

**TEENAGE PREGNANCY AND PARENTING:
ASSESSING AND ADDRESSING CALIFORNIA DATA
SOURCES AND GAPS**

POLICY ROUNDTABLE BRIEFING REPORT

SACRAMENTO, CALIFORNIA

OCTOBER 1996

**TEENAGE PREGNANCY AND PARENTING:
ASSESSING AND ADDRESSING CALIFORNIA DATA
SOURCES AND GAPS**

POLICY ROUNDTABLE BRIEFING REPORT

**M. Anne Powell, M.S.W., Project Director
California Family Impact Seminar
California State Library Foundation
Sacramento, California
October 1996**

COPYRIGHT ©1996. California State Library Foundation, Sacramento, California. All rights reserved.

The California Family Impact Seminar provides nonpartisan information to government officials and policymakers concerning issues affecting children and families in California. CAFIS is a joint project of the California State Library Foundation and the California Research Bureau in the California State Library. CAFIS is affiliated with the federal Family Impact Seminar in Washington, D.C., and is part of a network of state Family Impact Seminars. The California Family Impact Seminar is located at 900 N Street, Suite 300, Sacramento, California, 95814, and can be reached by telephone, (916) 653-7653, or on the Internet, at apowell@library.ca.gov.

The Teenage Pregnancy and Parenting Data Project, including the July 25, 1996, *CAFIS Teenage Pregnancy and Parenting Policy Roundtable: Assessing and Addressing Data Sources and Gaps* and this report, were made possible by the generous support of The California Wellness Foundation and the Alliance Healthcare Foundation.

Copies of *Teenage Pregnancy and Parenting: Assessing and Addressing California Data Sources and Gaps Policy Roundtable Briefing Report*, may be obtained by contacting the California State Library Foundation. Portions of the report may be photocopied for educational, teaching, and dissemination purposes provided that proper attribution is given to the California State Library Foundation and the California Family Impact Seminar.

ISBN: 0-929722-95-7
CAFIS-96-05

California State Library Foundation
1225 8th Street, Suite 345
Sacramento, California 95814
(916) 447-6331

M. Anne Powell, M.S.W.
Project Director
California Family Impact Seminar

Vickie J. Lockhart
Executive Director
California State Library Foundation

Dr. Kevin Starr
State Librarian of California

ACKNOWLEDGMENTS

This project was made possible by grants from The California Wellness Foundation and the Alliance Healthcare Foundation, and is part of a continuing California Family Impact Seminar series on teenage pregnancy and parenting.

The project has benefited from the valuable contributions of ideas and guidance offered by a number of state government officials and policymakers. In particular, special thanks to Jane Boggess, Ronda Simpson-Brown, Kim Connor, Michael Kassis, Daniel Kim, and Werner Schink.

Special acknowledgment goes to: Dr. Jennifer Frost from the Alan Guttmacher Institute in New York City; Dr. Barbara Sugland from Child Trends, Inc., in Washington, D.C.; Dr. Henry Brady from the University of California, Berkeley Data Archive and Technical Assistance; and Jane Mauldon from the U.C. Berkeley Graduate School of Public Policy. The body of this report is in large part composed of their excellent presentations at the July 25, 1996, *CAFIS Teenage Pregnancy and Parenting Policy Roundtable: Assessing and Addressing Data Sources and Gaps*. Appreciation is also due to the 48 state officials, researchers and others who participated in the policy roundtable, and who developed the conclusions and recommendations.

Several printed sources contributed significantly to the initial development and preparation of the data inventory. These include: *Guide to California Health Data Sources*, published by Blue Cross of California; California Health Information for Policy Project's *California Health Information Database Inventory*; and the data inventory compiled by the State Department of Health Services' Office of Women's Health. Special acknowledgment and appreciation goes to Alice Van Ommeren. Alice reviewed the above mentioned inventories, surveyed the state-level source agencies for complete and up-to-date information, and then compiled the data inventory profiles presented in this report along with descriptions of federal and other data sources. Appreciation is also due to staff within state agencies who provided information for the data inventory profiles, including 16 programs within the California Departments of Education and Health Services.

Finally, thanks to researchers in the California State Library's California Research Bureau: Dr. David Illig for his assistance in identifying and describing a number of federal data activities, and explaining many of the complex issues associated with analyses which rely on multiple data sources; Dr. Elias Lopez who assisted in identifying and explaining census data; and Mr. Marcus Nieto who assisted in identifying criminal justice data sources.

TABLE OF CONTENTS

ACKNOWLEDGMENTS.....	i
INTRODUCTION	1
Policy Roundtable.....	2
The Report	2
ABOUT THE POLICY ROUNDTABLE PRESENTERS	5
CHAPTER I: A NATIONAL RESEARCHER’S EXPERIENCE WITH CALIFORNIA DATA.....	7
JENNIFER J. FROST, DR.P.H., THE ALAN GUTTMACHER INSTITUTE	
The Alan Guttmacher Institute (AGI).....	7
<i>AGI Teenage Sexuality, Pregnancy and Childbearing Research</i>	7
<i>Datasets Used in AGI Studies</i>	7
Data Needed to Understand Trends in Teenage Pregnancy and Childbearing	8
<i>Levels of Sexual Activity Among Teens</i>	8
<i>Contraceptive Use Levels</i>	8
<i>Pregnancy Intentions Among Teens</i>	9
<i>Pregnancy Rates Among Teens</i>	9
<i>Abortion Rates Among Teens</i>	9
<i>Birth Rates Among Teens</i>	10
Factors Affecting Teenagers’ Pregnancy Decisions: A California Study	10
California Data Collection Recommendations.....	11
CHAPTER II: USING NATIONAL DATA SOURCES AND THE FEDERAL MOVEMENT TOWARD STATE-BASED DATA SYSTEMS	13
BARBARA W. SUGLAND, M.P.H, SC.D., CHILD TRENDS, INC.	
National Data Resources	13
<i>National Data: Robin Hood Foundation’s Kids Having Kids Report</i>	14
<i>Limitations with National Datasets</i>	15
<i>Key National Datasets</i>	16
<i>Vital Statistics and Natality Data</i>	17
<i>National Survey of Family Growth (NSFG)</i>	18
<i>National Longitudinal Survey of Youth (NLSY)</i>	18

<i>National Longitudinal Survey of Youth—Child Supplement (NLSY-CS)</i>	19
<i>National Education Longitudinal Study (NELS)</i>	19
Changes in National Data Collection.....	19
CHAPTER III: USING MULTIPLE DATA SOURCES FOR DETERMINING SOCIAL AND DEMOGRAPHIC CONDITIONS AND FOR PUBLIC POLICY ANALYSIS	21
DR. HENRY BRADY, UC DATA	
What is UC DATA?.....	21
Databases for the Work Pays Demonstration Project.....	22
<i>Figure I-1. Work Pays Demonstration Project: Relationships Between Components</i>	23
<i>Figure I-2. California Welfare Research Databases</i>	24
Comparing Administrative and Survey Data.....	25
<i>Figure I-3. Administrative Databases versus Sample Survey</i>	26
Answering Questions With Data	27
<i>Figure I-4. Percentages of Children on AFDC as of January 1994, for all counties</i>	28
<i>Figure I-5. Longitudinal Database: Some Typical Questions</i>	30
<i>Figure I-6. Questions on English/Spanish and Foreign Language Panel Survey</i>	31
<i>Figure I-7. English/Spanish and Foreign Language Panel Survey: Some Questions</i>	32
Preliminary Final Thoughts	32
DR. JANE MAULDON, U.C. BERKELEY GRADUATE SCHOOL OF PUBLIC POLICY	
Cal-Learn	34
Prospective Study of Teens in Families Receiving Welfare	36
Unappealing Choices and Limited Information: Low Income Women’s Experiences with Family Planning.....	36
CHAPTER IV: POLICY ROUNDTABLE CONCLUSIONS AND POLICY AND PROGRAM OPTIONS	39
The Data Challenge	39
<i>The Need for Analyzing Multiple Datasets</i>	39
<i>Limited Availability of Population Based Data</i>	39
<i>Lack of Uniformity in Definitions</i>	39
<i>Special Population Considerations</i>	39
Policy Roundtable Conclusions and Enhancement Options.....	40
<i>Need for Comprehensive Data Report</i>	40
<i>Lack of Standardized Data Element Definitions and Measures</i>	40
<i>Gap in Small Area Analysis Capacity</i>	41
<i>Child Well-Being Status Unknown</i>	41
<i>Access to Evaluation Results Needed</i>	41

<i>Gap in Abortion Data</i>	42
<i>Applicability of National Survey Data to California</i>	42
<i>Educational Attainment of Mothers</i>	42
<i>Age-Based for Teen Mothers</i>	42
<i>Potential for Standardized National Dataset</i>	43
CHAPTER V: DATA INVENTORY AND PROFILES	45
DATA INVENTORY	45
California Data.....	45
<i>California Department of Education</i>	45
<i>State Attorney General’s Office</i>	46
<i>California Department of Finance</i>	46
<i>California Department of Health Services</i>	46
<i>California Department of Social Services</i>	47
National Level Databases	47
<i>U.S. Bureau of Justice Statistics</i>	47
<i>U.S. Department of Commerce, Bureau of the Census</i>	48
<i>U.S. Department of Education National Center for Education Statistics</i>	48
<i>U.S. Department of Health and Human Services Health Care Finance</i> <i>Administration</i>	48
<i>U.S. Department of Justice</i>	49
<i>U.S. Department of Labor</i>	49
<i>Alan Guttmacher Institute</i>	49
<i>American Association of University Women</i>	50
<i>Gallup International Institute</i>	50
<i>Manpower Demonstration Research Corporation (MDRC)</i>	50
<i>University of California, Berkeley</i>	50
SELECTED STATE DATA PROFILES	51
NATIONAL LEVEL DATABASES	75
U.S Bureau of Justice Statistics.....	75
<i>Child Rape Victims, 1992</i>	75
<i>Correctional Populations in the United States, 1992</i>	75
<i>Juvenile Admissions to State Custody</i>	75
<i>National Crime Victimization Survey</i>	75
<i>Survey of Youth in Custody, 1987</i>	76
<i>Violence Against Women: Estimates from the Redesigned Survey</i>	76
U.S. Department of Commerce, Bureau of the Census	76
<i>Current Population Survey (CPS)</i>	76
U.S. Department of Education National Center for Education Statistics	79
<i>National Educational Longitudinal Study of 1988</i>	79

U.S. Department of Health and Human Services (U.S. D.H.H.S.) Health Care	
Finance Administration	80
<i>Medicaid Data Sources</i>	80
<i>Medicaid National Summary Statistics</i>	81
<i>Medicaid Statistical Information System (MSIS)</i>	81
U.S. D.H.H.S. Public Health Services Centers for Disease Control and	
Prevention (CDC).....	82
<i>Abortion Surveillance, US 1991</i>	82
<i>Sexually Transmitted Disease Surveillance</i>	82
<i>Youth Risk Behavior Surveillance System (YRBSS)</i>	83
U.S. DHHS CDC National Center for Health Statistics.....	83
<i>Linked Files of Live Birth and Infant Death Records</i>	83
<i>National Vital Statistics System</i>	84
<i>National Survey of Family Growth (NSFG)</i>	84
<i>National Maternal and Infant Health Survey and Follow-up (NMIHS)</i>	85
<i>National Mortality Followback Survey</i>	85
<i>Vital Statistics of the United States—Natality and Fetal Death Statistics</i>	86
U.S. D.H.H.S. National Institute on Drug Abuse	86
<i>Monitoring the Future Study, 1975-1994: National High School Senior Drug</i>	
<i>Abuse Survey, 1994</i>	86
<i>National High School Senior Drug Abuse Survey</i>	87
U.S. Department of Labor	87
<i>National Longitudinal Survey of Youth (NLSY)</i>	87
<i>National Longitudinal Survey of Youth—Child Supplement (NLSY-CS)</i>	87
<i>National Longitudinal Survey of Youth (NLSY): Mothers and Children</i>	87
<i>National Survey of Adolescent Males (NSAM)</i>	88
<i>National Survey of Children (NSC)</i>	88
<i>Panel Study of Income Dynamics (PSID)</i>	89
American Association of University Women	89
<i>Hostile Hallways: the AAUW Survey on Sexual Harassment in America’s Schools</i>	89
Manpower Demonstration Research Corporation (MDRC).....	90
<i>New Chance: Program for Disadvantaged Young Mothers and their Children</i>	90
CHAPTER VI: SPECIAL DATA REFORM AND ENHANCEMENT	
ACTIVITIES.....	91
University of California Data Archive and Technical Assistance	91
<i>UC DATA’s Information Systems Research Program, 1995 - 1996</i>	95
California Health Information for Policy Project.....	97
<i>Major Elements of CHIPP</i>	98
<i>CHIPP Project Status</i>	99
<i>New Activities for the Upcoming Year</i>	101

Family Health Outcomes Project	102
<i>FHOP Project Objectives</i>	101
<i>Identification and Standardization of Core Data Elements</i>	102
The Improved Perinatal Outcome Data Management Project.....	103
The Multistate Foster Care Data Archive Project	104
<i>Project Purpose</i>	104
<i>Data Sources</i>	105
California Interagency Data Collaboration Project.....	105
APPENDIX A: CAFIS POLICY ROUNDTABLE ATTENDEES	109
APPENDIX B: MAJOR TYPES OF DATA	115
Demographics & Vital Statistics.....	115
<i>Demographics</i>	115
<i>Vital Statistics</i>	116
Government Service Utilization Statistics.....	116
Morbidity.....	117
Special Population	118
Special Surveys.....	118
APPENDIX C: POLICY QUESTIONS AND DATA	119
Teen Parents	119
Children Born to Teens	119
Family of Origin.....	119
Educational Status	120
Criminal Justice and Abuse.....	120
Contraception/Health Services	120
Fathers.....	121
Public Program Utilization:	121
APPENDIX D: DATA SOURCES AVAILABLE THROUGH THE CALIFORNIA STATE LIBRARY:.....	123
REFERENCES	129

INTRODUCTION

Teen pregnancy and parenting are very significant issues in California. California has the highest teen pregnancy rate in the nation, particularly within low income African American and Latino communities. Policymakers and program managers are challenged to develop and implement effective programs to counteract this trend. They are also in need of information that illuminates the complexities associated with teenage pregnancy so that they may be more successful in reducing teenage pregnancy.

High quality data is particularly crucial to policy, program and fiscal analysis and planning, particularly within state government. Devolution of responsibility for policymaking and program design from the federal government to the states is steadily increasing, as evidenced by welfare reform. This places greater responsibility on state officials for program development, monitoring, and modification to improve service effectiveness.

In December 1995, the California Family Impact Seminar (CAFIS) was awarded a grant by The California Wellness Foundation and the Alliance Healthcare Foundation for a teenage pregnancy and parenting data policy planning project. The publication and distribution of this Briefing Report concludes this project. CAFIS hopes to continue to work with state officials and other stakeholders to pursue many of the options identified.

The project was borne out of the need expressed by some state legislative and executive branch policy researchers for more comprehensive and accessible information. A group of these individuals provided guidance by clarifying the project goals, identifying policy questions for which data are required, and suggesting data sources to be included in the inventory. The data inventory and profiles included in this report are a reflection of their input.

The project involved (1) gaining information about the adequacy of current data pertaining to teenage pregnancy and parenting, and (2) identifying opportunities to develop and institutionalize improved and comprehensive state data collection, analysis and dissemination activities. It was also designed to promote the development and generation of California-specific comprehensive teenage childbearing-related data by working with some of the key stakeholders in state teenage program and policy development and research.

Consideration was given early on to producing a comprehensive report containing teenage childbearing databases. A number of impediments precluded this option. While such an undertaking on a regular basis—possibly annually—would be valuable, the necessary funding base and state staff resources do not currently exist. With regard to the data, there are a number of structural and operational limitations. In many cases, multiple datasets must be analyzed simultaneously to produce many types of information (e.g., the number of teenage mothers who were reportedly abused or neglected, or the health status of children born to teens). Finally, data is not currently collected regarding other significant information (e.g., the number of inmates in state prison who were born to teenage mothers or the number of abortions performed in the state).

During the roundtable discussion, the suggestion arose for utilizing electronic resources and technology to promote access to relevant datasets. This could provide extensive access to a comprehensive range of individual and multiple data sources. In addition, this approach could enable greater collaboration between the stakeholders, thus potentially generating the detailed and comprehensive information necessary to effectively develop, monitor, and evaluate policies and programs.

This work represents an introductory effort by the California Family Impact Seminar to examine the status of data collection, analysis, and dissemination activities pertaining to pregnancy and childbearing teenagers in California. Moreover, it offers attainable opportunities for improving data collection, analysis, and dissemination within individual state agencies and in collaboration with one another and the research and academic communities.

Policy Roundtable

On July 25, 1996, the *CAFIS Teenage Pregnancy and Parenting Policy Roundtable: Assessing and Addressing Data Sources and Gaps* was held. This was the seventh CAFIS forum regarding teenage pregnancy and its consequences.

This policy roundtable featured four nationally respected researchers, who use demographic, social, health and other associated data to analyze teenage pregnancy and its consequences. They shared their experience, insights and views on relevant databases and analyses and offered suggestions for improving information, and access to it, to better inform policy and program development and implementation. The participants and presenters then worked together to arrive at conclusions about data system collection, analysis and dissemination and, in response, developed enhancement options for potential state executive implementation and legislative action.

The Report

Teenage Pregnancy and Parenting: Assessing and Addressing California Data Sources and Gaps Policy Roundtable Briefing Report is composed of the policy roundtable presentations by the four nationally recognized researchers. The ideas to achieve better data collection, analysis, and dissemination developed by the policy roundtable participants and speakers are also reflected in the report. Finally, the report provides a data inventory and profiles on selected state data sources, a description of national datasets, a description of innovative data reform activities, and additional reference information.

- Chapter I, *A National Researcher's Experience with California Data*, was presented by Jennifer J. Frost, Dr.P.H., Senior Research Associate, The Alan Guttmacher Institute, New York City.
- Chapter II, *Using National Data Sources and the Federal Movement Toward State-Based Data Systems*, was presented by Barbara W. Sugland, M.P.H., Sc.D., Senior Research Associate, Child Trends, Inc., Washington, D.C.

- Chapter III, *Using Multiple Data Sources for Determining Social and Demographic Conditions and For Public Policy Analysis*, was presented by Henry E. Brady, Ph.D., Director, U.C. Berkeley Data Archive and Technical Assistance (UC DATA) and Professor of Political Science and Public Policy, and Jane Mauldon, Ph.D., Professor, U. C. Berkeley Graduate School of Public Policy.
- Chapter IV describes the conclusions and policy and program options offered by the policy roundtable participants and speakers. These reflect an effort to ensure that a wide range of data collectors and users interested in teenage pregnancy and parenting—particularly state officials and their staff—would benefit from this effort.
- Chapter V contains a list of existing state, national, and other data sources; profiles of many of the state data sources; describes the data collected and the reason it is collected; and generally reports some federal and other data sources. It also relates some interesting—and promising—data collaboration activities currently underway.

Finally, there are three appendices.

- Appendix A is a list of the officials and researchers who participated in the *CAFIS Teenage Pregnancy and Parenting Policy Roundtable: Assessing and Addressing Data Sources and Gaps*.
- Appendix B provides a general overview of the major kinds of data collected which are relevant to understanding teenage pregnancy and parenting.
- Appendix C is a list of questions frequently asked by those interested in various aspects of teenage pregnancy and parenting policies and programs. These questions were developed throughout the course of the program. Upon review of these questions by the policy roundtable participants and speakers, it was suggested that they could actually serve as the framework for developing an Internet web site to provide information and analysis, and to link to other sources of data collection and analysis.
- Appendix D lists many of the data sources available from the California State Library, some on CD-ROM.

ABOUT THE POLICY ROUNDTABLE PRESENTERS

Jennifer J. Frost, Dr.P.H., is a Senior Research Associate of The Alan Guttmacher Institute. The Alan Guttmacher Institute is a nonprofit organization that focuses on reproductive health research, policy analysis and public education. Most AGI studies are national or international in scope, however, because of California's importance both in the size and diversity of its population and being a forerunner of trends often followed by other states in the nation.

Dr. Frost has worked with both California and national data. She has participated in special studies investigating teen pregnancy and childbearing both at the national level and in California. Dr. Frost is currently Principal Investigator on a study investigating factors affecting teenagers' pregnancy decisions in California. She also continues to be project manager for a project funded by the Office of Population Affairs, U.S. Department of Health and Human Services (DHHS), titled *Reassessing United States Family Planning and Reproductive Health Needs*. In this role, she is responsible for coordinating a variety of data collection and analysis activities designed to monitor family planning clinics and the clients they are serving.

Dr. Frost is also finalizing the analysis of a national survey of low-income women that focuses on questions related to socio-cultural barriers faced by women when obtaining and utilizing available contraceptive services and methods. In the past, she has worked on a variety of studies conducted by The Alan Guttmacher Institute, including a study of teenage pregnancy prevention programs and their evaluations, a study of Norplant availability through the family planning clinic network, a study of the implementation of the Medicaid expansions for pregnant women and a study of reproductive health services covered by commercial insurance companies and health maintenance organizations. She received her Master in Public Health from the University of California, Los Angeles, in 1983, and her Doctorate in Public Health, also from UCLA, in 1992.

Dr. Frost can be contacted at: The Alan Guttmacher Institute, 120 Wall Street, New York, NY 10005, (212) 248-1111; fax: (212) 248-1951.

Barbara W. Sugland, M.P.H., Sc.D., is a social demographer with a public health background in behavioral sciences and health education, and nearly 15 years of experience in research and evaluation of reproductive health and family planning services. She received a Master of Public Health degree from the University of California, Los Angeles, and a Doctor of Science degree from the Johns Hopkins University, School of Hygiene and Public Health. She has been at Child Trends since 1991.

As a Senior Research Associate at Child Trends, Dr. Sugland conducts empirical research on adolescent childbearing and fertility-related behavior; designs evaluation studies and survey instruments to assess family planning service delivery for low-income women and teens, and; provides technical guidance and information on the use of national-level data and program evaluation instruments to state, local agencies, and community-based health providers. She has first-hand experience with numerous national-level datasets commonly used to examine trends in teenage childbearing and to explore the social and economic correlates of early childbearing. Datasets include the Natality Statistics, the National Survey of Family Growth, the National

Longitudinal Survey of Youth (NLSY), and NLSY - Child Supplement, the National Survey of Children, and the National Educational Longitudinal Survey of 1988.

Dr. Sugland's research has focused on health promotion and compromising behaviors among youth of color, and cultural differences in adolescent reproductive health seeking behavior. She is currently conducting studies on the perceptions of life options and early childbearing, on strategies for reducing barriers to reproductive health services for teens, and understanding teens' motivation to prevent pregnancy. She currently serves as a member of the Leadership Task Force on Effective Programs and Research for the National Campaign to Prevent Teen Pregnancy.

Dr. Sugland can be contacted at: Child Trends, Inc., 4301 Connecticut Avenue, N.W., Suite 100, Washington, DC 20008, (202) 362-5580; fax: (202) 362-5533.

Henry E. Brady, Ph.D., is Professor of Political Science and Public Policy at the University of California, Berkeley. He is also Director of UC DATA, a research institute at the university, which has worked to create new and novel datasets on social welfare programs including AFDC, Medi-Cal, and Workers' Compensation.

Professor Brady has co-authored two books on mass political behavior, *Letting the People Decide: The Dynamics of a Canadian Election* (which won the Harold Adams Innis award for the best book in the social sciences published in Canada in 1992-93) and *Voice and Equality: Civic Voluntarism in American Politics* (1995). He has also co-authored a monograph on the demographic characteristics of Asian Americans entitled the *Pacific Rim States Asian Demographic Data Book* (1995). In addition to his books, Professor Brady has written numerous professional articles on statistical methods and research design, and on politics and policy in Canada, the United States, Russia, and Estonia.

He is currently working on a study of disability and welfare using data collected as part of the California (AFDC) Work Pays Demonstration Project.

