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The Massachusetts Alliance on Teen Pregnancy: A Case Study Advocating for Pregnant and Parenting Teens in Massachusetts

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massachusetts alliance
on teen pregnancy

The Massachusetts Alliance on Teen Pregnancy: A Case Study

Advocating for Pregnant and Parenting Teens
in Massachusetts

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PIM68

A Capstone Paper submitted in partial fulfillment of the requirements for a
Master of Arts degree in Sustainable Development at the SIT Graduate Institute
in Brattleboro, Vermont, USA

Capstone Seminar (February 12 – February 17)

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Kassandra Petr

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LIST OF ACRONYMS

The Alliance	The Massachusetts Alliance on Teen Pregnancy
CGVP	Cross Generational Video Project
TPLD	Teen Parent Lobby Day 2010
YPPF	Young Parent Policy Fellows

ABSTRACT

Teenage pregnancy emerged as a major social problem in the 1970's; however, its frequency is by no means a recent social phenomenon. The appropriate age at which to marry, have sexual relations, conceive and give birth to a child has always been defined culturally. In the United States, this age has varied considerably across time, class, race, ethnicity, place, and gender. The presence and frequency of childbirth to teenage mothers has also varied over time with increased female education, the introduction of marriage later in life, as well as the legalization of abortions, to name a few. However, one thing is certain—despite negative cultural conceptions concerning teenage pregnancy and childbirth within developed countries, pregnancy among teenagers persists—with teen pregnancy rates in the United States nearly doubling the rates of other developed countries.

The Massachusetts Alliance on Teen Pregnancy (The Alliance) is a Boston area organization dedicated to the prevention of teenage pregnancy through comprehensive sexual health education, as well as securing support services for existing pregnant and parenting teens in Massachusetts. This paper will outline the history of teen pregnancy in the United States, The Alliance's current policy initiatives, as well as my contributions to The Alliance as a public policy intern and former teen parent.

The Massachusetts Alliance on Teen Pregnancy: A Case Study Advocating for Pregnant and Parenting Teens in Massachusetts

For the practicum portion of the Sustainable Development program at the School for International Training, I worked as a public policy intern at the Massachusetts Alliance on Teen Pregnancy (the Alliance). My internship with the Alliance served to further my knowledge of the advocacy process, as well as deepen my involvement in issues of teenage pregnancy and parenting. During the course of the program (September 2009 – May 2010), my responsibilities included research, review of documents, creation of visual presentations, and legislative



Teen Parent Lobby Day 2010 (photo by the Alliance)

advocacy visits. Along with my public policy team—consisting of two public policy interns, a public policy director, and myself—I was also responsible for three additional projects: (1) the annual Teen Parent Lobby Day; (2) the Cross Generational Video Project, and (3) teen pregnancy prevention presentations in Massachusetts public high schools.

At the Alliance, I was given the primary task of event coordination for Teen Parent Lobby Day 2010 (TPLD). Coordination for the event had three components: Creative, Organizational, and Operational. As a member of a team, I had duties in all three components; however, as I naturally gravitate toward the creative side, most of my duties were of a creative

nature. I produced numerous graphic documents that were sent weekly to legislators as part of the advocacy process, created visual presentations used in advocacy trainings for both teen



Teen Parent Lobby Day 2010 (photo by the Alliance)

parents and teen parent service providers, and aided in the design of the theme: The Key is Me: Support Opportunity. Believe in Teen Parents, Expect Success.

Additionally, I conducted advocacy trainings at various high schools and

teen parent service provider

organizations, and scheduled meeting with legislators for pre, during, and post TPLD.

The Cross Generational Video Project (CGVP) was a project to supplement the TPLD. The project focused on four generations of teen parents, their views on services available, and how those services impacted their lives and the lives of their children. As public policy interns, it was our job to find teen parent participants from the 1970's, the 1980's, the 1990's and the 2000's—and film their responses to standard questions. It was my job to edit these interviews into a comprehensive 3-minute video that would be sent to legislators and played during TPLD.

In addition to these two projects, I spoke as a former teen parent—alongside other teen parents—at many high schools throughout Massachusetts about my experience as a teen mom. The purpose of these presentations was to inform teens about the reality of teen pregnancy in a way that allowed them to think about their future, and the choices they make, without the use of shock tactics that perpetuate offensive and damaging stereotypes associated with being a teen parent.

BACKGROUND

History of Teen Pregnancy

Although teenage pregnancy has emerged as a major social problem in the 1970's, its frequency is by no means a recent social phenomenon. The appropriate age at which to marry, have sexual relations, conceive and give birth to a child has always been defined culturally. In the United States, this age has varied considerably across time, class, race, ethnicity, place, and gender. The presence and frequency of childbirth to teenage mothers has also varied over time with increased female education, the introduction of marriage later in life, as well as the legalization of abortions to name a few. However, one thing is certain—despite negative cultural conceptions concerning teenage pregnancy and childbirth within developed countries, pregnancy among teenagers persists—with teen pregnancy rates in the United States nearly doubling the rates of other developed countries.

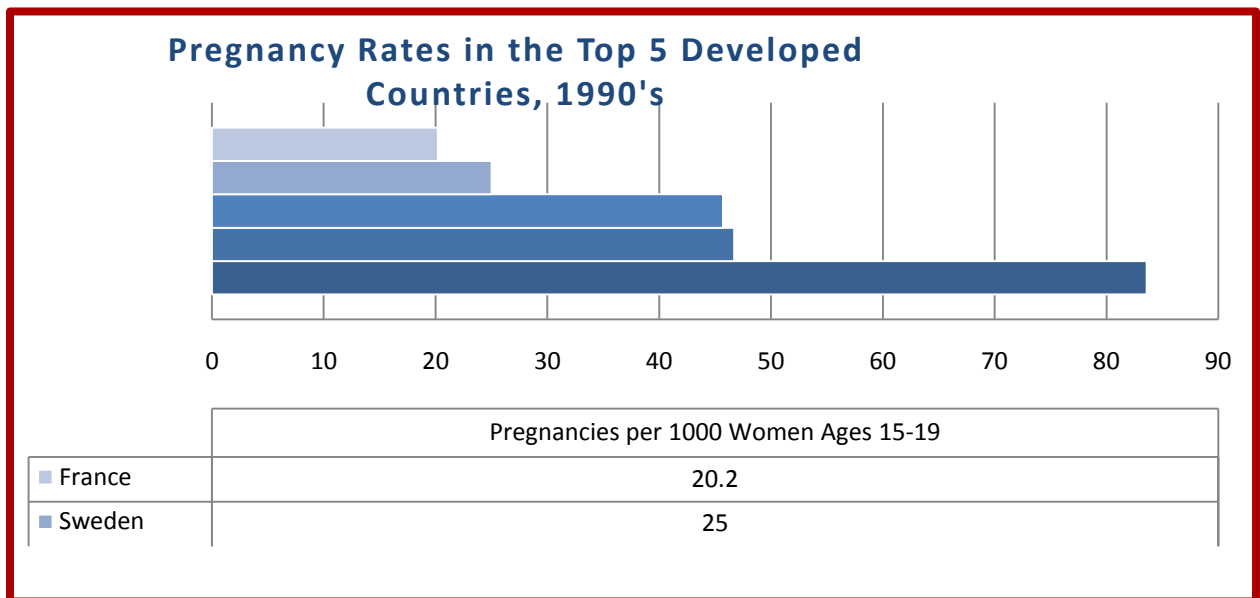


Figure 1, adapted from Darroch, Singh, & Frost (2001)

Causes of Teen Pregnancy

Sexuality & Lack of Contraceptive Use

- Early sexual intercourse and lack of contraception are the two most predominate explanations for unplanned teenage pregnancy (Guttmacher 2010).

Relationships & Abuse

- In the American Journal of Public Health (1996), an article claimed that fathers of teenage pregnancies are often not teenagers themselves, but men over the age of 20. However, another article published in 2007 by the Guttmacher Institute stated that "...only 8% [of teenage pregnancies] involved unmarried women aged 15-17 and men who were at least five years older" (Lindberg, Sonenstein, & Martinez).
- Strong correlations have been made linking sexual abuse and teenage pregnancy (whether or not the abuse itself resulted in a pregnancy). Studies have shown that upwards of 70 percent of women who gave birth in their teens were molested as young girls contrasted with about 25 percent of women who did not give birth as teens (Saewyc, Magee, and Pettingell (2004), p.1).

Socioeconomic Factors & Environment

- Teenage pregnancy is often seen as a 'social problem' that affects the poor and the underprivileged. Jewell, Tacchi & Donovan (2000) explain that, "... adolescents from socioeconomically disadvantaged and advantaged backgrounds had different attitudes towards adolescent pregnancy and contraception. Those from advantaged backgrounds were able to access reliable contraceptive services more easily, considered abortion and emergency contraception to be acceptable options, and were more tolerant of teenage mothers. Those from disadvantaged backgrounds were less able to access sexual health services and use contraceptives reliably" (abstract).

Medical Implications of Teen Pregnancy

Due to the difficulty in distinguishing between preexisting conditions and those that are a result of an early pregnancy, determining the health consequences of teen pregnancy is complicated. However, teenage pregnancy within developed countries, including the United States, is considered a “...significant public health issue...” with unique medical and psychosocial consequences (Pérez-López, et al, 2011, p.85). Teenage pregnancies result in higher rates of “...spontaneous abortions, preterm delivery, and low birth weight...” and lead to “...twice as many deaths in adolescents compared to adult women” (p. 87). However, a report in the National Center for Health Statistics (1994) found that adverse obstetric and neonatal outcomes are linked to low socioeconomic status, poor nutrition, poor general health, and substance abuse (Parker, Schoendorf, and Kiely pg.276-78)—which are also complications associated with young maternal age—indicating that, with the absence of the aforementioned ailments, teenage mothers may be able to avoid many of the medical obstacles associated with teenage pregnancy.

“Teen mothers are more likely than mothers over age 20 to give birth prematurely”

**National Center
for Health
Statistics**

Psychosocial Implications of Teen Pregnancy

Outside of increased medical difficulties in regards to young mothers and their offspring, there are numerous psychosocial effects of teenage parenthood. Similar to the medical outcomes described above, psychosocial outcomes can be attributed to the young family’s preceding and resulting socioeconomic status—with lack of education and poverty arising as the most predominant complications.

Historically, teen mothers have been particularly at a greater risk of dropping out of school than their peers (Hoffman and Maynard, 2008), however “...previous research has found that they are more likely to be having problems in school prior to their pregnancy” as well (Perper, Peterson, and Manlove, 2010, p. 1). The fact sheet by Perper, et al (2010) determined that on average, only one in two teen mothers earn a high school diploma before the age of 22, compared to nine in 10 women who have not given birth in their teens (figure 2¹).

