

# Teen Pregnancy

Grays Harbor County  
Public Health and Social Services  
Winter 2009

## **Report Prepared By**

Brianne Probasco

Technical support from Carrie McLachlan, Island County Public Health

## **Department Director**

Joan Brewster

## **Health Officer**

John Bausher, MD, PhD

## **Board of Health**

Mike Wilson, *Chair*

Al Carter, *Member*

Terry Willis, *Member*

The mission of the Grays Harbor County Public Health and Social Services Department is to collaborate with community partners to effectively promote, improve, and protect the mental and physical health and safety of Grays Harbor County residents in a way that respects the culture of our community.

# Contents

## **Introduction 1**

## **Public health implications of teen childbearing 2**

Economic Impacts 2

Youth Success 2

Babies at Risk 2

## **Quantitative Data 3**

Aged 10-19 3

Aged 10-14 3

Aged 15-17 3

Aged 18-19 4

## **Community Resources 4**

Sexuality Education in Grays Harbor County Schools 5

Youth Development Program 6

Reproductive Health Services 6

## **Community Needs and Recommendations 7**

## **Conclusion 8**

## **References and Data Notes 9**

## Introduction

Since 1990, the teen pregnancy rate in Grays Harbor County has declined by 47%.<sup>1</sup> This impressive decline means better outcomes for our youth and our communities. Despite this good news, Grays Harbor County continues to have higher rates of teen pregnancy than Washington State. Because early pregnancy and childbearing are closely linked to many critical social issues including poverty, overall child well-being and workforce development, preventing teen pregnancy remains a priority for Grays Harbor County Public Health and Social Services Department. This report serves to guide the Department's strategic plan for preventing teen pregnancy in Grays Harbor County.

This report is also intended to increase discussion throughout our communities of issues affecting the health of our youth. Research has identified over 500 risk and protective factors that influence teens' sexual choices.<sup>2</sup> These factors include teens' community environment and their connection to school or other organizations that discourage risky behavior and encourage responsible behavior. As a community, we need to send clear, consistent messages about appropriate sexual behavior and the consequences of unhealthy choices.

Grays Harbor County Public Health and Social Services Department is available to help your family or organization create a message about safe and responsible teen sexuality. For assistance or more information please contact Grays Harbor County Public Health and Social Services Department by mail at 2109 Sumner Avenue, Aberdeen, WA 98520 or by phone at (360) 532-8631 (toll free at (800) 464-7277).

Grays Harbor County Public Health and Social Services Department would like to thank the many school counselors, teachers, pharmacists, and health care providers who contributed their time and expertise to this report. Your efforts in protecting the health and safety of our youth are greatly appreciated.

## Public Health Implications of Teen Childbearing

Teen pregnancy is much more than a reproductive health issue; it is both the cause and consequence of many critical public health issues including poverty, child well-being and workforce development.<sup>3</sup>

Because teen pregnancy is intricately connected to a number of other issues, it is often difficult to determine those outcomes that are due to the mother's young age and those outcomes that are due to other risk factors. In other words, some youth may have poor outcomes no matter when their children are born.

Still, the public health impacts of teen childbearing cannot be overlooked; in fact, it is teen pregnancy's intricate connection to a host of other public health issues that makes its prevention so important for our communities.

### Economic Impacts

In 2004, teen childbearing cost Washington State residents \$115 million in public assistance to teen parents and their children (e.g., medical care, foster care, housing assistance, food stamps, etc.) and lost tax revenue due to the lower earnings of teen parents and their adult children.<sup>4</sup> Grays Harbor County residents bore over \$2 million of these costs.

Preventing teen pregnancy is a good investment. The 42% decline in teen birth rates from 1991-2004 resulted in a savings of \$116 million to Washington State taxpayers.<sup>4</sup>

### Youth Success

The amount of schooling a young person obtains influences their future income, risk of poverty and welfare dependence and their overall quality of life. Research shows that the more education a person has, the higher their earnings regardless of sex or race.<sup>5,6</sup>

Teen mothers as well as their children have greatly reduced odds of completing high school and of attending college and thus are at greater risk of living in poverty. In fact, 66% of families begun by a young unmarried mother are poor.<sup>3</sup>

*“Teen pregnancy's intricate connection to a host of other public health issues makes its prevention so important to our communities.”*



### Babies at Risk

The children of teen mothers have significantly increased health risks.

