

**Greater Saint John Teen Pregnancy Committee:
Strategic Planning Session
December 14, 2010**

KEY MESSAGES

- The teen pregnancy rate has decreased across the country. The Saint John rate has remained high.
- Saint John has a teen pregnancy rate (44.8/1000) well above the Provincial rate and nearly double the National rate.
- The majority of teen births are from teens in Saint John metropolitan.
- 1/3 of the young ladies who gave birth had a previous pregnancy.
- 15% of those teens who gave birth had delivered a baby already.
- Approximately 1/3 of pregnancies ended in abortion in our Region.

KEY PRIORITIES

- Supports For Young Families Group
- Campaign
- Access to Contraception
- Community Supports for Youth Plan
- Healthy Sexuality Education

PRIORITY: SUPPORTS FOR YOUNG FAMILIES GROUP

Basic Premise: Parents love their kids but they may not have the tools, skills resources, experiences, connections

1. What additional supports do young families need? IDEAS

- Service providers need to be better informed about what supports (resources, services, programs) are already available for young families in the community
- Moms and Babies support groups
- Mentorship programs
- Better ways to message/reach parents about resources
- Need to watch the provincial government's new parenting strategy and compliment this
- More daycare supports and access and funding (especially for infants) so that parents can be freed up for education, employment, personal development
- Intensive home visiting – from pregnancy throughout (Public Health has started a new home visiting program – targeted to first time parents most in need)
- Strengthen program/service connections, for example: ECI (under 2 years) to Early Intervention (over 2 years) to Community
- Get more people involved in this work
- More evening programs
- More excellent programs like “Care for Kids”
- Train the trainer model
- Grow Early Learning Centre model
- Grow Family Resource Centre model
- More neighbourhood-based, consistent supports
- Make economic argument
- Program for Dads, like Dads Make a Difference
- Case Management for very young families that need support
- Bridge Early Childhood with Education – increase value of ECE and investment

2. PRESENTATION to LARGE GROUP

- There are lots of pieces in the community but we must strengthen and glue the pieces and fill the gaps to ensure comprehensive, accessible, supports for young families where they live.
- Early Childhood Development needs to become a community priority. To do this we need leadership, a strong rationale, economic argument and best practices from away (how did others make this a community priority?)
- Leadership could come from the Saint John Early Childhood Development Coalition; however this coalition currently lacks resources, members to do this job; Would community partners step up and help; dedicate time? A staff person?
- Short Term – All service providers who work with young families – please learn what resources, services, programs are available in SJ.

1. PRIORITY: CAMPAIGN

What already exists

- Look to the other Provinces – Nova Scotia, Newfoundland, Toronto/Ontario
- Province of New Brunswick will run an anti-chlamydia campaign starting in February – we need supports to reinforce the messages

Strengths to already build on

- TRC and its emphasis on social media
- Project based learning at schools (could focus on contributing to campaign) and health class
- District 14 does videos – they have youth do videos on safe farming practices – so youth take the lead in doing the video

Possible Actions

- Over a 3 to 5 year period
- A campaign could consist of a number of mediums and approaches. The timing and coordination would be important to benefit from the impact of all the activities.
- The input and involvement of teens would be very important.
- Go to neighbourhoods to talk about what the messages and mediums could look like
- Coaches could be very influential

Different mediums in the campaign

- Video or series of videos to get across messages such as what your future might look like depending on what you do. Hemmings House/Revolution Strategy and Pulse Communications might be resources.
- Teens and project based learning might be another resource.
- Perhaps a train the trainer component to getting the messages across – similar to the work of Domestic Violence workers where there are only two people

Different focuses/messages/number of brands in the campaign

- How teen boys see sex and the repercussions of becoming a parent
- What is a good girlfriend/boyfriend
- The reality of what seems like love and flashing a couple of years later to single parent
- Priority neighbourhoods and middle and high schools in priority areas

Agreed Upon Next Steps

The following agreed to do about an hour of research on what happens elsewhere and will meet on January 25th at 11am at Lorne School:

- Aline Robichaud will have someone there from Social Development
- June Breau-Nason who will talk to Pulse Communications to see if they are interested in helping.
- Greg Norton (Lorne) and Mark Blucher (Forest Hills) and Suzanne Hickey although she is away for this meeting. They will also explore what might be possible within the school system.

