Preventing Teen Pregnancy in Northeast Florida: A plan for community action

Northeast Florida Teen Pregnancy Task Force
The Northeast Florida Teen Pregnancy Task Force completed a year-long process to identify strategies and community partners to address the high rate of teenage pregnancy, birth and repeat teen pregnancies in the region.

Despite declines in the teen birth rate over the last 20 years, teen pregnancy still remains a problem. Teens in the region give birth at a higher rate than those statewide and nationwide. Teenage mothers and their babies are consistently linked with poor health and socioeconomic outcomes. Nearly one out of five teenagers in Northeast Florida who has a baby will become pregnant again before leaving her teens. Additional births multiply the difficulties experienced by teen mothers. Pregnant and parenting teens are a priority population for receipt of Healthy Start and Healthy Families services — particularly for the purpose of preventing second pregnancies.

Northeast Florida includes Baker, Clay, Duval, Nassau and St. Johns counties. Task force membership included Coalition volunteers; representatives from agencies and organizations that serve adolescents; adolescent health care providers; school systems; youth-serving organizations; teens and other interested organizations in the five-county area. Its year-long work included collection and review of relevant literature and studies on teen pregnancy, briefings and conversations with a variety of health service providers, school district representatives, organizations that serve teens and, conducting focus groups with teens. The results of the focus groups provided guidance about the priority topics that were on the Task Force’s agenda.

After collecting information, the Task Force decided to focus on five specific areas: engaging parents, community-based teen pregnancy prevention, access to adolescent health services, repeat teen pregnancies and public policy changes.

**Engaging Parents:** Family plays a big role in teens’ lives — it is a source of information and an influence on their behavior, according to seven “Listening Tours” conducted throughout the region in the fall of 2010. Strategies to engage parents include: holding “Train the Trainer” workshops on successful parenting curricula, such as the Duval County Cooperative Extension’s “Teening Up”; incorporating a parent component into existing organizations; holding “Listening Tours” for caretakers to identify their issues and concerns regarding discussing teen sexual health and teen pregnancy prevention with youth and then educating caretakers on how to talk to teens about a variety of topics; and using media to create a video (for CDs, YouTube).

**Community-based Teen Pregnancy Prevention:** Most teens are not getting information about sex from reliable sources, but instead from the media, friends, the internet, family and only a little bit from school health classes, according to responses from teen “Listening Tours” held
in the fall of 2010. Sex education in school mostly focuses on abstinence, does not provide much information on birth control or STIs and doesn’t address the emotional aspect. Strategies to strengthen community-based teen pregnancy prevention include: implementing comprehensive sex education curricula in Jacksonville Housing Authority apartment complexes and through Girls Incorporated; and utilizing faith-based comprehensive curricula.

**Improving Access to Adolescent Health Care:** Research has shown that teens are more likely to use, and do better in, clinics that offer a comprehensive, interdisciplinary model of physical, behavioral, and reproductive health care that is explicitly designed to welcome adolescents and respond to their particular needs. Strategies to improve access include: having a teens-only clinic in each county and exploring the prospects of a teen text health line, a mobile health unit and teen peer health education program.

**Repeat Teen Pregnancies:** Seventeen percent of teen births in Northeast Florida in 2010 were to mothers who have had a previous pregnancy. Cultural norms and an inability to visualize other life options contribute to repeat pregnancies among teens according to national studies. Results from listening tours within the Duval County Public Schools with teens who experienced multiple pregnancies and births also showed pregnancies occurred because the teens did not have access to birth control, did not use birth control because they believe it doesn’t work or used birth control but still became pregnant. Strategies to prevent repeat pregnancies include: community referrals for teens into Healthy Start, where they will be considered a special high-risk group that would receive a home-based mentoring program and other evidence-based programs like Nurse Family Partnership; and implementing a pregnant teen support group at Shands Jacksonville, similar to the CenteringPregnancy model.

**Public Policy Changes:** At the Task Force’s March 2011 meeting, representatives from several area school districts reported that they must follow the state statute that mandates abstinence-only education as the expected standard in health education. They identified the influence of strong proponents of abstinence-only education and conservative culture of the community, in addition to opt-in forms that are required for classes, as barriers to comprehensive education. Strategies around public policy changes that will improve access to comprehensive sex education in schools include: joining the statewide Healthy Teen Florida network and implementing local-level advocacy efforts; and piloting comprehensive sex education for school teen pregnancy/parenting program participants.
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Despite declines in the teen birth rate over the last 20 years, teen pregnancy remains a problem throughout the country. Rates are still among the highest in the industrialized world. One in ten new mothers is a teen. Black, Hispanic and other non-white teens are disproportionately affected — they are 2 to 3 times more likely to give birth than white teens. This has a staggering affect on the nation; it costs U.S. taxpayers more than $9 billion each year.

The issue and implications of teen pregnancy are the same in Florida and the Northeast Florida region of Baker, Clay, Duval, Nassau and St. Johns counties. At least half of the teenage population in the state is engaging in sexual intercourse according to the 2011 Youth Risk Behavior Survey. According to the survey results, 43.9 percent of females are sexually active and 7.3 percent of both males and females have had sex before age 13. Locally, teens also have high rates of sexually transmitted infections:

<table>
<thead>
<tr>
<th>Bacterial STIs, Females Age 15-19, 3-year Rolling Rates</th>
<th>Gonorrhea</th>
<th>Chlamydia</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEFL</strong></td>
<td>1090.8</td>
<td>3641.8</td>
</tr>
<tr>
<td><strong>State</strong></td>
<td>727.1</td>
<td>2745.7</td>
</tr>
</tbody>
</table>

Source: Florida CHARTS, 2007-2010

The State of Teen Pregnancies and Births

Birth Rates
The state and nation calculate the teen birth rate as the rate of births to moms in their teens per 1,000 females. The regional teen birth rate dropped in 2010 to 36.5 births to teens age 15-19 per 1000 females age 15-19 from 39.2 in 2009. Teens in the region give birth at a higher rate than those statewide and nationwide. For county-specific rates, see Appendix 1.

Teen Birth Rate (Births to moms age 15-19 per 1,000 females age 15-19)
Rolling 3-year Rates, 2006-2008 to 2008-2010

**U.S. Rates are for single year only: 2007, 2008 and 2009**
Source: Florida CHARTS, 2006-2010

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**Pregnancy Rates**

The birth rate does not, however, reflect the actual number of teens that become pregnant. The Guttmacher Institute tracks and reports abortion trends for the country and states. Nationally, the percent of teen pregnancies ending in abortion is 32 percent\(^2\). The abortion rate has decreased since a high in 1986 but has remained relatively steady since 2000. The rates for black and Hispanic teens are significantly higher than those for white teens.

Estimates by Guttmacher for Florida indicate that births represent about 55 percent of all pregnancies to teens age 15-19, with miscarriages and abortions comprising the remainder. Based on these estimates, the pregnancy rate in Northeast Florida in 2010 was 66.5 pregnancies per 1,000 females age 15-19 years old. Florida does not require that abortion providers include age when reporting abortions, so any state figures are based on the number of abortions among all women in the state and the proportion of abortions obtained by women of the same age nationally.

**Health & Socioeconomic Outcomes**

Teenage mothers and their babies are consistently linked with poor health and socioeconomic outcomes. Babies born to teenage mothers are more likely to be born premature\(^3\) and have low birth weight\(^4\). These mothers are least likely of all maternal age groups to receive prenatal care and are at a higher risk for pregnancy complications\(^5\), less likely to graduate high school and more likely to live in poverty\(^6\).

Teenagers age 15 to 19 years old that gave birth represented 9.5 percent of Northeast Florida births in 2010, down from 9.9 in 2009. There were significant differences between the counties in the region:

![Percent of All Births to Teen Mothers 15-19 years old, 2010](Source: Florida CHARTS, 2010)

Despite only representing 9.5 percent of births in Northeast Florida, teens accounted for a higher proportion of poor health outcomes. In 2010, mothers age 19 and under were more likely than their older counterparts to experience fetal and infant deaths.

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\(^3\) National Center for Health Statistics, final natality data.


\(^6\) *Why It Matters* National Campaign to Prevent Teen and Unplanned Pregnancy.
Repeat Teen Birth Rate

Nearly one out of five teenagers in Northeast Florida who has a baby will become pregnant again before leaving her teens. Additional births multiply the difficulties experienced by teen mothers. More than 17 percent of teen births in Northeast Florida in 2010 were to mothers who have had a previous pregnancy.

Teen mothers who have additional births, and their children, have particularly adverse consequences related to education, economic self-sufficiency and medical problems—because they initiate prenatal care later for a second child and delay it even later when they are expecting a third.

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8 National Campaign to Prevent Teen Pregnancy, Another Chance, May 2004.
Healthy Start and Healthy Families Services

Pregnant and parenting teens are a priority population for receipt of Healthy Start and Healthy Families services. Healthy Start aims to improve birth outcomes and promote healthy child development by providing care coordination, education and related risk reduction services to at-risk women and their families. Healthy Families offers intensive education and support to families at-risk of abuse and neglect. Participants for both programs are identified through the Healthy Start prenatal screen which is administered to pregnant women at their doctor or clinic visit. A goal of both programs is to reduce repeat pregnancies.

Over the last three years, there has been an average of 550 babies born annually to mothers age 15-19 in the five-county region. Healthy Start and Healthy Families provided intensive care coordination to an average of pregnant 344 teens <18 years old annually during this period (about 63 percent of teen births). Services available in the region through Healthy Families have been cut significantly over the last three years; the HFF program was eliminated in 2010/11 in Baker and Nassau Counties.

<table>
<thead>
<tr>
<th>Teens (&lt;18 yrs.) Receiving Intensive (Face to Face) Healthy Start and Healthy Families Services</th>
<th>Northeast Florida, FY 2008/09 – FY 2010/11 Annual Average</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Births</strong></td>
<td><strong>Healthy Start</strong></td>
</tr>
<tr>
<td>Baker</td>
<td>18</td>
</tr>
<tr>
<td>Clay</td>
<td>64</td>
</tr>
<tr>
<td>Duval</td>
<td>397</td>
</tr>
<tr>
<td>Nassau</td>
<td>20</td>
</tr>
<tr>
<td>St. Johns</td>
<td>49</td>
</tr>
<tr>
<td>NEFL</td>
<td>548</td>
</tr>
</tbody>
</table>

Source: Healthy Start Prenatal Executive Summary Reports, prepared by request by FDOH; Healthy Families Florida.
Teens <18 years old represent seven percent of all pregnant women served by Healthy Start over the last three years in Northeast Florida.

