



Community Health

In this issue of ...psst* we present findings from some of our studies of adolescent attitudes and behaviors related to sex, contraceptive use, and pregnancy. As many of you know, the Minnesota Prevention Research Center is part of a nationwide network of centers similarly dedicated to research, education, and the use of scientific evidence for purposes of enhancing community health and well-being. Our center is focused particularly on healthy adolescent development and teen pregnancy prevention. Our counterparts across the country, whether focused on particular populations such as the elderly, or on specific issues such as diabetes or heart disease, all share a fundamental belief in the primacy of scientific evidence as a basis for our actions, advocacy, and the education we provide to researchers, educators, providers, parents, legislators, and others working to promote community health.



PHOTO BY JOHN NOLTER

Home Pregnancy Tests: Do Teens Depend on Them?

When a teen has a pregnancy scare, it could be the perfect opportunity to talk with her about protecting herself from pregnancy in the future — one of those “teachable moments” that health care providers and educators are always looking for. But what if she doesn’t come to a clinic when she thinks she is pregnant and instead does a pregnancy test herself at home? What will she do after she gets the results? Who will she tell? How might she be different from other young women who prefer to go to a clinic for a pregnancy test?

To answer these questions, researchers from the National Teen Pregnancy Prevention Research

Center conducted a survey of 600 13- to 19-year-old female patients at Twin Cities teen health clinics.

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The Tip of the Iceberg

It looks like home pregnancy tests are commonly used by adolescents. Indeed, about one-third of sexually active teens in this study say they’ve used a home pregnancy test. But this may be just the tip of the iceberg.

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PHOTO BY JOHN NOLTER



**“Home Pregnancy Tests”
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The teens taking this survey had come to their local teen clinic. Since many teens don’t visit clinics, it is quite possible that the use of home pregnancy tests is even more common among the general population of adolescents who may not be allied with teen-friendly health clinics, as the girls in this study were. However, it may be rare for these girls to use home tests exclusively. Only 38 (8%) reported having used home tests and not clinic tests.

**Home Testers
Unconnected**

Teens say they use home pregnancy tests because they are private. In fact, when teens in this survey used home pregnancy tests, they were not likely to tell an adult about a negative result – only about a quarter of them did. Teens with negative home test results were also unlikely to take further action to confirm their results or to seek birth control from a clinic– about one-third of the girls did either of these things.

Girls who went to a clinic for birth control after their last negative home test (12%) appeared to represent a small minority of girls who were proactively seeking out birth control after a pregnancy scare. Girls who went to a clinic for another pregnancy test after their last home test (25%) appeared to be pretty well connected to teen clinics and adults in their lives for their pregnancy concerns.

However, it is the last, and largest, group of girls who did **not** go to a clinic for any kind of follow-up after

“**Teens say they use home pregnancy tests because they are private.**”

their negative home test (63%) that may warrant the most concern. While the differences were not statistically significant, these girls were more likely than the others to appear to be leaning towards trying to get pregnant (i.e., less likely to use birth control “all the time”; more likely to be happy if they got pregnant). It makes sense that these young women would not seek clinic care after a negative result if getting pregnant may be desirable to some extent.

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Girls Respond Differently to Negative Home Pregnancy Test Results

Below are some characteristics of these three groups of teens: those who went to a clinic for birth control, those who went for another pregnancy test, and those who had no follow-up after a negative home pregnancy test.

	Went to a clinic for bc after negative home test (n=14)	Went to a clinic for pregnancy test after negative home test (n=28)	Had no follow-up with a clinic after negative home test (n=72)
Ever pregnant	21%	54%	44%
In school	100%	89%	88%
Years sexually active	1.8 years	2.9 years	2.8 years
“A lot” happy if pregnant	0%	11%	18%
Used home test for privacy	79%	71%	65%
Used birth control “all the time”	29%	29%	23%
Would use a clinic test next time	64%	82%	60%
Told an adult about last negative home test	29%	43%	21%
Food stamps in last month	21%	36%	21%
Moved 2 or more times in last year	21%	32%	35%

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Teen Clinics Outdated?

So, have practitioners missed out on a teachable moment with these girls? With some, perhaps; yet it is important to consider that the girls who are doing pregnancy tests at home and are seeking pregnancy may very well not have been amenable to pregnancy prevention messages had they come to a clinic afterwards. At minimum, they would require a substantially different type of intervention than would those who experienced a negative result as a pregnancy “scare.”

