

# MOAPPP Monitor

[www.moapp.org](http://www.moapp.org)

Fall 2005

The mission of MOAPPP is to strengthen policies and programs related to adolescent pregnancy, prevention and parenting in Minnesota.

## Schools Shape the Community of Tomorrow by Fostering Strong Students Today

Adapted from Council of Chief State School Officers (2003) *Why Support School-Based Teen Pregnancy Prevention? A Primer For Action*. CCSSO, One Massachusetts Avenue, NW, Suite 700, Washington, DC 20001-1431. <http://www.ccsso.org/>. Citations included on Research and Resources Page.



*“Adolescent women who have good grades and test scores, high educational aspirations and a substantial level of involvement in school organizations are less likely than others to have a nonmarital birth while in high school...”*  
(O'Connor, 1999)

The main job of schools is to foster academic success in students. Teachers, administrators, and staff do this by establishing high expectations for learning, providing varied and stimulating academic opportunities, and creating a nurturing environment and a sense of connectedness. Schools don't operate in a vacuum though. They must pursue these responsibilities within a wider social and community context that exerts strong influences on the behavior of young people and the choices they make. Many behaviors that lead to problems are established during the school-age years. Increasingly, schools are being asked to play a central role in helping students maintain healthy behaviors and gain the knowledge and skills needed to avoid risky behaviors such as drug and alcohol use and sexual behaviors that lead to teen pregnancy, HIV, and STIs.

Clearly, learning and good health go hand in hand, and healthy kids make better students. Risky behaviors and their consequences make it harder for schools to do their job because they prevent students from learning and doing their best. Pregnancy and parenthood derail the school lives of too many teens, disrupting their plans and dreams for the future. The United States has by far the highest teen birth rate of any industrialized country. Our rate is 11 times greater than in the Netherlands and four times higher than

in Germany (Feijoo, 2001). The consequences are serious for everyone.

There are no quick and easy answers to the question of how to delay or prevent the behaviors that lead to teen pregnancy, but research has shown that teens with certain attributes are more likely to avoid pregnancy by remaining abstinent or using contraception effectively. These teens:

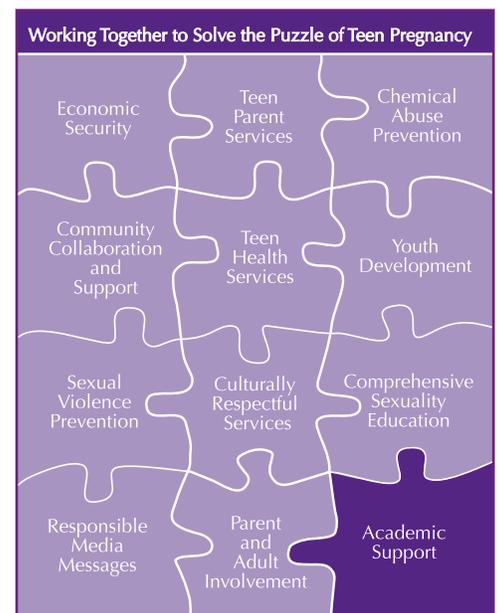
- Feel connected to their schools and communities;
- Experience positive connections with parents and other adults;
- Have many academic, social, athletic, and community options;
- Enjoy a strong sense that the future holds promise;
- Have high expectations for themselves;
- Have a strong knowledge base about sexual risk reduction and pregnancy prevention; and
- Possess skills that can reduce risk (such as negotiation skills) and feel confident about using them.

Working together, a school's academic, physical education, coordinated school health, and community service programs can help young people develop these qualities and grow into mature, productive adults. Schools can make a difference in teen pregnancy

prevention by enhancing:

- The academic success of all youth;
- The health literacy and the health status of all youth;
- The career skills and aspirations of all youth; and
- Family, community, and other supports for the success of all youth.