Dr. Brady can be contacted at: UC Data Archive and Technical Assistance (UC DATA), Survey Research Center, 2538 Channing Way, Berkeley, California 94720-5100, (510) 642-2337; fax: (510) 643-8292.

Jane Mauldon, Ph.D., is a demographer on the faculty of the Graduate School of Public Policy at the University of California, Berkeley, where she teaches courses on social welfare policy and statistical methods. Her research focuses on the health and well being of children and adolescents and on welfare policies in the United States. She is currently studying contraceptive use among AFDC recipients. She is also co-directing the data collection effort for the evaluation of Cal-Learn, California's welfare reform initiative for pregnant and parenting teenagers.

Dr. Mauldon can be contacted at: Graduate School of Public Policy, University of California, Berkeley, 2607 Hearst Avenue, Berkeley, California 94720-7320, (510) 642-3475; fax: (510) 643-9657.

CHAPTER I: A NATIONAL RESEARCHER'S EXPERIENCE WITH CALIFORNIA DATA

JENNIFER J. FROST, DR.P.H., SENIOR RESEARCH ASSOCIATE, THE ALAN GUTTMACHER INSTITUTE, NEW YORK CITY

The Alan Guttmacher Institute (AGI)

The Alan Guttmacher Institute is a nonprofit organization that focuses on reproductive health research, policy analysis and public education.

AGI Teenage Sexuality, Pregnancy and Childbearing Research

Over the years teenage sexuality, pregnancy, and childbearing have been one of the most critical issues on which AGI has focused. One of our first significant reports that dealt with this issue was published in the mid-1970s, entitled *11 Million Teenagers*. A decade later, in the mid-1980s, we published another report, *Teenage Pregnancy: The Problem That Hasn't Gone Away*. Our most recent publication, *Sex and America's Teenagers*, was published in 1994.

Sex and America's Teenagers was the first of these reports on which I personally had some input. In this report we used a variety of national datasets to look at the context of life among adolescents in the nation and what was known at the time about: (1) trends in teen sexual activities; (2) trends in teen childbearing, pregnancy, and contraceptive use; and (3) differences based on different racial and ethnic groups, income groups, and many other indicators. In addition, this report looked at some of the consequences of teenage childbearing, and some of the organized responses to adolescent sexual and reproductive behavior. Following its release, The California Wellness Foundation requested AGI develop a similar report specific to California. *Teenage Pregnancy and Birth in California: Trends and Characteristics*, was the result of this effort. Along with colleagues at AGI, researchers here in California (Claire Brindis and her associates among them), contributed to this work. Almost this entire report was included as part of one of CAFIS' Background Briefing Reports, *Teenage Pregnancy in California: Effective Prevention Strategies*, published in December 1994.

In addition, AGI has been involved in ongoing monitoring of teen pregnancy and abortion statistics on a national basis, as well as publishing state pregnancy rates for teens. These data are only done periodically, and the last time that they were published was for the year 1988. We are currently in the process of updating the state teen pregnancy rates for 1992. Finally, we are currently involved in a new project focusing on California, studying factors affecting teenage pregnancy decisions.

Datasets Used in AGI Studies

At the national level, the data sources used most frequently in reports focused on teenage pregnancy and child bearing include vital statistics data (specifically birth certificate data), census

data describing the numbers and characteristics of teenage women, and national survey data, specifically NSFG, YRBSS, NMIHS, NSFH, NHIS, and NSAM [see Chapter II; see also Appendix B]. These national survey datasets, which Barbara Sugland will be discussing in her presentation, are very useful in helping us to understand and track teen pregnancy and childbearing.

In addition, AGI performs its own national abortion provider and client surveys, as well as national family planning provider and client surveys.

At the state level, California datasets that I personally worked with include the vital statistics birth certificate data, census data for California by county, California Office of Family Planning client data, and Medi-Cal teenage birth and abortion data.

Data Needed to Understand Trends in Teenage Pregnancy and Childbearing

In order to understand how different types of data contribute to our understanding of teen pregnancy and childbearing and to identify gaps in the sources of data needed, it is useful to first outline the types of data needed to better understand factors contributing to teenage childbearing. There are six types of data that I think are necessary for gaining a better understanding of teenage childbearing. First, it would be useful to know levels of sexual activity among teens within the state or within the nation. Second, it would be useful to know contraceptive use levels. Third, it is important to know pregnancy intentions among teens, that is, whether or not teens actually are intending to become pregnant. Fourth, pregnancy rates among teens. Fifth, abortion rates among teens. Finally, birth rates among teens.

In order to understand the birthrates or trends in birthrates, it is important to know something about each of these types of data. It is also important to point out that all of these levels of data are not available from any one source and that some of them are unavailable from any source. However, if we really want to have a fuller understanding of teenage pregnancy and childbearing, it is important to have this information.

Levels of Sexual Activity Among Teens

Unless we know how many teens are actually having sex, it is difficult to know how large the target population is for intervention, as well as whether or not interventions are having an effect. But this is one of the most difficult pieces of data to get. The only real way to obtain such data is from surveying individuals about their activity and behavior. At the national level, there are surveys that ask individuals about sexual behavior. One of the most important sources for this is the National Survey of Family Growth (NSFG). It is a survey of women that is conducted periodically at the national level. We are still using the 1988 cycle for most of our current analyses because the 1995 cycle, which has been fielded and is now being cleaned and checked, is still not yet available to researchers. In California, I am not aware of any statewide population based survey that provides this data.

Contraceptive Use Levels

These data are critical if we want to know how many teens are obtaining and using services, and where and what services might be needed to fill in the gaps. Again, such data can come from surveys of individuals, such as the National Family Growth Survey I just discussed. In addition, some of these data can be obtained by counting individuals who are currently receiving contraceptive care.

At the national level, AGI has been involved in developing statistics from data provided by publicly funded providers as to the numbers of clients of all ages, including teenage clients, who obtained contraceptive services. Our most recent report on contraceptive clients was published for 1994. We also have state level estimates in that report as well. In California you have very good data from the Office of Family Planning, which looks at the numbers of women of all ages, including teenagers, receiving contraceptive care from the providers who reported. One of the problems with this kind of data is that not all providers report this information. Those served by private physicians or other nonreporting entities are not included in these data.

Pregnancy Intentions Among Teens

This is a really difficult data element. Not much is known about what is going on in the minds of young women (and their partners) who become pregnant and bear children with regards to their intentions. At the national level, past and current surveys ask women of all ages to tell the researchers whether their pregnancy was intended at the time it was conceived. However, because such questions usually occur long after the pregnancy is resolved, either by the birth of a child who is now alive or by an abortion, it is difficult to know how accurately women report what they actually felt at the time they conceived.

A new AGI study that I am currently working on, while not a statewide study of California, does ask currently pregnant teens about their intentions at the time they conceived. We expect this new research will provide some new and useful information.

Pregnancy Rates Among Teens

While this would seem to be one of the most obvious types of data that everyone should know, in fact it is one of the most difficult to obtain because pregnancy is not a reportable event. Thus we have nothing reported regarding the number of teens, or women of any age, that actually become pregnant. The only way we can derive pregnancy rates is to sum up the number of births, abortions, and miscarriages that occur to women in each age group, and then use as a denominator the number of women in the select age group.

Abortion Rates Among Teens

At the national level, AGI used data collected by the U.S. Centers for Disease Control and Prevention (CDC), as well as AGI surveys of abortion providers, to make annual estimates of abortion and pregnancy rates. Periodically, AGI also estimates abortion and pregnancy rates for

states. However, the last state level estimates were made for 1988. Currently they are being updated for 1992.

In California, the construction of accurate pregnancy rates is hampered by the failure to have complete abortion reporting by providers. Except for Medi-Cal, there is no source of statewide data for abortion procedures.

Birth Rates Among Teens

Birth data are obtained from birth certificates and vital statistics data, as well as from census data. At the national level the CDC puts out natality statistics on an annual basis, which gives a good idea of birthrates in the nation. In California, counties provide this information to the state. This is what we used in our 1994 report for The California Wellness Foundation.

Factors Affecting Teenagers' Pregnancy Decisions: A California Study

Now I would like to briefly talk about the new study that AGI is embarking on because it will be another source of data that I think will be valuable to the state. As noted earlier, it is a study that funded by The California Wellness Foundation (TCWF) as part of their new \$60 million, multi-year initiative. There are several other important research projects that have also been funded as part of the TCWF initiative. Thus, in the coming years there will be a lot of new data as a result of the Initiative that will be very useful to California.

Factors Affecting the Teenagers' Pregnancy Decisions grew out of some work that AGI had done on abortion and abortion decisionmaking, and our desire to look more closely at the same process among girls who had made the decision to have the birth. It is not a statewide study; rather, it is focused in four counties: Alameda, Santa Clara, Santa Cruz, and Monterey. We chose to do it in these counties because they are in-person interviews with currently pregnant teenagers, and in order to properly manage and execute the study requires we be in touch with everyone frequently throughout the course of the field survey. The girls, recruited through prenatal care clinics in the four counties, are currently pregnant 15- to 18-year olds representative of different racial and ethnic backgrounds who have chosen to carry the pregnancy to term and keep their babies.

We are just now going into the field. We have our own trained interviewers who are working on the project. So far it has really been a very positive experience. We have gotten a lot of cooperation from people at the county level and in the clinics. Most of the clinics have been very positive about us coming and doing the study with the teenagers receiving prenatal care. They are helping us identify the girls, and although we had not really expected it, in a lot of cases they are also providing us with office space to do the interviews.

Approximately 200 women will be interviewed. What is most exciting about this study is that the instrument that we are using to interview these girls is a combination of both qualitative and quantitative methodologies. It takes about one hour for the girl to do the entire interview. While we are collecting quantitative data, we are asking a lot of open-ended questions about a lot of

different topics. In fact, a lot of the questions that are listed in one of the CAFIS handouts [See Appendix C] are included on the instrument.

We expect to obtain information about the educational, work and social background of the girls, as well as their plans for the future, their past and current and future living arrangements, and family relationships. A large section of the survey is about decisionmaking around the pregnancy: who they spoke to; what options they considered and who they talked to about the different options; and whether it was a decision that was obvious or one that they had some problem making. It also includes questions about relationships with friends, peers and siblings who may have had children, and relationships with their partners and the baby's father. We are also gathering information about contraceptive use, experience with prior pregnancies or abortions, as well as access to contraceptive and abortion services. We also want to learn if they have had any abusive relationships in the past, past and current financial information, and expected financial support after the baby is born.

We will be collecting data for the rest of Summer 1996 and into the Fall. In Spring 1997 we will report the results to the Wellness Foundation, and to the communities studied, and then more generally through other avenues.

California Data Collection Recommendations

This in some ways may be a wish list, and does not reflect any new data collection activities now underway in the state. From the national perspective, in trying to understand teenage pregnancy and childbearing in California, my first recommendation is for a statewide population based survey of teenagers in order to accurately estimate levels of sexual activity and contraceptive use. Second, it would really be useful to have more complete abortion reporting in the state so as to look at these trends in a more accurate way. Third, it is always useful to have additional studies of pregnant and parenting teenagers at different levels and among different regions of the state. Some of the work of The California Wellness Foundation will help in this respect. Finally, given the list of different types of data that is already collected in California, it would be very useful to find ways to coordinate or link these data, including data that was collected for other purposes but has some bearing on teen pregnancy in the state.

CHAPTER II: USING NATIONAL DATA SOURCES AND THE FEDERAL MOVEMENT TOWARD STATE-BASED DATA SYSTEMS

**BARBARA W. SUGLAND, M.P.H., SC.D., SENIOR RESEARCH ASSOCIATE, CHILD TRENDS,
INC., WASHINGTON, D.C.**

There are two areas that I will speak to today. First I will talk a bit about national data that are available and why national data are so important for state-level analyses. I would like you to understand what is available to you, how it can be helpful, and what some of the limitations might be. The second area I will cover concerns a number of important national level activities that will impact data collection.

National Data Resources

I will start by giving you the pitch of why national data remains important. Even though the most recent national rates show teenage childbearing have diminished slightly, they still remain high: as of 1994, the latest year for which national data are available, there were 59 births per 1,000 teens age 15 to 19 years.

National data are very helpful for monitoring trends in teen fertility over time. National data improves our understanding of the social, economic and individual factors associated with teen fertility. It also provides a foundation for program planning and policy development. There may be national data that might be relevant to California. While we want to track rates of teen pregnancy as a nation and in California, we also want to know what can we do about it. In order to know what to do about it, we need to have an understanding of the factors that may be contributing to these alarming trends.

National information also increases, or heightens, and maintains your local focus. When you have a national picture, it also increases the attention to the problem. It might result in state funding for what is perceived as a national problem and can bring attention to your own state and local needs, as well as providing increased public support.

National data also provides a vehicle for assessing the effectiveness of national policies and programs, and coordinated efforts. Key among them would be welfare reform. What will happen if we no longer have a national public assistance entitlement program? What will happen if there is a cap on the number of children for which women can receive aid? What will happen to the children of teen mothers if they are not allowed to have welfare? There are ways in which data systems need to be up and running so that you can look at these things over time. Data can be more efficiently collected at the national level, rather than trying to pull these statistics together from individual states.

Are there really any advantages to having national data? I think the first benefit of national data is that it captures a potentially wide range of information on a large portion of the U.S. Thus, reasonable conclusions about what is happening on a national level can be drawn.

National data provide demographic indicators, fertility outcomes, individual attributes, and even contextual information—whether it is a home or family situation, or school context. There are many national level surveys that provide information which can be used to study the issue of teenage childbearing. Many of the national sets, while not solely looking at teenage childbearing, do collect information on either fertility or pregnancy, or other information that can be linked to teenage childbearing data. National data could serve multiple purposes simultaneously. You could examine teen fertility. You can also assess economic and individual predictors of growth and fertility. You could look at program and service utilization. You could look at the impact of various programs and policies. You could look at the transition to work among young women who are mothers versus young women who are not mothers. There is a lot of flexibility provided with the range of questions that can be addressed within national data.

Also, because national data are based on such a large sample of the population, you have a greater chance of generalizing findings for policy and program development.

National Data: Robin Hood Foundation's Kids Having Kids Report¹

There are also other benefits of using national data. With regard to the potentially greater policy impact, one example is the *Kids Having Kids* report by the Robin Hood Foundation. Colleagues of mine at Child Trends were part of the team of researchers on this report. All of the data that they used, with the exception of one study, were based on national level information. That report got a great deal of press coverage. There were several organizational staff briefings and even a Presidential briefing. I believe what this report has done, specifically within the context of welfare reform and other things that have taken place, is that it has renewed focus on the issue. It is currently being used to inform federal administration activities, as well as for other national and local collaborative efforts that are taking place. Thus, using national data in something like this can have a tremendous impact and sustain support.

Child Trends' contribution was based on national data. Two things that my colleagues contributed to in that report are: Using vital statistics to look at trends in teenage childbearing. Child Trends publishes what is called *Facts-At-A-Glance* every year. We use information from the National Center for Health Statistics on births, by state. The report describes each state with birthrates for women between 15 and 19 years of age by race and ethnicity. We also report this information for selected metropolitan areas. This information was in part used in the Robin Hood Foundation report to look at trends in teenage childbearing over time.

My colleagues at Child Trends also looked at outcomes among children born to teenage mothers, using the Child Supplement of the National Longitudinal Survey of Youth (NLSY). Specifically, they were examining the physical, emotional and developmental outcomes of children born to teen mothers, the quality of the home environment, and cognitive and developmental trajectories and milestones.

¹ *Kids Having Kids* can be obtained by contacting the Robin Hood Foundation at 111 Broadway, 19th Floor, New York, New York 10006, (212) 227-6601.

I think that there are three ways this *Kids Having Kids* report might impact California. First, it is a national level report that could be generalized to large states like California. It is potentially generalizable with regard to estimating the fiscal and social impact of teenage childbearing. It also may help you begin to identify your priorities, whether it is data collection, whether it is policy and program initiatives, whether it is even beginning to think about where we are in the scope of understanding this problem in the state of California.

Second, it could be helpful with regards to providing some insight about the kinds of data that were used and how. While they were national level sources, there were many cases where there were multiple sources linked together. The National Longitudinal Survey was linked to vital statistics, and the National Maternity and Infant Health Surveys. I can think of a couple papers in the report that linked national data. There was one paper based on state level data. Illinois used data on children and families that was linked with Illinois birth certificate data. This is an example of how researchers in California could use various data for state level applications.

Third is the methodology. California has the research talent and capacity to look at teenage pregnancy and parenting and develop a similar series of papers specific to California. This might help you to also come up to speed very quickly on the state of information in California and what they are doing on this topic. I would urge you, as you read through the Robin Hood Foundation report, to identify and develop the research agenda for California in the area of teen pregnancy.

Limitations with National Datasets

Now that I have given you all the reasons why you *would* want to use national data, let me discuss why you *would not* want to use these data. Nonetheless, there are limitations that you have to think through and tease apart when you consider national data. It is important to know what you can and cannot get from these data. The biggest drawback is that it is secondary data. The old adage of what you have is all you've got applies here in the literal sense. The range of questions, how the questions are worded, the responses categories, all of that is what you are stuck with. This can in part be ameliorated by knowing this limitation when you start and then being prepared to modify what you might need to know so that you can gain the most from the information that is there.

You also are limited by the sample selected to respond, not only with regard to the sample that is selected for the overall population, but also the sample that might be selected to answer just a certain subset of questions. I am currently doing a project looking at the context of economic opportunities using the National Educational Longitudinal Study of 1988, which is put out by the National Center for Education Statistics. They have many, many survey components, one of which is the school dropout survey. Unfortunately, there are lots of wonderful questions that they have asked the dropouts, but they haven't asked the same questions of anyone who is currently in school. It certainly would be nice to know the perspective of students who are currently enrolled.

There is a lot of irregularity in what is collected, when it is collected, and how frequently it is collected. A lot of these decisions are based on money, but also on other logistical issues. These data, therefore, may not be sufficient for your needs over time.

There is also often a delay in when we get information. The National Longitudinal Survey that I am using is only collected every two years. There are some national surveys, such as the National Survey of Family Growth (NSFG), that are collected approximately every five years or so—sometimes it is four, sometimes it is six—depending on how long it takes to get into the field and get out. There are some studies like the National Health Interview Survey (NHIS), which had a nice and rich child supplement in 1988, however, there has not been another supplement since.

The assessments at the state and local level can be limited. I can't think of any national dataset that does not have some level of state, county or census tract identifier. Since it is generally a public use dataset, such identifiers are not normally available to individuals. Confidentiality may limit or exclude you from having access to data with identifiers. You may have to talk with the agency that is sponsoring the datasets to learn their guidelines or protocol for getting access to confidential data. Child Trends has been able to make arrangements with the National Center for Education Statistics to get NORC, the National Opinion Research Center out of Chicago, to link zip code level census data to the NORC's datasets. Thus, there are ways you can get around the confidentiality issues, but you will have to go through an added step to do so.

There is the question of the stability of data collection and data availability. There are political priorities, funding and budget cuts, all of which run their course and have significant impact on whether or not a dataset will continue to be available, or whether or not certain information will be collected.

Key National Datasets

I will now describe some specific national datasets I have used, what they have been used for, and what has been helpful about them. The following is a list of surveys that I and my colleagues at Child Trends have personally used, those I am most familiar with highlighted.

- **Vital Statistics Natality Statistics [VSNS].**
- **National Survey of Family Growth [NSFG].**
- The fertility supplement in the Current Population Survey [CPS], the interim census information that comes out monthly.
- **National Longitudinal Survey of Young Women [NLSYW].**
- National Longitudinal Survey of Youth [NLSY]. The current one is for youths who were 14 to 21 in 1979. There is a new cohort of the NLSY that is being developed.
- **National Educational Longitudinal Study [NELS] of 1988**, a survey of eighth graders that was last conducted in 1988.
- National Survey of Adolescent Males [NSAM] looks at adolescent males between 16 and 19 in the United States. Freya Sonenstein and Leighton Ku at the Urban Institute are the key investigators.
- **National Survey of Children [NSC]**, for which Child Trends is responsible, was designed to look at family process measures and child well-being.

- National Survey of Families and Households [NSFH], which includes some information about nonmarital childbearing among U.S. families.

The vital statistic data assists in calculating trends of teen fertility. We combine it with data from the NSFG to prepare our *Facts-At-A-Glance* report. I have also used some of these data to look at family planning service utilization, particularly the use of publicly supported services.

Kristen Moore, Child Trends' Executive Director, and I worked on a study funded by the Mott Foundation that looked at the impact of state level policies and services on teen fertility. In that study, we linked vital statistics with state level policy information data we collected to look at whether or not various state level policies were somehow correlated with various levels of teenage childbearing.

We used the National Longitudinal Survey of Young Women (NLSYW) for a special study we conducted, *Delayed Fertility Among Youth*. This study specifically looked at pathways to positive achievements, the likelihood of young women delaying childbearing and completing school, and the relative timing of those events.

Another Child Trends study, *Perceptions of Educational Opportunity and Teenage Childbearing*, used National Survey of Youth data.

Our study, *The Impact of Economic and Social Opportunities on the Transition to the First Birth*, was based on using NELS 1988 data. This is the study where we supplemented the NELS data with zip code level census information on such factors as unemployment rates, number of women employed, and so forth.

National Survey of Children data were used to look at family process measures of teen fertility.

The National Survey of Families and Households has been used by my colleagues at Child Trends to look at non-marital childbearing among U.S. families.

Given the various datasets that we have used, and given what we have used them for, I think we find four datasets to be the most useful in our work.

Vital Statistics and Natality Data

With the vital statistics data you get all birth certificates across the U.S. Data collection is continuous. The National Center of Health Statistics (NCHS) publishes monthly as well as an annual report; vital statistics data are also available on data tape from NCHS. Except for the National Survey of Family Growth (NSFG), there really is no other way to track fertility trends on a national level.

You can also get basic demographic information on the mother and often the father. I say "often" because often the father is not recorded on the birth certificate. Race, ethnicity, marital status, education, age and so forth are also available.

There is also information on maternal lifestyle and health characteristics as of 1989, including medical service utilization and infant health. Basically in the vital statistics you can look at trends of teens and teen births, and you can look at them in various ways. Trends of births among younger teens versus older teens, birth order and repeat teen births, is something we do not focus on at the national level. I think we need to begin thinking about the number of teens that go on to have second and higher order births and the extent to which some of that may be playing into the cause of teenage childbearing or other aspects of pregnancy prevention policy efforts that you might want to focus on. Birth outcomes of children born to teen mothers. The mothers own maternal health behavior and whether or not she is receiving prenatal care. Is she smoking? Is she drinking? What are her risk factors during the pregnancy, and health service utilization?

National Survey of Family Growth (NSFG)

This is really the only dataset that provides us with a sense of family planning service utilization among a large sample of women in the U.S. It is extremely helpful to know who has access to contraceptive and health care services, what kinds of services they are receiving, and the frequency of care. That gives us a very different picture of the number of women who may be at risk for pregnancy and not getting care in accordance with their risks. The NSFG provides among other things, detailed information about sexual practices, fertility, pregnancy, contraceptive history, marital history, family planning service utilization, infertility service utilization, and birth expectations. As Jennifer Frost said, the 1995 data have been fielded and hopefully will be available for public use probably sometime in 1997.

National Longitudinal Survey of Youth (NLSY)

The focus is on labor market experience of the cohort of youth, roughly 11,000, a little bit more if you are looking at the institutionalized as well as uninstitutionalized civilian population. They were 14 to 21 in 1979, so if you are talking about a contemporary cohort, this is not the data you need to look at. However, it does allow you to look at some very important pieces of information from education and employment, youth risk behaviors, deviant behaviors, just a wide variety of things.

There are some who have problems with that dataset, and yes, there are problems with it. But it has a host of information on youth development and transitions to the world of work which I think are very important to know in order to better understand teenage childbearing. There are many of us who work in this area that think that the problem of teenage childbearing is merely a manifestation of a larger problem, which is associated with transition to adulthood. With these kinds of surveys, you can explore the extent to which young people are having children, how difficult it is for them to make other kinds of positive transitions, and how easy is it for children not having children to follow a more traditional trajectory and take the more traditional path. The NLSY is one vehicle with which you can do that.