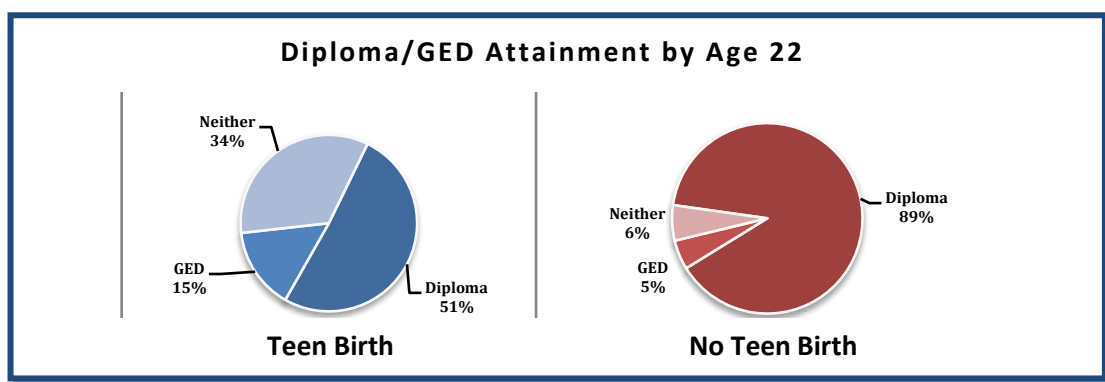


Figure 2, adapted from Perper, Peterson & Manlove (2010)

According to the National Campaign to Prevent Teen and Unplanned Pregnancy (2010), teen pregnancy is the primary cause in the United States for high school dropout among girls. Teen pregnancy accounts for the reason 33 percent of girls and 19 percent of boys drop out of high school (National Woman’s Law Center (2007). This trend, while not surprising, is unfortunate as the realities of not finishing high school pose great challenges for individuals and can be devastating to young families. The Massachusetts Coalition of School-Based Health Centers released a report in 2009 titled, *School Dropout as a Public Health Concern*, which identified four major concerns regarding high school dropouts²:

¹ Data Source: Child Trend’s analysis of data from the National Longitudinal Survey of Youth—1997 Cohort

² Speaker: Jeanita Richardson, PhD, Consultant, W.K. Kellogg Foundation School Based Health Care Policy Program & Advocate Professor, Division of Public Health Policy and Practices, University of Virginia

- 1) Dropouts earn \$9,634 less per year than high school graduates and more than \$1 million less over a lifetime than college graduates.
- 2) Dropouts are more likely than high school graduates to be unemployed, in poor health, living in poverty, on public assistance, and single parents with children who drop out of high school.
- 3) Dropouts are more than eight times as likely to be in jail or prison as high school graduates.
- 4) Dropouts are four times less likely to volunteer than college graduates, twice less likely to vote or participate in community projects, and represent only three percent of actively engaged citizens in the U.S. today (p.12).

Prevention of Teen Pregnancy

Regarding the United States—and most other developed countries—while abundant, teenage pregnancy is not considered conventional practice, and efforts to decrease rates are in constant effect. When reporting teenage pregnancy rates (TBR), it is most common to look at females aged 15-19 at the time the pregnancy ends³ (Guttmacher Institute 2010). This fact clearly underreports the number of teenage pregnancies, as it does not count for the numerous births, abortions, and miscarriages before the age of 15.

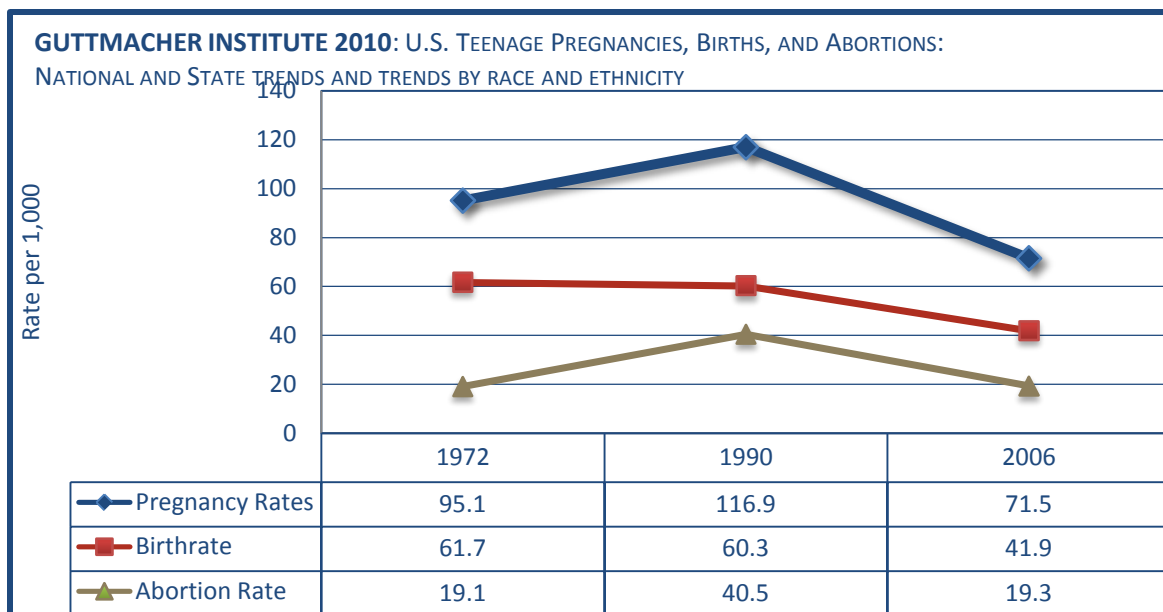


Figure 3, adapted from Guttmacher 2010

³Teenage pregnancy rates look at the age at which a pregnancy ends, not at the age when the woman conceives. The rate represents the number of pregnancies per 1000 women.

In 2010, the Guttmacher Institute released a report titled, *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*. In this report, they claim that since 1972, the pregnancy rate rapidly rose from 95.1 births per 1,000 women ages 15-19 to a peak of 116.9 per 1,000 in 1990, and then slowly declined to a low of 71.5 in 2006 (p.7, table 2.5). Figure 3, adapted from the Guttmacher Institute (2010), shows a decrease in both birth and abortion rates among teenage women from 1990 to 2006, “...signal[ing] that both intended and unintended pregnancy rates were declining among these age-groups (p. 4). Reductions in teenage pregnancy rates can be attributed to shifts in two key underlying behaviors: sexual activity and contraceptive use. In schools, appropriate behaviors are taught in one or both of these areas—with abstinence being the most common (figure 4).

Sex Education in Schools

Schools teach about methods of contraception less frequently than abstinence, which is the most commonly taught subject

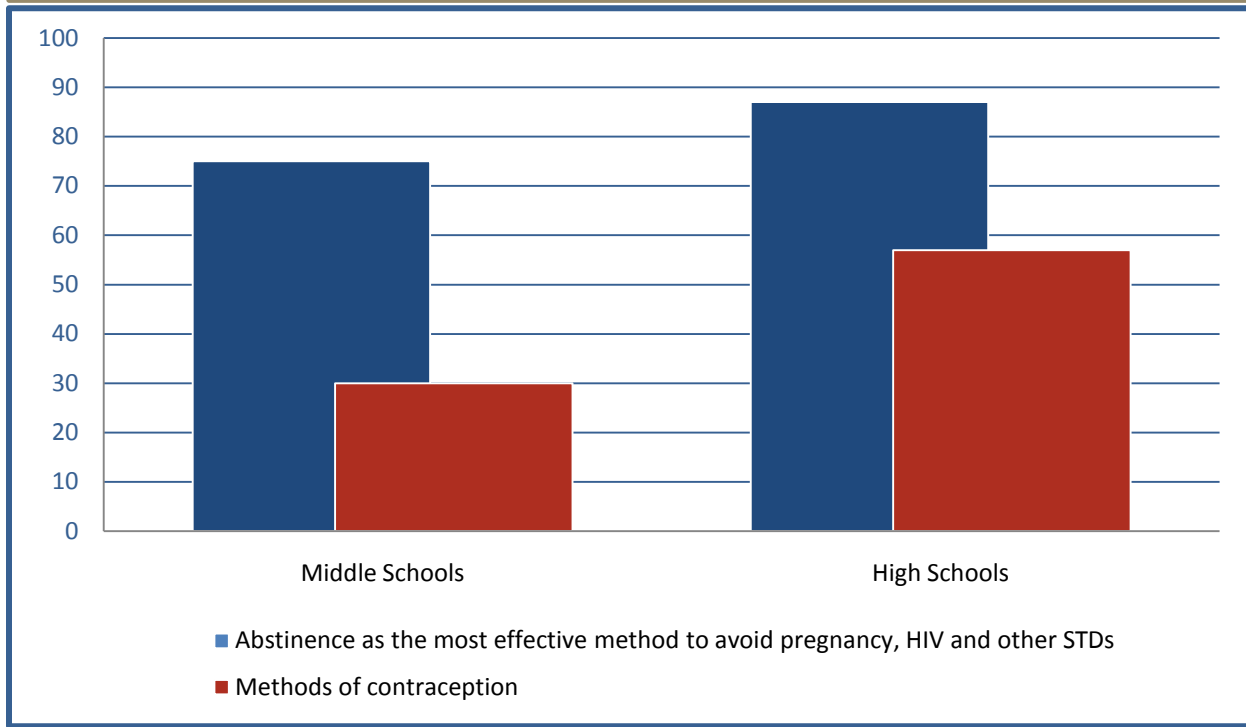


Figure 4, Adapted from Guttmacher 2011

According to Santelli, Lindberg, Finer, and Singh (2007), “...social conservatives in the United States have ascribed much of the recent decline in adolescent pregnancy rates to increased abstinence from sexual intercourse” (p. 1). However, research has shown that substantial increases in the use of contraceptives among 15 to 17 year olds between 1991 and 2001 suggest that “...improved contraceptive use and delay in initiation of intercourse made equal contributions to declining pregnancy rates”, with contraceptives most heavily affecting the upper age group of 18 and 19 year olds (p. 1).

Teenage Pregnancy in Massachusetts

Massachusetts is a leader in the reduction of teen pregnancies—boasting the third lowest teen pregnancy rate in the United States. Between 1988 and 2005, the Massachusetts birth rate of teenagers aged 15-19 decreased from 97 pregnancies per 1,000 women to 49 per 1,000. However, there are still an estimated 10,000 teen pregnancies every year in Massachusetts, resulting in a significant population of teen parents and their children (Guttmacher 2010).