Compared to all pregnant women served by Healthy Start during this period, teens were more likely to receive the most intensive level of services (face to face with a family support plan). Twenty-four percent of teens enrolled prenatally in Healthy Start received this level of service compared to 10 percent of all women. Thirty-eight percent of teens receiving Healthy Start services prenatally received face to face education and support compared to 34 percent of all women. Teens received 7.3 encounters on the average, compared to 5.5 encounters for all prenatal participants. State reports indicate Healthy Start providers in the region made extra efforts to contact and engage teens referred to the program.

Data on subsequent pregnancies to teens served by these programs is not available for Healthy Start. Healthy Families Florida reports less than 7 percent of teens served in Northeast Florida had a subsequent pregnancy.
Task Force Process

**Purpose**
The Northeast Florida Healthy Start Coalition convened the Northeast Florida Teen Pregnancy Task Force in October 2010 to address the high rate of teenage pregnancy and births in Northeast Florida and determine effective methods of prevention, particularly around repeat teen births.

**Membership**
Task force membership includes Coalition volunteers; representatives from agencies and organizations that serve adolescents; adolescent health care providers; school systems; youth-serving organizations; teens and other interested organizations.

**Task Force Members**
- Joy Burgess, Co-Chair, Chamberlain College of Nursing/NEFHSC Board of Directors
- Sandra Cook, Co-Chair, Women’s Giving Alliance
- Patricia Jo Beaty, Northeast Florida Healthy Start Coalition Member
- Ana Bernal Martinez, Shands Jacksonville – Healthy Start
- Mary Bishop, The Bridge of Northeast Florida
- Thomas Bryant III, DCHD – Institute for Public Health Informatics and Research
- Tanya Collins Watts, Duval County Public Schools
- Marcheta Crews, Baker County Public Schools
- Keisha Dawkins, St. Johns County Health Department
- Jeannie Gallina, The Way Clinic
- Elaine Mathews, St. Johns County Health Department — Healthy Start
- Peter Racine, Jaguars Foundation
- Nancy Robinson, Duval County Health Department
- Dr. Pauline Rolle, Duval County Health Department
- Brandi Williamson, JobCorps

**Ad Hoc/Resource Members**
- Meredith Chartrand Frisch, The Chartrand Foundation
- Staci Fox, Planned Parenthood of North Florida
- Loreli Rogers, NCHD—Healthy Start/Nassau County Teen Pregnancy Task Force
- Stephanie Reese, Apel Health Services
- Mary Jane McRae, Clay County Health Department
- Juanita Forman, Girls, Incorporated
- Sue Murphy, Baker County Health Department — Healthy Start
- Raymond Randolph, St. Johns County Public Schools
- Katy Axtell, Shower of Hope
- Katrina Singletary, Shower of Hope
- Chamberlain College of Nursing Students
- Healthy Start Coalition AmeriCorps Members
Overview of Process and Activities
The Task Force’s work plan included the following primary activities:

- Review regional and county-specific experiences and needs.
- Identify and explore how to adopt or adapt strategies based on evidence-based programs implemented locally, statewide and nationally.
- Identify ways to increase the effectiveness of existing Healthy Start, school and community-based services.
- Determine additional services required to address gaps in support, education and services to address the issues of teen pregnancy.

The year-long work included collection and review of relevant literature and studies on teen pregnancy and briefings and conversations with a variety of health-service providers, school district representatives, organizations that serve teens and conducting focus groups with teens. The results of several regional focus groups provided guidance about the priority topics that were on the Task Force’s agenda.

Teen Listening Tours
One of the first steps of the Task Force was to schedule regional listening tours to have a conversation with teens about teen pregnancy, sex education and adolescent behavior. The results were used to determine whether teens in the region were on par with teens nationwide and also shape local approaches to reduce teen pregnancy. AmeriCorps members and UNF nursing students received training on focus groups and facilitated the “tours.” A wide variety of teens participated in the tours: rural; urban; different races & ethnicities: White, Black, Hispanic; male and female; ages 13-19, middle school and high school students; and pregnant teens, teen mothers and teen mothers experiencing repeat pregnancies.

- Lighthouse Christian School — 12 girls (15-18 years old)
- AMIKids — 15 boys (ages 14-18 years old)
- Baker County YMCA — 7 teenagers (5 boys / 2 girls)
- YouthLink — 14 teenagers (6 boys / 8 girls)
- Hollybrook Homes — 7 teenagers (4 boys / 3 girls)
- Philip Randolph — Two Listening Tours (7 girls in group 1 and 5 girls in group 2)

The participating teens were asked questions regarding who they think they can talk to about sex; what kind of sex education they have received from their parents, schools, doctors or elsewhere; what they know about birth control and where and how easily it can be accessed; and more.

Despite the variety in backgrounds of the teens that participated, the same themes were prevalent for each listening tour. The teens reported feeling peer pressure, as sex has become the norm for many adolescents. They indicated they want to talk to their parents about sex but the lines of communication are not usually open. Many
teens are also very influenced by family in terms of their paths in life — particularly daughters of teen mothers who tend to repeat the cycle. Teens said they would prefer a holistic approach to sex education, including more information on birth control — especially since they indicated it does not work and don’t always know how to use it properly. Schools provide very limited sex education, which is almost always abstinence-based. They would also like to receive sex education from different sources — particularly young adults they can relate to or their peers.

The general takeaway from the listening tours was that there is a huge gap between knowledge and behavior. Teens often know what they need to do to prevent pregnancy, but no one is talking to them, educating/guiding them, or holding them accountable. They are having unprotected sex, when they do use contraception it is used incorrectly and there is a lack of connection between baby and a lifelong commitment.

As a result of the “Listening Tours,” the Task Force opted to take a multi-faceted approach. Sex education, parenting and community involvement in the issues are all areas the Task Force attempted to improve, based on the shortcomings in these areas that the teens reported.

For the full Teen Listening Tour results, see Appendix B.

**Data Collection**
The following were the major data collection activities of the Task Force:

- Reviewed significant studies on teen sexual behaviors and pregnancy — particularly those with an emphasis on prevention. A bibliography of that research is included within this report.
- Participated in a webinar with the Centers for Disease Control and Prevention (CDC) about national teen pregnancy trends and effective programs.
- Compiled an inventory (See Appendix C) of local programs which address: sexual factors (sex education), nonsexual factors (youth development) and a combination of factors.

**Briefings and Conversations**
Guest speakers and presentations were scheduled for most task force meetings. These briefings enabled the task force to learn more about programs available in the region, as well as discuss gaps in services with local experts. Guest presentations included:

**Community Organizations**
- Learned about parenting programs and curricula used in the community. The Duval County Cooperative Extension described its “Teening Up” parent curriculum.
- The Way Clinic, located in Clay County, described its services to provide affordable health care for the Hispanic migrant population and others who are uninsured. Those services include OB clinics which are staffed by volunteer midwives.
- The following organizations participated in a “best practices” panel regarding programs that are
designed to prevent teen pregnancy. The organizations were:

» Girl Scouts of Gateway Council, “Get Real!” Mentoring
» Nassau County Health Department Teen Clinic
» Apel Health Services — YouthLink Mentoring
» Duval County Health Department/Magnolia Project Teen Inspirations Clinic

**Schools**

- Representatives of three school districts in the five-county area outlined the policies and practices regarding sex education and provided perspectives on the issues facing teens. The school districts and their representatives were:
  - Duval County Schools: Gloria Lockley, Director of Support Services; Cheryl Hall, Curricula
  - Nassau County Schools: Andreu Powell, Coordinator of Prevention and Intervention Services
  - St. Johns County Schools: Raymond Randolph, Teen Parent, Homeless, and Full Service School programs

**Comprehensive Sex Education Public Policies and Practices**

- Participated in a conference call with Sally Swanson, Community Programs Manager at the Adolescent Pregnancy Prevention Campaign of North Carolina. Ms. Swanson discussed the efforts behind the passage of the Healthy Youth Act of 2009, a state statute mandating comprehensive sex education in schools.
- Heard a presentation from the Florida Healthy Teens campaign. Florida Healthy Teens is a statewide advocacy campaign that seeks to bring comprehensive sex education to Florida schools. It is a broad-based coalition of more than 80 organizations from numerous sectors, including education, public health and the faith-based community. Several counties have successfully implemented sex education as a result of the work of the campaign.
- Learned about abstinence education currently provided in the schools by Project SOS from Michell Long.

Based on the results of the Teen Listening Tour and other information gathering activities, the task force identified five themes as a framework for development of its action plan: engaging parents, community-based teen pregnancy prevention, access to adolescent health services, reducing repeat teen pregnancy and public policy changes.
Theme: Engaging Parents

Need
Family plays a big role in teens’ lives — it is a source of information and an influence on their behavior, according to seven “Listening Tours” conducted throughout the region in the fall of 2010. Listening tour participants reported that they want to be able to ask their parents about sex, but it’s uncomfortable and parents don’t always know how to talk to their kids about it or handle the fact that their children are sexually active. In addition, daughters of teen mothers are more likely to become teen parents themselves, repeating a cycle.

Communication challenges faced by parents are borne out in a recent national survey, “Let’s Talk: Are Parents Tackling Crucial Conversations About Sex?” The national poll found that while 82 percent of parents reported talking to their children about topics related to sex and sexuality, when questions about specific topics were asked, the percentages were much less. A smaller proportion felt comfortable talking about more complex topics such as how to say no to sex (74 percent) and whether or not to use a condom or other forms of birth control (60 percent). The listening tour results showed that locally, parents were not having meaningful conversations with their teens about sex.

Regional Scan
There are several programs in Northeast Florida that work to improve the communication skills of the parents of adolescents. “Teening Up,” offered by the Duval County Cooperative Extension targets parents with teens between the ages of 9 and 16 years old and serves as a prevention tool rather than an intervention. The curriculum has six sessions that each last between an hour and an hour and a half. The curriculum teaches parents about the normal development of young and middle adolescent children and teaches skills to avoid more serious problems. The sessions include: the teen brain; transitions to adolescence; positive discipline; talking with teens about dating, sex, drugs and alcohol; understanding teen anger (and managing yours); and empowering teens to build assets. Teening Up also includes three activities per session to engage parents and practice skills, reflection and empathy-building and asset assessments. This program is under-utilized and could be expanded in the counties outside Duval.

