

HOUSE OF REPRESENTATIVES  
THE TWENTY-FIFTH LEGISLATURE  
INTERIM OF 2010

COMMITTEE ON HUMAN SERVICES

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NOTICE OF INFORMATIONAL BRIEFING

DATE: Thursday, September 16, 2010  
TIME: 10:00 a.m.  
PLACE: Conference Room 325  
State Capitol  
415 South Beretania Street

A G E N D A

Recent data confirms that teen pregnancy costs taxpayers \$22 million annually in Hawaii. The purpose of this informational briefing is to review current state, federal, and private policy and programs to prevent teen pregnancy. Under the Department of Human Services, it is estimated that \$20 million in Temporary Assistance to Needy Families (TANF) funds are used to prevent teen pregnancy. The briefing seeks to identify the role of the state in teen pregnancy prevention efforts.

[i]

The briefing will have keynote speakers Forrest Alton , the Director of the South Carolina Campaign to Prevent Teen pregnancy & Judith Clark, Executive Director of the Hawaii Youth Services Network. The speakers will share promising practices from Hawaii and other states to prevent teen pregnancy, invest in youth, and save taxpayers costs associated with teen pregnancies.

The following organizations have also been invited to participate in this briefing:

Department of Human Services

Individuals and organizations working to prevent teen pregnancies

Agencies and faith based organizations which receive state funding for teen pregnancy prevention and youth programs and other related human services providers working with the state's youth.

If you require special assistance or auxiliary aids and/or services to participate in the informational briefing (i.e., sign language interpreter or wheelchair accessibility), please contact the Committee Clerk at **586-6050** to make a request for arrangements at least 24 hours prior to the briefing. Prompt requests help to ensure the availability of qualified individuals and appropriate accommodations.

For further information, please call the Committee Clerk at **586-6050**.

**Only testimony from people on the testifiers list will be accepted.**

Persons on the testifiers list wishing to offer comments should submit testimony at least 24 hours prior to the hearing with a transmittal cover indicating:

- Testifier's name with position/title and organization;

- The Committee the comments are directed to;
- The date and time of the hearing;
- Measure number; and
- The number of copies the Committee is requesting.

While every effort will be made to copy, organize, and collate all testimony received, materials received on the day of the hearing or improperly identified or directed to the incorrect office, may be distributed to the Committee after the hearing.

Submit testimony in ONE of the following ways:

PAPER: One copy (including an original) to Room 315 in the State Capitol;

FAX: For comments less than 5 pages in length, transmit to 586-8524 (Oahu) or 1-800-535-3859 (Neighbor Islands); or

EMAIL: For comments less than 5 pages in length, transmit to [HUSstestimony@Capitol.hawaii.gov](mailto:HUSstestimony@Capitol.hawaii.gov).

Testimony submitted will be placed on the Legislative Web site after the hearing adjourns. This public posting of testimony on the Web site should be considered when including personal information in your testimony.

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Rep. John M. Mizuno  
Chair

APPROVED

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Rep. Calvin K.Y. Say  
Speaker of the House

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[i]

Forrest Alton, CEO of the South Carolina Campaign to prevent teen pregnancy was a Speaker at the 2010 National Conference for State Legislatures preconference preventing teen pregnancy forum and has been featured at forums by the National Campaign to prevent teen and unplanned pregnancy.

LINDA LINGLE  
GOVERNOR



LILLIAN B. KOLLER, ESQ.  
DIRECTOR  
HENRY OLIVA  
DEPUTY DIRECTOR

STATE OF HAWAII  
DEPARTMENT OF HUMAN SERVICES  
P. O. Box 339  
Honolulu, Hawaii 96809-0339

September 16, 2010

**MEMORANDUM**

TO: Honorable John M. Mizuno, Chair  
House Committee on Human Services

FROM: Lillian B. Koller, Director

SUBJECT: **INFORMATIONAL BRIEFING – TEEN PREGNANCY IN HAWAII**

Hearing: Thursday, September 16, 2010; 10:00 a.m.  
Conference Room 325, State Capitol

**PURPOSE:** The purpose of the informational briefing is to identify the role of the State in teen pregnancy prevention efforts.

**DEPARTMENT'S STATEMENT:** Before detailing the investment made by the State Department of Human Services (DHS) in teen pregnancy prevention, DHS would like to point out that the Department of Health (DOH), through its Maternal and Child Health Branch, also provides high risk pregnancy and family planning services. Within these programs, teens are a priority. We defer to the DOH on the details of these programs.

The State Department of Human Services (DHS) allocates a total of \$22 million annually in Federal funding to social service agencies, many of which are represented here today, that provide a wide range of positive youth development (PYD) services. This includes programs focused on:

- Preventing out-of-wedlock pregnancies;
- Academic support;
- Enrichment and recreational activities;
- Decision-making and positive choices;
- Service learning and job preparation; and
- Family strengthening services.

Money for these programs comes from our State's annual block grant of nearly \$100 million in Temporary Assistance for Needy Families (TANF) Federal funds. This diverse set of PYD programs is intended to prevent teenage pregnancy and other risky behaviors that can lead to a life of poverty and dependence on government services.

In 2006, DHS contracted with The Lewin Group, a nationally renowned consulting firm specializing in human services and health care issues, to conduct an independent study to evaluate and develop objective criteria for measuring the effectiveness of these PYD programs. The Lewin Group's May 31, 2007 report is posted on our DHS Web site at: [http://hawaii.gov/dhs/quicklinks/HI\\_Final\\_Report.pdf](http://hawaii.gov/dhs/quicklinks/HI_Final_Report.pdf).

The Lewin Group found that all our service providers implement one or more of the eight recognized, research-based approaches for successfully preventing teen pregnancies. These include strategies such as comprehensive sex education, access to reproductive health and family planning services, academic support, enrichment and recreational activities, family strengthening, decision-making and positive choices, and job preparation.

The Lewin Group report also emphasizes that pursuing a broad PYD approach is "more cost-effective than a narrower teenage pregnancy prevention approach." This broader approach yields a wide range of social benefits for young people, such as helping them foster self-sufficiency, stay in school, avoid abuse of alcohol and drugs,

build character and develop job and decision-making skills that can reasonably be expected to contribute to the prevention of dependence in Hawaii.

### **DHS Teen Pregnancy Prevention and Positive Youth Development Initiative**

Many youth in Hawaii are at risk of negative outcomes due to risky behavior, such as unprotected sexual activity and substance abuse. Research suggests that these outcomes can have negative consequences for youth and society. Teenage parenthood, for example, has implications for the educational attainment and subsequent economic well-being of the teenage mother, the teenage father and the children born to teenage parents.

DHS selected a broader positive youth development (PYD) approach as the mechanism for decreasing teenage pregnancies as well as other risky behaviors that can derail a successful transition to adulthood and self-sufficiency, because:

- A broader PYD approach is expected to be more cost-effective than a narrower teenage pregnancy prevention (TPP) approach; and
- A PYD approach yields numerous other social benefits related to fostering self-sufficiency (e.g., staying in school, avoiding abuse of alcohol and drugs, building character, developing job and decision-making skills).

DHS expends more than \$22 million in TANF federal funds annually to support more than 100 programs pursuant to TANF Purposes 3 and 4, which involve preventing and reducing out-of-wedlock pregnancies and encouraging the formation and maintenance of two-parent families.

In some instances, DHS contracts directly with providers. In most cases, however, DHS has a memorandum of agreement (MOA) with other state departments or agencies to identify and contract with providers. These partner agencies include:

Office of Youth Services, Department of Education, Department of Defense, and the State Foundation for Culture and the Arts. Although each program shares the same ultimate goal – prevention of dependence – each adopts a different strategy and underlying program logic for achieving this goal.

Two general approaches help youth transition to adulthood and attain self-sufficiency. The TPP approach targets sex-related antecedents of teenage pregnancy. DHS-funded providers implementing this approach focus on:

- Comprehensive sex education; and/or
- Access to reproductive health and family planning services.