Although Massachusetts has experienced a reduction in the percentage of teenage pregnancies and births in recent years, many communities “...are challenged by perennially high teen birth rates. In 2008, 13 cities had teen birth rates higher than the national rate and significantly higher than the state rate” (the

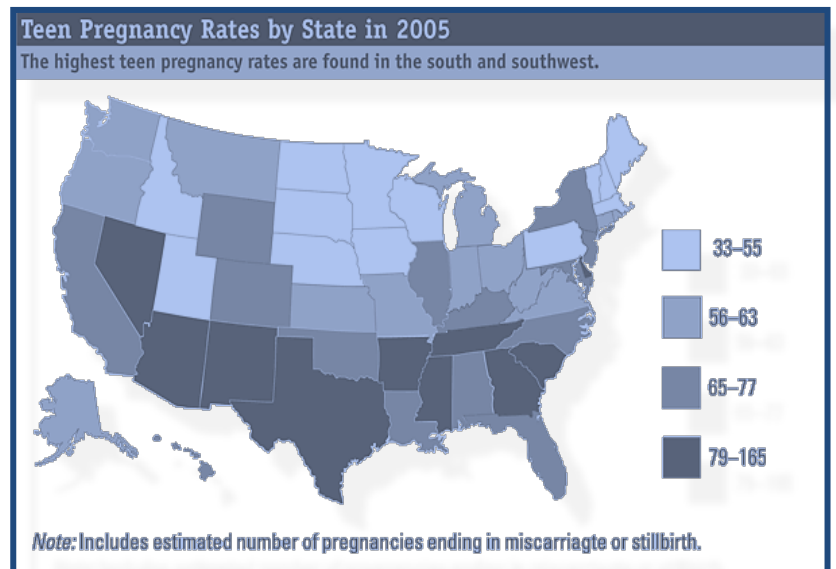


Figure 5, adapted from Guttmacher 2011

Alliance (2010), Teens and Sex, pg.1). Figure 6 depicts the top 15 municipalities with the greatest number of teen births, in order of highest teen birth rate, including the increase or

		Teen Birth Rate: Births per 1,000 Women Ages 15-19		Percent change in rate, 2007-2008
		2007	2008	
UNITED STATES		42.5	41.5	-2
MASSACHUSETTS		22	20.1	-9
1	Holyoke	95.4	115.3	21
2	Chelsea	82	97	18
3	Lawrence	76	80.9	6
4	Gardner	50.4	63.9	27
5	New Bedford	66.7	62.9	-6
6	Springfield	84.3	61.4	-27
7	Southbridge	77.1	60.9	-21
8	Fall River	59	56.2	-5
9	Lynn	56.7	53.2	-6
10	Revere	45.6	50.3	10
11	Lowell	54.2	48.7	-10
12	Pittsfield	52.7	47.2	-10
13	Brockton	47	42.6	-9
14	Everett	40.6	40.6	0
15	Fitchburg	45.4	38.4	-15

decrease in the rate between 2007 and 2008.

Teen parent services—services provided solely for, or that give priority to, teens such as counseling, education, child care, health care, housing, etc—have been built into the Massachusetts State Budget to enrich the lives of teen parent families and to alleviate some of the psychosocial implications associated with teenage

Figure 6, adapted from the Alliance (2010) goes through revision, the Alliance advocates at the state level on behalf of teen parent programs in Massachusetts—securing funding for continued provision of vital services to teen parents.

THE MASSACHUSETTS ALLIANCE ON TEEN PREGNANCY

The Alliance for Young Families—as it was known at the time of its inception—was founded in 1979 by eleven Boston-area agencies. These agencies provided various services for pregnant and parenting teens throughout the state, such as education, parenting classes, therapy, housing, child care, and transportation support. They came together to support one another to secure funding for the services their organizations collectively provided, as well as

funding for programs and supports they would like to see provided for pregnant and parenting teens.

The Alliance is now an alliance by name only—operating as a single organization promoting comprehensive sexual education and healthy relationships, as well as advocating on the behalf of pregnant and parenting teens in Massachusetts. However, the presence of the term ‘alliance’ in their name today is not unintentional. The Alliance still considers themselves an alliance—in real and philosophical terms. The Public Policy Director at MATP explained the continuation of the term as a reflection of their philosophy that good advocacy work depends upon partnerships—the most important being their partnership with pregnant and parenting teens. While an alliance between other organizations is not present in an equitable way (i.e. decision making power), the Alliance is made up of many supporting member organizations representing a variety of stakeholders⁴.

The Alliance is the only organization in Massachusetts “...dedicated to ensuring that state policies and programs effectively address the complex issues associated with teen pregnancy” (The Alliance, History, 2011). The wording of the mission statement has changed slightly over the years to incorporate new goals and framing. The mission statement in 2006 clearly states that the Alliance operates to “...provide statewide leadership to prevent adolescent pregnancy and to promote quality services for pregnant and parenting teens and their children through policy analysis, education, research, and advocacy” (The Alliance, 2007). In early 2008, the Alliance changed the wording so it would be noted that the Alliance was now committed to “...advocate statewide and *mobilize communities* to prevent teen pregnancy, to

⁴ An interpretation of a telephone interview with the Public Policy Director at MATP on November 11, 2011

increase opportunities for youth and young parents, and to *empower young people* to make healthy decisions about relationships, sex, parenting, and life” (The Alliance, Mission and Goals, 2011). They continue to provide statewide leadership through policy analysis, research, education, and advocacy. The incorporation of youth and community inclusive statements within the mission was important to the Alliance as it more fully represented their ideals of working *with* as opposed to working *for* pregnant and parenting teens.

The Alliance: Advocacy Approach

VeneKlasen and Miller (2007), in *A New Weave of Power, People, and Politics: The Action Guide for Advocacy and Citizen Participation*, discuss the differing definitions of the word ‘advocacy’. They point out that some definitions focus on outcomes, while other definitions focus on action and process, or a combination of the two. They go on to define six types of advocacy—two of which are ‘policy advocacy’ and ‘people-centered advocacy’.

VeneKlasen and Miller describe ‘policy advocacy’ as an “...initiative focus[ed] exclusively on the policy agenda and a specific policy goal...advocates usually assum[ing] that policy change will produce real change on the ground” (p. 21). Organizations that fall under this definition are most often comprised of *experts* that advocate *for* the people in contrast to people-centered advocacy organizations which advocate *with* the people.

‘People-centered advocacy’ is defined as an “...organized political process that involves the coordinated efforts of people to change policies, practices, ideas, and values that perpetuate inequality, prejudice, and exclusion. It strengthens citizens’ capacity as decision makers and builds more accountable and equitable institutions of power” (p. 21).

The Alliance is primarily a public policy advocacy organization with aspects that allow them the definition of a people-centered advocacy organization as well. They are experts in their field advocating simultaneously for and with pregnant and parenting teens. Recently, along with the incorporation of an improved mission statement, the organization has made two notable strides on their way to becoming an even stronger people-centered institution: 1) their expanding social media presence on Facebook, Twitter, and The Pushback—their new blog created specifically for teen parents—allows the Alliance to have a greater connection with pregnant and parenting teens and their communities, and 2) the development of the Young Parent Policy Fellows (YPPF)—a space where current and former teen parents can discuss their own needs and their own advocacy goals. They aim “...to change the general perception of young parents by empowering, informing and advocating for expectant and parenting teens; while modeling various forms of success possible for young families” (**Appendix A**). As the YPPF grows so too will the Alliance grow as a people-centered advocacy organization.

The Alliance: Constituency

At the Alliance, two groups serve as primary constituents to the advocacy work done at present: 1) pregnant and parenting teens, and 2) teen parent service providers.

Pregnant and parenting teens are considered the most important group at the Alliance. However, teen parent service providers are also directly impacted by the results of the budget advocacy campaign and make up a large bulk of

Primary constituents are those people who have a direct stake in the advocacy solution. They are directly affected by the problem and will benefit from the advocate’s strategy.
Secondary constituents are people who are not directly affected or impacted by the advocacy but may care deeply about the problem and are willing to make their voices heard to find a solution.

Veneklasen and Miller

the organization's member base. It is important for the Alliance to be familiar with and know key members of the variety of teen parent service provider organizations in Massachusetts. These organizations are the Alliance's greatest allies—they help to engage pregnant and parenting teens in the advocacy process.

The Alliance: Advocacy Goals and Objectives

The Alliance has developed a list of overarching goals to create clarity for themselves and define their position for others. The following is a list of their long term goals and, certainly, their intended strategy:

Serve as an expert

- Serve as an expert in Massachusetts on adolescent pregnancy, prevention, parenting, and healthy sexual development.

Lead in engaging youth

- Lead in engaging youth on policy issues pertaining to adolescent pregnancy, parenting, and healthy sexual development.

Develop capacity

- Develop a capacity of youth-serving professionals who promote healthy sexual decision-making and supporting teen parents.

Influence

- Influence the development of responsible public policies that impact young parents, adolescent sexual health, and teen pregnancy prevention.

Promote a cultural shift

- Promote a cultural shift that recognizes the needs and abilities of young people to make responsible decisions about relationships, sex, parenting, and life.

They strive to achieve these goals through a) public policy, “...educating and motivating federal, state, and local policymakers...” b) promoting best practices, providing “...information, technical assistance, and training about what works in teen pregnancy prevention and with teen parent families” and c) youth empowerment, developing leadership skills so young people can “...advocate for effective teen pregnancy prevention and teen parent services” (The Alliance, Strategies, 2011).

On the ground this can be seen through continuous lobbying efforts for both comprehensive sexual education and budget advocacy for teen parent services; annual, one time trainings with teen parents at select programs throughout the state; an annual teen parent lobby day where, on average, 500 teen parents advocate on their own behalf at the state house; research and advocacy for education, teen parents, and the dropout rate; and a toll free help line that “...provides expert information for teens, their families, and providers...”(The Alliance, Strategies, 2011).

THE ALLIANCE: STRATEGIC INITIATIVE

Strategy

Jim Shultz (2003) in his book *The Democracy Owner's Manual: A Practical Guide to Changing the World* defines strategy as “...the map that keeps you focused and guided along the way” (p. 71). The Alliance uses three “interrelated strategies” to meet their mission and achieve their goals: The first, and most visible, is their strategy of Public Policy. This strategy entails framing “...the issues for policy makers at the state and local levels in terms of what teens need to make healthy choices and what young families need to become self-sufficient productive members of

society”. The second strategy involves Promoting Best Practices by working “...with youth-serving professionals, educators, health care workers and others on the front line to provide them with information, technical assistance and training about what works in teen pregnancy prevention and with teen parent families”. And, finally, the third strategy is Youth Empowerment. The Alliance works with youth to develop their leadership skills by “...empowering them to educate themselves and each other, and to advocate for effective teen pregnancy prevention and teen parent services” (The Alliance, Strategies, 2011).

My work as a public policy intern at the Alliance focused on issues of pregnant and parenting teens within the context of the Alliance’s primary advocacy initiative—public policy. In this section I will outline the most prominent policy issues and political actors that were influencing the policy landscape in relation to the Alliance’s public policy agenda. Subsequently, I will detail my personal contributions to the Alliance’s advocacy initiatives.