Other programs that potentially address this need in Northeast Florida include:

- United Way of Northeast Florida – Parenting Courses: Series of 7 parenting classes
- Jacksonville Network for Strengthening Families: 7 Habits of Successful Families: interactive course that allows families to set goals and strengthen skills
- Children’s Home Society: Parenting classes for parents of children ages 0-2, 2-12, teens, or of attention deficit disorder children

Online resources for parents are also available through the Jacksonville Jaguar Foundation’s Straight Talk initiative (www.straighttalk.jacksonville.com/parents.shtml).

Evidence-Based Interventions
See Teening Up above.

Ten Tips for Parents, compiled by the National Campaign to Prevent Teen and Unplanned Pregnancy, offers easy-to-use, common sense lessons based on research. They are designed to help parents help teens delay sexual activity, as well as encourage those who are having sex to use contraception carefully.

16 and Pregnant Discussion Guides: This hit MTV show is available on video with discussion guides that can be used by parents to talk with their teens about sex and teen pregnancy (http://www.stayteen.org/16-and-pregnant).

The Center for Latino Adolescent and Family Health at the NYU Silver School of Social Work has developed Families Talking Together, a family-based program designed to support effective parent-adolescent communication among African-American and Latino families. It is available free of charge (http://www.clafh.org/resources-for-parents/avoiding-adolescent-problem-behaviors/). FTT is a clinic-based education program (see Theme: Improving Access to Adolescent Health Care).

Sex, Etc. is part of the Teen-to-Teen Sexuality Education Project developed by Answer, a national organization based at Rutgers University that is dedicated to providing and promoting comprehensive sexuality education to young people and the adults in their lives. Its website (www.sexetc.org) provides access to an online magazine, discussion groups, videos, mobile apps and resources for health professionals and parents.

Implementation Strategies

1. Provide “Train the Trainer” workshop for the “Teening Up” parenting curriculum through the Duval County Cooperative Extension to community-based organizations and others working with teens and their families, including Healthy Start case managers.

2. Incorporate parent component into existing organizations, agencies and groups, such as faith-based organizations and worship centers, parent advisory groups and the Jaguars Foundation Straight Talk television program.

3. Hold “Listening Tours” for parents, grandparents and caretakers to identify their issues and concerns regarding discussing teen sexual health and teen pregnancy prevention with youth.

4. Educate parents, grandparents and caretakers on how to talk to teens about a variety of topics, including safety, relationships, teen pregnancy prevention, etc.
   a. Use media to create a video (for CDs, YouTube)
   b. Target large employers to do education to reach parents/grandparents/caretakers.

Potential Partners for Implementation

- Duval County Cooperative Extension
- Faith-based community
- Community non-profits serving teens and their families
- Large employers
- Parent Teacher Associations, parent advisory groups
- Jacksonville Jaguars Foundation (Straight Talk program)
- The Bridge of Northeast Florida
- Clear Channel advertising
- Girl Scouts/Boy Scouts
- Comcast
Theme: Community-based Teen Pregnancy Prevention

Need
Almost half of all teen students statewide reported having sexual intercourse, according to the 2010 Youth Risk Behavior Survey. According to the survey results, 43.9 percent of females are sexually active and 7.3 percent of both males and females have had sex before age 13.

Despite this, most teens are not getting information about sex from reliable sources, but instead from the media, friends, the internet, family and only a little bit from school health classes, according to responses from teen “Listening Tours” held in the fall of 2010. Sex education in school mostly focuses on abstinence, does not provide much information on birth control or sexually transmitted infections (STIs) and doesn’t address the emotional aspect. Many teens believe birth control does not work and are not taught safe sex practices.

Teens want honest, open conversations about sex; to learn about STIs and the emotions that accompany sex; information about birth control; small classes; and teachers who are young and to whom they can relate. Teens also want mentors they can talk about to about topics like sex — someone that is not judgmental and can give them accurate information.

There are significant barriers, including state statute, that prevent the provision of comprehensive sex education through local school systems. Implementation of community-based education programs through organizations and groups that serve youth offers an alternative approach for meeting this need.

A second component of pregnancy prevention is non-sexual youth development that focuses on the whole individual rather than specific types of behavior. Many teens are only living the life they know and do not see opportunities in life outside of pregnancy.

Regional Scan
The two main sources of comprehensive sex education in the community are Planned Parenthood and organizations funded by the Jacksonville Jaguars Foundation. Planned Parenthood provides both clinical and community services, including educational services for all audiences. The health educators provide classes, workshops, tables of information at health fairs and special events. The Jaguars Foundation funds comprehensive programs within Girls Incorporated, the Bridge of Northeast Florida (Straight Talk) and the PACE Center for Girls (Time to be a Girl). The Foundation also funds effective abstinence-based programs at Apel Health Services (Project Youthlink, a mentoring program, and other HIV/AIDS prevention programs)

The Florida Department of Education released the Florida’s Sexual Health Education Community Outreach Tool Kit in August, 2011 to assist communities in developing programs to address teen pregnancy and STIs.
Numerous local branches of nationwide programs provide youth development services, including the 4-H program, the Boy Scouts and Big Brothers Big Sisters. Programs like the Girl Scouts of Gateway Council – Get Real! Mentoring program provides a combination of youth development and sex education services. For more programs, see Appendix C.

Evidence-based Programs

Teen Health Project/4Me: The Teen Health Project is a community-level intervention that helps adolescents develop skills to enact change, and provides continued modeling, peer norm and social reinforcement for maintaining the prevention of HIV risk behavior and pregnancy. Adolescents first attend workshops that focus on HIV/STI education, pregnancy prevention and skills training on avoiding unwanted sex, sexual negotiation, and condom use, with themes of personal pride and self-respect. A Teen Health Project Leadership Council is then established to encourage attendance, reinforce abstinence and condom use, plan HIV prevention activities to maintain risk reduction, set norms supporting abstinence and condom use and gain support from adults to promote activities. In addition, parents of adolescent enrollees are offered a workshop that focuses on HIV/AIDS and pregnancy prevention information and approaches to discussing issues related to abstinence and safe sex/condom use with their children.

Our Whole Lives is a series of sexuality education programs offered by the United Church of Christ for six age groups: grades K-1, grades 4-6, grades 7-9, grades 10-12, Young Adults and Adults. The resources are written by professional sexuality educators and provide accurate information for parents, teachers and pastors to be used in the affirming and supportive setting of churches. The program is based on the Guidelines for Comprehensive Sexuality Education produced by the National Guidelines Task Force, a group of leading health, education and sexuality professionals assembled by the Sexuality Information and Education Council of the United States (SIECUS). There is a companion Parent Guide for the curriculum and resource book, Sexuality and Our Faith for each grade level. The program is currently being evaluated to determine its long-term impact. Our Whole Lives is one of several faith-based comprehensive sex education curricula identified by the Faith Resource Center of the National Campaign to Prevent Teen and Unplanned Pregnancies (http://www.thenationalcampaign.org/religion/default.aspx)
Implementation Strategies
1. Implement 4Me comprehensive sex education curriculum in Jacksonville Housing Authority apartment complexes.
2. Utilize faith-based comprehensive curricula, such as Our Whole Lives, in several targeted churches.
3. Implement comprehensive sex education programming to Northeast Florida counties through community-based organizations, like Girls Inc. Programming will be available to churches, schools, etc.

Potential Partners for Implementation
• Northeast Florida Healthy Start Coalition
• Planned Parenthood of North Florida
• Jacksonville House Authority
• Private apartment complexes
• Jacksonville Jaguars Foundation
• Churches – Health Ministries
• Schools
• Nursing/Health Professional Student interns
• Healthy Baker
• Girls Incorporated
Theme: Improving Access to Adolescent Health Care

Need
According to the National Alliance to Advance Adolescent Health, teens face serious, unaddressed health risks with lifelong consequences. More than 70 percent of adolescent morbidity and mortality is associated with such behaviors as unsafe sex, violence, substance use, tobacco use, poor nutritional habits, inadequate physical activity and injuries. Rates of sexually transmitted infections (STIs) and unintended pregnancies among teens remain high, particularly among minority youth. Yet, despite these risks, adolescents tend to slip through the cracks of the health care delivery system. Gaps in adolescent health care are related to lack of access and appropriateness of services available in most communities.

Teens 12-18 years old are less likely to be insured than their younger counterparts. One-fifth of visits by teens to the ER in the Northeast Florida region from 2007-2009 were self-pay. Even within the current teen population on Florida KidCare, only 55.8 percent of adolescents 12 years and older had a comprehensive well-care visit over a year period. Fear of disclosure may further discourage teens from seeking particular services, such as birth control, pregnancy testing and STI screening and treatment. Lack of transportation is also a barrier, especially in the more rural counties that lack public transportation.

Research has shown that teens are more likely to use, and do better in, clinics that offer a comprehensive, interdisciplinary model of physical, behavioral, and reproductive health care that is explicitly designed to welcome adolescents and respond to their particular needs.

Regional Scan
Health services specifically designed for teens are limited in Northeast Florida. The Nassau County Health Department offers one of the few teen health clinics in the region. Teen health services are available at PACE Center for Girls to program participants through the Duval County Health Department. The JASMYN clinic also offers STI screening and treatment for teens. Efforts to establish a teen-focused clinic at the Magnolia Project on the schools’ early release day had limited success; alternative efforts are underway to pilot this model at the West Jacksonville Health Center. There are no school-based health clinics in the region.

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12 Institute for Child Health Policy, September 2010 “Quality of Care: Health and Dental Plan Performance Measures, Health Plan Contract Year 2008-2009, Prepared for the Florida Healthy Kids Corporation.”
Best Practices

Mount Sinai Adolescent Health Center (NY), Wake Teen Medical Services (NC) and the Erie Teen Health Center (Chicago) offer best practice models of adolescent health care, according to the National Alliance. These clinics share the following characteristics: a comprehensive range of services under a single roof, many of which can be accessed in a single visit; a team approach to care; sensitive staff who enjoy and care about youth; a “teen friendly” environment; and a focus on positive youth development.

Teen Xpress is a mobile health unit that provides free medical and mental health care for at-risk youth in select locations throughout Orange County, Florida. A team of specialized healthcare professionals provide help to uninsured and at-risk adolescents who might otherwise go without treatment. The van provides care at schools and community sites. It is restricted from providing contraception services on school grounds, however.

Families Talking Together is a clinic-based intervention to reduce sexual risk taking among Latino and African American adolescents. It was delivered in a primary healthcare clinic and was coordinated through social workers when physicians saw adolescents for their annual physical examinations.

