



# EXECUTIVE SUMMARY: REDUCING TEEN BIRTHS IN BALTIMORE CITY



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# KEY RECOMMENDATIONS: Changing the Way the City Supports Teens

## I.

The Baltimore City Public School System (BCPSS) and Baltimore City Health Department (BCHD) need to collaborate to increase access to evidence-based sexuality education and confidential contraceptive services for all young people in Baltimore City.

- BCPSS adopts a set of health education standards that include age and culturally appropriate evidence-based programs throughout middle and high school.
- School-based or school-linked confidential contraceptive services are available to all BCPSS middle and high school students.
- BCHD, area hospitals, and adolescent service providers collaborate to address geographic gaps in service areas.
- Social marketing campaigns, with youth involvement, are employed to promote more effective long acting contraception and increase knowledge of existing services among youth.

## II.

Increase youth outreach and connection, especially among certain high risk sub- populations of Baltimore youth who face greater risk for teen births, STI and HIV, and who may not be reached by school-based approaches or social marketing campaigns.

- Develop a strategic approach to reduce repeat births among teens, perhaps through *Nurse Family Partnership*, an evidence-based program for this population.
- The integration of evidence-based sexuality education in out-of-school settings is an important strategy to reduce repeat births; several possible sites exist.
- Specifically addressing the birth rates of Baltimore's Hispanic population who have the highest teen birth rate in the City, while representing only about 2% of the population, is an important step now and for the future.

## III.

Create a city-wide coalition to manage this comprehensive plan, collect data, and advocate at the City and State levels.

- Create a politically and financially stable city-wide coalition under committed leadership to implement and manage the strategic plan.
- Use current initiatives, such as the *B'more for Healthy Babies*, to implement the plan before the coalition can be created.
- A central data bank would serve the city well in mapping progress in the development, delivery, utilization and impact of any teen birth reduction strategies.

## IV.

Key advocacy efforts are critical to turn the tide of teen births in Baltimore.

- Baltimore City must advocate at the State level for support and funding for evidence based programs.
- The Maryland State Department of Health and Mental Hygiene should be strongly encouraged to seek funding for and support evidence-based prevention programs. Abstinence-only-until marriage programs are ineffective.
- Must advocate to maintain clinical resources in schools to provide prevention and contraceptive

## REPRODUCTIVE HEALTH IN BALTIMORE CITY

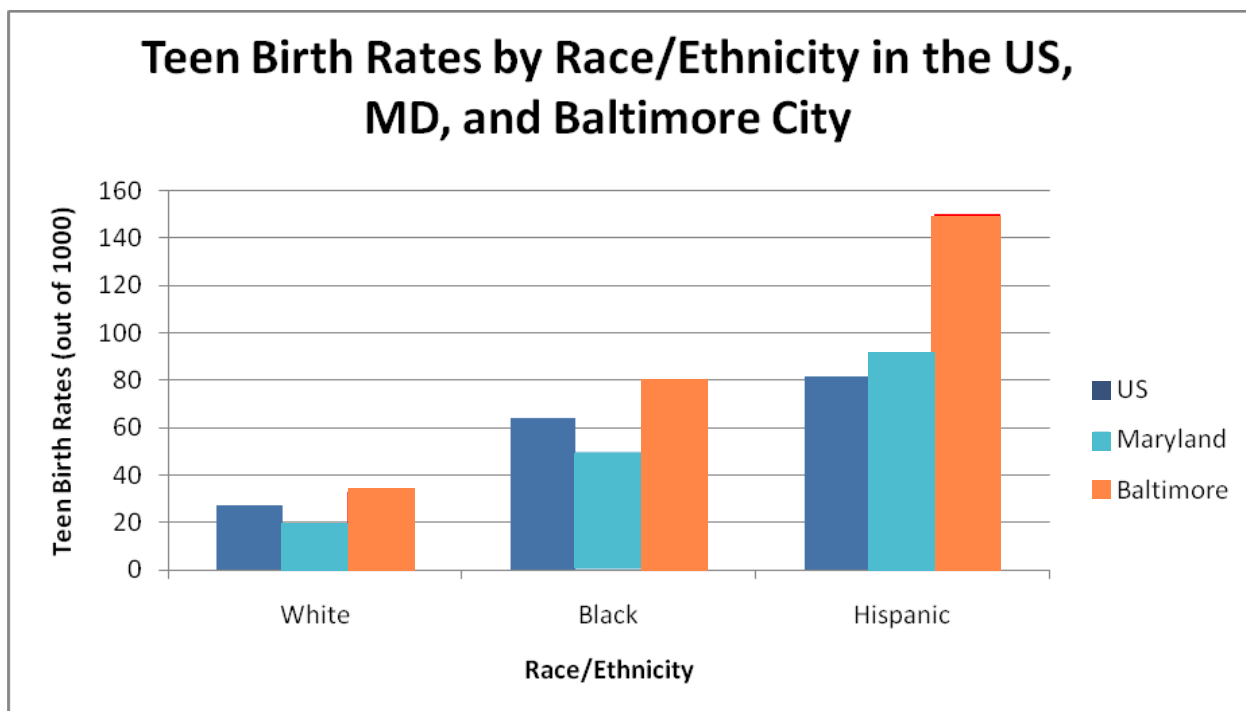
*“Baltimore City has the fifth highest overall rate of HIV among all major cities in the US, putting youth at risk throughout their lifetime.”*