- Teen mothers are more likely to smoke during pregnancy.<sup>7</sup>
- Teen mothers are less likely to receive prenatal care during the first trimester of pregnancy.<sup>8</sup>
- The children of teen mothers are more likely to be low-birth weight babies.<sup>9</sup>
- The infant mortality rate of children born to teen mothers is significantly higher.<sup>10</sup>

Preventing teen pregnancy is not only critical to improving the lives of the young men and women in our community, but also the lives of our children.

## Quantitative Data

### Aged 10-19

#### Fast Facts<sup>1</sup>

- In 2007 there were 148 teen pregnancies in Grays Harbor County; 117 or 79% resulted in live births.
- In 2007 Grays Harbor County had the 16th highest teen pregnancy rate of all 39 Washington State counties.
- Since 1990 the teen pregnancy rate in Grays Harbor County has declined by 47% but continues to be higher than the Washington State teen pregnancy rate.
- Since 2000, Hispanic teens in Grays Harbor County have had a significantly higher birth rate than all teens in Grays Harbor County. In 2007, the birth rate for Hispanic teens was over two times the birth rate for all teens (55.91 vs. 23.71 per 1,000 females aged 10-19).

Table 1. Teen Pregnancy Rates, 2007  
(per 1,000 females aged 10-19)

Grays Harbor County	30.00
Washington State	27.58

Source: Washington State Department of Health, Center for Health Statistics.

### Aged 10-14

Pregnancies among 10-14 year olds are rare; between 1981 and 2007 the number of such pregnancies each year in Grays Harbor County has varied between 2 and 9.<sup>1</sup>

### Aged 15-17

#### Fast Facts<sup>1</sup>

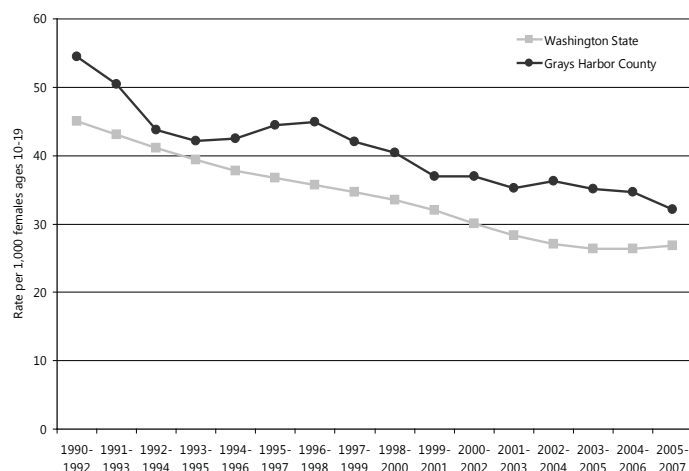
- In 2007 there were 50 pregnancies among females aged 15-17 in Grays Harbor County; 39 or 78% resulted in live births.
- In 2007 Grays Harbor County had the 13th highest pregnancy rate of females aged 15-17 of all 39 Washington State counties.
- The pregnancy rate of females aged 15-17 in Grays Harbor County reached an all-time low in 2006 but has since increased by 5%. Overall, the rate has declined by 60% since 1990 but continues to be higher than the Washington State rate.