National Longitudinal Survey of Youth—Child Supplement (NLSY-CS)

An alternative to the NLSY is the Child Supplement of the NLSY. It looks at the mothers and the children born to mothers within the NLSY cohort. It was designed to really look at child development data on the children born to teen mothers in the NLSY. Data have been collected every two years between 1986 and 1994.

You can look at the impact of teen childbearing on the child as well as the early social, emotional and other kinds of developmental milestones of the child. If you consider that the first cohort was 1986, and given that it is now 1996, depending on the age of that child, we may be finding the children of teen mothers who are now themselves becoming teen parents. There may be a cohort of the children in that data that could be very useful and would be a much more contemporary cohort of young people to look in regards to teenage childbearing.

National Education Longitudinal Study (NELS)

This is a dataset that I am currently using. It allows you to look at educational process information that is often not available on other datasets. It is put out by the National Center for Education Statistics. It focuses more broadly on transition from school to work, school to post-secondary school, and has many, many subgroups of students, parents, school administrators, teachers, and school dropouts. There is very rich information on the family and home environment, and the school environment. It is not as accurate or complete in its fertility histories or marital status, but it is sufficient to be able to document births, including births by marital status. We are linking that with census level zip code information which certainly enriches the dataset.

Changes in National Data Collection

There is a general interest among federal policymakers in a shift from less federal involvement to state control that often will follow the programs now being forced upon the states. One most frequently mentioned is the issue of welfare reform. There are lots of other things going on that we can anticipate will result in a shift from strong federal involvement to state-focused involvement—whether it is the development of programs and policies, funding for those programs, or data collection.

There may be financial funding, block grants to the states on how to use and develop your own programs. This might mean increased control for the state, but it also might mean increased responsibility, and it generally does mean increased responsibility to monitor. It has not come to my attention that an increase in responsibility to monitor has been coupled with increased funding for monitoring. We all know that, for the most part. States, and when you get down to counties, are not in a position to be handling the increased responsibilities, certainly without increased resources. Therefore, there will be greater reliance on states to develop and track utilization and outcome measures on teenage childbearing and other kinds of social services.

You may be called upon as a state to be much more reliant on your own internal resources to either collect and analyze data, as well as to maintain monitoring and evaluation activities that have historically been carried out at the national level. That is not to say that national data won't be available. However, there may be changes in certain programs like welfare where states are going to be called upon more heavily to keep track of information at a local level. So those are the two things that I would like to focus on today.

My recommendations would be to, first, assess and develop your capacity to monitor state level data. What kind of data are available to you in-state? What is the quality and timeliness of, in particular, state vital records or other fertility data that might be available to you? What is the capacity for having a state information system and where would that be housed? Who are the players involved? The State Health Department, State Kids Count, academia, nonprofit organizations? There are many people that are doing relevant things in California, and you need to consider who all your parties are and what they bring to the table.

Next, make contact with other states. There are a lot of other states that are in your same situation, particularly given the changes from federal to more state focus. Can the data collected state to state be compared? What do they collect and in what format? Also, if there is less national data available, it may mean that we have to rely on states to bring all this together to give us a national focus, and if they are in different formats, it is going to be very hard to do that.

Determine your key services, programs and policies that would impact teen pregnancy. Can you currently monitor the impact of such initiatives? What data would you need to monitor them? What are the location and format and quality of the data? What opportunities are there to explore ways to link the multiple data sources? For example, state vital statistics, social services, and other health service utilization.

To the extent that you can, make use of national data on a state level. Whether that is using vital statistics by state, analyzing selected datasets, looking at state level measures—possibly whether it is by county—and make use of national information that is currently available that can help you establish a solid foundation for where you think you need to go.

CHAPTER III: USING MULTIPLE DATA SOURCES FOR DETERMINING SOCIAL AND DEMOGRAPHIC CONDITIONS AND FOR PUBLIC POLICY ANALYSIS

HENRY E. BRADY, PH.D., DIRECTOR, U.C. BERKELEY DATA ARCHIVE AND TECHNICAL ASSISTANCE (UC DATA) AND PROFESSOR OF POLITICAL SCIENCE AND PUBLIC POLICY

and

JANE MAULDON, PH.D., PROFESSOR, U. C. BERKELEY GRADUATE SCHOOL OF PUBLIC POLICY

DR. HENRY BRADY

What is UC DATA?

Let me begin by telling you a little bit about UC DATA (Data Archive and Technical Assistance). We have five basic goals. One is *service delivery*—delivery of quantitative data to students, faculty and staff at U.C. Berkeley in the most efficient and effective manner. That is really a core aspect of what we do, and we also deliver data to the public as well so that people can call up our data librarian.

One of the virtues of UC DATA is that we not only take data and analyze it. We spend a lot of time trying to help relatively naive users use data, and we have learned a lot about how to make that possible because these are incredibly complicated datasets. Consider, for example, the National Longitudinal Survey of Youth (NLSY) data Barbara Sugland discussed. Often people are unable to understand how these data are put together and what they can do with them. Part of our goal is to try to make it possible for people—undergraduates, graduate students, and really naive people like faculty members—to learn how to use these kinds of data. That is important. I believe that for any kind of data system you want to create, you have to make sure you have a way to get the data to people.

Another thing we do is develop *innovations in data archiving and data accessibility*. We have been working with a group of libraries around the country to create a national social science data library consortium. With the advent of the Internet it is becoming much easier for people to get the data. In fact, we have a large collection of census data on-line. In the old days you had to take nine track tapes and mount them and suffer through the whole process of getting to the data. Now it should be possible to have even big datasets on-line and readily accessible. If you go to the U.S. Bureau of the Census web page to look at detailed census data, you will be sent to the Lawrence Berkeley Lab and on to UC DATA for census data that is on-line at the neighborhood block and census tract level.

We have 250 CD ROMS on-line that allow those data to be immediately accessed by people over the Internet. We are getting over 20,000 hits a month. One of the things we are trying to do is

make data very easy to get to through the Internet. I think it should get easier and easier over time. The goal here is to make it as easy for a student, researcher or anybody to include a table, graph or simple data analysis in a research paper as it is for the student to find a quotation supporting the thesis of a paper. Instead of going to a book and trying to get a quotation that supports your point by authority, you might appeal to data—what a novel thought—and actually find information that shows the results sought.

We are also *creating new social science datasets*. For example, we have been working with Werner Schink from the California Department of Social Services and others in the state attempting to create datasets that link various types of data together and which can be made more useful to social science researchers. There is a lot of administrative data out there. We are trying to make it useful.

Social policy research. There are already a lot of people doing research on poverty, welfare, and related fields. We also *train graduate students*. That is very important to us. The capital costs of learning about some of the datasets that Barbara Sugland and Jennifer Frost were talking about are very, very high. It takes a long time before you understand what is going on with those datasets. The more graduate students can learn about these datasets, the more the next generation of researchers will be working on social policy issues. If graduate students can be taught about them while in school, that means for the rest of their life they will go to those datasets and use them in research.

Databases for the Work Pays Demonstration Project

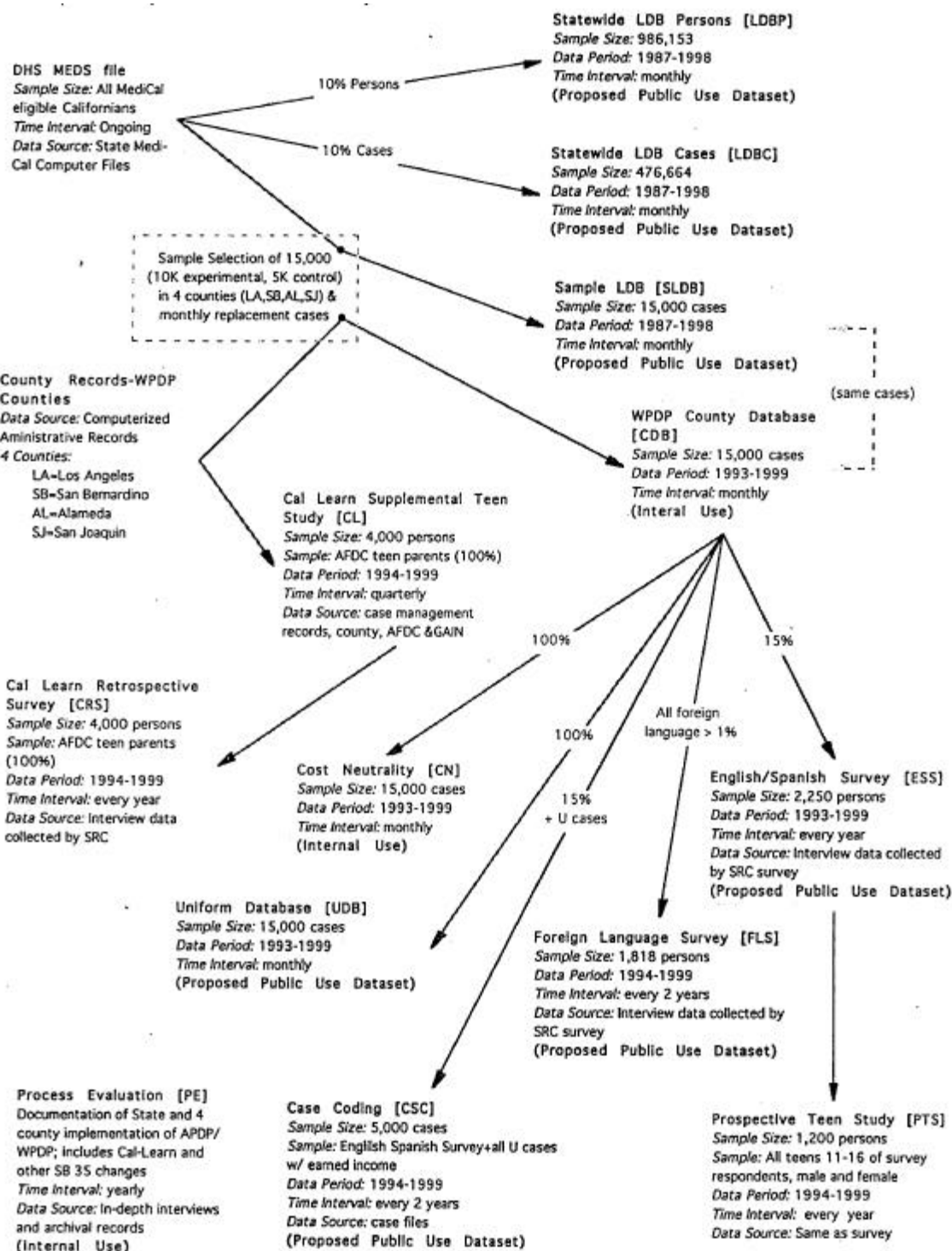
Figure I-1 describes what we are doing with the Department of Social Services with California's Work Pays Welfare Reform Demonstration Project. Briefly, Work Pays changed various aspects of the state's welfare system. One component of Work Pays makes changes in the work incentives for adult parents. Another component is the Cal-Learn Program for pregnant and parenting teenage AFDC recipients, which Jane Mauldon will talk about at greater length.

To develop information about state programs, we are starting with the State of California MEDS (Medi-Cal Eligibility Data System) file. The MEDS file contains eligibility information on all Medi-Cal recipients from 1987 onwards. We have constructed from this dataset a 10 percent randomized sample of persons and 10 percent randomized sample of cases. Werner Schink's office actually did the initial work to get all this together; we did the finish work to put it into a database that would be useful to researchers. We have now constructed a "persons file" and a "cases file."

We have also created a "sample LDB" (Longitudinal Database) file for the 15,000 cases that are part of the Work Pays demonstration project evaluation. These are experimental and control cases in a classic randomized field experiment from four counties: Alameda, San Joaquin, San Bernardino and Los Angeles. For these 15,000 cases we have data from the MEDS file, so we can watch from 1987 onwards how their status changes in basic programs such as Medi-Cal and AFDC.

Figure I-1

Work Pays Demonstration Project: Relationship Between Components

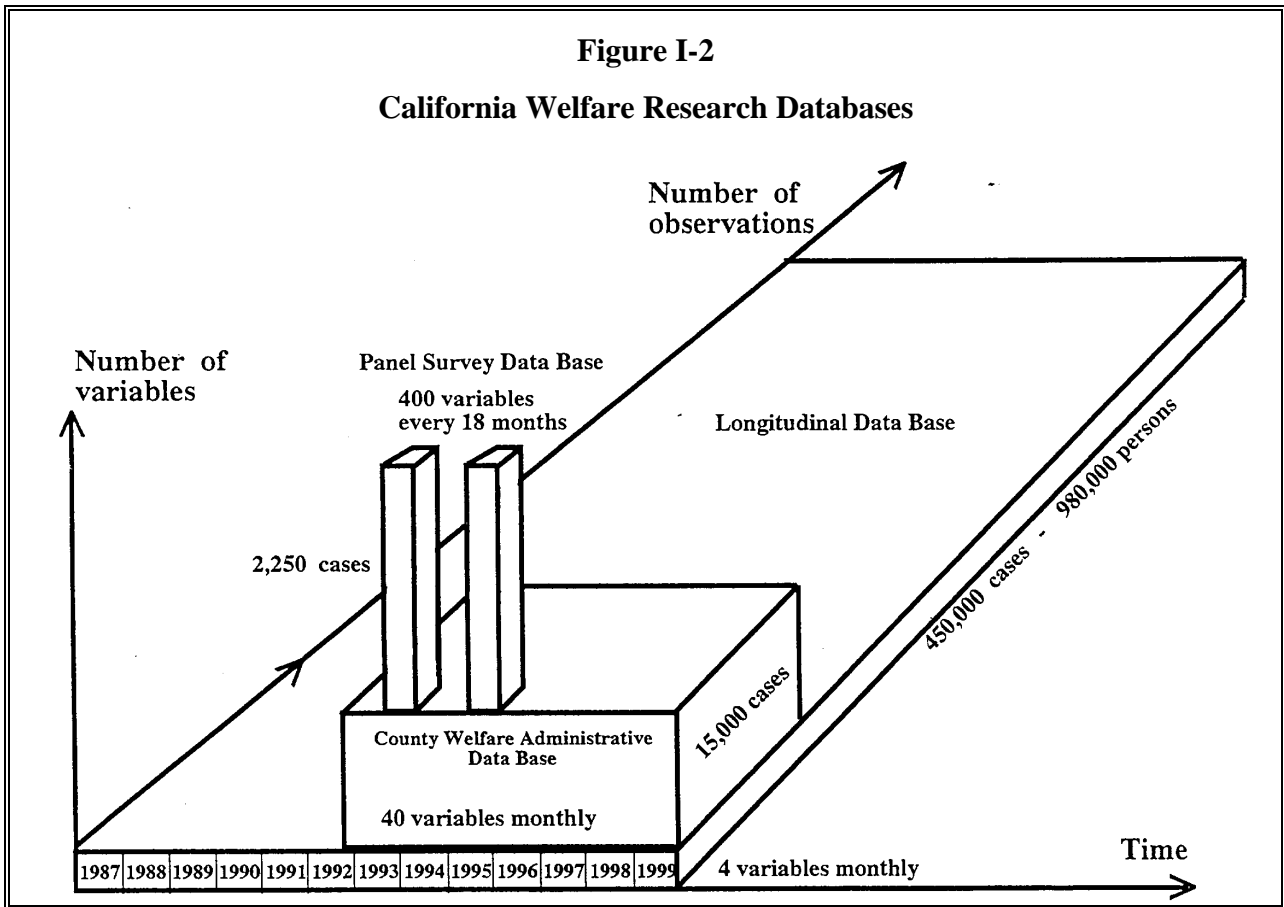


UC Data Archive & Technical Assistance 8/31/94

We also have data on these 15,000 cases from the four evaluation counties from 1993 onwards and are receiving additional data on a monthly basis. We are linking these data to the sample LDB file. Then, in addition, for 15 percent of the 15,000 sample, we are undertaking a special English/Spanish and Foreign Language Panel Survey. The foreign language survey is being done in Laotian, Cambodian, Vietnamese and Armenian. Thus we have these two surveys with lots of information on each case. I think the foreign language survey is especially interesting because we know so little about these Southeast Asian communities and about the Armenian population in Los Angeles.

Therefore, for a portion of California’s welfare population we have MEDS data, county administration data, and the special English/Spanish and Foreign Language Panel Survey data.

Figure I-2 below provides a schematic description of what we are trying to do. There are three axes here. The horizontal axis is time. Data over time are enormously useful for tracking people and figuring out what happens in their life histories. The axis into the diagram represents the number of cases. You need a lot of cases in order to make sure you have a good sample—or better yet maybe even a complete census of everyone. The vertical axis is the number of variables. To undertake useful analyses, you need a lot of information about each case, and this means having a large number of variables.



The LDB file created from the MEDS file is very good over time because we start in 1987 and, hopefully, go up to 1999 and beyond. It is also very good in terms of the number of cases. It is an enormous number of cases when you take a 10 percent sample of everyone receiving Medi-Cal in California. It is weaker in the number of variables because administrative data files tend not to have the depth of a survey instrument. But it does have some strengths due to time and in the number of cases.

In addition to the LDB data, we have the county data. These data are richer in the amount of information collected, especially in Los Angeles County where there is a lot of particularly interesting data—on immigrants, for example. These datasets have already spawned some dissertations in our shop. In addition, we have surveys that are very rich in the number of variables, the amount of information per case, but which only involve a small number of cases. Although surveys are typically done at a point in time, in this case they will be re-interviewed at eighteen-month intervals.

With a database constructed as illustrated in Figure I-2, for each survey respondent we have other information about them from the county databases and from the longitudinal state database. You can cut these data in a lot of different ways to answer different kinds of questions. You can also sometimes use the strength of one dataset to help you learn about the other datasets as well. They provide cross-checks on one another. The basic philosophy is to try to combine these so you get all three dimensions: time, lots of cases, and lots of information.

As we go from the MEDS data, through the county data, and down to the special English/Spanish and Foreign Language Panel Survey, we are following the logic displayed in Figure I-2.

There are other data projects and studies that we are doing, like the Cal-Learn study and a prospective teen study that Jane Mauldon will discuss.

Comparing Administrative and Survey Data

In all of these endeavors, our strategy has been to combine administrative, program outcome, and panel survey data. Let me discuss the strengths and weaknesses of each type of data. Figure I-3 below compares the use of administrative data versus survey data. There are three basic things you want: a large amount of *data* or information on as many *cases* as possible at as many *times* as possible. These three things represent the three dimensions shown in Figure I-2.

For administrative data, there is usually a small amount of data on each case. If you will recall, the problem with administrative data is it often does not have very many variables. But with surveys, you can usually ask respondents a large number of questions, so you get a tremendous amount of data on each case.

The quality of data differs between the two types of data, although in interesting ways. It is not uniformly the case that administrative data is worse than survey data or vice versa. Administrative data can be the best source of data on certain kinds of events that occur because it is the data of record. For example, if you want to know if somebody is on welfare, it is probably

best to have data from the administrative system that wrote the check. That is probably the best definition we can think of for what it means to be on welfare. Vital statistics is probably better data on basic things like births, deaths and birthweight of babies than are retrospective survey questions about those kinds of things. Thus, administrative data can be better than survey data.

On the other hand, with survey data you can have controlled administration of questions and survey interviewers who are well trained so they do a good job in asking certain types of questions—especially about sensitive issues like abortion or family planning. Many survey organizations have worked hard to find the best way to ask these kinds of questions.

There are usually a lot of cases with administrative data, but not many cases with surveys. Also, crucial events data are often recorded much better by the administrative data system than by surveys.

Figure I-3 Administrative Databases versus Sample Survey		
	Administrative Data	Survey Data
DATA:		
Amount of Data on each case	Usually small amount	Usually a great deal
Quality of Data	Good for things related to business purposes Often bad for other things	Controlled administration of questions Sometimes problematic for financial data and dates of events
Ease of collecting new data	Relatively easy if data already on system Very hard if data not collected on the system	Relatively easy if survey already planned
Cause or Effects Data?	Often very rich effects data but poor in explanatory variables or causes	Able to collect both causes and effects data
CASES:		
Completeness of enumeration of the possible universe	Usually very good	Sometimes problematic
Number of Cases	Often very large	Usually fewer than 5,000
TIMES:		
How often data collected	Events recorded on system if business transaction Seldom other times when data are collected	Each interaction requires special and costly effort Often hard to capture transitional events
Who initiates data collection	Either claimant, employer, or carrier Initiation occurs as organic part of transactions within the system	Those doing the survey Often without knowledge of ongoing events in the system being studied

Now consider causes or effects data. One of the problems with administrative data is that it is often very good at telling you something that happened, but not very good at telling you some of the antecedents to that. For example, most administrative datasets do not include a good measure of education. Yet for almost anything we are studying, education is a fundamental variable. We know it affects almost any kind of behavior. Therefore you need a survey to get that kind of information. Another important type of information is job history. In California, this is available from Employment Development Department (EDD) records that are maintained for unemployment insurance and other purposes.

Answering Questions With Data

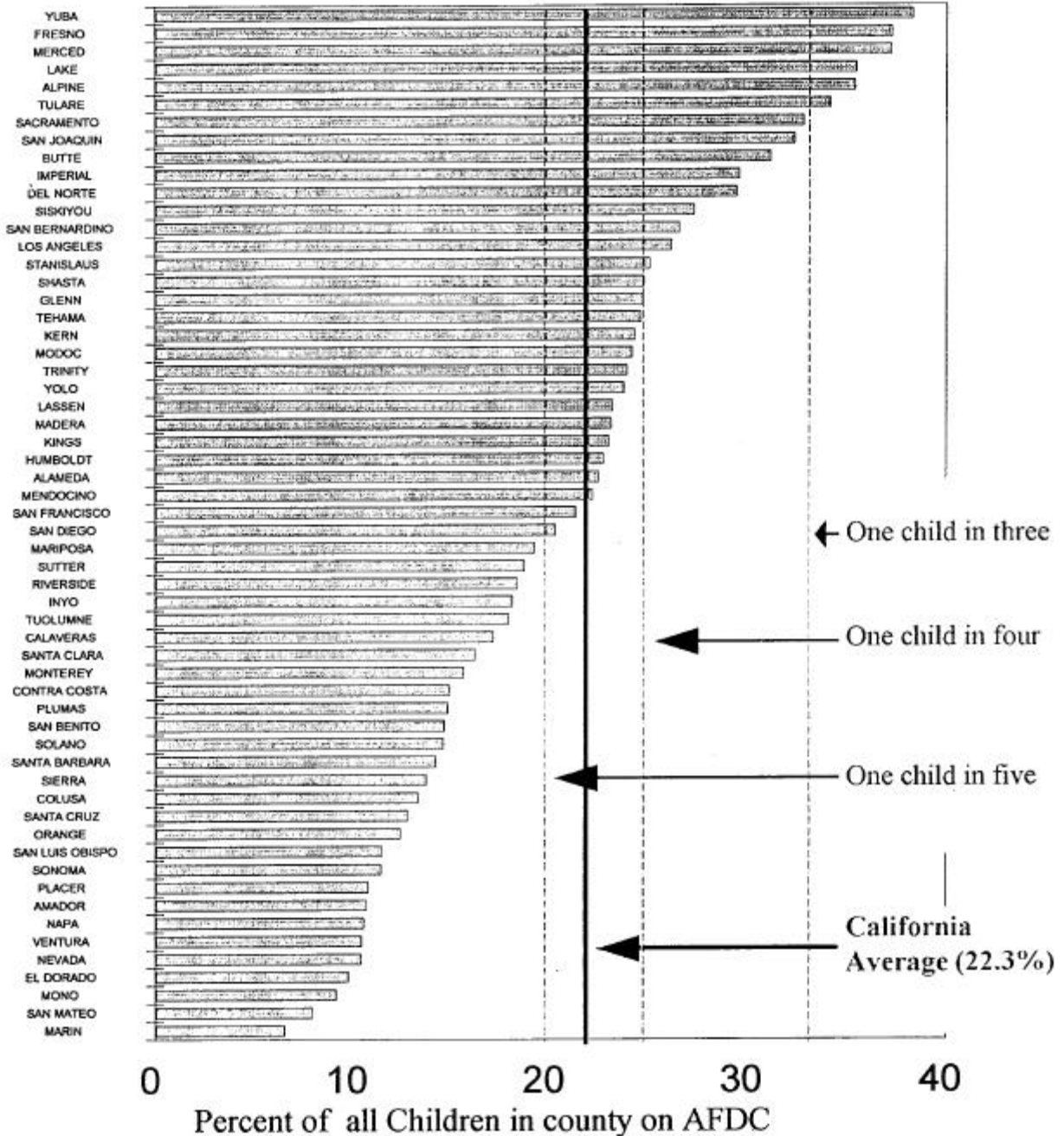
Figure I-4 below is an example of how you get denominator data by linking different datasets. It shows how the counties line up in percentages of children on welfare ranging from Yuba County at the top with the highest percentage of children on welfare down to Marin County with the lowest percentage of children on welfare. A lot of administrative data is good at telling you who is on welfare or who has given birth or something like that. However, one of the big problems is that it is very bad at telling you the size of the population at risk. This information serves as the denominator, which you need in order to establish program participation or activity rates. Let me describe what we did when we wanted to know what percentages of children in each county in the State of California are on AFDC. This is a very simple question to ask, but it is hard to answer.

