

**Data & Evaluation Network**  
**THE ANALYSIS OF TEEN PREGNANCY ISSUES IN LUCAS COUNTY**





## **Lucas County Family Council**

### **Data & Evaluation Network: Committee Members**

---

Dan Pompa, Chair – Lucas County Juvenile Court  
Kristen Kania, Staff – Lucas County Family Council  
Carol Haddix – Toledo-Lucas County Health Department  
Deacon Dzierzawski – Community Partnership  
Celeste Hasselbach – Lucas County Juvenile Court  
Audrey Weis-Maag – United Way of Greater Toledo  
Kathy Silvestri – Hospital Council of Northwest Ohio  
Maggie Welty – Hospital Council of Northwest Ohio  
Rob Claypool – Lucas County Children Services  
Patricia Hall – Lucas County Children Services  
Denise Borowske – YW Child Care Connections  
Jennifer Heckman – Lucas County Information Services – GIS  
Cindy Ginter – Lucas County Job & Family Services  
Ann Bowland – Criminal Justice Coordinating Council  
Holly Mathews – Criminal Justice Coordinating Council  
Rhonda Moor – Family and Child Abuse Prevention Center  
Meliss Klorer – Northwest Ohio Center for Families and Children  
Debbie Fritz – The Toledo Hospital

# Contents

---

Executive Summary	3
Introduction	7
Lucas County Family Council and the Data & Evaluation Network	9
Background on Teen Pregnancy	
	Infant Health Issues 12
	Maternal Health at Conception 13
	Teen Fatherhood 14
	Teen Pregnancy and Juvenile Delinquency 15
Teen Pregnancy Data	
	State of Ohio Data 18
	Public Cost of Teen Childbearing in Ohio 23
	Lucas County Data 25
	Plain Talk Community Mapping Survey Information 30
	Lucas County Juvenile Court Data 32
	Lucas County Female Offender Data 35
	Lucas County Children Services Data 37
Sexuality Education	
	State of Ohio 43
	Lucas County Sexuality Education Curriculum Survey 44
Teen Pregnancy Prevention Programming	
	State-Funded Programming 51
	Lucas County Family Council Programming 52
	Other Local Programming 63
Blueprint for Success: Recommendations	65
Data & Evaluation Network: Report on Teen Pregnancy	2

## **Executive Summary**

---

*The most difficult job any person will ever be called upon to do while on this earth - is to raise a child.*

Adolescent reproductive health remains a pressing economic and social issue. The U.S. teen birth rate, while in decline during the past ten years, is still one of the highest among developed nations. Sexually transmitted diseases (STDs) are highest among young adults in the United States and, higher than STD rates in other industrialized nations.

So, why should we be concerned with this issue? Because teen pregnancy carries a high social and economic price tag for the teen, society as a whole, and most importantly the child of the teen mother. Most of these children start life at a serious disadvantage and are at risk to repeat the cycle themselves.

Although Lucas County teen birth rates have followed the declining national and state trend, we have consistently led or been near the top among major urban counties during the past two decades in Ohio. It was the intent of the Data Evaluation Network (DEN) to gather as much national, state, and local information and data to answer the basic question: *Why are our rates so high?*

*What did we learn?* On a national level, there were 422,197 births to teens in the United States during 2004, an increase of over 1,000 from 2003. Overall, teen births have declined by 21 percent since 1990. However, adolescent childbearing still costs taxpayers over \$9 billion annually.

Approximately, one out of four never-married teenagers has sexual intercourse before the age of 16. One out of four teens aged 15-17 has not had any discussion with a parent or guardian about how to say no to sex, or about birth control, or about sexually transmitted diseases. An estimated 9.1 million new cases of STDs occurred in 2000 to adolescents and young adults aged 15-24, representing almost one-half of all new cases.

Further, through our analysis of teen pregnancy issues, we have discovered that the body of research about teen fatherhood does not exist in the same volume as that about teen mothers. Approximately, 60 percent of the young men who became a father with a teen birth will not be involved in the life of their child(ren).

According to the Office of Juvenile Justice and Delinquency Prevention (OJJDP) the risk factors correlated with teen pregnancy are:

- Extreme Economic and Social Deprivation
- A Family History of High Risk Behavior
- Family Management Problems
- Family Conflict
- Early and Persistent Antisocial Behavior
- Academic Failure Beginning in Late Elementary School
- Low Commitment to School
- Friends who Engage in the Problem Behavior
- Favorable Attitudes Toward the Problem Behavior
- Early Initiation of the Problem Behavior.

On a statewide level, we know the teen birth rate in Ohio has declined. Ohio falls in the middle nationally with a teen birth ranking of 25<sup>th</sup> in teen births. However, Ohio youth are more sexually active and have four or more sexual partners more frequently the national average among youth. Furthermore, teen childbearing costs taxpayers in Ohio \$352 million in 2004.

A number of states have coalitions and a strategic approach to reducing teen pregnancy. In Ohio, there is no statewide coalition. In reviewing programming throughout the state, it was found that the majority of the programming is abstinence-only-until-marriage based.

Locally, the good news is that the teen birthrate has continued to decrease since 1991. Unfortunately, approximately 800 babies a year are born to a teen mother in Lucas County. It is estimated that at any one time there are over 13,000 youth in our community who were born of teen parents. Based on data from the Toledo-Lucas County Health Department, births among 18 and 19 years are considerably higher than their counterparts in other Ohio urban counties. While births among younger teens in Lucas County (i.e., 13 to 17 years olds), are comparable. It seems the births from older teens are what drive the higher rates in Lucas County.

The University of Toledo released a local study entitled "*Women Offenders in the Criminal Justice System: Needs of and Services for Mothers*" in September of 2006. Among a number of significant findings was that 40 percent of the women reported being pregnant with their first child before the age of 18 and these women were more likely to not have



graduated, had less of a take home pay, and had been arrested when compared to those women who their first child after the age of 18.

One out of every twenty-one investigation of child abuse and neglect by Lucas County Children Services involves children of teenage mothers and 35 percent of the cases involving ongoing services involved a mother who, as a teenager, had given birth to a child.

The Lucas County Family Council (LCFC) houses the local coalition to prevent teen pregnancy and promote positive teen development – Partners for Successful Youth (PSY). The Family Council also administers and monitors the Teen Pregnancy Prevention Program. Over the last decade programs have been expanded from three to ten and a corresponding reduction in teen birth rates has occurred.

One of the bright spots in local programming is the Polly Fox Academy – a Toledo based charter school created in 2003 for pregnant and parenting teen girls. The school specializes in academics and career education and has a mid-wife and nurses available to meet the girl's special physical needs. Joan Durgin, who heads and helped create Polly Fox, has been a long time advocate for a human growth and development curriculum in the schools, as well as a special school for these young women. Because of their physical location, child care is not offered on-site. The off-site day care center presents obvious logistic problems for the young mothers. Site limitations also hinder secondary pregnancy prevention efforts, specifically, the dispensing of contraceptives.

The bad news is that local data on teen sexuality and pregnancy is not readily available. Lucas County does not participate in the Youth Risk Behavior Student Survey (YRBSS), a national survey given to students every two years. Attempts to get information on what is being taught in the schools were met with resistance from the largest school system in the county. Comparison becomes an impossible feat when data is not available.

Thus, there is little empirical data that would answer the basic question – *Why are our rates so high?* We can draw certain inferences – one being that there is a culture of acceptance within our community. The other being that we need to do a better job of educating our children at an earlier age. We need to empower parents to do a better job, and we need to also talk to our sons. The Annie E. Casey Foundation's Plain Talk Program operating in North Toledo shows real promise if successfully replicated. We need to realize that some of our young people will engage in sexual conduct before marriage and equip them to make the best decisions on when and how.

The Data and Evaluation Network is proposing a blueprint for success based on four key recommendations:

1. Incorporation of a comprehensive plan
2. Improvements to Polly Fox Academy
3. Implementation of a consistent sexuality education and HIV/AIDS education curriculum
4. Coordination and improvement to local data collection.

Parting comments, parents having an ongoing and open discussion with their kids about sex is the most effective way to reduce teen pregnancy. It is also important to be sensitive to the fact that some of the highest at risk kids are not in school. Youth who have dropped out of school are at greatest risk of becoming pregnant.

We would like to thank the young women from Polly Fox Academy who spoke to us and let us into their very private lives – we wish them the best.

I would like to thank all the members of the Data and Evaluation Network who worked on this project for the past year. Special thanks go to Kristen Kania and Carol Haddix of the Family Council and Joan Durgin of Polly Fox Academy.

Respectfully submitted,

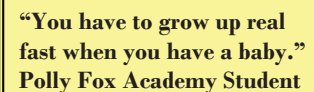
Dan Pompa  
Chair – Lucas County Data and Evaluation Network

## Introduction

---

Although births among adolescents have declined steadily in the past 10 years, it remains a major public health problem with lasting repercussions for the teenage mothers, their infants and families, and society as a whole. Children of adolescent mothers are at greater risk of preterm birth, low birth weight, child abuse and neglect, poverty, and death. The Annie E. Casey Foundation reports more than 75 percent of teenage mothers receive public assistance within five years of delivering their first child. The societal cost of caring for these mothers and their children, including medical expenses, food and housing support, employment training, and foster care, is estimated at \$9 billion per year.

The realities of teen parenthood in Lucas County are no different. In fact, Lucas County has led the urban counties (i.e., Cuyahoga, Mahoning, Stark, Lucas, Montgomery, Hamilton, Franklin and Summit) in Ohio all but four times since 1989 in teen births. Annually, over eight hundred children are born to teen parents in Lucas County. *Why has Lucas County had such high teen birth rates over the years?* This was the question the DEN was charged with answering. We know there are other urban counties with higher poverty rates, lower education attainment, higher unemployment, less job growth, and a whole host of other social and economic issues. What factor or combination of factors makes Lucas County the prime environment for leading Ohio's urban counties in teen births?



**“You have to grow up real fast when you have a baby.”  
Polly Fox Academy Student**

As national, state and local data and information were collected and analyzed, gaps were identified. And, although Lucas County has led the urban counties in Ohio in teen births, according to Ohio Department of Health (ODH) data the birthrate has decreased 47 percent since 1991, when the rate was at its highest in recent years at 41.7/1,000. Based on 2003 ODH data, the teen birthrate for Lucas County was 25.1/1,000. Further, according to vital statistics from the Lucas County Health Department in 2005, rates seem to have decreased to an estimated 22.1/1,000.

As this information was further analyzed, however, it became apparent the other Ohio urban counties were mirroring this downward trend in teen births. So, the good news is teen births in Lucas County have decreased, but they have declined at an equal rate in other urban areas throughout Ohio. This still leaves us with the questions of why has Lucas County experienced higher teen birth rates over the years than other Ohio urban counties. There seems to be no empirical evidence why local trends in teen births are so high. What is known, however, based on the culture of our county, is that there is a tradition of acceptance.



Throughout this report, background issues related to teen pregnancy will be explored. Particularly, teen fatherhood is highlighted as are the risk factors associated with teen pregnancy. Teen pregnancy on the state level is also analyzed. Specifically, Ohio Youth Risk Behavior Student Survey Data are presented and discussed. The cost of teen childbearing in Ohio is further broken down. And, Ohio laws on sexuality education are discussed as well as state-funded programming.

**“Other kids think it is easy to raise a child; it’s not.”  
Polly Fox Academy Student**

Locally, Lucas County data and information are examined. In addition to data from local public agencies, Plain Talk Community Mapping Survey data is discussed as well as the results of a curriculum survey sent to each of the eight public school systems in Lucas County. Other unique

information included in the report is from a study conducted by the University of Toledo on women offenders in the criminal justice system. Interesting information was discovered on the long-term impact on teen pregnancy on the lives of the teens and their children. In addition to local data, local programming and coalition efforts are highlighted. How local resources are being used to prevent teen pregnancy is discussed as well as the outcomes of these programs.

Lastly, research-based recommendations are outlined in the final section laying out a blueprint for success. The recommendations are centered on best practice criteria for reducing teen pregnancy and promoting positive youth development. Through this countywide analysis of data and information, four key recommendations are outlined:

1. Incorporation of a comprehensive plan
2. Improvements to Polly Fox Academy
3. Implementation of a consistent sexuality education and HIV/AIDS education curriculum
4. Coordination and improvement to local data collection.

**Please Note:** Throughout the report, quotes are used. These quotes were gathered during focus group interviews with students from Polly Fox Academy. The quotes capture the teens’ feelings on their individual experiences with teen pregnancy and parenthood. During the interviews, the teens expressed their feeling on their individual experiences.

## **Lucas County Family Council and the Data & Evaluation Network**

---

The central focus of the Lucas County Family Council (LCFC) is to create, improve, increase and promote a seamless system of care for children and families throughout Lucas County. According to the Ohio Revised Code (ORC) § 121.37, the LCFC is charged with inventing new approaches to achieve better results for families and children; developing and implementing a process that maintains a system of accountability; improving the response of different agencies to the needs of children and families; and, ensuring ongoing input from a broad range of families who are receiving services within the county system.

Fundamental to successfully achieving these responsibilities is the on-going collection of data and information on community programs, services, and issues. Therefore, the LCFC convened a committee, the Data and Evaluation Network (DEN), comprised of data, research and/or program evaluation specialists from the various public and private systems represented on the Council, to address this vital community need.

The purpose of the DEN is to establish a development round-table or forum where community issues can be analyzed and researched. The primary function of the DEN is to coordinate the systematic collection and reporting of data and information for community planning and evaluation purposes. The DEN works collaboratively with other LCFC committees on community issues.

In 2004, the DEN issued the first committee report, "The Status of Children & Families in Lucas County." This report took a look into seven key areas of community life in Lucas County: (1) who are the children and families in our community; (2) are we able to provide for our families; (3) how many children need care while their parents work; (4) are children learning basic skills; (5) are our children and families healthy; (6) are children living in safe homes; and, (7) are youth involved in high-risk behaviors.

The following year the DEN partnered with the Domestic Violence Taskforce and issued, "The Data and Evaluation Network Report on the Family Cycle of Domestic Violence in Lucas County." This was an extensive report on domestic violence from multiple perspectives: national, state and local.

Locally, the LCFC houses the coalition to prevent teen pregnancy and promote positive youth development, Partners for Successful Youth (PSY). In the spring of 2006, PSY requested the DEN conduct an analysis of teen pregnancy in Lucas County. Since then, the DEN has been working with PSY on analyzing teen pregnancy issues from numerous points of view.

## **Background on Teen Pregnancy**

---

Years of research have closely linked teen pregnancy to a host of other critical social issues, including overall child health and well-being, out-of-wedlock births, educational attainment and workforce readiness, responsible fatherhood, and poverty. For example, young children born to a mother who is a teenager, not married, and did not finish high school are nine times more likely to be poor than children born to mothers without these three risk factors. Adolescent childbearing costs taxpayers at least \$9.1 billion annually and places a serious economic burden on schools and on health, welfare and social service systems (*The National Campaign to Prevent Teen Pregnancy, What If: How Declines in Teen Births Have Improved Poverty and Child Well-Being in Ohio, April 2005*).

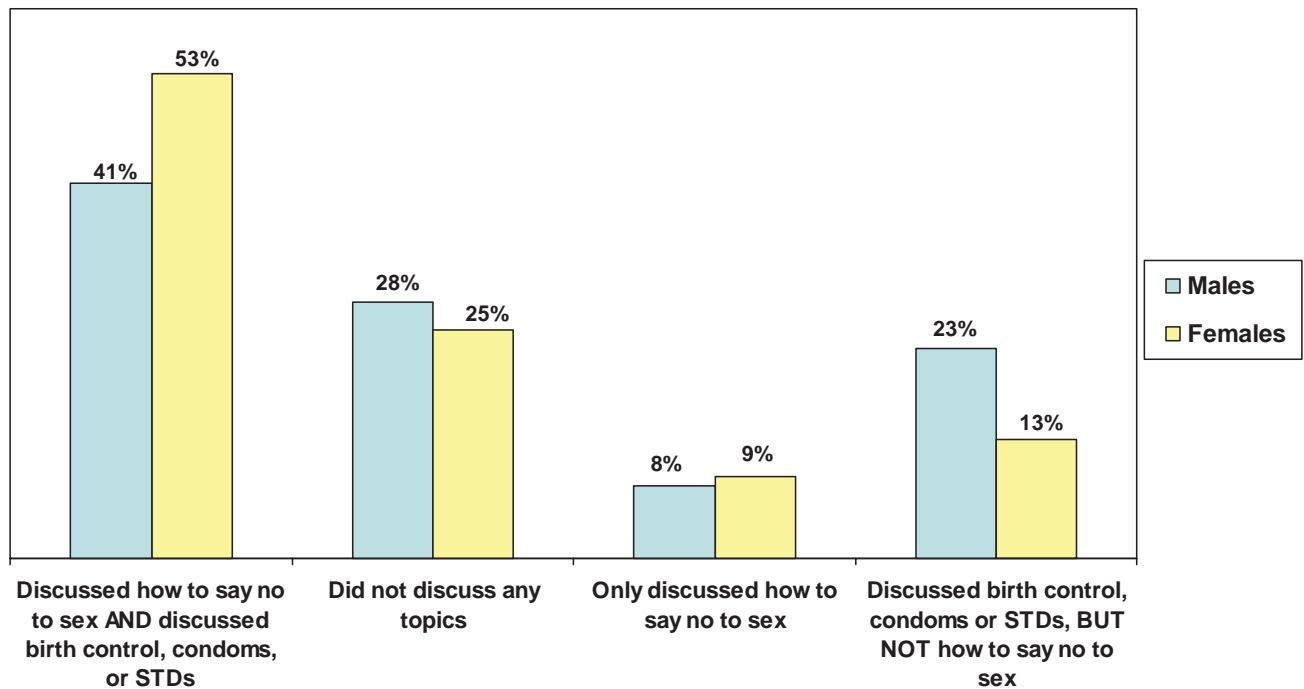
In 2004, there were 422,197 births to teens in the United States, almost 1,000 more teen births than in 2003. These data represent the first increase in the number of births to teens since the most recent peak in 1990 and primarily reflects an increase in the number of teens, combined with a slight increase in the rate of births to Hispanic teens. Overall, the number of births to teens has declined by 21 percent since 1990.

