

HOUSE COMMITTEE ON CHILDREN AND FAMILIES

February 12, 1993
- 23

Hearing Room 50 1:30 p.m.

Tapes 22

MEMBERS PRESENT: Rep. John Meek, Chair Rep. Lisa Naito,
Vice-Chair Rep. Ron Adams (Alternate) Rep. Patti Milne Rep. Gail Shibley

STAFF PRESENT: Annette Price, Committee Administrator Edward C.
Klein, Committee Assistant

INFORMATIONAL MEETING: Teen Pregnancy: Health Division
Planned Parenthood Insights Teen Parenting

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These minutes contain materials which paraphrase and/or summarize statements made during this session. Only text enclosed in quotation marks report a speaker's exact words. For complete contents of the proceedings, please refer to the tapes. [--- Unable To Translate Graphic ---]

TAPE 22, SIDE A

003 CHAIRMAN MEEK: Calls the committee to order at 1:36 p.m.

ROLL CALL: PRESENT: Rep. Adams, Rep. Milne, Chairman Meek ABSENT:
Rep. Naito, Rep. Shibley

TEEN PREGNANCY: HEALTH DIVISION -- EXHIBITS A to C

Witnesses: Kathleen Gaffney, M.D., State Health Officer Donna Clark,
Director, Maternal & Child Health Programs, Health Division Peggy Timm,
Volunteer Coordinator, DHR

Rep. Naito enters at 1:38 p.m.

017 KATHLEEN GAFFNEY, M.D., State Health Officer: Teen pregnancy is not primarily a contraceptive issue; it's a combination of community values, and some of the inappropriate attitudes and ambiguity related to sexual activity. -We are seeing more and more a dynamic of teen pregnancy and how becoming a teen parent feeds into an environment where young people do

not see they have other opportunities for success. -There are a variety of statewide programs that address teen pregnancy. -She refers to Teen Pregnancy Prevention, Family Planning Programs (EXHIBIT A).

065 REP. ADAMS: When does a teen pregnancy get counted?

DR. GAFFNEY: The way we count them is when an event occurs; fetal deaths or abortions, births, still births. We never count the pregnancies that become a spontaneous miscarriage.

079 DONNA CLARK, Director, Maternal & Child Health Programs, Health

Division: We've been trying to coordinate our strategies with other agencies. -She discusses school-based clinics. -She refers to School-Based Clinics (EXHIBIT A). -We're seeing better outcomes in schools that have clinics. -We're working at expanding family planning clinics. -She refers to information in the handout. -She discusses outreach efforts. -Roseburg has a major project. -She discusses their 1-800 number for health access.

143 REP. NAITO: What can you do to deal with the issue of sexual abuse before these young people become pregnant.

156 DR. GAFFNEY: For many of these youth there was not a close relationship that wasn't sexual. -A major part of some of these strategies is some kind of reassurance that these kids have some kind of value. -It's critical to make investments at every age group. -She agrees with Rep. Naito that we have to build healthy, successful families so we don't have to use so many interventions this late.

182 REP. NAITO: When an adolescent comes to a school-based clinic, do you have the resources to have mental health counseling?

184 SHERRY BLAKESLEY, Multnomah County: We have a mental health worker in each school-based clinic. -We placed those workers early on, because we discovered profound mental health issues.

192 CLARK: The funding for school clinics was cut, so not all of them have the same resources that Multnomah County has. -The schools have made investments in these clinics, because they've found them so valuable. -We could do more with mental health.

206 REP. NAITO: What percentage of students have access to the clinics?

CLARK: Fourteen percent currently have access to services. -A proposal in the Governor's budget expands clinic services to 18%.

216 REP. NAITO: Where do the young women who are dropouts go?

227 BLAKESLEY: Describes what they do in Multnomah County. -The kids that are not identified in any system are the hardest to reach. 240
REP. NAITO: Is Norplant being used; is it effective?

DR. GAFFNEY: Responds.

251 REP. MILNE: Ms. Clark, you commented on health support changes in values. Is that a goal or part of the program?

CLARK: We don't have a specific plan, we have to go community by community. -We try to work on communication.

275 PEGGY TIMM, Volunteer Director, Department of Human Resources: Presents testimony describing the Reduce Adolescent Pregnancy Project (RAPP) (EXHIBIT B).

381 CHAIRMAN MEEK: How long has this been going on?

TIMM: The last few months.

CHAIRMAN MEEK: Thanks everyone and apologizes for having to leave early.

395 BLAKESLEY: Describes what the Multnomah County Health Department is doing. -She refers to Teen Pregnancy Prevention Strategies 1992 (EXHIBIT C).

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021 BLAKESLEY: Continues. -She describes their primary strategy. -She plays "Bad Wisdom" by Suzanne Vega. Lyrics are on page 2, EXHIBIT C.

090 VICE-CHAIR NAITO: She can't help thinking about the young woman she met who's prostituting herself to support a drug habit.

TEEN PREGNANCY: PLANNED PARENTHOOD -- EXHIBITS D & E

Witnesses: Maura Roche, Planned Parenthood Theresa Russo, Director of Education and Training, Planned Parenthood

100 MAURA ROCHE, Planned Parenthood: Presents introductory testimony (EXHIBIT D).

124 THERESA RUSSO, Director of Education and Training, Planned Parenthood: Presents testimony (EXHIBIT E).

220 VICE-CHAIR NAITO: Could you speak about any multicultural efforts you're involved with?

ROCHE: Describes their efforts.