Implementation Strategies

1. Develop at least one Adolescent Health clinic in each county. The ideal location for the clinics would be a designated site where teens are comfortable, familiar and are present for other activities. Reestablish the Bridge of Northeast Florida as the teen health clinic for Duval County.

2. Explore opportunities to develop a mobile Teen Clinic. The mobile clinic would be housed in large appropriately equipped vans that would offer multiple services for teens (dental, STI counseling and screening, contraception, etc.). The vans would travel to schools and community sites in multiple counties.

3. Implement a peer health education training program, where teens and young adults are equipped to be community resources for correct information and referrals for STI/HIV screenings and family planning information. Use the Duval County Health Department’s Peer Health Advocates program model. Support and replicate the DCHD model in other counties.

4. Create an online or text advice and health information resource as part of a multi-county effort. Teens would text questions to a specific number and receive either scripted answers to specific questions or directions to online resources and/or healthcare services. Trained and qualified staff would respond. Model after Alachua County Health Department’s text health initiative.
5. Incorporate adolescent health needs, specifically HIV/STI/Family Planning into community health events
   a. Back to school events
   b. Teen health summits

**Potential Partners for Implementation**
- Job Corps
- JASMYN
- Area health departments and Federally Qualified Health Centers
- Wolfson Children’s Hospital
- The Way Clinic
- The Wildflower Clinic
- Barnabus Center
- Volunteers in Medicine
- The Bridge of Northeast Florida
- Apel Health Services
Need
Nearly one out of five teenagers in Northeast Florida who has a baby will become pregnant again before leaving her teens. Additional births multiply the difficulties experienced by teen mothers\textsuperscript{14}. Seventeen percent of teen births in Northeast Florida in 2010 were to mothers who have had a previous pregnancy.

Results from listening tours within the Duval County Public Schools with teens who experienced multiple pregnancies and births showed pregnancies occurred because the teens did not have access to birth control, did not use birth control because they believe it doesn’t work or used birth control but still became pregnant.

Regional Scan
Pregnant teens are priority for receipt of Healthy Start and Healthy Families services. Over the last three years, an average of 290 teens received face-to-face case management and related services from Healthy Start in Northeast Florida. Fifty-four teens were served by Healthy Families during the same period. Healthy Start does not offer a specific intervention tailored for teen participants aimed at preventing subsequent pregnancies.

Each of the school systems in the five-county area provides special educational programs to encourage pregnant and parenting teens to complete their high school education. None of these programs, however, offer services such as family planning or comprehensive sex education to reduce subsequent pregnancies among participants.

Evidence-based Practices
\textit{Computer-Assisted Motivational Interviewing:} This intervention was developed for African American pregnant teen girls ages 12-18 and is delivered using laptop computers in the teens’ home or in a community-based setting. The teen answers several questions about her current sexual relationships, contraceptive and condom use intentions, and current contraceptive behaviors. An algorithm assesses the answers and predicts the teen’s risk level, allowing the counselor to tailor the 20-minute session. The intervention sessions are initiated six weeks postpartum and continued quarterly through 24 weeks postpartum.

\textit{Home-Based Mentoring for First-Time Adolescent Mothers:} This home-based program was developed for urban, low-income, African-American, first-time adolescent mothers and aimed to reduce rapid repeat births. The program is a 19-lesson home-based intervention that includes two introductory lessons along with 17 additional lessons that blend themes of adolescent development and parenting.

\textit{Nurse Family Partnership:} NFP is an intensive home visitation program that targets first-time mothers, with priority given to teen moms living in high-risk communities. The model uses specially trained nurses to provide a curriculum- and individual-driven intervention that promotes healthy child development. NFP has documented impacts on repeat births and short inter-pregnancy intervals. Prenatal home visits will occur once a week for the first four weeks, then every other week until the baby is born. Postpartum visits

occur weekly for the first six weeks and then every other week until the baby is 21 months old. From 21-24 months, home visits will occur monthly. Nurse home visitors have caseload caps of 25 participants. NFP is one of seven evidence-based models eligible for funding in Florida with federal home visiting dollars.

**Implementation Strategies**

1. Prioritize referrals of pregnant teens to Healthy Start programs from community programs that encounter teens.
2. Have all teens referred to Healthy Start services identified as a special high-risk group, allowing the programs to make a special effort to find, contact and enroll them. As part of their high-risk status, teens will remain in services for a full year to facilitate access to postpartum contraception. Submit this recommendation to the Department of Health for inclusion in the Healthy Start standards and guidelines.
3. Implement a home-based mentoring program for pregnant mothers. Utilize educated single mothers that are a racial and ethnic match to the teen mothers to serve as mentors. Use the Home-Based Mentoring for First-Time Adolescent Mothers program.
4. Pilot the integration of evidence-based programs aimed at preventing repeat teen pregnancies into current Healthy Start case management, in conjunction with the home-based mentoring program and Nurse Family Partnership.
5. Implement a group for pregnant teens at Shands Jacksonville. The program will be similar to the CenteringPregnancy model and include support and education for participants.
6. Healthy Families will prioritize teen services within the local programs.

**Potential Partners for Implementation**

- Northeast Florida Healthy Start Coalition
- Healthy Start
- Healthy Families
- Local universities and colleges
- Public schools (guidance counselors)
- Teen pregnancy programs
- Shower of Hope
- WIC programs
- Planned Parenthood of Northeast Florida
- Local health departments
- The Way Clinic
- Shands Jacksonville
- AmeriCorps/North Florida Health Corps
Theme: Public Policy Changes

Need
Florida law states that in order for high school students to graduate, they must receive one-half credit in “life management skills” in either ninth or tenth grade. The course must include instruction in the prevention of HIV/AIDS and sexually transmitted infections (STIs), family life, the benefits of sexual abstinence and the consequences of teen pregnancy. It also states that these “descriptions for comprehensive health education shall not interfere with the local determination of appropriate curriculum which reflects local values and concerns.”

School boards may decide to allow additional instruction regarding HIV/AIDS. Such instruction may include information about “means used to control the spread of acquired immune deficiency syndrome.” All instruction and course material must:

1. teach abstinence from sexual activity outside of marriage as the expected standard for all school-age students while teaching the benefits of monogamous heterosexual marriage;
2. emphasize that abstinence from sexual activity is a certain way to avoid out-of-wedlock pregnancy, sexually transmitted infections, including acquired immune deficiency syndrome (AIDS), and other associated health problems;
3. teach that each student has the power to control personal behavior and encourage students to base actions on reasoning, self-esteem and respect for others; and
4. provide instruction and material that is appropriate for the grade and age of the student.

Florida standards, titled Sunshine State Standards for Health and Physical Fitness, do not mention instruction in HIV/AIDS, STIs or sexuality education. Parents or guardians may remove their children from any or all of sexuality education and/or STI/HIV education classes (See Florida Statute, Title XLVIII, Chapter 1003, Section 42, 43, and 46).

At the Task Force’s March meeting, representatives from several area school districts reported that they must follow the state statute that mandates abstinence-only education as the expected standard in health education. They identified the influence of strong proponents of abstinence-only education and conservative culture of the community, in addition to opt-in forms that are required for classes, as barriers to comprehensive education.

In addition to the barriers to providing sex education, the districts reported that many students do not attend elective classes like health because they are behind in grade level and have to take remedial classes. The Duval County schools parenting teacher reported that some of her students — all of which are either pregnant or have had children — often do not understand how pregnancy happens or why they get periods.

Regional Scan
In 2008, then State Senator Peter Deutch (D- Palm Beach) introduced the Florida Healthy Teens Act. It would have required public schools or third-party organizations receiving state funding to conduct comprehensive, medically-accurate, factual and age-appropriate sexual health programs. Programs
would have been required to emphasize the value of abstinence while not ignoring those adolescents who have had sexual intercourse; to encourage family communication about sexuality; and to be appropriate for students of all races, genders, religions and sexual orientations. The Florida Healthy Teen Act was supported by a broad-based statewide advocacy coalition (The Healthy Teens Campaign). The bill garnered bipartisan support from 34 lawmakers but died in the House.

In response to recommendations included in the 2008 JCCI Infant Mortality Study, State Representative Mia Jones (D-Jacksonville) co-sponsored (HB1503) legislation requiring one-half credit in health education as a prerequisite for graduation during the 2009 legislative session. State Representative Keith Fitzgerald (D-Sarasota) filed the aforementioned Florida Healthy Teens Act (HB265) during the same session. Like similar bills introduced in 2008, both bills died during the committee process.

**Best Practices**

The Adolescent Pregnancy Prevention Campaign of North Carolina successfully advocated for the Healthy Youth Act of 2009, a North Carolina state statute mandating comprehensive sex education in schools. A coalition of organizations was formed to attempt to pass the law under the umbrella name “Healthy Youth,” which was intended to give the group a cohesive brand. They developed a work plan, timeline and an endorsement letter that they sent to numerous state, county and local organizations. The Healthy Youth coalition utilized an active teen youth council that had over 100 face-to-face meetings with legislators and helped mail thousands of postcards to lawmakers.

The Healthy Teens Campaign was organized in Florida in 2008 as part of initial efforts to address state laws on abstinence-only health education. The Campaign is a broad-based coalition made up of more than 80 groups representing education, public health and faith-based organizations that seek to improve the health and safety of Florida teens through comprehensive sex education. The Campaign supports The Healthy Teens Act, which will require that Florida public schools receiving state funding provide comprehensive, medically-accurate and age-appropriate factual information when teaching about sexually transmitted infections, including HIV/AIDS, family planning or pregnancy.

**Implementation Strategies**

1. Join Florida Healthy Teens Campaign in their efforts to increase access to comprehensive sex education in schools as an option and implement local-level advocacy efforts.
   a. Conduct an in-depth review of current county policies
   b. Research counties that have affected change in sex education policy
   c. Create coalition of community members in each county to implement campaign
   d. Tap community-based sex educators to leverage their experiences in teaching comprehensive sex education (particularly their work in getting parents on board)
   e. Create a proposal for local polling on impactful messages and messengers for campaign to change sex education policies
f. Conduct polling to test messages regarding comprehensive sex education

g. Provide teacher training so that there is comfort and competence in implementing new curricula.

2. Work with A. Philip Randolph and other school-based programs serving pregnant and parenting teens to support teens to stay in school and prevent drop outs by providing complete wraparound services.

3. Reframe teen pregnancy as an issue that affects school performance and drop out rates and work to engage organizations in addressing teen pregnancy as part of their strategies for improving school success.