Schools play such an important role in young people's lives. They can support students' capacity to learn, and empower them with knowledge, skills, and judgment to help make smart choices for life. By acknowledging and addressing the wider social and community context in which schools operate, more emphasis can be placed on the critical need for ensuring students' academic success.



MOAPPP's Teen Pregnancy Puzzle illustrates the complexity of the issue and the need for comprehensive solutions based on research.

## DIRECTOR'S NOTES

# Dear Friends,



The devastating images from the Gulf Coast have transfixed us at MOAPPP this fall. The juxtaposition of the hope of children getting ready to start a new school year with the despair of so many struggling for survival was particularly difficult. Our national partner, Healthy Teen Network, informed us that the national Health Resources Services Administration asked for support in calling attention to the issues facing pregnant and parenting teens impacted by Katrina. Many of these young women have been left without family contact, support or resources to face the future. HTN recommended contacting state health department officials to find out what we can do here to help support this vulnerable group of young people.

With lives interrupted, the school-aged survivors will undoubtedly face special challenges in regaining their sense of wellbeing. Major disruption in their school lives may have longer-term implications as well. As this issue of the Monitor highlights, schools are a critical component in the development of many life skills.

The articles in this newsletter explore the importance of the school setting, and the positive life outcomes associated with academic success. Academic success has been linked to lower teen birth rates, but it does not occur in a vacuum – students' personal experiences, their school's environment, their community's realities, even state and national policies play a part in how well students do in school, and how strong their attachment is to school. All students need support in order to achieve academic success: some students need more support than others. One piece of the MOAPPP Teen Pregnancy Puzzle is dedicated to the concept of Academic Support, a necessary ingredient for ensuring academic success.

Thank you to our contributors for this issue: Barbara Kyle from Minneapolis Public Schools; Kathy Brothen and Geri Graham from the Minnesota Department of Education; and Claudia Fuentes formerly of HACER.

I hope you take something new away from the articles we have assembled here. As always, be sure to let us know your thoughts.

Sincerely,

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### MOAPPP Monitor

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The Minnesota Organization on Adolescent Pregnancy, Prevention and Parenting, a non-profit organization, is composed of individuals and organizations in Minnesota that work to strengthen policies and programs related to adolescent pregnancy, prevention and parenting in Minnesota.

## The Positive Alternatives Act

On May 23, 2005, Governor Pawlenty signed into law the Positive Alternatives Act (PAA). The intent of this legislation is to provide \$2.5 million annually in state grants to Minnesota nonprofits that operate “alternative to abortion” programs. Funds will be targeted to the more than 100 crisis pregnancy centers in Minnesota, such as Birthright and Life Care Centers, for efforts to “support, encourage and assist” women in carrying their pregnancies to term, and to care for their children after birth. Only organizations that have had an “alternatives to abortion” program for at least one year will be eligible to apply for funds.

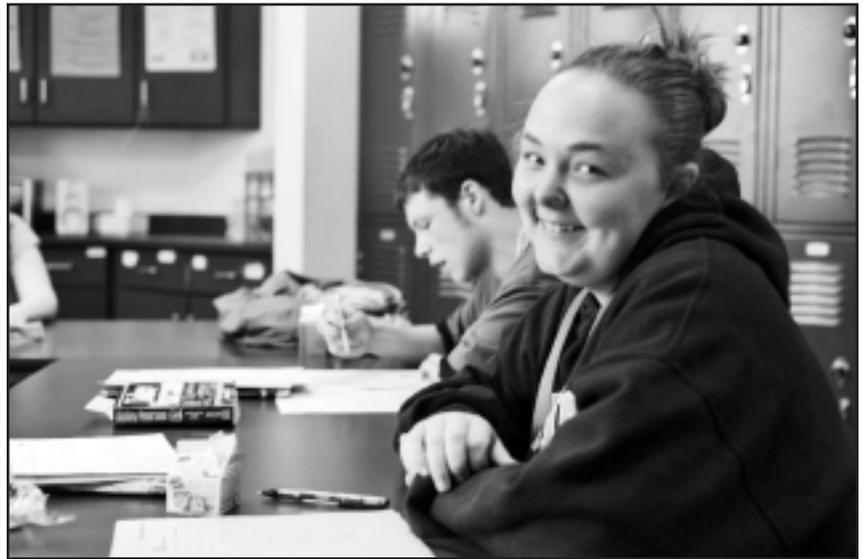
Crisis pregnancy centers typically offer free pregnancy tests and counseling that emphasizes alternatives to abortion. These organizations are not medical clinics, do not employ professional medical staff and, in the past, were not required to uphold medical privacy or confidentiality standards. Grants awarded under the PAA may be used to cover costs associated with providing information on, referral to, and assistance with securing the following types of services: medical care, nutrition services, housing, adoption, education, employment or childcare assistance, and parenting education and support services. Grants may also be used by an organization to directly provide one or more of those services.