Table 2. Pregnancy Rates, 2007  
(per 1,000 females aged 15-17)

Grays Harbor County	30.25
Washington State	28.56

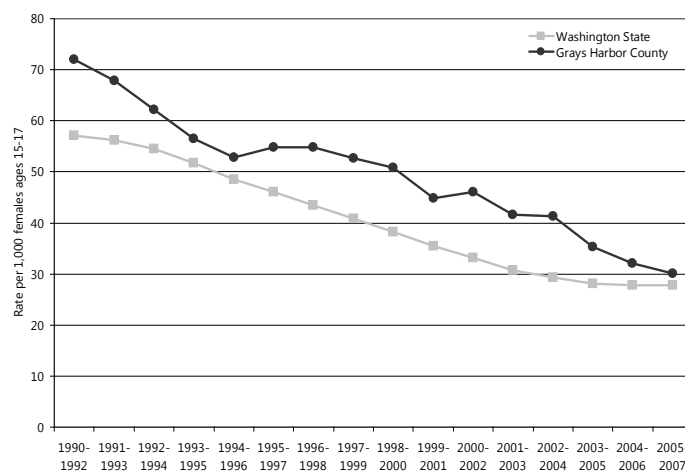
Source: Washington State Department of Health, Center for Health Statistics.

Figure 1. Pregnancies, Females ages 10-19, Washington State, Grays Harbor County, 1990-2007, Three-Year Rolling Averages



Source: Washington State Department of Health, Center for Health Statistics

Figure 2. Pregnancies, Females ages 15-17, Washington State, Grays Harbor County, 1990-2007, Three-Year Rolling Averages



Source: Washington State Department of Health, Center for Health Statistics

## Aged 18-19

### Fast Facts<sup>1</sup>

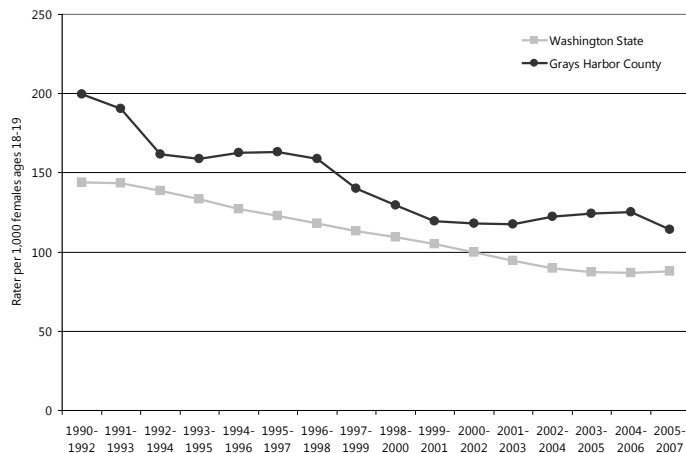
- In 2007 there were 96 pregnancies among females aged 18-19 in Grays Harbor County; 77 or 80% resulted in live births.
- In 2007 Grays Harbor County had the 17th highest pregnancy rate of females aged 18-19 of all 39 Washington State counties.
- Since 1990, the pregnancy rate of females aged 18-19 in Grays Harbor County has declined by 47% but continues to be higher than the Washington State rate.
- Since 2003, Hispanic females aged 18-19 in Grays Harbor County have had a significantly higher birth rate than all teens aged 18-19 in Grays Harbor County. In 2007, the birth rate for Hispanic teens aged 18-19 was 3.5 times the birth rate for all teens aged 18-19 (290.55 vs. 83.00 per 1,000 females aged 18-19).

Table 3. Pregnancy Rates, 2007  
(per 1,000 females aged 18-19)

Grays Harbor County	103.48
Washington State	89.08

Source: Washington State Department of Health, Center for Health Statistics.

Figure 3. Pregnancies, Females ages 18-19, Washington State, Grays Harbor County, 1990-2007, Three-Year Rolling Averages



Source: Washington State Department of Health, Center for Health Statistics

## Community Resources

Research has shown that a limited number of programs can be effective in preventing teen pregnancy.<sup>2</sup> These programs fall into one of four broad categories:

1. Curriculum-based sexuality education that includes information about abstinence as well as contraceptive use and effectiveness. Effective curriculum-based programs share a number of common characteristics that may apply to community-based programs as well. These include:
  - The program relays a clear message that abstaining from sex or using contraception consistently is the right thing to do.
  - The program lasts for a sufficient length of time.
  - Program facilitators are carefully chosen and provided adequate training.
  - Program participants are actively engaged and provided opportunities to personalize the information.
  - The program addresses peer pressure and how to effectively handle it.
  - The program teaches communication skills.
  - The program reflects the characteristics of the participants.
2. Youth development programs that focus on keeping youth engaged in their schools and communities. These programs typically include community service and may also include sexuality education.
3. Programs that engage adolescent girls in a broad-range of activities that help them think about and plan for their future.
4. Teen clinic programs that provide teens with reproductive health services and products. Characteristics common to effective clinic-based programs include:
  - Longer appointments and individual counseling about the teen's own behavior.
  - Supplemental educational programs such as workshops.
  - A wide range of medical services that go beyond reproductive health.
  - Maintain confidentiality.
  - Free or low cost services.
  - Convenience (e.g., located near schools, offers walk-in or extended hours).
  - Flexible medical protocols (e.g., spreading the initial visit over two appointments).
  - Education about reproductive health skills (e.g., how to use a condom, how to avoid risky sexual encounters).
  - Referrals for needed services, such as mental health or substance abuse.
  - Active outreach.

Grays Harbor County is fortunate to have several youth-serving community resources that display many of the characteristics of effective teen-pregnancy prevention programs.

## Sexuality Education in Grays Harbor County Schools

In the spring of 2008 Grays Harbor County Public Health and Social Services Department conducted a mail survey of all school districts in Grays Harbor County regarding their sexuality education curricula.

### Survey Methods

Sexuality education was defined as teaching about a wide variety of topics that influence human sexuality such as human development (e.g. puberty), HIV/AIDS, and contraception.

Because most schools districts have separate buildings for elementary, junior, and senior high grades, each district was surveyed at the building-level. Surveys mailed to elementary schools were addressed to School Counselor while surveys mailed to junior and senior high schools were addressed to Health Teacher. Twenty-nine of the 33 school buildings in Grays Harbor County returned a completed survey for a response rate of 88%.

The results indicate that a majority of students in Grays Harbor County do receive some formal sexuality education.

### At what grade level is sexuality education provided in our schools?

- 67% of elementary schools offer sexuality education, with the majority offering it to 5th- and 6th-grade students.
- 67% of junior highs offer sexuality education.
- 92% of high schools offer sexuality education with the majority offering it to 9th- and 10th-grade students.

### Who teaches sexuality education in our schools?

Schools across Grays Harbor charge a wide variety of staff with providing sexuality education.

- Health teacher (42%)
- Classroom teacher (38%)
- School nurse (35%)
- Guest speaker, e.g., staff from Grays Harbor County Public Health and Social Services Department (19%)
- Science teacher (12%)
- PE teacher (4%)
- Family and Consumer Science teacher (4%)
- School counselor (4%)

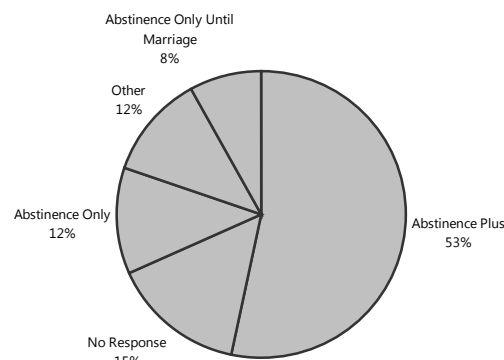
### What is the philosophy of our schools' sexuality education curricula?

There are three philosophies regarding sexuality education:

1. *Abstinence Only Until Marriage*: Students are taught that sexual activity outside of marriage is harmful.
2. *Abstinence Only*: When discussing pregnancy and sexually transmitted diseases, abstinence is the only prevention information discussed.
3. *Abstinence Plus or Comprehensive*: Abstinence is stressed, and information on birth control and condom usage to prevent the spread of sexually transmitted diseases is also included.

The majority of schools in Grays Harbor County align their sexuality education curricula with the Abstinence Plus or Comprehensive philosophy.

Figure 4. Philosophy of Sexuality Education Curricula in Grays Harbor County Schools, 2007-2008



### What topics do our schools cover in their sexuality education curricula?<sup>11</sup>

The topics that are covered in a school's sexuality education curriculum vary by grade level. However, the AIDS Omnibus Act of 1988 mandates all public schools in Washington State to provide HIV/AIDS education to 5th- through 12th-graders on a yearly basis.