The PYD approach targets the underlying risk and protective factors associated with delayed sexual initiative, protected sex or both (e.g., educational achievement, supportive adult relationships, positive peer relationships) as well as non-sex-related antecedents of self-sufficiency (e.g., effective decision-making, job skills). DHS providers focusing on this approach implement one or more of the following intervention components:

- Academic support;
- Enrichment and recreational activities;
- Decision-making and positive choices;
- Job preparation; and
- Family strengthening.

Some providers implement intervention components associated with both approaches.

DHS contracted with The Lewin Group to develop objective criteria for measuring the effectiveness of TANF-funded TPP and PYD services. DHS uses these objective criteria, or “performance measures,” in funding programs related TANF Purposes 3 and

4. The key project tasks were a literature review, field research and development of performance measures.

### **Literature Review**

The literature review identified risk and protective factors (“antecedents”) shown to predict teenage pregnancy; program activities that have been shown, or are “reasonably calculated,” to lead to prevention and reduction of out-of-wedlock pregnancy and PYD; and candidate performance measures that might apply to DHS contracts.

The review found that both TPP approaches (i.e., comprehensive sex education, access to reproductive health and family planning services) and PYD approaches (i.e., academic support, enrichment and recreational activities, decision-making and positive choices, job preparation, family strengthening) target the risk factors and protective factors of teenage pregnancy.

Moreover, program evaluations find that these programs can exert positive effects on a number of youth outcomes. Strong evidence exists that programs can change knowledge and behavioral intentions.

In sum, the review suggests that TPP and PYD programs can be reasonably calculated to prevent teenage pregnancy and other outcomes that can derail a successful transition to adulthood.

### **Field Research**

In 2006, when the research team developed a site visit protocol, 29 contractors provided more than 100 programs to multiple target audiences and numerous locations across the State. During the site visits, the research team gathered information about the nature of program activities as well as the types of data currently collected and reported to program funders. Field researchers met with staff from 27 programs –

reflecting the range of providers and approaches funded by DHS – on four islands (Oahu, Maui, Hawaii, and Kauai). Key findings included the following:

- Many providers operated interventions that encompassed more than one component;
- Providers are interested in feedback that can be used for program management;
- All providers were collecting some type of information on program performance.

### **Performance Measures**

The research team used a logic model framework to guide the development of performance measures. A logic model links what a program does to what it hopes to achieve and how to measure that achievement. This framework was deemed appropriate because multiple contractors provide a diverse set of programs and services and target a range of populations.

The ultimate project goal is successful transition to adulthood and self-sufficiency, achieved by providing a number of intervention components – either alone or in combination – to Hawaii youth. Through enrolling and participating in these intervention components, participants are reasonably expected to gain knowledge and skills, refine attitudes and beliefs, change behaviors, and develop or strengthen positive relationships with peers, parents, and other supportive adults. The subsequent outcomes expected across all program approaches are prevention and reduction of out-of-wedlock pregnancies. By avoiding teenage parenthood, youth are better positioned to transition to self-sufficient adulthood (ultimate goal).

Although the various PYD programs funded under TANF Purposes 3 and 4 share the same ultimate goal – prevention and reduction of teenage pregnancies as a means



of fostering self-sufficiency – they adopt a variety of strategies and underlying program logic for achieving this goal.

### **Conclusion**

Many youth in Hawaii are at risk of negative outcomes due to risky behavior, such as unprotected sexual activity and substance abuse. Although trends are moving in a positive direction for most behaviors – rates of sexual activity, teenage pregnancy and births are declining, as are rates of alcohol, tobacco and other drug use – a sizable minority of youth are still at risk.

Because of the link between non-marital childbearing and welfare receipt, decreasing non-marital pregnancies is an explicit goal of TANF Purpose 3. Since 2003, DHS has dedicated TANF funds to this prevention-related goal in an effort to decrease entry into the welfare system.

DHS identified a PYD approach as the mechanism for decreasing teenage pregnancies as well as other risky behaviors that can derail a successful transition to adulthood and self-sufficiency, thus putting the youth at risk of dependence. DHS adopted this approach because:

- A broader PYD approach is expected to be more cost-effective than a narrower TPP approach; and
- A PYD approach yields numerous other social benefits related to fostering self-sufficiency.

To summarize, The Lewin Group study found that DHS is implementing a wide variety of programs that address research-based risk and protective factors for teenage pregnancy. These programs adopt one or more research-based intervention components focusing on the narrower goal of TPP, the broader goal of PYD, or both.

DHS has implemented a set of performance measures that providers could use to track and report performance to DHS and options for implementing these measures to ensure the providers' consistent reporting of performance. With a common set of performance measures implemented consistently, DHS is able to track what providers achieve with program funds and report these achievements to key stakeholders.

DHS greatly appreciates the services our partner agencies provide for Hawaii's at-risk youth.

Thank you for the opportunity to provide comments for this informational briefing.

E-Mail Testimony

From: Katherine Sakuda and Janice Chong, Administrators  
Hawaii State Department of Education

To: Committee on Human Services  
Thursday, September 16, 2010 – 10 a.m.  
Informational Briefing on Teen Pregnancy Prevention Programs

The Department of Education (DOE), in partnership with the Department Of Human Services (DHS), has received Temporary Assistance to Needy Families (TANF) funding for the Uniting Peer Learning, Integrating New Knowledge (UPLINK) program since 2004-05 to reduce teen pregnancy by establishing after-school programs in the middle schools. Due to the success of the program, initial funding of \$1.8 million has increased to \$2.6 million.

UPLINK began as an initiative of the Office of the Lieutenant Governor and Hawaii Drug Control Summit of 2003 aimed at developing an activity-based program that will proactively prevent middle school students from engaging in risky behaviors during the late afternoons when schools are not in session. DHS and the DOE recognize the need for a program for middle schools that is intended to provide a positive experience and opportunities for teens that are based on a combination of required activities designed to shape healthy beliefs and lifestyles.

In 2005-06, UPLINK programs began at eight middle schools and in 2009-10 there are 25 middle school programs. Teen pregnancy rates have decreased at 90% of the high schools that receive students from these UPLINK middle schools. (See Attachment A) While teen pregnancy reduction is not overtly addressed, the program stresses that all activities align to a character building program referred to the Five "Cs."

The five C's:

**Contribution** -- developing positive personal values, respecting diversity, promoting citizenship

**Character** -- developing honesty, responsibility and the ability to express personal beliefs

**Competence** -- developing healthy attitudes and behaviors; developing intra and interpersonal skills

**Connections** -- developing a caring climate with family, school, adult role models, neighborhoods and communities

**Confidence** -- developing positive identity, self - esteem, a sense of purpose, and a positive view of one's personal future.

In addition, students who attend the program have shown an improvement in grades and attitudes toward school. Schools have shown a decrease in disciplinary referrals. (Attachment B)

Parent, teacher and student testimonies reflect the value of the UPLINK Programs. (Attachment C):

Parent Testimony:

- UPLINK has kept students busy, positive, and productive. My child's grades has exceeded tremendously. The staff are very patient and communication has been excellent. My child comes home more happy and sophisticated (adult like attitude).
- The UPLINK staff has always kept parents informed of their student. I couldn't ask for better communication between the program and parents. My child has definitely shown maturity this past year. My family and I are so appreciative for the program and hope it continues for a long time more.
- UPLINK has excelled in all areas. I have never been so pleased with a program. Activities and communication between staff and parents have been outstanding. We have most of our information through the UPLINK program. This is an excellent program and it would be a shame if it would not be funded in the years to come.

Student Testimony:

- UPLINK's study hall has helped me out a lot this year. I love UPLINK because it keeps me out of trouble.
- Study hall has helped me bring up my grades and I have more help being in UPLINK. It helped me to improve. Thank you!
- UPLINK has helped me with my homework and missing work. Coming to UPLINK helped me to bring up my grades and give me the help I needed.

