



**Teen Pregnancy Prevention Work Group  
Of Doña Ana County**

**Dr. Earl Nissen, Chair  
Marnie Nixon, Vice Chair**

The Teen Pregnancy Prevention Work Group has a ten year history and has been effective in the development of policies and programs that has resulted in a 66% decline in the teen birth rate of 15-17 year olds in Dona Ana County from 2007-2014. Other accomplishments include the establishment of legislation to make the teaching of Health a graduation requirement in NM and advocating for the placement of School Based Health Centers in all the high schools in Dona Ana County. There has been a core group of 10 volunteers who have participated in the Work Group from its inception and have attended at least 9 meetings a year. Now there are 12-20 members at each monthly meeting. A Work Group Strategic Plan was reviewed and renewed in 2014 indicating our continued advocacy for School Based Health Centers because they offer comprehensive health care but most important is that almost 50% of the student visits are for behavioral health reasons. The student visits report is reviewed at each monthly meeting of the Work Group.

TPPWG membership includes representatives from: DOH, Healthy Start, Health and Human Services Committee of City of Las Cruces, UNM HEROES Program, La Clinica, GRADS, Community Foundation of Southern NM, Las Cruces Public Schools Board of Education, LCPS Coordinator of Secondary Education, A mental health provider, La Casa, NMSU, NM Nurses Association, Women's Whole Health, a retired Psychologist, a retired teen pregnancy prevention program director and the NM Alliance for School Based Health Care. The Work Group has a set of By-Laws and has never had financial backing. Whenever grants were given another 501C would handle the accounting.

The Work Group has reviewed the Health Curriculum in the Las Cruces Public Schools which is now being taught at Ninth Grade. A recent meeting was devoted to this review by having two Health teachers make presentations of the course content and on their teaching strategies. Work Group members have visited some of the classes and will constantly monitor this curriculum because of having developed the law making it a mandatory course requirement.

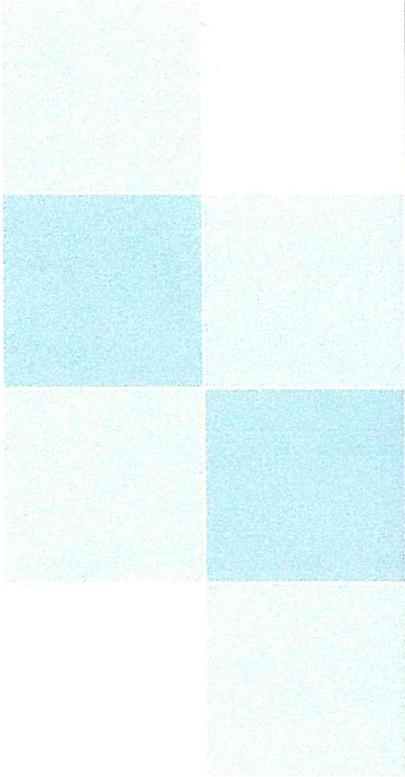
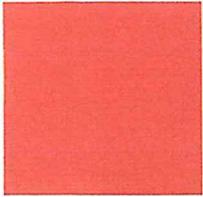
I have been re-elected Chair of TPPWG for the past ten years so have a direct bonding with the members. We have experienced standing room only school board meetings when advocating for comprehensive sex education or doing family planning in the school based health centers. We have made public presentations on the public health issue of teen pregnancy and have had legislators at our meetings to keep a public awareness of the issues surrounding teen pregnancy.

The Work Group recently received awards from the NM Public Health Association and the NM Alliance for School Based Health Care for ten years of effort classified as an outstanding example of collective impact.

## HISTORY OF TEEN PREGNANCY PREVENTION WORK GROUP

In 2005, a series of community meetings were held in Dona Ana County to determine and prioritize social problems. The meetings were sponsored by the New Mexico Community Foundation and facilitated by Eduardo Martinez. The teen age pregnancy rate in NM was the highest in the nation and Dona Ana had the highest in NM. Ten people representing different agencies and volunteer groups stepped forward to address teen pregnancy in the form of a work group. Initial meetings produced tasks for the group including examining the sex education orientations in the school districts and the functioning of the school based health centers. Two summits were developed to bring attention to the teen pregnancy rate. Strategic plans were developed in 2008 and 2010 and updated in 2014. The Work Group has met nine times a year since its inception and has established itself as an advocacy group for the School Based Health Centers and other programs that contribute to reduction of the teen birth rate in Dona Ana.