#### Elementary

- All teach HIV/AIDS
- Most teach abstinence.
- Some teach STDs, refusal and negotiation skills, personal values and goal setting, decision-making skills, and human development/puberty.
- A few teach local resources for sexual health, condom use and effectiveness, hormonal contraceptive use and effectiveness, and media awareness.

#### Junior/Senior High

- All teach abstinence.
- Most teach HIV/AIDS, condom use and effectiveness, hormonal contraception use and effectiveness, refusal and negotiation skills, personal values and goal setting, and decision-making skills.
- Some teach local resources for sexual health and media awareness.
- A few teach pregnancy options.

### How have our schools responded to the Healthy Youth Act?

The Healthy Youth Act of 2008 mandates that if schools provide sexuality education, it must be medically and scientifically accurate and include information on abstinence as well as all FDA approved contraceptives. In other words, if schools provide sexuality education, they must adopt an Abstinence Plus or Comprehensive philosophy. Only 42% of schools in Grays Harbor County indicate that they plan to implement the Healthy Youth Act.



## Grays Harbor County Public Health and Social Services Department's Youth Development Program

Since 2001, Grays Harbor County Public Health and Social Services Department has facilitated a youth development program designed to prevent adolescent pregnancy. In addition to providing Abstinence Plus sexuality education and one-on-one advocacy for obtaining reproductive health services, the youth development approach provides adolescents with opportunities to develop life skills that will help them achieve career and life goals.

Public health educators implement the *Girls Inc.* curricula for girls ages 9-18 and the *4 the Guys* curriculum for boys ages 12-18. Topics covered include abstinence, local resources for sexual health, STD prevention, HIV/AIDS prevention, condom use and effectiveness, hormonal contraceptive use and effectiveness, refusal skills and negotiation skills, communication skills, personal values and goal setting, media awareness, decision-making skills, and human development.

Over the last seven years, hundreds of adolescents across Grays Harbor County have participated in the youth development program. Although Grays Harbor County Public Health and Social Services Department currently facilitates the program in the Aberdeen School District only, the program model is available for any interested community agency to adopt.

### Reproductive Health Services

In the autumn of 2008 Grays Harbor County Public Health and Social Services Department conducted a mail survey of all primary health care providers and pharmacies in Grays Harbor County regarding the reproductive health services and products they offer to teens (clients under the age of 20).

#### Survey Methods

Surveys mailed to primary health care providers were addressed to the provider by name while surveys mailed to pharmacies were address to Head Pharmacist. Fifty-nine of the 67 primary health care providers in Grays Harbor County returned a completed survey for a response rate of 88%. Twelve of the 15 pharmacies in Grays Harbor County returned a completed survey for a response rate of 80%.

Results indicate that a majority of primary health care providers and all pharmacies in Grays Harbor County provide reproductive health services and products to teens.

#### Primary health care providers

What reproductive health services and/or products do local health care providers provide to teens (clients under the age of 20)?

- 92% provide reproductive health exams, including Pap smears.
- 85% provide birth control pill samples and/or prescriptions.
- 81% provide Depo-Provera (3-month injectable birth control).
- 76% provide counseling about abstinence.
- 73% provide birth control patch samples and/or prescriptions.
- 69% provide birth control vaginal ring samples and/or prescriptions.
- 58% provide emergency contraception pill samples and/or prescriptions.
- 32% provide a referral to another provider, if needed.
- 25% provide male condom samples.
- 5% provide female condom samples.
- 3% provide other services including counseling about safer sex practices, STIs, personal safety, and anticipatory guidance.
- 10% do not provide reproductive health services or products to teens.
- 0% provide abortion services.

Do local health care providers offer walk-in hours for teens?

- 20% of providers offer walk-in hours.

What types of financial coverage do local health care providers accept for teens?

- 92% accept private insurance.
- 90% accept Medicaid (state- and federal-sponsored health insurance).
- 85% accept self-pay.
- 83% accept Basic Health (state-sponsored health insurance).
- 32% accept sliding fee.