It appears that health clinics, social service or non-profit organizations that present information about all pregnancy options, or who are affiliated with an organization that provides such information, will not be eligible to apply for funding.

**FACT:** The Positive Alternatives Act is very similar to Pennsylvania’s Real Alternatives program, which has been in operation since 1996. It is also very like the Pregnancy Support Services Program that was introduced in Florida this year.

MOAPPP paid special attention to the progress of this legislation, and tried to ensure that the special needs of adolescents were considered. MOAPPP proposed a set of amendments that would have enabled school districts, adolescent health clinics and fatherhood programs to apply for funding. These are programs that have established relationships with pregnant and parenting teens, and have experienced deep cuts in state support. Just two years ago, Governor Pawlenty unallotted funds for school-based



support programs for adolescent parents and young males. Unfortunately, those amendments were not considered.

MOAPPP also advocated for an amendment that would require funded organizations to emphasize the importance of education, especially the completion of high school. Adolescent parents face particular challenges to staying in school, but staying in school is linked to many positive outcomes -- for them and their children. MOAPPP wanted to ensure that any program that counsels pregnant or parenting teens is aware of this fact and helps young women think about their future after pregnancy. Thanks to Senator Shelia Kiscaden (I-Rochester) this amendment was included in the final version of the bill.

The Minnesota Department of Health has been charged with designing the application process and distribution plan for these funds. Planning will take place during the coming months, and a request for proposals will be issued sometime before July 2006.

Questions about the current legislation are left unanswered. It is well established that providing support to pregnant and parenting adolescents is critical to their future success. If that was the real intent behind the creation of the Positive Alternatives Act, then why were organizations that have existing relationships with precisely those adolescents left out? Where did the Governor and legislature find \$2.5 million a year for a new initiative that benefits such a targeted group of non-profit organizations, especially when they had to make cuts in so many other places? How did this pass when funding for many support programs was redirected to the state’s general fund – two years ago? MOAPPP will continue to monitor the development process, and will keep you informed.

# The DREAM Act

The information in this article was gathered from the National Council of La Raza ([www.nclr.org](http://www.nclr.org)), the National Immigration Law Center ([www.nilc.org](http://www.nilc.org)), the Minnesota Freedom Network ([www.mnfr.org](http://www.mnfr.org)), Claudia Fuentes, former Executive Director of HACER.

Marian Wright Edelman, founder and CEO of the Children's Defense Fund, once said "Hope is the best contraceptive." Young people who have a sense of the possibilities that the future holds are more likely to avoid too-early pregnancy. Education is the key to so many possibilities. Having the option of continuing their education offers many young people hope.

Unfortunately, not all teens have equal opportunities to receive higher education. Each year about 65,000 U.S.-raised undocumented-immigrant students graduate from high school. These young people have lived in the U.S. for most of their lives and call this country home. Even though they were brought to the U.S. as children, they are often ineligible for in-state college tuition and financial aid, unable to work legally in the U.S. and live in constant fear of detection by immigration authorities. Such barriers make it virtually impossible for these students to attend college and pursue the American Dream.