Teacher Testimony:

- UPLINK is a cornerstone of the school. The academic support and activities that are provided daily enhance an otherwise limited learning environment for them.
- Without UPLINK's dedication to the students and communication to the parents, we would really have had a rough year. The gaps in the schools support services would have really been an issue without having UPLINK's ties to the parent group.
- Many of the students would not have passed without your program stepping up to the plate. I don't know what we would do if we lost the program.

We urge that the TANF program funds, which support UPLINK not only be maintained, but increased so that all middle school students may benefit from this program.

<b>ATTACHMENT A</b>					
<b>State Graduation Reality and Dual Skills (GRADS) Summary</b>					
<b>This list reflects approximately half of the schools on the original list.</b>					
<b>District</b>	<b>High School</b>	<b>2007-2008</b>	<b>2008-2009</b>	<b>% Decrease/ Increase</b>	<b>UPLINK Feeder Middle Schools</b>
Honolulu	Farrington	49	25	D 47%	Dole Middle Kalakaua Middle Title I
Leeward	Waianae	48	15	D 69%	Waianae Intermediate Title I
Central	Leilehua	43	46		
Maui	Maui	42	21	D 50%	Maui Waena Intermediate Title I
Leeward	Waipahu	30	20	D 33%	Waipahu Intermediate Title I
Hawaii	Waiakea	25	20	D 20%	Waiakea Intermediate Title I
<b>District</b>	<b>High School</b>	<b>2007-2008</b>	<b>2008-2009</b>	<b>% Decrease/ Increase</b>	<b>UPLINK Feeder Middle Schools</b>
Hawaii	Hilo	25	18	D 28%	Hilo Intermediate Title I
Windward	Castle	23	14	D 40%	King Intermediate Title I
Leeward	Pearl City	21	13	D 38%	Highlands Intermediate
Maui	Baldwin	21	25	I 19%	Iao Middle
Hawaii	Kea'au	20	9	D 55%	Kea'au

					Middle Title I
Hawaii	Kealakehe	18	15	D 17%	Kealakehe Intermediate Title I
Hawaii	Pahoa	17	11	D 36%	Pahoa Intermediate Title I
Central	Radford	16	8		
Windward	Kailua	15	3	D 80%	Waimanalo Intermediate Title I
<b>District</b>	<b>High School</b>	<b>2007- 2008</b>	<b>2008- 2009</b>	<b>% De- crease/ In- crease</b>	<b>UPLINK Feeder Middle Schools</b>
Windward	Olomana	14	14	+/- 0%	---
Kauai	Kauai	13	6	D 54%	Chiefess Kamakaha- lei
Windward	Kahuku	12	13		
Leeward	Campbell	12	12 does not in- clud boys	+/-%	Ilima Intermediate New UPLINK school – 2009-2010 Title I
Leeward	Nanakuli	10	8	D 20%	Nanakuli Intermediate Title I
Kauai	Kapaa	10	5	D 50%	Kapaa Middle Title I

\*NR = No Response from school for 2008-2009 report

- Thirty-six (36) high schools in the State, rank-ordered by participants in teen parenting class (co-ed) based on SY 2007-2008 Numbers. The class is called GRADS (Graduation Reality And Dual Skills).
- Due to Weighted Student Formula (WSF) some schools have eliminated these parenting classes; data is shown for SY 2007-

- 2008 and SY 2008-2009 but will not be available for SY 2009-2010; overall, the data shows a general decline in numbers over the last two years.
- Twenty-five (25) middle/intermediate schools in the UPLINK program are identified in yellow; Dole and Kalakaua occupy the same box as they are the feeder schools to Farrington; Central and Kawanakoa occupy the same box because they are feeder schools for McKinley
  - Three (3) middle schools that refused participation in UPLINK are identified in green.
  - Percentages of increase and decrease in those numbers are identified in yellow as I or D followed by the percentage
  - Only two high schools on the Big Island—Ka'u and Kohala—and one on Maui—Baldwin--showed increases in teen pregnancies or no change in teen pregnancy numbers for SY 2007-2008 and SY 2008-2009. Both Big Island schools are in the bottom five of the ranked list. Ka'u had an increase of one pregnancy from five to six for a 20% increase and Kohala reported three pregnancies for both years. Their feeder intermediate schools are Ka'u High and Pahala Elementary and Kohala Middle. Baldwin, which reported 21 students in its pregnant teen parenting program in SY 2007-2008, showed an increase to 25 or 19% in SY 2008-2009. Its feeder UPLINK school is Iao Middle.
  - One Honolulu high school—Kaimuki—indicated no change over the two years with eight reported pregnancies each year. Its feeder UPLINK school is Jarrett Middle.
  - **Fifteen(15) high schools fed by 17 UPLINK middle schools reported a decrease in teen pregnancies over the two-year period. Those 15 schools posted teen pregnancy parenting numbers in double digits from ten to 49.**
  - The top five ranked high schools reported numbers from 30 to 49. Of the top five ranked schools, four schools—Farrington (49), Waianae (48), Maui (42), and Waipahu (30) reported significant decreases in teen parenting numbers. Over the two-year period ending with the SY 2008-2009 reporting period, Farrington showed a 47% decrease to 25, Waianae showed a 60% decrease to 15, Maui showed a 50% decrease to 21, and Waipahu showed a 33% decrease to 20. All five of their feeder middle/intermediate schools have been in the program for at least three years.
  - The only school in the top five to show an increase in its teen parenting rates is Leilehua from 43 to 46 over the same period. The increase is calculated at 6%. Leilehua's feeder school, Wahiawa Middle, refused participation in UPLINK two years ago.
  - Two other middle/intermediate schools that refused participation in UPLINK were Aliamanu Middle and Kahuku Intermediate. Kahuku High school showed an 8% increase in its teen pregnancy numbers from 12 to 13, and Radford, which is fed by Aliamanu (which refused UPLINK participation), indicated a 50% decrease in teen pregnancy parenting rates from 16 to 8. The high school

maintains a rigorous GRADS class and teen pregnancy prevention is a major focus of its Health curriculum. All of the school's efforts are supported by on-base teen center programs and a strong religious presence among the base inhabitants.

- The data provided by grade levels is only for SY 2008-2009 where the numbers already reflect a significant decrease from the previous SY 2007-2008. It's difficult to draw conclusions when there is only one set of year's data. As one would expect, the numbers for parenting teens in the 10<sup>th</sup>, 11<sup>th</sup> and 12<sup>th</sup> graders are higher, as one would expect higher instances of sexual activity. SY 2008-2009 numbers for SY 2007-2008 double digit schools indicate the number of pregnant parenting teens in the 9<sup>th</sup> Grade remain in the 0-4 range. The only high school to post large numbers for the 9<sup>th</sup> grade in SY 2008-2009 was Leilehua, which had 11 teen parents at the 9<sup>th</sup> grade level and 22 at the 12<sup>th</sup> grade level. This school was not serviced by a feeder school in UPLINK. Wahiawa Middle refused participation two years ago. All present and former double digit schools showing a decrease have feeder schools in the UPLINK program.
- Overall, although there was a decrease in enrollment in GRADS teen parenting classes, and there is no tracking system in place at the this time, the data does indicate that high schools with feeder schools in the UPLINK program did report larger decreases in teen pregnancy rates from SY 2007-2008 to SY 2008-2009 than high schools that did not have feeder UPLINK schools.



**ATTACHMENT B**

**SAMPLE DHS UPLINK Summary for Legislative Report – September 2010**

Bulleted summary statements are attached at the end of this summary.