To answer this question we combined data from two places. We used the public welfare data in California statistics published by the Department of Social Services as the numerator and we used census data for the denominator. We had to do some updating to get the 1990 census data to be comparable for 1994, which we accomplished with some simple extrapolation procedures.

Let me talk briefly about answering questions with the Longitudinal Database (LDB). The LDB file, you will remember, is 10 percent of the cases, or of the persons, from the state MEDS file. It does not have a lot of information or data per case, but it does have date of birth, age code, eligibility status, county, race, ethnicity and sex. The structure of the dataset is that it is a longitudinal database from 1987 to the present for a 10 percent sampling of cases. We have been linking this to EDD data—quarterly earnings, industry codes, etc. We are now in the process of trying to link it with vital statistics as well.

Figure I-4

Percentages of Children on AFDC as of January 1994, for all counties



AFDC Children from "Public Welfare in California" (Statistical Series PA3-401), Jan 1994.
 Total child population in county based upon 1990 census counts revised to 1994 using
 California Department of Finance estimates of January 1994 county population

UC Data Archive & Technical Assistance - University of California, Berkeley

What does this allow us to do? Figure I-5 below describes the data we would need to use to answer the question, How many teenage mothers become welfare recipients? That is a simple question. Can we get an answer? What we could do is take a random sample of teenage mothers from vital statistics data and link names to the longitudinal database and see who shows up there. We have not done this yet, but this is something that could be done. Even though the LDB data is only a 10 percent sample, there are simple statistical adjustments to get this kind of information. What is the problem? The most basic problem is getting good matches, because you do not have social security numbers to match. But there are ways to deal with these problems so that this strategy can answer the question.

Another question: At any given moment in time, how many welfare recipients were or are teenage mothers? To answer this, we can look at the age of children in each case and use the age of the mother to determine if she was a teenage mother by simple arithmetic. That sounds simple enough. Unfortunately, all biological children may not be in the case. Non-biological children might be in the case. A stepchild who could be rather old and therefore would give the impression that the woman in the case was a teenage mother when, in fact, she was not.

There are also “nested” cases, which is a real problem here in California. This is a situation where you have a 30-year-old mother, a 15-year-old daughter, and a one year old child. Is that one year old the child of the 15-year-old daughter or the child of the 30-year-old mother? It makes a difference, obviously. For Cal-Learn a big problem has been trying to identify teenage mothers in nested cases.

What happens to teenage welfare recipients over time? Figure I-5 describes how we can answer that question, as well as others.

Figure I-5

Longitudinal Database: Some Typical Questions

How many teenage mothers become welfare recipients?

We could take a random sample of teenage mothers from vital statistics data and link names to the LDB.

Problem: Getting good matches

At a given moment in time, how many welfare recipients were/are teenage mothers?

We can look at age of children in case and use age of mother to determine if she was teenage mother. Or we can use vital statistics data for this purpose.

Problems: All children may not be in case
Non-biological children in case
Nested cases
Vital statistics data only for California

What happens to teenage welfare recipients over time?

Once we identify teenage mothers we can follow their welfare history over time using the LDB. We can follow their wage history using the EDD data. We can follow their childbearing history using vital statistics.

Problems: Identifying teenage mothers
Limitations of wage data
Linkage of datasets

Figure I-6 below lists all of the information we are gathering with the special English/Spanish and Foreign Language Panel Survey. Particularly interesting is the respondent's AFDC history and reasons for AFDC status—questions about why the person goes on welfare. There are also questions on housing, food, and health—really quality of life indicators—the kind of housing you live in, whether you go to food banks, have nutritional needs, or often use hospital emergency rooms for health needs.

Figure I-6

Questions on English/Spanish and Foreign Language Panel Survey

- A. Members of Household and Family
- B. AFDC history and Reasons for AFDC Status
- C. Housing, Food, and Health
- D. Disabled Children, SSI, and Costs of Disabilities
- E. Health Questions for Randomly Selected Child
- F. Childbearing History for All of Respondent's Children
- G. Education and Job Status of Respondent
- H. Quarterly Income, Expected Wages, Living Standard
- I. Spouse-Partner Education, Job Status, Quarterly Income
- J. Sources of Income for Respondent
- K. Child Care Knowledge, Experience, and Impact
- L. AFDC Knowledge
- M. Receive Earned Income Tax Credit Project (EITC)
- N. Interviewer observations

Disabled children are another big issue these days. Particularly with teenage mothers, you want to know how many of them have disabled children and what kinds of extra burdens that places on the household. There are many other interesting items listed in Figure I-6.

What can we do with these data? What is really useful about the survey data is that the researcher can control for various characteristics of the welfare recipients because we have information about things like education, past job history, and so forth. For example, we might want to know, after we control for various characteristics, how long teenage mothers who experience welfare spells stay on welfare compared to non-teenage mothers who experience welfare spells (see Figure I-7). Notice that this is all conditioned on being on welfare because that is the kind of data we have here. To answer these questions we can use the extensive family enumeration on the special panel survey to identify these women. We can control for various factors and see what the results are. This question is similar to the kind considered in the report commissioned by the Robin Hood Foundation on teenage pregnancy impact, although they were not just concerned with people who had experienced welfare. They were concerned with the more general population of teenage mothers versus non-teenage mothers. As shown on Figure I-7, with outcome data, quality of life is another thing we can look at because we have that kind of outcome data.

Figure I-7

English/Spanish and Foreign Language Panel Survey: Some Typical Questions

After we control for various characteristics, how long do teenage mothers who experience welfare spells stay on welfare compared to non-teenage mothers who experience welfare spells?

- We can use the extensive family enumeration to identify those women who were teenage mothers.
- We can control for educational attainment, job experience, and other characteristics on the survey.

Problems: Linking to datasets for welfare history
Small sample sizes

What is the quality of life for welfare recipients who are teenage mothers or for those who were teenage mothers?

- We can use the survey questions on housing, food, and health to measure quality of life. We can also use questions on disabilities of children to see if these differ by teenage versus non-teenage mothers.

Problems: Small sample sizes
Reliability of quality of life measures
Reliability of disability measures

Preliminary Final Thoughts

A good strategy for studying welfare, family planning, and the impact of programs on children requires good measures of program participation and outcomes. A good strategy must also consider problems of getting data on minors and on sensitive subjects such as pregnancy history, especially questions like abortion. These are very difficult things to measure, but we must try to get meaningful responses. And data must be collected for denominators, such as the number of people at risk.

Good databases must also provide longitudinal tracking so you can see what happens over time, and they must provide small area statistics. A lot of folks are interested in what is happening in small geographical areas, so it must be possible to link the data with small area statistics. Barbara Sugland talked about linking some of the large national datasets through zip code to census data. That can be enormously useful because different areas have different numbers of services. Having a family planning clinic nearby undoubtedly affects family planning strategies. If we are going to understand what those impacts are, we are going to have to be able to link data to small areas.

We must collect data on independent or control variables so we can really study what the net effect of things are. For example, the Robin Hood Foundation report comes to the conclusion that being an adolescent teenage mother is causing a lot of problems. Yet one of their studies which actually reports on a sort of controlled experiment using miscarriage data as a control seems to find that, at least for the mothers, there is not that much impact of having children as a teenager in terms of their earnings and employment history.

This makes me wonder about a lot of the other information in the *Kids Having Kids* report, which seems to conclude there is a negative impact as a result of being a teenage mother on either their children or themselves. It is possible that with proper statistical controls, we would find that being a teenage mother is not the primary cause of the difficulties that teenage mothers and their children seem to experience throughout life. Perhaps teenage mothers have problems because of some of the things that cause them to become teenage mothers. That is, if we stopped teenagers from being mothers, people who would have become teenage mothers without our intervention might still have a lot of troubles in life. It is important to know whether this is true because it suggests that intervening to stop children from having children may not solve the basic problems that might be poor education, poverty, or something else.

We also need different kinds of data for different purposes. As I have shown, different modes of data collection have different strengths and weaknesses. Thus, much can be gained by linking data.

Finally, the big UC DATA thrust is that data must be made accessible to policymakers and researchers. This means more than just saying, "Come and get it." It means creating data books from the data that are usable to the policymakers so they do not have to trudge through the social science literature. It means getting data up on the Internet. It means having good graphical presentations so people can understand what is going on. There is a whole area of presentation and availability that has to be thought through as well.

DR. JANE MAULDON

It is a real pleasure to be on this panel, especially with Jennifer Frost and Barbara Sugland because both their organizations are extremely effective mediators of the raw data, and both of these researchers have spent a lot of their professional lives investigating. Both Child Trends and The Alan Guttmacher Institute issue a range of extremely useful publications, among them AGI's *Sex and America's Teenagers* and Child Trends' *Facts-At-A-Glance*. These reports are available at no charge or for a reasonable price. I urge you to become part of the network of users of their work to make this kind of information accessible to policymakers and other researchers.

I want to talk about three projects. The first is the Cal-Learn program evaluation. We at UC DATA are studying the effectiveness of the case management and financial bonuses and sanctions components in increasing graduation from high school among teen parents. Then I will discuss briefly what we are calling a prospective survey, which is a study of young people growing up in families who were on welfare.

We are able to do this research by capitalizing on the Work Pays Demonstration Project research effort through which we are able to reach a large sample population of families that are on welfare. We will be interviewing the teenage children in those families over a period of time. Finally, I will describe very briefly a study that I, in collaboration with Claire Brindis at UC San Francisco's Institute for Health Policy Studies and others from U.C. Berkeley, have just completed for the California Department of Health Services' Office of Family Planning and California Department of Social Services looking at low income women's use of family planning services. An important component of that study was looking at the teenagers.

Cal-Learn

The Cal-Learn Program is a combination of three elements: case management, financial bonuses and sanctions associated with school progress, and child care subsidies and transportation services. It is the component of California's welfare program initiative which establishes financial incentives and penalties that promote pregnant and parenting teen AFDC recipients to successfully perform in school, and the supportive services modeled after the state's Adolescent Family Life Program. As with the Work Pays demonstration, UC DATA is collecting data for the actual program evaluation by UCLA. The same four Work Pays Demonstration Project evaluation counties were selected: Alameda, San Joaquin, San Bernardino and Los Angeles.

One of the very interesting aspects of this new program is that county welfare departments don't know who these recipients really are, except as they apply or reapply for welfare. Regardless, this program is mandatory. Every teenage parent on welfare who does not have a high school diploma and is under 19 is supposed to be enrolled in Cal-Learn.

This is an example of the difficulties that programs in a variety of arenas are going to have as they start to target teenage parents. They do not know who they are, and our databases by and large do not tell them who they are. This problem will generate an interesting synergy between the needs of the data collectors and researchers and the needs of program implementors.

Over time, however, those of us working with the administrative data will be able to identify the teen parents on AFDC. As Henry said, at present most databases “nest” teen mothers within the larger family AFDC case. So the Cal-Learn Program itself is going to help us generate additional data.

The case management is being offered by existing Adolescent Family Life Programs (AFLP). Where counties do not have AFLPs, public health departments, county welfare departments or other agencies are utilizing the AFLP case management model.

The financial bonuses and sanctions are associated primarily with school report cards—handing in a report card, making satisfactory progress on the report card. If you make satisfactory progress, you get a bonus. If you do not hand in a report card or if it shows F’s all the way through, you are sanctioned.

We are using two different kinds of data: administrative data and survey data. We are calling it a retrospective survey data because these teens are already parents. The administrative data is in fact a very complicated set of different data systems that we are integrating from AFDC, including data from GAIN (Greater Avenues for Independence, California’s welfare-to-work program), and from the case management database, called Lodestar. We link these three data and use them to track progress of the Cal-Learn participants over time.

In order to discern the impact of the case management and financial bonus and sanction components of the Cal-Learn program, we are randomly assigning the teens. Some receive both components, some receive one component, and some receive neither component. Everybody receives the supportive services, child care and transportation. That is held constant across the study.

The retrospective survey allows us to obtain background information on these teens in order to be able to answer two different types of research questions. First of all, which treatment conditions lead to a given outcome? In this case, outcomes are completion of high school, increased self-sufficiency, labor market entry, and delayed childbearing for second births. The treatment conditions are the different combinations of financial bonuses and sanctions and case management provided to each sample group.

It is very important to realize that what a teen parent receives from a program like Cal-Learn may have little impact on her life because of other problems she is facing. In order to determine the most important things that affect her outcome in either the short or long term, we need to be able to control statistically for important background factors that will mediate her success in Cal-Learn. We also want to know what the important background factors are and how those important background factors might interact with components of the Cal-Learn program. For example, for teens who have experienced a great deal of failure in school, which is common among teen parents, financial bonuses and sanctions may not be relevant because they have already failed under the existing system of “bonuses and sanctions”—things like report cards,

teachers' disapproval, peers' disrespect. The \$50, or \$100, or even \$500 bonuses may not make a great deal of difference to those teens.

On the other hand it may be that case management is an important program element for these teens if it enables them to get into an appropriate schooling program or enables them to get other services which might meet their needs. Thus, we are interested in looking at the interactions between important background factors and the treatment conditions. That is why the telephone interview survey is important to the evaluation.

These surveys are well underway. We have gathered a great deal of the administrative data already and are in the field with the survey. These data will provide us a really vivid and detailed picture of teen parents who are on welfare in the state of California and what their progress is, particularly in the educational system. At present the study will end in the Spring 1999. This will give us anywhere from 18 months to four years of data on teens, depending on when they entered the AFDC program.

What it does not tell us anything about is teen parents who are not on welfare or who do not go on welfare. In fact, the estimate of the proportion of teen parents who go on welfare is uncertain. It may be about a quarter to a third of the teen parents in California receive AFDC. It may be higher than that. There is a national estimate that suggests that maybe half of teen parents receive welfare. Certainly not every teen parent goes on welfare, but a substantial fraction of our teens end up in this program. The program itself is providing us an ability to learn more about them.

Prospective Study of Teens in Families Receiving Welfare

The prospective study is, as I mentioned, a study of the children of the parents who are in the AFDC Work Pays Demonstration Project. The reason we are doing this study is to understand better the factors that lead children from particularly disadvantaged backgrounds to become or not become teen parents. It is a telephone interview survey of both boys and girls that we are piloting next month in the field.

In both the prospective teen survey and the retrospective survey we are asking quite a lot of the questions about sexual behavior and substance abuse that are important in order to be able to understand the ultimate outcomes of having or not having a teen birth and whether or not they go on welfare.

Unappealing Choices and Limited Information: Low Income Women's Experiences with Family Planning

We have just released this study. The question was originally raised by Jane Boggess (Chief of DHS' Office of Family Planning): What proportion of low income women use family planning services, why do they use or not use them, and how can we deliver family planning services more effectively to meet the needs of low income women? An important subgroup of the low income women category, of course, are teenagers.

Claire Brindis from UC San Francisco conducted six focus groups with low income teens and 13 focus groups with adults in Los Angeles, San Joaquin and Alameda counties. We fielded with those respondents to the focus groups a minisurvey about the use of services, their contraceptive behavior, and their beliefs about contraception. The conclusions of all of that work are in the report.

CHAPTER IV: POLICY ROUNDTABLE

CONCLUSIONS AND POLICY AND PROGRAM OPTIONS

The Data Challenge

The Need for Analyzing Multiple Datasets

Most examinations of the problem of teenage childbearing point to multiple issues. For example, studies show that teenage childbearing rates are associated with family income. Persons with high incomes tend to get pregnant less often, or terminate pregnancies when they occur. Therefore, the birthrate among teens from families with high incomes is lower than for teens from families with modest or no income. Similarly, persons with high levels of education tend to defer childbearing until their twenties. To reach these conclusions, the researcher must analyze at least two different sets of data simultaneously.

Limited Availability of Population Based Data

While systems exist for collecting many data elements, a significant amount of information is also compiled through special surveys. Examples of such studies are the National Longitudinal Survey of Young Women (NLSYW), National Longitudinal Survey of Youth (NLSY), National Survey of Men, and the National Health Interview Survey. These large-scale surveys are an important source of data for which there is no routine reporting system. However, these surveys produce information for only a sample of the population and with limited frequency. Consequently, it is generally not possible to generate estimates from surveys for smaller geographical areas, such as for a single state, much less counties or cities.

Lack of Uniformity in Definitions

Often, the racial and ethnic aggregations in data tend to prevent detailed subgroup examination. For example, respondents may have to select their racial and ethnic identity from very broad categories, such as White, Black, Hispanic and Other, which are far too general to make distinctions within and between these categories. Although surveys are sometimes conducted to obtain information specifically about special populations, these are relatively rare and tend to have small sample sizes.

Special Population Considerations

When extracted from some data sources, data on special populations will reflect whatever strengths and weaknesses are inherent in the original sources. For example, if there is a long delay between the collection and release of data, the information related to special populations will be similarly delayed. Even if the original data source is available on a national level from special surveys, the information on special populations will be available only for very large geographic areas.

Policy Roundtable Conclusions and Enhancement Options

Following the researcher presentations, which appear as Chapters I, II, and III of this report, the fifty roundtable participants—high-level state department researchers and program managers, academic researchers, and legislative policy staff—were joined by the presenters in a lengthy discussion. Numerous issues were raised, information shared and recommendations made.

Need for Comprehensive Data Report

Issue: There currently is no single source to which one can turn for information pertaining to teenage pregnancy and parenting.

Comment: An Internet web site linking to multiple data sources merits serious consideration.

One suggestion was for Department of Health Services' Information and Strategic Planning Division to assume this responsibility, including screening and disseminating information about evaluations. It was noted, however, that to do so first requires a determination as to who has the information needed to answer the myriad of questions raised [see Appendix C]. Second, the ability of numerous state agencies (Department of Education, several departments in the Health and Welfare Agency, the California Youth Authority and the Department of Corrections) to share information and perform additional analyses is limited. [A list of the various public programs that collect relevant data is listed in Chapter V.]

Presenter Dr. Henry Brady reported that UC DATA is working with the Stanford, Harvard, and U.C. Libraries on an Internet information project. He suggested that the California State Library become part of this undertaking, specifically to develop a special teenage pregnancy and parenting data information system.

Lack of Standardized Data Element Definitions and Measures

Issue: Standardized definitions and measures need to be developed and implemented.

Comment: The California Health Information for Policy Project (CHIPP) within the Office of Statewide Health Planning and Development, and the Family Health Outcomes Project (FHOP) at UC San Francisco's Institute for Health Policy Studies (funded by the California Department of Health Services' Maternal and Child Health Branch) are addressing this issue. FHOP has tested standardized information technology in Orange County and it reportedly went well. Ms. Belshé, Director of DHS, has issued an executive order for all DHS programs to apply the standardized minimum dataset developed by FHOP in all DHS data collection activities. Roundtable participants did not consider the application of these new standards within other data gathering agencies.

Gap in Small Area Analysis Capacity

Issue: There is a lack of local, sub-county level data for many issue areas.

Comment: The California Department of Health Services' Maternal and Child Health Branch and Office of Family Planning are working with researchers in the Improved Perinatal Outcome Data Management (IPODM) Project at the U.C. Berkeley School of Public Health. The School of Public Health is conducting a "Hot Spots" analysis (funded by a grant from The California Wellness Foundation). They have identified the communities most impacted by teenage pregnancy and have clustered certain data—primarily vital statistics and census—by zip codes and "community/neighborhoods." However, attempts to conduct a similar analysis using AFDC data were unsuccessful.

IPODM is also trying to compile a zip code-level data archive that contains census, hospital discharge, vital statistics, birth outcomes (prenatal care, etc), educational attainment, and father's age. They are using California Department of Finance methodology in this work. It is being designed to be user friendly with "point and click" technology. This will include geographic mapping capacity. Internet access will be the next phase. [See Chapter VI for more detailed information about IPODM.]

Child Well-Being Status Unknown

Issue: What's happening to the babies? There is a lack of data needed to support programming for these children. There is a need to link the assessment of various intervention models with data systems that report the status of children's welfare and well-being. There is a need to link delinquency and teen childbearing and outcomes for the children.

Comment: (1) The California Department of Social Services is conducting a demonstration study assessing the impact of home visitation on child well-being in San Diego.

(2) Consideration should be given to replicating the Illinois public child welfare services study of child well-being discussed in the *Kids Having Kids* report. Rick Barth, from the U.C. Berkeley School of Social Work, is developing a data archive that could serve as the potential source for this information.

Access to Evaluation Results

Issue: A systemic feedback loop by which evaluation results can be obtained and subsequently fed back into the information base to improve policy and program administration is needed.

Comment: To date, no unified systemic survey of evaluations in this area has been conducted. Targeted funding efforts, such as DHS' community challenge grants, should include these measures in their program outcome data.

Gap In Abortion Data

Issue: The lack of California population-based abortion data creates a major data gap.

Comment: Such a data reporting requirement should be developed in partnership with abortion providers, clinics, and others so as to instill the level of trust that would be necessary for accurate reporting. This would likely require assurance that the information would be reported *confidentially*.

Applicability of National Survey Data to California

Issue: Due to sampling design, there are not sufficient numbers of California respondents in national surveys to conduct analyses specific to the state.

Comment: A survey of children and youth that includes selected elements from several national surveys within California should be conducted.

Educational Attainment of Teen Mothers

Issue: How can teen parents be identified in order to re-engage them in education?

Comment: Far West Labs (Katherine Barth), commissioned by the Foundation Consortium for School-linked Services, attempted to conduct this type of data analysis. The effort was apparently unsuccessful.

Age-Related Data for Teen Mothers

Issue: The data needs to be sufficient to allow for segregating information about teen mothers by their age (13 to 19). This is not a homogenous population. Rather, different age groups are likely to be in different circumstances and require different types of interventions.

Comment: There is also need to collect a range of various data elements for all teen mothers, including such elements as marriage, ethnicity, and geography.

Distinguishing Point-In-Time Data from Longitudinal Data

Issue: Point in time data is very different from longitudinal data.

Comment: Mixing these two types of datasets will not yield accurate and meaningful information. Thus, while there are estimates of how many teen mothers are

receiving AFDC each month, it is not yet possible to determine what proportion of teenage mothers will at some time during their teen years receive AFDC.

Potential for Standardized National Dataset

Issue: Is there an opportunity for a national standardized dataset?

Comment: According to the speakers from Child Trends, Inc. (CTI) and The Alan Guttmacher Institute, currently there is not. Rather, they suggest that there is a need for state level leadership to (1) promote standardized data; and (2) build capacity for assuming greater state responsibility for data collection. CTI is attempting to address this concern by developing a minimum set of standardized indicators.

