A Blueprint for Reducing Teen Pregnancy: The Community-Based Approach

- Implement a school-based curriculum with lessons that build upon prior teachings
- Span curriculum across male and female students K-12
- Use best practice methodologies like hands-on learning
- Obtain community support and communicate
- Train teachers to feel comfortable communicating the topic
- Engage other funding partners

Program Contributors

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CASE STUDY

Teen Pregnancy Prevention in an Urban Area: The Milwaukee Project
by Emily Kuhn

With a population of almost 591,000 at the 2010 census, Milwaukee is not the largest city in the nation – it’s ranked 28th. However, Milwaukee has ranked in the top 10 nationally for the number of births to teen mothers for more than a decade. In 2006 the city began an initiative to change that statistic.

The initiative was announced publicly in 2008, when the City of Milwaukee Health Department declared a goal of reducing teen pregnancies to 30 births per one thousand 15- to 17-year-olds by 2015 – a 46 percent drop from current levels. The city rose to the challenge, and announced in October 2011 that the teen birth rate had reached a new low: in 2010, there were 35.7 births per one thousand 15- to 17-year-olds. The teen pregnancy rate has declined for three consecutive years, and the last year has seen the largest decline so far, at 13.6 percent.

This decrease is the result of a city-wide collaboration overseen by the United Way of Greater Milwaukee. They’ve worked closely with a number of local organizations, including the Milwaukee Public Schools (MPS). Together, the United Way and MPS have focused specifically on improving the school’s human growth and development curriculum so that all students have the opportunity to learn real-world skills that will help them make smart choices about sex.

“Information is power, and MPS is a critical partner in this initiative since they can reach more kids than any other agency or organization we’re working with,” said Nicole Angresano, Vice President of Community Impact at the United Way of Greater Milwaukee, and coordinator of the teen pregnancy prevention initiative. “Young people need factual, accurate health information in order to make the best decisions. We all wish young people would abstain… but some young people will not, and we need to help them stay safe and healthy and pregnancy-free.”

Curriculum Updates Jumpstart a Change

Curriculum Specialist for Health Brett Fuller says MPS has used a comprehensive sex education program to convey such messages.
since the mid-1980s. This human growth and development (HGD) curriculum has undergone several changes over the past few years.

Following the 2008 announcement of the city's goal to reduce their teen pregnancy rates, however, the United Way worked with MPS to revise their HGD curriculum even more. This was done with the administration and school board's support, and input from the Wisconsin DPI and healthcare professionals. The revisions were made in a "blanket approach" to sex education. In other words, the United Way and MPS are making sure all kids receive health information, not just those who are considered to be particularly at risk.

"We want every kid, regardless of their race and gender and economic status, to have a sound, evidence-based curriculum," said Angresano. The United Way does have several "niche" programs outside of MPS that focus specifically on youth of particular socioeconomic or ethnic backgrounds, but MPS' role in the teen pregnancy prevention initiative focuses on reaching every student.

This does not mean that they aren't paying attention to schools with higher rates of teen pregnancy or STI's than others, Angresano said. When additional resources are made available in the future, additional funding may be allocated to schools with higher teen pregnancy rates than others, or special programs may be made available. For now, MPS and the United Way want to make sure as many students as possible experience the revised curriculum.

The most noteworthy revisions to the HGD curriculum included separating it into distinctly connected lessons for every grade, emphasizing skills over information, and providing proper training to teachers so they are comfortable and knowledgeable enough to convey such vital information to their students.

Prior to 2008, the sex education curriculum taught at MPS used "grade bands" that split the curriculum into a certain number of lessons per grade. Ideally, these lessons would be taught in a specific order with distinct connections made at each progression, but a lack of communication between teachers and lack of coordination within the program resulted in some lessons being skipped and some repeated.

"There weren't separate lessons for each grade level – there was no 'plan,' so to speak," Fuller said, explaining that a topic could be introduced in third grade but may or may not be expanded upon in fourth grade. Fuller worked with the United Way, the Wisconsin DPI, and healthcare professionals to drop irrelevant lessons and create new ones, all while ensuring that each grade level had what was considered "best practice" curriculum. They made certain that if a topic was discussed in first grade, it was repeated and expanded upon in second grade.

Now, for example, all sixth-graders are introduced to the concept of analyzing the influence of family and peers with a "Circle of Friends" lesson, followed by a "Date or a Friend" lesson in seventh grade, and a "Healthy Relationships" lesson in eighth grade. Each lesson is connected, and that connection is discussed.

**Hands-On Products Used**

- RealCare Baby
- RealCare Shaken Baby
- RealCare Drug-Affected Baby
- RealCare Fetal Alcohol Baby
- RealCare Pregnancy Profile
“Effective curriculum builds on prior knowledge,” said Fuller. “Teachers will activate the prior knowledge learned at home from parents, family members, friends, and in previous years. This activation of prior knowledge helps students connect the information that they are learning and the skills that they are developing with real-world applications.”

Incorporating Best Practice Methods: Experiential Learning

Fuller also recognized the importance of equipping students with healthy decision-making skills in addition to simply providing them with information. The revised HGD curriculum emphasizes skills that are based on the CDC’s eight National Health Education Standards, and incorporates an experiential learning environment.

An experiential learning environment allows students to process and practice what they have learned, which better prepares them for the real-life future situations that may confront them. Interactive methods like role-playing and other task-oriented lessons typically contain four stages: concrete experience, reflective observation, conceptualization, and active experimentation.

