's behavior.
14. **Adult role models**—Parent(s) and other adults model positive, responsible behavior.
15. **Positive peer influence**—Young person's best friends model responsible behavior.
16. **High expectations**—Both parent(s) and teachers encourage the young person to do well.

Constructive Use of Time

17. **Creative activities**—Young person spends three or more hours per week in lessons or practice in music, theater, or other arts.
18. **Youth programs**—Young person spends three or more hours per week in sports, clubs, or organizations at school and/or in the community.
19. **Religious community**—Young person spends one or more hours per week in activities in a religious institution.
20. **Time at home**—Young person is out with friends "with nothing special to do" two or fewer nights per week.

Internal Assets

Commitment to Learning

21. **Achievement Motivation**—Young person is motivated to do well in school.
22. **School Engagement**—Young person is actively engaged in learning.
23. **Homework**—Young person reports doing at least one hour of homework every school day.
24. **Bonding to school**—Young person cares about her or his school.
25. **Reading for Pleasure**—Young person reads for pleasure three or more hours per week.

Positive Values

26. **Caring**—Young person places high value on helping other people.
27. **Equality and social justice**—Young person places high value on promoting equality and reducing hunger and poverty.
28. **Integrity**—Young person acts on convictions and stands up for her or his beliefs.
29. **Honesty**—Young person "tells the truth even when it is not easy."
30. **Responsibility**—Young person accepts and takes personal responsibility.
31. **Restraint**—Young person believes it is important not to be sexually active or to use alcohol or other drugs.

Social Competencies

32. **Planning and decision making**—Young person knows how to plan ahead and make choices.
33. **Interpersonal Competence**—Young person has empathy, sensitivity, and friendship skills.
34. **Cultural Competence**—Young person has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds.
35. **Resistance skills**—Young person can resist negative peer pressure and dangerous situations.
36. **Peaceful conflict resolution**—Young person seeks to resolve conflict nonviolently.

Positive Identity

37. **Personal power**—Young person feels he or she has control over "things that happen to me."
38. **Self-esteem**—Young person reports having a high self-esteem.
39. **Sense of purpose**—Young person reports that "my life has a purpose."
40. **Positive view of personal future**—Young person is optimistic about her or his personal future.

APPENDIX C
Statewide Teen Pregnancy Prevention Efforts in the Central Valley

San Joaquin Valley:

San Joaquin Valley *(Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, Tulare)*	**County**	**MIP**	**CCG**	**I & E**	**TSO**	**AFLP**	**Department of Education**	**Statewide Private Grants from Major Funders**
California Health Collaborative Foundation	Fresno	✸	✸					
California Health Collaborative Foundation	Kings	✸	✸					
California Health Collaborative Foundation	Merced		✸					
Center for Human Services	San Joaquin							✸
Clinica Sierra Vista	Kern	✸		✸	✸	✸		
Community Action Partnership	Kern		✸					
CRLA (?????)	San Joaquin							✸
Darin M Camerena Health Centers, Inc	Madera				✸			✸
Delta Health Care	San Joaquin		✸					
Dos Palos Oro Loma Joint Unified School District	Merced		✸					
Ebony Counseling Center	Kern		✸					
Encourage Tomorrow	Fresno							✸
Fresno Barrios Unidos	Fresno							✸
Fresno County DPH	Fresno					✸		
Fresno County Economic Opportunities Commission	Fresno		✸		✸			
Kern County Superintendent of Schools	Kern		✸					
Kern Valley Health Care District	Kern		✸					
Kings Community Action Organization	Kings					✸		
Kings County Health Department	Kings				✸			
Kings County Office of Education	Kings						✸	
Lindsay Unified School District	Tulare						✸	
Madera County Public Health Department	Madera	✸	✸			✸		

San Joaquin Valley (continued):

San Joaquin Valley *(Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, Tulare)*	**County**	**MIP**	**CCG**	**I & E**	**TSO**	**AFLP**	**Department of Education**	**Statewide Private Grants from Major Funders**
Madera Unified School District	Madera						✸	
Mendota Unified School District	Fresno		✸					
Merced County DPH	Merced					✸		
National Health Services, Inc	Kern		✸					
Patterson Joint Unified School District	Stanislaus						✸	
Planned Parenthood Mar Monte	Fresno	✸	✸					
Planned Parenthood Mar Monte	Merced		✸	✸				
Proteus Inc.	Tulare		✸	✸				
Sage Community Health Center	Kern		✸					
Sanger Unified School District	Fresno						✸	
San Joaquin County Office of Education	San Joaquin	✸					✸	
San Joaquin County Public Health Services	San Joaquin		✸			✸		
Stanislaus County Health Services Agency	Stanislaus		✸	✸		✸		
Tiburcio Vasquez Health Center, Inc	Tulare		✸					
Tulare County Health and Human Services	Tulare				✸	✸		
Tulare County Office of Education	Tulare		✸		✸			
Woodlake Unified School District	Tulare						✸	