Political Landscape

The Massachusetts state budget, like all other state budgets, was undergoing major adjustments to offset the economic recession in 2010. It was estimated that Massachusetts would need to make nearly \$2 billion in cuts over the 2010 fiscal year⁵. This came as a great disappointment to many programs and services that would be facing partial or complete reductions in funding. As services for pregnant and parenting teens do not greatly

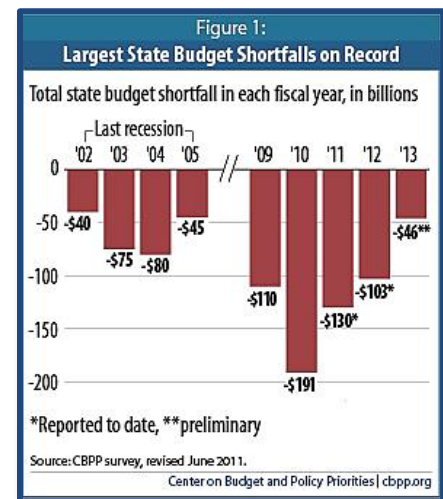


Figure 7, CBPP, 2011

⁵ Massachusetts fiscal year begins on July 1st and ends on the following June 30th.

affect a large portion of the population (although much larger than desired), the Alliance feared funding cuts for programs vital for pregnant and parenting teens. In order to preserve these needed programs and services, the Alliance decided against advocating for additional funding, and opted to express the importance of maintenance level funding instead. Consequently, securing the continuation of existing programs and services for pregnant and parenting teens became their ultimate goal.

Policy: Issues and Analysis

Ongoing policy advocacy initiatives at the Alliance primarily take the form of *Budget Analysis for Policy Advocacy*. This form of advocacy, as described by Action Aid International (AAI), “...can be identified [as] the strategic use of budget information for doing policy advocacy. For example, monitoring the implementation of budget proposals and on this basis advocating for a change in the policies/policy priorities...” (p.11). This definition is contrasted with the term *Budget Advocacy*, which can be understood, according to AAI, “...as using advocacy to change budget processes and budget priorities...for budget and system reforms... involv[ing] substantial economic analysis and essentially requires understanding of macroeconomics” (p. 11).

As the Alliance advocates for pregnant and parenting teens, it befits them to advocate for programs and services that directly impact the lives of pregnant and parenting teens in meaningful ways. Many of these programs and services are state-funded, and depend upon those allocated funds to succeed.

In Massachusetts, the budget process has many steps—allowing several opportunities for the Alliance to influence policy as it concerns funding for teen parent programs and services. Below is a review of the budget process in Massachusetts (Figure 7).

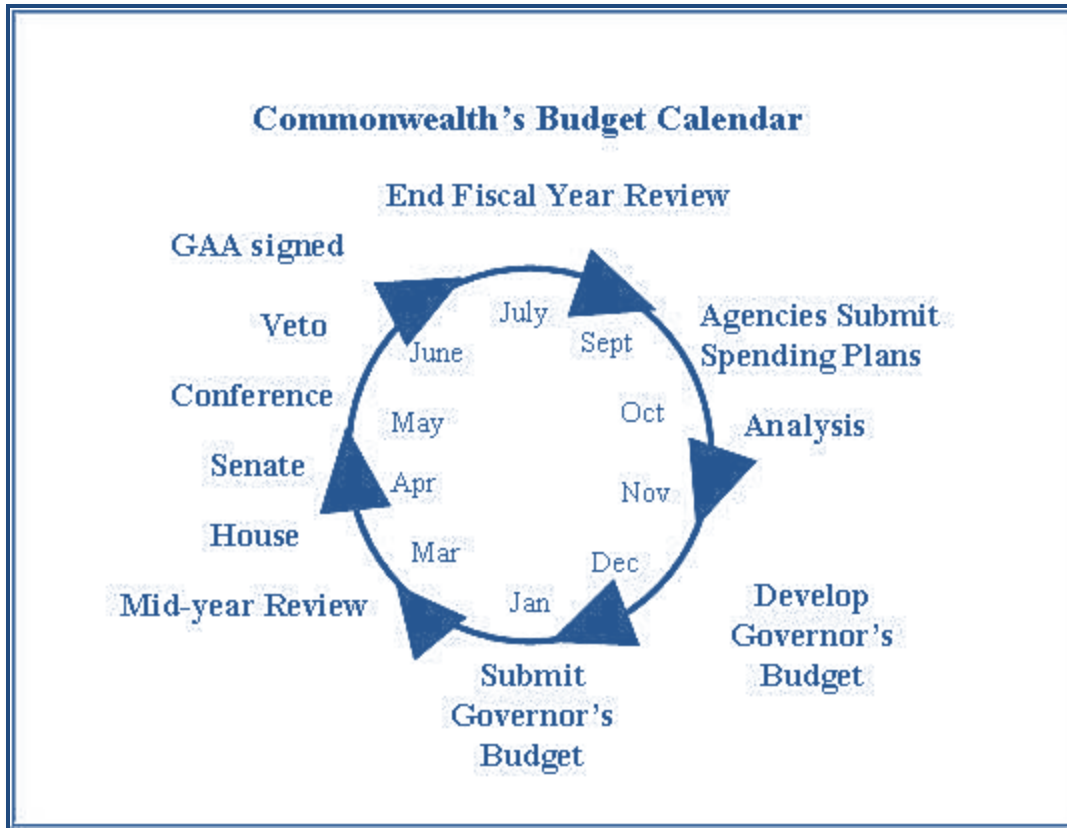


Figure 8, MA Budget Calendar

The budget process officially starts in January with the Governor's proposal. It is then sent on to the House Committee on Ways and Means, followed by the Senate Committee on Ways and Means where it must be approved by the House and Senate respectively. Subsequently, a six member House-Senate Conference Committee is formed to produce a consolidated budget which then must be voted in by the full House and Senate. If accepted, it is then sent to the Governor who then submits his proposed veto, reductions, or amendments, which are subject to legislative overrides by a two-thirds vote⁶. The Alliance advocates at each level of the process to ensure that teen parent services are not overlooked at any stage. The

⁶ Mass Audubon: Legislative Affairs, The Massachusetts Budget Process, Retrieved July, 27 2010 from <http://www.massaudubon.org/PDF/advocacy/MABudgetProcess.pdf>

following document (figure 8) outlines the previous fiscal year 2010 amount, the recommended budget proposed by the Alliance, and the final fiscal year 2011 outcome for programs relating to pregnant and parenting teens.

Program Name & Line Item in Massachusetts State Budget	Final Fiscal Year 2010 Budget ¹	Final Fiscal Year 2011 Budget	Alliance (MATP) Recommendation
Teen Pregnancy Prevention DPH 4530-9000	\$2.6	\$2.4	\$2.6
Young Parent Program (YPP) Part of DTA 4401-1000	\$21 overall \$4.7 suggested for YPP	\$15 overall Amount for YPP not specified, but reduced by 30%	\$23 overall \$4.7 specified for YPP
Teen Parent Child Care (TPCC) Part of EEC 3000-4050	\$116 overall Amount for IPCC not specified	\$127 overall Amount for IPCC not specified	\$127 overall Stronger language prioritizing access for teen parents
Teen Parent Child Care (TPCC) Part of EEC 3000-4060	\$262 overall Amount for TPCC not specified	\$229 overall Amount for TPCC not specified	\$250 overall Stronger language prioritizing access for teen parents
Young Parent Support Program (YPS) Part of DCF 4800-0038	\$293 overall Amount for YPS not specified	\$247 overall, <i>plus</i> \$44 moved to separate line item YPS not specified	\$293 overall \$2.3 specified for YPS
Teen Living Shelter Program DTA 4403-2119	\$6.6	\$6.6	\$7.0
Healthy Families Part of EEC 3000-7000	\$10.7	\$10.5	\$10.7

Figure 9, the Alliance Advocate 2010

PERSONAL CONTRIBUTIONS

During the nine months I worked as a public policy intern for the Alliance, I worked on three major projects as part of the public policy team. These three projects were essential to the Alliance's goals and objectives to engage youth, develop capacity, influence policy, and promote a cultural shift. Listed below are the three main projects I worked on as a contribution to the Alliance's public policy advocacy strategy. I will discuss each of my contributions in further detail along with the context of the project and the outcomes they achieved.

- (1) The annual Teen Parent Lobby Day (see pages 21-23)
- (2) The Cross Generational Video Project (see pages 24-25)
- (3) Teen pregnancy prevention presentations in Massachusetts public high schools (see page 26)

In addition to these projects, as a public policy intern I provided assistance to the Public Policy Director in all aspects of policy advocacy including meetings with legislators, their staff, and community-based provider organizations; drafting testimony, budget fact sheets, letters, policy briefs, research summaries, and data synthesis; as well as framing and messaging on issues associated with teen pregnancy, parenting, and adolescent sexual health and youth development.

Furthermore, I used my creative skills in editing to produce logos, save-the-dates, brochures, and legislative documents. I also created PowerPoint's for meeting and advocacy trainings used for youth as well, as teen parent service providers.

Contribution 1: Teen Parent Lobby Day 2010

The Key Is Me: Support Opportunity. Believe in Teen Parents. Expect Success

Context

The annual Teen Parent Lobby Day is an event in March where, on average, over 500 teen parents and community members gather on one day, at the Massachusetts State House, to listen and be heard⁷. The event is an opportunity for pregnant and parenting teens to share their experience with existing state-funded programs, and the significance these programs have on pregnant and parenting teens, their children, and their communities. According to the Alliance, Teen Parent Lobby Day is the most important aspect of their public policy advocacy initiative. This event is central to the work of the Alliance as it brings “... teen parents, their children, and their supporters to the Massachusetts State House to advocate for young parent programs. The event is also an important opportunity for teen parents to become involved in the policy process and to share their stories” (The Alliance, Teen Parent Lobby Day, 2011).

Teen Parent Lobby Day 2010 (TPLD) was held in the Great Hall and Grand Staircase at the Massachusetts State House on March 18, 2010. The event featured opportunities for teens to share their stories with legislators through advocacy and a multimedia art exhibit with a featured theme titled: “The Key Is Me: Support Opportunity. Believe in Teen Parents. Expect Success”. During the event, numerous teen parents shared their stories, dreams, and achievements, followed by support from speakers such as Senator Thomas McGee of Lynn, MA and Representative Alice Wolf of Cambridge, MA. Overall, more than 400 youth, young parents, and providers were in attendance.

⁷ Numbers are based upon member group sign in sheets: 450 members in 2009, 400 in 2010, and over 700 in 2011. <http://www.massteenpregnancy.org/events/teen-parent-lobby-day>

Process

In order for an event of this scale to succeed, planning and coordination begins in September and continues through March when the event takes place. Coordination for TPLD has three main components: Creative, Organizational, and Operational. All three components are interrelated and occur throughout the event planning process. Below is a breakdown of the three overall components and their duties:



Creative

- Theme Creation
- Logo Design
- Brochure Design
- Flyer Design
- Invitations & Save-the-Date Design

Organization

- Time Line
- Mailings (Invitations, Project Forms, Registration, etc...)
- Legislative Calls / Visits

Operation

- Food and Drink (Donated or Paid)
- Tables and Chairs
- Light and Sound
- Speakers: Legislative and Teens
- Project Display
- Check-in / Information

As a member of a team, I held duties in all three areas. However, most of my tasks were concentrated within the creative component. I had the pleasure of designing the TPLD logo; numerous flyers related to teen pregnancy, education, and TPLD; invitations and save the date cards, as well as visual presentations for advocacy trainings held prior to the TPLD event for pregnant and parenting teens ([Appendix B](#)).