States are reportedly not yet considering building comprehensive data capacity. It was suggested that researchers provide some guidance and direction in this regard. For example, tracking limited time AFDC grants is not currently possible. The speakers suggested that states need to determine what resources are currently available for data collection and analysis. In the case of California, they could approach California-based private funders to seek assistance for this new and expanded activity.

CHAPTER V

DATA INVENTORY AND PROFILES

This chapter attempts to provide those who work closely in the area of teenage pregnancy and parenting, and in social and quantitative research specifically, information about various data sources that pertain in some way to the issues of teenage pregnancy and parenting. It begins with an inventory of existing state, national, and other data sources, by agency. See Appendix B for more information about government data collection activities.

This is followed by profiles of nearly thirty state level data sources. The information contained in the profiles includes:

- (1) descriptions of the data collected;
- (2) the reason it is collected;
- (3) the source of the data;
- (4) the years covered by this database;
- (5) the characteristics and units analyzed;
- (6) the computer software language used by the agency collecting the data;
- (7) contact information about both the database itself and any reports published by the source agency;
- (8) when reports are generated by the source agency;
- (9) the report ordering information; and
- (10) the source of the information provided in the profile.

There are a number of important federal data sources. Descriptions of many of them are provided following the profiles. This includes census data, and numerous special surveys that national level researchers have found to be of particular value. While the portion of California respondents in the research sample is often insufficient to develop statistically reliable state level information, these special services are valuable for other purposes. Both Dr. Jennifer Frost and Dr. Barbara Sugland discuss the importance of these data (see Chapters I and II, respectively).

DATA INVENTORY

California Data

California Department of Education

Child, Youth and Family Services Branch ***Interagency Children and Youth Services Division***

- Pregnant and Lactating Students (PALS)
- Pregnant Minors Program (PMP) [see Record #1*]

*(*Refers to the profile record in the next section which describes this data source in greater detail.)*

Child Development Division

- School-Age Parenting and Infant Development (SAPID) [see Record #2]

Information Systems and Services Division

Educational Demographics Unit

- California Basic Educational Data System (CBEDS) [see Record #3]

State Attorney General's Office

- Biannual California Student Substance Abuse/Use Survey [see Record #4]

California Department of Finance

Demographic Research Unit

- State Population Projections [see Record #5]
- Annually updated birth projections [see Record #6]
- K-12 Enrollment - historical and projected [see Record #7]

California Department of Health Services

Division of Communicable Disease Control

- Automated Vital Statistics Section (AVSS) [see Record #8]

California Perinatal Hepatitis B Prevention Program

- California Perinatal Hepatitis B Prevention Program Statistics [see Record #9]

Sexually Transmitted Disease Control Branch

- Sexually Transmitted Disease Surveillance [see Record #10]

Division of Environmental and Occupational Disease Control

California Birth Defects Monitoring Program

- California Birth Defects Registry [see Record #11]

Health Information and Strategic Planning (HISP)

Vital Statistics Section

- Birth Statistical Master File [see Record #12]
- Linked Birth and Infant Death Records (Birth Cohort Files) [see Record #13]
- Summary Birth File [see Record #14]
- Summary Death File [see Record #15]

Medical Care Services (Medi-Cal)

Medical Care Statistics Section

- Medi-Cal Paid Claims File [see Record #16]
- Medi-Cal Eligibility Data System [see Record #17]
- Perinatal Care Services [see Record #18]

Office of AIDS

- HIV Survey in Child Bearing Women [see Record #19]

Primary Care and Family Health Division

High Risk Infant Follow-up Program

- High Risk Infant Follow-up Program Statistics [see Record #20]

Adolescent Family Life Program (via Maternal and Child Health Epidemiology)

- Adolescent Family Life Program Records [see Record #21]

Genetic Disease Branch

- Newborn Screening for Genetic Disease [see Record #22]

Maternal and Child Health Branch, Epidemiology Section

- Secondary analysis of Vital Statistics and Census Data

Office of Family Planning

- Family Planning Reporting System [see Record #23]

Reproductive Epidemiology

- Spontaneous Abortion Case Control Study

Women, Infants and Children Supplemental Food Program (WIC), Automated Management Section

- WIC Integrated Statewide Information System [see Record #24]

California Department of Social Services

Welfare Programs Division

Planning and Research Branch via U.C. Berkeley, Graduate School of Public Policy, Data and Technical Assistance (DATA) [see Chapter III and VI]

- Longitudinal Welfare Database [see Chapter VI]
- Cal-LEARN Data [see Chapter VI]

U.C. Berkeley School of Social Work

- CA 237-FC (Foster Care)
- CA 237-FG (Family Groups [AFDC])

National Level Databases

U.S. Bureau of Justice Statistics

- Child Rape Victims, 1992 [see next section]
- Correctional Populations in the United States, 1992 [see next section]
- Juvenile Admissions to State Custody [see next section]
- National Crime Victimization Survey [see next section]
- Survey of Youth in Custody, 1987 [see next section]
- Violence Against Women: Estimates from the Redesigned Survey [see next section]

U.S. Department of Commerce, Bureau of the Census

- Current Population Survey (CPS) [see next section, Chapter II and Appendix B]
Educational Attainment in the United States (CPS P20-462)
Fertility of American Women: June 1990-current (CPS P20-452)
Poverty in the United States (CPS P60-163, 1989)
Marital Status and Living Arrangements (CPS P20-484, March 1994)
Current Population Report: Population Estimates and Projections (P-25)
Fertility of American Women: June 1994 (P20-482)
- General Census Database Reports [see next section]
Estimates of the Population of Counties by Age, Sex, and Race/Hispanic Origin: 1990 to 1992 (PE-30)
Estimates of the Population of Counties by Age, Sex, and Race/Hispanic Origin: 1995 to 2050 (P-25-1130)
Estimates of the Population of States by Age, Sex, Race and Hispanic Origin: 1990 to 1992 (PE-29)
Estimates of the Population of the United States to December 1, 1994 (P-25-1128)
Population Projections of the United States by Age, Sex, Race, and Hispanic Origin: 1995 to 2050 (P-25-1130)
- Estimated Median Age of Marriage by Sex
- National Survey of Families and Households (NSFH)

U.S. Department of Education National Center for Education Statistics

- National Educational Longitudinal Study of 1988 [see next section]

Office of Educational Research and Improvement

- Youth Indicators 1993

U.S. Department of Health and Human Services (U.S. D.H.H.S.) Health Care Finance Administration

Medical Aid (Medicaid) [see next section]

Medicaid Program Statistics (HCFA 2082 Report)
Medicaid Financial Statistics (HCFA 64 Report)

- Medicaid National Summary Statistics [see next section]
- Medicaid Statistical Information System (MSIS) [Tape to Tape Medicaid Files] [see next section]

Public Health Services Centers for Disease Control and Prevention (CDC)

- Abortion Surveillance, US 1991 [see next section]
- Sexually Transmitted Disease Surveillance [see next section]
- Youth Risk Behavior Surveillance System (YRBSS) [see next section]

National Center for Health Statistics

- Linked Files of Live Birth and Infant Death Records [see next section]
- National Vital Statistics System [see next section]
- National Survey of Family Growth (NSFG) [see next section]
Health Aspects of Pregnancy and Childbirth: United States, 1982-88
Birth Expectations of Women in the United States, 1973-88
- National Maternal and Infant Health Survey and Follow-up (NMIHS) [see next section]
- National Mortality Followback Survey [see next section]
- Vital Statistics of the United States—Nativity and Fetal Death Statistics [see next section]
Advance Report of Final Natality Statistics
- Current Tobacco, Alcohol, and Marijuana use among High School students, 1990
- Sexually Transmitted Disease Cases by Age
- Vital Statistics Cooperative Program (State Vital Registration)

National Institute on Drug Abuse

- Monitoring the Future Study, 1975-1994: National High School Senior Drug Abuse Survey, 1994 [see next section]
- National High School Senior Drug Abuse Survey [see next section]

U.S. Department of Justice

Office of Juvenile and Delinquency Prevention

- Incarcerated Juveniles

U.S. Department of Labor

- National Longitudinal Survey of Youth (NLSY) [see next section and Chapter II]
- National Longitudinal Survey of Youth—Child Supplement (NLSY-CS) [see next section and Chapter II]
- National Longitudinal Survey of Youth (NLSY): Mothers and Children [see next section and Chapter II]
- National Survey of Adolescent Males (NSAM) [see next section and Chapter II]
- National Survey of Children (NSC) [see next section and Chapter II]
- Panel Study of Income Dynamics (PSID) [see next section and Chapter II]
- National Survey of Men (NSYM) [see Chapter II]
- National Longitudinal Survey of Young Women (NLSYW) [see Chapter II]
- National Youth Survey (NYS) [see Chapter II]
- Home Observations for Measurement of the Environment (HOME)

Alan Guttmacher Institute

Women at Risk of Unintended Pregnancy [see Chapter I]

- Abortion Provider Survey

American Association of University Women

- Hostile Hallways: the AAUW Survey on Sexual Harassment in America's Schools [see next section]

Gallup International Institute

- The Religious Life of Young Americans (1992 survey)

Manpower Demonstration Research Corporation (MDRC)

- New Chance: Program for Disadvantaged Young Mothers and their Children [see next section]

University of California, Berkeley

School of Public Health (using other government datasets)

- Profile of Alcohol and Drug Use During Pregnancy
- The Improved Perinatal Outcome Data Management Project [see Chapter VI]

School of Social Work (using other government datasets)

- Analysis of, among other things, CA 237-FC (Foster Care) and CA 237-FG (Family Groups) [AFDC] data collected by the California Department of Social Services
- Participant in Multistate Foster Care Data Archive Project [see Chapter VI]

Graduate School of Public Policy, Data Archive and Technical Assistance (using existing government datasets and original survey information) [see Chapter VI]

- Work Pays Welfare Demonstration data collection [see Chapter VI]
- Cal-Learn data collection [see Chapter VI]

SELECTED STATE DATA PROFILES

Record #1

Database/Survey:	Pregnant Minors Program (PMP)
Description/Purpose Of Data Collection:	Track Pregnant Minors Program enrollment.
Source Agency/Organization:	Family and Community Partnership Office California Department of Education
Dates Covered:	Annual, beginning 1993-94 school year.
Data Characteristics/Units Of Analysis:	Information on program sites, student characteristics, and finances.
Database Contact Info:	Ronda Simpson-Brown Family and Community Partnership Office California Department of Education P.O. Box 944272 Sacramento, CA 94244-2720 (916) 653-4297
Geographic Level:	Statewide—only counties operating a county PMP.
Form Of Data:	*
Language:	Word Perfect text.
Population:	Students enrolled in county PMP.
Variables:	*
Frequency:	*
Available Reports:	*
Source Of Above Information:	Family and Community Partnership Office California Department of Education (September 1996)

*Information not provided by source of above information.

Record #2

Database/Survey: School-Age Parenting and Infant Development (SAPID)

Description/Purpose Of Data Collection: To track use of Subsidized Child Care and Development Program including the School-Age Parenting and Infant Development (SAPID) Program.

Source Agency/Organization: Child Development Division
Child, Youth and Family Services Branch
California Department of Education

Dates Covered: Annual

Data Characteristics/Units Of Analysis: Provides listing of contractors.

Database Contact Info: Stan Moriguchi
Child Youth and Family Services Branch - SAPID
P.O. Box 944272
Sacramento, CA 94244-2720
(916) 323-1351

Geographic Level: N/A
Form Of Data: N/A
Language: IPARIS (Foxpro)/KWIK (Clipper)
Population: Providers.
Variables: *
Frequency: *

Available Reports: No reports available.

Source Of Above Information: Child Development Division
California Department of Education
(September 1996)

*Information not provided by source of above information.

Record #3

Database/Survey: California Basic Educational Data System (CBEDS)

Description/Purpose Of Data Collection: Annual collection of data about school staff and enrollment in California.

Source Agency/Organization: Educational Demographics Unit
California Department of Education

Dates Covered: 1980 - 1995

Data Characteristics/Units Of Analysis: Grade, gender and ethnic group.

Database Contact Info: Shirley Kato
Educational Demographics Unit
P.O. Box 944272
Sacramento, CA 94244-2720
(916) 657-5380

Geographic Level: School, district, county, state.

Form Of Data: *

Language: *

Population: *

Variables: *

Frequency: *

Available Reports: Public Enrollment Data, Racial/Ethnic Report

Frequency: Annual

Source Of Above Information: Educational Demographics Unit
California Department of Education
(September 1996)

*Information not provided by source of above information.

Record #4

Database/Survey: Biannual California Student Substance Abuse/Use Survey

Description/Purpose Of Data Collection: Surveillance and primary source of information about substance abuse in youth.

Source Agency/Organization: California Department of Justice
State Attorney General's Office

Dates Covered: 1985 - present

Data Characteristics/Units Of Analysis: Age, gender, race, city, school name, criminal activity.

Database Contact Info: Dorothy Torres
Department of Alcohol and Drug Programs
1700 K Street
Sacramento, CA 95814-4037
(916) 327-8976

Geographic Level: City, county.

Form Of Data: Database

Language: *

Population: Survey (n=6000, ages 11-18, male and female)

Variables: *

Frequency: *

Available Reports: *

Source of Above Information: Office of Women's Health Data Inventory
California Department of Health Services

*Information not provided by source of above information.

Record #5

Database/Survey: State Population Projections

Description/Purpose Of Data Collection: State population projections by race/age/sex are produced periodically for statewide planning

Source Agency/Organization: Demographic Research Unit
California Department of Finance

Dates Covered: 1970 - 2040

Data Characteristics/Units Of Analysis: Single year of age by race and sex.

Database Contact Info: Mary Heim, (916) 323-4080
Carol Corcoran, (916) 323-4090

Geographic Level: County, state.

Form Of Data: Data tapes and disks.

Language: *

Population: All ages, gender and ethnicity.

Variables: *

Frequency: *

Available Reports: Publication includes 5-year age groups for every 10 years 1990 - 2040. Special reports with more detail can also be requested. Data tapes with greater detail may be purchased.

Title: 1993 Population Projections

Author/Editor: Demographic Research Unit, Department of Finance

Publication Date: 1993, next in 1997.

Frequency: Updated every 3-5 years.

Ordering/Contact Info: Department of Finance
Demographic Research Unit
915 L Street
Sacramento, CA 95814-3706
(916) 322-4651; Fax: (916) 327-0222
Internet: <http://www.dof.ca.gov/>

Source Of Above Information: Demographic Research Unit
California Department of Finance
(September 1996)

*Information not provided by source of above information.

Record #6

Database/Survey: Annually updated birth projections

Description/Purpose Of Data Collection: Birth projections for the state by age of mother, and projections of total births by county.

Source Agency/Organization: Demographic Research Unit
California Department of Finance

Dates Covered: 1970 - 1994 (historical) - 2005 (projected), will be extended to 2010 in future.

Data Characteristics/Units Of Analysis: Age-specific

Database Contact Info: Carol Corcoran, (916) 323-4090
Judi McClelland, (916) 323-4098

Geographic Level: State (by age of mother), county (total births).
Form Of Data: Printed report.
Language: *
Population: General population.
Variables: *
Frequency: *

Available Reports: Birth Projections for California State and Counties
- Report 95 P-5

Author/Editor: Demographic Research Unit, Department of Finance

Publication Date: September

Frequency: Updated annually.

Ordering/Contact Info: Demographic Research Unit
Department of Finance
915 L Street
Sacramento, CA 95814-3706
(916) 322-4651; Fax: (916) 327-0222
Internet: <http://www.dof.ca.gov/>

Source Of Above Information: Demographic Research Unit
California Department of Finance
(September 1996)

*Information not provided by source of above information.

Record #7

Database/Survey: K-12 Enrollment - historical and projected

Description/Purpose Of Data Collection: K-12 public school enrollment projections.

Source Agency/Organization: Demographic Research Unit
California Department of Finance

Dates Covered: Current and ten years projection.

Data Characteristics/Units Of Analysis: School grade by county.

Database Contact Info: Carol Corcoran, (916) 323-4090
Judi McClelland, (916) 323-4098

Geographic Level: County, state.

Form Of Data: From CBEDS data (see record #3).

Language: *

Population: All K-12 enrollments in public schools.

Variables: *

Frequency: *

Available Reports: K-12 Enrollment Projections

Author/Editor: Demographic Research Unit, Department of Finance

Publication Date: October

Frequency: Updated annually.

Ordering/Contact Info: Department of Finance
Demographic Research Unit
915 L Street
Sacramento, CA 95814-3706
(916) 322-4651; Fax: (916) 327-0222
Internet: <http://www.dof.ca.gov/>

Source Of Above Information: Demographic Research Unit
California Department of Finance
(September 1996)

*Information not provided by source of above information.

Record #8

Database/Survey:	Automated Vital Statistics Section (AVSS)
Description/Purpose Of Data Collection:	Surveillance and primary source of reportable disease activity.
Source Agency/Organization:	Division of Communicable Disease Control California Department of Health Services
Dates Covered:	1986 - present
Data Characteristics/Units Of Analysis:	Age, race/ethnicity, county, medical diagnosis, onset date, date of death.
Database Contact Info:	Stan Bissell (916) 323-9808
Geographic Level:	City, county, zip code.
Form Of Data:	Reports only.
Language:	*
Population:	Reported and diagnosed.
Variables:	*
Frequency:	*
Available Reports:	Communicable Disease Reports
Frequency:	Weekly
Ordering/Contact Info:	John Williamson (916) 327-6958
Source Of Above Information:	Office of Women's Health Data Inventory California Department of Health Services

*Information not provided by source of above information.

Record #9

Database/Survey: California Perinatal Hepatitis B Prevention Program Statistics

Description/Purpose Of Data Collection: Case data management analysis and statistics.

Source Agency/Organization: California Perinatal Hepatitis B Prevention Program
Division of Communicable Disease Control
California Department of Health Services

Dates Covered: 1991 - present

Data Characteristics/Units Of Analysis: Race/ethnicity, date of birth, gender.

Database Contact Info: Les Burd
California Perinatal Hepatitis B Prevention Program
Division of Communicable Disease Control
2151 Berkeley Way
Berkeley, CA 94704
(510) 540-2879

Geographic Level: City, county, zip code.
Form Of Data: Hard copies, computer disks.
Language: SAS, ASCII files.
Population: Pregnant women with Hepatitis B.
Variables: *
Frequency: *

Available Reports: *

Source Of Above Information: Division of Communicable Disease Control
California Department of Health Services
(September 1996)

*Information not provided by source of above information.

Record #10

Database/Survey: Sexually Transmitted Disease Surveillance

Description/Purpose Of Data Collection: Surveillance of sexually transmitted disease cases.

Source Agency/Organization: Sexually Transmitted Disease Control Branch
Division of Communicable Disease Control
California Department of Health Services

Dates Covered: 1990 - present

Data Characteristics/Units Of Analysis: Race/ethnicity, age, gender.

Database Contact Info: Jean Montes
Sexually Transmitted Disease Control Branch
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 322- 2087

Geographic Level: State

Form Of Data: Database

Language: *

Population: General

Variables: *

Frequency: *

Available Reports: *

Source Of Above Information: Office of Women's Health Data Inventory
California Department of Health Services

*Information not provided by source of above information.

Record #11

Database/Survey:	California Birth Defects Registry
Description/Purpose Of Data Collection:	To monitor birth defects in California.
Source Agency/Organization:	California Birth Defects Monitoring Program Division of Environmental and Occupational Disease Control Department of Health Services
Dates Covered:	1983 - 1990
Data Characteristics/Units Of Analysis:	Race/ethnicity, date of birth, gender.
Database Contact Info:	Dr. John Harris (510) 653-3303
Geographic Level:	City, county, zip code.
Form Of Data:	*
Language:	Relational
Population:	Infants with birth defects.
Variables:	*
Frequency:	*
Available Reports:	Birth Defects in California
Frequency:	Annually
Ordering/Contact Info:	Birth Defects Monitoring Branch Division of Environmental and Occupational Disease Control 1900 Powell Street Emeryville, CA 94608 (510) 653-3303
Source Of Above Information:	California Health Information for Policy Project (CHIPP) Report Office of Statewide Health Planning and Development

*Information not provided by source of above information.

Record #12

Database/Survey: Birth Statistical Master File

Description/Purpose Of Data Collection: The purpose of the data collection varies.

Source Agency/Organization: Vital Statistics Section
Health Information and Strategic Planning
California Department of Health Services

Dates Covered: 1960 - 1995

Data Characteristics/Units Of Analysis: Child, mother and father information, place of birth, medical information.

Database Contact Info: Robin Jones
California Department of Health Services
Vital Statistics Section
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 657-2707

Geographic Level: County, zip code.

Form Of Data: 9-track tape reel, 18-track cartridge.

Language: IBM EBCDIC

Population: General population.

Variables: *

Frequency: *

Available Reports: No reports available.

Source Of Above Information: Office of Health Information and Research
Health Information and Strategic Planning
California Department of Health Services
(September 1996)

*Information not provided by source of above information.

Record #13

Database/Survey: Linked Birth and Infant Death Records (Birth Cohort Files)

Description/Purpose Of Data Collection: The purpose of the data collection varies.

Source Agency/Organization: Vital Statistics Section
Health Information and Strategic Planning
California Department of Health Services

Dates Covered: 1960 - 1993

Data Characteristics/Units Of Analysis: Live birth, infant death and fetal death.

Database Contact Info: Sandy Ficene
California Department of Health Services
Vital Statistics Section
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 657-3057

Geographic Level: County, zip code.

Form Of Data: 9-track tape reel, 18-track cartridge.

Language: IBM EBCDIC

Population: General population.

Variables: *

Frequency: *

Available Reports: No reports available.

Source Of Above Information: Office of Health Information and Research
Health Information and Strategic Planning
California Department of Health Services
(September 1996)

*Information not provided by source of above information.

Record #14

Database/Survey: Summary Birth File (PC)

Description/Purpose Of Data Collection: Surveillance of registered births, useful information on mothers.

Source Agency/Organization: Vital Statistics Section
Health Information and Strategic Planning
California Department of Health Services

Dates Covered: 1989 - 1994 (annually)

Data Characteristics/Units Of Analysis: Gender, weight, mother's age/race, education, zip code, father's age, race, payment for care/delivery.

Database Contact Info: Robin Jones
California Department of Health Services
Vital Statistics Section
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 657-2707

Geographic Level: County, zip code.

Form Of Data: Diskette

Language: ASCII (Compressed)

Population: General population.

Variables: *

Frequency: *

Available Reports: No reports available.

Source Of Above Information: Office of Health Information and Research
Health Information and Strategic Planning
California Department of Health Services
(September 1996)

*Information not provided by source of above information.

Record #15

Database/Survey: Summary Death File (PC)

Description/Purpose Of Data Collection: Surveillance of fatalities, study of causes of death.

Source Agency/Organization: Vital Statistics Section
Health Information and Strategic Planning
California Department of Health Services

Dates Covered: 1989 - 1994 (annually)

Data Characteristics/Units Of Analysis: Gender, age, race ethnicity, county, cause of death.

Database Contact Info: Robin Jones
California Department of Health Services
Vital Statistics Section
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 657-2707

Geographic Level: County

Form Of Data: Diskette

Language: ASCII

Population: General population.

Variables: *

Frequency: *

Available Reports: No reports available.

Source Of Above Information: Office of Health Information and Research
Health Information and Strategic Planning
California Department of Health Services
(September 1996)

*Information not provided by source of above information.

Record #16

Database/Survey: Medi-Cal Paid Claims File

Description/Purpose Of Data Collection: Medical service records, frequency and cause.
Baseline
data for assessing impact of managed care.

Source Agency/Organization: Medical Care Statistics Section
California Department of Health Services

Dates Covered: 1970 - present

Data Characteristics/Units Of Analysis: Date of birth, gender, race, zip code of provider,
medical diagnosis, procedure codes, drug codes,
hospital codes.

Database Contact Info: Jim Klein
(916) 657-0893

Geographic Level: City, county, zip code.

Form Of Data: Mainframe/flat file.

Language: EBCDIC

Population: Medi-Cal fee-for-service.