At the same time, the opportunity for clinic-based intervention with young women who use home pregnancy tests clearly exists, even if not at the exact time of a pregnancy test done at home. The PRC surveyed young women coming to teen-oriented clinics in the Twin Cities for a wide variety of medical concerns; over 80% reported they were sexually experienced. So girls at risk for pregnancy are among these clinic populations in significant numbers. If identified at even routine clinic visits through some type of

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PHOTO BY JOHN NOLTER

Results in a Nutshell

Of the 564 surveys used in the analyses, 474 young women (84%) reported having had sexual intercourse. Among those sexually experienced:

1 in 3 (34%)...

had ever used a home pregnancy test.

Nearly 2 in 3 (64%)...

had ever gone to a clinic for a pregnancy test.

More than 3 in 4 (77%)...

had used both home and clinic pregnancy tests.

Only 38 girls (8%)...

had used only home tests and not clinic pregnancy tests.

The most common reasons given for using home pregnancy tests were that:

74%...

results are obtained quickly with home tests.

68%...

home tests are confidential.

55%...

home tests are convenient.

Girls with negative home pregnancy tests:

3 out of 4 home test users (77%)...

had ever received a negative test result at home.

1 in 4 girls with negative home tests (25%)...

reported using birth control “all the time.”

After their last negative home pregnancy test:

1 in 3 girls (37%)...

went to a clinic for another pregnancy test or birth control (25% for another pregnancy test, 12% for birth control).

Most girls (86%)...

shared the result with someone, usually a friend or boyfriend.

About 1 in 4 (27%)...

told a parent or other adult.

By the Numbers

33 percent

Percent of adolescents who are more likely to use contraception if they receive contraceptive education.¹

1.7 million

Number of adolescent pregnancies that are averted each year by the use of contraceptives.²

23 percent

Increase in condom use among sexually active students in the United States.³

200

Number of students to travel to the state legislature in Harrisburg, Pennsylvania to protest a welfare reform proposal requiring parental consent for abortions for minors. At the rally, the Teen Health and Welfare Coalition presented a petition with more than 1,000 signatures saying “teenagers should be consulted before legislation is passed that affects our lives.”⁴

More than 75

Youth and community educators attended the first annual STD Extravaganza in North Minneapolis.

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screening, young women engaging in high-risk sexual behavior could be provided with appropriate counseling and services.

Furthermore, among clinic populations, this study does not suggest that home pregnancy tests are rendering teen clinics irrelevant. The vast majority of these teens (2/3) said that if they thought they were pregnant, they would call a clinic rather than use a home test. Eighty percent of girls with negative pregnancy tests at home had been to a clinic for a pregnancy test at some point in their lives, and a full third did, in fact, follow up with a clinic after their last negative home test. Thus it appears that clinic patients who use home pregnancy tests are also comfortable bringing their pregnancy concerns to teen clinics.

Finally, the fact that 2/3 of girls with negative home pregnancy tests did **not** seek out clinic care afterwards suggests that outreach to young women at risk of pregnancy must also go beyond the clinic.

A New View

For teens who are hoping to avoid pregnancy, or are ambivalent about becoming pregnant, one potential point of intervention could be the home pregnancy test kit itself. Educational materials or hotline numbers inserted into home pregnancy test kits, or posted near the store displays, could direct home test users to pregnancy prevention resources or just somebody to talk to. For those girls actively seeking pregnancy and using home tests, the opportunity for intervention may have already passed.

What Next?

The 126 girls in the study who had ever had a negative home pregnancy test result were asked, “Thinking about the last time you had a home pregnancy test that said you were not pregnant, what did you do?” Of the 114 girls who answered this question, 14 (12%) went to a clinic for birth control, 28 (25%) went to a clinic for another pregnancy test, and 72 (63%) had no follow-up with a clinic.



PHOTO BY JOHN NOLTER

The Role of Evidence in Setting Our Priorities

By Michael D. Resnick, PhD, Director, National Teen Pregnancy Prevention Research Center

Sometimes, being the director of a research center seems particularly challenging. Researchers pursue new knowledge and its application to promoting health in the context of a rather schizophrenic American attitude toward the weight of evidence, and what we consider to be credible.