Approximately, one-quarter of never-married teenagers have sexual intercourse before the age of 16. This proportion increases with age, with more than one-half of females (58 percent) and males (54 percent) having sexual intercourse before the age of 18. Before the age of 19, seventy percent of females and 65 percent of males had sex. Retrospective reports of sexually experienced teenagers suggest a decline in the proportion of very young teenagers (those under the age of 15) who have had sex. Male and female teenagers between the ages of 15 and 17 showed a significant decline in sexual experience between 1995 and 2002 (from 43 percent to 31 percent for males and from 38 percent to 30 percent for females).

**“My dad would take my condoms out of my room and give them to my younger brother.”  
Polly Fox Academy Student**

Communication between children and their parents is a critical component to effectively reducing teen pregnancy. Unfortunately, according to data from the 2002 National Survey of Family Growth (NSFG), one-quarter of teens aged 15-17 (25 percent of females and 28 percent of males) did not have *any* discussion with either a parent or guardian about how to say no to sex, or about birth control, condoms, or STDs. Nearly one in ten (9 percent of females and 8 percent of males) reported that they had only talked about how to say no to sex. Males (23 percent) were more likely than females (13 percent) to report they discussed either birth control, how to use a condom, or STDs but did not discuss how to say no to sex with a parent or guardian. In contrast, females (53 percent) were more likely than males (41 percent) to report that they talked with a parent or guardian about how to say no to sex in addition to any of the other topics.

## Discussion of Sex Education Topics with Parents Among Females and Males



### **Infant Health Issues**

Teen pregnancy not only puts the mother at risk but also creates health implications for the baby. Lack of early and regular prenatal care and smoking are two common risk factors. Young teens are the least likely to begin prenatal care in the first trimester (41.4 percent for white and 53.6 percent black versus 78 percent for older mothers). Although overall, teen smoking rates are lower than older mothers, the youngest non-Hispanic white teens are 8-9 times more likely to smoke (19 percent) than non-Hispanic black or Hispanic white teens (2 percent).

Some adolescents who have not engaged in sexual intercourse have nonetheless engaged in oral sex. One in six 15-17 year olds have had oral sex but not sexual intercourse. In 2002, almost one-third of all teens between the ages of 15 and 17 (31 percent) had sexual intercourse at least once. An additional 16 percent had engaged in oral sex but had not had sexual intercourse. The remaining 53 percent of teens in this age group had not engaged in either oral sex or sexual intercourse (*Child Trends Research Brief, Trends and Recent Estimates: Sexual Activity among U.S. Teens, June 2006*).

An estimated 9.1 million new cases of STDs occurred in 2000 to adolescents and young adults aged 15-24, representing almost one-half of all new STD cases, according to the Centers for Disease Control and Prevention (CDC). A national poll by the Kaiser Family Foundation indicates young people may not be aware of their risk of contracting an STD. More than one-half (51 percent) of U.S. youth aged 15-24 did not know that one in four sexually active people under the age of 25 will contract an STD in a given year, and one-third did not know that having an STD can put them at risk of contracting HIV/AIDS (*Child Trends, Facts At A Glance: Publication #2006-03*).

**“My baby has so many medical problems; he was born two months early. We are always going to the clinic and you go when they can see you, which means I miss school.”  
Polly Fox Academy Student**

Adolescent health is vitally important to the success of the United States. A recent coordinated health project, *Healthy People 2010*, led by the Office of Disease Prevention and Health Promotion (ODPHP) seeks to improve adolescent health. *Healthy People 2010* is a national health promotion and disease prevention initiative created by a broad coalition of experts from many sectors to improve the health of all Americans, eliminate disparities in health, and improve years and quality of healthy life. The *Healthy People 2010* report contains the following objectives that focus on adolescent pregnancy:

- Reduce pregnancies among adolescent females
- Increase the proportion of adolescents who have never engaged in sexual intercourse before the age of 15
- Increase the proportion of adolescents who have never engaged in sexual intercourse
- Increase the proportion of sexually active, unmarried adolescents aged 15-17 years who use contraception that both effectively prevents pregnancy and provides barrier protection against disease
- Increase in contraceptive use at first intercourse by sexually active, unmarried adolescents aged 15-17 years
- Condom at first intercourse – male and female
- Condom plus hormonal method – male and female
- Increase in contraceptive use at last intercourse by sexually active, unmarried adolescents aged 15-17 years
- Condom at last intercourse – males and females
- Increase the proportion of young adults who have received formal instruction before turning age 18 years on reproductive health issues, including all of the following topics: safer sex to prevent HIV, prevention of sexually transmitted diseases, and abstinence.

#### **Maternal Health at Conception**

A population-based initiative to promote good maternal health at the time of conception has been recommended by the Center for Disease Center and many other health organizations to decrease infant morbidity and mortality and the related economic and social costs. An unexpected pregnancy is more often than a planned pregnancy to be accompanied by a lack of adequate folic acid intake, which is related to a severe birth defect, a lack of preventive immunizations, late prenatal care, and unhealthy behaviors like smoking, drinking, use of street drugs or prescription medications known to harm the unborn baby, as well as poor maternal health, like anemia, poor weight for height (BMI), or sexually transmitted diseases. Since most teen pregnancies are unplanned, and teen pregnancies have poorer outcomes, a decrease in the teen pregnancy rate can be expected to result, overall, in better health outcomes for our newest citizens and less cost to the health care economy.



## Teen Fatherhood

The body of research about teen fatherhood does not exist in the same volume as has been written about teen mothers. While the few available studies have identified overall tendencies in teen fathers, their follow up monitoring does not take on the urgency that follows teen mothers and their children. Without family reinforcement or involvement from others in the community, teen fathers typically return to similar behavior as they exhibited prior to fatherhood. The National Campaign to Prevent Teen Pregnancy states that approximately 60 percent of the young men who become a father with a teen birth will not be involved in the lives of their child(ren).

In practical terms, teen mothers and fathers share several factors that predispose them to early parenthood. Both groups experience poverty, family instability and low educational attainment in their families. Overall, parents underestimate their influence (and overestimate the influence of peers) when it comes to teen sexual decision-making. Young men usually look to their father, or in their absence, a father figure before making decisions about sexual activity (Minnesota Fathers and Families Network, May 2004). Boys have even more influences that will help to shape their attitudes towards fatherhood. These may include the following:

- Single parent upbringing (usually without a father), reinforcing the image of women having and raising children alone
- Attitudes toward women, including the tendency of single motherhood, encourage young men to continue considering women as responsible for the pregnancy and therefore for the child as well
- Sexual activity and attitudes that are formed during childhood encourage young men to not take responsibility for their activities.

At an attitudinal level, teen fathers and mothers are likely to view parenting as a way to raise their self-esteem (Jordon Institute for Families, 2000). In a life where they see few victories, young men often tend to look at fatherhood as an accomplishment, a badge of honor among their friends and a coming of age. However, there are usually no reinforcements that will continue this build-up in self-esteem, and teen fathers soon return to a level of self-image far below that of their peers (Jordon Institute for Families, 2000).

**“My baby has no father.”  
Polly Fox Academy Student**

The two groups that have the least amount of father involvement have been poor unmarried teenage fathers and upper class fathers in traditional nuclear families. Teen fathers were less likely overall to see themselves as in control of their lives. It is reported that the majority of boyfriends leave when their girlfriend has a baby (Sex and Choices: Teen Pregnancy, 2003). Further, delinquent and non-criminal (status and disruptive school behavior) activity on the part of the teen father is likely to increase in the first year of fatherhood.

Teen fatherhood is also considered one part of a deviant lifestyle that features delinquency and drug use or exposure. Studies from the cities of Rochester, New York and Pittsburgh, Pennsylvania support this (Teen Fatherhood and Delinquent Behavior, OJJDP Justice Bulletin, January 2000). Both of these studies found delinquent behavior increases the risk of a boy becoming a teen father. In addition, the studies found significant correlations with other factors, including race, neighborhood characteristics, parents' level of education, the youth's standardized reading score and early sexual activity. The studies also indicated that the more of these correlations a teen exhibited, the more likely he was to become a teen father.

Teen fathers should be considered as a potential resource for their children; however, they are usually unlikely to provide the financial, emotional and parental support their children will need. Therefore, their legacy, sadly, is likely to be one of socioeconomic disadvantage. Why? Teen fathers -

- Don't have the income necessary to establish an independent family relationship
- Can't rely on parenting skills learned as a child as a way to take responsibility for the pregnancy, birth and future care
- Don't have the necessary skills to deal with women on an even level, so their tendency is likely to be one of leaving child care as "women's work"
- Lack the education to attain the means for providing for their new family
- Haven't matured yet, so they can't provide the emotional support their new family will need
- Typically return to delinquent behavior as soon as the baby is born.

Teen parent programs that are gender specific and teach young men how to become self sufficient, teach appropriate parenting skills, and promote healthy lifestyles have shown promising results.

### **Teen Pregnancy and Juvenile Delinquency**

In their 1999 Report to the United States Congress, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) reported a summary of risk factors identified in longitudinal studies as predictors of adolescent health and behavior problems. The problem behaviors they predict are indicated in parentheses. Only the ten risk factors correlated with teen pregnancy are listed below. They are as follow:

1. **Extreme Economic and Social Deprivation** (*substance abuse, delinquency, violence, teen pregnancy, and school dropout*). Children who live in deteriorating neighborhoods characterized by extreme poverty, poor living conditions, and high unemployment are more likely to develop problems with delinquency, teen pregnancy, and school dropout or to engage in violence toward others during adolescence and adulthood (Bursik & Webb,

1982; Farrington et al., 1990). Children who live in these areas and have behavior or adjustment problems early in life are also more likely to have problems with drugs later on (Robins & Ratcliff, 1979).

2. **A Family History of High-Risk Behavior** (*substance abuse, delinquency, teen pregnancy, and school dropout*). If children are raised in a family with a history of addiction to alcohol or other drugs, their risk of having alcohol or other drug problems themselves increases (Goodwin, 1985). If children are born or raised in a family with a history of criminal activity, their risk for delinquency increases (Bohman, 1978). Similarly, children who are born to a teenage mother are more likely to be teen parents, and children of dropouts are more likely to drop out of school themselves (Slavin, 1990).
3. **Family Management Problems** (*substance abuse, delinquency, violence, teen pregnancy, and school dropout*). Poor family management practices are defined as a lack of clear expectations for behavior, failure of parents to supervise and monitor their children, and excessively severe, harsh, or inconsistent punishment. Children exposed to these poor family management practices are at higher risk of developing all of the health and behavior problems listed above (Patterson & Dishion, 1985; Farrington, 1991; Kandel & Andrews, 1987; Peterson et al., 1994; Thornberry, 1994).
4. **Family Conflict** (*substance abuse, delinquency, violence, teen pregnancy, and school dropout*). Although children whose parents are divorced have higher rates of delinquency and substance abuse, it appears that it is not the divorce itself that contributes to delinquent behavior. Rather, conflict between family members appears to be more important in predicting delinquency than family structure (Rutter & Giller, 1983). For example, domestic violence in a family increases the likelihood that young people will engage in violent behavior themselves (Loeber & Dishion, 1984). Children raised in an environment of conflict between family members appear to be at risk for all of these problems behaviors.
5. **Early and Persistent Antisocial Behavior** (*substance abuse, delinquency, violence, teen pregnancy, and school dropout*). Boys who are aggressive in grades K-3 or who have trouble controlling their impulses are at higher risk for substance abuse, delinquency, and violent behavior (Loeber, 1988; Lerner & Vicary, 1984; American Psychological Association, 1993). When a boy's aggressive behavior in the early grades is combined with isolation or withdrawal, there is an even greater risk of problems in adolescence. This also applies to aggressive behavior combined with hyperactivity (Kellam & Brown, 1982).
6. **Academic Failure Beginning in Late Elementary School** (*substance abuse, delinquency, violence, teen pregnancy, and school dropout*). Beginning in the late elementary grades, academic failure increases the risk of drug abuse, delinquency, violence, teen pregnancy, and school dropout. Children fail for many reasons, but

it appears that the *experience* of failure itself, not necessarily ability, increases the risk of these problem behaviors (Jessor, 1976; Farrington, 1991).

7. **Low Commitment To School** (*substance abuse, delinquency, teen pregnancy, and school dropout*). Lack of commitment to school means the child has ceased to see the role of student as a viable one. Young people who have lost this commitment to school are at higher risk for the problem behaviors listed above (Gottfredson, 1988; Johnston, O'Malley, & Bachman, 1991).
8. **Friends Who Engage in The Problem Behavior** (*substance abuse, delinquency, violence, teen pregnancy, and school dropout*). Young people who associate with peers who engage in a problem behavior—delinquency, substance abuse, violent activity, sexual activity, or dropping out of school—are much more likely to engage in the same problem behavior (Barnes & Welte, 1986; Farrington, 1991; Cairns, Cairns, Neckerman, Gest, & Gairepy, 1988; Elliott et al., 1989). This is one of the most consistent predictors that research has identified. Even when young people come from well-managed families and do not experience other risk factors, just spending time with friends who engage in problem behaviors greatly increases the risk of that problem developing.
9. **Favorable Attitudes Toward The Problem Behavior** (*substance abuse, delinquency, teen pregnancy, and school dropout*). During the elementary school years, children usually express anti-drug, anti-crime, and pro-social attitudes and have difficulty imagining why people use drugs, commit crimes, and drop out of school. However, in middle school, as others they know participate in such activities, their attitudes often shift toward greater acceptance of these behaviors. This acceptance places them at higher risk (Kandel et al., 1978; Huesmann & Eron, 1986).
10. **Early Initiation of The Problem Behavior** (*substance abuse, delinquency, violence, teen pregnancy, and school dropout*). The earlier young people drop out of school, use drugs, commit crimes, and become sexually active, the greater the likelihood that they will have chronic problems with these behaviors later (Elliott et al., 1986). For example, research shows that young people who initiate drug use before the age of 15 are at twice the risk of having drug problems than those who wait until after the age of 19 (Robins & Przybeck, 1985).

## Teen Pregnancy Data

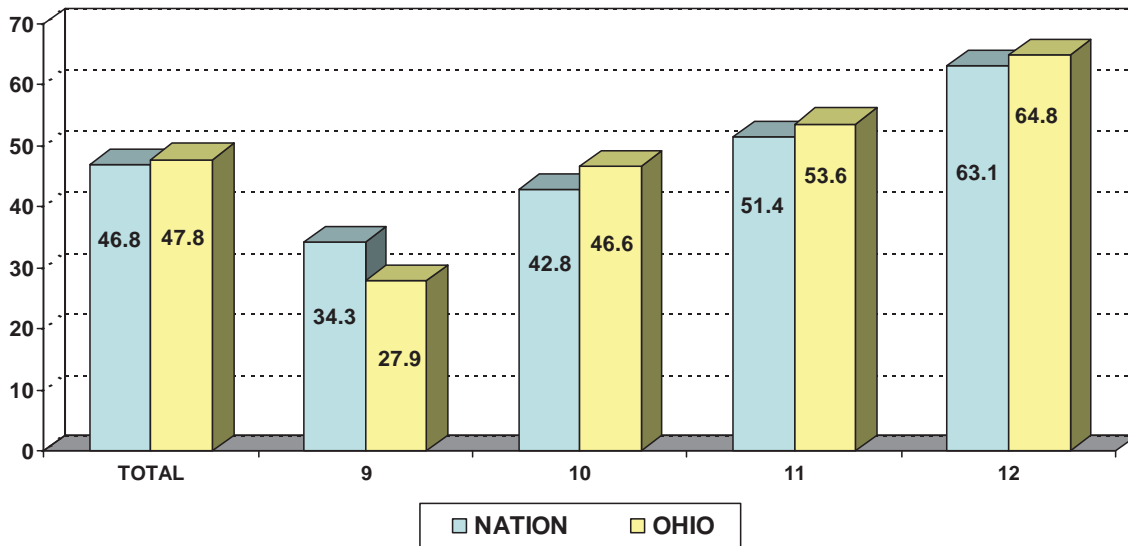
---

### State of Ohio Data

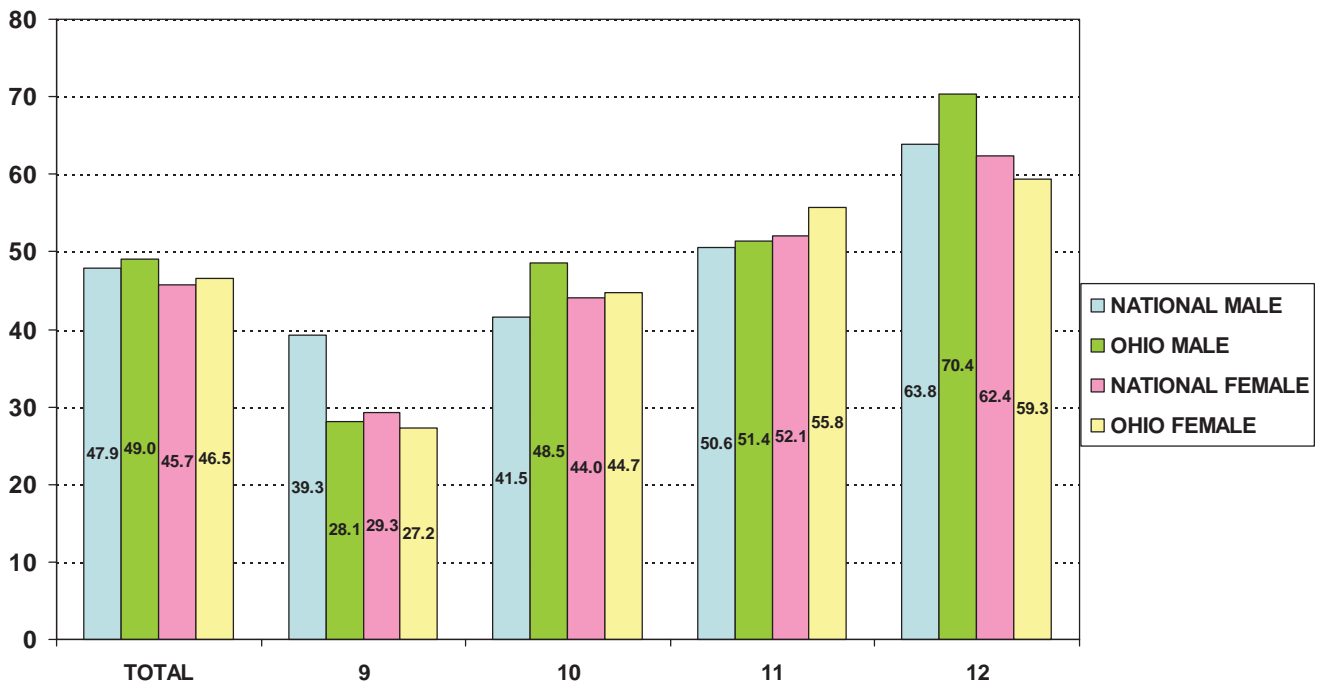
Nationally, Ohio falls in the middle with teen births ranking 25<sup>th</sup>. The best insight into youth sexual behavior comes from the Youth Risk Behavior Student Survey (YRBSS), a national survey given to students every two years. Questions about sexuality are included in this survey.

