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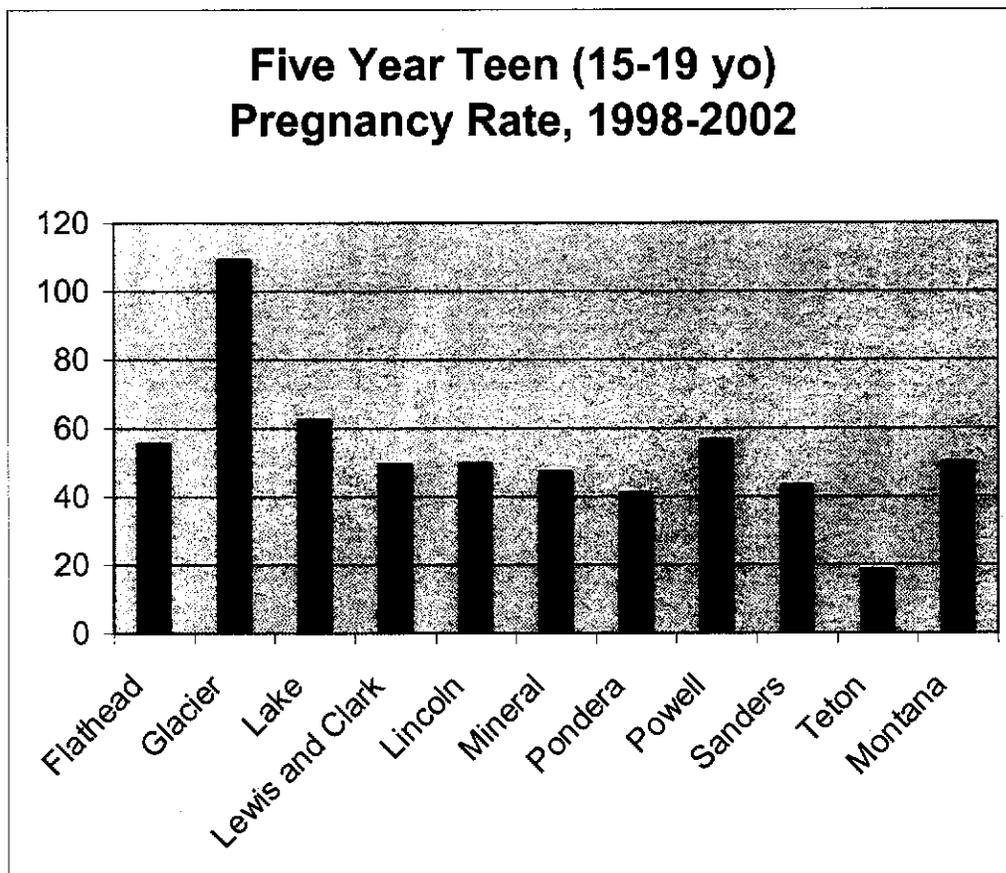
Montana Teen Pregnancy Resources
Family and Community Health Bureau
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2/8/05

1998-2002 Montana Teen Pregnancy Outcomes, Ages 15-19
5-Year Pregnancy Rates

- ❖ The 5 year Montana Teen Pregnancy Rate average is 50.2
- ❖ Flathead County ranks # 11 in order of counties in rank order (55.6)
- ❖ In Flathead County the 5-year pregnancy rate has continued to steadily decline from its high rate in 1993 (80.3) to it's lowest rate in 2002 (55.6)



Teen Pregnancy Prevention Activities Statewide

All programs participate in teen pregnancy prevention through outreach and education efforts about family planning services and the promotion of family involvement. Prevention services are also provided including abstinence and birth control. Education and presentations are offered at health fairs, schools, service groups, public health conferences, etc. Local family planning programs participate in state educational programs including Parental Involvement month and National Teen Pregnancy Prevention month with appropriate media and resource materials.

Teen Pregnancy Prevention Activities in Flathead County

The Flathead County Family Planning Program provides education, outreach and services to teens, including parental involvement activities:

- Outreach to high risk youth (examples; schools, Lazar alternative school, juvenile detention, youth treatment center, puberty education in rural schools)
- Monthly *Growing Up* parent and pre-teen workshops about being askable parents and addressing puberty issues
- Family Involvement activities
- Health fairs throughout the county
- Education activities of a local advisory board
- AIDS education

2/08/2005

MONTANA Five-Year Teen Pregnancy Rate
 By County in Rank Order, 1998-2002
 (Females 15-19 Years Old)