On the one hand, Americans believe in research. We are quick to point out the quacks, whether they believe peach pits will cure cancer, or pitch obscure meditations as sure-fire cures for colds. Americans share a fundamental belief in the primacy of scientific evidence as a basis for our actions, advocacy, and education.

On the other hand, Americans are often impatient with the process of research. We're all familiar with the half-serious expressions: "Forget the evidence; full speed ahead!" and "Don't confuse me with the facts my mind's made up!"

Clearly, scientific evidence is not the only credible way we understand how the world works. Research is enhanced by other ways of knowing. Experience, intuition, tradition, just plain common sense do more to inform our everyday actions than science ever will or probably should.

And yet...carefully crafted research that seeks to address issues of fundamental importance to the health of communities is critical to helping our adolescents grow into thoughtful and productive adults. Programs, policies and practice must be guided by scientific evidence if we are to tackle the complex charge of reducing risky behaviors, enhancing protective factors in the lives of young people, and doing this in such a way that stands up to rigorous scrutiny, legitimate skepticism and repeated review over time.



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"By the Numbers"
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This event highlighted area peer education programs and their work to reduce rates of Sexually Transmitted Infections.⁵

367 teens

From January 2000, through February 2001, the number of teens from 52 different schools and agencies from all over Minnesota who were trained to teach the "Dads Make A Difference" curriculum to middle school students. Over 6,000 middle school students have been taught the curriculum since January 2000.⁶

Sources:

¹ Mauldon J, Luker K. The effects of contraceptive education on method use at first intercourse. *Fam Plann Perspect* 1996;28:19-24+.

² Kahn JG, Brindis CD, Gleit D. *Pregnancies and Pregnancy Consequences Averted by the Use of Contraceptives in U.S. and California Teens*. San Francisco: Institute for Health Policy Studies, University California, 1996.

³ Youth Risk Behavior Surveillance, United States, 1990-1997. *MMWR CDC Surveillance Summaries* 1998; 47:749.

⁴ *ACTIVISM 2000 PROJECT*, P.O. Box E • Kensington, MD 20895 (1-800-KID-POWER).

⁵ Minnesota Department of Health, February 2001.

⁶ Hayne, Jan. Minnesota Extension Service.

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This is why some current legislative and programmatic priorities related to teen pregnancy prevention are of high concern. Here we are in the early 21st century with very mixed attitudes about the importance of evidence as guidelines for our choices and priorities. We joke about “dismissing the evidence” because we already “know” what is true. We create caricatures of scientists and researchers as out-of-touch with the day to day world and out of touch with the subtleties and challenges of raising adolescents. In the popular imagination we hardly picture researchers as also being moms and dads.

It is in this context of conflicting perspectives that we find ourselves with two substantial federal funding programs that promote abstinence-only sex education among youthful learners.

● *Welfare reform legislation of 1996 funded such an educational program at a cost of \$50 million a year.*

● *Another program now supplements that funding with \$20 million more dollars this year.*



Recent reports from the Alan Guttmacher Institute and the Kaiser Family Fund have documented sharp increases in the prevalence of abstinence-only programs with increases of some 3000% since 1996. Across many communities, advocates for such an approach applaud its sensibility and appropriateness as the only way to educate our children about sexual behaviors and their consequences.

But where’s the scientific evidence? Both fiscal conservatives as well as those who favor an enhanced role for governmental action should attend to the evidence that describes the effectiveness of abstinence-only education.

At this point, the most respected and credible scientists who have evaluated short and long-term knowledge, attitude, and behavioral changes stemming from abstinence-only education have concluded that there does not yet exist a body of evidence that demonstrates the effectiveness of this approach. When I have presented this conclusion to groups of parents and educators, many have shared with me their disappointment. We all wish that abstinence programs produced a delay of intercourse and substantial reductions in sexual risk-taking among our youth.

But to date, the evidence is not there. And the absence of such evidence hardly seems to justify the current and future expenditures of resources to which we have committed as a nation. To be clear, researchers have called for additional studies to evaluate the effects of abstinence-only education, noting that while there is yet insufficient evidence to show its value, there is not sufficient evidence to dismiss this approach as altogether ineffective. In short, there is more to be learned.