Variables: *

Frequency: *

Available Reports: Variable (upon request).

Ordering/Contact Info: Gene Hiehle, Chief
Medical Care Statistics Section
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 657-3066

Comments: Database covers only Medi-Cal fee-for-service
beneficiaries, and does not include Medi-Cal
beneficiaries in managed care plans.

Source Of Above Information: Medical Care Statistics Section
California Department of Health Services
(September 1996)

*Information not provided by source of above information.

Record #17

Database/Survey: Medi-Cal Eligibility Data System

Description/Purpose Of Data Collection: Tracking those recognized benefits and to provide centralized issuance.

Source Agency/Organization: Medical Care Statistics Section
California Department of Health Services

Dates Covered: 1982 - 1993

Data Characteristics/Units Of Analysis: Date of birth, gender, race.

Database Contact Info: Gene Hiehle, Chief
Medical Care Statistics Section
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 657-3066

Geographic Level: City, county, zip code.

Form Of Data: *

Language: *

Population: Aid to Families with Dependent Children, public assistance, Supplemental Security Income, County Medical Services Program, Food Stamps.

Variables: *

Frequency: *

Available Reports: *

Source Of Above Information: Office of Women's Health Data Inventory
California Department of Health Services

*Information not provided by source of above information.

Record #18

Database/Survey: Perinatal Care Services

Description/Purpose Of Data Collection: Answer inquiries related to Medi-Cal pregnancies. Based on procedure code. Does not include hospital care.

Source Agency/Organization: Medical Care Statistics Section
California Department of Health Services

Dates Covered: 1987 - present

Data Characteristics/Units Of Analysis: Race/ethnicity, date of birth, gender.

Database Contact Info: Samira Zara Al-Qazzaz
Medical Care Statistics Section
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 657-2966

Geographic Level: County

Form Of Data: Variable length, file packed fields and fixed bytes.

Language: SAS, syntax.

Population: All Medi-Cal eligibles.

Variables: *

Frequency: *

Available Reports: No reports available.

Comments: Only for perinatal care, not abortion and delivery data.

Source Of Above Information: Medical Care Statistics Section
California Department of Health Services
(September 1996)

*Information not provided by source of above information.

Record #19

Database/Survey: HIV Survey in Child Bearing Women

Description/Purpose Of Data Collection: To monitor HIV prevalence in childbearing mothers.

Source Agency/Organization: Office of AIDS
California Department of Health Services

Dates Covered: 1988 - 1994

Data Characteristics/Units Of Analysis: Race/ethnicity, gender, date of birth, age.

Database Contact Info: Donna Zukowski
(916) 324-8441

Geographic Level: City, county, region, urban.
Form Of Data: *
Language: SAS
Population: Women who had live births.
Variables: *
Frequency: *

Available Reports: HIV Seroprevalance in California Childbearing Women, 1994

Author/Editor: Juan D. Ruiz
Publisher: Department of Health Services
Publication Date: March 96
Frequency: Annually

Ordering/Contact Info: Juan D. Ruiz
Office of AIDS
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 327-7922

Source Of Above Information: Office of AIDS
California Department of Health Services
(September 1996)

*Information not provided by source of above information.

Record #20

Database/Survey: High Risk Infant Follow-up Program Statistics

Description/Purpose Of Data Collection: Program monitoring and to determine health outcomes for that population.

Source Agency/Organization: High Risk Infant Follow-up Program
Primary Care and Family Health Division
California Department of Health Services

Dates Covered: 1988 - 1994

Data Characteristics/Units Of Analysis: Race/ethnicity, date of birth, gender.

Database Contact Info: Charleen Gorrell
Primary Care and Family Health Division
High Risk Infant F/U Program
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 657-3057

Geographic Level: County, zip code.

Form Of Data: *

Language: *

Population: Client in the program.

Variables: *

Frequency: *

Available Reports: *

Source Of Above Information: California Health Information for Policy Project
(CHIPP) Report
Office of Statewide Health Planning and
Development

*Information not provided by source of above information.

Record #21

Database/Survey: Adolescent Family Life Program Records

Description/Purpose Of Data Collection: To provide descriptive data for evaluating programs.

Source Agency/Organization: Program Data and Evaluation Unit
Maternal and Child Health Branch
California Department of Health Services

Dates Covered: 1988 - 1995

Data Characteristics/Units Of Analysis: Race/ethnicity, age, gender.

Database Contact Info: Roger Smith
(916) 657-2893

Geographic Level: County (32)

Form Of Data: Database

Language: Flat files.

Population: Pregnant/parenting teens.

Variables: *

Frequency: *

Available Reports: Adolescent Family Life Program Evaluation
(1988-95)

Ordering/Contact Info: Roger Smith
Program Data and Evaluation Unit
Maternal and Child Health Branch
744 P street, Room 499
Sacramento, CA 95234
(916) 657-2893

Source Of Above Information: Program Data and Evaluation Unit
Maternal and Child Health Branch
California Department of Health Services
(September 1996)

*Information not provided by source of above information.

Record #22

Database/Survey: Newborn Screening for Genetic Disease

Description/Purpose Of Data Collection: To maintain records and registries of diagnosed diseases.

Source Agency/Organization: Genetic Disease Branch
Primary Care and Family Health Division
California Department of Health Services

Dates Covered: 1992 - 1993

Data Characteristics/Units Of Analysis: Race/ethnicity, date of birth, gender.

Database Contact Info: Fred Lorey
Genetic Disease Branch
Primary Care and Family Health Division
1947 Center Street
Berkeley, CA 94704
(510) 540-2941

Geographic Level: City, county, zip code.

Form Of Data: *

Language: Flat files.

Population: Approximately 98% of live births.

Variables: *

Frequency: *

Available Reports: *

Source Of Above Information: California Health Information for Policy Project (CHIPP) Report
Office of Statewide Health Planning and Development

*Information not provided by source of above information.

Record #23

Database/Survey: Family Planning Reporting System

Description/Purpose Of Data Collection: Analyzing trends of clients and services.

Source Agency/Organization: Office of Family Planning
California Department of Health Services

Dates Covered: 1986 - 1995

Data Characteristics/Units Of Analysis: Race/ethnicity, date of birth, gender.

Database Contact Info: Richard Brantingham
Office of Family Planning
744 P Street, Room 440
Sacramento, CA 94234-7320
(916) 657-2948

Geographic Level: County, zip code.

Form Of Data: *

Language: Flat files.

Population: Universe of clients receiving Office of Family Planning funded services.

Variables: *

Frequency: *

Available Reports: *

Source Of Above Information: Office of Family Planning
California Department of Health Services
(September 1996)

*Information not provided by source of above information.

Record #24

Database/Survey:	Women, Infants and Children Supplemental Food Program (WIC) Integrated Statewide Information System
Description/Purpose Of Data Collection:	Data collection for eligibility determination, service delivery and reporting.
Source Agency/Organization:	Automated Management Section Women, Infants and Children Supplemental Food Program (WIC) Branch California Department of Health Services
Dates Covered:	1994 - Current
Data Characteristics/Units Of Analysis:	Race/ethnicity, date of birth, gender, income, address and others.
Database Contact Info:	Patricia Kornowski, (916) 327-8531
Geographic Level:	Clinic, local agency, statewide.
Form Of Data:	*
Language:	Relational Database
Population:	California WIC participants.
Variables:	*
Frequency:	*
Available Reports:	Various participant characteristics and program management reports.
Frequency:	Varies by report.
Ordering/Contact Info:	Ron Ulmer WIC Information, Research, Evaluation Automated Management Section 3901 Lennane Drive Sacramento, CA 95834 (916) 928-6111
Source Of Above Information:	WIC Branch, Automated Management Section California Department of Health Services (September 1996)

*Information not provided by source of above information.

NATIONAL LEVEL DATABASES

The following are descriptions of national and other data sources that contain data that is directly and indirectly relevant to understanding teenage pregnancy and parenting. These descriptions also provide the titles of known publications and follow-up contact information.

U.S Bureau of Justice Statistics

Child Rape Victims, 1992

This data provides information on the ages of female rape victims. The Bureau of Justice Statistics obtained the data from 15 states that currently compile such detailed victim information. The data pertains to rapes reported to police in 1992.

Correctional Populations in the United States, 1992

The data is from a 188 page book published by the Bureau of Justice Statistics (BJS) and listing the correctional population of each state and federal system. The book lists jail and prison suicide statistics, correctional crowding, electronic monitoring, sentence commutations, AIDS deaths and much more. Number of sentenced prisoners are tabulated by sex, race and education.

Juvenile Admissions to State Custody

The State Juvenile Corrections System Reporting Program (SJCRP), supported by the Office of Juvenile Justice and Delinquency Prevention as part of the Juveniles Taken into Custody Program, collects data on juveniles admitted and released from State juvenile custody. In 1993, all 50 states and the District of Columbia participated in the program. Of these 51 participants, 35 provided individual level data on 14 variables describing the characteristics of juveniles admitted to state custody and the facilities to which they were admitted. The remaining 16 states provided aggregate counts on a limited number of variables, describing the sex, race/ethnicity, admission and release status of the youth and the most serious offense with which the youth was charged. The SJCRP does not collect information on juveniles admitted to detention, local agencies, jails, lock-ups, prisons, or private facilities. The data were collected by the U.S. Bureau of the Census and analyzed by the National Council on Crime and Delinquency.

For further information on this program call Joseph Moone at (202) 307-5929 or:

- Juvenile Justice Clearinghouse (800) 638-8736

Source: Fact Sheet #27, June 1995, by the National Council on Crime and Delinquency.

National Crime Victimization Survey

The National Crime Victimization Survey is the only ongoing national survey that emphasizes crime victims in the United States. The household survey focuses on certain criminal offenses (rape, robbery, assault and larceny) and household crimes (burglary; larceny and motor vehicle

theft). Annually approximately 50,000 U.S. households and more than 100,000 individuals participate in the survey. The frequency and impact of crimes, characteristics of crime and offenders, circumstances surrounding crimes and reporting patterns are examined. The survey has been conducted since 1973 through the Bureau of Justice Statistics of the U.S. Department of Justice. The 20th annual report includes statistical data up to 1992. The geographic level of the data includes county, state and national, as well as certain region and metropolitan statistical areas. The characteristics of the crime victims include age, educational attainment, income, race/ethnicity and gender.

Survey of Youth in Custody, 1987

This national survey interviewed juveniles and young adults from state operated, long term juvenile institutions. The sample of 2,621 residents was stratified by the size of the facility from a population of 25,000 residents from 50 institutions in 26 states. A quarter of the sample were 18-21 years old. The survey excluded locally operated institutions, state facilities that are not secured, and short term or private institutions. The survey was conducted by the U.S Bureau of the Census for the U.S. Bureau of Justice Statistics.

Violence Against Women: Estimates from the Redesigned Survey

Several years ago, the National Crime Victimization Survey was redesigned to improve estimates of difficult to measure crimes, such as rape, sexual assault and domestic violence. This special report is the first release of the 1992-93 estimates of violence against women after an extended effort to improve the victimization's survey ability to measure violence against women. The data includes age and family income of female victims of violence, and rates of injury.

Information regarding these above mentioned surveys and studies can be obtained through:

Bureau of Justice Statistics Clearinghouse
P. O. Box 179, BJS
Annapolis Junction, MD 20701-0179
Phone: (800) 732-3277
Fax: (410) 792-4358

Source: Internet, <http://www.ojp.usdoj.gov/bjs/>

NOTE: Data from the tables and graphs used in many BJS reports can be obtained in spreadsheet files on diskettes by calling (202) 307-0784.

U.S. Department of Commerce, Bureau of the Census

Current Population Survey (CPS)

The Current Population Survey (CPS) contains two sets of questionnaires: a regular questionnaire and a supplement. The regular questionnaire is used every month and collects

information on labor force characteristics, such as active labor, employment, unemployment and earnings. The survey has been collecting information since 1968 and breaks information down to the Metropolitan Statistical Area or region. The supplemental questionnaire is used periodically and the topics vary. For example, the March supplement is the Annual Demographics Survey, which is used to collect information on income, living arrangements, poverty, participation in government benefits/entitlement programs, and health insurance status. Similarly, the June CPS collects information on fertility, the October supplement focuses on education, and the November supplement on voting. In addition to being presented in numerous Bureau of the Census reports, data are also available on microfiche.

The California Department of Finance also uses CPS data to generate information specific to California (see Record #5 in previous section). Additional information may be obtained by contacting:

Demographic Research Unit
Department of Finance
915 L Street, Lower Level
Sacramento, CA 95814
Phone: (916) 322-4641
<http://www.dof.ca.gov/>

Several reports are generated from the CPS that are relevant in addressing the problem of teenage pregnancy:

- *Educational Attainment in the United States (CPS P20-462)*
- *Fertility of American Women: June 1990-current (CPS P20-452)*
- *Poverty in the United States (CPS P60-163, 1989)*
- *Marital Status and Living Arrangements (CPS P20-484, March 1994)*
- *Current Population Report: Population Estimates and Projections (P-25)*
- *Fertility of American Women: June 1994 (CPS P20-482)*

Fertility of American Women: June 1994 provides detailed fertility and socioeconomic characteristics of American women 15 to 44 years old. The data for this report were collected from the Fertility Supplement to the June 1994 Current Population Survey (CPS).

Even though fertility data were collected sporadically in the 1950s, regular annual collection and compilation of fertility data through CPS supplements did not begin until 1971. The CPS supplements have been the major source of fertility measures between the decennial census years as well as serving as a benchmark for other private and federal surveys. They are the principal surveys for evaluating past and present childbearing patterns of women. The Bureau of the Census conducts Current Population Surveys every month, although fertility data are collected only in the month of June. The June supplement questions on fertility relate to current and cumulative fertility and birth expectations. Data on birth expectations were not collected in the present survey and in 1984.

To purchase copies of *Current Fertility Indicators: June 1994* and *Fertility of American Women: June 1994 (P20-482)* contact the following address:

Fertility Statistics Branch
Population Division
Bureau of the Census
Washington, D. C. 20023
Phone: 301-457-2416
Fax: 301-457-2481

Data on fertility from the June Current Population Surveys of 1971 through 1992 were published in the Current Population Report, Series P-20. A list of these reports and other related reports are placed on the Internet. If you want to purchase any of these reports contact us at the above address.

There are several reports on state and county population of particular value:

- *Estimates of the Population of Counties by Age, Sex, and Race/Hispanic Origin: 1990 to 1992 (PE-30)*
- *Estimates of the Population of Counties by Age, Sex, and Race/Hispanic Origin: 1995 to 2050 (P-25-1130)*
- *Estimates of the Population of States by Age, Sex, Race and Hispanic Origin: 1990 to 1992 (PE-29)*
- *Estimates of the Population of the United States to December 1, 1994 (P-25-1128)*

Estimates of the Population of the United States to December 1, 1994, shows the total population including Armed Forces overseas, the resident population, and the civilian population. A graph showing components of population change by month is also included.

Population Projections of the United States by Age, Sex, Race, and Hispanic Origin: 1995 to 2050, presents population projections by age, sex, race, and Hispanic origin for 1995 to 2050. These are based on the July 1, 1994, population estimates and race definitions and are projected using a cohort-component method with alternative assumptions for future fertility, mortality, and net immigration levels. Selected information from 10 alternative series is included. Using the middle assumptions for these components, the report includes data by single years of age to 64, five-year age groups from 65 to 99, as well as for persons 100 years of age and over. Many tables give data for total population; White; Black; American Indian, Eskimo, and Aleut; Asian and Pacific Islander; and Hispanic origin.

For questions regarding reports contact:

Dr. Amara Bachu
Population Division
Bureau of the Census
Washington, D.C. 20233
Telephone: 301-457-2449
Fax: 301-457-2481
email: abachu@census.gov

Selected portions of the text and text tables are placed on the Internet. The text tables are divided into two categories—*Current Fertility Profile* and *Historical Fertility Patterns*. A more detailed table known as *the Current Fertility Indicators: June 1994*, shows detailed national fertility rates by socioeconomic characteristics categorized by age, race, marital status, and parity.

Information regarding the CPS and the reports can be obtained by contacting:

Customer Service
Bureau of the Census
US Department of Commerce
Washington, DC 20233-0800
Phone: (301) 4570-4100
Fax: (301) 457-3842
<http://www.doc.gov/>

Census contact: Population Division Statistical Information Staff: (301) 457-2422.

Source: <http://www.census.gov/>

U.S. Department of Education National Center for Education Statistics

National Educational Longitudinal Study of 1988

The National Educational Longitudinal Study is the most recent in a series of longitudinal studies from the National Center for Education Statistics (NCES). The NCES collects statistics on the condition of education in the United States and issues approximately 100 related publications a year. This particular study provides trend data about critical transitions experienced by young people as they develop, attend school and embark on their careers. The sample of 8th graders was given baseline assessment in 1988 with consequent follow-up interviews every two years. The study assessed several components of the students including family or home environment, school climate, student attitudes and involvement, school achievement, teacher attitudes, as well as fertility histories and marital status. This provided them with the opportunity to link contextual opportunities with school progress and teen childbearing. The study was also unique in that it retained the dropout students in the study.

Information on this study or relevant publications are available by contacting:

National Center for Education Statistics
National Library, Room 101
555 New Jersey Avenue, NW
Washington, D.C. 20208
Phone: (202) 219-1651

Source: <http://www.ed.gov/>

U.S. Department of Health and Human Services (U.S. D.H.H.S.) Health Care Finance Administration

Medicaid Data Sources

The primary data sources for Medicaid statistical data are the HCFA-2082 and the HCFA-64 reports. The following is a general explanation of these reports and the types of program and financial data collected from the states. The HCFA-2082 is the basic source of state-reported data on the Medicaid population characteristics and utilization. The HCFA-64 is a product of the financial budget and grant system. Both reports are described in more detail in the specific references at this site, and summary data are available as downloadable spreadsheet files.

Users of Medicaid data may note apparent inconsistencies which are primarily due to the difference in the information captured on the HCFA-2082 and HCFA-64 reports. There are two reasons that account for the majority of the differences. One substantive difference is due to payments to “disproportionate share hospitals.” Disproportionate share hospitals receive higher Medicaid reimbursement than other hospitals because they treat a disproportionate share of Medicaid patients. States determine if hospitals meet the criteria to be considered a “disproportionate share hospital” and establish a formula used to calculate the amount of the payment, subject to certain minimum standards under the law. States claim the Federal match for payments to disproportionate share hospitals on the HCFA-64. States combine this claim either with other inpatient hospital services claims or with mental health facility claims. However, payments to disproportionate share hospitals do not appear on the HCFA-2082 since states directly reimburse these hospitals and there is no fee-for-service billing. The other major difference between the HCFA-2082 and the HCFA-64 reports is due to premium payments for health insurance, HMOs and Medicare which are growing annually as managed care grows. These payments are not included on specific claims forms.

Other less significant differences occur between these reports for several reasons. Adjudicated claims data are used in the HCFA-2082 versus the reporting of actual payments reflected in the HCFA-64. Differences also may occur because of internal state practices for capturing and reporting these data through two separate systems. Finally, national totals for the HCFA-64 are different because they include other jurisdictions, such as the Northern Mariana Islands, and American Samoa.

- *Medicaid Program Statistics (HCFA 2082 Report)*
- *Medicaid Financial Statistics (HCFA 64 Report)*

Medicaid National Summary Statistics

The tables below provide National Summary Statistics on the following topics:

- *Table 6. Medicaid Recipients and Vendor Payments by Age*
- *Table 7. Medicaid Recipients and Vendor Payments by Sex*
- *Table 8. Medicaid Recipients and Vendor Payments by Race*
- *Table 9. Medicaid Recipients as a Percentage of Population by Age*
- *Table 10. Medicaid Recipients as a Percentage of Population by Sex*
- *Table 11. National Summary of Medicaid Managed Care Programs and Enrollment*

Medicaid Statistical Information System (MSIS)

States participating in the MSIS project provide HCFA with quarterly computer files containing specified data elements for: (1) persons covered by Medicaid (Eligible files); and, (2) adjudicated claims (Paid Claims files) for medical services reimbursed with Title XIX funds. These data are furnished on the Federal fiscal year quarterly schedule, which begins October 1 of each year. Those states participating in the MSIS project provide data tapes from their claims processing systems to HCFA in lieu of the 2082 tables. These data are used by HCFA to produce the 2082 tables for those states. These data also provide HCFA with a large scale database of state eligibles and services for other analyses. The purpose of the MSIS project is to collect, manage, analyze and disseminate information on eligibles, recipients, utilization and payment for services covered by State Medicaid programs.

State eligible files contain one record for each person covered by Medicaid for at least one day during the reporting quarter. Individual eligible records consist of demographic and monthly enrollment data such as the age, sex, race, basis of eligibility and the maintenance assistance status. The Paid Claims files contain information from fully adjudicated medical service related claims. Three types of claims files representing inpatient, long term care and non-institutional services are submitted by the states. These are claims that have completed the state's payment processing cycle for which the state has determined it has a liability to reimburse the provider from Title XIX funds. Paid claims records contain information on the types of services provided, providers of services, service dates, costs, types of reimbursement, and epidemiological variables.

The current uses of the three file types include: health care research and evaluation activities; program utilization and expenditures forecasting; analyses of policy alternatives; responses to congressional inquiries; and matches to other health related databases.

As of May 14, 1995, there are 29 states participating in the MSIS project, of which 26 states are exempt (including California) from the requirement to submit the HCFA-2082 report.

Source: <http://www.hfca.gov/medicaid/medicaid/htm/>

U.S. D.H.H.S. Public Health Services Centers for Disease Control and Prevention (CDC)

Abortion Surveillance, US 1991

This publication is a summary of data reported to the Center for Disease Control and Prevention regarding legal induced abortions in the United States during 1991. The characteristics of women who obtained legal abortions include age, race/ethnicity and gender. The one-time report includes number, ratio and rate of legal abortions performed annually, as well as the percentage of abortions obtained by out-of-state residents, reported legal abortions obtained by teenagers, and reported legal abortions by weeks of gestation and type of procedure. The data is geographically specific at the state and national level.

The authors of the report are Lisa M. Koonin, Jack C. Smith and Merell Ramick and is published in the *MMWR: Morbidity and Mortality Report*, Volume 44, Number SS-2, May 5, 1995. The report can be ordered through:

Superintendent of Documents
U.S. Government Printing Office
P. O. Box 371954
Pittsburgh, PA 15250-7954
Phone: (202) 512-1800

Sexually Transmitted Disease Surveillance

Sexually Transmitted Disease (STD) surveillance systems are operated by state and local STD control programs. These systems are an integral part of program management at all levels of prevention and control in the United States. The role of these surveillance systems is to provide program managers with the disease and trend information necessary for problem definition, priority setting, resource allocation and program evaluation. *STD Surveillance 1994* consists of four parts. The National Profile contains figures that provide an overview of STD in the United States. The accompanying text identifies major findings and trends for selected STDs. The Special Focus Profiles contain figures and text describing STD in selected subgroups and populations that are a focus of national and state prevention efforts. The detailed tables provide statistical information about STD at the state, city and national levels.

Information can be obtained from:

Information Technology and Services Office
National Center for HIV, STD and TB Prevention
Center for Disease Control and Prevention
1600 Clifton Road, Mailstop E-06
Atlanta, Georgia 30333
Phone (404) 639-1819

Source: Division of STD Prevention, U.S. Department of Health and Human Services, September 1995.

Youth Risk Behavior Surveillance System (YRBSS)

The Youth Risk Behavior Surveillance System is a school based survey that monitors six health behaviors among youth and young adults. The behaviors monitored are behaviors that contribute to unintended and unintentional injuries, tobacco use, alcohol and drug use, sexual behaviors, dietary behaviors, and physical activity. The survey has been conducted on grades 9-12 every two years since 1990 by the Centers for Disease Control and Prevention, as well as data from state and local school-based surveys. The report generated from this study is the *Youth Risk Behavior Surveillance—United States, 1993*.