Do local health care providers notify the parents/guardians of teens who are seeking reproductive health services and/or products?

- 73% do not notify parents/guardians.
- 2% do notify parents/guardians.
- 15% notify parents/guardians sometimes, with some providers noting that they get patient permission first.

### Pharmacies

What birth control products do local pharmacies dispense to teens (clients under the age of 20)?

- 100% dispense birth control pills.
- 100% dispense birth control patches.
- 100% dispense Depo-Provera (3-month injectable birth control).
- 92% dispense birth control vaginal rings.
- 83% dispense emergency contraception pills.
- 75% dispense male condoms.
- 25% dispense female condoms.
- 17% will refer to another pharmacy (if out of stock or if needed).
- 17% will refer to a health care provider or community agency (if patient needs prescription or help paying for products).
- 8% dispense other birth control products, including spermicide.

Do local pharmacies require a prescription to dispense emergency contraception pills to teens aged 18-19?

- 100% do not require a prescription to dispense emergency contraception pills to teens aged 18-19.

What types of financial coverage do local pharmacies accept for teens?

- 100% accept private insurance.
- 100% accept Medicaid (state- and federal-sponsored health insurance).
- 100% accept Basic Health (state-sponsored health insurance).
- 100% accept self-pay.

Do local pharmacies notify the parents/guardians of teens who are seeking reproductive products?

- 100% do not notify parents/guardians.

Do local pharmacies have private spaces for counseling clients?

- 75% do have private spaces for counseling clients.
- 25% do not have private spaces for counseling clients.

### Grays Harbor County Public Health and Social Services Department's Family Planning Clinic

Grays Harbor County Public Health and Social Services Department's Family Planning Clinic provides publicly supported reproductive health services and products to teens and adults who have Medicaid or Basic Health coverage or who qualify for a sliding fee scale.

In 2007, 36% of the clients served at Grays Harbor County Public Health and Social Services Department's Family Planning Clinic were teens. Over the last five years, though, the number of teens served by Grays Harbor County Public Health and Social Services Department's Family Planning Clinic has declined by 23%, with the biggest decline (32%) in services to teens aged 18-19.

Table 4. Number of Teen Clients by Age and Pregnancies Averted, Grays Harbor County Public Health and Social Services Department's Family Planning Clinic, 2003-2007

	<15	15-17	18-19	Total	Pregnancies averted (estimated)
2003	27	323	395	745	217
2004	29	341	357	727	***
2005	41	322	319	682	192
2006	43	277	301	621	152
2007	32	275	269	576	142

\*\*\* Data not available

Source: Grays Harbor County Public Health and Social Services Department, Family Planning Clinic

## Community Needs and Recommendations

### Hispanic Teens

The Hispanic population in Grays Harbor County increased by 49% between 2000 and 2007 and currently accounts for 7% of the total population in Grays Harbor County.<sup>12</sup> Nationally, Hispanic teens have a birth rate that is nearly twice the national average. Hispanic teens aged 18-19 in Grays Harbor County, however, have a birth rate that is over 3.5 times the county average. This alarming discrepancy calls for an increased focus on the needs of Hispanic teens in our communities. A handful of programs have evidence of success addressing the high rate of teen pregnancy among Latinos;<sup>13</sup> further research into these programs may indicate a good fit for our communities so that we can work to close this gap.

### Healthy Youth Act

It is critical that local students continue to receive the information they need to make safe, healthy choices. Although 58% of schools in Grays Harbor County consider their sexuality education curriculum to be consistent with an Abstinence Plus or Comprehensive philosophy, only 42% of schools plan to implement the Healthy Youth Act.

Since a majority of schools in Grays Harbor County indicate that they already have curricula in place that satisfies the requirements of the Healthy Youth Act, it is unclear why these schools do not plan to implement the Healthy Youth Act.

In the spring of 2008, Grays Harbor County Public Health and Social Services Department offered all school districts in Grays Harbor County individualized assistance in developing sexuality education curricula that meets the legislation and by the end of the 2008-2009 school year, Grays Harbor County Public Health and Social Services Department will offer local educators two sexuality education-based training opportunities.