And yet...carefully crafted research that seeks to address issues of fundamental importance to the health of communities is critical to helping our adolescents grow into thoughtful and productive adults.

In our haste to do *something* about teen pregnancy, and in response to the many voices, sincere and well-intended, who claim they ‘know’ that this is the correct approach, we are investing resources with surprisingly slim accompanying evidence of impact that would justify such an investment. I must confess to feeling discouraged about the unwillingness of our decision-makers and advocates to be informed by evidence. Too many assert that that they have only answers, and not questions.

As a prevention research center dedicated to advancing the science as well as the application of science in the everyday world of youth, we will continue to bring to you what we learn about convincing evidence, and those best-practices and best bets that show the greatest promise of reducing teen pregnancy, and assuring the healthy development of young people, our greatest resource.

Teenage Sexual Behavior and Contraceptive Use:

So Much Depends On What They Tell Us

We rely on adolescents to tell us what they are doing, and how they are doing it.

Adolescent reports of contraceptive use and sexual behavior form the basis for:

- identifying populations most at risk for pregnancy and sexually transmitted diseases (STD); and
- evaluating programs aimed at preventing pregnancy and sexually transmitted diseases.

If we make mistakes in measuring these behaviors, our understanding of prevalence of high-risk behaviors among different groups of teenagers will be inaccurate. Errors in measuring health-related behaviors can also lead to incorrectly identifying persons as being at “high risk” or “low risk.”

So how do we know we’re not making mistakes? How do we know the adolescents are reporting their behavior accurately?

PRC staff conducted a study of teenage girls seeking services at Twin Cities health clinics. Staff compared three methods for measuring contraceptive use over time. We wanted to know about contraceptive use based on time and based on number of partners. We asked teens to recall their contraceptive use patterns:

- over the past 3 months,
- over the past 6 months, and
- in the context of relationships with up to 3 most recent sexual

partners.

Among this group of 196 girls, we learned:

- the average age of first vaginal intercourse was around 14 years old,
- approximately one-third of this sample (31.9%) reported having one lifetime vaginal sex partner,
- 40.2% reported having 4 or more lifetime sexual partners,
- over three-quarters of these girls (79%) reported that they or their partner used some form of contraception at first intercourse,
- one-quarter (26%) reported using a condom every time they had sex in the past 6 months,
- just under one-third of the girls (32.7%) reported using oral contraceptive pills (OCPs) in the past 6 months,
- of OCP users, 29.7% missed pills more than once in the past 6 months, and less than 20% always used condoms while taking OCPs,

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WHO:

196 13-18 year old sexually active girls accessing adolescent health clinics in the Minneapolis-St. Paul metropolitan area for reproductive health reasons

WHAT:

Each of the study participants completed a 20-minute paper-and-pencil survey in clinic and was invited to return to clinic in 1-2 weeks to complete a second, identical survey.

WHEN:

Of the 196 girls, 156 (79.6%) returned to complete the second survey.

HOW:

Girls consented to study participation; they were paid to complete each of the surveys.



***Facts, anecdotes and news-of-note related to teens**

Sometimes teens just get it right. They make health care more accessible. They set up peer training programs. They lobby for their rights. The following stories are taken from the Activism 2000 Project.

Teen Friendly

At the urging of several HIV peer educators, a **community health clinic** in Eureka, California agreed to hire younger receptionists who were friendlier to girls seeking medical assistance. Claims are that girls now are more likely to seek medical information and care at the clinic.



Teen Creativity

High school students in Louisiana exploring numerous strategies to reduce the teenage **pregnancy** rate created the slogan, “Talk To Us Before It’s TWO Late,” urging that more attention be paid to how parents can better discuss these sensitive issues with their sons and daughters. They plan to hold more forums for parents to attend and hope to convince state legislators to change the current law that forbids sex education from being taught to students below the seventh grade.



Teens Write

A high school class in Ohio took on the problem of **teen pregnancy** and interviewed dozens of people in the community from doctors and correctional officers to a teen mother. They approached their school board for funds and published a booklet so well done that the local medical center and area schools distributed it.



Church-based

Vocal virgins clubs are forming in many middle schools, high schools and church-based youth clubs to resist peer pressure and promote **abstinence** as the way to reduce teen pregnancy and STDs.