**Aiea Intermediate**

Session/ Dates	List All Programs Separately (5Cs, Tutoring, Optional Programs)	No. Enrolled		Average Attend. Rate on a Daily Basis (%age)for All Programs	No. of Students Completing Pro- gram(s)	Improve- ment in Grades (%age) for Students in UPLINK*	No. of UPLINK Students Passing All Classes	No. of UPLINK Students Failing First Semester	Increase/ Decrease in Disciplinary Referrals - %age Change from Previous Year	Semester I No. of Pregnant Students/ No. of Pregnant Students Enrolled in UPLINK
		Boys	Girls							
8/17- 12/15/09	5Cs	134	169	68%	NA		296	7		0/0

School Enrollment: 583		Students Registered in School UPLINK Program: 191			Semester II					
1/5- 5/20/10	5Cs	98	97	88%	78% (avg.)	45% (avg.)	186	5**/0	***	0/0

School Enrollment: 579 (projection for SY 2010-11)		Students Registered in School UPLINK Program: 61			Summer					
6/1- 6/24/10	Summer Academy (enrichment)	32	29	93%	56*	NA (non-graded program)	NA	NA	0%	0/0

- Of these students, 4 did not attend the last 2-3 days because parents pulled them out for family trips/vacations.

UPLINK DHS Semester I, Semester II, Summer Summary Report – SY 2009-2010:

- There are currently 27 middle schools in the UPLINK program. In 2008-2009 there were 19 schools. Three new schools were picked up that school year and another three in 2009-2010. In August 2010, five schools were invited to participate in UPLINK and three never responded to the invitation. The selection protocol is based on the number of middle schools that feed into high school Graduation Reality and Dual Skills (GRADS) classes with particularly high enrollment numbers. The list has been provided by the DOE over the last four years.
- The two latest schools will be in-serviced in October 2010. The schools picked up in SY 2009-2010 were exempt from submitting the DHS enrollment reports as they ran late start-up programs. The remaining 22 schools submitted Semester I, Semester II reports, and Summer program reports if they ran one.
- This is the second year in which Semester reports have been required and all schools submitted their reports. The Department of Human Services released the Center on the Family at the University of Hawaii Manoa as the outside evaluation agency in October 2009. Participating schools were told that these DHS short reports are the only reporting measures for the program and failure to submit the reports in a timely manner could result in the withholding of funds for the SY 2010-2011 school year.
- In 2008-2009, 2468 students were serviced in Semester I, Semester II, and Summer school programs using UPLINK funds.
- In 2009-2010, thanks to a more vigorous registration campaign, the 22 schools serviced 8,821 students in Semester I, Semester II, and Summer school programs. Approximately 4011 were serviced in Semester I, 4167 in Semester II, and 643 students were serviced in Summer school programs. The majority of the schools in the program are Title I schools. Students do not have the money to afford regular summer school tuition even if summer school programs were available; eight middle schools across the state were able to provide Summer school programs for their own students through UPLINK funds.
- Almost an equal number of girls and boys were serviced in Semester I, Semester II, and Summer school with the girls having a slight edge.
- Approximately 17 of the 22 schools reported improvement in grades from as low as 18% to 93% depending on what optional programs students were in.

September 13, 2010

Dear Committee Members,

'Aiea Intermediate School (AIS) is dedicated to providing the best education possible for our students; the same can be said of the rest of the schools across the State of Hawaii. We strive to increase the youngsters' academic proficiency while providing learning activities that contribute to their growth into responsible young adults and expand their view of possibilities for their futures. However, transforming this rhetoric into actuality requires adequate financial and professional support.

AIS is grateful to have been the recipient of UPLINK (Uniting Peer Learning, Integrating New Knowledge) grant funding for the past three fiscal years. The UPLINK program goals of "the 5Cs" (Confidence, Competence, Character, Connection, and Contribution) are in alignment with the overall vision for and expectations of our students. The Core Team structure implemented at the school provides the means by which students formulate connections with significant adults and fellow classmates; it is through this connection that students build competence and exercise positive actions. All adults on campus have discussions with students regarding decision-making and ensuing consequences, whether it be academically or behaviorally related.

As a result of the grant, we have been able to extend learning beyond the classroom and the regular school day. UPLINK Program components provide study hall and tutoring opportunities for students before and after school that enable students to get extra help with their studies beyond the sessions held by classroom teachers during morning and lunch recess periods. Clubs and athletics engage students in activities of their choosing; students are involved in drama, dance (hip hop), hula, music (instrumental), chorus, science and technology, media, tennis, volleyball, basketball, soccer, flag football, cross-country/track, etc. The 5Cs are taught through the UPLINK Program and are reinforced through optional activities as well as during the regular school day.

'Aiea Intermediate School has maintained an "in good standing, unconditional" NCLB rating by meeting Adequate Yearly Progress goals in reading and math proficiency, meeting Hawaii State Assessment participation rates (reflection of school attendance), and having a 0% retention rate. The data indicates that our students are in school and learning their lessons. Just as important as their academic progress is their growth as competent and responsible decision makers. The school's overall Chapter 19 discipline report shows the average number of incidents at just under

2%; however, UPLINK student participants have a 0% incident report. The pregnancy rate for both UPLINK and non-UPLINK student groups are 0%.

AIS has also conducted a tuition-free summer program that enables incoming and returning to students to apply math, science, technology, communication, and collaboration skills in exploratory activities and mini-projects. It is a fast-paced, three-week program that students enjoy and are often surprised at how much learning has taken place; they often form new friendships during the summer and eases the transition into a new environment for the incoming seventh graders. At the end of each of the three summer sessions, two of the most prevalent student comments were to “have longer (hours)” and to “(run) the program longer.”

The segments of the UPLINK Program are run by school faculty and staff with some community participation. This further solidifies the connections and relationships between the day program and the non-school hour programs. Students view the co-curricular programs under the UPLINK “umbrella” as part of their school day; this adds to the students’ perception that school an enjoyable place to be.

At a time when resources have been stretched very thin, UPLINK has been instrumental in enabling ‘Aiea Intermediate School to grow its co-curricular programs and move forward in providing educational activities that develop the whole child in a positive and engaging learning environment.

On behalf of the school community, ‘Aiea Intermediate School thanks the Department of Human Services and the Department of Education for their support in taking care of our Kamali’i.

Sincerely,

Rory Ikeda  
‘Aiea Intermediate School  
Curriculum Coordinator

10 AM

From: Lori\_Lorenzo/HILOI/HIDOE@notes.k12.hi.us  
[mailto:Lori\_Lorenzo/HILOI/HIDOE@notes.k12.hi.us]  
Sent: Tuesday, September 14, 2010 1:51 PM  
To: HUSTestimony  
Subject: September 16, 2010 Briefing

To: House Committee of Human Services

Briefing Date:  
Thursday, September 16, 2010  
10:00am  
Conference Room 325  
State Capitol  
415 South Beretania Street

From:  
Lori Lorenzo  
UPLINK site-coordinator  
Hilo Intermediate School  
587 Waiuanue Ave.  
Hilo, HI 96720

Dear Representatives,  
I would like to say that since UPLINK was added to our school, it has given our students a safe place to be afterschool. Being that we live in Hilo, there is not much our middle schoolers can do here. There are few extra curricular activities for this age group. They tend to just hang out until their parents pick them up. Being part of the UPLINK program gives the students a sense of belonging somewhere. It also teaches them life long learning skills that will make them more successful adults. Teaching students now about decision making and positive choices will create stronger families and save money in the future with less unintended pregnancies. Just an added bonus, I have high school students that regularly tell me they miss the program and wish they could come attend.  
Thank you for your time,  
Lori Lorenzo

**From:** Roberta\_Zarbaugh/KAPAAI/HIDOE@notes.k12.hi.us [mailto:Roberta\_Zarbaugh/KAPAAI/HIDOE@notes.k12.hi.us]  
**Sent:** Wednesday, September 15, 2010 9:31 AM  
**To:** HUSTestimony  
**Subject:** Fw: Teen pregnancy prevention support

Forwarding this due to email problems.