Sacramento Metro Valley:

Sacramento Metro Valley *(El Dorado, Placer, Sacramento, Sutter, Yolo, Yuba)*	County	**MIP**	**CCG**	**I & E**	**TEEN Smart**	**AFLP**	**Department of Education**	**Statewide Private Grants from Major Funders**
Boys and Girls Club of Greater Sacramento, Inc.	Sacramento		✹					
California Rural Indian Health Board, Inc.	Sacramento		✹					
Communicare Health Centers	Yolo				✹			
Family Connections El Dorado	Yuba		✹					
Greater Sacramento Urban League	Sacramento		✹					
Placer County DPH	Placer					✹		
Placer County Office of Education	Placer		✹					
Planned Parenthood Mar Monte	Sacramento	✹		✹	✹			
Planned Parenthood Mar Monte	Placer, Sutter, Yolo,							
Sacramento County Department of Health and Human Services	Sacramento		✹					
San Juan Unified School District	Sacramento						✹	
Sutter Medical Center	Sacramento			✹		✹		
The Effort	Sacramento		✹					
Woodland Joint Unified School District	Yolo		✹					
Yolo County DPH	Yolo					✹		

North Valley:

North Valley *(Butte, Colusa, Glenn, Shasta, Tehama)*	County	MIP	CCG	I & E	TEEN Smart	AFLP	Department of Education	Statewide Private Grants from Major Funders
Butte County Office of Education	Butte						✹	
Butte County Public Health Department	Butte				✹	✹		
California Health Collaborative Foundation	Butte		✹					
Four Winds of Indian Education	Butte		✹					
Glenn County DPH	Glenn					✹		
North Valley Catholic Social Services	Butte, Shasta					✹		
Planned Parenthood Mar Monte Shasta-Diablo	Shasta	✹						
Tehama County DPH	Tehama					✹		

	Number of TPP Programs	MIP	CCG	I & E	TEEN Smart	AFLP	Department of Education	Statewide Private Grants from Major Funders
California	263	21	117	27	21	40	37	Unknown
San Joaquin Valley	52 (20%)	6 (29%)	21 (18%)	4 (15%)	6 (29%)	8 (20%)	7 (19%)	5
Sacramento Metro Valley	17 (6%)	1 (5%)	8 (7%)	2 (8%)	2 (10%)	3 (8%)	1 (3%)	0
North Valley	9 (3%)	1 (5%)	2 (2%)	0 (0%)	1 (5%)	4 (10%)	1 (3%)	0

APPENDIX D
Strategy Matrix

San Joaquin Valley:

		Information and Education		Clinical Interventions		Youth Development		Coalition Building
		Sex Education	Peer to Peer Outreach	Clinical Services	Clinical Linkages	Youth development	Service Learning	
San Joaquin Valley *(Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, Tulare)*	**County**							
4-H Club	All Counties					☆	☆	
Bakersfield Crisis Pregnancy Center	Kern	☆		☆				
Boys and Girls Club of Merced	Merced	☆						
California Health Collaborative Foundation	Fresno	☆			☆			☆
California Health Collaborative Foundation	Kings	☆			☆			☆
California Health Collaborative Foundation	Merced	☆			☆			☆
Center for Human Services	San Joaquin							
Centro la Familia Advocacy Center	Fresno					☆		
Clinica Sierra Vista	Kern	☆	☆		☆	☆		☆
Community Action Partnership	Kern	☆						
Community Medical Centers	San Joaquin							
Community Youth Ministries	Fresno					☆		
Crossroads Pregnancy Center	Kings	☆						
Darin M Camerena Health Centers, Inc	Madera	☆						
Delta Health Care	San Joaquin	☆						

San Joaquin Valley (continued):