Rank		Pregnancy Rate	% Diff MT Rate
	MONTANA	50.2	
1	* BIG HORN	120.5	140.35%
2	* GLACIER	109.3	117.87%
3	* ROOSEVELT	92.0	83.42%
4	* BLAINE	78.3	56.13%
5	*! HILL	69.6	38.76%
6	! CASCADE	65.8	31.13%
7	* LAKE	62.5	24.61%
8	*! ROSEBUD	61.1	21.88%
9	+ MEAGHER	57.2	14.09%
10	POWELL	56.7	13.08%
11	! FLATHEAD	55.8	10.80%
12	*! YELLOWSTONE	55.0	9.62%
13	LINCOLN	49.9	-0.45%
14	! LEWIS & CLARK	49.5	-1.21%
15	PARK	48.3	-3.71%
16	* VALLEY	47.7	-4.86%
17	MINERAL	47.3	-5.74%
18	! MISSOULA	46.2	-7.83%
19	DEER LODGE	45.9	-8.46%
20	! SILVER BOW	45.9	-8.56%
21	MUSSELSHELL	45.1	-10.00%
22	CUSTER	44.6	-11.10%
23	BEAVERHEAD	44.5	-11.25%
24	! RAVALLI	43.5	-13.30%
25	TOOLE	43.4	-13.49%
26	* SANDERS	43.4	-13.52%
27	PONDERA	41.2	-17.78%
28	STILLWATER	36.0	-28.13%
29	DAWSON	33.1	-33.99%
30	BROADWATER	32.8	-34.59%
31	RICHLAND	32.7	-34.87%
32	+ TREASURE	32.1	-36.03%
33	SWEET GRASS	30.3	-39.49%
34	! GALLATIN	29.0	-42.25%
35	PHILLIPS	28.1	-43.98%
36	JEFFERSON	26.7	-46.84%
37	+ MADISON	26.1	-48.00%
38	+ LIBERTY	24.9	-50.38%
39	FALLON	24.3	-51.46%
40	+ WHEATLAND	23.5	-53.09%
41	CHOUTEAU	23.3	-53.46%
42	FERGUS	22.8	-54.44%
43	CARBON	21.4	-57.34%
44	+ POWDER RIVER	20.6	-58.83%
45	+ WIBAUX	20.6	-58.89%
46	SHERIDAN	19.7	-60.70%
47	+ PRAIRIE	19.5	-61.10%
48	TETON	18.4	-63.25%
49	+ DANIELS	17.9	-64.30%
50	- GARFIELD	17.8	-64.55%
51	MCCONE	17.5	-65.12%
52	+ JUDITH BASIN	16.0	-68.18%
53	+ GOLDEN VALLEY	15.1	-69.94%
54	GRANITE	13.4	-73.36%
55	+ CARTER	11.5	-76.99%
56	+ PETROLEUM	0.0	-100.00%

* - Contains Indian Reservation

! - Has 700 or more Females age 15-19

+ - Has fewer than 100 Females age 15-19

Montana Trends in Teen Pregnancy

Teen pregnancy has been touted as a major public health issue in the United States since the 1970s. Despite progress during the past decade, the United States still has the highest rates of teen pregnancy among comparable nations. Nearly four out of ten teens will become pregnant at least once before they are twenty years old. The good news is that we have seen a national trend of declining teen pregnancies in our country since the early 1990s. Montana's teen pregnancy rates are lower than the rest of the nation -- Montana's five year teen pregnancy rates declined 22 percent between 1990 and 2000.ⁱ

The DPHHS Women's & Men's Health Section has worked this year to analyze teen pregnancy in Montana. Findings include:

- Nationally, teen pregnancy rates and abortion rates have reached their lowest points since the 1970's. US teen pregnancy rates have dropped 17 percent between 1990 and 1997. The national teen pregnancy rate is 97 per 1,000 females 15 to 19 years oldⁱ
- Similar to the national trend, Montana teenage pregnancy rates have declined. 1,808 pregnancies were reported in 1999 among teens, of which 20 were to teens under 15. Montana's five year teen pregnancy rates declined 22 percent between 1990 and 2000. The five year teen pregnancy rate (1996 to 2000) in Montana is 52 per 1,000 females 15 to 19 years old.ⁱⁱ
- How old are pregnant teens in Montana? Most pregnant teens (64.5%) are 18 to 19 years old; 34.1% are 15 to 17 years old and 1.4% are less than 15 years old. Most teen mothers are unmarried. In 1981, 47% of MT teen births were to unmarried teens; in 2000, nearly 82% were. This trend reflects a decline in marriage after pregnancy or "shotgun marriage", increased acceptance of non-marital childbearing in general and teens mirroring the behavior of adults.
- While additional declines in teen pregnancy are needed, public health programs addressing teen pregnancy are working. The decline in teen pregnancy is due to both a decrease in sexual activity as well as access to family planning services.ⁱⁱⁱ
- What effect does childbearing have on a teen's health and economic status? Teens are more likely to have late or no prenatal care, have low birth weight babies and have babies who will die within their first year of life. Teen parents are also likely to be less educated, have more children, have more unintended births than women who postpone childbearing, and children of teen parents are more likely to be abused or neglected.^{iv}
- The Montana Youth Risk Behavior Survey reports that Montana high school youth are slightly less sexually active than their national counterparts. Over one-half (57%) report not having sexual intercourse (compared to 52% nationally).