Potential Partners for Implementation

- Healthy Teens Florida
- Advocates for Youth
- Women’s Giving Alliance
- Jacksonville Public Education Fund
- Save Duval Schools
- ICARE
<table>
<thead>
<tr>
<th>Theme</th>
<th>Program Strategies</th>
<th>Potential Partnerships</th>
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</table>
| Engaging Parents                          | • Provide “Train the Trainer” workshop for the “Teening Up” parenting curriculum through the Duval County Cooperative Extension to community-based organizations and others working with teens and their families, including Healthy Start case managers.  
• Incorporate parent component into existing organizations, agencies and groups, such as faith-based organizations and worship centers, parent advisory groups and the Jaguars Foundation Straight Talk television program.  
• Hold “Listening Tours” for parents, grandparents and caretakers to identify their issues and concerns regarding discussing teen sexual health and teen pregnancy prevention with youth.  
• Educate parents, grandparents and caretakers on how to talk to teens about a variety of topics, including safety, relationships, teen pregnancy prevention, etc.  
  » Use media to create a video (for CDs, YouTube)  
  » Target large employers to do education to reach parents/grandparents/caregivers.  
  » Reach parents/grandparents/caregivers. | • Duval County Cooperative Extension  
• Faith-based community  
• Community non-profits serving teens and their families  
• Large employers  
• Parent Teacher Associations, parent advisory groups  
• Jacksonville Jaguars Foundation (Straight Talk program)  
• The Bridge of Northeast Florida  
• Clear Channel advertising  
• Girl Scouts/Boy Scouts  
• Comcast |
| Community-based Teen Pregnancy Prevention | • Implement 4Me comprehensive sex education curriculum in Jacksonville Housing Authority apartment complexes.  
• Utilize faith-based comprehensive curriculums, such as Our Whole Lives, in several targeted churches.  
• Implement comprehensive sex education programming to Northeast Florida counties through community-based organizations, like Girls Inc. Programming will be available to churches, schools, etc. | • Northeast Florida Healthy Start Coalition  
• Planned Parenthood of North Florida  
• Jacksonville House Authority  
• Private apartment complexes  
• Jacksonville Jaguars Foundation  
• Churches – Health Ministries  
• Schools  
• Nursing/Health Professional Student interns  
• Healthy Baker  
• Girls Incorporated |
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| Improving Access to Adolescent Health Services | • Develop at least one Adolescent Health clinic in each county. The ideal location for the clinics would be a designated site where teens are comfortable, familiar and are present for other activities. Reestablish the Bridge of Northeast Florida as the teen health clinic for Duval County.  
• Explore opportunities to develop a mobile Teen Clinic. The mobile clinic would be housed in large appropriately equipped vans that would offer multiple services for teens (dental, STI counseling and screening, contraception, etc.). The vans would travel to schools and community sites in multiple counties.  
• Implement a peer health education training program, where teens and young adults are equipped to be community resources for correct information and referrals for STI/HIV screenings and family planning information. Use the Duval County Health Department’s Peer Health Advocates program model. Support and replicate the DCHD model in other counties.  
• Create an online or text advice and health information resource as part of a multi-county effort. Teens would text questions to a specific number and receive either scripted answers to specific questions or directions to online resources and/or healthcare services. Trained and qualified staff would respond.  
• Model after Alachua County Health Department’s text health initiative.  
• Incorporate adolescent health needs, specifically HIV/STI/Family Planning into community health events  
  » Back to school events  
  » Teen health summits | • Job Corps  
• JASMYN  
• Area health departments and Federally Qualified Health Centers  
• Wolfson Children’s Hospital  
• The Way Clinic  
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• Barnabus Center  
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• Apel Health Services |
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<tr>
<td>Repeat Teen Pregnancies</td>
<td>• Prioritize referrals of pregnant teens to Healthy Start programs from community programs that encounter teens.</td>
<td>• Northeast Florida Healthy Start Coalition</td>
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<td>• Have all teens referred to Healthy Start services identified as a special high-risk group, allowing the programs to make a special effort to find, contact and enroll them. As part of their high-risk status, teens will remain in services for a full year to facilitate access to postpartum contraception. Submit this recommendation to the Department of Health for inclusion in the Healthy Start standards and guidelines.</td>
<td>• Healthy Start</td>
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<td>• Implement a home-based mentoring program for pregnant mothers. Utilize educated single mothers that are a racial and ethnic match to the teen mothers to serve as mentors. Use the Home-Based Mentoring for First-Time Adolescent Mothers program.</td>
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<td>• Pilot the integration of evidence-based programs aimed at preventing repeat teen pregnancies into current Healthy Start case management, in conjunction with the home-based mentoring program and Nurse Family Partnership.</td>
<td>• Local universities and colleges</td>
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<td>• Implement a group for pregnant teens at Shands Jacksonville. The program will be similar to the CenteringPregnancy model and include support and education for participants.</td>
<td>• Public schools (guidance counselors)</td>
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<td>• Healthy Families will prioritize teen services within the local programs.</td>
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<td>• Shower of Hope</td>
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| Public Policy       | • Join Florida Healthy Teens Campaign in their efforts to increase access to comprehensive sex education in schools as an option and implement local-level advocacy efforts.  
  » Conduct an in-depth review of current county policies  
  » Research counties that have affected change in sex education policy  
  » Create coalition of community members in each county to implement campaign  
  » Tap community-based sex educators to leverage their experiences in teaching comprehensive sex education (particularly their work in getting parents on board)  
  » Create a proposal for local polling on impactful messages and messengers for campaign to change sex education policies  
  » Conduct polling to test messages regarding comprehensive sex education  
  » Provide teacher training so that there is comfort and competence in implementing new curricula.  
• Work with A. Philip Randolph and other school-based programs serving pregnant and parenting teens to support teens to stay in school and prevent drop outs by providing complete wraparound services.  
• Reframe teen pregnancy as an issue that affects school performance and drop out rates and work to engage organizations in addressing teen pregnancy as part of their strategies for improving school success. | • Healthy Teens Florida  
• Advocates for Youth  
• Women’s Giving Alliance  
• Jacksonville Public Education Fund  
• Save Duval Schools  
• ICARE                                                                 |
The Task Force chose priority strategies from each theme to begin implementing immediately.

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<tr>
<th>Goal</th>
<th>Strategies and Tactics</th>
<th>Timeline</th>
<th>Agency(ies) Responsible</th>
<th>Status</th>
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<tr>
<td>Provide “Train the Trainer” workshop for the “Teening Up” parenting curriculum through the Duval County Cooperative Extension to community-based organizations and others working with teens and their families, including Healthy Start case managers.</td>
<td>Organize “Train the Trainer” for Healthy Start providers</td>
<td>2012</td>
<td>Northeast Florida Healthy Start Coalition Local health departments Duval County Cooperative Extension</td>
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<tr>
<td>Incorporate parent component into existing organizations, agencies and groups, such as faith-based organizations and worship centers, parent advisory groups and the Jaguars Foundation Straight Talk television program.</td>
<td>Secure additional funding to implement parent component</td>
<td>2012</td>
<td>Jaguars Foundation Faith-based organizations</td>
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<tr>
<td>Hold “Listening Tours” for parents, grandparents and caretakers to identify their issues and concerns regarding discussing teen sexual health and teen pregnancy prevention with youth.</td>
<td>Secured grant from UNF’s US Group to hold parent “Listening Tour” in Nassau County.</td>
<td>December 2011</td>
<td>Northeast Florida Healthy Start Coalition Nassau County Health Department</td>
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<tr>
<td>Implement 4Me comprehensive sex education curriculum in Jacksonville Housing Authority apartment complexes.</td>
<td>Secured grant through the Ounce of Prevention and established relationship with Jacksonville Housing Authority to implement program utilizing AmeriCorps member and nursing students from UNF and Chamberlain College of Nursing to conduct</td>
<td>2011-2012</td>
<td>Northeast Florida Healthy Start Coalition Jacksonville Housing Authority AmeriCorps/Florida Health Corps members Nursing/Health Professional Student interns</td>
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<td>Utilize faith-based comprehensive curriculums, such as Our Whole Lives, in several targeted churches.</td>
<td>Target specific churches through Baker County and St. Johns Infant Mortality Task Forces Purchasing curriculum through UNF’S US Group grant.</td>
<td>Ongoing</td>
<td>Northeast Florida Healthy Start Coalition Partner Agencies – St. Johns &amp; Baker County Infant Mortality Task Forces</td>
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<tr>
<td>Implement a peer health education training program, where teens and young adults are equipped to be community resources for correct information and referrals for STI/HIV screenings and family planning information. Use the Duval County Health Department’s Peer Health Advocates program model. Support and replicate the DCHD model in other counties.</td>
<td>Duval County Health Department is implementing a Peer Health Advocates training program where teens and young adults are being equipped to be community resources for correct information and referral for HIV/STI screening and FP information. This is modeled on a successful adolescent peer advocates initiative in New York City.</td>
<td>Ongoing</td>
<td>Duval County Health Department</td>
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<tr>
<td>Create an online or text advice and health information resource as part of a multi-county effort. Teens could text questions to a specific number and receive either scripted answers to specific questions or directions to online resources and/or healthcare services. Trained and qualified staff would respond. Model after Alachua County Health Department’s text health initiative.</td>
<td>Secure funding for text/online health initiative. Collaborate with similar local programs at Apel Health Services and the Jaguars Foundation/Straight Talke</td>
<td>Ongoing</td>
<td>County Health Departments Jaguars Foundation Apel Health Services</td>
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<tr>
<td>Have all teens referred to Healthy Start services identified as a special high-risk group, allowing the programs to make a special effort to find, contact and enroll them. As part of their high-risk status, teens will remain in services for a full year to facilitate access to postpartum contraception. Submit this recommendation to the Department of Health for inclusion in the Healthy Start standards and guidelines.</td>
<td>The Healthy Start Coalition’s Public Health Committee (comprised of the Coalition and Healthy Start providers) will develop guidelines for care coordination of pregnant teens.</td>
<td>2012</td>
<td>Northeast Florida Healthy Start Coalition Healthy Start Local Health Departments Shands Jacksonville</td>
<td></td>
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<tr>
<td>Goal</td>
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<tr>
<td>Pilot the integration of evidence-based programs aimed at preventing repeat teen pregnancies into current Healthy Start case management, in conjunction with the home-based mentoring program and Nurse Family Partnership.</td>
<td>The Healthy Start Coalition received funding from the state (through the federal Affordable Care Act) to implement the Nurse Family Partnership within Healthy Start. One of the target populations that will receive intensive case management services under the grant will be pregnant teens.</td>
<td>2011-2014</td>
<td>Northeast Florida Healthy Start Coalition, Shands Jacksonville, Duval County Health Department</td>
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<tr>
<td>Join Florida Healthy Teens Campaign in their efforts to increase access to comprehensive sex education in schools as an option and implement local-level advocacy efforts.</td>
<td>Identify one or two school districts in which to implement a comprehensive sexuality education curriculum.</td>
<td>Ongoing</td>
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</table>
The Task Force focused its efforts on strategies to prevent initial and repeat teen pregnancies. During the year-long process of gathering data, information and developing strategies, the Task Force membership discovered areas of concern that warrant further study and resources:

- **The Latino population.** Northeast Florida has a growing Latino population. The population is also disproportionately affected by teen pregnancy. The state birth rate for Hispanic teens ages 15-19 was 42.2 in 2008-2010, compared to 31.2 for white teens. Despite having a diverse group of teens, there was not a large representation of Hispanic youth at the Teen Listening Tours. During the April 2011 meeting of the Task Force, representatives from the Way Free Clinic presented about their free clinic where 48 percent of the clients, including those that seek care within the OB clinic, are Hispanic. Many of the issues that lead to initial and repeat teen pregnancies within the Hispanic population differ from those that face other racial and ethnic segments of the population.