To help remove these barriers, U.S. Senator Orrin Hatch (R-UT) introduced the DREAM Act last year. The DREAM (Development, Relief, and Education for Alien Minors) Act is bipartisan legislation that addresses the situation faced by young people who were



brought to the U.S. years ago as undocumented immigrant children, but who have since grown up here, stayed in school, and kept out of trouble. In the House of Representatives, the same issue is addressed by the bipartisan Student Adjustment Act. Specifically, the DREAM Act would help undocumented immigrant children receive higher education four different ways.



## 1) Restoration of State's Rights to Determine Residency for Higher Education Benefits

would repeal a 1996 act that requires states to provide in-state tuition to out-of-state residents if they provide it to undocumented immigrants.

This act has deterred many states from offering in-state tuition rates to undocumented students.

## 2) Immigration Relief for Long-Term Resident Students

would allow students to become legal permanent residents on a conditional basis for six years if they entered the U.S.

before age 16; have been accepted to a two or four year institute of higher education or have earned a high school diploma or GED; have lived in the US for the past five years; and have good moral character and no criminal record. Permanent residence would be granted at the end of the six-year period if the student has either graduated from a two or four year college, completed at least two years towards a four-year degree, or served in the U.S. military for at least two years.

## 3) Work Authorization and Protection from Deportation for Students Ages 12 and Up

would be available to students who are enrolled in primary or secondary school, and have met all the requirements for conditional permanent legal resident status.

**4) Higher Education Assistance** would make those students who have adjusted their immigrant status eligible for federal education loans and work-study programs.

In addition to the federal legislation, many states have implemented similar acts. Locally, Senator Sandy Pappas (D-Saint Paul) introduced the Minnesota DREAM Act (HF 566/SF 627), which would grant in-state tuition eligibility to students who have attended high school in the state for at least two years; have graduated from or attained a GED from a Minnesota high school, and are currently registered or have been accepted to a Minnesota public college or university. Approximately 350 to 500 undocumented high school graduates would be eligible for the Minnesota DREAM Act every year.

Immigrant young people should not be limited in their access to a sense of hope for their future. The Dream Act would make it possible for these young people to have hope for the many opportunities that higher education can provide. As a community that cares about all youth, we should support the DREAM Act.



# Reducing Risk Behaviors Through Social and Emotional Learning Skills

Kathy Brothen and Geri Graham  
Coordinated School Health  
Minnesota Department of Education

A growing body of evidence shows that teaching children and adolescents social and emotional skills can positively influence the decisions they make about smoking, drinking, unsafe sex and other risk behaviors. Social and emotional learning (SEL) is the process of acquiring skills to recognize and manage emotions, develop caring and concern for others, make responsible decisions, establish positive relationships, and effectively handle challenging situations.



Social and emotional learning addresses the increasingly complex situations children face with regard to academics, social relationships, citizenship and health.

Research indicates that SEL is essential to academic success, healthy relationships, ethical development, motivation to achieve and lifelong wellbeing. Developmentally and culturally appropriate SEL instruction provided in a safe, caring, well-managed and participatory environment can be a highly effective approach to teen pregnancy prevention.

The Collaborative to Advance Social and Emotional Learning (CASEL) has identified key SEL competencies:

- **Awareness of Self and Others-** identifying and cultivating one's strengths and positive qualities; identifying and understanding the thoughts and feelings of self and others;
- **Positive Attitudes and Values-** monitoring and regulating feelings so they aid, rather than impede, the handling of situations; establishing and working toward the achievement of short- and long-term pro-social goals;
- **Responsible Decision Making-** recognizing and understanding one's obligation to engage in ethical, safe, and legal behaviors; believing that others deserve to be treated with kindness and compassion; generating, implementing, and evaluating positive and informed solutions to problems;
- **Social Interaction Skills-** using verbal and nonverbal skills to express oneself; establishing and maintaining healthy and rewarding connections with individuals and groups; achieving mutually satisfactory resolutions to conflict by addressing the

needs of all concerned; effectively conveying and following through with one's decision not to engage in unwanted, unsafe, unethical, or unlawful conduct.