		Information and Education		Clinical Interventions		Youth Development		Coalition Building
San Joaquin Valley *(Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, Tulare)*	**County**	Sex Education	Peer to Peer Outreach	Clinical Services	Clinical Linkages	Youth development	Service Learning	
Dos Palos Oro Loma Joint Unified School District	Merced	☆						
Ebony Counseling Center	Kern	☆						
Encourage Tomorrow	Fresno	☆				☆		
Family Health Care Network	Tulare	☆	☆	☆				
Fresno Barrios Unidos	Fresno	☆	☆		☆	☆		☆
Fresno County Human Services System	Fresno	☆	☆					
Fresno County Economic Opportunities Commission	Fresno	☆	☆					
Friday Night Live						☆		
Great Valley Center	Stanislaus							☆
Kern County Superintendent of Schools	Kern	☆						
Kern Valley Health Care District	Kern	☆						
Kings Community Action Organization	Kings	☆						
Kings County Health Department	Kings	☆	☆	☆				
Kings County Office of Education	Kings	☆						
Lao Family Merced	Merced					☆		
Lao Khmu Association "Team Up for Youth"	San Joaquin					☆		
Lindsay Unified School District	Tulare	☆						
Madera County Public Health Department	Madera	☆		☆		☆		☆

San Joaquin Valley (continued):

		Information and Education		Clinical Interventions		Youth Development		Coalition Building
San Joaquin Valley *(Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, Tulare)*	**County**	Sex Education	Peer to Peer Outreach	Clinical Services	Clinical Linkages	Youth development	Service Learning	
Madera Unified School District	Madera	☆						
Mendota Unified School District	Fresno	☆						
Merced County DPH	Merced	☆		☆		☆		
Merced Teen Pregnancy Prevention Project	Merced	☆				☆		
National Health Services, Inc	Kern	☆						
Pan Valley Institute	Fresno					☆		
Patterson Joint Unified School District	Stanislaus	☆						
Planned Parenthood Mar Monte	Fresno, Merced, Madera, Kern	☆	☆	☆				☆
Proteus Inc.	Tulare	☆						
Pro Youth Heart After School Program	Tulare					☆		
Sage Community Health Center	Kern	☆						
Sanger Unified School District	Fresno	☆						
San Joaquin County Office of Education	San Joaquin	☆						☆
San Joaquin County Public Health Services	San Joaquin	☆			☆			
Stanislaus County Health Services Agency	Stanislaus	☆		☆				
Stone Soup Fresno	Fresno					☆	☆	
Tiburcio Vasquez Health Center	Tulare	☆						
Tulare County Health and Human Services	Tulare	☆	☆		☆			
Tulare Office of Education	Tulare	☆						

San Joaquin Valley (continued):

		Information and Education		Clinical Interventions		Youth Development		Coalition Building
San Joaquin Valley *(Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, Tulare)*	**County**	Sex Education	Peer to Peer Outreach	Clinical Services	Clinical Linkages	Youth development	Service Learning	
West Side Youth Inc.	Fresno					☆		
Woodlake Family Resource Center	Tulare	☆						
Youth Connection, Inc.	Kern					☆		
Youth Leadership Institute	Fresno					☆		☆

Sacramento Metro Valley:

		Information and Education		Clinical Interventions		Youth Development		Coalition Building
		Sex Education	Peer to Peer Outreach	Clinical Services	Clinical Linkages	Youth development	Service Learning	
Sacramento Metro Valley *(El Dorado, Placer, Sacramento, Sutter, Yolo, Yuba)*	County							
4-H Club	All counties					☆	☆	
Arcade Creek Recreation and Park	Sacramento					☆		
Arden Manor Recreation and Park	Sacramento					☆		
Boys and Girls Club of Greater Sacramento, Inc.	Sacramento					☆		
Boys and Girls Club of El Dorado County	El Dorado					☆		
California Alliance Concerned with School Age Parenting and Pregnancy Prevention	Sacramento					☆		
California Center for Civic Engagement and Youth Development	Sacramento					☆		☆
California Rural Indian Health Board, Inc.	Sacramento	☆						
Club West	Yolo					☆		
Collings West Sacramento Teen Center	Yolo					☆		
Communicare Health Centers	Yolo	☆		☆	☆			
Cornerstone Counseling Service and Education	Sacramento					☆		
Cottage Housing	Sacramento					☆		
Diogenes Youth Services	Sacramento	☆						
El Dorado County Health Department	El Dorado			☆				
Elk Grove Unified School District	Sacramento					☆		
Fair Oaks Recreation and Park District	Sacramento					☆		
Family Connections El Dorado	Yuba	☆						
Folsom Parks and Recreation	Sacramento					☆		