- **Faith-based organizations and leadership.** One of the goals of the Task Force was to engage the faith-based community in the process. However the Task Force was unable to secure a faith-based leader or organization during the short time period. Engaging the faith community in teen pregnancy prevention is key, according to the National Campaign to Prevent Teen and Unplanned Pregnancy, because religious faith and a strong moral sense play important roles in protecting young people from too-early sexual activity, teen pregnancy and other risky behaviors.


Kaye, Kelleen; Suellentrop Katherine; Sloup Corinna (2009) *The Fog Zone: How Misperceptions, Magical Thinking, and Ambivalence Put Young Adults at Risk for Unplanned Pregnancy*, The National Campaign to Prevent Teen and Unplanned Pregnancy.


National Center for Health Statistics, Final Natality Data.


*Sex Education in the Sunshine State: How Abstinence-Only-Until-Marriage Programs Are Keeping Florida’s Youth in the Dark* (2009), Sexuality Information and Education Council of the United States.


Suellentrop, Katherine (September 2010) *The Odyssey Years: Preventing Teen Pregnancy Among Older Teens*, The National Campaign to Prevent Teen and Unplanned Pregnancy.


Teen Birth Rate (Births to moms age 15-19 per 1,000 females age 15-19) by County
Rolling 3-year Rates, 2005-2007 to 2008-2010

Source: Florida CHARTS, 2005-2010
Appendix B

Teen Listening Tours

NORTHEAST FLORIDA
TEEN PREGNANCY
TASK FORCE

Listening Tours

- Lighthouse Christian School
  - 10 girls (14-18 years old)
- AMIKids
  - 10 boys (ages 14-18 years old)
- Baker County YMCA
  - 7 teenagers (5 boys / 2 girls)
- YouthLink
  - 14 teenagers (6 boys / 8 girls)
- Hollybrook Homes
  - 7 teenagers (4 boys / 3 girls)
- A. Philip Randolph
  - 2 Listening Tours – (9 girls in group 1 and 5 girls in group 2)

Engaging Teens in the Issue

- A priority of the Task Force is to hear the voice of teens and engage them throughout the entire task force process
- First step was to schedule regional listening tours to have a conversation with teens about teen pregnancy, sex education and adolescent behavior
- AmeriCorps members and UNF nursing students received training on focus groups and facilitated the “tours”
- Heard from a wide variety of teens:
  - Rural
  - Urban
  - Different Races & Ethnicities: White, Black, Hispanic
  - Male & Female
  - Ages 13-19, middle school and high school
  - Pregnant teens, teen mothers, repeat teen pregnancies

Focus Groups 1-5

THE FIRST FIVE FOCUS GROUPS WERE COMPRISED OF MALE AND FEMALE HIGH SCHOOL AND MIDDLE SCHOOL TEENS FROM NORTHEAST FLORIDA.

What influences teens to have sex or have babies?

- Common themes identified:
  - Peer Pressure
  - Family
  - Self-Esteem
  - Education

Peer Pressure

- Teens say sex is very prevalent in their lives:
  - Media
  - Rap & other music videos
  - Teens know their family members (brothers, sisters, cousins) are having sex.
  - Constantly hearing about sex creates a curiosity
- Many teens feel egged on or pushed into having sex:
  - By their friends
  - From older siblings or cousins
- Teens do it because they think it’s cool and they want to bring — some may even lie about having sex just to be cool
- Many do it just to feel popular — “Everyone else is doing it” mentality
Self-Esteem

- Teens are aware of more than just the physical aspects of sex.

- Emotion:
  - Sex is emotionally overwhelming – can create attachment, etc.
  - Many teens can feel sad or used when they are dumped after having sex.

- Trust:
  - If their parents are pregnant, most teens would immediately ask for a DNA test (influence from their mother or aunt).
  - In relationships, girls feel that having another baby will ensure the father of their child stays in the relationship.

- Confidence:
  - Girls may dress sexy to get attention.
  - Teen girls dress sexy because they think their body is all they have.

Family

- Family dynamics:
  - Many boys think the girls are responsible for raising a child because their moms did it for their family.
  - 75/25: Males said three-quarters of the responsibility falls on the mother of the child.
  - Many girls start having sex at a young age because they come from a broken family and they use sex to get away from that.
  - Some of the clothes teen girls wear may not be considered "inappropriate" depending on her family values.
  - Many very young kids (3+ years old) learn about sex from their cousins – just learning through absorption.

Education

- Sex education in school:
  - Stress abstinence, but not everyone is abstinent.
  - Cannot stop teens from having sex – instead they need all of the details (good and bad).
    - Holistic approach
  - Very limited education on birth control and STI prevention.
    - Many believe birth control doesn’t work.
  - Want to know more about the emotions relating to sex.
  - Want teens to feel comfortable enough to ask questions, not scare them away.

Focus Groups 6-7

Focus groups 6 and 7 were comprised of currently or previously pregnant female high school and middle school teens in northeast Florida.
Listening Tour
- A. Philip Randolph Academy
- Session 1
  - 5 high school girls (1 girl with 2 children), 2 middle school
- Session 2
  - 5 high school girls (1 girl pregnant with 2nd child)

Common Themes Identified
- Influenced by many sources
  - Family
  - Media
  - Friends
- Need to revamp sex education
  - Mentoring
  - Discussion of contraceptives
  - Experiences mimicking real life
- Lack of confidence in contraceptives
  - Teen with 2 children became pregnant with both kids while on the pill
  - Education needed on how to properly take birth control

Breadth of Influences
- Repeating cycle--girls born to young mothers becoming young mothers themselves
- Lack of guidance from parents
- Media often glamorizes teen pregnancy
  - 16 and Pregnant; Bristol Palin and Jamie Lynn Spears
- Many girls said they got information from their peers

Revamping Sex Education
- All in favor of some type of mentoring program
- Characteristics of an ideal mentor:
  - Young (in twenties or thirties, but no older)
  - Have had similar experiences
  - Female
  - Trust very important (no judgment)
- Would like to see girls have pseudo-pregnancy experiences
  - Pregnancy suit/belly
  - Take home dolls

Revamping Sex Education
- Girls noted that doctors and parents did not discuss contraception until after they were pregnant
- Only abstinence taught in schools

Lack of Confidence in Contraceptives
- “No good”
- Girls get pregnant even when on birth control
- Hard to remember to take pill daily
- Condoms break and don’t protect against pregnancy or STIs
- IUDs can get stuck, are dangerous
- Patch could fall off
- Female condoms are complicated and “nasty”
- Pill makes girls fat, nauseated
- Birth control also guy’s responsibility
Pregnant Teen/Teen Mom Questions

The following four questions were asked to only focus groups 6 and 7.

Questions 1 and 2
- 1. Nearly one out of five teenagers in Northeast Florida who has a baby will become pregnant again before leaving her teens. Why do you think this is happening?
  - Girls continue same risky behavior...sex without protection
  - “Not always the girl’s fault”
- 2. What places do you know of that provide pregnancy services?
  - Healthy Start, WIC, Magnolia Project, Women’s Health Center, Shands clinic

Questions 3 and 4
- 3. Is there any service you would like to see available for pregnant women/teens?
  - Girls suggested some type of resource guide developed by school
  - “There’s so much out there”
- 4. Who do you think teens can talk to about sex and pregnancy?
  - Parents, doctors, teachers, friends
  - Parents’ reactions and experiences important though
  - Ultimately dependent on individual’s choices and outlook
  - “Parents need to be there. If they’re willing to be there and teach you, you’ll have more courage to say no.”

Now that we know what teens think...

What can we do?

Provide better sex education

- What kind of sex education do teens want and need?
  - Abstinence-only education is NOT working – need to be realistic
  - Teens want the truth.
  - Open and honest conversations about sex (good and bad) instead of demonizing it.
  - “Sex education is sugared-coated and boring.”
  - Need to include the emotions in sex education (attachment, guilt, anger, etc.)
  - Education needs to include STD information.
    - Learn best through visuals – photos of STDs gets their attention better

Provide better sex education, cont’d.

- What kind of sex education do teens want and need?
  - Much more information on birth control.
    - Most popular prevention method is condoms, IUD, the pill, and tubal ligation
    - General mistrust of birth control – it doesn’t work!
    - Teach how to use properly and dispel myths
  - Holistic, consistent, and age-appropriate sex education.
    - “Start early, do it quietly and go through college.”
    - Sex education is needed earlier because kids are hearing about it much earlier.
    - Girls suggested starting in middle school.
  - Mentorship programs needed.
    - Would want a mentor or someone who is “open-minded, outgoing, someone they could trust and not make you feel bad.”
Provide better sex education, cont’d.

- What kind of sex education do teens want and need? **Continued**
  - Sex ed. needs to be taught in small classes by someone teens can relate to and trust.
  - "Someone in their 20’s and has had sex before – not someone who is a virgin."
  - Abstinence for kids 11 and younger
  - Honesty education for those 12 and older: risks, protection, lifestyle consequences
  - Have women who had baby in Teens talk to students

Educate and Engage Parents

- What can parents do to be more engaged?
  - Educate parents to make them feel more comfortable talking to their kids.
  - Parents should be "open with kids and talk about their issues".
  - Parents need to learn how to make the topics less awkward.
  - Encourage adults to talk to adults about teens’ sexual maturity and wellbeing.
  - Physicians communicating with parents
  - Teachers communicating with parents
  - Break the cycle: Teens need to see their OWN potential
  - Escort self-esteem for teens
  - Teens only know what they see, they don’t have role models
  - Teens need to recognize that they need to be emotionally and financially ready before they have children.