- Penny Higdon from Public Health/Sexual Health Centre and Scott Giffin will find out more information about the Anti-chlamydia campaign.
- Jane Barry – who has suggested that the group apply to the GSJ Community Foundation for a major grant in April.
- Someone from Vibrant Communities. Cathy will send out a reminder.

Other partners could include:

- City and possibly Leisure services
- Neighbourhood groups
- Youth groups such as Teen Vibe
- First Steps
- UNB Nursing Students – could they help with research
- UNBSJ School of Business – any assistance

2. PRIORITY: ACCESS TO CONTRACEPTION

Ideas

- Middle schools need consistent accurate information
- Eliminate wait times (eg., to appointments, wait list for abortions in Moncton) – the need is immediate (e.g., plan B)
- Referral to family physician – often delays and uncertain response, fear of ‘telling’ parents
- Mary will share this information with Dept of Family Practice to raise awareness
- Better link so nurses who see youth in the crisis can refer to family physician for follow up care
- Transportation to services (sexual health ctr) is a challenge for youth e.g. north and west
- Grade 9 immunizations may be an opportunity for information sharing
- Need a safe setting, which Sexual health centre has achieved
 - Anonymity
 - Drop in
- Need an accessible starting point to get help
 - E.g., PH Nurse in schools in other regions of the province
 - NP or Sexual Health nurse in neighbourhoods
- How to Strengthen consistent, accurate information
 - Teens who leave hospital with baby MUST have access-plan for birth control
 - Raise awareness with pharmacists of teen pregnancy – actions are intended to reduce teen pregnancy- Contact Andrew at CHC to strategize
- Cost of contraceptives
- Pharmaceutical companies can be good partners- drugs, merinian at cost for teens?
- Meet with politicians to discuss:
 - patch and nuva ring covered by health card.
 - All 13-19 year olds should have access to free contraception of their choice (many are comparable in price).

Action for the Teen Pregnancy Steering Committee

Extend conversation about Teen Pregnancy to:

- Politicians
- Physicians
- Pharmacists
- Others??

Develop one page with information regarding contraception and services to ensure all points of contact (community, government etc) have consistent and accurate information.

1. Shelley will draft 1 page information (includes info on cost, type pro-cons of contraception types, also where to go for services etc)
2. Sexual health centre staff will contribute
3. Contact HDC to see if they can maintain document once its developed
4. Contact Andrew- pharmacist CHC for input
5. Shaundell will discuss with Teen Vibe youth information they would like to see contained, what they would like to know
6. Explore having youth design, review language
7. Print in Around the Block or include as an insert
8. Launch around Valentine's day, or turn around day (January 2 days off school)
9. Maybe include FP offices within walking distance of neighbourhoods, those who would see youth in emergency cases (eg. Plan B)

3. PRIORITY: COMMUNITY SUPPORTS FOR YOUTH PLAN

Community groups can provide a Sense of Belonging, alternatives and role model and mentor youth. For this to happen community partnerships need to be formed and strengthened creating consistent messaging and healthy communication

The Plan

1. Service inventory
 - Contacts
 - Asset Mapping
 - Sharing
2. Gap assessment
 - Where are the areas not being covered
 - What is the material or supports not being covered
3. Connecting services with schools
 - Create a working conduit with School District Eight
 - Have School District name a contact person
4. Identify Champions

- Community
 - Education
 - Social development
 - Health
5. Insert programming!!