Using the data collected with the YRBSS we can compare Ohio data to the National data to give us an indication of what is happening with our youth. When reviewing the YRBSS sexual health section of the survey, the Ohio youth surveyed are more sexually active, and have four or more sexual partners more frequently than the nationally surveyed youth. The following graph represents this information.

**PERCENTAGE OF STUDENTS WHO EVER HAD SEXUAL INTERCOURSE  
YOUTH RISK BEHAVIOR STUDENT SURVEY 2005 (Grades 9-12)**



**PERCENTAGE OF STUDENTS WHO HAVE EVER HAD INTERCOURSE  
BY GRADE AND GENDER  
YOUTH RISK BEHAVIOR STUDENT SURVEY 2005**

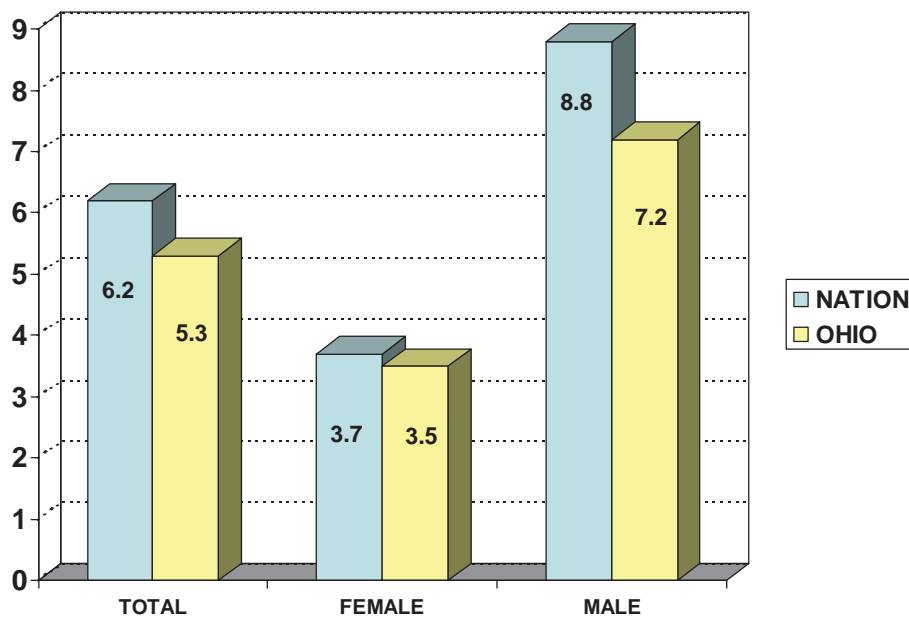


As indicated earlier, the percentage of youth who have engaged in sexual intercourse increases with age. This can be seen in the above shown chart. In Ohio, males report more sexually active than males on the national level in the 10<sup>th</sup>, 11<sup>th</sup> and 12<sup>th</sup> grades. Females in Ohio are also report being more sexually experienced than females at the national level in the 10<sup>th</sup> and 11<sup>th</sup> grades.



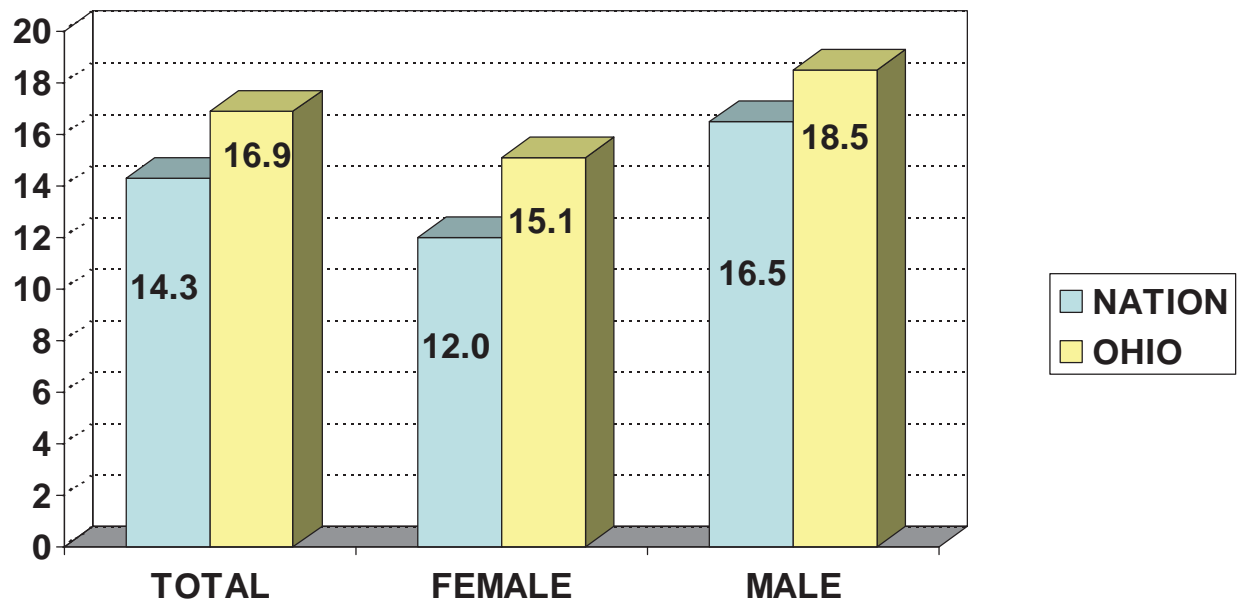
**PERCENTAGE OF STUDENTS WHO HAD SEXUAL INTERCOURSE FOR THE FIRST TIME BEFORE AGE 13 YEARS  
YOUTH RISK BEHAVIOR STUDENT SURVEY 2005**

**Ohio Laws**  
Ohio laws regarding sexual contact/conduct with minors is very detailed; however, prosecution is difficult. There is no age of consent in Ohio. There are laws detailing at what age the individuals involved must be for a crime to have been committed.



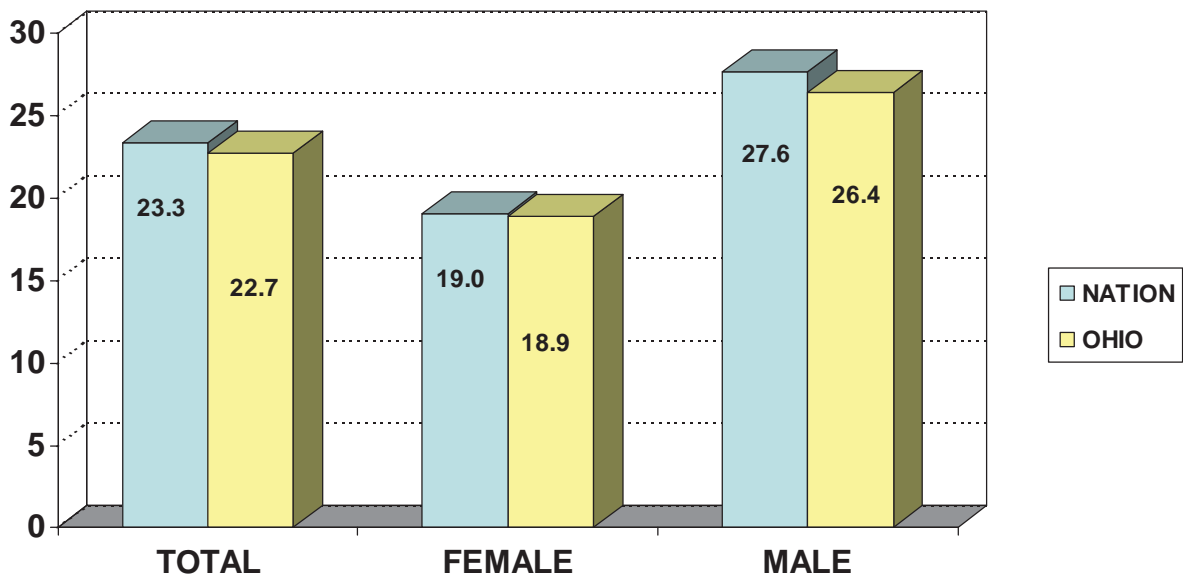
Sexual intercourse among the youngest teens has been declining both on the state and national levels. As represented in the table, Ohio teens become sexually active later than teens on the national level; however, as they age, Ohio teens become more sexually active than their national counterparts do by the 12<sup>th</sup> grade.

**PERCENTAGE OF STUDENTS WHO HAD INTERCOURSE WITH FOUR OR MORE  
PEOPLE DURING THEIR LIFE  
YOUTH RISK BEHAVIOR STUDENT SURVEY 2005**



Ohio teens have four or more sexual partners more often than teens on the national level. This survey measures only teen's behavior which means that the youth surveyed have had four or more partners while they are still teens. This puts them at a significantly greater risk of contracting a STD or becoming pregnant.

**AMONG STUDENTS WHO HAD INTERCOURSE DURING THE LAST THREE MONTHS,  
THE PERCENTAGE WHO DRANK ALCOHOL OR USED DRUGS BEFORE LAST SEXUAL INTERCOURSE  
YOUTH RISK BEHAVIOR STUDENT SURVEY 2005**

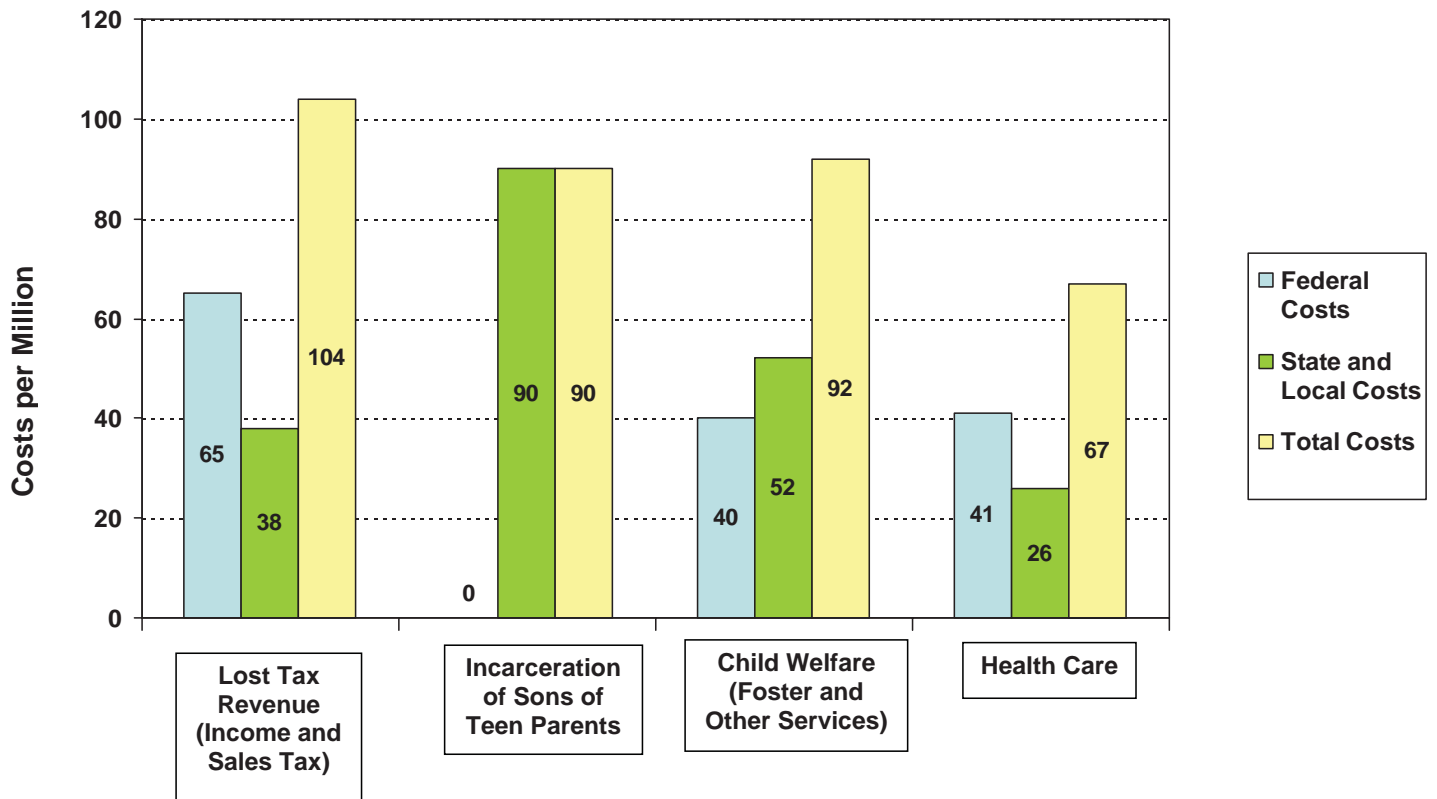


Youth who use tobacco, drugs, and/or alcohol are also at a higher risk for early sexual activity. These youth also tend to use contraceptives less often and less consistently. The teen birth rate in Ohio has decreased for teens ages 15-17, 45 percent and for girls 18-19, 28 percent from 1991-2003. The change in birth rates by race/ethnicity for girls 15-19 in Ohio between 1990 and 2002 were also notable. The birth rates for Non-Hispanic Whites decreased 32 percent, while the birth rate for Non-Hispanic Blacks decreased 39 percent. Increases in birth rates were noted for Hispanics at 7 percent and Asian/Pacific Islanders at 3 percent.

In a recent publication, *By the Numbers: the Public Cost of Teen Childbearing in Ohio*, from the National Campaign to Prevent Teen Pregnancy the following information was highlighted:

- Teen childbearing (teens 19 and younger) in Ohio costs taxpayers (federal, state, and local) at least \$352 million in 2004.
- Of the total 2004 teen childbearing costs in Ohio, 39 percent were federal costs and 61 percent were state and local costs.
- Most of the costs of teen childbearing are associated with negative consequences for the *children* of teen mothers. In Ohio, in 2004, annual taxpayer costs associated with children born to teen mothers included: \$67 million for public health care (Medicaid and State Children's Health Insurance Plan); \$92 million for child welfare; \$90 million for incarceration; and \$104 million in lost tax revenue, due to decreased earnings and spending. *\* Careful readers will note that the cost breakdown for the children of teen mothers does not match the total costs. This is because the total costs include costs associated with both teen parents and their children. Also, note that because we cannot measure and include all outcomes and all costs, the analysis should be considered conservative; that is, it is likely the full costs of a teen birth are greater than the figures presented.*
- The costs of childbearing are greatest for young teens. In Ohio, the average annual cost associated with a child born to a mother 17 and younger is \$4,534.
- Between 1991 and 2004 there have been more than 271,900 teen births in Ohio, costing taxpayers a total of \$6.9 billion over that period. The graph on the following page depicts the breakdown of these costs.
- The teen birth rate in Ohio has declined 36 percent between 1991 and 2004. The progress Ohio has made in reducing teen childbearing saved taxpayers an estimated \$300 million in 2004 alone.

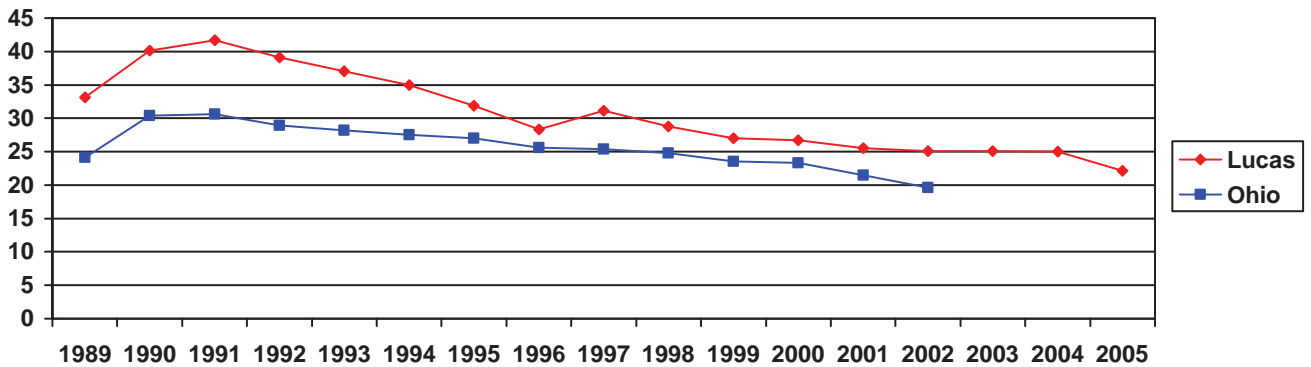
**Selected Annual Costs in Ohio for Children of Teen Parents  
Based on 2004 Rates**



### Lucas County Data

Annually, over eight hundred children are born to teen parents in Lucas County. Of these births, approximately, 20 percent are repeat births. Although Lucas County has led the urban counties (i.e., Cuyahoga, Mahoning, Stark, Lucas, Montgomery, Hamilton, Franklin and Summit) in Ohio all but four times since 1989 in teen births, according to Ohio Department of Health (ODH) data the birthrate has decreased 47 percent since 1991, when the rate was at its highest in recent years at 41.7/1,000. Based on 2003 ODH data, the teen birthrate for Lucas County was 25.1/1,000. Further, according to vital statistics from the Lucas County Health Department in 2005, rates seem to have decreased to an estimated 22.1/1,000.