- No single approach can fully address or solve the complex problem of teen pregnancy. Early and comprehensive pregnancy prevention strategies remain more cost effective than the choices available once pregnancy occurs. Research tells us that the most effective teen pregnancy programs discuss both abstinence and contraception to help youth postpone having intercourse.^v

If you have questions or would like additional information, please email Helen McCaffrey at hmccaffrey@state.mt.us or call at 406-444-0983

<http://www.prevention.state.mt.us/prc/> for a Powerpoint Presentation on Teen Pregnancy.

ⁱ Darroch JE and Singh S, *Why Is Teenage Pregnancy Declining? The Roles of Abstinence, Sexual Activity and Contraceptive Use*, Occasional Report, New York: The Alan Guttmacher Institute, 1999, No.1.

ⁱⁱ DPHHS Montana Vital Statistics Bureau 1981-1999.

ⁱⁱⁱ Darroch JE and Singh S, *Why Is Teenage Pregnancy Declining? The Roles of Abstinence, Sexual Activity and Contraceptive Use*, Occasional Report, New York: The Alan Guttmacher Institute, 1999, No.1.

^{iv} Institute of Medicine, *The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families*, 1995.

^v Darroch JE and Singh S, *Why Is Teenage Pregnancy Declining? The Roles of Abstinence, Sexual Activity and Contraceptive Use*, Occasional Report, New York: The Alan Guttmacher Institute, 1999, No.1.

Teen Pregnancy: Guarding Against Complacency

"Teen pregnancy in Montana is a public health success story. Our teens are both delaying their sexual activity and using contraceptives wisely, a testament to our willingness to both trust and educate our youth." ~ Stacey Anderson, Teen Pregnancy Prevention Coordinator, MT DPHHS

The past twenty years have brought good news to Montana teens: both teen pregnancy and teen birth rates have declined significantly --- led by both less sexual activity and better contraceptive use. As a state, we deserve to be proud of this encouraging trend and continue to support and foster the healthy choices our teens are making. However, even with our laudable successes, Montana and its communities must remain vigilant. By maintaining and improving our efforts, it is possible to see an even greater reduction in our teen pregnancy rate and enhance the lives of our teens.

Despite the recently declining teen pregnancy rates, 20% of all Montana teenage girls get pregnant at least once before they reach 20, resulting in 1,711 teen pregnancies in 2002. While compared to other states, Montana is doing well in helping its teens make good decisions and prevent unintended pregnancies. The United States as a whole has the highest rate of teen pregnancy in the industrialized world.

Teen pregnancy prevention, a priority for the State of Montana, is based on the belief that reducing our state's rate of unintended teen pregnancy is one of the most strategic and direct means available to improve overall child well-being and to reduce persistent childhood poverty. Teen pregnancy has serious consequences for the teen parents, particularly the mother, the child, and to society in general.

The reasons to prevent teen pregnancy are numerous when one considers all of the factors and people involved. For the young woman, the personal, economic, and social costs of a teen pregnancy are extremely high. Not only do their educational and employment prospects decline significantly if they have a baby, young women may experience serious health risks if they become mothers too soon.

The teen mothers who become pregnant each year don't do so alone. Still teen pregnancy is usually seen as a girl's problem. Happily the past decade has brought increased attention to the importance of directly involving boys and men in efforts to prevent teen pregnancy, according to the National Campaign to Prevent Teen Pregnancy.

For the child of a teen pregnancy, the reasons to support teen pregnancy reduction efforts are clear. First, children born to young mother suffer from higher rates of low birth weight and related health problems. In addition, children of

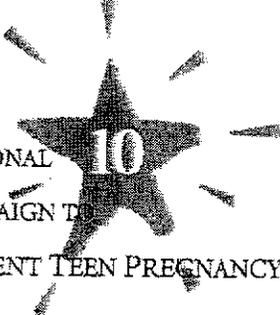
teens often have insufficient health care and are more likely to be raised in poverty. Finally, perhaps the most difficult social cost to address in a meaningful, compassionate way is the effect of poor or inadequate parenting. Children born to teens are at higher risk of poor parenting because their mothers and fathers are typically too young to master the demands of being a parent. Still growing and developing themselves, the teen parents are often unable to provide the kind of environment that infants and very young children require for optimal development. Ultimately, the outcomes of poor parenting are the difficult issues of abuse and neglect and a reduction in the future prospects of that child.