4. PRIORITY: HEALTHY SEXUALITY EDUCATION

Ideas

- Health curriculum (exists in middle school but doesn't carry on in high school)
- Learn from First Steps
- Peer education: e.g. training grade 11 students re postponing first sexual experience (train the trainer). Once trained, they'd go to grade 8 classes- harm reduction. This would include abstinence messages, as some kids may think "everyone is doing it" when in fact that's not the case. Also important how to say 'no' after one's first sexual experience. Important not to limit initiatives to school-based only- we expect too much from schools. Community-wide approaches were recommended. e.g. Public Health Nurses working with Boys and Girls clubs staff to prepare them for summer camps
- Recognition that in order to be effective, prevention initiatives need to be much broader than healthy sexuality education. Need to address ways to support children, youth and families such that the kids grow up with hopes and dreams for their future.
- Initiatives need to be comprehensive. Recognition that although there is value in classroom-based initiatives, most kids will not speak up or ask questions in that setting. Important to also have 1-1 opportunities and small groups.
- Fredericton High School has a full time nurse! How can this experience/focus benefit Saint John where the need, according to the statistics re teen pregnancy is actually greater. Based on the evidence, could the the Health Authority not justify a nurse in Saint John high schools. There was also discussion of the pilot in Charlotte Co. and all thought this was a great idea (i.e. Healthy Learners nurse, Mental Health, Sexual Health all collaborating and spending scheduled time in the high school). There was also mention of a model in Moncton.
- "Go where the kids are" such as the Teen Resource Centre, sexual health centre and schools

What works?

- Peers.
- Train kids to facilitate noon hour groups
- Bill Morrison (UNB)- mental fitness project- bring this to Saint John
- Must "use their lingo" and use technology such as texts, Facebook etc. (nameless, faceless: increases their comfort level)
- Sex education is about relationships. Needs to address sexual orientation.
- HealthNet project

-“Have this same discussion with kids”

-Go to where the parents are. (This comment came from a Public Health Nurse who has done presentations in workplaces.)

Who can lead?

A sub-committee of the Teen Pregnancy Committee could take the lead.

Who do we need?

- Sexual health clinic
- TRC
- Scott Crawford- youth engagement
- Community school coordinators
- Neighbourhood representatives
- Student leaders from high schools (e.g. GLBT support groups)
- Group homes
- Parent advisory group reps
- Boys and Girls club and other rec centres
- First Steps
- Addiction Services (e.g. Portage)
- Mental Health
- UNB
- Probation Services
- Local and provincial politicians

Next Steps?

- Invite reps from identified groups to meet
- Look at best practices and stats and then do focus groups with youth
- Involve youth from different groups including teen parents
- Start process with a small Steering Committee
- Look at what was done in SJ in the past and how to update those efforts

BREAK OUT GROUP, Monica Chaperlin, Facilitator

1. Why are SJ statistics so high compared to other counties in NB? What makes SJ different?

- Culture is different – Goals and Desires
- Multi-generational poverty – poverty cycle
- Those caught in the cycle of poverty are the toughest group to influence/reach
- Influence of drugs and alcohol (according to the NB Health Council's study of young NBers, Region 2 has the highest proportion of youth (12 to 18) who are users. Lack of resources to address this issue
- High School Curriculum does not give time for this topic – healthy sexuality, birth control, etc. – not a priority, curriculum is crowded
- Disconnect between what teens know and those in the know. How do teens access help? Information? We are not reaching teens in their most natural environments.
- There are good initiatives like PALS and Community Schools and strengthened connections between these schools and their neighbourhoods but there yet isn't enough in place to make the difference we need.
- Rate of poverty is dropping faster than the teen pregnancy rate. WHY?