Many of these competencies are key to preventing high-risk behaviors and consequences including drug use, violence, suicide, HIV/AIDS, sexually transmitted infections (STIs) and adolescent pregnancy — all of which pose serious barriers to academic achievement. Educators, researchers, and policy makers alike, are becoming increasingly aware that social and emotional

learning needs to be a part of education in order to maximize academic outcomes. Illinois, for example, has legislated social and emotional learning standards for all school districts. CASEL recently completed a meta-analysis of 300 SEL research studies that shows that students enrolled in a social and emotional learning program rank at least 10 percentile points higher on achievement tests than students who do not participate in such a program.

The best SEL practice involves students, parents, community members, and educators working together as partners to provide SEL in preschool through high school. The research has shown that when done well, SEL can both improve academic achievement and reduce the likelihood students will engage in various high-risk behaviors.

Many educators and adults who work with young people have understood these concepts for a long time. The challenge is to make a long term commitment to incorporate social and emotional learning skills into all the programs that serve children and adolescents in our community.



Social and emotional competencies are the foundation for preventing too early or unintended teen pregnancies and should be included in programs for all young people.

For more detailed information on evidenced-based SEL programs, go to [www.CASEL.org](http://www.CASEL.org). For more information about local SEL training, contact Geri Graham, 651-582-8361, at the Minnesota Department of Education, Safe & Healthy Learners Unit.

# Ensuring Success: Building Comprehensive School-based Programs for Teen Parents and their Children

Barbara Kyle, Coordinator  
 Teenage Pregnancy and Parenting Program (TAPPP)  
 Minneapolis Public Schools  
 Citations included on Research and Resources Page

Being a parent is a challenge. Being a parent as a teenager brings additional challenges, complexities, and obstacles to an already daunting endeavor. For many teens, becoming a parent means the end of their education, the risk of a repeat pregnancy, an increased need for public assistance, and poor birth and child development outcomes. This scenario, however, does not need to play out in the lives of young families. If a young mother completes her education and delays having additional children, research indicates she may do

**FACT:** If a young mother completes her education and delays having additional children, she may do as well as her peers who postpone childbearing until later.



as well as her peers who postpone childbearing until later (CAPD, 1995). Early intervention with pregnant and parenting teens can offer critical supports and services that increase the chance young mothers stay in school, delay subsequent pregnancies, become self sufficient, and have the knowledge and skills to support the healthy growth and development of their children.

Research demonstrates that schools may have the greatest potential within a community to connect with and support adolescent parents before they drop out and become alienated from their educational goals (CAPD, 1995). For many teens, a history of school failure precedes their first pregnancy. Though many young parents recognize that education and skills training are important to their economic wellbeing, research indicates that requiring these young mothers to return to a traditional educational setting is ineffective. They do best in schools designed specifically for teen parents that incorporate a variety of options such as GED preparation, remedial education, job training, onsite childcare, and parenting education (Kaplan, 1997). For example, at Broadway Alternative School in Minneapolis, students who participated in school-to-work programs during 2003-2004 earned 6.09 credits on average the first three quarters, compared to an average of 3.49 credits earned by students who did not participate in these activities.

Though school-based programs are in a unique position to identify and work with teens to keep them in school while they are pregnant and parenting, school systems cannot implement comprehensive

strategies alone. Often teens must make contact with many different agencies in order to receive the support and assistance they need, a time consuming process that may discourage the use of critical preventive services. It is only through the collaborative effort and expertise of education, health, social service and childcare resources that outcomes for teen parents and their young children will improve.