Sacramento Metro Valley (continued):

		Information and Education		Clinical Interventions		Youth Development		Coalition Building
		Sex Education	Peer to Peer Outreach	Clinical Services	Clinical Linkages	Youth development	Service Learning	
Sacramento Metro Valley *(El Dorado, Placer, Sacramento, Sutter, Yolo, Yuba)*	County							
Friday Night Live	Sacramento					☆		
Global Youth Charter School	Sacramento Placer					☆	☆	
Grants Advisory Board for Youth	Sacramento					☆		
Greater Sacramento Urban League	Sacramento	☆						
La Familia Counseling Center	Sacramento					☆		
Mission Oaks Recreation and Park District	Sacramento					☆		
Placer County DPH	Placer	☆		☆				
Placer County Office of Education	Placer	☆						
Planned Parenthood Mar Monte	Sacramento, Placer, Sutter, Yolo,	☆	☆	☆	☆			☆
Rancho Cordova Parks and Recreation	Sacramento					☆		
Sacramento County Department of Health and Human Services	Sacramento	☆		☆				
Sacramento FACES	Sacramento					☆	☆	
Sacramento Start	Sacramento					☆		
Sacramento Unified School District	Sacramento	☆				☆		
Sacramento Works Youth Council	Sacramento					☆		
San Juan Unified School District	Sacramento					☆		
Sutter County One Stop	Sutter					☆		
Sutter County Public Health and Clinical Services Division	Sutter	☆		☆				

Sacramento Metro Valley (continued):

		Information and Education		Clinical Interventions		Youth Development		Coalition Building
		Sex Education	Peer to Peer Outreach	Clinical Services	Clinical Linkages	Youth development	Service Learning	
Sacramento Metro Valley *(El Dorado, Placer, Sacramento, Sutter, Yolo, Yuba)*	County							
Sutter Medical Center (Sutter Teen Health)	Sacramento	☆						
Teen Outreach Program	Yolo					☆		
Teens Supporting Teens	Yolo	☆	☆			☆	☆	
The Effort	Sacramento	☆						
Western Placer Unified School District	Placer					☆		
Woodland Joint Unified School District	Yolo	☆						
Yolo County DPH	Yolo	☆						
Youth Works	Sacramento					☆		

North Valley:

		Information and Education		Clinical Interventions		Youth Development		Coalition Building
		Sex Education	Peer to Peer Outreach	Clinical Services	Clinical Linkages	Youth development	Service Learning	
North Valley *(Butte, Colusa, Glenn, Shasta, Tehama)*	**County**							
4-H Club	All Counties					☆	☆	
Anderson Partnership for the Healthy Children	Shasta							
Big Brothers Big Sisters of Butte	Butte					☆		
Boys and Girls Club of Chico	Butte					☆		
Butte County Office of Education	Butte	☆				☆		
Butte County Public Health Department	Butte	☆	☆	☆	☆			
Butte County Youth Services	Butte							
California Health Collaborative Foundation	Butte	☆				☆		
Colusa County Peer Court	Colusa					☆		
Community Collaborative for Youth	Butte					☆		
Del Norte Health Clinics	Colusa, Butte			☆				
Dorothy Johnson Neighborhood Center	Butte					☆		
Enloe Medical Center, Children's Health Center	Butte			☆				
Family Intervention and Community Support	Butte				☆			
Family Service Agency of Tehama County	Tehama					☆		
Four Winds of Indian Education	Butte	☆						
Glenn County DPH	Glenn	☆						
Gridley Community Center	Butte	☆		☆				
Hill Country Community Clinic	Shasta			☆				
Nancy's Prevention Clinic	Butte			☆				

North Valley (continued):

		Information and Education		Clinical Interventions		Youth Development		Coalition Building
		Sex Education	Peer to Peer Outreach	Clinical Services	Clinical Linkages	Youth development	Service Learning	
North Valley *(Butte, Colusa, Glenn, Shasta, Tehama)*	**County**							
New Directions to Hope	Shasta, Tehama					☆		
Northern California Youth and Family Programs	Butte					☆		
North Valley Catholic Social Services	Butte, Shasta		☆			☆		
Planned Parenthood Mar Monte Shasta-Diablo	Butte, Shasta	☆	☆	☆				☆
Remi Vista Youth and Family Services	Butte							
Shasta Community Health Center	Shasta			☆				
Tehama County DPH	Tehama	☆						
Tehama County Prevention Project	Tehama	☆			☆			
Tehama County Mentoring Program	Tehama					☆		
Tehama County Children and Families	Tehama					☆		
Tehama County STATIS (Standing Tall Against Teen Issues)	Tehama		☆					
Women's Feminist Health Center	Butte			☆				
Women's Health Specialist	Butte, Shasta			☆				
Women's Resource Clinic	Butte			☆				
YMCA	Shasta, Butte					☆		

APPENDIX E

Assessment Team

The assessment team was comprised of a group of faculty and Public Health graduate students from San Francisco State University brought together through the Health Equity Initiative of SFSU specifically to conduct this assessment.