2. What do we need to do to reduce the teen pregnancy rate? IDEAS.

- Influence the teen brain
- Make emergency contraception accessible and affordable
- Go to where teens are
- Information and help AND SOLUTIONS should be neighbourhood-based
- We need a huge campaign – media blitz – like MADD campaign – simple message that everyone can agree with – strong, direct, consistent message
- We need to know what works elsewhere – best practices
- Programs and resources need updating – they are old and outdated
- Re-brand how guys look at sex – strong focus on “guys”
- Get teens involved in how to address this (the solutions) – eg. peer talk (i.e. Grade 11 teens talk with Grade 8 teens), peer helping
- Improve Health Insurance Coverage
 - Health card does not cover the Ring and Patch
 - Private insurance does not cover birth control and emergency contraception
 - Working poor have no access to free birth control or emergency contraception
- We need clear, common, consistent language – most people don't understand the options and terminology
- Convince parents that safe sex is better than no access to safe methods
- Reach parents so that they are better informed
- Options need to be presented and understood
- More help for first time parents to help discourage them from 2nd pregnancy
- Honest testimonials by teen parents or those who were teen parents...need to counteract the media glamour around teen pregnancy.
- We need better ways to keep kids in school and convince them to stay in school, i.e., an alternative middle school
- We need better information about drugs and alcohol

3. Group Priorities from Idea List

- Rebrand Sex from a teen boy's perspective
- Get teens involved
- Reach parents
- Access at neighbourhood level
- Education on options
- Crisis intervention for emergency contraception, access to birth control where the teen lives, socializes, learns.
- Huge media campaign – message that everyone can accept
- Go to the teens

4. TWO PRIORITIES

These two priorities must build from the recognition that POVERTY is a root cause of elevated teen pregnancy rates in Saint John county.

1. A COMMUNITY CAMPAIGN

- a common message
- neighbourhood-based delivery vehicles...let teens and neighbourhoods decide how to deliver the message
- ensure teens and parents are involved in the message and delivery
- message should re-brand sex from a teen boy's perspective
- options should clear
- consequences clear

2. AFFORDABLE, ACCESSIBLE BIRTH CONTROL AND EMERGENCY CONTRACEPTION

-Influence improved public policy

BREAK OUT GROUP – WENDY MACDERMOTT

Reflections on data:

- Young moms were insightful. They knew the reasons they got pregnant
- The issue is bigger than those who end up pregnant –giving birth. Its early, unsafe sexual activity and unhealthy relationships that are cyclical
- 2nd pregnancy should be able to be prevented- there was already a connection with the system-system failure
- Do not see these girls (approx 60 school aged) in high school
 - They drop out, see no reason to continue the year if cannot complete, they were often struggling in school
- School should be fulfilling needs for these girls, but for many there is no sense of belonging at school
- End goal is sometimes a baby, not an education

- Need to help show ‘what is healthy’ what is NOT healthy- relationships
- Mental Health is a big factor, bipolar, depression, ADHD, cognitive delays
- Girls with mental health issues sometimes stop meds when pregnant, then struggle to a greater extent with MH issues
- If miss appointments, services are stopped
- Teen pregnancy is tied to low –income
- What do other regions do? Fton and Moncton counties have lower rates—why
- There are now wait lists for abortion, if do not get in immediately- it is too late.
- Teen pregnancy has become glorified locally and media
- We do not know how many spontaneous abortions there are

How do we prevent teen pregnancy

- Need positive places for high risk youth
- Roots of empathy is effective – mom and baby visit over course of a year to build empathy in elementary school children – now in many priority neighbourhood schools
- Youth need to see the reality of what it means to be a teen parent
- More socially acceptable to have an abortion than to give children up for adoption
- Grandparents very willing to parent
- Girls are wanting to be pregnant but realize after baby is born they do not want to be parents
- Being a pregnant teen has become a norm and there is a strong peer group (sense of belonging)
- Prevent 2nd pregnancy- birthcontrol plan in place or provided during confinement
- Some physician not willing to have teens tubes tied- when they have had multile births, no custody but this is their wish
- Marina- IUD 400 covered now by health card
- Depo available but associated with weight gain- not popular with girls
- Patch
- Birth control pill
- Plan B-
 - used mostly by 20-30 year olds
 - keeping a pill- just in case
 - can get over the counter 28- 42\$
 -
- Need to pay attention to STIs with these forms of birth control
- We need consistent messaging in community
- Focus on healthy relationships
- Sexual health centre is very busy after snow days and PD days
- Social norms have changed – ok to have kids drink, mixed gender parties
- When there are no taboos in family, everything is accepted
- Pressure from boyfriend- trying to keep boyfriend
- How many boys are fathering the babies. Many have multiple babies with multiple girls- status symbol
- There is a fine line between condoning-promoting behaviour and dealing with kids ‘where’ they are
- There are lower rates of teen pregnancy in countries with more liberal approaches (e.g., access to contraception)