RZ

----- Forwarded by Roberta Zarbaugh/KAPAAI/HIDOE on 09/15/2010 09:30 AM -----

Roberta Zarbaugh/KAPAAI/HIDOE

To HUSTestimony@Capitol.hawaii.gov

cc lillian.b.koller@hawaii.gov, gcandeaou@dhs.hawaii.gov

Subject Teen pregnancy prevention support

09/13/2010 01:50 PM

Roberta Zarbaugh  
Student Services Coordinator/ UPLINK KMS Holomua Program Director  
Kapaa Middle School - Kauai  
House Committee on Human Services  
Sept. 16, 2010 @ 10:00am Conference Rm: 325 of the State Capitol

Aloha Representatives of the House,

I have lived on Kauai for 36 yrs. and have taught at the middle school level for almost 20 yrs. I am writing to ask for your strong support for the Sate Department of Human Services and their us of TANF monies to fund an afterschool program known as UPLINK ( Uniting Peer Learning Integrating New Knowledge). This is the first program to target those students in the "middle" or students from ages of 10-14, grades 6,7,8. Those familiar with working with middle schoolers understand that this is a time of great transition! They are given more responsibilities, in addition to more freedom such as no supervision provided after school hours due to families working multiple jobs. This is very evident on Kauai where the cost of living is higher than Oahu and there exist many single parent families with no extended ohana. In addition, many of these families are English Language Learners and are not able to provide academic support for their child.

The UPLINK program offers an alternative to access academic support through its requirement to provide 3 hrs. of tutoring in a week. In addition, the program focuses on character education exposing children to experiences that nurture self-discovery, self-esteem, making good choices, becoming an effective communicator ( listener and speaker). The activities are interest based looking at possible career options for the future and/or exposing students to a new hobby or skill that helps build esteem and competence. Opportunities are also created for these "tweenagers" to meet people from the community and make connections through contribution such as gathering donations for the Humane Society, beach clean ups with Surfrider Foundation.

Lastly, most after school programs fail due to transportation problems. The UPLINK support allows us to bus our students home as far away as 20 miles so they may participate in the program and get the support they need to thwart negative peer pressure, unsafe and unsupervised activities.

Please support DHS and its initiatives to successfully prevent teen pregnancies by offering students healthy, supervised, interest based activities.

Sincerely,

Roberta R. Zarbaugh



# Big Brothers Big Sisters of Honolulu

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To: Representative John Mizuno, Chair,  
And members of the Committee on Human Services

TESTIMONY FOR INFORMATIONAL BRIEFING  
ON TEEN PREGNANCY PREVENTION  
September 16, 2010

Ambassador Advisory Council  
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Dennis Francis

I am Jill Matro, Vice President of Program Services and Branch Operations of Big Brothers Big Sisters of Honolulu. The organization I represent serves over 730 at risk youth in the Counties of Honolulu and Kaua'i. There is an unprecedented level of emotional, financial, and physical distress that occurs as a direct result of early and reckless teenage sexual activity – including unplanned pregnancy, and increased prevalence of sexually transmitted infections.

Honorary Director  
Chef Sam Choy

The 2009 Youth Risk Behavior Survey shows that of the Hawaii high school students surveyed:

President/CEO  
Dennis Brown

- 44% had sexual intercourse
- 52% did not use a condom
- 83% did not use birth control pills or Depo Provera before the last intercourse to prevent pregnancy
- 30% drank alcohol or used drugs before the last sexual intercourse

Big Brothers Big Sisters of Honolulu offers a holistic, preventive program that effectively deters youth high risk attitudes and behaviors. One of the most intrinsic protective factors of professionally supported one-to-one mentorship is increased sociability that stems from a meaningful friendship between each troubled youth and his or her compatible, dedicated role model. Mentors provide guidance and spend quality time with at risk youth during the most critical point in adolescence, and when these youth are more vulnerable to making negative behavior choices, such as after-school hours and on weekends. The availability of after school and weekend programs that offer individualized guidance for youth are an especially salient issue when considering that





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J.P. Damon

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Dennis Francis

### Honorary Director

Chef Sam Choy

### President/CEO

Dennis Brown

increased character building, self-esteem, and social connections within the community are linked to the consistency of positive choices made by youth.

It is our endeavor to support and sustain program services through Community and School Based Mentoring Programs for at risk youth, as they contribute to the forefront of the preventive effort and thereby save on costly intervention services for local youth and families.

The positive impact of BBBS programs is both immediate and long-term as demonstrated by recent studies conducted by Harris Interactive (June 2009) that surveyed 200 adults that participated in the BBBS program for at least one or more years during childhood.

The most important overall finding of this study is that most adults that had previously been mentored through the BBBS program felt that mentorship contributed significantly to who they are today.

Over the past several years, the availability of substantial Temporary Assistance to Needy Families (or TANF) funds has supported BBBS in serving more youth under TANF Purpose 3: to prevent and reduce out-of-wedlock pregnancies. With continued support in the future, BBBS can provide one-to-one Community and School Based mentoring programs to promote youth self-esteem and social connections that have a lasting positive effect on the decision-making capacity of both the youth of today and the adults of tomorrow.

Thank you,

Jill Matro, MSW

Vice President of Program Services and Branch Operations



COALITION FOR A  
**Drug-Free Hawaii**

Prevention Through Education

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September 15, 2010

To: Representative John Mizuno, Chair  
 Members of the Committee on Human Services

**TESTIMONY FOR INFORMATIONAL BRIEFING ON TEEN PREGNANCY  
 PREVENTION**  
**September 16, 2010**

I am Megan Taddonio, Project Coordinator for the TeenLine Hawaii Program at Coalition for a Drug-Free Hawaii. TeenLine Hawaii provides credible resources for teens on issues including teen pregnancy and STI/STD Prevention. To disseminate information to youth our program provides resource articles on our teen friendly website, publishes and distributes youth created educational materials, participates in community events, and has created a youth leadership group to empower youth to create the change they wish to see in their communities and schools.

The latest Youth Behavioral Risk Survey reported that only 54% of youth reported using a condom during intercourse. This was the lowest rate of use in all 50 states. Our youth leadership group was shocked at this finding and has consequently identified teen pregnancy prevention as a main topic for their activities. In recognition of May Teen Pregnancy Prevention Month our youth held a street marketing campaign event and passed out informational palm cards and buttons on pregnancy prevention to youth in the Ward and Ala Moana area.

Pregnancy and STI prevention has been a reoccurring theme among teens who have contacted us with questions and a need for information. Teenagers often want to know the likelihood of getting pregnant from having sex, information on various forms of contraception, and where to access health services. Accessing this information is crucial for teens to be able to make healthy, informed life choices.

*Leaders in Prevention  
 Since 1987*

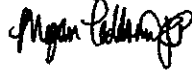
1130 N. Nimitz Highway, Suite A-259, Honolulu, HI 96817  
 Phone: (808) 545-3228 • Fax: (808) 545-2686 • Interisland: (800) 845-1946  
 email: cdfh@pixi.com website: www.drugfreehawaii.org



As a grateful recipient of HYSN funding, TeenLine Hawaii shares their desire to incorporate more comprehensive pregnancy prevention education into the school system, as well as the continuation of funding for organizations that work towards teen pregnancy prevention.

Thank you for the opportunity to speak to you about the importance of teen pregnancy prevention for our youth here in Hawaii.

Sincerely,

A handwritten signature in black ink, appearing to read "Megan Taddonio".