Lucas County Teen Birthrate per 1,000  
1989-2005



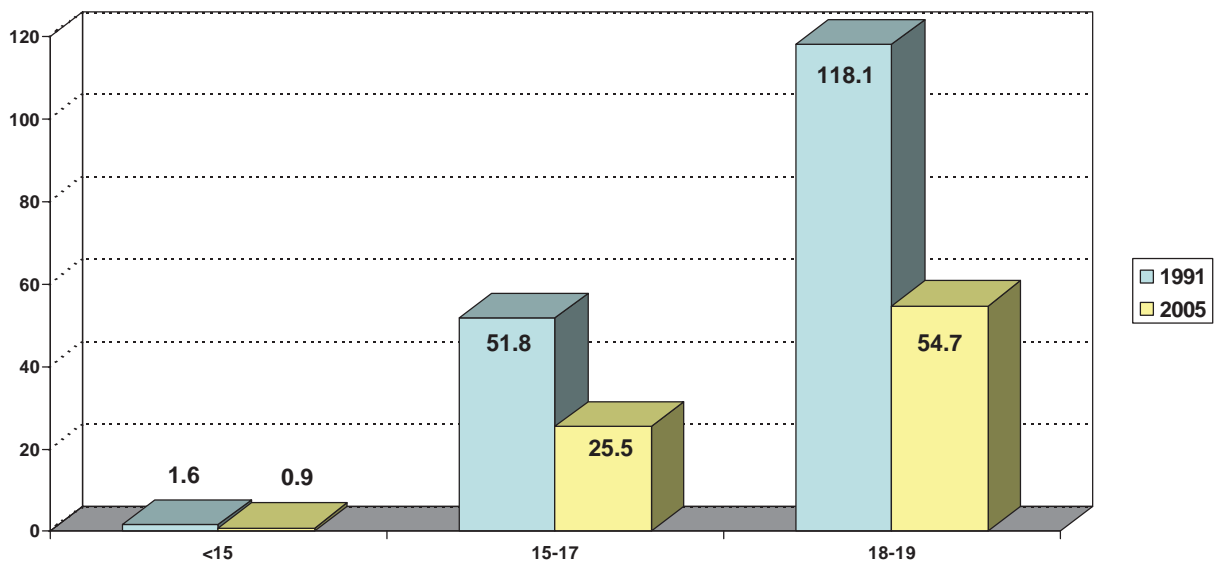
Data on youth sexual behaviors has not been collected in Lucas County since 2000. Lucas County does not participate in the Youth Risk Behavior Student Survey (YRBSS), a national survey given to students every two years that includes questions about sexuality. Instead, the county has elected to survey students using the ADAS Survey. While this instrument is similar to the YRBSS, it does not include any questions on sexuality. Therefore, we are unable to compare Lucas County youth to other Ohio counties or national trends on sexual behavior.



Births to the youngest of teens throughout Ohio are very similar among all of the urban counties, including Lucas. It is the births to those teens 18-19 years old in Lucas County that seems to drive the rates for the county to the highest levels among the urban counties. This pattern has been repeated consistently for nearly two decades.

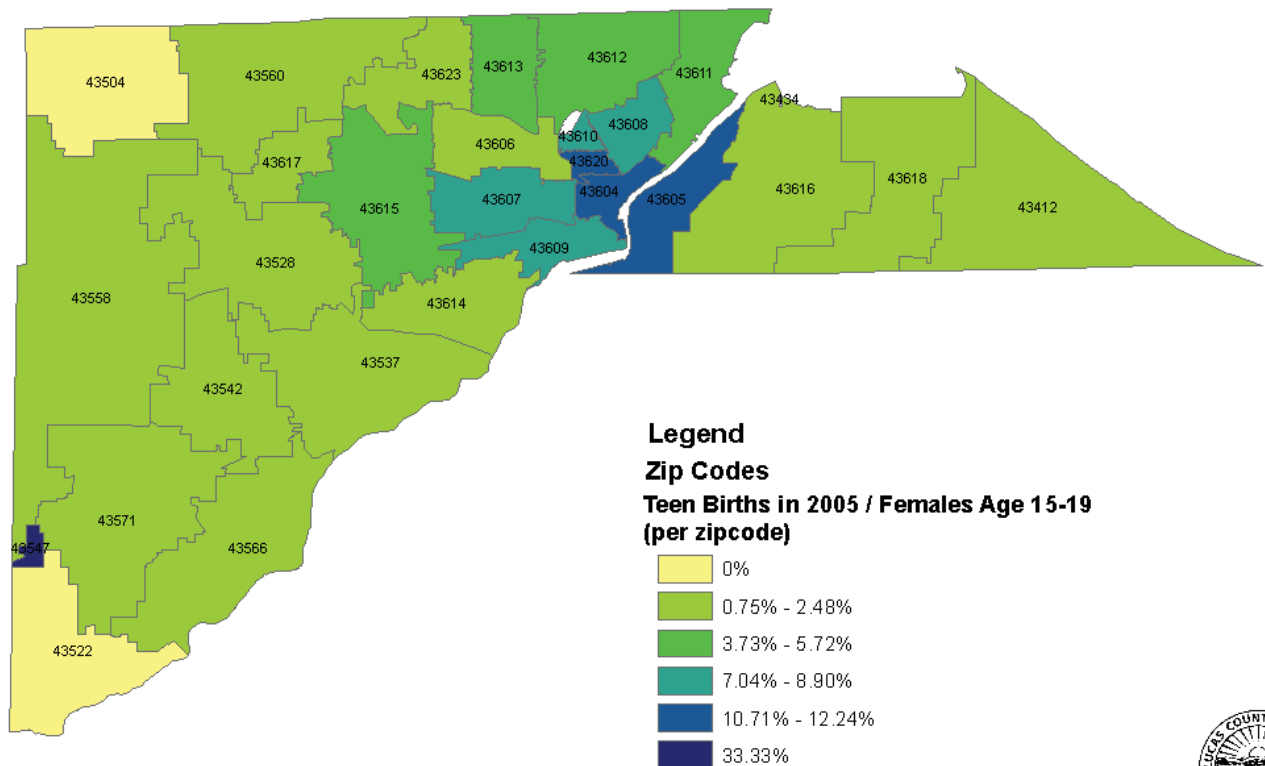
Birth rates to Lucas County teens 15-17 years of age are consistent with the other urban counties rates and have been decreasing steadily since 1991. The rate for teen births in 1991 for 15-17 years old teens was 51.8/1000 decreasing to a rate of 25.5/1000 in 2005 for this same age group. This represents a 50.1 percent decrease. The birthrate for 18-19 year olds has also decreased. In 1991 the rate of teen births to 18-19 year olds was 118.1/1000. This rate has decreased to 54.7/1000 in 2005. This represents a 54 percent decrease in the birthrate for this age group.

**Lucas County Teen Birthrates by Age per 1,000**



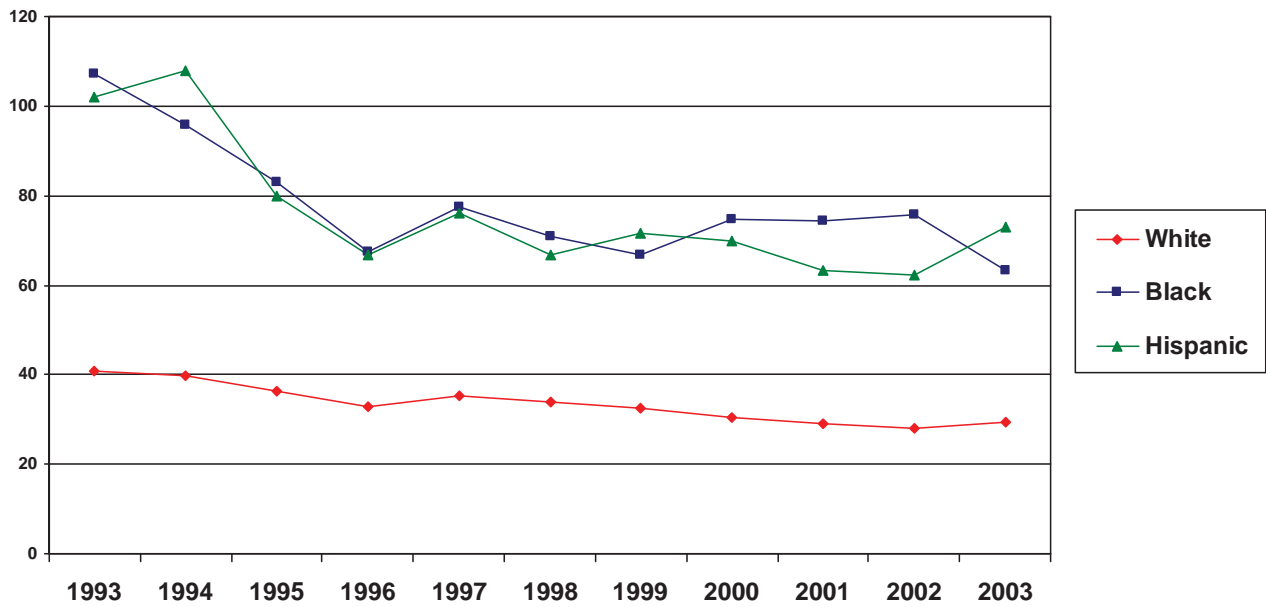


## Lucas County Teen Births in 2005



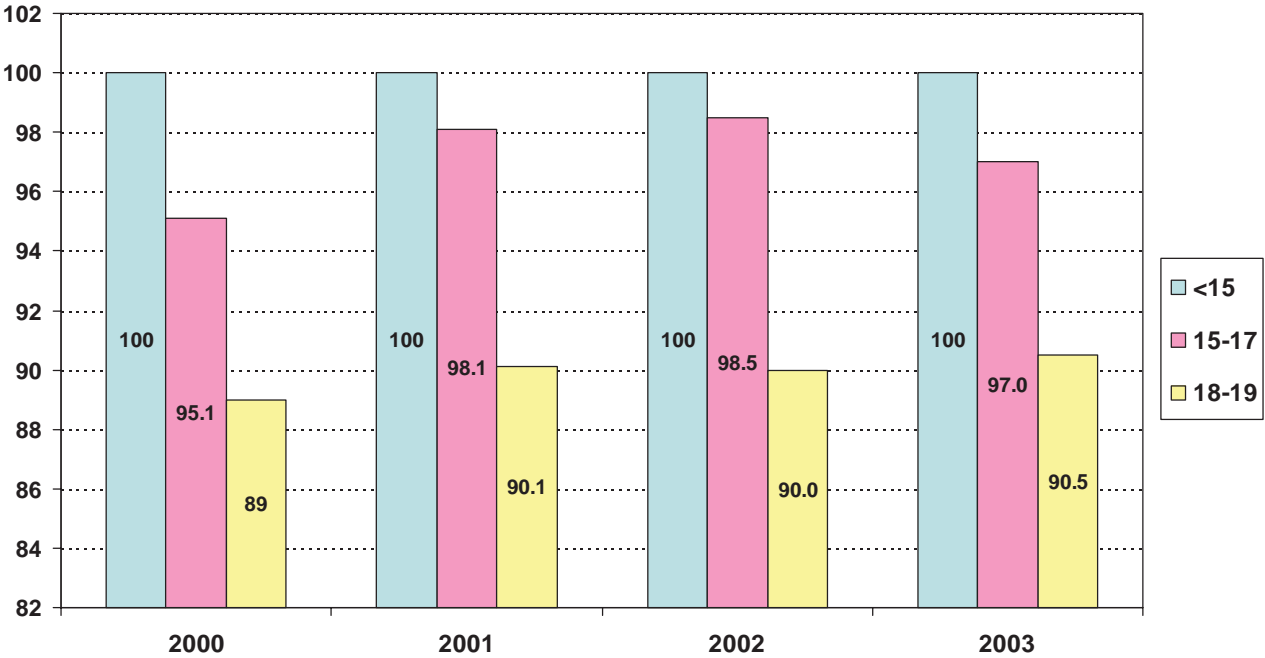
When comparing the rate of teen births across race and ethnicity over time within Lucas County, the birth rate for white teens has decreased 28%, the birth rate to black teens has decreased 40.9% and the birth rate for Hispanic teens has decreased 28.5%.

**Lucas County Teen Birth Rates per 1,000 by Age, Race, & Ethnicity**



**Not surprising is the fact that most births to teens are to unmarried girls. These percentages have remained fairly consistent for the past decade.**

**Percent of Lucas County Births to Unmarried Teens  
2000 - 2003**



According to the Toledo-Lucas County Health Department, the average age disparity between a teen mother and father is 3 years. The National Campaign to Prevent Teen Pregnancy states that approximately 20 percent of the young men who became a father with a teen birth will continue to be involved in the lives of their child(ren). On average, teen fathers pay only eight hundred dollars per year in child support. According to the Lucas County Child Support Enforcement Agency, there are 4,323 children born to teen mothers currently receiving child support. In total, 5 percent of the children in Lucas County receiving child support were born to teen mothers.

The majority of teen parents in Lucas County have a 10<sup>th</sup> grade education. Mothers have reported completing 10.6 years of education while fathers indicated completing 10.9 years on average. National data supports that only one-third of teen mothers will complete high school after giving birth. This also does not account for the teens that have dropped out prior to becoming pregnant. Nationally, approximately 50 percent of the youth had dropped out or were not attending school when they became pregnant. This low level of educational achievement has been shown to lead to economic disadvantage throughout the adolescent's life.

#### **Plain Talk Community Mapping Survey Information**

Plain Talk is an urban community based initiative that helps people develop communication skill sets and access the necessary information to host open, effective and accurate conversations about adolescent sexual behaviors. Plain Talk was established in 1993 as part of a four year, \$5 million pilot project by the Annie E. Casey Foundation. This project is now undergoing national replication as a Program that Works. Annie E. Casey will provide training, and program evaluation as an in-kind service.

**“Parents would be a big help if they would talk to their kids.”  
Polly Fox Academy Student**

Locally, North River Development, Corporation has been approved as a national replication site. The goals of Plain Talk are as follow:

- To create consensus among parents and adults about the needs to protect sexually active youth by encouraging early and consistent use of contraceptives
- To give parents and other community adults the information and skills they need to communicate more effectively with teens about responsible sexual behavior
- To improve adolescent access to high-quality, age-appropriate and readily available reproductive health care, including contraception.

In the spring and summer of 2006, North River Development, Corporation, through the Plain Talk Initiative conducted door-to-door surveys throughout the 43604/43611 zip code areas of North Toledo to create their Community Map. Community mapping is important for the following reasons:

**“Knowing what I know now,  
I would wait to have sex.”  
Polly Fox Academy Student**

- Gives insight to what the community thinks
- Gives the community ownership of the teen pregnancy issues by addressing their own attitudes, beliefs and values
- The survey results help build consensus in the community around teen reproductive health
- The survey is performed by the community for the community.

The survey results will be used to drive the strategic plan, share knowledge and resources in the community, identify the lack of resources, shape key messages, and engage the community. Both adults and youth were surveyed. There were 282 valid adult surveys and 197 valid youth surveys that were submitted to Public/Private Ventures for analysis. The following are highlights from the survey:

- Both teens and adults think that 75 percent of teens will have had sexual intercourse by the time they graduate from high school
- Both teens and adults say that 50 percent of girls in their community will become pregnant before age 20
- The majority of respondents felt that these teens will raise the child themselves
- Both teens and adults overwhelmingly felt that sexually active teens should be able to obtain birth control without anyone’s permission.

Teen survey results indicated the following:

- Sixty percent of the teens surveyed say that they have had sex (average age of respondents was 14.9 years)
- The average age of first sex in the community was 13.5 years (Nationally, median age for first sex is 16.5 years)
- Of sexually active teens, only 58 percent of their parents know that they have had sex
- Fifteen percent of teens say that their parents would support them having sex
- Fifty-four percent of teens say their parents would disapprove of them having sex
- Forty-three percent of teens say that their parents would disapprove of them using birth control
- Seventy-nine percent of teens say birth control is very important but fifty-one percent say they have used some form of contraception every time they have sex

- Seventy-seven percent of sexually active teens in the community prefer male condoms as the most commonly used form of contraception
- Thirty percent of the sexually active teens surveyed have been pregnant or have caused a pregnancy (Nationally, nineteen percent of sexually active teens become pregnant)
- Twenty-five percent of sexually active teens have had at least one live birth.

Both the adults and teens surveyed state that they are comfortable talking about sexual matters. The topics include: birth control, STDs, HIV/AIDS, and pregnancy. The question begs to be asked as to what type of communication is occurring, at what age these conversations begin, the quality and accuracy of the communication, and whether or not it is being done. Being comfortable does not equate with actually having these conversations. Currently, training to implement the next components is taking place.

#### **Lucas County Juvenile Court Data**

There are a number of risk factors that significantly increase the probability of young people becoming involved with the juvenile justice system. These risk factors were highlighted earlier in this report (pages 12-14). Specifically, teens having babies increase the likelihood of their and their child's involvement with the criminal justice system.

During 2002, approximately 1.6 million cases were handled nationally by juvenile courts. This translates into more than 4,200 cases per day compared to the 1,100 per day that was handled in 1960. The volume of cases handled increased 41 percent between 1985 and 2002 according to the recently published Juvenile Offenders and Victims: 2006 National Report.

In 2002, the United States Census Bureau estimated that over 72,800,000 persons were under the age of 18 – the age group commonly referred to as juveniles. Juveniles represent approximately 25 percent of the total U.S. population. At that time, 12 percent of all persons lived at or below the poverty threshold. The highest proportion were those persons under 18 (17 percent), followed by those aged 18-64 (11 percent), and those above age 64 (11 percent). More than 40 percent of the children classified as living in poverty lived in a state of extreme poverty. There has long been a research based link between poverty and delinquency. Low family income measured when a child is 8 years old is a predictor of self reported and conviction rates for violent offenses.

Another strong predictor of future problem behavior is family structure. Youth ages 12-17 that live with both biological parents are less likely to be involved in problem behaviors, including being arrested. The family effect influenced without regard if the neighborhood was classified as well kept or poorly kept.

The percentage of children living in two-parent families has gone from 88 percent in 1960 to 69 percent in 2002. According to the Census Bureau, most children who live in single-parent homes live with a mother. The total number of all children who lived with just their mother increased from 8 percent in 1960 to 23 percent in 2002. Simply put, almost 1 out of 4 children in the United States live with just their mother.

Moreover, children living in two-parent homes are less likely to live in poverty (8 percent) than children who live with only their fathers (19 percent) or only their mothers (38 percent). Over half (52 percent) of the children living under the poverty line in 2002 were living with only their mother compared to 32% below the poverty line who were living in two-parent families. Youth aged 17 living with both biological parents have a lower lifetime prevalence of problems compared to those living in other family types, including marijuana use (30 percent vs. 40 percent), hard drug use (9 percent vs. 13 percent), drug selling (13 percent vs. 19 percent), running away from home (13 percent vs. 25 percent), vandalism (34 percent vs. 41 percent), and assault with intent to seriously injure (20 percent vs. 35 percent) (Juvenile Offenders and Victims: 2006 National Report, National Center for Juvenile Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, March 2006).