Outcome

Teen Parent Lobby Day 2010 (TPLD) was held near the end of the Alliance’s year-long budget advocacy campaign to secure funding for programs serving pregnant and parenting teens in Massachusetts. While near the end, the budget process was not over—after TPLD, the House released its version of the budget and the process continued with the Senate Ways and Means Committee and was signed on June 30, 2010 by the Governor. During this time, the Alliance continued to work directly with legislators and their staff to influence policy—providing fact sheets and holding weekly meetings. In the summer 2010 edition of the Alliance Advocate Newsletter (**Appendix C**), the Alliance wrote:

On June 30th the Governor signed a \$27.6 billion budget that included \$457.6 million in veto reductions. Most of the reductions were due to the failure of Congress to approve close to \$700 million in federal Medicaid (FMAP) funding for Massachusetts. Massachusetts and most other states expected Congress to approve this extension in Medicaid assistance and had incorporated it into their state budgets. *Some teen pregnancy related programs were significantly impacted, while others fared extremely well given the dire fiscal climate.* The Teen Living Shelter Program maintained current funding levels. Healthy Families, Teen Pregnancy Prevention and the line items that include the Young Parent Support Program and Teen Parent Child Care were reduced minimally. However, the *Young Parent GED Program was cut by \$30%*. This was a horrible blow, and the Alliance is committed to lobbying legislators to identify the resources needed to restore funding to this critical education program (p. 2).

The 30 percent reduction to the Young Parent GED Program (YPP-GED) was shocking to the Alliance and resulted in a year-long campaign to restore funding. However, fiscal year 2012 brought on more reductions and a proposal to eliminate the YPP-GED program altogether⁸. The Alliance was able to mobilize teen parent service providers and supporting organization in order to advocate for and achieve level funding for the YPP-GED program at \$15 million.

⁸ Information received from a telephone interview with the Public Policy Director at MATP on November 11, 2011

Contribution 2: The Cross Generational Video Project

Teen Parent Services in Massachusetts 1970-2010

Context

The Cross Generational Video Project (CGVP) was designed as a continuation of a previous project initiated by the Alliance. For some time, the Alliance had been collecting video testimonials from pregnant and parenting teens, as well as former teen parents, about various topics concerning teen pregnancy in order for policy makers to better understand the experiences and needs of teen parents in Massachusetts. The CGVP was taking the testimonial project a step further in order to relate current support programs and assistance to the programs offered in previous generations. The CGVP was intended for two purposes:

- 1) To serve as a presentational video at the TPLD event for pregnant and parenting teens as well as legislators and their staff.
- 2) To highlight the benefits of support programs for pregnant and parenting teens throughout the generations in Massachusetts, as well as areas of need, in order to foster greater appreciation among teens and policy makers for these needed programs.

Process / Outcome

The CGVP had three stages of development. The first, and certainly most difficult, entailed locating participants in all four generational time periods (1970's, 1980's, 1990's and 2000's). This was accomplished with the help of member organizations and teen parent

providers in Massachusetts. In total, nine participants went in to the creation of the CGVP: one from the 1970's, one from the 1980's, three from the 1990's, and four from the 2000's.

The second stage of the project involved the creation of interview questions and the filming of the video interview. During the interview, each participant was asked the following questions:

Interview Questions



- What are some of the challenges you face/faced as a teen parent?
- What are/were the supports available to you as a teen parent?
- Are/were there any gaps in support to you as a teen parent?

The third stage of the project, and my responsibility, was editing the individual interviews into one comprehensive video. The editing process itself was comprised of two intersecting parts: 1) the identification of unified **themes** within each question, and 2) **editing** the interviews into a comprehensive video that portrayed the identified themes. Education, child care, and housing were the predominant themes found among the interviews, thus becoming the primary focus of the CGVP.

The CGVP video shares the experiences of nine teen parents and their views on the challenges of teen parenting; the supports that have had the greatest impact on their lives; and the areas in which they, as teen parents, wish to find support for teen parents in the future.

The final version of the video can be seen in **(Appendix D)**.

Contribution 3: Teen Pregnancy Prevention

Teen Parent Presentations in Massachusetts Public High Schools

Context / Process / Outcome

The public policy internship at the Alliance exclusively focuses on budgetary policy for teen parent programs and services. However, as a former teen parent, I was asked to speak on a panel alongside other teen parents at numerous high schools in Massachusetts, on the topic of teen pregnancy, for the purpose of teen pregnancy prevention.

The teen pregnancy prevention panel consisted of 3-4 speakers and a panel host. The host would ask a series of questions, to each speaker in turn, which followed under three main categories: 1) causes of teen pregnancy, 2) options and choices related to teen pregnancy, and 3) what it was like to be a teen parent. After the series of questions were complete, there was additional time set aside for questions from the audience.

Teen Pregnancy



- “Did you use a condom?”
- “Were Contraceptives available to you?”
- “How old were you when you first had sex?”
- “Do you regret having sex at an early age?”
- “Did you talk to your parents about sex?”

Options & Choices



- “Did you know about your options, such as adoption or abortion?”
- “What did you choose and why?”
- “If you could change your decision, would you? Why or why not?”
- “How did you feel other people felt about your decision?”

Teen Parenting



- “What was/is it like to be a teen parent?”
- “What are some challenges of being a teen parent?”
- “Was it harder or easier than you thought?”

Measuring Impact

The founder and Director of the Harvard Family Research Project (HFRP), Heather B. Weis, Ed.D, released an article, in 2007, on methods of measuring outcomes related to advocacy processes titled: *The Evaluation Exchange: A Periodical on Emerging Strategies in Evaluation*. One particular strategy mentioned in this article follows a well-known theory developed in 1995 by political scientist John Kingdon—Kingdon’s Agenda Setting Theory. According to Kingdon, agenda setting is the first stage in the policy process. The policy agenda is the “...list of issues or problems to which government officials, or those who make policy decisions...pay serious attention. Moving an idea onto or higher up on that agenda involves three processes: problems, proposals, and politics” (Julia Coffman, *The Evaluation Exchange*, p. 6). Problems refer “...to the process of persuading policy decision makers to pay attention to one problem over others”; proposals represent “...the process by which policy proposals are generated, debated, revised, and adopted for serious consideration”; and politics “...are political factors that influence agendas” (p.6). According to Kingdon, at least two of these processes must come together to form what he calls an “open policy window”—creating the perfect opportunity for change. Policy windows, Coffman (2007) explains, “...are not just chance opportunities, however; they can also be created” (p. 6). Figure 9 shows the Alliance’s strategies and outcomes and how they fit into Kingdon’s Process Streams.

“While policy change is usually the goal, other outcomes related to the broader advocacy strategy can be as important as the policy change itself”

Julia Coffman
Harvard Family Research Project

The Massachusetts Alliance on Teen Pregnancy's Strategy and Outcomes

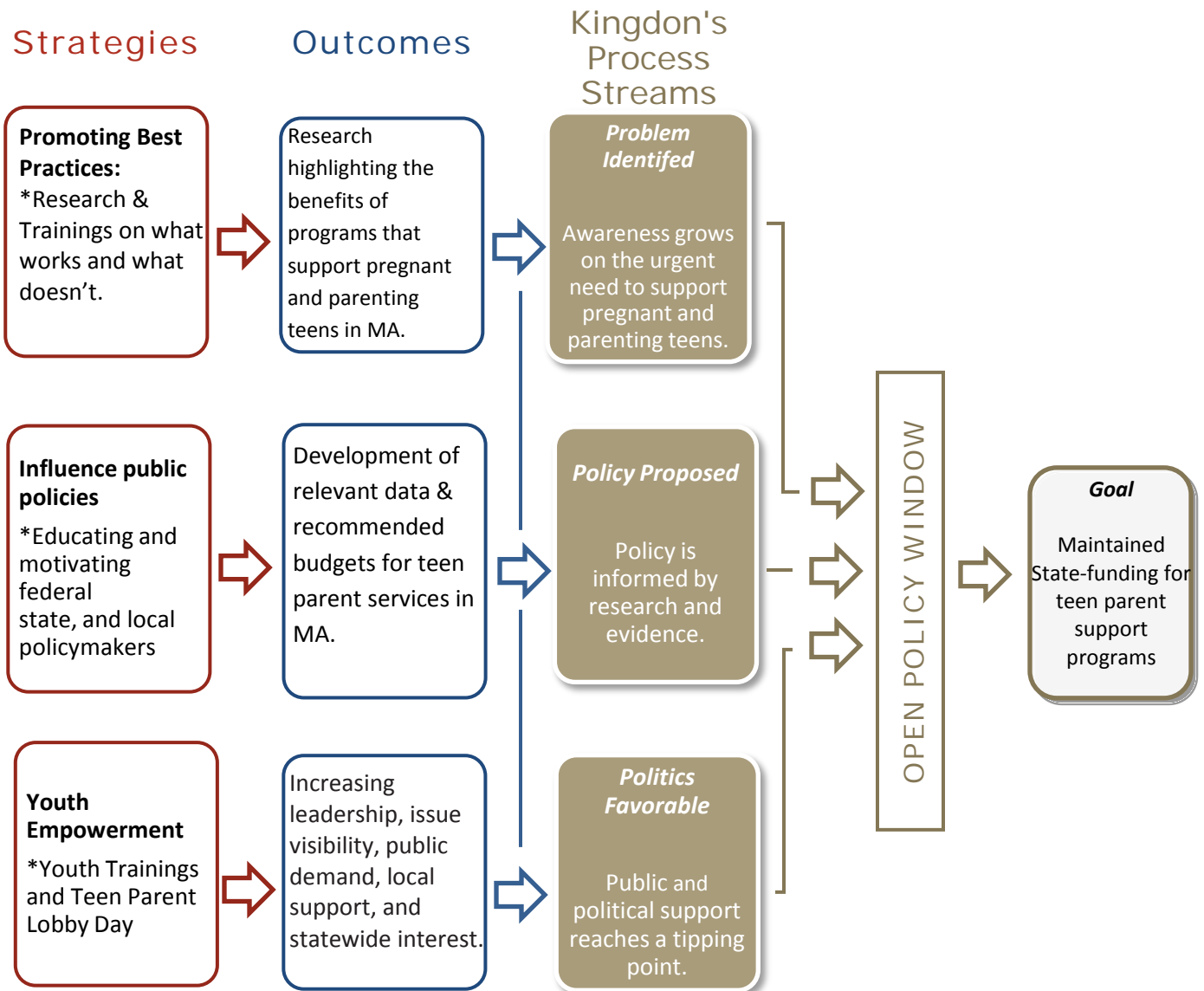


Figure 10, adapted from HFRP, 2007

Limitations

Resources Like many non-profit organizations, limited financial resources and staff restrict the capacity of the Alliance. As an organization advocating for an issue with many factors and stages, such as teen pregnancy and parenting, staff at the Alliance find themselves spread thin and end up focusing on a small number of dominate issues at a time (such as education for teen parents). While there are only six full-time staff, the organization advocates for *both* teen pregnancy prevention and support programs and services for existing pregnant and parenting teens. However, this division itself is not a limitation—it is simply the division of time, staff, and funding.