Cynthia A. Gómez, PhD was responsible for oversight of the overall project and provided scientific and content expertise throughout the project and particularly in the final analysis and recommendation phase. Dr. Gómez is the founding director of HEI at San Francisco State University where she leads efforts to enhance and integrate campus research, curricula, community service and training programs that address health disparities and/or promote health equity in the United States. She previously served as co-director of the Center for AIDS Prevention Studies (CAPS) at the University of California at San Francisco where she was also an associate professor in the Department of Medicine and leading scientist in HIV prevention research since 1991.

Jessica Wolin, MPH, MPC served as Project Coordinator and oversaw day-to-day activities, and was responsible for supervising all graduate student research assistants assigned to the project. Jessica Wolin has over 15 years of experience planning and implementing public health programs. She has extensive skills in community-based participatory planning with both youth and adults as well as in strategic planning, organizational development and program management. Jessica has served in leadership and consulting positions at the San Francisco Department of Public Health, Alameda County Public Health Department and numerous local non-profits working on community health issues in the Bay Area. At San Francisco State University, Jessica serves as Clinical Faculty, overseeing Masters of Public Health students' year-long team practice experience. She teaches classes in community assessment and program planning.

Victoria Quijano, MPH is Clinical Faculty with the Department of Health Education at San Francisco State University. Ms. Quijano was a teenage mother herself and graduated with her degree in Community Health Education from SFSU in 1995. She went on to attain her graduate degree from San Jose State University and began teaching at City College of San Francisco and SFSU in 1997 where she was integrally involved in the creation of the first nationally recognized Community Health Worker certificate. She currently teaches both graduate and undergraduate Program Planning for health education majors at SFSU and is the Curriculum Director for the Metropolitan Health Academies.

Amanda Goldberg, MPH received her Masters in Public Health from San Francisco State University and her Bachelor's of Science in Human Development and Family Studies from Cornell University in New York. As a former health educator with Planned Parenthood Golden Gate and with the San Francisco Unified School District, Amanda is passionate about issues that impact young people's lives and about creating just, healthy environments that support youth in optimizing their assets and bolstering resiliency. Amanda is currently an Instructor with San Francisco State University teaching "Health in Society" and "Developing Health Youth in Schools and Communities" courses. She also works on a FIPSE grant to develop the Metropolitan Health Academy and advises a team whose goal is to resurrect the School Health Credential within the Health Education Department.

MPH Graduate Students from SF State at time of project:

Pedro Arista, MPH recently graduated from San Francisco State University with his Master's in Public

Health. He is a Health Educator with The Stonewall Project and is implementing and evaluating a harm reduction education program targeting gay men who use methamphetamine in San Francisco. He previously worked for the University of California San Francisco (UCSF) with diverse research projects developing various qualitative and quantitative methodologies. He is also a member of the San Francisco HIV Prevention Planning Council.

Lesa Gerhard received her undergraduate degree in Health Education and most recently, her Master's in Public Health degree from San Francisco State University (SFSU). She is currently a Health and Safety Trainer and a part-time lecturer in the Health Education Department at SFSU. For the past six years she has been providing on-site consulting and training for non-profits, schools, community organizations, private corporations and government agencies in the field of health promotion and disaster preparedness. Lesa plans to continue her consulting and lecturing work, while pursuing her interests in the area of the Human-Animal Bond, especially as it relates to underserved and marginalized populations.

Jason Lim, MPH recently graduated from San Francisco State University with his Master's in Public Health. He is passionate about the field of sexual health and spent the last three years as a graduate teaching assistant for a Sex and Relationships class at SFSU. Currently, Jason is working at the California Family Health Council as an Area Manager.

Paul Reuckhaus is a graduate student in the Public Health program at San Francisco State University. He has worked in family services with incarcerated parents and their children. He has also worked in harm reduction counseling and health education for eight years in Bay Area community clinics.