Teens Teach

Assertiveness training and self-protection classes, especially for girls, to prevent sexual abuse or date rape have been created and taught by young people in communities across the country.



Real School

As part of a classroom assignment to learn about AIDS, several high school students at the Real School in Windham, Maine visited community health centers and became acquainted with people living with **HIV**. With full permission, the students created a photography exhibit of a diverse group of children, women and men infected with the virus. The exhibit traveled to schools throughout the state. Then the students created a poster using



all the black and white photos with one blank space along with the message: “If You Don’t Think You Need HIV Education, We’ve Saved A Place for You!” This project continued to evolve and the students produced a 30-second public service announcement that was broadcast on Fox and several other cable stations.



Teens Develop Policy

“Legislators at the state level should seek the counsel of young people in development HIV/AIDS policies and programs that affect youth . . . recruit a youth representative(s) experienced in HIV/AIDS issues and the legislative process from among youth peer education organizations.” This is the first of seven recommendations developed by over 160 young people from every state and territory who attended the National Youth Summit on HIV Prevention and Education in 1995.

Courses/Workshops Available

YOUTH DEVELOPMENT: ARE WE THERE YET?

June 18-19, 2001

8:30 a.m. to 4:30 p.m.

June 20, 2001

8:30 a.m. to 12:15 p.m.

McNamara Alumni Center and Weaver-Densford Hall, University of Minnesota-Minneapolis Campus

Leaders in our midst have encountered convincing successes as well as substantial obstacles on the pathway to translating youth development from concept to practice. Participants and faculty will engage in dialogue with leaders from schools, health services, and community settings to create strategies for implementing youth development models, overcoming likely barriers, engaging constituencies (including funders), and evaluating efforts and outcomes. Featured speakers include Karen Pittman, Forum for Youth Investment in Takoma, Maryland, and Bonnie Benard, Human Development Program, West Ed, Oakland, California.

Registration Fee: \$350 and \$250 for each additional registration from a single organization or agency. Also available for two (semester) graduate credits: Nurs 5604, Tuition: \$886.50 + \$125 for instructional materials and amenities

Sponsored by the Center for Adolescent Nursing, University of Minnesota School of Nursing, and co-sponsored by the National Teen Pregnancy Prevention Resource Center and the Konopka Institute for Best Practices in Adolescent Health, University of Minnesota.

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- roughly 11.2% of girls used Depo-Provera in the past 6-months,
- girls using Depo-Provera were less likely than other girls to use condoms with intercourse.

We were able to examine how consistently girls responded to different methods for measuring contraceptive use within the same survey. Girls responded to questions about their contraceptive use over the past 3 months and the past 6 months in a consistent fashion. Thus, prefacing questions with the phrase "in the past 6 months..." does not appear to introduce greater memory distortions than using the phrase "in the past 3 months."

Likewise, girls using oral contraceptives or Depo-Provera also reported their recent sexual relationships in a consistent way. However, girls were less consistent in their reports of condom use.

Researchers also looked at how consistently girls responded to questions about sexual behavior and contraceptive use when asked the same questions 1-2 weeks apart. With two exceptions, girls' reports were consistent over time, indicating that their memory of these behaviors is relatively reliable. Their answers were less consistent when talking about how frequently they had had sexual intercourse and how often they had missed OCPs in the past 6 months.

Researchers learned that female teens are more likely to report their behavior reliably when asked to report hormonal contraceptive use patterns over time. Teens are less likely to report their behavior reliably when asked to:

- report patterns of condom-use more consistently when using partner-specific questions may be particularly useful in assessing condom use over time.
- report the frequency of having sexual intercourse over 3- or 6-month time periods.

Because this study did not compare girls' self-reports with actual behaviors, it is impossible to conclude whether any of these measurement methods produces an accurate estimate of the behaviors in question. However, with reported behaviors that are relatively consistent across recall methods, each of these methods may be used with equal confidence. In fact, the best recall to use may depend on the reason for gathering information. If researchers are interested in understanding variations in behavior between sexual partners, using partner-referent measures is the appropriate choice. If a researcher is interested in assessing contraceptive use patterns over a relatively long period time, using 6-month referent questions is acceptable.