There is consensus among professionals in the field about the types of services that are critical to school-based efforts to facilitate the long-term self sufficiency of young parents, build their parenting capacity, and ensure the healthy growth and development of their children. These core services, which can be provided by schools or in partnership with others in the community, include:

- flexible quality schooling to help young parents complete high school or obtain their GED;
- case management and family support services;
- access to prenatal care and reproductive health services;
- parenting and life skills education and supportive services; and
- quality child care for their children with links to basic preventive health care (Batten and Stowell, 1996).

We know what works. We now have to put our resources, knowledge and commitment into action on behalf of the young families we serve.



**FACT:** It is only through the collaborative effort and expertise of education, health, social service and childcare resources that outcomes for teen parents and their young children will improve.

MOAPPP is pleased to introduce our new web-based Resource Guide of Teen Parent Programs and Services in Minnesota. This resource guide lets you search for programs by county, school district and services provided. Over time, we hope this directory will include all of the programs and services specifically designed for teen parents and their children. Go to [www.moappp.org](http://www.moappp.org) to access this new resource tool.



## RESEARCH AND RESOURCES

### RESEARCH

The following research examines academic support in relation to adolescent sexual health. Citations are also included from this Monitor's articles.

Batten, S. and Stowell, B. (1996). *School Based Programs for Adolescent Parents and Their Young Children: Guidelines for Quality and Best Practice*. Center for Assessment and Policy Development, [www.capd.org](http://www.capd.org).

Blum, R.; McNeely, C. and Rinehart, P. (2002). *Improving the odds: The untapped power of schools to improve the health of teens*. Center for Adolescent Health and Development, University of Minnesota, [www.allaboutkids.umn.edu](http://www.allaboutkids.umn.edu).

CAPD, (1995). *The School Based Initiative for Adolescent Parents and Their Young Children: Overview*. Center for Assessment and Policy Development, [www.capd.org](http://www.capd.org).

Feijoo, A. (2001). *Adolescent Sexual Health in Europe and the U.S. - Why the Difference?* Advocates for Youth, [www.advocatesforyouth.org](http://www.advocatesforyouth.org).

Kaplan, A. (1997). *Issue Brief: Teen Parents and Welfare Reform Policy*. Economic Success Clearinghouse, [www.financeproject.org/irc/win.asp](http://www.financeproject.org/irc/win.asp).

Kirby, D. (2001). *Emerging answers: Research findings on programs to reduce teen pregnancy*. National Campaign to Prevent Teen Pregnancy, [www.teenpregnancy.org](http://www.teenpregnancy.org).

Lonczak, H.; Abbott, R.; Hawkins, J.; Kosterman, R. and Catalano, R. (2002). *Effects of the Seattle social development project on sexual behavior, pregnancy, birth, and sexually transmitted disease outcomes by age 21 years*. Archives of Pediatric Adolescent Medicine, (156) 438-447.

Manlove, J. (1998). *The influence of high school dropout and school disengagement on the risk of school-age pregnancy*. Journal of Research on Adolescence, 8(2), 187-220.

Manlove, J.; Terry-Humen, T.; Romano Papillo, A.; Franzetta, K.; Williams, S. and Ryan, S. (2002). *Preventing teenage pregnancy, childbearing, and sexually transmitted diseases: what the research shows*. Child Trends, [www.childtrends.org](http://www.childtrends.org).

O'Connor, M. (1999). *Academically oriented teenage women have reduced pregnancy risk*. Family Planning Perspectives, Alan Guttmacher Institute, 31 (2).

### WEBSITES

The following websites provide information about academic support in relation to adolescent sexual health.