	2001	2002	2003	2004	2005
Female Probationers	220	205	168	149	155
Females w/kids	10	5	9	9	5
	4.55%	2.44%	5.36%	6.04%	3.23%
Females born Mom <18	24	24	25	22	16
	10.90%	11.71%	14.88%	14.76%	10.32%
Male Probationers	678	685	627	505	615
Males w/kids	16	28	21	20	24
	2.36%	4.09%	3.35%	3.96%	3.90%
Males born Mom <18	79	87	90	76	89
	11.65%	12.70%	14.35%	15.04%	14.47%
Total Probationers	898	890	795	654	770
Total Probationers w/kids	26	33	30	29	29
	2.89%	3.70%	3.77%	4.43%	3.77%
Total w/teen Mom <18	103	111	115	98	105
	11.47%	12.47%	14.47%	14.98%	13.64%

**Lucas County Juvenile Court Teen Mother Data**

The first section of the table reports out on the number of females that were on probation during the years 2001 to 2005, and whether they had a child and if their own mother was a teen when they were born. During these years 4.23 percent of the females on probation were teen mothers and 12.37 percent probationers were born to teen mothers. For the males, 3.50 percent reported being teen fathers and 13.53 percent were born of teen mothers.

### Lucas County Female Offender Data

In September of 2006, the University of Toledo released results of a groundbreaking research study entitled “*Women Offenders in the Criminal Justice System: Needs of and Services for Mothers*”. Extensive data was collected through 1,100 interviews with 300 local women involved in the criminal justice system. Along with additional information from over 1,200 questionnaires, the researchers made significant findings in the areas of women’s needs, issues, and risk factors.

The mothers reported a number of problems and needs:

- High rates of violent victimizations, 55 percent were domestic violence victims
- Low income levels/high economic needs
- Low levels of educational achievement/high educational needs
- High rates of drug offense arrests
- Children with high rates of arrests, multiple problems and multiple service needs.

It is important to note this group of women reported:

- The average age of their first pregnancy to be 19
- The average number of children they had was 2.5
- That 40 percent of them reported being pregnant with their first child before the age of 18.

Some of the most statistically significant differences of the children of teen parents compared to those 18 years of age and older is contained in the following table.

	17 years of age or younger	18 years of age or older
Child ever arrested	24.0%	17.4%
Child has domestic violence charge	7.1%	3.2%
Child has run away	13.0%	5.3%
Child has alcohol charge	11.8%	7.0%

Women who are involved in the criminal justice system have a higher probability of being exposed to a number of risk factors. Furthermore, they place their children at higher risk. The results of this research further support that in some areas women who were teen mothers place themselves and/or their children at higher risk.

Some of the most statistically significant differences between those who were teen parents compared to those 18 years of age and older is contained in the following table.

	17 years of age or younger	18 years of age or older
Number of children	3.1	2.4
Married	12.9%	19.6%
Less than high school diploma	41.6%	23.4%
Some college/no degree	18.2%	24.4%
College degree	6.2%	12.1%
Currently employed	29.7%	37.4%
Take home pay last 30 days	\$373	\$490
# times arrested as an adult	7.02	4.69
Has prior alcohol charge	23.6%	14.4%
Prior drug charge	35.0%	27.5%
Prior loitering, solicitation, prostitution charge	24.9%	11.4%
Prior domestic violence charge	21.2%	12.5%
Other violent charges	15.0%	9.1%
Child under permanent custody of Lucas County Children Services	6.1%	2.6%

In addition to their own criminal and social problems, a number of significant problems and issues were found with the children of women involved in the criminal justice system:

- 22.5 percent had behavioral problems
- 20.8 percent were hyperactive
- 19.3 percent had been arrested
- 18.7 percent had learning problems
- 15.2 percent had emotional problems.

“Women Offenders in the Criminal Justice System: Needs of the Services for Women.” The University of Toledo, 2006; Barbaranne Benjamin, Jane Cox, Paula Dupuy, Eric Lambert, John Laux, Lois Ventura, and Celia Williamson. For copy of interviews, questionnaire, and presentations go to <http://cmhs.utoledo.edu/jlaux/Incarcerated%20mothers.htm>. Or, contact Barbaranne Benjamin at [barb.benjamin@utoledo.edu](mailto:barb.benjamin@utoledo.edu).

**Lucas County Children Services Data**

Lucas County Children Services (LCCS) provides services to over 12,000 children and over 5,000 families every year. LCCS investigates over 4600 incidents of **CA/N (Child Abuse and Neglect)** each year involving over 7500 children.

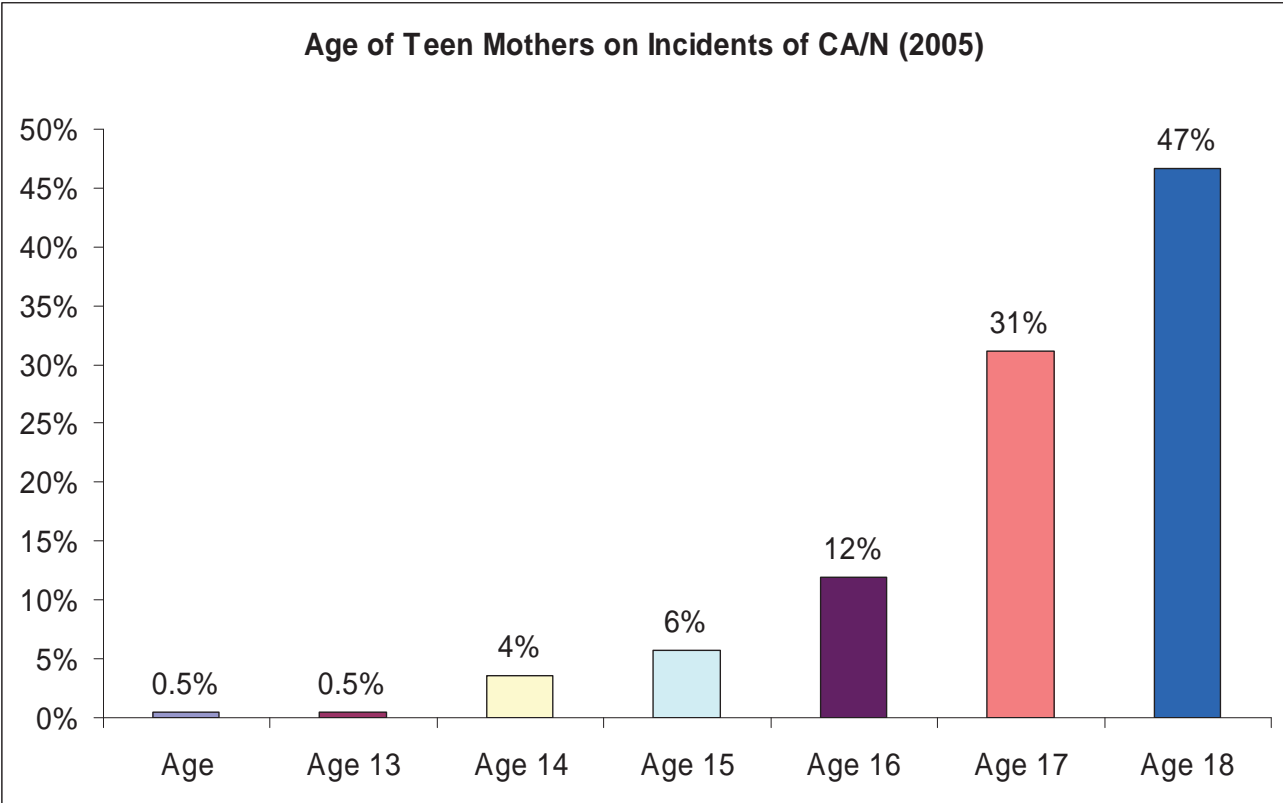
- One out of every 21 investigations of CA/N involves children of teenage mothers.
- 35% of the cases receiving ongoing services involved a mother who, as a teenager, had given birth to a child.
- Since 2002, 14% of teenage mothers involved with LCCS were daughters of teenage mothers who were involved with LCCS.
- East Toledo (43605) has the highest number of investigations of CA/N involving teenage mothers.
- A 13 year old was the youngest teenage mother involved in an investigation of CA/N in 2005.

Incidents of Child Abuse & Neglect	2002	2003	2004	2005
Overall	4691	4634	4694	4858
Involving Teen Mother	220	228	194	230
% Involving Teen Mother	5%	5%	4%	4%

In 2005, LCCS investigated 4858 incidents of CA/N, involving 7,779 children. In 2005, there were 230 (4%) investigations involving a teenage mother. Since 2002, 5 percent of all CA/N investigations involved a teenage mother.

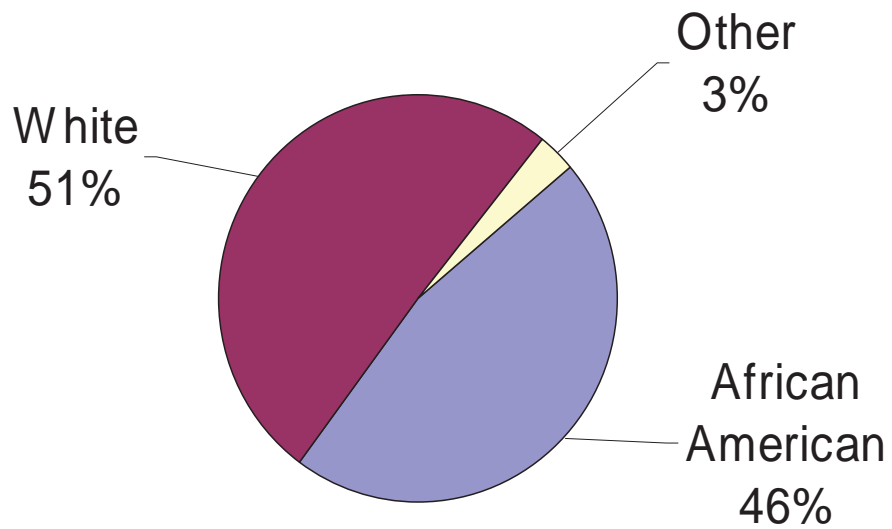
Number of Incidents with Teen Moms	2002	2003	2004	2005
Total Teen Mothers on Incidents	186	190	169	193
Teen Mothers who were children of Teen Mothers	26	24	27	26
% Teen Mothers who were children of Teen Mothers	14%	13%	16%	13%

Since 2002, 14 percent of teenage mothers were daughters of teenage mothers who were involved with LCCS.



**In 2005, the ages of the teenage mothers on child abuse and neglect investigations ranged from 13-19 years of age with the average age being 18.7 years of age.**

### Race of Teen Mothers of Incidents of CA/N (2005)



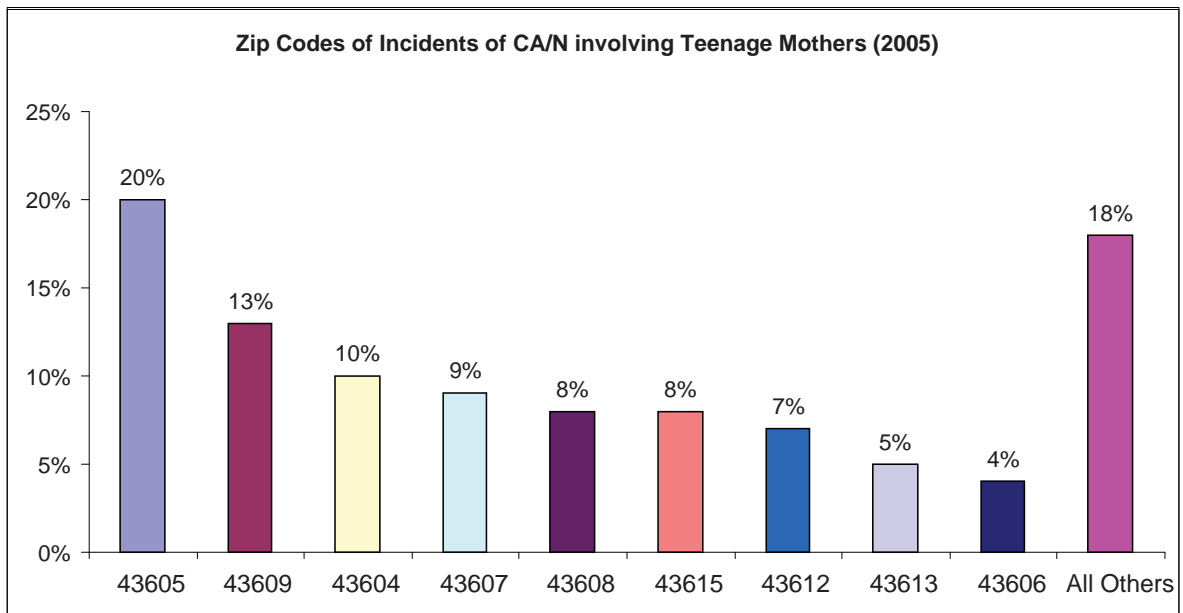
**In 2005, 46 percent of the teen mothers were African American and 51 percent were Caucasian.**

Child Abuse & Neglect Allegations with Teen Mothers on Incidents		2002		2003		2004		2005	
		#	%	#	%	#	%	#	%
Physical Abuse	28	13%	37	16%	26	13%	26	11%	
Neglect	136	62%	119	52%	96	49%	107	47%	
Sexual abuse	7	3%	8	4%	9	5%	18	8%	
Emotional Maltreatment	49	22%	64	28%	63	32%	79	34%	

In 2005, 47 percent of the investigations involving a teenage mother centered on allegations of neglect.

Number of Incidents with Teen Moms	2002	2003	2004	2005
1	159	159	146	162
2	21	24	21	26
3	5	7	2	4
4	1	0	0	1
<b>Total Teen Mothers on Incidents</b>	<b>186</b>	<b>190</b>	<b>169</b>	<b>193</b>

There were 193 different teenage mothers on those 230 incidents. Thirty-one of those teenage mothers had multiple incidents investigated in 2005, with four mothers having three different incidents and one mother having four different incidents investigated for child abuse and neglect.



In 2005, over 50 percent of all referrals of CA/N involving teenage mothers occur in four zip codes within Lucas County:

**43605:** Twenty percent (20%) of all referrals of CA/N involving a teenage mother originated in the East Toledo area

**43609:** Thirteen percent (13%) originated in the South Toledo area, around Libbey High School, Highland Park and the Toledo Zoo

**43604\*:** Ten percent (10%) originated in the Downtown area, around the Warehouse District, City Park Ave, Gunckel and Savage Parks, Woodruff Ave, Greenbelt Parkway, and Ash St.

**43607:** Nine percent (9%) originated in the West Toledo area, around Scott Park and Calvary Cemetery and Dorr Street.



The CA/N incident per zip codes involving a teenage mother is comparable to the overall percentages of incident per zip code. There are approximately 350 cases (35%) open to LCCS receiving ongoing services where the mother on the case gave birth to a child before they were 20. The ages of those mothers range from 18 to 54 years old, with the average age being 29.

\*43604 now includes the previous 43602 and 43624 zip codes which explains the increase in numbers.

**“Sometimes it is really hard to find somebody to watch my baby, and I don’t want to put him in child care. The baby’s daddy tells me it is my job as a mom to take care of these things.”  
Polly Fox Academy Student**

## Sexuality Education

---

### State of Ohio

With the advent of the AIDS epidemic in the 1980s, states reevaluated their sex education policies and, in some cases, expanded their requirements. Most states require that public schools teach some form of sex or STD/HIV education. Most states also place requirements on how abstinence or contraception should be handled when included in curriculum. This guidance relies heavily on abstinence-based education. Further affecting whether students receive instruction on STDs/HIV are parental consent requirements or the more frequent “opt-out” clauses, which allow parents to remove students from instruction the parents find objectionable (*Guttmacher Institute, State Policies in Brief, Sex and STD/HIV Education, February 2006*).

**Ohio does not require schools to teach sexuality education. However, the board of education of each school district must establish a healthy curriculum for “all schools under their control,” that includes information regarding STDs and HIV/AIDS. This information must emphasize that “abstinence from sexual activity is the only protection that is one hundred per cent effective against unwanted pregnancy, sexually transmitted disease, and the sexual transmission of a virus that causes acquired immunodeficiency syndrome.”**

Further, according to the Ohio Revised Code, all materials and instruction regarding STDs must include the following information:

1. Stress that students should abstain from sexual activity until after marriage
2. Teach the potential physical, psychological, emotional, and social side effects of participating in sexual activity outside of marriage
3. Teach that conceiving children out of wedlock is likely to have harmful consequences for the child, the child’s parents, and society
4. Stress that sexually transmitted diseases are serious possible hazards of sexual activity
5. Advise students of the laws pertaining to financial responsibility of parents to children born in and out of wedlock
6. Advise students of the circumstances under which it is criminal to have sexual contact with a person under the age of sixteen.

### **Lucas County Sexuality Education Curriculum Survey**

Partners for Successful Youth (PSY) recently conducted a survey on sexuality education throughout Lucas County schools. The survey was taken by school administrators and teachers at the junior and senior high school levels. The survey was designed to investigate the following questions: (1) How prevalent is sex education in Lucas County schools? (2) Who is being taught? (3) Who is teaching sex education in Lucas County schools? (4) What is being taught? (5) What influences the teachers' decisions about what to teach?

The eight local public school districts within Lucas County were invited to participate in this survey: Anthony Wayne Local Schools; Maumee City Schools; Oregon City Schools; Ottawa Hills Local Schools; Springfield Local Schools; Sylvania City Schools; Toledo Public Schools; and, Washington Local Schools. Of the eight, six systems completed the surveys, and one district declined to participate. They are as follows:

- Anthony Wayne Local Schools
- Maumee City Schools
- Oregon City Schools (declined to participate in survey)
- Ottawa Hills Local Schools
- Springfield Local Schools
- Sylvania City Schools
- Washington Local Schools.

**“It ain’t going to happen to me.”  
Polly Fox Academy Student**

The DEN is concerned over the lack of response from Toledo Public Schools (TPS), the largest system in the county. Not only does TPS serve the largest number of students in the county, the district has also been identified as having the highest teen birth rates in the community. Repeated contacts were made in an attempt to gather input from TPS.