1. In January 2007, organized community input to create a LCPS Board of Education policy to allow comprehensive sex education instead of abstinence only curriculum.
2. IN April 2007, organized community input to create a LCPS Board of Education policy to allow the School Based Health Centers to dispense contraception under the NM Family Planning Act.
3. In November 2007, sponsored a Teen Pregnancy Prevention Summit with Dr. Alfredo Vigil, Secretary of Health, as the keynote speaker. Sponsored another Summit on Teen Pregnancy in November, 2008.
4. In December, 2007 developed a Teen Pregnancy Prevention Tool Kit.
5. In Nov. 2008 met with Representative Mary Helen Garcia and developed HB 44 which required a Health course for graduation. Signed into law by Governor Richardson on March 10, 2010.
6. In Fall of 2008, received a DOH grant to develop a Teen Pregnancy Prevention video to be developed by Dona Ana Community College media and Sierra Middle School. Video won the state competition.
7. In May 2010 collaborated with Teen Pregnancy Coalition of Albuquerque in a Summit on Teen Pregnancy.
8. In June 2010 received a grant from Unidos Funders Allied with Youth to conduct sex education meetings with parents and middle school children. Meetings were held at Zia and Lynn Middle Schools.
9. 2011 -Created affiliation with NM Alliance for School Based Health Care.
10. Have always supported Legislative Bills that support Teen Pregnancy Prevention and SBHC. Have supported GRADS and School Nurses funding efforts.
11. In 2013 and 2014 have monitored and advised on teaching of Health in LCPS.
12. In 2012 and 2013 helped negotiate for the establishment of SBHC in Centennial, Mayfield and Rio Grande Prep with La Clinica and Ben Archer.
13. Presently, maintain relationships with Maternal Child and Family Border Health Advisory Coalition, LCPS School Health Advisory Council, LCPS and any organization that has an affiliation with preventing teen pregnancy.



# Dona Ana County Teen Birth Rate Trends

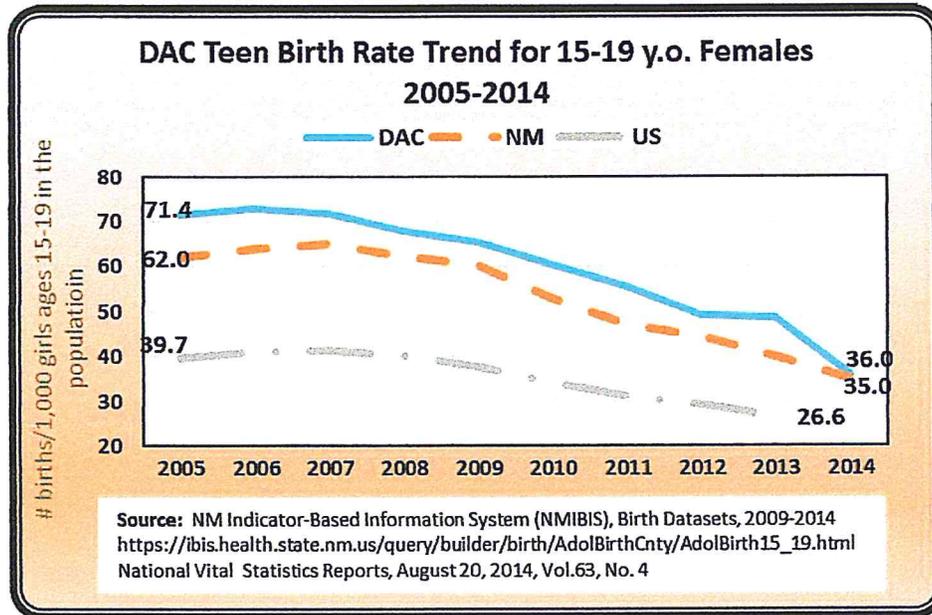
2005 -2014

Presented to the Dona Ana County Teen Pregnancy Prevention  
Workgroup, September 8, 2015.

Presented by Janet Flores, DrPH, Epidemiologist with the New  
Mexico Department of Health, SW Public Health Region.