#### **Minnesota Department of Education: Safe and Healthy Learners**

Target Behavior: Reduce and Prevent HIV/STD/Unintended Pregnancy  
[www.mnschoolhealth.com/6behaviors.html](http://www.mnschoolhealth.com/6behaviors.html)

#### **A Call to Action: What Schools Can Do to Prevent Teen Pregnancy and Promote Student Achievement.**

National School Board Association, (2003)  
[www.nbsa.org](http://www.nbsa.org)

From the home page, click on "Information and Resources", then "School Health Programs", then "Selected NSBA Publications", then "Adolescent Pregnancy Prevention".

#### **Partners In Progress. The Education Community and Preventing Teen Pregnancy.**

The National Campaign to Prevent Teen Pregnancy  
[www.teenpregnancy.org/store/item.asp?productId=220](http://www.teenpregnancy.org/store/item.asp?productId=220)

#### **Preventing Teenage Pregnancy, Childbearing, and Sexually Transmitted Diseases: What the Research Shows.**

Child Trends Research Brief, (May 2002)  
[www.childtrends.org/Files/K1Brief.pdf](http://www.childtrends.org/Files/K1Brief.pdf)

#### **Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections**

Advocates for Youth (2003)  
[www.advocatesforyouth.org/publications/ScienceSuccessES.pdf](http://www.advocatesforyouth.org/publications/ScienceSuccessES.pdf)

#### **What Can Schools Do to Prevent Teen Pregnancy?**

University of Missouri Extension Service  
<http://missourifamilies.org/features/adolescentsarticles/adolesfeature3.htm>

#### **Why support School-based Teen Pregnancy Prevention? A Primer for Action**

Council of Chief State School Officers (2003)  
Brochure, Presentation Slides and Resources  
[www.aed.org/ToolsandPublications/](http://www.aed.org/ToolsandPublications/)  
From this page you can search by topic (Education-US) to get to the actual publication.

### MODEL PROGRAMS

The following program models include promising strategies to advance academic support in relation to adolescent sexual health

#### **Abecedarian Project**

[www.fpg.unc.edu/~abc/](http://www.fpg.unc.edu/~abc/)

The program consists of quality childcare from infancy through age five, including individualized focus on social, emotional, and cognitive development, with a particular emphasis on language. During the early elementary years, the program works to involve parents in their children's education, using a Home School Resource Teacher to serve as a liaison between school and families.

#### **Children's Aid Society: Carrera Adolescent Pregnancy Prevention Program**

<http://stopteenpregnancy.com/>

This model incorporates parent participation and includes seven program components: educational support, career awareness and job club, lifetime sports, creative expression, comprehensive medical and dental services, mental health services and family life and sex education. The overall philosophy of this approach is based on the belief that young people are not "at risk" but rather "at promise." Their goodness, gifts and possibilities constitute the context of our work with them.

#### **The Seattle Social Development Project**

<http://depts.washington.edu/ssdp/>

A multi-year elementary school intervention combining teacher training, parent skills development and child education. This theory-based social development program promotes academic success, social competence, and bonding to school during the elementary grades.

## MOAPPP Monitor

Newsletter of the Minnesota  
Organization on Adolescent  
Pregnancy, Prevention and Parenting

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# MOAPPP *and Workplace Charitable Giving Campaigns*

Did you know you can designate MOAPPP to receive  
the donation you make during your workplace giving campaign?



If you participate in a charitable giving campaign at your workplace that operates in partnership with one of the following "charitable federations," you may designate all or part of your donation to a specific charity. Please consider designating MOAPPP this year!

- **The Minnesota State Employees' Combined Charities Campaign**
- **United Way:**  
Greater Twin Cities; Becker County; Carlton County; Caring Rivers; Crow Wing; Faribault; Hastings; Heart of the Lakes; Hibbing; Morrison County; New Ulm; Northeast Minnesota; Olmsted County; Red Wing; St. Croix
- **Community Health Charities Minnesota**
- **Community Solutions Fund**

Questions? [Lisa@moappp.org](mailto:Lisa@moappp.org) or 651-644-1447 ext.16