This report can be ordered through:

Superintendent of Documents
US Government Printing Office
P.O. Box 371954
Pittsburgh, PA 15250-7954
Phone: (202) 512-1800

Information regarding the survey can be obtained through:

National Technical Information Services
US Department of Commerce
5825 Port Royal Road
Springfield, VA 22161
Phone (703) 487-4650 or (800) 553-6847
Fax (703) 321-8547

U.S. D.H.H.S. CDC National Center for Health Statistics

Linked Files of Live Birth and Infant Death Records

The NCHS Linked Files of Live Birth and Infant Death Records are research files for exploring the complex relationships between infant death and risk factors present at birth. The linked files

include information from the birth certificate such as birth weight, mother's age, and prenatal care, and are linked to information from the death certificate for the same infant, such as cause of death and age at death.

The files are birth cohort linked files. They are based on deaths under one year of age to all infants born in a calendar year. Each file contains approximately 40,000 linked records. The first annual national linked file was for the 1983 cohort under a pilot project. Beginning with the birth cohort of 1987, linked files are part of the National Vital Statistics System.

National Vital Statistics System

The National Vital Statistics System is responsible for the Nation's official vital statistics. These vital statistics are provided through state-operated registration systems. The registration of vital events—births, deaths, marriages, divorces, fetal deaths, and induced termination of pregnancy—is a state function.

However, standard forms for the collection of the data and model procedures for the uniform registration of the events are developed and recommended for state use through cooperative activities of the states and NCHS (National Center for Health Statistics). The Center shares the costs incurred by the states in providing vital statistics data for national use. The NCHS:

- Provides data on births, deaths (including infant deaths), fetal deaths, induced termination of pregnancy, marriages, and divorces.
- Produces annual data for the United States and for states, counties, and other local areas, and monthly provisional data for the United States and each state.

The data is based on vital records filed in state vital statistics offices.

Findings are published in the Monthly Vital Statistics Report, Vital Statistics of the United States annual volumes, and Vital and Health Statistics series 20 and 21. Data are also available on public use data tapes and, for selected files, on CD-ROMs.

National Survey of Family Growth (NSFG)

The National Survey of Family Growth (NSFG) is the primary data on patterns of reproductive health, fertility intentions, contraception, as well as child development, prenatal and postnatal care, and infant health. It is an important estimate of sexual activity among teenagers, as well as young women. The NSFG was conducted in four cycles, 1973, 1976, 1982 and 1988 (I-IV). The 1988 cycle is still being used since the 1995 cycle will not be available until the middle of 1997. This cross sectional study is based on interviews with 10,847 women (1408 adolescent) of reproductive age (15-44) and is intended to monitor trends in practices related to reproductive health and childbearing. Reports based on data collected from the NSFG include:

- *Health Aspects of Pregnancy and Childbirth: United States, 1982-88*
- *Birth Expectations of Women in the United States, 1973-88*

For information regarding a list of reports:

National Center for Health Statistics
6525 Belcrest Road
Hyattsville, MD 20782
(301) 436-8500

National Maternal and Infant Health Survey and Follow-up (NMIHS)

The 1988 Maternal and Infant Health Survey (NMIHS) is a national population-based survey of women and children providing baseline data on issues related to child development and health care, pediatric provider use and hospital use. The 1991 NMIHS Follow-up provides representative national longitudinal data evaluating child development, low birth weight, nutrition, child care, barriers to pediatric care, environmental hazard exposures and injury education. Data sources include mothers, pediatric care providers and hospitals. The survey provides information at the national and state level with breakdowns of age, educational attainment, health insurance status, income, race/ethnicity and sex.

The survey is based on 10,000 live births, 4,000 fetal deaths, and 6,000 infant deaths.

National Natality Surveys were conducted in 1963, 1964-66, 1968-69, 1972, and 1980. A National Fetal Mortality Survey was done in 1980, and a National Infant Mortality Survey was conducted in 1964-66.

National Mortality Followback Survey

Data on characteristics of deceased persons are provided in the National Mortality Followback Survey. Information from this survey expands information on the death certificate to help researchers identify how lifestyles affect health and the extent of the burden of illness in the last year of life. The survey provides data on socioeconomic characteristics of deceased persons, use of and payment for hospitals and institutional care during the last year of life, and factors related to health status, such as smoking habits.

This survey is based on a questionnaire sent to the people who provide information for the death certificate. The 1986 survey is a national sample of approximately 1 percent of the U.S. resident deaths of persons 25 years of age and over. If death occurred in a hospital or institution, a questionnaire is also sent to the facility.

Conducted annually from 1961 to 1968 and in 1986, the most recent survey was initiated in 1993, and is the first survey to collect information from medical examiners and coroners for external causes of death.

Any information regarding National Center for Health Statistics surveys can be can be obtained through:

National Technical Information Services
US Department of Commerce
5825 Port Royal Road
Springfield, VA 22161
Phone (703) 487-4650 or (800) 553-6847
Fax (703) 321-8547

Vital Statistics of the United States—Natality and Fetal Death Statistics

The National Center for Health Statistics collects national data continuously that are related to birth, death, fetal death, marriage and divorce through a national registrations system. The natality reporting system, creates both rates and characteristics and includes all births occurring in the United States since 1915 at the national, state, and local level. The data collected includes basic demographics of the mother and father, including education, occupation, parity and age of the youngest child. In addition, it reports on the utilization of medical services and the health of the infant. Since 1989, they have also kept track of maternal health and lifestyle characteristics. This reporting system has been able to follow some significant trends in teen births. The Fetal Death Data Population bases are computed using data from the U.S. Bureau of the Census.

Programs involved with the national data at the state level include:

- Vital Statistics Cooperative Program
- Linked Birth/Infant Death Program

Source: <http://www.cdc.gov/nchswww/nchshome.htm>

U.S. D.H.H.S. National Institute on Drug Abuse

Monitoring the Future Study, 1975-1994: National High School Senior Drug Abuse Survey, 1994

Information related to the study can be obtained through:

National Institute on Drug Abuse
U.S. Department of Health and Human Services
5600 Fishers Lane
Rockville, MD 20857
Phone: (301) 443-6487

Source: *Statistics on Alcohol Drugs and Tobacco Use* edited by Timothy L. Gall and Daniel M. Lucas, 1996

National High School Senior Drug Abuse Survey

National Institute on Drug Abuse has gathered each year since the mid-1970's survey statistics related to smoking by high school seniors. The purpose of these statistics has been to understand the long term patterns and trends regarding smoking.

U.S. Department of Labor

National Longitudinal Survey of Youth (NLSY)

The National Longitudinal Survey of Youth (NLSY) is one of the surveys from a series of surveys which gathers information on the labor market experiences of men and women. The surveys are sponsored by the Bureau of Labor Statistics (US Department of Labor) and conducted by the Center for Human Resource Research (CHRR) of The Ohio State University. The primary purpose of the longitudinal studies is to collect data on labor force experiences, but a range of factors are included that impact this. Information has been gathered on education and training, geographic region, influence of parents, marital status and family responsibilities, as well as pregnancy and contraceptive histories. The NLSY is a nationally representative sample of 12,686 young men and women who were 14 to 22 of age when they were first surveyed in 1979.

The NLSY data is available on compact disc, nine track magnetic tape and, IBM 3480 cartridge tape.

National Longitudinal Survey of Youth—Child Supplement (NLSY-CS)

Information from the female respondent of the NLSY had been collected on a regular basis as they became mothers and on the birth and early childhood of their children. In 1986, funding was obtained to expand the collection of information on children. This provided researchers the opportunity to examine the linkages between maternal behaviors and attitudes and subsequent child development. Child assessment interviews have been conducted in 1986, 1988, 1990 and 1992. The number of children born to interviewed mothers and children eligible for assessment has increased from 5255 in the initial survey year to 7266 in 1992. The interviews assess early social, emotional, cognitive and psychological development of the children. The NLSY Child Data is available on compact disc, nine track magnetic tape, and IBM 3480 cartridge tape.

National Longitudinal Survey of Youth (NLSY): Mothers and Children

Information on both the experiences of NLSY women as they become mothers and on the birth and early childhood of their children has been collected on a regular basis during the main youth surveys (1986-1992). A battery of child cognitive, socio-emotional and psychological assessments has been administered biennially (N=5255-7255). The availability of these child data coupled with longitudinal information on the family background, education, employment histories, and economic well being of each NLSY mother provide researchers a unique opportunity to examine linkages between maternal—family behaviors and attitudes and subsequent child development.

Information regarding the surveys or reports generated from the study can be accessed by contacting:

National Longitudinal Surveys
2 Massachusetts Avenue NE, Suite 4945
Washington, D.C. 20212-0001
Phone: (202) 606-7405

National Survey of Adolescent Males (NSAM)

The National Survey of Adolescent Males is a longitudinal study conducted since 1986 involving 1,880 males between the ages of 15-19. The study provides researchers with insights into male sexuality, contraception, parenthood and education. The project is a cooperative effort between the Center for Research on Women and the Urban Institute and funded by the National Institute of Child Health and Human Development (NICHD). The survey not only asks whether young men have had sexual intercourse but also how many partners, how often he has had sex, and when he has been involved in more than one sexually active relationship.

More information regarding the study can be obtained by contacting:

Center for Research on Women
Wellesley College
106 Central Street
Wellesley, MA 02181-8259
(617) 283-2500

Source: Research Report: Wellesley College Center for Research on Women, Volume XIII, Number 4, Spring 1994, p. 1.

National Survey of Children (NSC)

This was a national sample of children who were between the ages of 17 and 23 years of age by the third wave of the study in 1987. The original sample (1976) was a multi-stage stratified sample of households in the United States containing at least one child ages 7 to 11. The sample included 1081 parent and 1147 children and there was considerable attrition between the first wave (1976) and the third wave (1987). The attrition was not random and occurred most frequently among blacks. Even though blacks were oversampled, weights were developed to adjust for the attrition. The personal interviews addressed a variety of issues including sexual intercourse among adolescents.

Source: A paper published by Kristen A. Moore, and James L. Peterson, The Consequences of Teenage Pregnancy

Information regarding the survey or the report can be accessed by contacting:

Child Trends, Inc.
4301 Connecticut Avenue, Suite 100
Washington, DC 20008

Panel Study of Income Dynamics (PSID)

This ongoing study was begun in 1968 in an attempt to fill the need for a better understanding of the determinants of family income and its changes. The investigator hoped to discover whether most short term changes in economic status are due to forces outside the family or if they can be traced to something in the individual's own background or in the pattern of his or her thinking and behavior. The questions asked fall generally under the headings of economic status, economic behavior, and attitudes. Specifically they deal with employment, income, housing, car ownership, food expenditure, transportation, do-it-yourself home maintenance and car repairs, education, disability, time use and family background.

The PSID 1968-1989 is a combination of a representative cross-section of nearly 3,000 families selected from the Survey Research Center's master sampling frame and a subsample of about 1,900 low-income families previously interviewed by the Census Bureau of the Office of Economic Opportunity. The combined sample is appropriately weighted to be representative of all people in the United States. In addition, there are several subsamples. The 1985 Ego-Alter file presents information on retrospective histories of marriages, childbirth, adoption and substitute parenting. This file can be used in conjunction with the 1968-1985 Cross-Year Family Individual File.

Related Publication: *Five Thousand American Families—Patterns of Economic Progress: Analyses and Special Studies of the Panel Study of Income Dynamic* by James N. Morgan and the Staff of the Economic Behavior Program.

Information regarding the study can be addressed to:

Institute for Social Research
University of Michigan

American Association of University Women

Hostile Hallways: the AAUW Survey on Sexual Harassment in America's Schools

First national scientific study of sexual harassment in public schools. Based on the experiences of 1,632 students in grades 8 through 11. The study was commissioned by the AAUW Educational Foundation and conducted by Louis Harris and Associates in 1993.

To purchase a copy of Hostile Hallways or information on the survey contact:

AAUW Educational Foundation Research
Department RR.INT
111 Sixteenth Street, NW
Washington, DC 20036
Phone: (800) 225-9998 ext. 346

Manpower Demonstration Research Corporation (MDRC)

New Chance: Program for Disadvantaged Young Mothers and their Children

New Chance was a national demonstration program operated between 1989 and 1992 at 16 locations in 10 states. The model intended to improve the economic prospects and overall well being of low income young mothers and their children. The program targeted young mothers (16 to 22) who gave birth during their teenage years and were receiving AFDC, as well as high school dropouts. The evaluation conducted by Manpower Demonstration Research Corporation includes a comparison of 2,322 women who were assigned to an experimental group or a control group. The groups are being examined at 18 months and 42 months to address the long term impacts of the program. Information regarding the evaluation can be obtained by contacting:

Manpower Demonstration Research Corporation
Three Park Avenue
New York, NY 10016
(212) 532-3200

CHAPTER VI: SPECIAL DATA REFORM AND ENHANCEMENT ACTIVITIES

There are a number of important special data projects taking place in California and elsewhere that could make a significant contribution toward improving data systems. Some are specifically relevant to teenage childbearing. Others, while dealing only tangentially to teenage pregnancy, serve as possible models for further data enhancement.

University of California Data Archive and Technical Assistance

Since 1963 the University of California Data Archive and Technical Assistance (UC DATA) has been the University of California's principal archive of computerized social science information. Located on the Berkeley campus, it utilizes local, state, national, and international data to support graduate and undergraduate instruction in the social sciences and related fields; aids academic and non-academic researchers; and helps clients, including business, industry, and government, access and reformat quantitative data.

UC DATA is also a producer of large-scale social science databases for the research community. These programs at UC DATA collect documents; archive, and develop new datasets for social research; and provide access to new databases for researchers and generate research results for policymakers. The UC DATA Director is Henry E. Brady, Professor of Political Science and Public Policy at the University of California, Berkeley (UCB). Barbara West Snow, Ph.D., is UC DATA's Research Director. Principal Investigators include Jane Mauldon, Associate Professor of Public Policy at UCB, and Marcia Meyers, Assistant Professor of Social Work at Columbia University.

Interrelated research designs and data collection activities help assure that the differing strengths and weaknesses of each dataset can individually serve as checks on their collective accuracy and comprehensiveness. Medi-Cal records are being used to analyze welfare spells and transitions between aid categories over time. Administrative records from the computerized AFDC systems of four research counties have been organized and combined into a "Uniform Database (UDB)" containing payment information and other variables on cases involved in California's welfare reform experiments.

Case file records of research subjects are being coded, to both validate the data found in computerized administrative records, and to collect information on key variables found only there, such as the value of resources, automobiles, and restricted bank accounts. Extensive Computer Assisted Telephone Interviews (CATI) provide self-reported information about data found in other sources on the same AFDC case, and also allow in-depth information to be collected on smaller samples. Administrative datasets from the Employment Development Department (EDD) are currently being cleaned for validation of employment histories, as well as to provide primary information on employers of AFDC recipients. Data from the Franchise Tax Board will be analyzed for recipient participation in the Earned Income Tax Credit (EITC) Project. Since 1992

UC DATA has worked with the California Department of Social Services (CDSS), not only to design research and evaluations for welfare reforms in the state, but also to document dynamics of family poverty and welfare use in California.

Current UC DATA projects include:

California Work Pays Demonstration Project (CWPDP). The California Work Pays Demonstration Project is testing whether or not a set of work incentive reforms improves the transition between welfare and work. A stratified random sample of 15,000 cases (10,000 experimental and 5,000 control) from the Aid to Families with Dependent Children (AFDC) population in four research counties is being followed for six years. Experimental cases are given a new package of welfare reforms, and control cases retain the AFDC rules in effect as of September 1992. CWPDP is a collaboration between the Research Branch of the CDSS, UC DATA, and the Survey Research Center (SRC), also located at the University of California, Berkeley.

The California Work Pays Demonstration Project collects and integrates on the individual, the household, welfare and employment characteristics of AFDC recipient households, both during and after their participation in the welfare system. These detailed, longitudinal data are for several interrelated samples of low-income families receiving welfare in California between 1987 and 1998. These data are being linked with other administrative datasets and being made available on CD-ROMs to scholars and analysts with interests in welfare, poverty, employment and family research. One and ten percent person and case samples drawn each year from Medi-Cal Administrative records, together with updates of activities from prior years, currently comprise longitudinal public use databases with over five million records. The project data are from four separate sources:

- 1) State-level administrative records for AFDC, Medicaid, Unemployment Insurance, and other state and federal assistance programs;
 - 2) County-level administrative records for the AFDC and Food Stamp programs;
 - 3) Nonautomated client records maintained at county welfare offices; and,
 - 4) Telephone interviews with AFDC recipients.
- *English/Spanish and Foreign Language Panel Survey.* As part of the CWPDP, panel studies have been implemented to promote understanding of the experiences of different ethnic and family groups on AFDC and their transitions to marriage, employment, and to different kinds of public assistance. Computer Assisted Telephone Interviews (CATI) are being conducted every eighteen months with English (1731), Spanish (483), Vietnamese (504), Cambodian (383), Armenian (349), and Laotian (115) research subjects. Through these efforts, UC DATA is increasingly becoming a university center for research on welfare and poverty.
 - *Assistance Payment Demonstration Project.* The Assistance Payment Demonstration Project is the financial incentives component of the CWPDP, collecting data for an evaluation of the impact of reducing the maximum aid payment, eliminating the 100 hour rule for unemployed parents, and rescinding a four month limitation on the \$30 and 1/3 income disregard for AFDC recipients in

California. Data are also collected on resource limits, restricted bank accounts, and other changes. Evaluation data from multiple sources are collected on a stratified random sample of 15,000 cases (10K experimental and 5K control) from the AFDC population in Alameda, Los Angeles, San Bernardino, and San Joaquin counties. Contact Barbara Snow, Ph.D., at (510) 642-3149.

Cal-Learn Demonstration Project. The Cal-Learn Demonstration Project is testing the importance of two programmatic features to the subsequent birth and educational outcomes of teen parents on AFDC. Employing a factorial research design to test the importance of case management services and/or financial incentives on outcomes, UC DATA and CDSS are collecting data on teens new to AFDC and the same four research counties. Using a factorial research design, pregnant and parenting teens enrolled in Cal-Learn are randomly assigned to one of four treatment groups in the same four research counties based on the last digits of teens' social security numbers. Multiple administrative datasets are compared to see if differences in financial incentives and case management services impact their future educational attainment, AFDC receipt, and incidence of repeat birth. Research on Cal-Learn includes a retrospective survey of the social circumstances of program participants and their assessment of the program, as well as a prospective survey to determine the etiology of early parenting and other important social outcomes among high risk youth. Contact Jan Malvin, Ph.D., at (510) 643-0663.

Analysis of Entry Effects on Welfare Reform. This research will provide an analysis of the entry effects of CWPDP charges in California's welfare program. Work will include the development of a structural monthly time-series caseload forecasting model for the AFDC-U parent caseload, as well as a more sophisticated stochastic specification for the model by addressing the fact that disturbances in the terminations and accession equations are likely to be correlated. The relationship between accessions to and terminations from two groups of AFDC recipients, AFDC-FG and AFDC-U—will be examined. The model will incorporate a specification for the link between births and public assistance accession, and be desegregated to the county level for the four CWPDP research counties (Alameda, Los Angeles, San Bernardino, and San Joaquin). A specification for the link between the expansion and contraction of the labor market and accessions to and terminations from welfare will also be incorporated. Finally, the ethnic composition of the population and the dynamics of welfare receipt will be explored. Contact Tom MaCurdy, Ph.D., Professor of Economics, Stanford University, at (415) 725-5702.

Longitudinal Database (LDB). The LDS prepares multiple administrative databases to document the dynamics of family poverty and welfare use in California. In collaboration with CDSS, the LDB research component collects, cleans, organizes and documents detailed longitudinal data for representative samples (1% and 10% statewide) of low-income families who received welfare in California between 1988 and 1998 and makes these data available to analysts with an interest in welfare, poverty, employment and family research.

Data will be collected for several more years, augmenting the already powerful multi-source information bank on welfare clients. Datasets, once cleaned for consistency over time, stripped of identity, and carefully documented by a research team at UC DATA, are being released to the research community as data sources for additional studies. Contact Susan Ayasse at (510) 643-6530.

Earned Income Tax Credit (EITC) Project. This project is a series of studies that are being conducted by five investigators from five universities. The EITC project assesses the effects of various tax provisions on low income households, including program design and compliance, patterns of eligibility and participation among recipients of public assistance, labor supply, the dynamics of welfare and EITC as incentives change, and EITC use and transfer program non-compliance. Medi-Cal LDB data is being merged with employment records from the Employment Development Department and tax records from the Franchise Tax Board. Contact Susan Ayasse at (510) 643-6530.

Massachusetts Data Project. UC DATA is providing technical assistance to the State of Massachusetts on the development of a central sample from the Department of Public Welfare on AFDC recipients and cases since 1991, assisting with the construction of files, the validation of sub-samples, the implementation of data cleaning procedures, and the development of documentation for public use releases of the data. Data include monthly files on every case and every person receiving AFDC in Massachusetts. The files contain extensive data on welfare recipients and households including family size, the educational attainment of the household head, previous welfare participation, benefit amounts, amount of earned income, and detailed information on the circumstances of the opening and closing of the case. Contact Susan Ayasse at (510) 643-6530.

Disabilities Among Medi-Cal Eligible Population. This project is exploring the dynamics of disability using multiple data sources, including the English-Spanish AFDC panel surveys, case files, and computerized administrative records. It includes studies of welfare spell durations among disabled adults and families with disabled children, the extent of disabilities that prevent employment among AFDC recipients and their children; private hardship and public costs. The disability study will answer questions about program participation, transitions, and costs in the population of individuals that receive cash aid from federal and state programs (AFDC, SSI/SSP, Foster Care). Contact Marcia Meyers, Ph.D., at (315) 443-9049; Barbara Snow, Ph.D., at (510) 642-3149.

Reproductive Health Policy Study. Researchers from the Graduate School of Public Policy and the School of Public Health at UCB are collaborating on a study of birth control knowledge, attitudes, and practices among Medi-Cal eligible low-income women, including their experiences with contraceptive methods and family planning services. The central purpose is to identify ways in which family planning services can be made more accessible to this population. Study methods include a literature reviews analysis of quantitative data from a pregnant and parenting teen sample, as well as the conduct and Analysis of twelve focus groups. Research subjects include stratified subgroups of women aged 21-45 who are members of the AFDC English/Spanish and Foreign Language Panel Survey residing in Alameda, San Joaquin, and Los Angeles counties. Contact Carol Chetkovich, Ph.D., at (510) 642-9974.

Sometime during the 1996-97 fiscal year, UC DATA will begin work on a new project, "Probabilistic Retrieval from Full-Text Document Collections Using Logistic Regression." Contact UC DATA Assistant Director Fredric Gey, Ph.D., at (510) 642-6571.

In addition to evaluation experience, UC DATA also has important expertise in the area of management information systems, having helped design computerized policy information systems in both the social welfare and workers' compensation areas. UC DATA:

- designs data collection forms, screens and system documentation;
- develops comprehensive administrative and research information systems;
- constructs functional interfaces between administrative datasets so they can be used in combination to answer complex policy questions;
- is a leader in social science computing with its on-line codebook project;
- developed the largest digital library on the Internet with census CD-ROMs;
- has the capability to identify at-risk populations at fine geographic detail;
- can identify at-risk populations by census tract, labor market trends by county, and transfer payments (Bureau of Economic Analysis - BEA) by county;
- in on the census Survey of Income and Program Participation (SIPP) advisory committee of the Association of Public Data Users (APDU); and
- is a leader in the conversion of administrative databases for research use.

UC DATA also serves as the regional center for distributing U.S. Census data to academic institutions in California as part of the Census Bureau's State Data Center program. The systems have been linked to the Census Bureau's web page as the site with the most complete source of census data available.

UC DATA's strength in combining datasets for policy analysis is exemplified by a series of data books which use archived data to study ethnic groups in the context of poverty programs. The current series includes the Latina/Latino Public Opinion Data Book (1993), the *Latina/Latino Demographic Data Book* (1993), and the Asian Demographic Data Book (1995).