It is important that Grays Harbor County Public Health and Social Services Department continue to advocate for implementation of the Healthy Youth Act in local schools and seek to address concerns local educators may have about the legislation so that the adoption of the Healthy Youth Act can be an opportunity for increased sexuality education among Grays Harbor County students.

## **Access to Publicly Supported Contraceptives Services and Products**

Many teens in need of contraceptive services and products must turn to publicly-supported clinics for a variety of reasons including low income, lack of health insurance, or a need to maintain confidentiality (e.g., if a teen obtains contraceptive services or products covered by their parents' health insurance plan, the parents may be indirectly notified when they receive an explanation of benefits statement from their health insurance company). Public funding for contraceptive services and products come from a variety of state and federal sources including Medicaid, Title X of the Public Health Service Act, the Maternal and Child Health Block Grant, the Social Services Block Grant, and Temporary Assistance for Needy Families.

Over the last five years, the number of adolescent clients served by Grays Harbor County Public Health and Social Services Family Planning Clinic has declined by 23%, with the biggest decline (32%) in services to adolescents aged 18-19, a group that has higher teen pregnancy rates than younger adolescents. The reasons for this decline are unclear.

What is clear is that teens in the most rural areas of Grays Harbor County, including those in the Lake Quinault school district, must travel for at least an hour one-way to access reproductive health services. Mobile clinics and outreach to teens in rural areas would increase access to the health services teens need. Extended hours or walk-in hours may also increase access for all teens, including those living in the more suburban areas.

*“Grays Harbor County Public Health and Social Services Department remains committed to further reducing teen pregnancy in our communities.”*

## **Conclusion**

Grays Harbor County has made dramatic declines in teen pregnancy over the last 18 years thanks to the dedication of our schools, our health care providers, and other youth-serving agencies to the well-being of our children. Fewer teen pregnancies mean improved outcomes for all of our children and young adults.

There is still more work to do and Grays Harbor County Public Health and Social Services Department remains committed to further reducing teen pregnancy in our communities. As we look ahead, three areas warrant further attention:

1. The higher rate of births among Hispanic teens.
2. Local schools' reluctance to implement the Healthy Youth Act.
3. Limited access to reproductive health services and products in the more rural areas of Grays Harbor County.

We must remember that teen pregnancy is not simply a reproductive health issue; it is intricately connected to a host of other social issues and research tells us that successful prevention programs require thoughtful collaboration among community agencies. Together, we can make further strides in reducing teen pregnancy and increasing youth success.

## References and Data Notes

1. Washington State Department of Health, Center for Health Statistics. Abortion Report Records, 1990-2007. Vista PHW 7.3.0.4 (2008). **Rates:** In order to make comparisons of Grays Harbor County to the State, rates are used. A rate is the number of events (such as pregnancies) in a specific time period divided by the number of people at risk for these events for that period; for example the number of licensed drivers in Grays Harbor County. This figure is generally multiplied by a constant such as 1,000 or 100,000 to get a number that is easy to read and compare and is reported as "per 1,000" or "per 100,000". Statisticians agree that reliable rates cannot be calculated for less than five occurrences of any event during a given time period. **Rolling averages:** When numbers of events reported are small, rates can fluctuate widely from year to year. The effect of such fluctuations is larger when the population being examined is small. To stabilize the rate in order to make meaningful observations about the trend over time, the rates are combined into "rolling averages". For example, instead of using data points for 2000, 2001, 2003, etc., data points would be presented for 2000-2002, 2001-2003, 2002-2004, etc.
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11. **All:** 100% of respondents  
**Most:** 50-99% of respondents  
**Some:** 25-49% of respondents  
**A few:** 1-24% of respondents  
**None:** 0% of respondents
12. Pew Hispanic Center. (2007). Grays Harbor County Demographic Profile. Retrieved November 21, 2008 from <http://pewhispanic.org/>
13. The National Campaign to Prevent Teen Pregnancy. (2007). Effective and Promising Teen Pregnancy Prevention Programs for Latino Youth.