- Need to teach girls how to be healthy girls
- Girls feel sex is their only asset
- Two simultaneous issues- healthy self image / healthy relationships and safe sex.
- 'who' puts the message out is critical- who will be listened to by youth, who will be believed

Two Priorities

- Youth have to be part of discussion and solution- including boys
- Focus on contraception especially preventing second pregnancy
- Emulate First Steps supports within community (mentoring, role modeling, mothering, building sense of belonging)

BREAK OUT GROUP – CATHY WRIGHT

Reflections on data and survey:

- York County's data had been cut in half
- We need to keep the stats simple – for example, make it clearer what the stats are for the City of Saint John .
- Caution about raising the issue of abortion
- Rate of abortions was surprising
- Inadequate sexual health education in the schools is surprising and why
- Why is Saint John and sexual health education different from outside areas

How do we prevent teen pregnancy

- There are two groups – those who choose and those by accident
- Sexual health education:
 - Needs to be earlier from K-12, comprehensive and with trained sexual health educators (teachers or others who are comfortable).
 - Find out why our approach is different than other school districts or other Provinces (like Nova Scotia)
 - More interactive means are needed.
- Counteracting the Peer pressure through community programs offering alternative programs and we need to continue to support those programs
 - Kids need to be engaged (love and belonging)
 - Make sure they have access to programs (transportation etc)
 - Provide more incentives to parents/reaching parents to get their kids to come to programs
 - Ensure trust and safety is there
- Educate/support parents
 - Long Term
 - Parents of teens especially (there are some programs such as Families in Transition (FIT) through Family Life Plus
 - Idea of mentorship (with community volunteers) and also more of a team approach
- Help young women get gains in other ways besides pregnancy
 - Help them understand the economic argument
 - Teen mothers talking to teens

- Baby Think it Over (12-16)
- Addressing involvement of young men/boys
- Educate public on sexual education – involve the media
- Access to birth control – what works, what is available

Two priorities

- 1) Sex Education in School system (k-12)
 - a. Involvement of boys
 - b. Media
 - c. Alternative activities re peer pressure
 - d. Support parents – help parents have conversations with teens
 - e. Provide guys and girls with alternatives and understanding reality
 - f. Access to birth control
 - g. Community can help supply sexual health educators
- 2) Alternatives – helping youth – girls and guys
 - a. Understand the reality of pregnancy
 - b. Participate in other meaningful activities

BREAK OUT GROUP – COLIN MCDONALD

Reflections on data and survey:

Surprised by the

- Total number of Pregnancies over 5 years
- Total number having second pregnancy

Things that were missing

- Increased media trends
- Self Image and Worth
- Mental Health issues
- Acceptance of pregnancy from peer group
- Misconception of the future
- Teen Pregnancy is generational
- What are the stats on Pregnant teens with Multiple partners
- Social Media (Facebook etc)
- Need to celebrate what works

How do we prevent teen pregnancy

Short Term Plan

Communication between stakeholders

- Better utilization of the HDC Data Base
- Create communication network between medical community, social development, Education, Non Profits and other organizations that work with this population

Long Term Plan

Continuity of outreach programs in all priority neighbourhoods

- Infomania programs (sessions where people talk from their specific experiences or on specific topics – information and inspiration together) for youth on teen pregnancy related issues that would target all youth uniformly
- Speaker Series
- Same messaging
- Using existing resources.

BREAKOUT GROUP: DENISE DOIRON

From what you heard, what was surprising?