Constituency Involvement As previously mentioned, the Alliance’s primary constituents—teen parents—have had limited interaction with the Alliance’s policy and prevention advocacy efforts. The annual Teen Parent Lobby Day, while a great opportunity to teach teens about advocacy through personal experience, it is merely one day each year. The Alliance recognizes the lack of teen parent involvement as a limitation and has subsequently created space (through social media) and programs (Young Parent Policy Fellows) in order to alleviate the problem. However, limited financial resources have delayed the expansion of these programs⁹.

Personal Evaluation

My involvement at the Alliance, not only included my efforts in initiatives such as TPLD, CGVP, and the teen parent presentations—my contribution also came from being involved as a

⁹An interpretation of a telephone interview with the Public Policy Director at MATP on November 11, 2011

former teen parent. My views on message framing and outreach initiatives were valued, as well as my input on subjects such as secondary and higher education for pregnant and parenting teens. I believe the greatest impact I had on the Alliance were the frequent questions, comments, and ideas I generated related to pregnant and parenting teens, their involvement in the organization, and how they fit within the advocacy work at the Alliance.

LESSONS LEARNED

At the Alliance, I was fortunate to be able to devote myself to a cause that held a deep personal connection. As a former teen parent, I was not only advocating for pregnant and parenting teens in Massachusetts, I was advocating for myself. For that reason, I believe the involvement I had in pregnancy prevention—speaking to high school students about teen pregnancy and parenting issues—was my greatest achievement and most valued opportunity. However, as it pertains to furthering my education and experience in policy advocacy, as well as the advocacy work at the Alliance regarding funds for teen parent programs, my involvement in TPLD had a much greater impact.

TPLD allowed me the opportunity to experience the entire process of budget analysis for policy advocacy—from the moment the budget was proposed until the budget was signed. I became familiar with legislative meetings; analyzing and interpreting relevant data; the process of advocacy as both an expert and a constituent; and the details that go into hosting a large event.

The most important lessons I learned while working with the Alliance are:

1. Constituent involvement is central to a successful campaign.
2. The framing and presentation of the advocate's message is a critical aspect of the advocacy process
3. Advocacy is an act of passion—a passion of beliefs, principles, and politics.

Constituent Involvement

As a former teen parent working with an organization advocating for pregnant and parenting teens, I became increasingly aware of the significance constituents have on the success of a campaign. When constituents are involved in the campaign, their personal stories not only supplement the overall advocacy presentation, their stories enhance the organization as a whole—regardless of the campaign outcome. Furthermore, their presence within the organization can help to shape the campaign activities themselves, leading to greater success.

In a recent study about the relationship between constituent involvement and advocacy outcomes conducted by Guo, Chow, and Saxton (2010), it was found that "... the scope of advocacy practices increases with constituent board membership, communication with constituents, and level of constituent involvement in strategic decision making... suggest[ing] that, as organizations solicit constituents inputs indirectly through board appointments and directly through communicating with constituents and involving them in organizational decision making processes, they also tend to increase the scope and intensity of their advocacy activities" (p. 15-6, 19). While these findings mirror the teachings of VaneKlasen and Miller, and to a great extent the aspirations of many advocacy organizations, the presence of

constituent involvement is low. Nearly a quarter of the organizations studied by Guo, Chow, and Saxton “...did not even consult constituents before making strategic decisions” (p.17).

Many reasons for low constituent involvement are due to lack of “...organizational structure...institutional capacity and suitable frameworks within which effective stakeholder participation can occur” (p. 17). However, with increased social media outreach channels, many organizations are branching out to increase constituent involvement (p.18).

Framing and Presentation

In an article titled *Lobbying and Policy Change: Who Wins, Who Loses, and Why*, Baumgartner, Berry, Hojnacki, Kimball, and Leech (2009), acknowledge the importance of constituent voices—considering them to be one of the most important aspects of advocacy for policy change. However, they also call attention to the fact that, for most policy makers, the problem is “...not how to get more information but how to make sense of the avalanche of information that comes at them from every direction” (p. 124). Not only from the bombardment of information on a single choice issue, but from the vast quantity of issues presented to them at all times. Nonprofit advocacy groups know this point all too well—uncovering information and presenting it in a way that is understood and connected are what advocates do in a nutshell.

During my time at The Alliance, the importance of framing and presenting information to those in decision-making positions became exceedingly apparent. The Alliance, along with numerous other organizations in Massachusetts, is in a constant cycle of competition—competition for the attention of decision makers during exceedingly demanding times. While elected officials are there to hear the voice of the people, there are often too many people and too

little time to hear everyone—and the packets and flyers and brochures pile up on many a desk at the State House.

At The Alliance I began to view the initial messaging stage similar to advertising—in order to be heard, one of the best tactics is to be seen. This comes in the form of presentation. With good presentation, an organization’s message can be seen and understood in a moment’s glance—leaving a lasting impression. This impression can be the difference in an office meeting with the elected official, with the official’s aid, or none at all. Message framing and presentation must be clear, simple, direct, and—above all—convey the shared conceptual structure agreed upon by the organization and the constituents in which the organization advocates.

Advocacy—Beliefs, Principles, and Politics

While advocacy takes on many forms and is practiced by most people at one point or another, when devoting a significant portion of one’s life to a single issue or a group of issues in order to change policy, advocacy can take on a whole new meaning. Policy advocacy can start out as actively supporting an idea or cause, and quickly turn into stress, disillusion, and eventually burnout¹⁰. In my experience, while not necessary, it is best to advocate for something that has personal meaning. Personal meaning allows one to advocate simultaneously as an expert as well as someone with personal experience; assess language and messaging with greater accuracy; and relate to and empower constituents with their own story.

¹⁰ As seen in the workplace, experienced personally, and attested to by the “2,490,000 Google results (0.09 seconds)” for policy advocacy burnout (12-05-12).

PRIMARY DOCUMENTS

- **Teens and Sex in Massachusetts**
- **The Annual Report 2006-2007**
- **The Alliance Advocate Newsletter**
- **Factsheet: Teen Birth Rates and percent change of Cities in Massachusetts 2007 & 2008**
- **March 2010 Report. *Expecting Success: How Policy Makers and Educators Can Help Teen Parents Stay in School, 12.***
- **The Alliance Website: www.massteenpregnancy.org**

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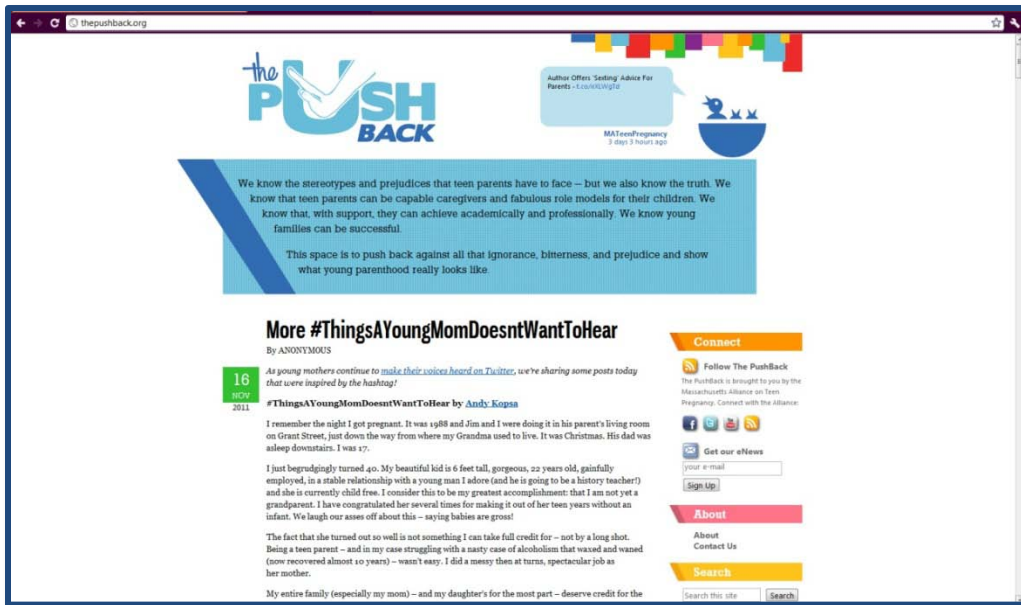
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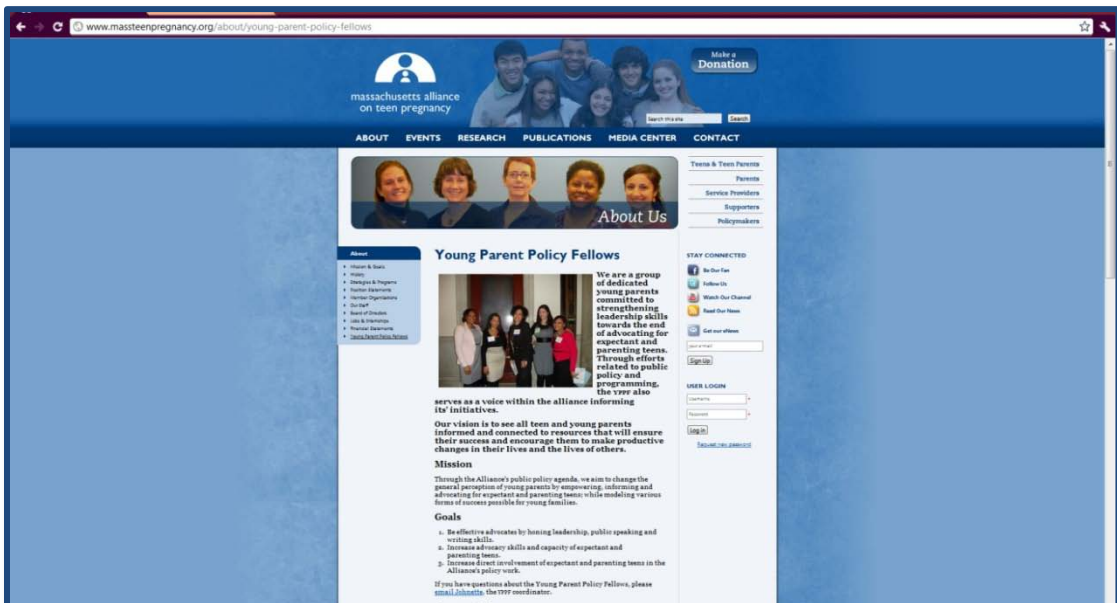
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Appendix A: Teen Parent Initiatives