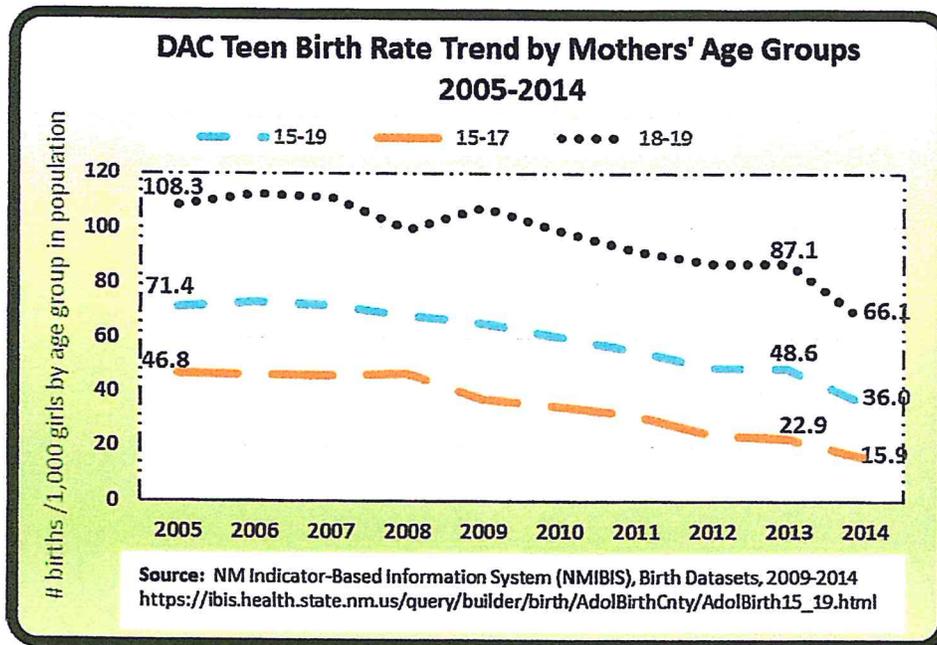


## DONA ANA COUNTY TEEN BIRTH RATE TRENDS 2005-2014



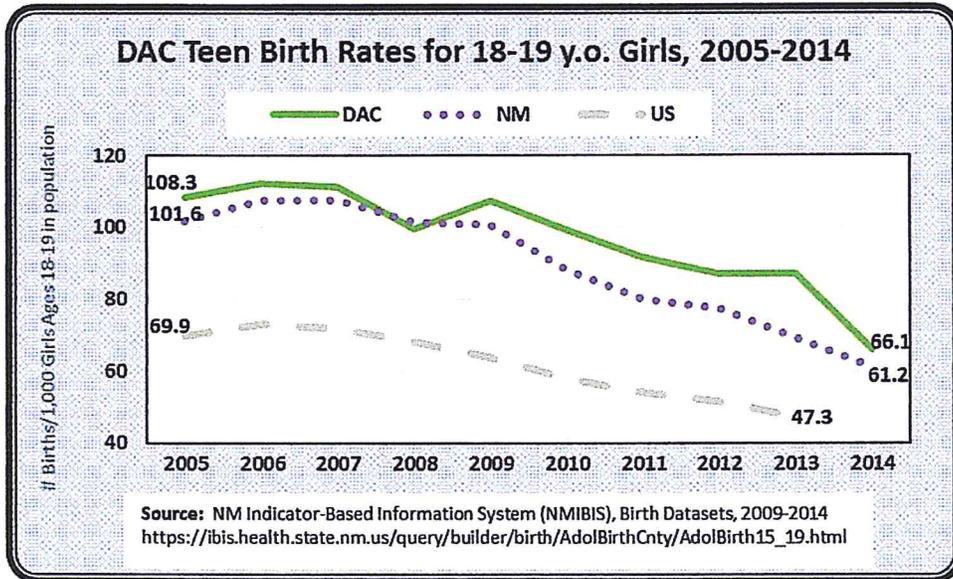
- Teen birth rates are defined as *(the number of births occurring to a specific age group of teen girls, during a specific time period, divided by the total number of girls in the same age group in the population for the same time period) x 1,000*. (i.e. In 2014 in DAC, 324 births occurred to 15-19 y.o. girls a total of 9,000 15-19 y.o. girls in DAC's population) x 1,000 = for a 2014 DAC teen birth rate of 36.0.)
- DAC teen birth rates have generally trended downward since 2007, as have those for New Mexico and the US.
- DAC teen birth rates for 15-19 year-olds have long exceeded those of New Mexico and the U.S., until 2014, when DAC and New Mexico teen birth rates nearly converged.
- The 2014 DAC teen birth rate for 15-19 year-old females represents a one-year rate decline (2013-2014) of 26%, compared to that of New Mexico (12.5%) for the same time period.
- The 2014 DAC teen birth rate also represents an overall decline of 49.6% since 2005, compared to 43.6% for New Mexico.