● PREVENTING ● PROMOTING ● PREVENTING ● PROMOTING ● PREVENTING ● PROMOTING ● PREVENTING ●

Time to Implement a Statewide Action Plan:

Minnesota Needs an Action Plan for Teen Pregnancy Prevention and Teen Parenting

There is no simple solution to teen pregnancy prevention. Practitioners and researchers recognize the complexity of the causes and the need for interventions that engage the many environments that influence children and teens. Commitment and leadership at all levels are needed to create a unified understanding and approach.

Minnesota governors, attorney generals, and statewide non-profits have convened task forces, conducted studies, and gathered research to develop comprehensive plans over the past 10 years to guide the state in addressing teen pregnancy. Pieces of these plans have been implemented, but there has never been coordination of policy and program planning to ensure all Minnesotans understand their role in carrying out the plan.



In the summer of 2000, a task force of concerned state agency, non-profit, University, and community professionals determined that it was time to develop a cohesive action plan to prevent teen pregnancy. In light of

the changes in welfare reform, preventing teen pregnancies and helping teen parents complete their

education are more critical. The Personal Responsibility and Work Opportunity Reconciliation Act of

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1996 (federal welfare reform) required that states have plans in place for reducing out-of-wedlock births, with an emphasis on preventing teen pregnancies.

According to 1999 data from the Minnesota Department of Human Services, families that started with a teen birth account for half of all public assistance expenditures – more than \$12.8 million each month. Over 48% of all families on welfare began with a teen birth, making these families one of the largest demographic groups on welfare today.

Teens who have early families are also more likely to need public assistance longer. But, with the more restrictive 60 month time limit on the Minnesota Family Investment Program now in place, the necessity of helping teens avoid early pregnancy and supporting teen parents to become self-sufficient is increasingly critical.

Building on the plans developed previously, the task force examined current research and data and listened to teens’ perspectives on what would help them. The plan’s recommended intervention strategies focus on addressing the disparities in pregnancy rates between youth of color and white teens. Taking a youth development approach to addressing teen pregnancy, the Minnesota Statewide Teen Pregnancy Prevention and Teen Parenting Action Plan in its draft form influenced the development of the Governor’s proposed teen pregnancy prevention initiative.

The Task Force intends for the Action Plan to become the guide for all Minnesotans to address teen pregnancy prevention in a comprehensive, culturally responsive way, to increase opportunities in teens’ lives so that adolescent males and females will successfully reach adulthood pregnancy free.

MOAPPP’s 10th Annual Conference

Partnerships for Healthy Youth, the Minnesota Organization on Adolescent Pregnancy, Prevention and Parenting’s 10th Annual Conference will be held on May 3 and 4 at the Earle Brown Conference Center in Brooklyn Center. Co-sponsored by the National Teen Pregnancy Prevention Research Center, the Conference will bring together more than 350 practitioners to expand their skills, understanding and strategies to address adolescent pregnancy prevention and adolescent parenting. More than 40 workshops will provide opportunities to learn from experts about issues including “Meeting the Social and Mental Health Needs of Teens,” “Reaching and Teaching Adolescent Males,” “Substance Use and its Promotion of Risky Sexual Behavior and Violence,” “Mentoring Programs for Young Parents in Rural Minnesota,” and “Sexuality Education in the Latino Community.” Michael Resnick, PhD., Director of the National Teen Pregnancy Prevention Research Center at the University of Minnesota, and BraVada Garrett Akinsanya, a clinical psychologist with expertise in cross-cultural mental health, will provide the keynotes, setting the stage for strengthening partnerships for healthy youth throughout Minnesota.

“Courses/Workshops Available”**Continued from page 9**

On June 28 and 29, the Maternal and Child Health Program at the University of Minnesota will host its tenth annual Summer Institute at the Earle Brown Center in St. Paul. The theme will be eliminating health disparities and topics will include children and insurance, geographic information systems, needs assessment, evaluation, reaching the

legislature, and cultural competence. The Institute will offer CEUs for nurses, community health educators, and other professionals. Registration will be \$25/day (lunch and materials included in this fee). For further information, e-mail Jan Pearson (pearson@epi.umn.edu) or access <http://www.epi.umn.edu/mch/mchsite/events.html>.

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The Center's mission is to establish and nurture a dynamic center of research, evaluation, training and dissemination related to best practices around teen pregnancy prevention and healthy youth development.



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