### TEEN BIRTH RATES

- Teen birth rates in Baltimore City are significantly higher than birth rates in both the US and Maryland.
- Teen birth rates are stratified by race/ethnicity with Hispanics and Blacks presenting with significantly higher birth rates than Whites.
- The reason for these disparities is not altogether known, however socioeconomic status most likely plays a prominent role as Hispanics and Blacks are disproportionately represented in the lower brackets.

### STI AND HIV

- The rate of Chlamydia in 15-19 year olds in Baltimore is 6,749.9 per 100,000; triple the Maryland state rate of 2,268.5 and higher than any other age group (Maryland Department of Health, 2007).
- Baltimore City has the fifth highest overall rate of HIV among all major cities in the US, putting youth at risk throughout their lifetime.



## INFLUENCING FACTORS IN BALTIMORE CITY

*“Baltimore’s youth are in trouble. School failure, early sexual debut, sexually transmitted infections (STIs), and teen pregnancy characterize much of the experience of young people growing up in Baltimore today.” – Dr. Robert Blum, Johns Hopkins University Urban Health Institute*

- Baltimore has some of the highest rates of **substance abuse and violence** in the country.
- Many Baltimore youth grow up in **dysfunctional environments** that may promote irresponsible sexual behavior.
- **Lower income neighborhoods** in Baltimore City have higher rates of teen births. Two-thirds (2/3) of families begun by young mothers are poor (The National Campaign to Prevent Teen Pregnancy, 2002).
- Teen pregnancy and parenting are the number one reason young women **do not graduate high school**. Teen births are highest among high school drop outs.
- **Repeat teen births represent 16% of all births** to Baltimore youth.
- Early initiation of sexual activity, frequency of sex, number of sexual partners are all related to higher rates of teen pregnancy and STI infection among teens. Baltimore City youth have higher rates of these behaviors compared to the Nation as seen in Table 1.

**Table 1: Baltimore Youth Reports on Sexual Activity** \* YRBSS 2007 \*\*YO! Data, 2008

Item	In-School Youth (%)	Out-of-School Youth (%)	US Rate (%)
Ever had sexual intercourse	67.1*	89.0**	47.8*
Had sexual intercourse with 4 or more persons	29.6*	60.6**	14.9*



## CURRENT RESOURCES

*"In the entire City of Baltimore, there exist only two after school programs, one residential program, and one community based program that specifically target teen pregnancy prevention."*