## DONA ANA COUNTY TEEN BIRTH RATE TRENDS BY AGE GROUP 2005-2014



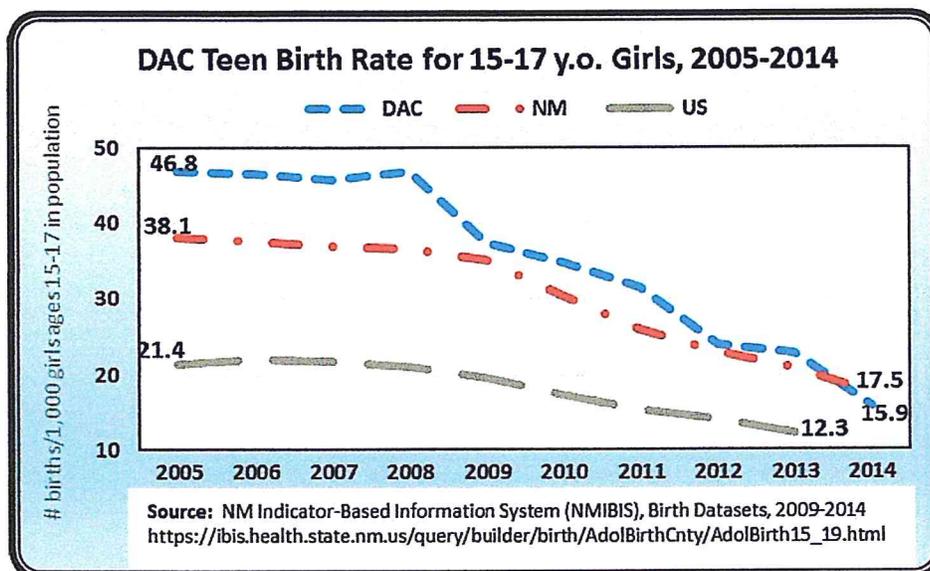
- Teen birth rates differ by the mothers' age groups. Typically, birth rates for 18-19 year-old females are significantly higher than those for 15-17 year-old females.
- 2014 DAC birth rates to DAC 18-19 year-old female residents were 4x higher than those for the DAC 15-17 year-old females.
- The 2013-2014 decline in DAC teen birth rates was 30.6% for 15-17 year-old mothers compared to a 24.1% decline for 18-19 year-old mothers.

## DONA ANA, NM, US BIRTH RATE TRENDS FOR 18-19 Y.O. MOTHERS 2005-2014



- Since 2005, DAC teen birth rates for girls ages 18-19 have exceeded birth rates for 18-19 year-old New Mexico and US girls, except for the year 2008.
- In 2008, the DAC teen birth rate for 18-19 year-old girls (99.4 births/1,000 in the population) fell below that of New Mexico 18-19 year-old girls (101.1 births/1,000 in the population).
- From 2005 to 2014, the overall decline in DAC teen birth rate to 18-19 year-old girls (39%) was very similar to the 39.8% New Mexico decline in birth rates to 18-19 year-old girls for the same time period.
- The 2013-2014 decline in DAC birth rates to 18-19 year-old girls was 24.1%, compared to the 11.7% decline for New Mexico.

## DONA ANA, NM, US BIRTH RATE TRENDS FOR 15-17 Y.O. MOTHERS 2005-2014



- Since 2005, DAC teen birth rates to girls ages 15-17 have exceeded those for New Mexico and US 15-17 year-old girls.
- Twice during this period (2009 and 2012), DAC's birth rates to 15-17 year-old girls approached New Mexico rates for the same age group.
- Not until 2014 did DAC's birth rate for 15-17 year-old girls (15.9 births per 1,000 15-17 year-old girls in the population) drop below the New Mexico rate (17.5) for the same age group.
- The overall 2005-2014 decline in DAC birth rates to 15-17 year-old girls, was 66% compared to the 54% decline for New Mexico 15-17 year-old girls in the same time period.
- The one-year 2013-2014 decline in DAC birth rates to 15-17 year-old girls was 30.5% compared to 16.3% 2013-2014 birth rate decline for New Mexico 15-17 year-old girls.

Reasons for decrease as discussed with TPPWG on September 8

1. Tppwg raised awareness of the teen birth rate being the highest in NM in 2005 and then sponsored county wide retreats in 2007 and 2008 to gather all those working with teens to discuss and strategize how to reduce the birth rate.