240 VICE-CHAIR NAITO: Is there a large Native American population?

ROCHE: Yes; we've done some work with the Native American Health Board.

VICE-CHAIR NAITO: Are you finding a significant Asian population?

ROCHE: Describes their efforts.

TEEN PREGNANCY: INSIGHTS TEEN PARENT PROGRAM -- EXHIBIT F

Witness: Diane Turner

260 DIANE TURNER, Insights Teen Parent Program: Describes her handouts (EXHIBIT F) and her program. 326 -She discusses necessary elements of a program model: -It should be respect-based. -It should be multicultural-based. -It should include families and the community. -It should include the vocabulary of the people you intend to interact

with. -It should begin as soon as possible. -This is closely linked with child abuse intervention. -There should be some consciousness of the family cultures of the overall population that's choosing to become parents. -Frequently having children gets teen parents out of awful situations. -About 20% are not planned pregnancies.

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014 TURNER: The elements that are needed in working with those that don't plan their pregnancies may include: -Good support groups in the elementary schools. -A chance for them to have self-esteem or family issues dealt with. -About 25% totally intend to have children. -Any

program needs to be nurturing, affirming and be of personal value.

Rep. Shibley enters at 2:35 p.m.

VICE-CHAIR NAITO: What's been the response of the Portland Public Schools?

TURNER: Responds.

067 VICE-CHAIR NAITO: Do you make presentations to large classes?

TURNER: Small classes. We start out by asking them if anyone they know is a teen parent, and then we ask them to talk about it.

078 REP. MILNE: Are the students and teachers learning this together?

TURNER: The teachers often share.

REP. MILNE: How often are you working with these kids?

TURNER: It depends on the size of the school. She explains. -We've assisted Washington and Tillamook Counties in starting similar programs. -She presents concerns.

106 VICE-CHAIR NAITO: When a middle-school child is identified at being at risk is any effort made to see if you've made an impact by the time they reach high school?

TURNER: We work closely with the schools' staffs. She elaborates. -She discusses the siblings of teen parents.

130 VICE-CHAIR NAITO: Do you see anything like these kids having more children for increased welfare?

TURNER: More children for more money?

VICE-CHAIR NAITO: Yes.

TURNER: We've heard about that, but have never seen it. -We work hard to provide choices for young parents. -We're battling with young women wanting to have a family. -She discusses parenting classes.

171 REP. SHIBLEY: What's the percentage of intentional as opposed to accidental pregnancy?

TURNER: About 25% is intentional. -About 20% are accidental.

189 REP. SHIBLEY: That's less than 50%.

TURNER: The rest are those where pregnancy wasn't a conscious choice, but they weren't unwanted. -We're dealing with families that are third and fourth generation reactive. Things happen, they react. -The concept of choice is not in their world. -We've observed when they find out they are pregnant they may tell their families it was accidental and they tell others about the advantages, even though they may be unrealistic. -Housing is their biggest problem.

224 REP. SHIBLEY: Could you typify an average age?

TURNER: There is a cluster of 17, 18 and 19 year olds. -We have very competent 13 and 14 year old parents. -She's uncomfortable about age clumping.

243 REP. SHIBLEY: With all of the skills and opportunities you provide, it seems it's a good chance to give some insight and information on how to detect child sexual and physical abuse. -She is concerned about the prevalence of young mothers who go through

relationships with live-in sex abusers. -Is there some discussion about that?

TURNER: You couldn't run a community-based teen parent program that doesn't include intervention and ever increasing knowledge about working with young women and men who have been sexually and physically abused.

REP. SHIBLEY: Was speaking about the teen parents being concerned with their own children.

269 TURNER: A large number of parents bring it up themselves. -They have very little trust of the child care system. -This is a real current, ongoing issue. -Their judgement is not always too great. -We've had a great deal of luck getting the mothers or the fathers into treatment. -A staggering number of mothers and fathers have been raped.

310 REP. SHIBLEY: Have they been raped by strangers or acquaintances?

TURNER: The majority is by an acquaintance.

325 REP. ADAMS: What percent of teen mothers end up being good mothers?

TURNER: Would guess it's around 90%. They really want it to work and are doing the best they can. -That may be high. -She has been struck by the resourcefulness of some of the younger women. -We've never lost a client that we've had to report. -If they're not doing a good job. They want the intervention.

392 REP. ADAMS: There's a high possibility that a teen mother was a child of a teen mother. -We should begin to see that change if we are able to convert these teen mothers to be good mothers.

413 TURNER: Nationally, 25% of teen mothers are children of teen mothers. -She is not sure what it is in Oregon. She hopes it has gone down. -A very disturbing statistic is that 40% of the fathers are sons of teen mothers.

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024 VICE-CHAIR NAITO: The incidence of sexual abuse of young men is far greater than most people realize and she thanks Diane for drawing our attention to that. -She adjourns at 3:02 p.m.

Submitted by,

Reviewed by,

Edward C. Klein,

Annette Price, Committee Assistant
Committee Administrator

EXHIBIT LOG:

A - Teen Pregnancy Prevention, Family Planning Programs - Kathleen Gaffney, M.D. - 5 pages B - Testimony on RAPP - Peggy Timm - 17 pages C - Teen Pregnancy Prevention Strategies 1992 - Sherry Blakesley - 2 pages D - Testimony on Planned Parenthood - Maura Roche - 4 pages E - Testimony on Planned Parenthood - Theresa Russo - 8 pages F - Insights Teen Parent Program - Diane Turner - 7 pages