- Double the national average
- Vast difference between Saint John and the surrounding communities (even just 20 minutes away!)
- Someone commented that often the media is blamed but teens' exposure to media is similar no matter where they live and yet pregnancy rates are vastly different.
- Didn't realize teen pregnancy rates included abortions. It then follows that 1/3 of the pregnant teens did not want to be pregnant. Leads one to wonder about birth control- what are kids' views? Why aren't they using it?
- Shocked that 1/3 managed to have abortions given that Saint John does not have a clinic and you have to pay for an abortion
- Would more SJ teens have abortions if there was better access?
- What % of those who did not abort, also didn't want to be pregnant? Probably a large % of the total therefore there is large potential to intervene
- Are we intervening too late? When do they become sexually active?
- Attitude of not giving out condoms in the school. Individual related an experience with a 13 yr old girl coming to her prior to a planned 1st sexual experience, asking for condoms. The guidance counselor got some for her, and was later reprimanded for it. This was shocking to the group.

Are there any other reasons for pregnancy?

- Internet
- Lack of parental supervision
- Dual parents working: no one home with child(ren) after school; daycare; times when no parent at home as they have to leave the house very early for work, and the child is responsible for getting up and to school on own.
- Kids say their parents aren't comfortable talking with them about sex
- Some parents were thrilled their 13 year old was having a baby!!
- Teens appear to be fearful/uncomfortable telling program staff about sexual activity/behaviour but will open up to total strangers (she was relating a story about a girl and a boy who were very involved in the club on a daily basis)
- 'Playing house'

- Still believe it can't happen the first time

Actions- How to reduce the teen pregnancy rate?

- Intervene in the 1st 5 yrs of life
- Intervene before 1st sexual experience (this is getting younger: 12-13 yrs)
- This intervention needs to include more than just sex (e.g. birth control, sexual relationships, relationship skills, self esteem, family dynamics etc)
- Foundational and cultural issues
- Set up learning centres for young moms and dads where they can learn parenting skills (Related a story of a young dad saying he wanted to learn how to have a (functional) family).
- Birth control: archaic approach; need so much more and so much earlier
- Make birth control more accessible and more acceptable. There are inequalities among schools. Some say no difference in access between SJ and other communities in NB however nurse presence in schools varies (e.g. Fredericton High School has a full time nurse; some have NPs) In NS they have youth health centres with a nurse there 5 days per week. The pilot in St Stephen was mentioned (i.e. collaboration b/w Public Health and Mental Health in the school)
- Huge cultural shift (e.g La Senza for kids!) 9 & 10 yr. olds dressing like women. We're sexualizing a whole generation of girls.
- Family supports
- Income supports
- Have nurse at the Boys and Girls club so kids can talk to them (band aid but still important)

What would have the greatest impact?

2 priorities

Intervene in 1st 5 yrs:

- Target teen parents: continued focus on centres teaching young parents parenting skills; support for them to stay in school; 'teachable moment' as young Moms and Dads are motivated and want to do the best for their babies; hospital-based practices that support parents bonding with their infants in the first few hours post partum.
- Intervene BEFORE first sexual experience:
- Baby Think It Over at Simonds: this experience is offered to teens taking grade 11 & 12 Early Childhood Services and Child Studies courses. Very effective. Should be used more widely/be available at more schools. Should be used with middle school students. Has an impact on the parents as well since the student has to care for the baby 24/7.
- Address inequities in the system: F'ton HS has f-t nurse/NS Health Centres have f-t nurses. There should be a Public Health Nurse in ALL middle schools. Guidance staff do not have time to run groups. There's a need for both clinical nursing services and group-based sessions (e.g relationship skills) Rationale: saves the system money globally.
- Middle school: health curriculum- incl. a unit on sexual health; this has been controversial in the past; teachers don't all have same comfort/skill level; downside: kids are inhibited and won't speak out in class setting/ need smaller groups or question box. Schools can't do it all. It's a parental responsibility.