Megan Taddonio, MSW  
Project Coordinator  
TeenLine Hawaii

# hale 'opio kaua'i, inc.

Community Programs for Children, Youth and Families

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September 10, 2010

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Vice President

To: Representative John Mizuno, Chair  
And members of the Committee on Human Services

Nancy Budd,  
Secretary

## TESTIMONY FOR INFORMATIONAL BRIEFING ON TEEN PREGNANCY PREVENTION

Russ Talvi,  
Treasurer

September 16, 2010

Cameryn Ariola

Hale 'Opio Kaua'i, Inc. is a Kaua'i social services agency focused on youth development since 1975. Hale 'Opio is an intensive partner of the Hawai'i Youth Services Network U.S. Centers for Disease Control implementation and evaluation of evidence-based approaches to teen pregnancy prevention.

Hartwell Blake

Carol Furtado

Statewide, Kaua'i has the highest percentage of new families at risk; risk being defined as unmarried at first birth, less than 20 years of age, and no high school diploma. Kaua'i has the highest birth rate per capita for teens 15 - 19 at 50.3 per thousand women. According to the Department of Health Primary Care Needs Assessment Data Book, 2009, the towns of Waimea and Lihue ranked 5<sup>th</sup> and 6<sup>th</sup> in the state for infant mortality. Hanalei, Waimea, and Kapa'a were in the top 10 for less than adequate prenatal care utilization, and Lihue was 2<sup>nd</sup> in the state for low birth weight babies. Waimea is 3<sup>rd</sup> and Lihue 6<sup>th</sup> in teen births statewide, placing both towns in the top 10 for highest risks for maternal and infant health.

Lee Evslin, MD

Phyllis Kunimura

Curtis Law

Avery Youn

According to the 2009 Hawai'i Youth Risk Behavior Survey Public High School (YBRS) results, the number of youth reporting ever having sexual intercourse increased by 50% from the survey two years prior, with a doubling, also, of the number of youth having intercourse for the first time before age 11. According to State Department of Health records, from 2000 - 2004, Kaua'i had twice the number of cases of gonorrhea compared to statewide, with the number of cases increasing for ages 15 -19. Chlamydia rates on Kaua'i have increased from 62 in 2000, to 146 in 2004. While the data is outdated, the clear upward trend in an STI that has life-altering consequences provides compelling evidence of the need for comprehensive sex education by 11 years of age.

LaVerne Bishop  
Acting  
Executive Director

Lenie Nishihira  
Controller

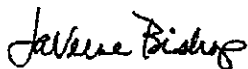
While the teen birth rate according to The National Campaign to Prevent Teenage Pregnancy, had dropped dramatically since 1992 among 15 - 19 year olds, according to DOH Kaua'i Maternal Child Health the birth rate over the past eight years is rising again on Kaua'i, and with younger teen mothers.

All young people need opportunities to participate in sex education so that they learn the skills to make healthy lifestyle choices and will know how to protect themselves if they chose to become sexually active. Based on Hale 'Opio's experiences of providing evidence-based teen pregnancy prevention curricula on Kaua'i, we recommend the Committee on Human Services:

- require the Department of Education to adopt a comprehensive approach to adolescent sexual health education, including training teachers and counselors in how to talk with students and parents;
- with 20% of Hawai'i youth having intercourse by the end of 8<sup>th</sup> grade, require reproductive health education, including anatomy, to be implemented no later than the 7<sup>th</sup> grade;
- require the Department of Education to review and add evidence-based teen pregnancy prevention curricula to their list of Recommended Curricula;
- fund state and non-profit dissemination of evidence-based teen pregnancy prevention programs, including training parents in how to talk with their children about safe sex, decision-making, peer pressure, and self-efficacy;
- continue allocating TANF funds towards after school programs, and include funding for evaluating all programs so that Hawai'i is demonstrating fiscal accountability and obtaining results in lowering teen pregnancy.

Thank you for your attention to this critical vulnerability and the evidence-based programs that can positively impact Hawai'i's young people. Please do not hesitate to contact me for more information about Hale 'Opio's teen pregnancy prevention efforts on Kaua'i.

Sincerely,



LaVerne Bishop  
Acting Executive Director

# HAWAII YOUTH SERVICES NETWORK

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Phone: (808) 531-2198 Fax: (808) 534-1199

Web site: <http://www.hysn.org> E-mail: [info@hysn.org](mailto:info@hysn.org)

- Alan Shinn, President
- Judith F. Clark, Executive Director
- Acadix Hawaii Residential Treatment Center
- Adolescent Services Program, Kaiser Permanente Medical Care System
- Aloha House
- American Civil Liberties Union of Hawaii
- Assistive Technology Resource Ctr. of HI
- Bay Clinic, Inc.
- Big Brothers Big Sisters of Honolulu
- Big Island Substance Abuse Council
- Blueprint for Change
- Bobby Benson Center
- Catholic Charities Hawaii
- Central Oahu Youth Services Assn.
- Child and Family Service
- Coalition for a Drug Free Hawaii
- College Connections
- Community Assistance Center
- Domestic Violence Action Center
- EPIC, Inc.
- Family Support Services of West Hawaii
- Friends of the Missing Child Center of HI
- Hale Kipa, Inc.
- Hale 'Opio Kanai, Inc.
- Hawaii Behavioral Health
- Hawaii Student Television
- Healthy Mothers Healthy Babies Coalition
- Hina Mauka Teen Care
- Hui Malama Learning Center
- It Takes An Ohana
- Kahi Mohala Behavioral Health
- Kama'ainui Kids, Inc.
- KEY (Kulaoa-Heela Ecumenical Youth) Project
- Kids Behavioral Health
- Kids Hurt Too
- Kokus Kalihl Valley
- Kula No Na Poe Hawaii
- Lanai Community Health Center
- Life Foundation
- Marimed Foundation
- The Maui Farm, Inc.
- Maui Youth and Family Services
- Palama Settlement
- P.A.R.E.N.T.S., Inc.
- Parents and Children Together (PACT)
- Planned Parenthood of Hawaii
- Queen Liliuokalani Children's Center Kona Unit
- REAL
- Salvation Army Family Intervention Svcs.
- Salvation Army Family Treatment Svcs.
- Sex Abuse Treatment Center
- Susannah Wesley Community Center
- Turning Point for Families
- Waikiki Health Center
- Women Helping Women
- YouthVision
- YWCA of Kauai

September 8, 2010

To: Representative John Mizuno, Chair,  
And members of the Committee on Human Services

## TESTIMONY FOR INFORMATIONAL BRIEFING ON TEEN PREGNANCY PREVENTION September 16, 2010

I am Judith Clark, Executive Director of Hawaii Youth Services Network, a statewide coalition of 50+ youth serving agencies. In the next few minutes, I will provide an overview of teen pregnancy in Hawaii, our experiences in building the capacity of youth organizations to provide evidence-based teen pregnancy prevention programs in Hawaii and the Pacific Basin, and recommendations for action.

Hawaii's geography, location, climate, ethnic and cultural diversity provide unique challenges in responding to the needs of youth at-risk for unplanned pregnancy and STIs. Here are some facts about teen pregnancy in Hawaii:

- Hawaii ranks 16<sup>th</sup> in the rate of teen pregnancy in the United States.
- Two-thirds of teen pregnancies in Hawaii are among Native Hawaiians and other Pacific Islanders and 18% are among Filipinos.
- While the number of teens who have ever had sex is lower than the national average, Hawaii has the lowest rate of condom use in the United States.
- Teen childbearing costs Hawaii taxpayers \$22 million per year.

For the past five years, Hawaii Youth Services Network (HYSN) has received funding from the U.S. Centers for Disease Control to build organizational capacity to select, implement, and evaluate evidence-based approaches to teen pregnancy prevention. HYSN has worked intensively with 9 organizations statewide and provided training to staff and volunteers in more than 100 government and non-profit agencies. In addition, HYSN



has provided training and technical assistance on teen pregnancy prevention to the Public School System of the Commonwealth of the Northern Mariana Islands and the Micronesian Youth Services Network.

As a result of these efforts, more than 4,000 Hawaii youth have participated in pregnancy prevention education using curricula that have been shown through rigorous evaluation to be effective in building skills that reduce the risk of unplanned pregnancy and sexually transmitted infections (STI). These students have demonstrated substantial increases in knowledge, attitudes and skills that reduce the risk of pregnancy and STDs.