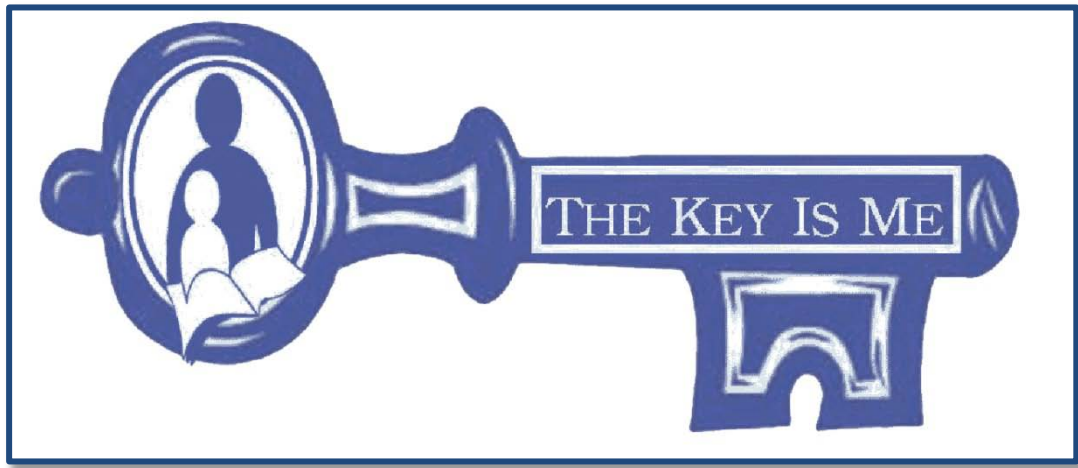
The PushBack Blog, retrieved from website November 25, 2011



The Young Parent Policy Fellows, retrieved from website November 25, 2011



Appendix B: Personal Contributions



Appendix C: Alliance Advocate Newsletter 2010



massachusetts alliance
on teen pregnancy



Alliance Advocate

Summer Edition Newsletter 2010

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Teen Parent Programs Essential to Dropout Prevention

Teen parenthood is the leading cause of high school dropout among girls, and is a primary reason that male students leave school. In response, the Alliance has launched our Promise Project Initiative, which seeks to increase the number of pregnant and parenting teens who complete high school or GED programs and pursue higher education.

The past six months have seen several milestones in this project. In March, we released the report *Expecting Success: How Policymakers and Educators Can Help Teen Parents Stay in School*. This groundbreaking report is the first of its kind to survey pregnant and parenting teens and the adults who work with them across the Commonwealth. *Expecting Success* reveals that many teens who were headed toward dropping out become re-committed to school once they become parents. These youth need family, schools, and programs that support them and set high expectations for their success.

Since the launch of *Expecting Success*, we have been busy presenting our findings to policymakers, educators and colleagues, including a successful briefing for legislators at the Massachusetts State House and a webinar organized by the Department of Elementary and Secondary Education. We are in the process of building partnerships with schools to implement the policy and program recommendations in *Expecting Success*, zeroing in on what our research and experience tell us are the most effective strategies schools can employ to support pregnant and parenting teens. We are looking to successful teen parent programs for examples of tools we can use to create templates that we will make available statewide.

If you would like to learn more about *Expecting Success* or the Promise Project, please contact Liz Umbro at 617.482.9122 x101 or umbro@maasteenpregnancy.org.


Alliance School Partners Find Success with Evidence-Based Approaches

The Alliance has supported our school partners in achieving significant progress in implementing evidence-based programs for teen pregnancy prevention and sexuality education. In recent months, we focused on providing intensive training and technical assistance to our partners in Holyoke and Springfield. In Springfield, we facilitated a mid-year check-in session for teachers implementing their new curriculum, and presented on community-wide prevention strategies at a luncheon sponsored by the Springfield Adolescent Sexuality Health Advisory.

Alliance staff assisted the Holyoke health curriculum work group in preparing and presenting their recommendations to the school committee, resulting in an historic vote to expand the 9th grade health curriculum to incorporate the evidence-based program *iCuldate!*. The Alliance helped present the approved sexuality education unit to teachers and district staff, and facilitated parent workshops to present the new curriculum and develop parents' skills in communicating with their adolescents.

In April, following the release of unprecedented federal funds for evidence-based teen pregnancy prevention, the Alliance and the Department of Elementary and Secondary Education hosted a one-day introduction to evidence-based programs for school staff across the Commonwealth.

The work of our school partners has resulted in approximately 6,000 middle- and high-school students receiving high-quality, evidence-based programming across Massachusetts. The Alliance commends the leadership and educators of Holyoke, Springfield, Phoenix Charter Academy (Chelsea), Lowell, Framingham, and Leominster for their commitment to their students' health and wellbeing.



Erica Rietcher and Gabriela Gwete presenting on the Alliance's work in Springfield at the Centers for Disease Control and Prevention, February 2010

The Massachusetts Alliance on Teen Pregnancy advocates statewide and mobilizes communities to prevent teen pregnancy, to increase opportunities for youth and young parents, and to empower young people to make healthy decisions about relationships, sex, parenting, and life.

Partners in Prevention is a project of the Massachusetts Alliance on Teen Pregnancy designed to support communities in understanding issues related to teen pregnancy and teen pregnancy prevention. By providing information, technical assistance and resources, Partners in Prevention aims to increase the capacity of youth-serving professionals to reduce teen pregnancy in the communities they serve.

POLICY NEWS

On June 30th the Governor signed a \$27.6 billion budget that included \$457.6 million in veto reductions. Most of the reductions were due to the failure of Congress to approve close to \$700 million in federal Medicaid (FMAP) funding for Massachusetts. Massachusetts and most other states expected Congress to approve this extension in Medicaid assistance and had incorporated it into their state budgets. Some teen pregnancy related programs were significantly impacted, while others fared extremely well given the dire fiscal climate. The Teen Living Shelter Program maintained current funding levels. Healthy Families, Teen Pregnancy Prevention and the line items that include the Young Parent Support Program and Teen Parent Child Care were reduced minimally. However, the Young Parent GED Program was cut by 30%. This was a horrible blow, and the Alliance is committed to lobbying legislators to identify the resources needed to restore funding to this critical education program.

Thank you to all of you who responded to the Alliance's calls to organize your colleagues and program youth to advocate for these essential services. This has been a long, tough advocacy year, but we know that all of your advocacy off-set what would have been more dismal outcomes.

Massachusetts legislators demonstrated clear intent to support these programs if FMAP funding had come through. Please call and thank your legislators for their intentions to support teen pregnancy prevention and teen parent services. You can find their contact information at www.mass.gov/legis. Governor Patrick's office number is 888-870-7770.

Teen Parent Lobby Day

Over 400 teen parents, teen parent providers, legislators, and teen parent program supporters packed the Massachusetts State House on March 18 for the Alliance's annual Teen Parent Lobby Day. This year's lobby day theme was *The Key Is Me: Support Opportunity, Believe in Teen Parents, Expect Success*. Teen parent speakers drove home the message that teen parents are driven to succeed and with the right supports can experience great success as parents, students, and citizens. Senator Thomas McGee and Representative Alice Wolf also spoke, encouraging youth to pursue their aspirations and advocate for themselves. Following the program, youth met with their legislators to convey their personal stories and how state-funded programs play a critical role in the lives of so many pregnant and parenting teens across Massachusetts.



Right: Young mother and son at Teen Parent Lobby Day
Left: Participants at Teen Parent Lobby Day

Alliance Hosts Roundtable on Healthy Relationships

In May, the Alliance hosted a one-day conference on promoting healthy intimate relationships for adolescents. *Integrating Healthy Relationships Across Youth Development and Prevention* brought together 70 adults and youth from Boston, Brockton, Chelsea, Fitchburg, Leominster, Holyoke, Lowell, Springfield, and Worcester.



Casey Corcoran leads an activity at the May 4 Healthy Relationships Roundtable

Casey Corcoran, Director of Start Strong at the Boston Public Health Commission, led a presentation on the innovative Sound Relationships scoring tool developed by Start Strong youth to rate the relationship "nutritional impact" of song lyrics on teens. Sara Harrier of the Centers for Disease Control and Prevention gave context to the work in Massachusetts by presenting national data and statistics on youth relationships and the evidence-based dating violence prevention programs *Safe Dates* and *The Fourth R*. A panel discussion, moderated by Sophie Godley of AIDS Action Committee, deepened audience understanding of exemplary programs across Massachusetts. Panelists included Stephanie Buchholz, Lowell Community Health Center; Jessica Flaherty, Boston Alliance of GLBT Youth (BAGLY); Keisha Ormond, Community Action Project of CCHERS; QJ Shi, Asian Task Force Against Domestic Violence; and Stephanie Trilling, Boston Area Rape Crisis Center (BARCC).

Participants worked in community-specific teams to strengthen connections across their communities to better promote healthy relationships among youth. Teams identified local, state, and national level resources and developed action plans to put ideas from the roundtable into practice.

The Alliance thanks our partners on our statewide advisory committee who helped develop and facilitate the Healthy Relationships Roundtable, without whom this event would not have been possible.

Program Name & Line Item in Massachusetts State Budget	Final Fiscal Year 2010 Budget*	Final Fiscal Year 2011 Budget*	Alliance Recommendation*
Teen Pregnancy Prevention DPH 4530-9000	\$2.6	\$2.4	\$2.6
Young Parent Program (YPP) Part of DTA 4401-1000	\$21 overall \$4.7 suggested for YPP	\$15 overall Amount for YPP not specified, but reduced by 30%	\$23 overall \$4.7 specified for YPP
Teen Parent Child Care (TPCC) Part of EEC 3000-4050	\$116 overall Amount for TPCC not specified	\$127 overall Amount for TPCC not specified	\$127 overall Stronger language prioritizing access for teen parents
Teen Parent Child Care (TPCC) Part of EEC 3000-4060	\$262 overall Amount for TPCC not specified	\$229 overall Amount for TPCC not specified	\$250 overall Stronger language prioritizing access for teen parents
Young Parent Support Program (YPS) Part of DCF 4800-0038	\$293 overall Amount for YPS not specified	247 overall, plus \$44 moved to separate line item, YPS not specified	\$293 overall \$2.3 specified for YPS
Teen Living Shelter Program DTA 4403-2119	\$6.6	\$6.6	\$7.0
Healthy Families Part of EEC 3000-7000	\$10.7	\$10.5	\$10.7

*Amounts are in millions



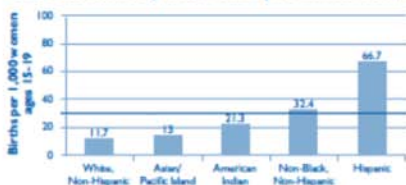
Teens and Sex in Massachusetts

Summer 2010 Edition

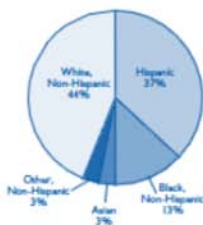
Teen Births in Massachusetts

The 2008 teen birth rate in Massachusetts (20.1 births per 1,000 females ages 15-19) was the lowest on record. However, significant disparities persist. The birth rate among Hispanic teens (66.7 per 1,000 teen girls ages 15-19) was nearly **6 times that of white teens**, resulting in one of the largest disparities for Latino teens in the country. The birth rate among Black teens was **three times that of white teens**.