“When people think of health class, they often picture teachers simply lecturing students,” said Fuller. “If you don’t actually have the students practice saying ‘no,’ these lessons aren’t going to be effective.” For example, a class focusing on peer pressure may involve role-playing, where one student invites another to drink alcohol. In this situation, the second student would have to consider what they’d actually say to their friends in real life, and then the class would discuss responses as a whole.

Another class focusing on accessing health information may have students evaluate web sites like Wikipedia and determine whether they’re reliable sources of information. In each lesson, students are able to hone the interpersonal and research skills they’ll need to continue making smart choices through their lives.

“When you practice skills like that, you don’t spend as much time simply giving them information, but we’re still teaching,” said Fuller. “Health information, for instance, changes so rapidly these days that we need to teach them the skills they need to find the most accurate information on their own.”

RealCare Baby infant simulators are also a part of MPS’ experiential learning practice. These computerized simulators are a supplementary lesson to MPS’ eighth grade and high school HGD curriculum in schools that have access to them. Since these Babies cry whenever they need to be fed, changed, held, or diapered, they provide a realistic, “hands-on” example of what being a teen parent is really like.

Teacher Training Key for Effective Discussions

According to both Fuller and Angresano, MPS’ HGD curriculum cannot be successful without teachers who are trained to be comfortable
teaching sex education topics. Whether that involves discussing parts of the anatomy in lower grades or STIs in higher grades, the communication must be as genuine as it is accurate, and as unrestrained as it is informative. Thanks to funding from the United Way, the 900 teachers who were trained from 2009 to 2011 had the opportunity to practice teaching their own peers these more difficult health lessons. This training practice helped everyone become more comfortable discussing such topics — despite the student giggling that’s bound to occur.

"Why do you call an elbow an elbow and a knee a knee, but you won’t use the word vagina? We have to stop making it a taboo subject for kids to talk about these things," said Fuller. "If their parents and teachers are uncomfortable talking about it, kids will pick up on that, and then where are they going to learn about it? Each other. And that’s why we talk about it."

Not all teachers are comfortable discussing sex education with students, so the United Way has also made available a list of sex education-specific substitute teachers, or community members who are certified in health education. Just as traditional substitute teachers step in when a classroom’s regular teacher is unavailable, these health educators can teach sex education in place of a teacher who, for whatever the reason, is not able to do so. Going forward, the United Way is committed to this training to make sure as many kids as possible receive evidence-based health education.

"The last thing we want to have is a teacher who’s unwilling or uncomfortable or unable to talk about sex in front of the students," said Angresano, adding that the majority of MPS teachers are extraordinarily dedicated to teaching this vital topic to students.

"Imagine being a social studies teacher and all of a sudden you’re told to go talk to kids about sex — that’s a pretty big leap! We’ve made sure that MPS has a list of certified trainers so when extra support is needed, the teachers have it."

### Involving the Community Is Crucial

The new HGD curriculum was not implemented without some challenges. The largest one, according to Fuller, was arranging a review of the new curriculum. When the elementary, middle, and high school curriculum was ready for review in early 2009, the district made it available on their website for six weeks, along with a survey. District officials also worked with the Milwaukee Journal-Sentinel to publish articles and editorials that made the community members aware of the review and encouraged their completion of it.

"If you’re going to make a change in the community, you have to involve the community," said Fuller. "I spent hours upon hours meeting with people, talking on the phone with them, responding to emails… it’s because of that open communication that we reached who we did."

Although less than 100 people responded to the online survey, the curriculum was downloaded over 600 times from their website,
and the district mailed over 100 hard copies to various community members.

Another significant challenge the district had to overcome was funding. The most notable money-saving step they took was making the new curriculum available online. Printing costs can add up quickly when there are 12-18 lessons per grade level and kindergarten through eighth-grade classrooms to print for, not to mention supplemental materials that may be needed. According to Fuller, making the curriculum available for teachers to download and print themselves on an as-needed basis saved the district roughly $20,000. That savings allowed the district to make the new curriculum available in every classroom, not just in the few they could afford to print the materials for.

**Student Participation Helps Demonstrate Program Success**

In the three years that MPS has been using their new HGD curriculum, program participation has risen from just over 18,000 students in 2009 to over 31,000 in 2011. The district is measuring that participation through the use of pre- and post-unit surveys, which students fill out before and after the completion of each HGD unit. These surveys touch on a number of topics and are used to help teachers determine comprehension levels before and after the lessons, as well as problem areas that may need to be addressed.

The district is also using rubrics to collect data about the new curriculum. Included in every teacher’s grade level guide, these rubrics include spaces to rank every student’s comprehension of each individual HGD lesson. These detailed rubrics are submitted to the principals, who submit them to the district’s Wellness & Prevention Office. Fuller can then use them to determine whether the curriculum is being implemented and if so, how successful it is. Based on the declining teen pregnancy rate, the new curriculum is having a positive impact.

“Clearly this is an important strategy within the larger initiative,” said Angresano. “Kids and teens are receiving solid, fact-based information and are, in turn, making healthier decisions.”

Eventually, Fuller would like to see a formal evaluation conducted of their curriculum. For now, however, the United Way and MPS are both dedicated to seeing even more students benefit from the revised curriculum so students can become “the best possible citizens.”

“I want kids in Milwaukee Public Schools to be abstinent. But just telling them that isn’t going to change anything. We’ve got to teach them why,” said Fuller. “Kids are different these days – they want to learn that ‘why’; and we want to make certain they can make informed decisions. Even if our students are abstinent, which is what we want, we still want them to leave high school knowing how to protect themselves when they decide to become sexually active.”