As we know, many programs designed on the mainland are less effective in our multi-ethnic and unique culture. Our young people look at videos and other materials developed elsewhere and say, "They don't look like us; they don't talk like us; nothing looks familiar. How does this relate to us?"

HYSN and its partners have successfully adapted curricula and video materials to be more culturally appropriate for Hawaii's young people, while maintaining fidelity to the key elements that made the programs successful in preventing pregnancy and STIs. For example, in 2008, HYSN and Hawaii Student Television created a video, *You Cannot Get HIV Ladatt*. In addition to using actors who look and speak like our youth, we identified the risk and protective factors, and the myths that our teens believed about sex and HIV. There are few young people in Hawaii who use IV drugs, but tattooing is prevalent among Pacific Islanders. So, to illustrate the risks of sharing dirty needles, our video has a scene in a tattoo shop. HYSN was the 2008 recipient of the prestigious Horizon Award for Excellence in Health Education from the CDC for our work on adaptation.

At this time, HYSN and several other Hawaii agencies, including the State Department of Health, are waiting to find out if we will receive federal funding to continue this exciting work for the next five years. Potentially, Hawaii could receive up to \$5 million per year in federal funding for evidence-based, effective approaches to teen pregnancy prevention.


Based on our experiences over the past few years, HYSN would like to share the following recommendations with the Committee on Human Services:

1. **Reproductive health education should begin at an early age, before young people become sexually active.** Our latest Youth Behavioral Risk Survey shows that 20% of students have experienced sexual intercourse before the end of the 8<sup>th</sup> grade. Therefore, sex education programs need to begin by the middle school years. Key messages need to be repeated and reinforced over time so pregnancy prevention programs should continue into the high school years.
2. Some public schools in Hawaii include pregnancy prevention education in 7<sup>th</sup> grade health classes; many do not. All young people in our state are at risk for unplanned pregnancy and STIs. While many parents would prefer that their children delay sexual activity until marriage, we must recognize that most American do have sex prior to marriage. Half of our high school students and 80% of college students ages 18-24 have experienced sexual intercourse according to the US Centers for Disease Control. **All young people need opportunities to participate in sex education so that they learn the skills to make healthy lifestyle choices and will know how to protect themselves if they chose to become sexually active.**

3. To increase use of evidence-based programs in the schools and allow choices to meet the needs of individual schools and communities, **the Department of Education should review additional evidence-based pregnancy prevention curricula and place them on the Recommended Curricula List.** At this time, the DOE has recommended only two pregnancy prevention curricula and plans to remove one of them, which no longer meets DOE standards. While schools do not have to select a curriculum on the list, many schools are reluctant to use curricula that are not recommended by the DOE.
4. Research on after-school programs demonstrates that they are effective in preventing unplanned pregnancy and STIs as well as other negative outcomes for young people such as juvenile crime and drug use. Adolescents with higher amounts of unsupervised time are more likely to engage in risky sexual behaviors states the National Campaign to Prevent Teen Pregnancy. For example, girls who are involved in sports are more likely to delay sexual initiation, have fewer sexual partners, and are less likely to get pregnant. **Hawaii has wisely allocated up to \$20 million per year in TANF funds for this purpose and should continue to do so and after-school programs should include a pregnancy prevention education component.**
5. Organizations that receive state funding for teen pregnancy prevention education should be required to **conduct process and outcome evaluation, and contracts/grants should include funds specifically for evaluation.** Without evaluation, the state government agencies cannot determine whether state funds are being used most effectively. Without funding for evaluation, service providers cannot collect and analyze data that would help them fine-tune and improve their programs. With ongoing evaluation of services, Hawaii could become a leader in showing what programming is effective with Asian and Pacific Islander youth.

Mahalo nui loa for this opportunity to discuss teen pregnancy prevention with you. I welcome your questions and comments and look forward to working with you to meet the reproductive health needs of Hawaii's youth.

Sincerely,



Judith F. Clark, MPH  
Executive Director



September 14, 2010

TO: Rep. John M. Mizuno, Chair, Committee On Human Services  
Rep. Tom Brower, Vice Chair, Committee On Human Services  
Members, Committee On Human Services

FROM: Jackie Berry, Executive Director

RE: Legislative Briefing – Teen Pregnancy

Hearing: September 16, 2010 at 10:00am

Honorable Chairperson Mizuno, Vice Chairperson Brower and Members of the Committee on Human Services

HMHB is a statewide coalition of public and private agencies and individuals committed to the improvement of maternal and infant health status in Hawaii through education, coordination and advocacy.

**Unfortunately, Hawaii has a high rate of teen pregnancy and sexually transmitted diseases. Our State has the lowest rate of condom use among sexually active teens in the county; and our unintended pregnancy rate is approximately 50 percent of all births.** Nationally, Gonorrhea rates are on the rise and other STDs such as Chlamydia and syphilis continue to impact the young population. One in four new STDs occur in adolescents. Teen pregnancy not only is costly to the State but becomes a life determinant for young women.

Hawaii's youth deserve to be given the necessary opportunities and tools to empower them to make good choices to keep themselves safe and healthy. We have the ability to ensure that Hawaii's youth receive comprehensive and accurate sexual health education that will reduce our rates of sexually transmitted diseases and teen pregnancies.

Thank you for the opportunity to testify.

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e-mail: [jackieb@hmhb-hawaii.org](mailto:jackieb@hmhb-hawaii.org) website: [www.hmhb-hawaii.org](http://www.hmhb-hawaii.org)





1350 S. King Street • Suite 309 • Honolulu, Hawaii 96814 • [www.pphi.org](http://www.pphi.org) • Phone: 808-589-1156 • Fax: 808-589-1404

September 16, 2010

To: Representative John Mizuno, Chair and Representative Tom Brower, Vice Chair and Members of the House Committee on Human Services  
From: Katie Reardon, Director of Public Affairs & Government Relations, Planned Parenthood of Hawaii.  
Re: Testimony Regarding Teen Pregnancy Prevention in Hawaii

Thank you for the opportunity to speak about teen pregnancy in Hawaii. At Planned Parenthood of Hawaii (PPHI) we work on a daily basis to help teens prevent unintended pregnancy and make healthy decisions about their reproductive and sexual lives. PPHI serves the sexual and reproductive health needs of the people of Hawaii through our clinical services, education programs, and by advocating for reproductive justice. We educate youth on how to make responsible choices about sex, we assist parents to talk more openly and effectively with their children about their sexual and reproductive health decisions, and we provide teens with access to health care and contraception.

**I. The Social and Economic Costs of Hawaii’s High Rate of Teen Pregnancy Are Great.**

The most recent Guttmacher Institute report on teen pregnancy was released in January 2010. It states that in 2006, the United States saw an increase in teen pregnancy for the first time in over a decade. In Hawaii, the teen pregnancy rate was 71 per 1000 teens ages 15-19 – giving Hawaii the 17<sup>th</sup> highest teen pregnancy rate in the country. <sup>1</sup> Hawaii’s relatively low teen birth rate suggests that many of these pregnancies are unintended. Earlier this year, the Hawaii Youth Risk Behavior Survey revealed more disturbing data. It found that the rate of teens participating in sexual intercourse increased in 2009.<sup>2</sup> Less than half- only 47%- of all teens are using condoms.<sup>3</sup> That’s the lowest rate of condom use in the United States. Even fewer teens are using contraceptives. 82% reported having sexual intercourse without using birth control pills or other contraceptives.<sup>4</sup> At Planned Parenthood, we see this data as alarming indicators that our youth need help when it comes to protecting their sexual and reproductive health.