2. LCPS adopting comprehensive sex education in 2007 to replace abstinence only

3. LCPS adopting a policy to allow family planning to be given in SBHC

4. Making Health a required course for graduation which includes comprehensive sex education. This was signed into law in 2010

5. National trend for reduction in teen births

6. Have four SBHC funded by DOH and sponsored through CFSNM at Oate, Las Cruces, Chaparral, Gadsden high schools. La Clinica manages centers at Santa Teresa, Centennial and Rio Grande Prep high schools. Ben Archer manages a center at Mayfield. All centers do family planning.

7. Many community organizations working with youth groups have emphasized programs that emphasize waiting to become a parent

8. The GRADS program has emphasized not having a second child and has offered classes to discuss parenting and especially the role of the father.

9 Healthy Start has programs that emphasize the responsibility of being a parent and the economics of raising children.

10. High school students are more informed on contraception and are making better sexual behavior choices. Have more open discussions because of comprehensive sex ed.

# School Based Health Centers By Unduplicated Youth and Type of Visit 8.1.14 to 5.20.15

2014-  
2015

School Based Health Center	Las Cruces	Ocate	Gadsden	Chaparral	TOTALS
<b>UNDUPLICATED/ By total Student Population</b>	398/1600 (25% of pop)	621/1540 (40% of pop)	427/1575 (27% of pop)	267/1001 (26% of pop)	<b>1713*</b> (see note below)
<b>GENDER</b>					
Males (#/%)	157 (39%)	286 (46%)	227 (53%)	103 (39%)	773 (45%)
Females (#/%)	241 (61%)	335 (54%)	200 (47%)	164 (61%)	940 (55%)
<b>RACE</b>					
American Indian	0 (0%)	0 (0%)	1 (0%)	0 (0%)	1 (0%)
Asian	5 (1%)	1 (0%)	0 (0%)	0 (0%)	5 (1%)
Black/African American	13 (3%)	17 (3%)	3 (1%)	7 (3%)	39 (2%)
Hispanic	22 (6%)	26 (4%)	11 (3%)	56 (21%)	115 (6%)
Native Islander	0 (0%)	1 (0%)	0 (0%)	0 (0%)	1 (0%)
White	354 (89%)	576 (93%)	412 (96%)	33 (12%)	1375(80%)
Unknown/Other	4 (1%)			171 (64%)	175 (10%)
<b>ETHNICITY</b>					
Hispanic/Latino	282 (71%)	443 (71%)	404 (95%)	241 (90%)	1370 (80%)
Not Hispanic	89 (22%)	149 (24%)	11 (3%)	23 (9%)	272 (16%)
Not Specified	27 (7%)	29 (5%)	12 (3%)	3 (1%)	71 (4%)
<b>TYPE OF VISIT</b>					
Behavioral Health	495 (45%)	690 (45%)	648 (57%)	194 (34%)	2027 (46%)
EPSDT/Well Child-Preventative	203 (19%)	225 (15%)	218 (19%)	221 (39%)	867 (20%)
Family Planning	268(24%)	208 (13%)	105 (9%)	102 (18%)	683 (15%)
Other Screening		19 (1%)	37 (3%)	0 (0%)	56 1%)
Primary Care	115 (10%)	215 (14%)	60 (5%)	50 (9%)	440 (10%)
Sports Physicals	15 (1%)	187 (12%)	65 (6%)		267 (6%)
Immunizations					0 (0%)
TOTAL Visits (av. # visits)	1096 2.7	1544 2.4	1133 2.6	567 2.1	<b>4340</b> 2.53
Insurance Type	Medicaid:	Medicaid: 38%	Medicaid:	Medicaid:	Med:

## School Based Health Centers By Unduplicated Youth and Type of Visit 8.1.14 to 5.20.15

2014-  
2015

Medicaid	53%	Private: 41%	65%	56%	51%
Private	Private:	Uninsured: 2%	Private:	Private:	Private:
Uninsured	15%	Unknown:	20%	1%	24%
	Unknown:	19%	Unknown:	Unknown:	Uninsured: 1
	28%		15%	43%	%
	Uninsured:				Unknown:
	3%				24%

(\*NOTE: Does not include 203 students participating in ACTION PAC. Adding these students increases the total number of students served by 203: 92 at Las Cruces; 38 at Oate; 25 at Gadsden; 48 at Chaparral. Thus, **including ACTION Pac students makes total served: 1916.**)