Teen Birth Rates By Race/Ethnicity: Massachusetts, 2008



Teen Births by Race/Hispanic Ethnicity: Massachusetts, 2008



In 2008, the largest percentage of teen births were to White, non-Hispanic mothers.

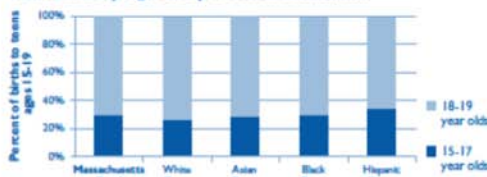
In 2008, 70% of teen births were to women ages 18-19, and 30% were to women ages 15-17. A very small number of teen births in Massachusetts are to youth under the age of 15 (only 40 births in 2008 across the entire state) and they are not included in the teen birth rate. The vast majority of teen births are first births: in 2008, only 13% of births to mothers ages 15-19 were repeat births.

Sources: Births (Vital Records), Massachusetts Community Health Information Profile (MassCHIP), Version 3.007324, Massachusetts Dept. of Public Health. Retrieved April 6, 2010.

Hamilton, B., Martin, J., Ventura, S. Births. Preliminary data for 2008. National vital statistics reports, Web release, vol 58 no 16. Hyattsville, MD: National Center for Health Statistics. Released April 6, 2010.

O'Keefe, G., Cohen, B., & Nyberg, S. (2010, March). Massachusetts Births 2008. Boston, Massachusetts Department of Public Health.

Teen Births by Age Group: Massachusetts, 2008



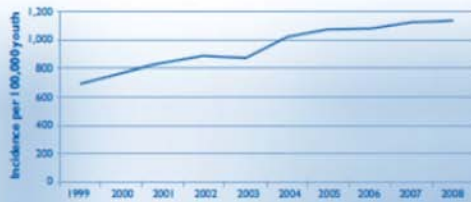
Many communities in Massachusetts are challenged by perennially high teen birth rates. In 2008, 13 cities had teen birth rates higher than the national rate and significantly higher than the state rate. This chart shows the 25 municipalities with the greatest number of teen births, in order of highest teen birth rate, including the increase or decrease in the rate between 2007 and 2008.

	Teen Birth Rate: Births per 1,000 Women Ages 15-19		Percent change in rate, 2007-2008
	2007	2008	
UNITED STATES	42.5	41.5	-2
MASSACHUSETTS	22.0	20.1	-9
1 Holyoke	95.4	115.3	+21
2 Chelsea	82.0	97.0	+18
3 Lawrence	76.0	80.9	+6
4 Gardner	50.4	63.9	+27
5 New Bedford	66.7	62.9	-6
6 Springfield	84.3	61.4	-27
7 Southbridge	77.1	60.9	-21
8 Fall River	59.0	56.2	-5
9 Lynn	56.7	53.2	-6
10 Revere	45.6	50.3	+10
11 Lowell	54.2	48.7	-10
12 Pittsfield	52.7	47.2	-10
13 Brockton	47.0	42.6	-9
14 Everett	40.6	40.6	0
15 Fitchburg	45.4	38.4	-15
16 Worcester	35.7	36.4	+2
17 Chicopee	43.7	33.9	-22
18 Salem	23.9	32.4	+36
19 Haverhill	35.1	32.0	-8
20 Boston	29.7	28.6	-4
21 Frammingham	20.5	27.1	+32
22 Malden	25.9	26.6	+3
23 Taunton	33.7	24.5	-27
24 Westfield	20.3	22.0	+8
25 Waltham	13.3	15.0	+13

Chlamydia Rates Continue to Rise Among Massachusetts Teens

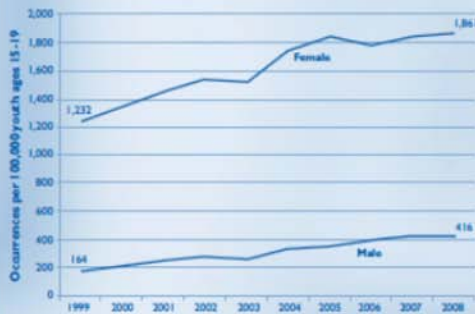
In Massachusetts, chlamydia is the most common STD among adolescents ages 15-19. In the ten-year period between 1999 and 2008, the chlamydia rate rose **64%**, from 692 cases per 100,000 teens in 1999 to 1,134 cases per 100,000 teens in 2008.

Chlamydia Rates: Massachusetts Teens Ages 15-19, 1999-2008



Most cases of chlamydia among teens are detected in young women. The rates of chlamydia among female teens in Massachusetts are much higher than those among males. In 2008, the chlamydia rate among males ages 15-19 was 416 cases per 100,000, while the rate for teen girls was 1,861 per 100,000.

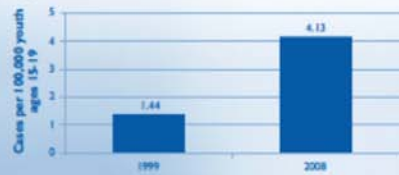
Chlamydia Rates Among Male and Female Youth: Massachusetts, 1999-2008



Syphilis Rates Rise, Gonorrhea Rates Drop Over 10 Year Period

In 2008, there was significantly less incidence of other common STDs such as gonorrhea (96 cases per 100,000 youth ages 15-19) and syphilis (4 cases per 100,000 youth ages 15-19) among teens. Massachusetts has made progress in reducing the incidence of gonorrhea among young people—the rate of gonorrhea among teens has dropped 31% since 1999.

Syphilis Rates Among Teens: Massachusetts, 1999 and 2008



While the rate of syphilis among teens is low compared with other STDs experienced by this population, it has been climbing since 1999. The syphilis rate among Massachusetts youth rose over 300% between 1999 and 2008.

Source: Massachusetts Sexually Transmitted Disease Program Data, Massachusetts Community Health Information Profile (MassCHIP), Version 3.00r324, Massachusetts Dept. of Public Health, Retrieved July 13, 2010.



ALLIANCE UPDATE

This spring, the Alliance bid farewell to **Claire Mooney**, who has moved to Washington, DC with her family. We thank Claire for all she has contributed to the Alliance and wish her luck. We are pleased to welcome **Diane Collins**, longtime Alliance volunteer, as our Data and Operations Manager. **Gretchen Sisson**, who has previously assisted in our Education Department, is our new Communications Manager, and **Erin Elias**, former Prevention Intern, is now our Prevention Assistant.

The Alliance would like to thank and acknowledge the volunteers and interns who have made our work possible this spring and summer:

Kelley Curry of BrightBold Designs, Alliance Board Member and Web Designer

Suzy Dowling, Graduate Policy Intern

Happy Green, Alliance Policy Volunteer and Strategic Advisor

Kathy Howard, Education Intern

Lauren Powell, Graduate Policy Intern

Kasi Petr, Graduate Policy Intern

Faith Behum, Graduate Policy Intern

Volunteers at Teen Parent Lobby Day:

Tara Delmonico

Marie Doehler, Alliance Board Member

Wes Eberle, Alliance Board Chair

Dorothy Hiersteiner

Nadiyah Humber, former Alliance staff

Joel Kahn, Alliance Board Member

Peggy Tonelli, Alliance Board Member

Veronica Serrato, Alliance Board Member

Teen Parent Policy Advisory Board members who dedicated their time this spring:

Anel Guzman

Tiesha Byrd Hughes

Molly Robinson

Nicole Viera

Tabitha West

Jaclyn White

Alliance staff Lt. Umbro and Gretchen Sisson

**Recent Events****Gloucester 18 Screening**

On March 4, the Alliance hosted the premiere screening of the documentary *The Gloucester 18* to a sold-out audience in Cambridge. Through the words and stories of youth and adults in Gloucester and across Massachusetts, this film explores the perceived pregnancy spike at Gloucester High School in 2008 and the ensuing media hype that reached around the world. A post-screening panel discussion widened the lens beyond Gloucester, enriching the audience's understanding of what we need to do differently to help young people make important decisions about relationships, sex, and parenting. The Alliance thanks the following panelists:

Anne Driscoll, Journalist

Consuela Greene, Massachusetts Alliance on Teen Pregnancy

Kristen Greico, Producer, *The Gloucester 18*

Diana Makhoul, Malden Teen Parent Program, Malden, MA

Elizabeth Wood, Putnam Vocational High School, Springfield, MA



Panel at Gloucester 18 Screening

National Day to Prevent Teen Pregnancy

May 5 was the National Day to Prevent Teen Pregnancy, an annual day of awareness-raising about teen pregnancy and prevention. This year, the Alliance teamed up with Boston-area radio station **Jam'n 94.5** to create public service announcements for teens and parents. Over the course of the day, Jam'n 94.5 aired spots with information on teen pregnancy prevention and how teens can take control of their sexual health. A companion section on the Jam'n 94.5 website featured teen pregnancy data, information on local health centers, and an online petition to legislators in support of teen pregnancy prevention.

The PushBack

The Alliance recently launched our blog, the PushBack, a space for young parents, and those who work with and for them, to tell the real stories of what their lives look like. You can check it out at www.thepushback.org.

Young Families Moving Forward

In June, the Alliance honored **Anel Guzman** with the Young Families Moving Forward Award. This award is given annually to young parents who have overcome obstacles to demonstrate



Anel Guzman, Young Families Moving Forward winner, with her mother

Recent Events continues on page 6



Massachusetts alliance on teen pregnancy

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Diana Collins, Data and Operations Manager
Erin Rice, Advocation Assistant
Erica Fletcher, Prevention Program Director
Cynthia Greene, Prevention Program Coordinator
Graciela Sison, Communications Manager
Elizabeth Limbro, Public Policy Manager

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Diana Makhouf
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To learn more about supporting the Alliance, please contact Patricia Quinn at 617.482.9122 x114 or quinn@massteenpregnancy.org

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Recent Events *continued*

educational, professional, and personal success and self-sufficiency. Anell, who spoke at the Alliance's Teen Parent Lobby Day in March, is an exceptional young mother of three who recently graduated from Salem State College. She was nominated for the award by Donna Coppola of JOI Child Care Center in Lynn. Congratulations, Anell!

Part of the Solution

The Alliance would like to thank its recent funders, who have offered their generous support. The Anna B. Stearns Foundation, Boston Women's Fund, Hyams Foundation, and Unitarian Universalist Fund have provided support for the Alliance's Promise Project and Teen Parent Policy Advisory Board. The United Way of Massachusetts Bay and Merrimack Valley recently awarded the Alliance a new three-year grant.

SAVE THE DATE

2010 Teen Pregnancy Institute

Wednesday, November 17, 2010

**DCU Center
Worcester, MA**

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