Teen Mindset

- Girls that are pregnant or have had a baby reported:
  - That they were exhausted
  - Life is more complicated
  - Life is harder because they have more to take care of
  - Money is very tight
  - Know they could get pregnant but either didn’t use protection or said they did and it didn’t work

What we learned!

- There is a huge gap between knowledge and behavior.
  - Teens know what they need to do to prevent pregnancy, but no one is talking to them, educating/guiding them, or holding them accountable.
  - Teens getting pregnant on the pill – not taking it every day like they are supposed to.
  - Unprotected sex
  - Lack of connection between baby and a lifelong commitment
  - Teens are not actively preventing pregnancy (taking pill correctly, not using condoms regularly, going out to find birth control).
  - Teens need reliable information

Questions??
## Appendix C
### SEXUAL
Focused on sexual risk and protective factors; sex education

<table>
<thead>
<tr>
<th>Organization</th>
<th>Population</th>
<th>Counties</th>
<th>Date Established?</th>
<th>Mission/Purpose</th>
<th>Main Programs</th>
<th>Evidenced-Based? Evaluated?</th>
<th>People Served? Yr.</th>
<th>Clinical Services?</th>
<th>Free Services?</th>
<th>Abstinence-Based or Comprehensive</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Girls Incorporated</td>
<td>Girls 6+, mom/daughter; At risk girls between 9-18; don’t directly serve family but support as needed; predominately African-Americans but diverse group</td>
<td>All in NE FL; most served is Duval</td>
<td>National180 On Local 1970</td>
<td>Inspire girls to be strong, smart, and bold; encourage girls to be self sufficient, responsible, and productive members of society</td>
<td>Community-based comprehensive sex education; mother (female caregiver)/child retreats and workshops; outreach; Pregnancy Prevention (most requested); Economic Literacy, Media Literacy, Friendly Persuasion (substance abuse prevention program); Literacy Program for ages 5-8</td>
<td>Yes—nationally researched and evaluated; data tracked nationally and locally; use pre and post tests for programs</td>
<td>3000-3500</td>
<td>No</td>
<td>All free; summer camp has small fee though</td>
<td>Everything is choice-based; very comprehensive</td>
<td>1627 Rogero Rd. Jacksonville, FL 904-731-9933</td>
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<tr>
<td>St. Paul Community Empowerment Center, Inc./ Project T.A.G (Teen Abstinence Group)</td>
<td></td>
<td>Duval</td>
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<td>Faith-based, abstinence-based program</td>
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<td>3738 Winton Dr. Jacksonville, FL 32208 904-766-7124 x117</td>
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<tr>
<td>Planned Parenthood of North Florida</td>
<td>Services for men, women and teens; general population tends to be older teens and young adults; as a fee-for-service clinic, patients tend to be un- or under-insured</td>
<td>All in NE FL; most served is Duval</td>
<td>Since 1965</td>
<td>...to provide comprehensive reproductive and complementary health care services in settings which preserve and protect the essential privacy and rights of each individual</td>
<td>Community-based comprehensive sex education services</td>
<td>Comply with STI surveillance, STI screening and treatment, pregnancy testing, midlife health, and birth control</td>
<td>Approx. 7000</td>
<td>annual exams, colposcopy, STI screening and treatment, pregnancy testing, midlife health, and birth control can see patients 14 and older open M-F</td>
<td>Sliding-scale fee; free test is free</td>
<td>Comprehensive (provide info on BC to clients 14 and older)</td>
<td>3850 Beach Blvd. Jacksonville, FL 32207 904-399-2800</td>
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<tr>
<td>A.W.A.R.E. Healthy Mothers Healthy Babies Coalition of North Florida</td>
<td>All races; middle and high school teens</td>
<td>Duval right now; have been in St. Johns before</td>
<td>Late 1990s</td>
<td>Improve health and safety of mothers, babies, and families through education and collaborative partnerships of public and private organizations</td>
<td>School-based, abstinence-based education</td>
<td>Yes (Healthy Start funds childbirth classes); also have students do an evaluation/survey pre and post</td>
<td>1200+</td>
<td>No</td>
<td>Free</td>
<td>Abstinence-based</td>
<td>644 Cesery Blvd. Ste. 320 Jacksonville, FL 32211 904-854-7100</td>
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<tr>
<td><strong>Healthy Start</strong></td>
<td><strong>Healthy Families</strong></td>
<td><strong>Magnolia Project/DHCD Teen Clinic</strong></td>
<td><strong>Nassau County Health Spf, Teen Clinic (Fernandina Beach Clinic)</strong></td>
<td><strong>West Jacksonville Family Healthy Center—Mama Family Planning</strong></td>
<td><strong>The Way Free Clinic—Teen Clinic</strong></td>
<td><strong>Americorps Get REAL! Mentoring Gateway Council</strong></td>
<td><strong>JASMYN Clinic</strong></td>
<td><strong>River Region</strong></td>
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<td>Pregnant teens, teens with newborns up to age 1, pregnant women of any income</td>
<td>Pregnant teens, teens with newborns</td>
<td>Teens in zip codes 32202, 32204, 32206, 32208, and 32209, predominately African-American clients</td>
<td>Teens</td>
<td>Teens males</td>
<td>Teens on Medicaid, both sexes uninsured and under 200% of federal poverty level; serve everyone including newborns and pediatric cases</td>
<td>All females middle school-aged</td>
<td>Ages 13-21 LGBT people and their straight allies</td>
<td>Have programs geared for kids and teens, elementary through 18</td>
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<tr>
<td>Clay</td>
<td>Clay Duval, St. Johns</td>
<td>Duval</td>
<td>Nassau</td>
<td>Duval</td>
<td>Clay</td>
<td>Duval</td>
<td>Mainly Duval and Clay County, but see people from all over</td>
<td>Duval Clay Nassau Baker St. Johns</td>
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<td>Provides a wide system of voluntary, community-based services that strengthen families, promote positive parent-child relationships and optimize health and development of children</td>
<td>Provides a cooperative community effort to reduce infant mortality &amp; improve the health of children, childbearing women &amp; their families in Northeast Florida</td>
<td>Includes: Voluntary home visitation, pregnancy education, infant injury prevention, nutrition, mental health, and parenting skills.</td>
<td>Community-based teen clinic</td>
<td>Community-based teen clinic</td>
<td>Community-based clinic</td>
<td>Treating at risk girls with care and compassion</td>
<td>Create safe space for LGBT youth and their straight allies</td>
<td>Improve the quality of life for individuals and families of NE FL affected by substance abuse, mental illness, homelessness, HIV/AIDS and other communicable</td>
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<tr>
<td>Annual evaluations</td>
<td>Community-based case management</td>
<td>Annual evaluations</td>
<td>Community-based teen clinic</td>
<td>Community-based teen clinic</td>
<td>Community-based clinic</td>
<td>Abstinence-based youth program</td>
<td>Clinic, Street Smart, D-up (defend yourself); support and information groups; focus on HIV prevention and education</td>
<td>Strengthening Families (youth 10-14 and parents; Foster communication skills), Kid Power (helps elementary aged kids with reading and math), Training of Teens (for identifying substance abuse and mental health issues and providing intervention), Youth Explosion (annual risk reduction intervention)</td>
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<td>650 families</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Yes</td>
<td>Yes, funding from CDC</td>
<td>Yes, CARF accreditation</td>
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<td>All free</td>
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**Notes:**
- Comprehensive; cover many topics
- Provide variety of services, including helping find providers to dispense form of birth control
- Comprehensive; “sex positive” organization
- Free
- Free
- Free
- Free
- Free
- Free
- Free
- Free
- Free
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- Free
- Free
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<th>Organization</th>
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<td>Florida Unive</td>
<td>Summer Youth</td>
<td>Jacksonville, FL</td>
<td>904-726-1500</td>
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<td>8443 Baymeadows Rd, Ste. 1 Jacksonville, FL 32256</td>
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<td>Program</td>
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<tr>
<td>Early Learning Coalition of Duval</td>
<td>Serve all and everyone in Duval; only program with limitations is the School Readiness Child Care Assistance (determined by income)</td>
<td>Duval</td>
<td>Since 2001</td>
<td>Duval</td>
<td>Yes</td>
<td>Approx. 18,000-20,000 families</td>
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<tr>
<td>Jacksonville Urban League—Head Start</td>
<td>Birth-18</td>
<td>Jacksonville Urban League</td>
<td>Local since 1914</td>
<td>Duval</td>
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<td>No</td>
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<td>Connect families with providers that can help them improve their lives; improve quality of life and help dreams come true</td>
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<td>Free</td>
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<td>Duval County Extension Services</td>
<td>Parents families of all income levels, genders, and ethnicities; have programs for younger families and older adults; and those in the middle; most programs offered are for parents and other adults, although have a few intergenerational programs</td>
<td>Duval</td>
<td>Local since 1914</td>
<td>Duval</td>
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<td>Communities in Schools Jacksonville: Take Stock in Children; Achievers for Life</td>
<td>Middle and high school students: 7th-12th grade students, no family services; 6th-8th grade students, services for families called “wrap-around services” (involves a family advocate)</td>
<td>Duval</td>
<td>Since 2001 or prior; since 2007</td>
<td>Duval</td>
<td>No</td>
<td>Most are free; if not, the cost is very small</td>
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<td>Big Brothers, Big Sisters of Northeast Florida</td>
<td>Youth ages 5-18; at-risk youth (live in single parent or guardian home, live at or below poverty level, and/or have parenting figure incarcerated); serve mostly blacks; provide referrals to families as needed</td>
<td>Duval</td>
<td>Since 1914</td>
<td>Duval</td>
<td>Yes</td>
<td>Between 1500 and 1550 in 2010</td>
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<tr>
<td>Episcopal Children's Services</td>
<td>Children-birth-5; all denominations, cultural, and socioeconomic backgrounds; referral services for parents</td>
<td>Duval, Clay, Nassau, Baker, Bradford, Union, Putnam, and St. Johns</td>
<td>Since 1966</td>
<td>Duval</td>
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<td>Free</td>
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<tr>
<td>Early childhood development</td>
<td>Creating opportunity for all our children to achieve their full potential</td>
<td>Early Learning Centers, Voluntary Pre-K (for 4 year olds), Child Care Resource and Referral services for parents, Head Start (Early Head Start (birth-3))</td>
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<td>Free</td>
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<td>Parenting programs</td>
<td>Education offered focuses on agriculture, family and consumer sciences, and 4-H youth development; Family and Consumer Sciences offers health and nutrition, resource and financial management, and family life education, including parenting, child care training, relationship and family strengthening programs; 4-H youth development offers community clubs, school enrichment, and summer day camps and residential camps; agriculture offers programs pertaining to homeowner and commercial horticulture, small farms, and forestry</td>
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<td>Mentoring programs (Take Stock in Children/Achievers for Life)</td>
<td>Provide students with mentors and college scholarships; provide at-risk students with a mentor, student advocate, and family advocate, with the goal of children completing 8th grade successfully</td>
<td>Take Stock in Children; Achievers for Life</td>
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<td>N/A</td>
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<td>Youth development, mentoring</td>
<td>Help youth reach potential through professional supported one-to-one mentoring relationships with measurable impact</td>
<td>School-based and community-based mentoring programs</td>
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<td>N/A</td>
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<td>Youth development, mentoring</td>
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<td>Youth development, mentoring</td>
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<tr>
<td>Youth development, mentoring</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Organization</td>
<td>Program Title</td>
<td>Program Details</td>
<td>Eligibility</td>
<td>Contact Information</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Big Brothers, Big Sisters of St. Johns County</td>
<td>Youth Development - Summer Youth Program</td>
<td>civilizations by assisting communities impacted by substance abuse and related co-occurring disorders</td>
<td>Teens and young adults 16-21</td>
<td>Phone: 904-829-2273</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Univ. of North Florida — Women and Girls Health Initiative</td>
<td>Worksource</td>
<td>N/A</td>
<td>N/A</td>
<td>Free N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Epic Community Services</td>
<td>Girl Scouts of Gateway Council</td>
<td>Age 6-18 FL</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Take Stock in Children</td>
<td>Empowered Parents/Help Parents</td>
<td>N/A</td>
<td>N/A</td>
<td>Free N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** See previous entry for more details on each organization.
### Florida Cooperative Extension Services, 4-H
- Youth grades K-12 offers membership without regard to race, color, national origin, religion, gender, disability, or handicap
- Baker Clay Duval Nassau St. Johns
- Since 1914
- Creates supportive environments for diverse youth and adults to reach their fullest potential
- Community-based youth development
- 4-H club is a group of five or more guided by one or more adult volunteer leaders; a club can be any size; work together on community service activities