Finally, the cost of teen pregnancy is significant to society. The United States still leads the fully industrialized world in teen pregnancies and birth rates --- by a wide margin. In fact, the U.S. rates are nearly double Great Britain's, at least four times those of France and Germany, and more than ten times that of Japan.¹ Also, teen pregnancy costs society billions of dollars a year. There are nearly half a million children born to teen mothers each year. Most of these mothers are unmarried and many are poor and supported by government assistance programs. It is estimated that each year, the federal government alone spends \$40 billion to help families that began with a teenage birth.²

Looking into the future, our state and local communities must constantly renew their commitment to reduce unintended teen pregnancy by providing the support and education to help young people make good decisions. While the costs to mother, child, and society are no doubt primary reasons to continue our teen pregnancy prevention efforts, perhaps the best motivation would be gained by looking forward. Each year, Montana welcomes another generation of teenagers into its schools and communities. This means that prevention efforts must be constantly renewed and reinvented to address the needs and cultural influences experienced by today's teenagers. What may have worked in the 90's is surely not going to appeal to our young people today. We must continue to build on our state's success story by writing a new chapter with each generation of young people.

¹ Singh, S. & Darroch, J.E. (2000). Adolescent pregnancy and child-bearing: Levels and trends in developed countries. *Family Planning Perspectives*, 32(1), 14-23.

² Flinn, S.K. & Hauser, D. (1998). *Teenage Pregnancy: The case for prevention. An analysis of recent trends and federal expenditures associated with teenage pregnancy*. Washington: Advocates for Youth.



THE
NATIONAL
CAMPAIGN TO
PREVENT TEEN PREGNANCY

CELEBRATING A DECADE OF PROGRESS
IN IMPROVING THE LIVES OF CHILDREN,
YOUTH AND FAMILIES

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Preventing Teen Pregnancy: Why It Matters

Despite significant progress since the early 1990s, the U.S. still has the highest rate of teen pregnancy among comparable countries.¹ Despite less sexual activity among teens,² 34% of girls in this country become pregnant by age 20.³ Despite improved contraceptive use among teens, well over 400,000 teens have children each year, most of them unplanned, almost all of them out-of-wedlock.⁴ Clearly, preventing teen pregnancy is a highly effective and efficient way to reduce poverty and improve overall child and family well-being.

What if? The teen birth rate declined by one-third between 1991 and 2002. But...what if it had not? What if the teen birth rate in the United States had stayed at the 1991 level?

- 1.2 million more children would have been born to teen mothers.
- 460,000 additional children would be living in poverty.
- 700,000 more children would be living in single mother households.⁵

What are the chances? What are the chances of a child growing up in poverty if: (1) the mother gave birth as teen, (2) the parents were unmarried when the child was born, and (3) the mother did not receive a high school diploma or GED.

- 27% if one of these things happen.
- 42% if two of these things happen.
- 64% if three of these things happen.
- **But, if none of these things happen, a child's chance of growing up in poverty is 7%.⁶**
- Put another way, if these three things happen, a child's chance of growing up in poverty is **nine times greater** than if none of these things happen.

A wise investment? Teen childbearing costs taxpayers at least \$7 billion each year.⁷ Moreover, the decrease in the teen birth rate between 1995 and 2002 is directly responsible for:

- 26% of the decrease in the number of children under age six living in poverty.
- 68% of the decrease in the number of children under age six living with single mothers.⁸

For More Information, please visit the National Campaign to Prevent Teen Pregnancy's website, www.teenpregnancy.org. For specific information about the link between teen pregnancy and other critical social issues, please see the National Campaign publication, *Not Just Another Single Issue*.

About the National Campaign to Prevent Teen Pregnancy. The National Campaign is a nonprofit, nonpartisan organization supported largely by private donations. The mission of the National Campaign is to improve the well-being of children, youth, and families by reducing teen pregnancy. The National Campaign celebrates its 10th anniversary in 2005. When we began in 1996, we set a goal of a one-third reduction in the teen pregnancy rate in ten years. Ten years later, it seems almost certain that the nation will reach this goal. Building on this great success, the National Campaign's new challenge to the nation for the next decade will be to reduce teen pregnancy by *another* one-third.