### HEALTH CARE CLINICS AND SCHOOL-BASED HEALTH CENTERS

- Five (5) clinics and 15 school based health centers provide adolescent reproductive health care services to about 16% of male and female youth in the City.
- Only approximately 7% of Baltimore City Public Schools have a School Based Health Center. However, despite their small numbers, these centers are heavily utilized.
- Of the 13 centers operated by the Baltimore City Health Department, there were 9,876 clinician visits for young women in grades 9-12 and 4,982 clinician visits for young men grades 9-12 in a one-year period; about 47% of the student population in those schools. Over half (51%) of all visits were family planning related.
- Of the six (6) centers operated by Baltimore Medical System, there were 1,187 clinician visits. 67% of those visits were for family planning.

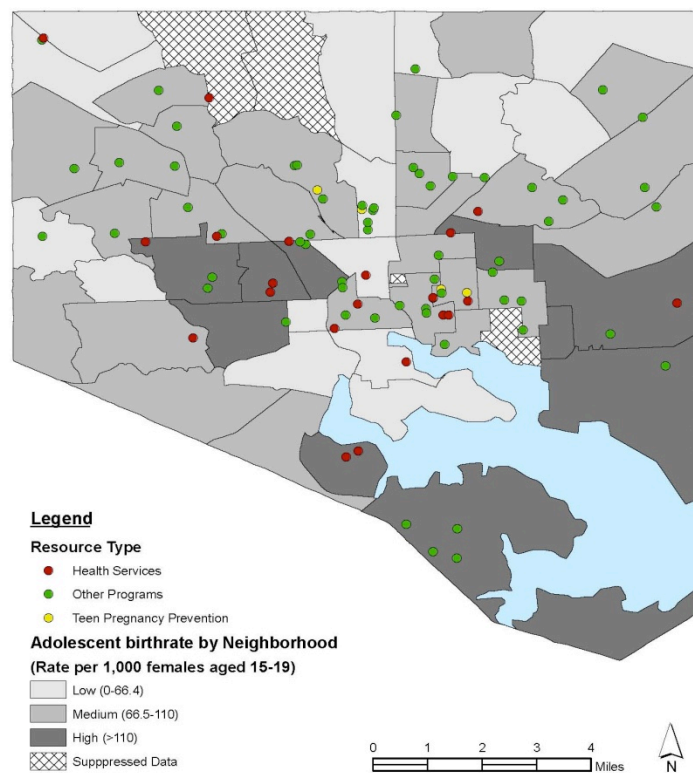
### SCHOOL-BASED PROGRAMS/ EDUCATION

- Recent activity tells us BCPSS is ready to embrace integration of evidence-based sexuality education in middle and high schools throughout the City.
- In the entire City of Baltimore, there exist only two after school programs, one residential program, and one community based program that specifically target teen pregnancy prevention.

### PROGRAMS THAT COULD BE UTILIZED

- There are several youth development and support programs in the city that could integrate teen pregnancy prevention activities. For example, there are 65 after-school programs in Baltimore City serving middle school-aged youth where an evidence-based program could be integrated into existing services.

Adolescent Birth Rate by Neighborhood with  
Pregnancy Prevention Resources (2007)  
Baltimore City, Maryland



## BALTIMORE CITY YOUTH SPEAK...

### ABOUT TEEN PREGNANCY AND PARENTING\*:

- A majority of participants report that their parents did not complete high school.
- The young women report an average age of 13-14 years for first sexual encounter; the young men report an average age of 10-12 years for first sexual encounter.
- Many youth voice support for teen parenting as long as the young woman and man are 'ready' and have jobs to pay for the baby.
- Some youth describe how teen pregnancy has negatively impacted their peers.
- But only one teen out of 40 spoke about the impact of pregnancy on future opportunities.
- Many of the youth painted an alarming picture that almost encourages teen pregnancy.

### ABOUT REDUCING TEEN BIRTHS:

- Many youth depend on, and even prefer, in-school services for their contraceptive and STI/HIV testing and services. They describe SBHC's as "real convenient" and appreciate having access to birth control and condoms, and the fact that "you can get tested for everything."
- Confidentiality is very important to all of the youth.