### Creating Healthy Society of FL
- Program Intervention
- Children NCIs Families and Miracle Home
- Since 1985
- Offers improve their health
disorder children
- Parents of children ages 2-18 who are identified as dependent, runaway, delinquent, or in need of academic skills
- Since 1981
- Strengthen families and advocate.
- Focused on both sex education and youth development
- Provides a non-residential delinquency prevention program targeting the unique needs of females 12 to 18 who are identified as dependent, truant, runaway, delinquent, or in need of academic skills
- Since 1995
- Time to Be a Girl (TTBG) is a curriculum developed to provide a holistic experience and education to girls focusing on sexually transmitted infection (STI) and HIV prevention and pregnancy prevention. Our primary goal is to equip girls with knowledge so they are empowered to make healthy, positive changes enabling them to avoid pregnancy and remain free of sexually transmitted infections and HIV.

### Combination Factors
- Focused on both sex education and youth development

<table>
<thead>
<tr>
<th>Combination Factors</th>
<th>Homeless or soon-to-be-homeless single mothers 17+ and older, their kids, and the disenfranchised elderly</th>
<th>From anywhere</th>
<th>Serve any pregnant mother no matter color, creed, or age in need of a healthy birth and after</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alpha-Omega Miracle Home</td>
<td>St. Johns</td>
<td>Since 1999</td>
<td>Faith-based residential home</td>
</tr>
<tr>
<td>St. Gerard Campus</td>
<td>Pregnant teens, unwed mothers</td>
<td>Since 1981</td>
<td>Faith-based maternity home and Christian high school Outreach that provides baby clothes and adult clothes, food, diapers, formula, and counseling; pregnancy tests and sonograms; high school internet with college prep; licensed day care (up to 22 babies of the students); residential license program for teens under 18 can live there until graduation; adoption program with seminars</td>
</tr>
</tbody>
</table>

### PACE Center for Girls
- Girls 12-18; all races and ethnicities
- Provides a non-residential delinquency prevention program targeting the unique needs of females 12 to 18 who are identified as dependent, truant, runaway, delinquent, or in need of academic skills
- Duval, Clay, Nassau, St. Johns
- Since 1985
- Spirited Girls! Since 1995
- PACE provides girls and young women an opportunity for a better future through education, counseling, training, and advocacy.
- Initial and Ongoing Assessment; Individual Counseling (develop a care plan with individualized goals);
- Academic: Each center has a cooperative agreement with local school board to provide daily academic instruction with remedial services; individual instruction and specialized education plans; Gender Specific Life Management Skills Enhancement (SPIRITED GIRLS) program designed specifically for the needs of each girl.
- Parental Involvement: Staff maintains regular contact with parents via home visits, office sessions, and telephone; parent groups are provided;
- Community Volunteer Service (monthly)
- Career Readiness: Job skills assessment and curriculum to build school to work readiness; assistance with finding, applying, and interviewing for jobs; Transitional Services: 3 years of follow-up
- Yes
- 200 in the day program
- 100 in transition follow-up services
- Yes
- Councilm
- bined; but cost is minimal if it exists at all
- All free
- Both: Clinic on campus that dispenses birth control
- Time To Be A Girl (TTBG) is a curriculum developed to provide a holistic experience and education to girls focusing on sexually transmitted infection (STI) and HIV prevention and pregnancy prevention. Our primary goal is to equip girls with knowledge so they are empowered to make healthy, positive changes enabling them to avoid pregnancy and remain free of sexually transmitted infections and HIV.

### Alpha-Omega Miracle Home
- Homeless or soon-to-be-homeless single mothers 17+ and older, their kids, and the disenfranchised elderly
- St. Johns
- Since 1999
- Provides a faith-based residential home.
- Serve any pregnant mother no matter color, creed, or age in need of a healthy birth and after
- From anywhere
- Since 1981
- Serve any pregnant mother no matter color, creed, or age in need of a healthy birth and after
- Faith-based maternity home and Christian high school Outreach that provides baby clothes and adult clothes, food, diapers, formula, and counseling; pregnancy tests and sonograms; high school internet with college prep; licensed day care (up to 22 babies of the students); residential license program for teens under 18 can live there until graduation; adoption program with seminars
- Yes, evaluated by licensure people from state for residence; also for daycare; also for school; credentials renewed every year
- 15,000
- Yes, sonogram
- Yes, pregnancy testing, and counseling
- Yes, for women of all ages; 2 mental health counselor classes Maternity home and high school for pregnant teens; clinic for women of all ages; pregnant women 13-41; infants newborn; 
- All free
- Abstinence-based
- 1405 US 1 South St. Augustine, FL 32084
- 904-829-5516
- Toll Free: 800-833-6073
- Emergency: 904-797-9437
- Stergarercampus611@bellsouth.net

### St. Gerard Campus
- Pregnant teens, unwed mothers
- From anywhere
- Since 1981
- Serve any pregnant mother no matter color, creed, or age in need of a healthy birth and after
- Faith-based maternity home and Christian high school Outreach that provides baby clothes and adult clothes, food, diapers, formula, and counseling; pregnancy tests and sonograms; high school internet with college prep; licensed day care (up to 22 babies of the students); residential license program for teens under 18 can live there until graduation; adoption program with seminars
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<table>
<thead>
<tr>
<th>Project</th>
<th>Middle school and high school</th>
<th>Clay</th>
<th>Since 1993</th>
<th>Strengthen families by empowering parents and educating teens to make healthy life choices</th>
<th>Abstinence-based sex education, youth development</th>
<th>Yes</th>
<th>20,000 students</th>
<th>No</th>
<th>Free</th>
<th>Abstinence-focused; &quot;give the reality though&quot;</th>
</tr>
</thead>
</table>

**Baker County YMCA Teen Center**

**No longer exists.**

Don't have any programs geared to teens right now due to lack of grant money.

Community-based, abstinence-based education, youth development

Life skills courses in middle and high school teaching: true friendship, boundaries, refusal skills, STDs, drugs, alcohol, depression, abuse, goals and dreams; Healthy Relationship Office for adults and families (17 and older)

9575 C.R. 127 Sanderson, FL 904-259-0898

**Boys and Girls Club of Northeast Florida**

Children 6-18; family programs include parenting workshops, finance workshops, etc. (differs from club to club)

Nassau, Duval, and St. Johns

Since 1962

Inspire and enable all young people, especially from disadvantaged backgrounds, to realize full potential as productive and caring citizens

Youth development, "Smart Moves" abstinence-based sex education

Leadership clubs, sports clubs, education clubs (tutoring), career programs, graduation goal programs

Yes | 3500-4000 | N/A | No; members have fee of $25/yr | N/A |

**Jacksonville Jaguars Foundation — Straight Talk Program**

Middle and high school-aged teens

Duval

Nassau

Baker

Clay

St. Johns

Began airing in 1995

Designed to reduce the incidence of teen pregnancy and the spread of AIDS and other sexually transmitted infections

Programmatic grants for comprehensive sexual health/youth development programs; annual TV show: "Teens & Sex...The Real Truth"; year-round website resource information at straighthtalke.jaguars.com

N/A | Free | N/A |

**The Bridge of Northeast Florida — Straight Talk**

Teens 10-17

Duval

Since 1982

To promote the development of healthy, productive, self-sufficient youth and families by providing comprehensive educational, social and health programs to those in need. The services of the organization have been conscientiously developed to serve the children and youth of Jacksonville's most overburdened families.

Community-based, comprehensive sex education

Straight Talk is an age appropriate comprehensive sexuality education program for youth ages 10-17, provided through a partnership with The Jaguars Foundation. The aim of the program is to reduce the incidences of teen pregnancy and sexually transmitted infections (STIs) in our community

Yes | N/A | Free | encourage abstinence as the first and best choice for youth but also recognizes that some adolescents are going to be sexually active and those children need protection and prevention education | 904-354-7799 x169 forthewkids@bridgejaxkids.com | 1824 Pearl St. Jacksonville, FL 32206 |