Source Information.

¹ National Campaign to Prevent Teen Pregnancy analysis of Singh, S., & Darroch, J.E. (2000). Adolescent pregnancy and childbearing: Levels and trends in developed countries. *Family Planning Perspectives*, 32(1), 14-23. Pregnancy rates are calculated as the sum of birth, abortion, and estimated miscarriage rates (20 percent of births plus 10 percent of abortions).

² Abma, J.C., Martinex, J.M, Mosher, W.D., and Dawson, B.S. (2004). *Teenagers in the United States: Sexual activity, contraceptive use, and childbearing, 2002*. National Center for Health Statistics. National Vital Stat (23)24.

³ The National Campaign to Prevent Teen Pregnancy. (2004). *Fact Sheet: How is the 34% statistic calculated?* Washington, DC: Author.

⁴ Abma, J.C., Martinex, J.M, Mosher, W.D., and Dawson, B.S. (2004). *Teenagers in the United States: Sexual activity, contraceptive use, and childbearing, 2002*. National Center for Health Statistics. National Vital Stat (23)24.

⁵ Committee on Ways and Means Democrats. (2004). *Steep Decline in Teen Birth Rate Significantly Responsible for reducing Child Poverty and Single-Parent Families*. (Committee Issue Brief, April 23, 2004). Washington, DC: Author.

⁶ Zill, N., & O'Donnell, K. (2004). *Child Poverty Rates by Maternal Risk Factors: An Update*. Unpublished manuscript, WESTAT, Rockville, MD.

⁷ Maynard, R.A., (Ed.). (1996). *Kids having kids: A robin hood foundation special report on the costs of adolescent childbearing*. New York: Robin Hood Foundation.

⁸ Committee on Ways and Means Democrats. (2004). *Steep Decline in Teen Birth Rate Significantly Responsible for reducing Child Poverty and Single-Parent Families*. (Committee Issue Brief, April 23, 2004). Washington, DC: Author.

Teen Pregnancy Rates Decline -- Family Planning or Abstinence

Employees in the DPHHS Women's Health Section are often asked, "Why are teen pregnancy rates declining in Montana and the United States?" Often people think it's either due to abstinence or family planning, but not both, according to Suzanne Nybo, section supervisor.

"Quite the contrary," says Nybo. "Both the Family Planning Program and the Montana Abstinence Partnership (MAP) are key components of the Women's Health Section. Both are important to our comprehensive state plan to prevent unintended pregnancy, including teen pregnancy."

Studies show that the most effective programs discuss both abstinence and contraception to help youth postpone having intercourse. According to Sarah Brown, director of the National Campaign to Prevent Teen Pregnancy, "The 1990s are making their mark as the decade when more teens decided to make caution 'cool.' More are saying 'not yet' to sex, more are saying 'I did, but now I don't' and more are saying 'I do, but not without protection.'"

"There are many misconceptions about family planning," Nybo said. For example, abstinence and adoption referrals have long been part of the agency's Family Planning Program, which prevents unintended pregnancies and sexually transmitted diseases including HIV/AIDS. She points to recent CDC survey results that show a declining number of high school students in the U.S. engaging in sexual intercourse, while the rate of condom use has increased across all genders and races.

"Our 15 family planning programs are funded by a combination of federal, state, and county dollars," she said. "That money is supplemented heavily by private donations, fees paid on a sliding scale by recipients, insurance and other third-party payers." Family planning programs provide comprehensive services to approximately 27,000 women, the majority of whom are from low-income families. Services include physical exams, breast and cervical cancer assessment, STD and HIV testing, health education, and contraceptive

counseling and resources. An estimated 18,680 unintended pregnancies, including 2,679 abortions, are prevented through these programs annually.

The Montana Abstinence Partnership (MAP) is a federally funded program aimed at encouraging young people to abstain from sex. Programs in 10 Montana communities have received grants to encourage teen abstinence. A month-long radio and television campaign sponsored by MAP aired across the state in April. Billboards were also posted in communities where abstinence programs are active and ads were placed in high school newspapers in the same communities. A website with information about abstinence is at www.thesmartchoice.org.

Decreasing the incidence of unintended pregnancy, including teen pregnancy, in Montana is the goal common not only to the family planning and abstinence programs, but also to other programs at the state and local levels. All intend to improve the health of families, women and children. "It is our hope that Montana is home to children who are wanted and loved, and to that end we'll continue to implement programs, including family planning and abstinence, that may positively affect that effort," Nybo said. For more information about these programs, contact Nybo at 444-3775.

For more information, please e-mail us at snibo@state.mt.us

This page was last updated