\* Five youth focus groups consisting of 40 total individuals were conducted.

### In their own words:

*"I think it's better when you have kids when you're young, you have more energy, more time and can relate to them better. You all, I don't know who is waiting in here to have kids until they are 30 and married. You going to be raising kids at 30 and mine will be grown."*

*"There is a girl in my class who has a baby and has a baby on the way. She is about 16. She is not in school so she is losing her education taking care of her child."*

*"My best friend got pregnant at 15 and her mother put her out. And after she had the baby she had to sleep under the steps in the apartment building where her mother live."*

*...But on top of that they are probably taking after their parents. Their parents were probably young when they had them..."*

*"Like some girls be like ma can you watch my baby and the parent won't complain, won't say nothing, especially the grandmothers."*

*When asked what they need in their communities, the youth had a lot to say: "People that care. People that show concern."  
"Sex education classes in school."  
"Advertisement about the programs that already exist. "*

## COMMUNITY LEADERS SPEAK...

*“Community leaders point first and foremost to a lack of resources. Money, time, energy, and personnel are all difficult to obtain in Baltimore and a lack of these hinders efforts.”*

### COMMUNITY LEADERS CITE A NUMBER OF BARRIERS\*

- These individuals point first and foremost to a lack of resources. Money, time, energy, and personnel are all difficult to obtain in Baltimore and a lack of these hinders efforts.
- They also point to leadership problems. They note that teen pregnancy efforts in the City have typically *had* inconsistent leadership without a primary lead organization that can bring together the various organizations. Without such a lead, the existing organizations have been prone to have unproductive relationships which are characterized by almost being territorial or competitive.
- Finally, they worry about the sustainability of a plan and the ability to get community buy-in.

### THEY OFFER STRATEGIES TO OVERCOME THESE BARRIERS

- They suggest that in order for the plan to succeed, a strong organization would first have to be identified as the leader. Examples given were the Baltimore City Health Department or the Family League.
- Or, if a lead organization is not identified, create a council or coalition that would provide cohesiveness among the organizations.
- They stress that community involvement through community leaders is vital.
- They emphasize utilization of the City’s current infrastructure such as current programs as well as schools and health services.
- For success they believe strongly in getting deeply involved in the lives of youth and increasing education in both schools and the community.

*\*16 community leaders were interviewed to support implementation of this plan.*

## OPPORTUNITIES AND CHALLENGES

### OPPORTUNITIES

- There is a vibrant caring community of professionals focused on youth.
- There is a small yet stable funding base of private foundations.
- BCHD is relatively stable and involved in providing direct service for this population.
- There are two prominent teaching hospitals in the area that serve youth.
- An extensive network of after school programs provides a wealth of opportunity to reach middle-school youth.
- The SBHC appear popular with youth in their schools and provide a substantial amount of reproductive related services.
- The recent proposal submission by BCHD in collaboration with BCPSS holds tremendous promise for increasing evidence based sexuality education within the City's schools.
- The current director of health education for BCPSS believes in evidence-based programs and is working with HTN and BCHD to train educators and integrate programs.
- Many youth development programs exist, and while these may not specifically address teen pregnancy prevention, they are asset-building programs that can reinforce the protective factors related to teen pregnancy prevention.
- There are encouraging signs within the faith community to get involved in this issue in a supportive manner.

### CHALLENGES

- The scarcity of self-identified teen pregnancy prevention programs (5).
- The almost complete lack of evidence based programs (EBP) in effect (2).
- The significant geographic disparities in available services.
- The current lack of evidence based sexuality education within BCPSS.
- Attitudes toward early parenting among some youth demonstrate the need for intensive efforts on an individual and community level.
- Some youth do not perceive that there are caring adults in their communities who will help them prevent teen pregnancies.
- Current Title X and SBHC services are utilized by only 16% of Baltimore's youth ages 15-19.
- The City (and State) lack a coordinating agency that can oversee a strategic plan such as this one.