We therefore present the summary of the survey findings noting this lack of response understanding that had their system participated, the results may have differed. We do however feel that the response received from the participating systems offers a valid indication of what is occurring within the county’s schools, which participated, regarding sexuality education.

Two surveys were administered. One was for the junior and senior high school administrators; the other was for the junior and senior high school teachers who had taught sexuality education within the 2005-2006 school year. In addition to the surveys, each school district was asked whether or not their district had a policy regarding sexuality education.

*School District Policy Survey Results:*

Two districts within Lucas County surveyed have a district policy regarding Sexuality Education, the others did not. These district policies were similar and included the following:

**“I only had unprotected sex once.”  
Polly Fox Academy Student**

1. Instructional materials to be used are available for review by parents during school hours.
2. Parents after review of the curriculum and a conference with the instructor may request that their child not participate in a given aspect of the course.
3. An alternate assignment is arranged for the student with the approval of the principal.

*Administrator Survey Results:*

- All schools surveyed stated that sexuality education was offered. This education was offered at all grade levels, however; only one district offered any sexuality education after the 10<sup>th</sup> grade. This education primarily occurs in 6<sup>th</sup> to 9<sup>th</sup> grades.
- Sexuality Education is taught most frequently by health teachers, followed by Biology/Science teachers and Family and Consumer Science teachers.
- Seventy percent of respondents believed that their district has a policy regarding sexuality education, 30 percent did not.
- Of the administrators who indicated that their district has a policy for sexuality education, 71 percent indicated that teachers strictly follow this policy. While the remaining 29 percent indicated that their teachers were somewhat required to follow the district's policy.
- When asking what influenced deciding the sexuality education topics to be taught the order of influence was as follows: (1) the school district; (2) parent input; (3) their school; (4) available curriculum; (5) cultural/religious values of the community; (6) outside programming; and, (7) their values.

- All districts utilized commercially developed curriculums, relying mainly on textbooks. One district is utilizing programs from the Center for Disease Control Programs that Works list. The districts also use materials that have been developed by the district as well as individuals within the district.
- Nearly all districts indicated that 75 to 100 percent of their students received sexuality education at least once during their school years.
- Several districts also use community programming within their schools.

*Teacher Survey Results:*

- The primary teachers of sexuality education were health, family and consumer science, and science teachers. Sexuality education was taught as a part of these classes most often. Grades 8 and 10 were indicated as where the education most frequently occurred, however; classes were taught at all grades 6 to 12.
- All but one teacher responding to the survey indicated that less than 24 percent of their classroom teaching time was spent on sexuality education. When averaging the hours they indicated they spent on teaching sexuality education the number was 9.2 hours for grades 6-12, with junior high averaging 11.4 hours and senior high averaging 6.5 hours.
- Eighty-five percent of the teachers surveyed felt that 75 to 100 percent of the students in their school receive sexuality education.
- Sixty-three percent indicated that enough time was spent on this subject while 38 percent felt that too little time was spent on this type of education.
- When asked what best described the way they taught about abstaining from intercourse in their sex education instruction; 68 percent of the teachers stated that they teach abstinence as the best alternative, 21 percent teach abstinence as the only alternative.

**“You need to start talking to kids in elementary school because they are starting to have sex that young.”  
Polly Fox Academy Student**

**“At my other school, they only talk about sexually transmitted diseases and show you a video of a woman having a baby.”**  
**Polly Fox Academy Student**

- Seventy-seven percent of the teachers believed that they had enough training and 87 percent felt very comfortable with the subject matter.
- When asked, “Do you believe that whether or not a young person is sexually active, they should be given accurate information about birth control and safer sex through the schools?” Seventy-six percent of junior high teachers and 86 percent of senior high teachers responded, “Yes.”
- When asked, “Do you believe giving accurate information about birth control and safer sex to young people through the school encourages them to be having sex?” Eighty-eight percent of junior high school teachers and 92 percent of senior high teachers answered, “No.”

When asked about what topics were included in their instruction, the following responses were given:

Topic	Total %		Junior High %		Senior High %	
	Yes	No	Yes	No	Yes	No
The basics of how babies are made.	80	20	82	18	77	23
Birth control, methods of preventing pregnancy.	53	47	35	65	77	23
Emergency contraception (also known as the morning after pill)	20	80	0	100	46	54
HIV/AIDS	87	13	94	6	77	23
Sexually transmitted diseases other than HIV/AIDS such as herpes	90	10	88	12	92	8
How to deal with the emotional issues and consequences of being sexually active.	70	30	76	24	67	33
Waiting to have sex until older.	86	14	81	19	92	8
Waiting to have sex until married.	83	17	75	25	92	8
How to deal with the pressure to have sex.	90	10	94	6	85	15
How to talk with a partner about birth control and sexually transmitted diseases.	48	52	25	75	77	23
How to use condoms.	31	69	6	94	62	38
How to use other forms of birth control.	34	66	0	100	77	23
Where to get condoms, birth control and health related services.	38	62	6	94	77	23
How to get tested for HIV/AIDS and other sexually transmitted diseases.	62	38	44	66	85	15
Abortion	28	72	19	81	38	62
Homosexuality and sexual orientation.	21	79	12	88	31	69
What to do if they have a friend that has been raped or sexually assaulted.	52	48	35	65	69	31

In the Junior High Schools, the emphasis of the education appears to be on HIV/AIDS, sexually transmitted diseases, how to deal with pressure, and the basics of how babies are made. Based on the survey responses, very little instruction is given on communication, birth control (condoms and other forms), sexual orientation, abortion, and rape/sexual assault. No education was delivered on how to use birth control or emergency contraception at the Junior High level. The primary reason given by respondents for not including these areas of instruction were that they were not included in the

curriculum, followed by taught in a later grade, district policy, taught in an earlier grade, personally felt it should not be taught, and community pressure not to teach.

In the Senior High Schools, nearly all topics are covered. The topics with little emphasis on instruction were emergency contraception, abortion, and sexual orientation. The primary reasons given by respondents for not teaching these topics included - topic was not part of the curriculum, followed by taught in a later grade and not enough time, respectively.

All teachers at all levels felt all the topics listed below were of either great or some importance to teach. However, teachers were asked how much emphasis should be placed on each topic while teaching sex education, and the results are as follow:

Topic	Total %				Junior High %				Senior High %			
	Great	Some	Not too	None	Great	Some	Not too	None	Great	Some	Not too	None
Decision making	86	14			88	12			83	17		
HIV/AIDS	48	48	3		53	47			42	50	8	
STDs	61	39			56	44			67	33		
Body Image	41	38	17	3	53	35	6	6	25	42	33	
Birth Control	35	55	10		24	59	18		50	50		
Abstinence	69	27	3		82	18			50	42	8	
Reproductive Facts	86	14			76	24			100			
Communication	69	31			65	35			75	25		
Healthy Relationships	76	24			82	18			67	33		

*Survey Conclusions:*

- The majority of the administrators surveyed believe their district has a policy regarding sexuality education that teachers are required to strictly follow. This does not appear to be the case. Only two districts have a stated policy on sexuality education.
- While an overwhelming majority of the teachers (83 percent) felt that schools should provide accurate information on birth control and safer sex practices, slightly more than half (53 percent) include this information



in their instruction. Teachers also felt that providing this information did not encourage sexual behavior (89 percent). The instruction on birth control and safer sex is taught almost exclusively at the senior high level. This education appears to be taught after many of these students may have become sexually active. If students nationally are becoming sexually active at approximately 14 years (freshman), then this education appears to be too little, too late.

- Teachers also felt that the topics listed in the survey were all of great or some importance to teach, however, this is not being done, especially at the junior high level. Most of the time, teachers indicate the material is not covered within their curriculum. Therefore, teachers should supplement their curriculums to add these materials or add additional curriculum that covers these topics.

## **Teen Pregnancy Prevention Programming**

---

### **State-Funded Programming**

Ohio received \$7,743,958 in federal funding for abstinence-only-until-marriage programs in Fiscal Year 2005. The Ohio Department of Health (ODH) currently funds only abstinence-until-marriage programs that comply with the federal and state mandates. Ohio received \$1,640,982 in Title V funding in Fiscal Year 2005. The Title V abstinence-only-until-marriage grant requires states to provide three state-raised dollars or the equivalent in services for every four federal dollars received. The state match may be provided in part or in full by local groups. Ohio provides \$500,000 in state funds and the rest of the match is provided by sub-grantees. There are thirteen awardees of Title V grants in Ohio. There are also seven Community-Based Abstinence Education (CBAE) grantees in Ohio in the amount of \$5,352,976 and three recipients of Adolescent Family Life Act (AFLA) grants totaling \$750,000.

**Ohio has competing voices advocating for individual issues, which often conflict and inhibit forward progress on reducing teen births.**

In total, Lucas County receives \$1,012,541 from all three of these funding sources. Locally, St. Vincent Mercy Medical Center is the sole recipient of these monies. The St. Vincent's Mercy Medical Teen Pregnancy Prevention program, Positive Choices, receives \$85,256 from the Title V grant, \$627,285 from CBAE, and \$300,000 from AFLA (*SIECUS Public Policy Office*).

In reviewing programming throughout the state, it was found that the majority of the programming in Ohio is abstinence-only-until-marriage based. Most of these programs are funded through monies from the Ohio Department of Health as well as Prevention, Retention, & Contingency Development Reserve (PRCDR) funding made available at the county levels.

PRCDR funding in Ohio supports programming that is for primary prevention as well as secondary prevention and is for abstinence first as well as abstinence-only-until-marriage programming. In 2001 the amount awarded was \$7,150,144 (*Ohio Department of Job & Family Services*).

It should also be pointed that there is not a state led coalition on teen pregnancy prevention. Other states with coalitions have a strategic approach to reducing teen pregnancy on the state-level. Without a unified voice, the state of Ohio does not have one powerful advocacy group speaking on the issue of teen pregnancy. Instead, Ohio has competing voices advocating for individual issues, which often conflict and inhibit forward progress on reducing teen births.

### **Lucas County Family Council Programming**

Locally, the Lucas County Family Council (LCFC) houses the local coalition to prevent teen pregnancy and promote positive teen development, Partners for Successful Youth (PSY). PSY evolved from the Teen Pregnancy Prevention Coalition, which was formed in 1983, and reorganized in 1994 as Partners for Successful Youth. PSY includes major health organizations, social service organizations and individuals from throughout Lucas County representing all walks of life; neighborhoods, suburbs, racial/ethnic groups, and religious backgrounds, who come together with the mission of reducing teen pregnancy. The mission of PSY is to create a community that will bring about effective change by educating the public regarding the multi-generational economic and societal impact of teen pregnancy.

LCFC also administers and monitors the Teen Pregnancy Prevention Program. Funds are made available through the Lucas County Job and Family Services. However, between 1998 - 2002, monies were earmarked at the state level for administration through the local Family and Children First Councils (a.k.a., Family Councils).

Over nearly a decade of successful experience has allowed LCFC to significantly expand services from three programs to ten. In 1998, the birth rate to teens was approximately twenty-nine births for every one thousand teen females. This has been reduced to approximately twenty-one births for every one thousand teen females. This is a significant decline.

Programming is competitively bid out to local agencies. LCFC has established strong, positive relationships with community providers who are trained to work with teens. They have been successfully providing effective services to the youth of Lucas County for decades. Service delivery is divided between two main program areas – Primary and Secondary Prevention.

To address primary teen pregnancy prevention issues in Lucas County, programming is broken down into three key components: (1) In-School Programming; (2) After-School Youth Development; and (3) Parent Involvement.

#### *In-School Programming:*

In-school programming is grounded in evidence-based, proven effective curriculum. There have been ten common characteristics to effective HIV and sex education programs identified through research. The focus of in-school programming is to educate teens on abstinence and reducing risky sexual behaviors that can lead to unplanned pregnancy and/or HIV/STD infection. Programming is based on theoretical approaches that influence health-related behaviors. Consistency and reinforcement is important in delivering the message of abstinence and/or usage of contraceptives. Providing simple, yet accurate information about the risks a teen faces when they engage

in sexual activity, ways to avoid intercourse, and how to use contraceptives are effective. Social pressures must be acknowledged as to how they pertain to sexual activity. Role-playing with examples of and practicing communication, negotiation and refusal skills can help with youth's self-efficacy. Involving the teens in their learning process makes an effective program. The programs are age-appropriate, appropriate to sexual experience and culturally relevant (Kirby, 2004).

*After-School Youth Development:*

After-school programming emphasizes youth development and reinforce lessons learned through in-school programming. After-school programming incorporates service learning as an important part of the adolescent developmental process. Improving the education and skill set of the teens can lead to future options of college and other opportunities. There are some significant characteristics that are necessary for an effective youth development program. Being responsive to the needs of the community, especially the youth, must include the following: a knowledgeable staff, who are trained to work with adolescents; youth associated with the process of developing these programs; and, a collaborative network among the schools, community and government agencies.

*Parent-Education Involvement:*

Parental supervision, supportive family influences for teens, parents with higher education levels, and parents who communicate with their child openly about sexuality are also essential factors that have been found effective in reducing the risk of teen pregnancy. Adolescents who feel as if they have a good relationship with their parents and talk with them regularly are more likely to delay onset of sexual activity. Parents who openly discuss sex and birth control with their children are more likely to have positive outcomes on the adolescent's reproductive health (Manlove, J. et al., 2002). Currently, each funded-project site is required (at minimum) to host a quarterly parent education program. All sites are also encouraged to conduct home visits.

Principles of effective youth development are an integral part of programming at each of the community providers. Each project site incorporates in-school and/or after-school programming as well as after-school youth development into their programming. They are also required to include a parent involvement piece, specifically to hold a quarterly parent meeting.

Additionally, each site is required to identify risk and protective factors. Research has proven that increasing protective factors while reducing risk factors significantly increases the ability of teens to transition into adulthood successfully (Kirby, 2004). The community providers select from the following list:

- Community disadvantage and disorganization
- Structure and economic advantage of the teenagers' families
- Positive family dynamics and attachment
- Family attitudes about and modeling of sexual risk-taking and early childbearing
- Peer attitudes and behavior
- Partner attitudes (i.e., partner support for condom and contraceptive use)
- Biological antecedents
- Attachment to and success in school
- Attachment to religious institutions
- Problem or risk-taking behaviors
- Emotional distress
- Characteristics of relationship with partners
- Sexual abuse
- Sexual beliefs, attitudes and skills.

Then, each project site is asked to develop at least two program outcomes with corresponding indicators and objectives that will address their selected risk and protective factors. They are responsible for reporting back on their progress through performance measure reports to LCFC on a quarterly basis.

Primary teen pregnancy prevention services are delivered through nine local partners. The project sites, program descriptions and results of program evaluations are as follow:

**North River Development Corporation:** Plain Talk is an Annie E. Casey Foundation urban-based initiative that helps people develop communication skill sets. It was established in 1993 as part of a four year, \$5 million pilot project by the Annie E. Casey Foundation. During the course of the four year demonstration project, Plain Talk found that by engaging adults and youth in direct effective conversation about adolescent sexuality, risks and reproductive health and increasing information available to sexually experienced teens, the community demonstrated a 11 percent decrease in the number of sexually experienced teens creating or causing pregnancy.

The goals of Plan Talk are to create consensus among parents and adults about the need to protect sexually active youth by encouraging early and consistent use of contraceptives; to give parents and other community adults the information and skills they need to communicate more effectively with teens about responsible sexual behavior;

and, to improve adolescent access to high-quality, age-appropriate and readily available reproductive health care, including contraception.

This project is now undergoing national replication as a Program that Works. Annie E. Casey will provide training, and program evaluation as an in-kind service. Locally, North River Development, Corporation has been approved as a national replication site. The program surveyed 197 teens and 282 adults in the North Toledo neighborhood area in SFY 2006. The program has begun conducting home health education parties. It is anticipated that over 500 neighborhood residents will be served during SFY 2006.

**YWCA:** The Incentives for Excellence Program (IFE) is a comprehensive primary pregnancy prevention collaboration between the YWCA and the Toledo Public Schools. IFE provides educational services to youth and their families in the areas of the county that have shown high rates of teen births. IFE is modeled after the nationally known Michael Carrera Children's Aid Society Program, which is a "Program that Works" recommended by the Center for Disease Control. The program served 248 youth through an in-school program at Toledo Public Leverette, Jones and East Toledo Junior High Schools in SFY 2006. There were no reported pregnancies during SFY 2007.

IFE utilizes pre/post test and quarterly surveys to establish baseline data. These methods are also used to report outcomes. Based on this, 80 percent of program participants achieved the program objective of participating in volunteer activities. Another key objective of the program achieved centered on parent education sessions. The purpose of these sessions was to increase parents' communication skills to effectively support their teen children. One hundred percent of the parent participants (105 parents) reached this program goal according to IFE outcome data.

**Friendship New Vision:** The Rites of Passage program provides after school and summer educational activities to 60 male and female youth in grades 6 – 10. The program is based on an academic framework promoting positive self-image and self-esteem. The Rites of Passage program has 10 steps: personal, spiritual, economic, political, social, mental, physical, emotional, historical, and cultural rites of passage. The program served 60 youth through an after-school program in zip codes 43607, 43610, and 43620 during SFY 2006. There were no reported pregnancies during SFY 2006.

This program has done a good job of establishing baseline data and reporting out progress on meeting outcomes. They have achieved this through pre/post-tests, surveys and questionnaires. Eighty-six percent of the youth

participating in the program reported improving their attitude toward themselves and other as a result of participating in the program. Nearly ninety percent of youth participants indicated an increase in their knowledge of the consequences of sexual activity. Seventy-five percent increase the number of positive social relationship they have as a result of the program.

**Adelante:** The *Ganas* program (translates into the “Will to Succeed”) is a Latino-based prevention program designed to address risk factors among Latino adolescents. The *Ganas* program mirrors the Michael Carrera Children’s Aid Society Program, which has been identified as a “Program that Works” by the Center for Disease Control (CDC). *Ganas* is a comprehensive youth enrichment program utilizing a holistic approach to pregnancy prevention, alcohol and drug prevention, and youth development by empowering Latino youth to develop personal goals and the desire for a productive future. The program served 127 youth through an after-school program at Toledo Public Jones, East Toledo, Leverette Junior High Schools and Libbey, Waite and Woodward High Schools during SFY 2006. There were no reported pregnancies during SFY 2006.

Based on information collected through quarterly reports, site visits and monthly program and fiscal monitoring, this program has proven to serve its target number of students. However, concerns were raised by LCFC staff that the specific zip codes proposed to be provided for have been underserved by the program. Additionally, LCFC staff noted baseline data failed to be established; therefore, outcome information could not be accurately determined. The program did excel in contacting parents; however, it lagged in providing structured parent meetings per grant requirements.