The social and economic costs of teen pregnancy are immense. Teens who become pregnant are significantly less likely to graduate from high school, with only 32% of teen mothers obtaining a diploma by the age of 30.<sup>5</sup> They are more likely to need welfare assistance, more likely to be single parents, and often have more children earlier than their peers. Their children also face obstacles as they

<sup>1</sup> US Teenage Pregnancies, Births and Abortions: National and State Trends and Trends by Race and Ethnicity, January 2010, accessed from <http://www.guttmacher.org/pubs/USTPTrends.pdf> on January 29, 2010

<sup>2</sup> Youth Risk Behavior Survey, Hawaii 2009 Results, Centers for Disease Control and Prevention, accessed from <http://apps.nccd.cdc.gov/youthonline/App/Results.aspx?LID=HI> on September 14, 2010.

<sup>3</sup> Id.

<sup>4</sup> Id.

<sup>5</sup> National Campaign to Prevent Teen Pregnancy. (1997). *Whatever Happened to Childhood? The Problem of Teen Pregnancy in the United States*. Washington, DC: Author.

are more likely to have physical and mental health problems, such as low birth weight and mental disabilities, are more likely to be abused or neglected, and are more likely to be placed into foster care.<sup>6</sup> As a consequence, the United States spends over \$6.9 a year providing services and care related to teen child birth.<sup>7</sup> Hawaii spends as much as \$22 million each year.<sup>8</sup>

## **II. The State, Parents, and the Community are Responsible for Prevention.**

Unintended teen pregnancy is an issue that affects the whole community and thus we all play a part in prevention. Parents are the most valuable teachers, with schools, community organizations, state government, and even the media being essential in addressing the issue.

State Government can help by first ensuring that youth in Hawaii have access to effective sexual and reproductive health care and teen pregnancy-prevention programs. Funding must remain available for effective teen pregnancy prevention programs. In the past, the Department of Human Services has spent TANF funds on teen pregnancy prevention programs. However, during the 2010 legislative session this funding was significantly cut. As a result, programs struggled to deliver services. As we look forward to future legislative sessions, we hope that this funding will be restored and sustained.

Additionally, we recommend that the State require programs that receive teen pregnancy prevention funds to use evidenced-based models of prevention. Evidence-based models are ones that have been studied and proven to change behavior and reduce teen pregnancy. In 2009 Hawaii made a big step forward when it passed HRS §321-11.1, requiring that state funded sexual health programs be comprehensive and medically accurate. Currently the federal government has made funds available to states to implement evidenced based programs targeted at reducing teen pregnancy through the State Personal Responsibility Education Program (PREP). We are aware that our state has applied for that funding and are hopeful for a positive outcome.

Finally, we can do more to ensure that all students receive age appropriate and effective sexual health education and receive it more often. Department of Education (DOE) Benchmarks require that students receive some form of sexual health education in elementary (grade 5), middle school (grade 7) and high school. For some students this means that they receive in-depth, accurate and effective sexual health education at least three times between the ages of 11 and 18. However, there is little consistency and accountability between schools. Too many students receive inadequate sexual health education.<sup>9</sup> With no standard curriculum for sexual health, teachers are often left to decide what to teach on their own. As a first step we encourage the DOE to review minimum standards for sexual health curriculums and move towards using evidenced based curriculums shown to change behavior. A good second step would be the creative expansion of sexual health programs outside of the traditional classroom and into after-school program settings. Finally, we suggest forming partnerships with community organizations that already have the expertise in delivering effective sexual health education to students.

## **III. Conclusion**

Hawaii's teens need help to make safer and healthier decisions about sex. That our teenagers do not have the knowledge, skills and health care they need to prevent unintended pregnancy is a major public

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<sup>6</sup> Id.

<sup>7</sup> Id.

<sup>8</sup> See *By the Numbers: The Public Costs of Teen Childbearing in Hawaii*, November 2006, accessed from <http://www.thenationalcampaign.org/costs/pdt/statesihawaii/onepager.pdf>

<sup>9</sup> According to the 2009 Hawaii Youth Risk Behavior Survey 19% of teens responded that they had never received education about HIV or AIDS at school.

health failing- one that we must all take responsibility for. As a community we must do a better job talking with our keiki about their sexual and reproductive health and help them make responsible choices that will impact us all. Investing now in effective teen pregnancy prevention programs will not only reduce the costs faced by our state, but will greatly improve the lives of Hawaii's youth.



# THE SEX ABUSE TREATMENT CENTER

*A Program of Kapi'olani Medical Center for Women & Children*

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DATE: 9/16/2010

TO: The Honorable John M. Mizuno, Chair  
The Honorable Tom Brower, Vice Chair  
Committee on Human Services

FROM: Adriana Ramelli, Executive Director  
The Sex Abuse Treatment Center

RE: Informational Briefing on Teen Pregnancy Prevention

Good morning Representatives Mizuno and Brower and members of the Committee on Human Services. My name is Adriana Ramelli and I am the Executive Director of the Sex Abuse Treatment Center (SATC), a program of the Kapi'olani Medical Center for Women & Children (KMCWC), an affiliate of Hawaii Pacific Health.

For over 30 years the SATC has served thousands of sexual assault survivors on O'ahu. Of those served, over half are children and teens and in most cases the offender is someone the victim knows. National research indicates that teens (16 to 19 years old) are three and a half times more likely than the general population to experience sexual assault and that teenage girls are at greater risk than boys – 13 % versus 3% of teens. (Rennison, 2000, Kilpatrick et al, 2003).

Teen sexual victimization is associated with a range of mental health issues as well as unintended pregnancy and high risk sexual behaviors. These behaviors include a decreased likelihood of using birth control and an increased likelihood of being battered; trading sex for drugs, shelter, or money; and entry into prostitution. (Boyer and Fine 1992, Finkelhor 1987, Paone et al. 1992, Zierler et al. 1991).

## Research on the Relationship Between Partner Abuse and Unintended Pregnancy

The intersection between intimate partner abuse and unintended pregnancy in young women is dramatically highlighted in a study published in the January 2010 issue of Contraception. The study, involving researchers from the University of California Davis School of Medicine and the Harvard School of Public Health, was based on surveys with 1,300 women 16 to 29 years old receiving services from public health clinics. Researchers found that thirty-five percent of those who reported physical or sexual abuse by their partner also reported reproductive coercion by their partner. Reproductive coercion involves a male partner actively promoting pregnancy against the will of his female partner. (e.g., threatening to harm her if she uses birth control pills, refusing to wear a condom). The study found that that among females who experienced both reproductive coercion and partner abuse, the risk of unintended pregnancy doubled. This study clearly underscores the necessity of addressing abusive relationships in conjunction with teen pregnancy prevention efforts.

## The SATC's Sexual Violence Prevention Curriculum

Providing education is a key strategy to protect teens from abusive relationships and its many negative consequences, such as unintended pregnancy. In response to the need for education, the SATC developed a DOE approved sexual violence prevention curriculum for young people entitled *Respect*. To date, SATC educators have trained over 200 school staff members to teach the curriculum to their middle school and high school students statewide. This curriculum project, which is being formally evaluated by Professor Charlene Baker from UH-Manoa, is a critical step in building capacity in our schools to meet the needs of our youth.

The primary objective of the *Respect* curriculum is to help young people identify sexually abusive partners and to motivate them to access help if victimized. Another key objective of the *Respect* curriculum is to empower teens to develop healthy, respectful relationships. They learn strategies and practice skills related to asserting their personal boundaries and respecting others' personal boundaries and choices. They also learn the value and importance of mutual decision-making and mutual consent in sexual relationships. This type of education, coupled with quality reproductive health education, promotes positive teen relationships, free of abuse and reproductive coercion.

The Sex Abuse Treatment urges legislators and community members to address the root causes of teen pregnancy by supporting educational programs that focus on equipping our teens with the knowledge and skills necessary to develop healthy, safe relationships that do not lead to unintended pregnancies.

Thank you for this opportunity to testify.

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