**YMCA:** The Chance for Change “No Limit Kidz” program is based on the belief that each young person deserves to be given opportunities to reach his or her full potential. The program acts as a loving, generous and encouraging family network where youth whose family or origin has not been given the societal opportunities necessary to cultivate a productive future. Chance for Change is a holistic program based on the Michael Carrera Children’s Aid Society model. The program is neighborhood based and is actively involved with the youth’s family. The program served 105 youth through after-school programming in zip codes 43620, 43604, 43608, 43610 and 43624 during SFY 2006. There were no reported pregnancies during SFY 2006.

Outcomes established for Chance for Change included increasing youth employment (for youth eligible for employment), learning entrepreneurial skills, reduction in school failure, reduction in juvenile delinquency/offences, and abstaining from sex or using contraceptives. Eighty-eight percent of youth self-reported abstaining from sex. Twelve youth reported being sexual actively; however, the program did not report if these youth were practicing

safer sex. Fifteen percent of the youth participants are employed, and 100 percent have completed the entrepreneurial program. Chance for Change failed to report any data on the remaining outcomes.

**Planned Parenthood of Northwest Ohio:** Planned Parenthood “Reducing the Risk” Program consist of three interrelated components: (1) Teen Peer Opinion Leaders will be trained to provide education about preventing pregnancy and transmitting STDs within their communities and circles of influence using the “Reducing the Risk” curriculum, a Center for Disease Control “Program that Works;” (2) educational sessions for parents to familiarize them with the “Reducing the Risk” curriculum and implementation of the Parents As Sexuality Educators (PASE) kits; and, (3) a one day train-the-trainer sessions that will be repeated quarterly for agency personnel, teachers, youth center staff, and youth group ministers. The program served 88 youth through after-school programming at the East Toledo Family Center and Caldwell Center during SFY 2006.

The objectives of this program included the following: maintaining regular school attendance (96.6 percent achieved); youth abstain or decrease use of alcohol, tobacco, drugs and other substances (100 percent reached); and, youth become aware of consequences of early parenthood (100 percent achieved). There were no reported pregnancies during SFY 2006.

**UMADAOP:** The Carry Books not Babies project utilizes the “Love-U-2” curriculum employing a variety of teaching and learning methods for teens in grades 7-12. The program helps teens explore the emotional and social dimensions of sexuality, not simply the physical issues. Teens learn the positive benefits of postponing sexual activity. The “Love-U-2” curriculum helps teens to explore relationship development, the meaning of sexual love, childbearing and its consequences for teen parents. The curriculum also provides information on sexually transmitted diseases, pregnancy, and contraceptives. The program served 237 youth through an out-of-school suspension program during school hours and after-school programming.

The program established three outcomes: (1) youth will successfully complete their current school grade and be promoted or graduate; (2) youth will avoid becoming a teen parent; and, (3) youth will avoid experiencing a repeated suspension or expulsion from school. There were no reported pregnancies, and 100 percent of youth participants successfully met their academic objective. Eighty-seven percent of youth avoided suspension or expulsion from school.

**Connecting Point:** Connecting Point offers programming based on the Teen Outreach Program (TOP) model, which is a service learning program for young people ages 12-17 based on the principles of youth development. It



is an approach seeking to prevent problem behaviors by providing the supports adolescents need to develop into healthy adults. TOP has been proven effective in increasing academic success, preventing teen pregnancy, and other negative behaviors among program participants. The Teen Outreach Program has been recognized by the Center for Disease Control as a "Program that Works." The program served 90 youth at Toledo Public Waite and Woodward High Schools in SFY 2006. There were no reported pregnancies during SFY 2006.

Although TOP has been recognized as an outstanding program in the past, current performance has greatly suffered. Based on information collected through quarterly reports, site visits, and monthly program and fiscal monitoring, this program has proven to be problematic. It has had difficulties meeting both program and fiscal requirements as outlined in contractual agreements. Specifically, fidelity to the curriculum has been identified as a serious concern by LCFC staff. This concern is centered on significant staff turn over, inconsistent leadership and insufficient or non-existent training of current staff on the TOP curriculum. Further, this program has failed to establish baseline data and report out required outcome data.

**St. Vincent Mercy Medical Center:** Positive Choices project has collaborated with five Lucas County charter schools that serve youth from targeted zip codes with the highest teen birth rates and other high-risk behaviors. Teens in grades 7-12, their parents, and teachers receive teen pregnancy prevention services. The curricula and teaching focus is relationship education taught in 12-week sessions followed by after school and summer programming. The program served 708 youth through in-school programming at Toledo-area charter schools, including George Phillips Academy, Life Skills Center, Toledo Accelerated Academy, Alliance Academy and Glass City Charter Schools, during SFY 2006. There were 17 pregnancies reported. Ten were first pregnancies and seven were repeat pregnancies.

Baseline data and outcome information was collected through pre/post tests. The program set out to achieve three objectives: (1) improve family dynamics through parent meeting; (2) assist youth in identifying the characteristics of healthy relationship; and (3) assist youth in reducing involvement in risk taking behaviors resulting from unhealthy relationship. Ninety-seven percent of youth participants report confidence in their ability to reject unwanted advances. Seventy-one percent of youth report an increase of their knowledge of healthy relationships. Survey data on the parent objective was incomplete; therefore, outcome information could not be reported out on this.

Secondary teen pregnancy prevention services are delivered through one local provider, Polly Fox Academy. The program description and results of program evaluation are as follow:

### **Polly Fox Academy**

Over 20 percent of annual births in Lucas County are to teenage girls having additional children. Additional births to teens now account for more than one out of five teen births. Teen pregnancy is the number one cause of school dropout among girls. The implications of not completing school impact not only their lives, but that of their children and the community. More than 250 girls drop out of the Toledo Public Schools annually due to pregnancy and parenting issues (Durgin, 2005).

In an effort to address and reduce these issues, Lucas County Family Council (LCFC) is working with The Polly Fox Academy (Polly Fox). Polly Fox provides a complete academic program and comprehensive social services support to pregnant and parenting girls in grades 7 through 12. As a Community Charter School sponsored by Toledo Public Schools, it is free of charge to all girls including those who live outside the Toledo school district. Polly Fox Academy receives no funding from Toledo Public Schools. Polly Fox works to build a community of young women with the same goal - to finish high school.

The secondary teen pregnancy prevention project at Polly Fox seeks to increase the developmental assets of pregnant and parenting teens. It is designed to address the academic and social service needs of 7<sup>th</sup> through 12<sup>th</sup> grade pregnant and parenting teens and increase educational success. Services are individualized to meet each student's special needs with the goal of obtaining a high school diploma as well as preparation for parenthood, continuing education and future employment. Specifically, this project works with the students on career exploration; money management; community service projects; mentoring; and, child care coordination. Home visitation, peer mediation and parent education meetings are also key components of this project.

The Polly Fox Academy project also collaborates with another LCFC program, Help Me Grow (HMG), an early childhood program for families with children prenatal through three years old throughout Lucas County. Project staff refer students to the HMG program in an effort to further enhance development assets and protective factors among their students. The program served 210 youth through the charter school during State Fiscal Year 2006. Students reside throughout Lucas County. There were eight repeat pregnancies.

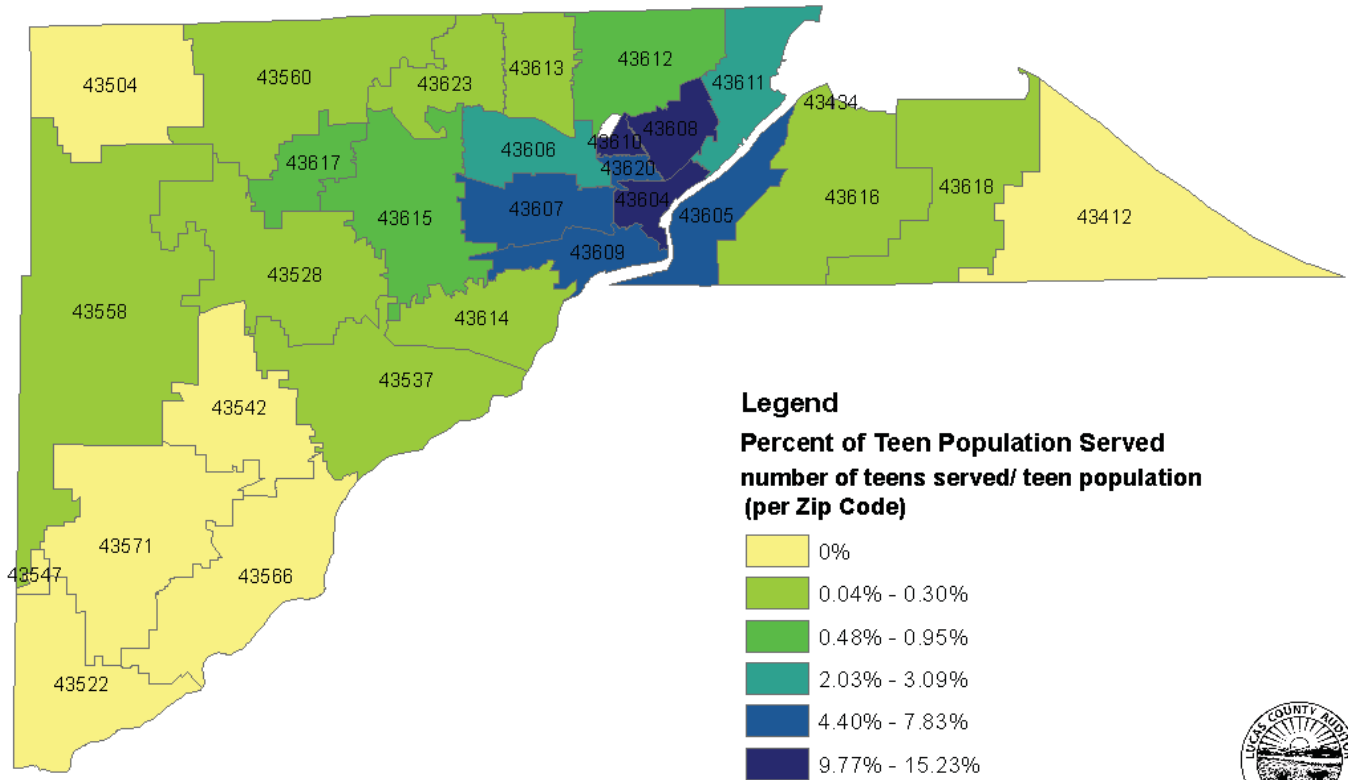
### **Lucas County Family Council Mapping Data**

Maps on the following pages display the percent of teens served through the Lucas County Family Council (LCFC) teen pregnancy prevention programs in 2005 and 2006. According to literature on best practice programming, all teens are considered at risk. When comparing the maps displaying the percent of teens served through the LCFC programs to the

map on page 25 displaying the percent of teen births in Lucas County, one can see the areas with the highest percent of teen births are targeted by the prevention programs.



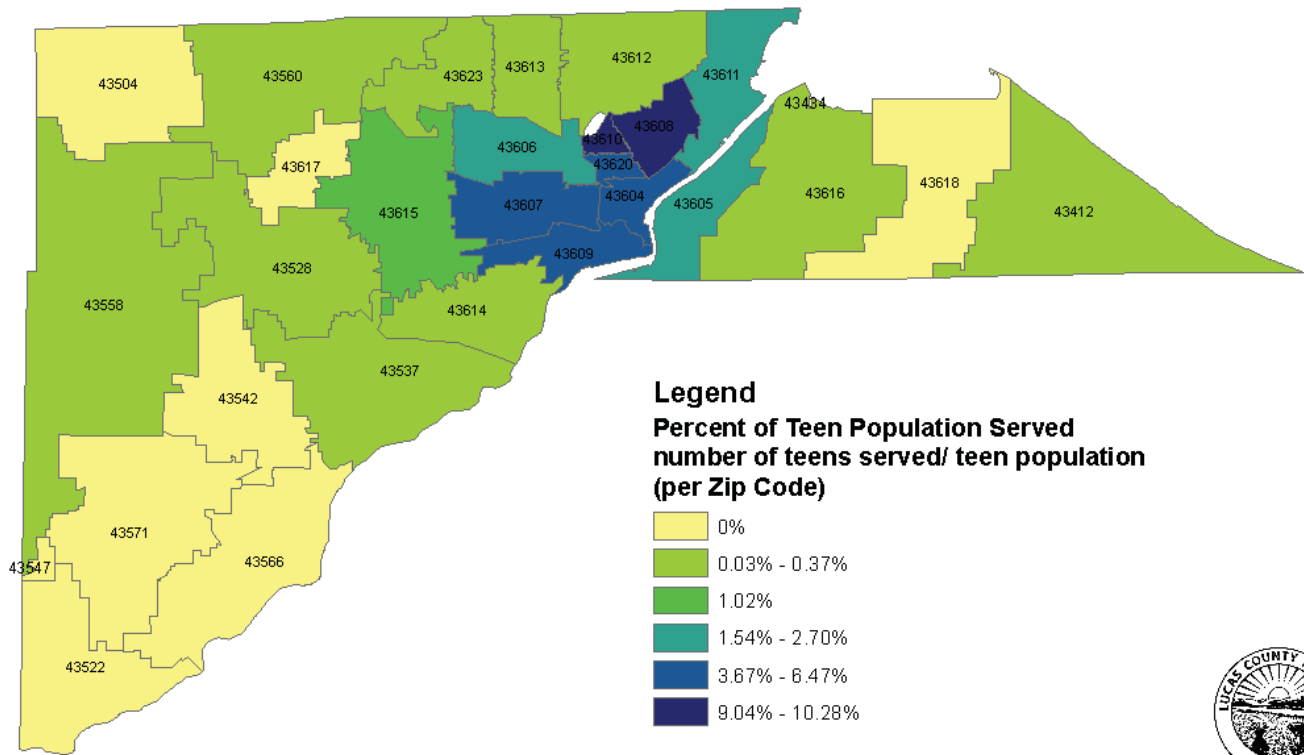
## Population Served in 2005 by LCFC Teen Pregnancy Prevention Programs





## Population Served in 2006

by LCFC Teen Pregnancy Prevention Programs



## Other Local Programming

### *United Way of Greater Toledo*

The United Way of Greater Toledo currently invests \$2.5 million in Lucas County programs with the goal of giving children and teens strong foundations to become successful adults. Programs vary in scope and size from providing safe places and healthy activities to longer-term programs that develop character and promote wise decision making to education programs for parents of troubled kids. Approximately, \$220,000 goes directly to teen pregnancy prevention. Primary prevention programming is offered through Adelante, Connecting Point and the YWCA (these programs were highlighted in the previous section). Through this funding, Family Service of Northwest Ohio also offers a secondary prevention program, It Takes Two, which works with teen fathers. The outcome of the program is to assist teen fathers in not fathering more children until they are financially and emotionally ready.

### *Lucas County Job and Family Services*

The Federal Government is concerned about the long term consequences of teens having children and has asked State Governments to implement strategies to reduce the teen birth rate. The Ohio Department of Job and Family Services is monitoring the counties by creating a Performance Measure that counties will meet or exceed Ohio's target birth rate. Lucas County's birth rate has been declining faster than the projected target, however, Lucas's rate is still above the Teen Birth rate for the state of Ohio. This year, Lucas County Job and Family Services (LCJFS) has invested \$921,000 in TANF funds and \$65,000 in Title XX funds to many programs that assist LCJFS to reach the performance targets as proposed by the State of Ohio.

**"I come home from school, and I'm so tired. He (the baby) wants to play, and I just want to sleep."  
Polly Fox Academy Student**

LCJFS is mandated to work with pregnant or parenting teens receiving cash assistance with the objective of encouraging the teens to attend and complete high school or obtain their GED. To this end, the "Learning Earning and Parenting (LEAP) program has been written into law to give bonus payments for attending school as required or to sanction teens who do not attend school as required. The rationale for this program is that completing high school will help teens become independent of cash by making the teens more employable. The state of Ohio is measuring Lucas County on their ability to assist teens in completing their education. Those teens receiving a monetary attendance bonus for attending school as required are reported.

Although LCJFS performance improved slightly in 2006, Lucas County is significantly below the state average. The LEAP program engages the teen's parent by having them sign the Teen assessment plan, which is monitored monthly by a case manager at JFS. Bonuses do not always go to the Teen parent, in many cases the bonus will

go to the Teen's parent. In addition, if the teen doesn't attend school a portion of the family's OWF grant is sanctioned. Not all teen parents are part of the LEAP program; many have graduated high school or obtained their GED. The majority or 87% of the teens listed have one dependant child.

#### *Responsible Social Values Program of Greater Toledo*

Another teen pregnancy prevention program locally administered is Responsible Social Values Program of Greater Toledo (RSVP). RSVP is a dynamic family centered abstinence curriculum for middle and high school students. The curriculum is a three-day, age appropriate, medically accurate classroom presentation. The mission of RSVP is to reduce adolescent pregnancy, STD, and emotional side effects of early sexual involvement by empowering teens to choose abstinence from sexual activity until marriage.

There are two components to the RSVP program: 1) Parents meetings – Parents are affirmed as the primary sex educators and given support and information regarding increasing communication with their adolescent. Parents are also given information on the program content. 2) Classroom instruction – Students are fascinated by the scientific demonstrations, visual aids, games and multi-media presentations used to illustrate each principle. RSVP is in partnership with the Abstinence Educators' Network of Sunbury, Ohio. Special speaking engagements, mentoring programs and abstinence trainings are provided through this collaboration.

#### *Graduation, Reality and Dual-role Skills*

Lastly is the Graduation, Reality and Dual-role Skills (GRADS) program. GRADS is an in-school instructional program for pregnant and parenting students, grades 7-12. The mission is to promote personal growth, educational competence, and economic self-sufficiency as socially responsible members of society. The objectives are for the student to remain in school, have healthy pregnancies and healthy babies, learn practical parenting and child-development skills, gain orientation to work, set goals toward balancing work and family, and delay subsequent pregnancies.

GRADS is an instructional and intervention program for pregnant and parenting students that focuses on keeping students in school until graduation, positive health practices, parenting skills, career goal-setting and balancing work and family; a repeatable graded course that can be taken for credit. Although funding is still available and Lucas County maintains the highest teen pregnancy birth rates of all the urban counties in Ohio, for reasons unidentified by the committee, no local school system chooses to draw down available state funds to offer the GRADS program. At one time, many local high schools had the GRADS programs. However, the last program, which was at Toledo Public High School, has closed.

## **Blueprint for Success: Recommendations**

---

The Lucas County teen pregnancy prevention community, which is led by Partners for Successful Youth (PSY), is working hard on solutions to this comprehensive issue discussed throughout this report. Toledo and Lucas County have a wide range of quality providers working with the youth throughout our community. However, through this countywide analysis of data and information, the Data and Evaluation Network (DEN) is proposing a blueprint for success based on four key recommendations:

1. Incorporation of a comprehensive plan
2. Improvements to Polly Fox Academy
3. Implementation of a consistent sexuality education and HIV/AIDS education curriculum
4. Coordination and improvement to local data collection.

### **1. Comprehensive Plan**

Through research, eight program elements have been found useful for teen pregnancy prevention and youth development. They are based on data-driven research and evaluation and incorporate the vital elements of effective programming that will allow Lucas County youth to successfully reach their adulthood. They are as follows: (1) youth development; (2) involvement of family and other supportive adults; (3) male involvement; (4) cultural relevance; (5) community-wide campaigns; (6) service learning programs; (7) programs to improve employment opportunities; and, (8) access to reproductive health services (Johns et al., 2000). Additionally, strategies need to be developed to address the needs of students in school as well as youth who are not currently engaged with schools. Out of school youth are at the greatest risk.

#### ***Youth Development***

Youth are the future of our community. A program with an emphasis on youth development teaches them skills and engages them in their community. Service learning is a part of the development process. Improving the education and skill set of teens can lead to future options of college and other opportunities. There are some significant characteristics that necessary are for an effective youth development program. The factors are being responsive to the needs of the community, especially the youth, knowledgeable staff who are trained to work with adolescents, youth associated with the process of developing these programs and a collaborative network with the schools, community and government agencies.

One program that has been proven effective is the Carrera program from the Children's Aid Society as a youth development program that reduces teen pregnancy and childbearing. The target population for this program is



socio-economically disadvantaged black and Hispanic urban youth between the ages 9 and 18. The programming involves daily activities lasting three to five hours after school where the youth can participate in sports activities, self-expressional art projects, tutoring, career investigation and extensive sex education. One vital component of this program is involving family members. Program evaluations have found this program to be effective in delaying initiation of intercourse, resistance to sexual pressure, and increased use of contraceptives in the female participants. All of these factors lead to a long-term reduction in the rates of teen pregnancy (Advocates for Youth, 2003).

Currently, in Lucas County there are three programs modeled after the Carrera program, YMCA Chance for Change, Adelente Ganas and YWCA Incentives for Excellence. In order to become an official Carrera program, significant training must be completed and maintained. Fidelity to programming is closely evaluated and monitored in order to achieve continued program outcomes. There are additional requirements established through the Children's Aid Society.

***Involvement of Family and Other Supportive Adults: Help Parents Talk to Their Kids about Sex***

There are certain factors that have been found to reduce the risk of teen pregnancy. Some of which are parental supervision, teens with supportive family influences, parents with higher education and parents who communicate with their child their opinion about abstinence. On the other hand there are factors that increase the risk of teen pregnancy. They are strict and overly controlling parents, low socioeconomic status, a single parent household or a change in parental marital status, lack of religious association, history of violence or abuse, sexually active or parenting teenage siblings (Johns et al., 2000). Adolescents who feel as if they have a good relationship with their parents and talk with them regularly are more likely to wait to have sexual intercourse until they are older. Parents who openly discuss sex and birth control with their children are more likely to have a positive outcome on the adolescent's reproductive health (Manlove, J. et al., 2002). Plain Talk is a program proven to improve communication between parents and teens.

Currently, the LCFC Teen Pregnancy Prevention Program mandates quarterly parent meetings. This was implemented as an attempt to maintain consistency across programs. In addition to maintaining this requirement, it is recommended to incorporate a consistent parent-involvement curriculum across programs. This would afford the opportunity for improved quality as well as tracking program outcomes. Many of the current programs struggle with successfully engaging parents.

### ***Male Involvement – Male-Targeted Programming (Primary and Secondary)***

Pregnancy prevention should not be geared only to young women. Men also play a part and should be involved. Through male facilitators, males-only discussion groups can provide an accepting environment where the youth can look up to the male mentors and feel more comfortable talking about their concerns. However, there should also be co-ed discussion groups to not segregate the males and females completely (UC ANR, 2004).

Currently, there is one male-targeted secondary teen pregnancy prevention program in Lucas County, Family Service of Northwest Ohio It Takes Two. Based on the scope of the teen pregnancy issue in Lucas County, one program does not sufficiently address the needs of this community.

### ***Cultural Relevance***

Prevention of teen pregnancy must take into account racial, cultural, regional and socio-economic class differences in order to be effective. Prevention efforts are most successful when the message is tailored and addressed to the target audience and their specific risk factors. Efforts that treat teens as a single group will fail since different risk factors vary by race and ethnicity (Berry et al, 2000).

It was estimated in the 2004 American Community Survey that there were 22,246 Hispanic or Latino residents living in Lucas County. Due to the fact that Latinas have the highest teen birth rate in the United States, this group can not be overlooked (Johns et al., 2000). Many of the programs taught in schools are directed to the Caucasian and African American populations. One recommendation for reaching the Latino population involves a family-life educational approach where there would be education on sexuality and reproductive behaviors, decision-making skills, communication and refusal skills, interpersonal relationships, parenting and child development (UC ANR, 2004). Working with the extended family can create a strong family relationship that can help the youth. Currently, the *Ganas* Program at Adelante is the only Latino-based prevention program designed to address risk factors among Latino adolescents.

### ***Community-Wide Campaigns***

Community education and awareness are vital in being successful in any program. Involving parents, teachers, clergy and other community members lead to healthy role-models for the youth and effective lines of communication (UC ANR, 2004). The type of school they attend, characteristics of other students at the school, teacher's perceptions of the school and availability of sexual education classes are all factors involved in an adolescent's reproductive health (Manlove, J. et al., 2002). Having a religious affiliation and attending religious functions frequently are potentially protective factors in teens' sexual behavior (Kirby, D. et. al, 2005). This is a community problem where we can try to work on a community solution.

### ***Service Learning Programs***

Service learning is a grouping of community-service, disciplined reflection and learning experiences. It is used as a developmental program for youth to help reduce pregnancy rates, problematic behaviors, school suspensions and dropouts (Johns et al., 2000). The disciplined reflection should be a time set aside for the students to get together and talk about what they did and how the experience connects to them. Community businesses should be involved in this program to have a place where the youth can learn and help. The main emphasis of this program is to develop responsibility and self-esteem. Critical thinking, problem-solving, and job preparedness help the youth promote positive values and reduce risky behaviors.

Locally, the Teen Outreach Program (TOP) administered at Connecting Point incorporates a service learning component. As stated previously, TOP has been found effective in decreasing the rate of teen pregnancy births when implemented with fidelity to the established curriculum, which include topics of relationships, values, family stress, human growth and development and issues related to the transition to adulthood (Advocates for Youth, 2003).

### ***Programs to Improve Employment Opportunities***

Helping to provide youth with aspirations and opportunities can help them succeed in life. Job training, interview skills and employer expectations are some of the areas where teens need education. Through exposure and school programs, the adolescents can be prepared for these experiences (UC ANR, 2004).

### ***Access to Reproductive Health Services***

Reproductive health services are important for our youth who are sexually active. The youth are typically reluctant to talk to their parents about their activity which might keep them from obtaining care. By providing services that are flexible, non-judgmental, and inexpensive (if not free), youth can use these services without worry. The clinic services need to acknowledge the five C's that teens perceive as barriers: cost, convenience, compassion, communication and confidentiality (UC ANR, 2004). Males should also be able to access these health services.

Locally, teens are required at many clinics to have a parent with them or parental permission to receive services. Planned Parenthood of Northwest Ohio and the Toledo-Lucas County Health Department do not require parent consent. Requiring parental consent can be detrimental to teens attempting to access reproductive health services. Many teens do not wish for their parents to know they are sexually active, and would like to be able to take the responsibility for their sexual health without their parent's knowledge. By requesting a parent accompany them to the appointment and give consent for treatment, teens may not be able to access the services they need.

## **2. Polly Fox Academy**

Currently, Polly Fox Academy (Polly Fox) shares space with another Toledo Public School (TPS) Charter school, Phoenix Academy, as well as many other St. Vincent Mercy Medical programs. The Phoenix Academy targets out of school troubled teens offering an alternative to traditional in-school programming. While this is an important program to offer, combining the student populations in one facility does not create an environment conducive to the needs of the students attending Polly Fox Academy. Space limitations of the site also inhibit on-site child care. Further, distribution of contraceptives would further the goals of secondary pregnancy prevention. Currently, the school is prohibited from dispensing contraceptives.

After several site visits, analysis of programming, and conducting focus groups, the DEN is recommending a separate facility for the school. Additionally, the committee recommends on-site child care. Distribution of contraceptives on site is also recommended.

Polly Fox is the only school in Lucas County designed to meet the specific needs of pregnant or parenting teens. As previously indicated, over 800 children are born to teen parents each year in Lucas County. Yet, only 200 teens currently attend Polly Fox. Although some students may elect to remain in their home school, it is feared that many of these pregnant or parenting teens fail to complete their education. This puts them and their children at greater risk for a whole host of issues discussed throughout this report. In order to reduce secondary teen pregnancy and insure the success of teens that are already parenting, it is vitally important that this critical community resource succeed.

## **3. Consistent Sexuality Education and HIV/AIDS Education Curriculum**

There are 10 common characteristics to effective HIV/AIDS and sexuality education programs. The focus should be on reducing the risky sexual behaviors that can lead to unplanned pregnancy or HIV/STI infection. The program should be based on theoretical approaches that will influence other health-related behaviors. The program should be delivered with fidelity. In sum, community agencies utilizing research-based standardized programs need to deliver the program exactly as the original designers intended. True fidelity is based on the following three standards: (1) never subtracting components of programming only add; (2) seek input from the developer when adding to the program; and, (3) if the first standard is violated, a professional statement from the developer detailing the potential implications on programming is necessary.

Consistency and reinforcement is important in delivering the message of abstinence or usage of contraceptives. Providing simple, yet accurate information about the risks a teen faces when they engage in sexual activity, ways to avoid intercourse, and how to use contraceptives are effective. Social pressures should be acknowledged as to how

they pertain to sexual activity. Role-playing with examples of and practicing communication, negotiation and refusal skills can help with youth's self-efficacy. Involving the teens in their learning process makes an effective program. The programs should be age-appropriate, appropriate to sexual experience and culturally relevant (National Campaign to Prevent Teen Pregnancy).

Interventions that combine educational components and skill building, while acknowledging attitudes and values related to avoidance of sex, demonstrate a stronger, more sustained impact on delaying intercourse over time. Using peer educators who are slightly older than the target population has found to be helpful in the implementation and success of programs (Moore et al., 1997). The most effective pregnancy prevention programs have expanded their curricula of reproductive health to include life options, such as education and job skills (Nitz, 1999). In order to make an impact on the youth, there has to be more than a few hours of education. Curriculum-based programs that provide different interactive activities, such as role-playing and games, for at least 14 hours make the most effective program (National Campaign).

Reducing the Risk (RTR) is one curriculum that meets these criteria. The RTR curriculum is designed based on three interrelated theoretical models: social learning theory, social influence theory and cognitive behavior theory. Key premises from each of these theories have been translated into curriculum activities designed to impact on the major reason teens take sexual risks. It emphasizes that abstaining from sexual intercourse or refusing unprotected sexual intercourse are the only responsible alternatives for young people. The RTR curriculum has been proven through rigorous program evaluation to significantly increase knowledge about contraceptives, pregnancy risks and STD/HIV prevention as well as increase communication with parents about abstinence and birth control. It has been shown to delay the initiation of intercourse among students who had not yet initiated sexual intercourse as well as reduce the likelihood of sexually active students to engage in unprotected intercourse (ETR Associates, 2006).

#### **4. Local Data Coordination and Improvement**

For almost a year, the DEN has been collecting, reviewing and analyzing national, state and local data. Based on the results of this evaluation, we are recommending several improvements with regard to local data collection efforts. Data on youth sexual behaviors has not been collected in Lucas County since 2000. Lucas County does not participate in the Youth Risk Behavior Student Survey (YRBSS), a national survey given to students every two years. Instead, the county has elected to survey students using the ADAS Survey. While this instrument is similar to the YRBSS, it does not include any questions on sexuality. We cannot compare Lucas County to other Ohio counties due to the fact that sexual health questions are not asked of Lucas County youth. If Lucas County is not going to participate in the YRBSS, it is recommended that questions on sexuality be added to the ADAS Survey.

Another local data improvement recommendation involves accessing teen birth data. Records kept by the Toledo-Lucas County Health Department are not consistent with Ohio Department of Health data. Current information was difficult to access. In some cases, the most current available data was from 2003. In order to accurately frame this issue, current teen birth data must be easily available.

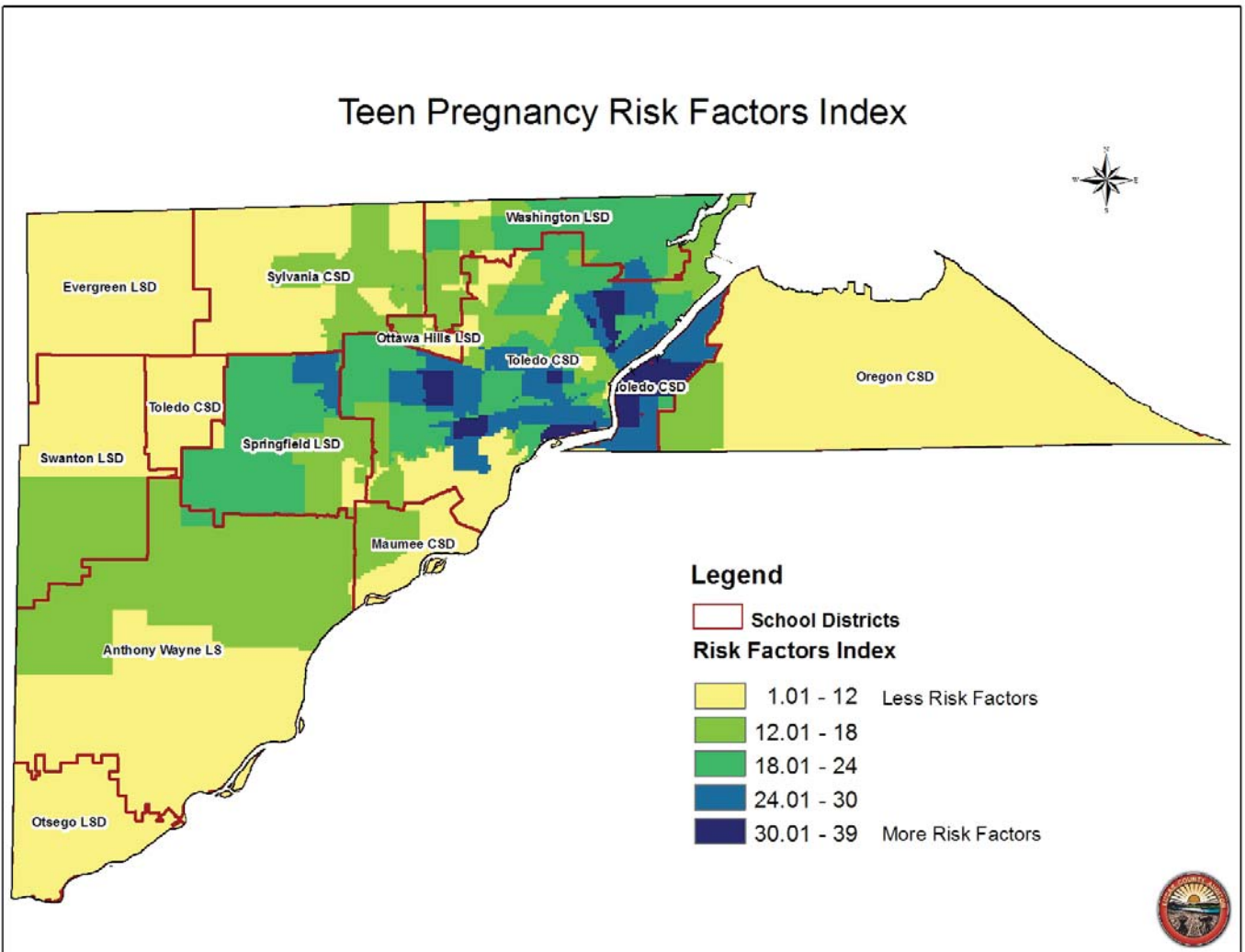
Further, once a comprehensive plan to prevent teen pregnancy and promote youth development has been implemented in Lucas County, it is essential to require community providers to report consistent outcome data. This will allow for program evaluation as well as give the community the opportunity to revisit the impact local programming is having on the issue. A well-coordinated outcome plan will allow the affects of the comprehensive plan to be measured over time. Not only will this afford us the opportunity to assess the impact on reducing teen pregnancy and enhancing youth development, it will also give us the chance to continually evaluate the impact of local funds on vital community issues.

Moreover, fidelity to programming is also essential. Once programming is selected as part of the comprehensive plan to prevent teen pregnancy and promote youth development, it is important to insure that program delivery is done accurately, adhering to the original design quality.

#### **Final Comments**

A final piece of information was put together to assist with planning. Six risk factors correlated with youth successfully transitioning into adulthood were used to build an overlay analysis map. The risk factors used were as follows: teen births; juvenile crimes; number of families below poverty level; number of individuals with no high school diploma; Ohio Works First (OWF) recipients; and, number of single parent households. Values were then assigned for each of these risk factors based on degree of impact to youth succeeding. Then, each risk factor was coded with a value. The coded values for each risk factor were used in the overlay analysis to derive the following map. This overlay analysis helps identify the areas where higher value multiple risk factors for youth are present. Two maps follow, one depicting the risk factors by school district and, one displaying by zip code areas within Lucas County. The four areas with the highest risk include: 43605 (East Toledo); 43607 (South/West Toledo); 43608 (North Toledo); and, 43609 (Old South Toledo). All these areas are within the Toledo Public School district.

# Teen Pregnancy Risk Factors Index



## Teen Pregnancy Risk Factors Index