UC DATA's Information Systems Research Program, 1995 - 1996

UC DATA's Information Systems Research Program has four facets:

- 1) Research and demonstration projects for quantitative data retrieval via the internet;
- 2) Text retrieval research for assimilating and retrieving large document collections;
- 3) Data books which summarize key social science indicators in a format easily understandable by policymakers and the general public; and
- 4) Consulting and data supply for government and non-profit organizations.

Quantitative Data on the Internet. UC DATA continues its work to make social science, census, and health data available on the internet. U.C. Berkeley maintains the UC CD-ROM Information Systems, sited at Lawrence Berkeley Laboratory, and with data supplied by UC DATA and the Library, UC DATA has continued to provide the most comprehensive social science digital library on the Internet.

UC DATA is participating with the UC Library to develop a Social Science Data Library Consortium (SSDLC) in conjunction with Harvard, Stanford, UC San Diego, and Oregon State

University. This will replace and expand the UC CD-ROM information service with a more robust system which will serve the campus through the Library's SunSite system. Development of the software for the census aspect of the SSDLC will be directed by UC DATA and funded by the consortium. UC DATA has developed a project plan for transfer of STF3, the largest of the census data files (35 gigabytes) to the SunSite.

In anticipation of the dismantling of mainframe computing on the U.C. Berkeley campus, UC DATA has acquired a tape robot mass storage system to support its social welfare information projects. The system can read IBM mainframe tape cartridges and store them directly on UNIX disk.

UC DATA has continued its program of making census microdata available for direct access and analysis by university researchers. This has become more of an archive function than an advanced research function, and hence is covered below. The paper, Outline Codebook Browsing and Conversational Survey Analysis, by Drs. He and Gey was published in the Summer 1996 issue of *Social Science Computer Review*.

Data Books for policymakers. In July 1995 the *Pacific Rim States Asian Demographic Data Book*, authored by UC DATA, was published by the Pacific Rim Research Program of the Office of the President (UCOP). The first printing of 700 copies of the monograph was quickly distributed and is now in a second printing. In March and April UC DATA proposed a second edition of its *California Latina/Latino Demographic Data Book* to the California Policy Seminar and the UC Institute for Mexico and the United States (UC MEXUS, a UCOP unit located at the Riverside campus). A grant was awarded to UC DATA in May 1996 for this proposal, and preparation of this data book is now underway. Finally, UC DATA is working on a *California Welfare Data Book* which will give a comprehensive profile of public assistance programs in California.

Text retrieval research. During 1995-1996 UC DATA has continued its program of text and document retrieval research by participation in the 1996 Text Retrieval Conference TREC-5; this is sponsored by the National Institute of Standards and Technology. The TREC conferences are the premiere showcase of text retrieval algorithms. For TREC-5, UC DATA's team of graduate students have prepared algorithms for document retrieval in both the Chinese and Spanish languages. UC DATA will present their results in Washington, DC, November 20-22, 1996.

Consulting and data supply. During 1995-1996 UC DATA was asked to become the archival representative to the Association of Public Data User's Census Survey of Income and Program Participation (SIPP) Working Group. This group provides advice and feedback to the Bureau of the Census on its SIPP longitudinal survey of American household participation in public assistance and support programs. A recent National Academy of Sciences report, *Measuring Poverty: A New Approach*, has recommended that the SIPP program become the single measure of poverty levels in the United States.

In 1996 UC DATA entered into a contract with the Public Policy Institute of California (PPIC) to provide archive and consulting support for researchers at PPIC. Under this contract UC DATA is:

- 1) Conducting data searches to locate datasets which pertain to PPIC major research and policy analysis areas.
- 2) Creating custom subsets of data to facilitate PPIC analysis.
- 3) Consulting with PPIC researchers on analytical approaches for data analysis and hardware/software configurations.

California Health Information for Policy Project

The California Health Information for Policy Project (CHIPP) was initiated in 1991 and is funded in part by the Robert Wood Johnson (RWJ) Foundation under its national project, *Information for State Health Policy*. These projects are designed to assist states improve their health information systems to support health policy making and program management. The mission of the CHIPP is to increase the availability, accessibility, and usability of health data and information to address access to and management of primary health care services and resources for the increasingly diverse population of California.

CHIPP is governed by a steering committee made up of an executive member of the California Health and Welfare Agency, legislators, directors of several departments within the California Health and Welfare Agency, and representatives from multicultural organizations, counties, and the University of California. Dr. David Werdegar, MD, MPH, Director of the Office of Statewide Health Planning and Development, serves as its chair. There is also an interorganizational work group called the Health Data Coordinating Council. The Council is comprised of representatives from various state and county agencies, providers, community advocacy groups, associations, foundations, the university, and the Legislature. The Council provides the expertise and resources necessary to accomplish the objectives of CHIPP.

Phase I of the CHIPP began in 1991 with an 18 month grant from the Robert Wood Johnson Foundation's Information for State Health Policy Program. The first phase was a planning effort to establish the process for CHIPP. Phase II began in October 1993 with a 4-year grant from the RWJ Foundation. The second phase is designed to establish statewide access to a rational, client/family-oriented, needs based, integrated, statewide database to provide coordinated primary health care services which focus on prevention and early intervention; and identify and establish logical policy, program and information linkages among primary care services programs.

Major Elements of CHIPP

With this structure in place, CHIPP reached consensus on several major elements of future health information systems in California.

- 1) Future systems will contain comprehensive, client specific data on prevention and on all levels of treatment. They will include data on health status indicators, population, demographics, and distribution of resources. They will include information on social services, mental health, aging, alcohol and drug programs, rehabilitation, developmental services and even education.
- 2) Key variables such as race/ethnicity, diagnoses, age, services, resources will have standardized definitions.
- 3) Individual datasets will not necessarily be stored in a centralized location. Instead, they will contain the necessary information to create linkages between datasets.
- 4) Access to information will be expanded through such mechanisms as existing wide area networks and the Internet. Access will also be enhanced as standards for systems architecture are developed and as uniform policies regarding confidentiality are implemented.

CHIPP has been able to make significant progress toward its objectives through the initiation of several projects:

- 1) Increase people's awareness of available data;
- 2) Provide linked datasets for richer information;
- 3) Enhance capabilities to analyze health status and resource allocation through geographic information systems;
- 4) Disseminate data and information through a health fact book;
- 5) Increase efficiency in data collection and integration through core data; and
- 6) Provide policymakers and program managers with tools to enhance their ability to understand and use health data and information.

The following projects are also in progress:

- 1) Linking datasets such as hospital discharge data with birth, death, cancer, and Medicaid data;
- 2) Establishing policies on confidentiality, core data, and coding conventions;
- 3) Developing plans for population based surveys; and
- 4) Promoting use of the latest mapping software for the display of geographically based data.

CHIPP has produced the California Health Data Base Inventory, which contains descriptive information on over 125 databases currently maintained by ten departments or programs within

the California Health and Welfare Agency. It is available in printed form and in a software program that allows anyone with a personal computer running DOS to sort and search for information in the inventory. The software program is available in a compressed file from CHIPP's web site and can be downloaded. The web site address is <http://www.chipp.cahwnet.gov/>.

Due to the increasing demands imposed by the myriad of concerns associated with health data and information, CHIPP strives to keep abreast of current developments in health care and information exchange, and participate in the development of solutions to the many problems and questions raised.

CHIPP Project Status

Data Base Inventory. Development of an enhanced and updated second version of the original CHIPP database inventory is nearly complete and will be available in late Summer 1996. The enhancements include a more sophisticated search utility using key words and richer descriptive information about the databases. A broader range of databases is being offered in the second edition that includes key federal sources of health data. These enhancements are partially the result of feedback received from data users after the first edition was released. A database survey form was redesigned and used to collect more descriptive information about the databases from persons who control the data.

As with the first edition, the compiled software containing the second edition of the database inventory will be made available at no cost on diskette and via the Internet for downloading in a compressed executable DOS/Windows compatible file on the CHIPP web page. In addition, a contact list and brief descriptions of the databases will be accessible via the web in Portable Document Format (PDF) using Acrobat Reader. Development of an on-line web based application which allows people on the Internet to access and search the Inventory via a web browser is being investigated.

Linkages. The work of the Linkages and Core Data Focus Groups continues to dominate a large part of CHIPP activities. A meeting was conducted in late August 1995 to (a) provide input on the linkages of hospital discharge data with DHS' Birth Cohort file, and the combined state Death Registry with the federal Multiple Cause of Death file, (b) discuss future plans for linking the cancer registry and Medicaid paid claims data with hospital discharge data, and (c) discuss the recently developed proposal for a client identification system which uses core data elements. Progress of the primary efforts is described below.

In an attempt to increase the availability and accessibility of data, this project was initiated jointly by CHIPP and the Health Policy and Planning Division of OSHPD to create a public use file by linking the California Department of Health Services' Death Statistical Master file with the Office of Statewide Health Planning and Development's Patient Discharge Data file. The resulting public use file will facilitate analysis of critical policy and program questions regarding the treatment patterns, effectiveness, and associated costs of specific types of injuries and other health outcomes. The file will not contain any confidential patient or provider information and will be

available for a nominal fee to researchers, legislative staff, and others who have an interest in public health policy. Availability is anticipated during the Winter of 1996/97.

CHIPP recently entered into a contract with the University of California, Berkeley, to link DHS's Birth Cohort (Perinatal) file with OSHPD's Patient Discharge file. This project is of particular interest due to the lack of a unique identifier common to both datasets. Linking these two files will result in model linkage protocols for databases that do not contain unique identifiers or other record linkage numbers. A non-confidential linked data file for use by policymakers and researchers will be produced upon completion of the project. The linked public file is currently being beta tested in CD-ROM format and is anticipated to be available in the Fall of 1996.

Initially, the California Cancer Registry File/Patient Discharge Data File linkage project made slow progress. With the necessary resources now in place, the project is ready to begin. Completion of the project by the Cancer Surveillance Section of DHS is anticipated for late Winter of 1996.

CHIPP is working with the Primary Care Resources and Community Development Division of OSHPD to increase the distribution of information available through the Medical Service Study Areas (MSSA) Database Project to health planning and community health resource organizations in rural and other medically underserved areas of California. Through CHIPP resources, additional enhancements using expanded data sources, more powerful geographic information system software, and a collection of standardized reports are being incorporated into this database.

Core Dataset. CHIPP has been collaborating with the Family Health Outcomes Project (FHOP) toward development of core data definitions; this has now been substantially achieved. Currently, the specific focus is on developing a virtual identifier.

Privacy and Confidentiality. The Focus Group on Privacy and Confidentiality met in August 1995 to review barriers uncovered by the Group in Phase I. A new strategy was developed to build a "tool kit" of resources for developing guidelines and procedures for implementing data programs involving confidential data. The tool kit will be used in part to develop a general policy on confidentiality that will be proposed to the Health and Welfare Agency for agency-wide adoption. During the year, CHIPP recruited a graduate student with special interest in confidentiality issues to assist with updating the compendium of confidentiality statutes and regulations, and preparing resources for the "tool kit" to be used by the Focus group.

California Fact Book. Preparation of the California Fact Book, a joint product of OSHPD and CHIPP, is still underway. A number of additions and recommended changes have been implemented and a draft has been sent to each department whose data is represented for content review. Complete review is expected by July 1, 1996, at which time the final draft will be submitted to the CHIPP Steering Committee, the California Health Policy and Data Advisory Commission, and the Health and Welfare Agency for publications approval. Several publishing alternatives are being reviewed. The final product will contain color charts with narratives on a wide spectrum of information about the health of Californians and the industry that serves them.

World Wide Web/Internet Access to CHIPP. A presence for the CHIPP project was established on the World Wide Web in October 1995 to improve access to health information, increase visibility, and facilitate collaboration with related projects and activities. CHIPP's web site serves as a hub, linking similar efforts throughout the nation and providing an anchor to many key health care sites at the forefront of change.

CHIPP's home page also contains materials users can download for reference, such as the database inventory software and a summary of laws on confidentiality and privacy. Additional products will be provided as they are developed, including the use of online applications.

Additional Activities. Other recent efforts include: participation in DHS' task force on Multi-Cultural Health and Ethnic Community Data Advisory Committees to facilitate coordination of collection and publication of ethnic data and information; presentations on CHIPP's file linkages and database inventory activities to the California Health Policy and Data Advisory Commission and at the annual meeting of the American Public Health Association (APHA) in San Diego; and presentations of activities to the CHIPP Health Data Coordinating Council, the InfoSHP directors' meeting in Washington D.C., and the National Association of Health Data Organizations.

New Activities for the Upcoming Year

CHIPP will be involved with the evaluation of OSHPD's data collection program to determine its relevance and appropriateness for future use in the changing and increasingly competitive health care market place in California. The evaluation is enabled by Senate Bill 1109, which also contains language to reauthorize the OSHPD program until January 1, 1999. The evaluation will investigate areas such as redundant reporting, unnecessary data reporting, augmentation of data to enhance the quality and usefulness of data, and standardization of data elements and definitions across data collection programs. As a participant in this endeavor, CHIPP's presence will expand its exposure as a facilitator of efforts to increase the accessibility, availability, and utility of health data and information to the many users and providers of health data.

CHIPP is developing a curriculum for a series of health information training seminars for health professionals, legislative representatives and staff, state and local government representatives, as well as participants from the private sector representing provider and payor organizations, and consumer advocacy groups. The seminars will address the use of data in planning, managing, and evaluating health care programs; identifying resource needs; developing resource allocation plans; analyzing community health care access problems; and other uses of health information for purposes of health policy development and program management.

For additional information about the California Health Information for Policy Project, write them in care of the Office of Statewide Health Planning and Development, 818 K Street, Suite 500, Sacramento, CA 95814, (916) 324-0051.

Family Health Outcomes Project

The Family Health Outcomes project (FHOP), which began in 1992 as a joint effort between the Department of Family and Community Medicine and the Institute for Health Policy Studies at the University of California, San Francisco School of Medicine, operates under the leadership of Geraldine Oliva, M.D., M.P.H. The project's goal is to promote the development of a rational system of health care for the Maternal and Child Health population through the development of standardized health outcome measures and methodologies for quantitative needs assessment and program evaluation.

Initial funding was provided by the California Department of Health Services, Maternal and Child Health Branch from its federal Title V MCH allocation. Under this contract project efforts have been aimed at bringing together the various data related projects pertaining to the California Primary Care and Family Health Division, and creating a system of data collection that facilitates planning, policy development and service coordination at both the state and local levels.

FHOP Project Objectives

Since its creation in 1992, FHOP has focused on three primary objectives. The first has been to define and then develop the methodology for a Maternal, Child and Adolescent Health (MCAH) surveillance system for use at both the state and local levels. Activities under the first goal included identifying and developing standard definitions for 49 key health status/outcome/utilization indicators for reproductive age women, infants, children and youth, identifying data sources from which to gather the elements for indicator measurement, and identifying culturally specific indicators. A major accomplishment was developing a software package using Epi Info 6.0 to produce reports, graphics and maps of key perinatal indicators. This software package, Epi MCH, was developed in conjunction with Ron Williams at the University of California, Santa Barbara, and Marc Strassburg, at the Los Angeles County Health Department.

The second goal was to develop strategies and methodologies for longitudinal tracking. Activities included evaluating and exploring approaches to creating a unique client identifier, developing protocols for linking key datasets, identifying a set of core data elements and data definitions and providing technical assistance to the state in the development of a common application form for use in all categorical programs for the MCAH populations. The project has also participated in researching and developing an approach to client confidentiality in such a system.

The Project's third goal has been to provide technical assistance to local health jurisdictions, state staff and community and advocacy groups in the development of county based health indicator surveillance capabilities to facilitate local quantitative needs assessments and planning. Over twenty counties received on-site technical assistance visits in which MCAH staff were taught to download birth records from the Automated Vital Statistics System (AVSS) used primarily to collect data and to load the data into Epi MCH for analysis. Staff worked with them to create specialized reports for local planning activities.

In conjunction with the Foundation Consortium for School-linked Services' California Interagency Data Collaboration Project (CIDC), FHOP continues to address standard data definitions and coding for the core elements. FHOP is piloting the Common Application Tracking System (CATS) which incorporates the core data for streamlining the application process for patients registering in multiple programs, and it allows for monitoring patients across programs. DHS executive staff has committed to supporting the use of FHOP's virtual identifier method into all DHS data programs.

Identification and Standardization of Core Data Elements

Another related key effort has been the definition of core data elements and standard data definitions for those data elements which will be vital to conducting needs assessment and monitoring at the local level. Part of this work included mapping these data elements across key health programs datasets for children. FHOP has achieved broad consensus at the state level and are witnessing the inclusion of these elements as new datasets are created and old ones revised at the state level.

As part of their work over the past two years FHOP staff have identified and evaluated software packages for public health and primary care, and sponsored several vendor demonstrations for state staff in Sacramento. We have also participated in a meeting with vendors at the Center for Health Statistics Data Conference in June of 1994. Staff subsequently developed a number of technical assistance materials for use by local health agencies, including a discussion paper comparing different computer languages and an evaluation for use at the local level in evaluating particular vendors.

For additional information regarding the Family Health Outcomes Project, contact FHOP in care of the U.C. San Francisco School of Medicine Institute of Health Policy Studies at 3333 California Street, Suite 365, San Francisco, California, 94118, (415) 476-5283.

The Improved Perinatal Outcome Data Management Project

The Improved Perinatal Outcome Data Management Project (IPODM) is a project conducted by Professor Jeffrey B. Gould, M.D., M.P.H., at the U.C. Berkeley School of Public Health Maternal and Child Health Program in collaboration with the California Department of Health Services Maternal and Child Health.

Although a variety of data are available for planning and policy development, morbidity and mortality tracking, and program evaluation, the ability to integrate data from multiple sources has been limited. A lack of adequate linkage systems, low accessibility of data, and the need for special programming and statistical expertise to conduct data analyses have hindered efforts to develop a comprehensive assessment of health at the state and the local level. Most data are limited to county-wide measures, precluding their use for the small area analyses necessary to identify and respond to changing patterns of health status, assess current service performance, and to meet program planning requirements.

IPODM utilizes an interactive personal computer program to direct access to and aggregation, mapping, manipulation, and reporting of data. IPODM produces reports utilizing zip code, county-wide, Health Service Area, and state level data. Data at the census tract-level is also incorporated into the IPODM project data system as it is made available. Users can define their own geographic unit of analysis, such as a public health nurse catchment area or a neighborhood with poor health status. They can then create comparisons between counties as well as between the state and a select county or counties.

The data used by IPODM are from the most recent year for which comprehensive quality control edits have been completed by the collecting agency, yearly data beginning in 1987. This permits examination of trends over time, and a “Best Estimates” file that combines the most recent three years of data in order to improve the precision of estimates where subpopulations, the number of births, or the frequency of outcomes are small.

For additional information about the Improved Perinatal Outcome Data Management Project, contact them at 322 Warren Hall, University of California, Berkeley, Berkeley, California 94720-7360, (510) 642-6496, and (510) 643-8236 (fax).

The Multistate Foster Care Data Archive Project

The Archive (MFCDAP) is a multistate database that contains foster care career histories for all children who have been placed in a state-supervised substitute care living arrangements. The Archive, funded in part by the Administration on Children, Youth and Families in the U.S. Department of Health and Human Services, was started with five participating states (California, Illinois, Michigan, New York, and Texas), which together provide services to almost half of the total child substitute care population in the United States.

Project Purpose

Heightened attention is being focused on all human services in the current policy arena and decisions are now being framed that will have a profound effect on the future of children and the child welfare system in the United States. The process of redefining the range of governmental responsibility towards children at risk and reconsideration of the boundaries between the separate federal and state roles in planning and control has opened a broad debate on child welfare and related issues.

MFCDAP believes that information is essential to support policymaking efforts, and that this information should be current and of high quality. Any discussion of the national child welfare system must take into account the prevailing trends under current conditions, and the present differences in practice that exist between state systems. The evaluation of child welfare’s impact, as well as of competing alternative policy plans, responsibly requires grounding projections for the future on a realistic vision of the present.

Data Sources

The data for the Archive are extracted directly from the administrative data systems operated by each state's child welfare agency. The Archive project is at least a five-year effort, and the core database is constantly being extended.

The unique properties of this information are that it is comprehensive and that it is longitudinal at the level of the individual. Therefore, the complete child welfare history (to date) of every child who has been in the care and custody of one of these state systems in recent years can be described. These career histories can then be examined and analyzed in conjunction with a set of descriptive characteristics for each child.

Database development occurs in three ways: continual updating and refinement of the record data for currently participating states, adding new states to the database, and introducing other types of information that are closely related to child welfare practice.

For additional information about MFCDAP, contact Robert M. Goerge, The Chapin Hall Center for Children at the University of Chicago at 1155 East Sixtieth Street, Chicago, Illinois 60637, (312) 753-5900, and (312) 753-5940 (fax).

California Interagency Data Collaboration Project

The California Interagency Data Collaboration Project (CIDC), is a project of the Foundation Consortium for School-linked Services, in collaboration with the California Departments of Education and Health Services. Local, site, state, and foundation staff are collaborating on oversight, advisory, and technical capacities needed for the project.

The purpose of CIDC is to:

- 1) Identify current information collection practices, site evaluation and program management needs, and the readiness of these sites for automation;
- 2) Develop a minimum dataset for Healthy Start sites that is applicable to other comprehensive services initiatives;
- 3) Develop data element standards that will allow for the exchange of data across agency boundaries for both basic data elements and data elements needed to perform more complex and detailed multi-agency case management functions;
- 4) Field test the standards developed for accuracy and usefulness, and for local assessment of current data system and design capacities; and
- 5) Provide technical assistance with local decision making about automated information systems that support integrated service delivery, including written briefing books, presentations, and demonstrations.

For additional information regarding the California Interagency Data Collaboration Project, contact the Foundation Consortium for School-linked Services at 1321 Garden Highway, Sacramento, California 95833, (916) 646-3646.

APPENDICES

APPENDIX A

CAFIS POLICY ROUNDTABLE ATTENDEES

JULY 25, 1996

Matthew Aguilera
Staff Analyst
Health and Welfare Unit
Department of Finance
Sacramento, CA
(916) 445-6423

Maria Balakshin
Director
Child Development Division
Department of Education
Sacramento, CA
(916) 324-0730

Rick Barth, Ph.D.
Hutto Patterson Professor
School of Social Welfare
University of California at Berkeley
Berkeley, CA
(510) 642-8535

Rick Barthels
Assistant Project Director
California Health Information for Policy
Project (CHIPP)
Office of Statewide Health Planning
and Development
Sacramento, CA
(916) 324-0004

Christine Berry
Consultant
Comprehensive Health Programs Office
Department of Education
Sacramento, CA
(916) 657-5255

Karen Bodenhorn
Executive Director
California Center for Health Improvement
Sacramento, CA
(916) 922-4755

Jane Boggess, Ph.D.
Chief
Office of Family Planning
Department of Health Services
Sacramento, CA
(916) 654-0357

Richard Brantingham
Chief
Administration Section
Office of Family Planning
Department of Health Services
Sacramento, CA
(916) 654-0357

Claire Brindis, Ph.D.
Director
Center for Reproductive Health
Policy Research
University of California, San Francisco
San Francisco, CA
(415) 476-5255

Holly Brown
Associate Director
California Policy Seminar
Berkeley, CA
(510) 642-5514

Gil Chavez, M.D., M.P.H.
Chief
Epidemiology and Evaluation Section
Maternal and Child Health Branch
Department of Health Services
Sacramento, CA
(916) 657-0324

Louise Chiatovich
Associate Government Program Analyst
Program Development
California Conservation Corps
Sacramento, CA
(916) 341-3157

Norman Coontz
Research Manager I
Research Division
California Youth Authority
Sacramento, CA
(916) 262-1493

Carol Corcoran
Research Specialist
Demographic Research Unit
Department of Finance
Sacramento, CA
(916) 323-4090

Beate Danielsen
Project Staff
The Improved Perinatal Outcome Data
Management Project
Menlo Park, CA
(415) 325-3753

Elaine Duxbury
Chief of Research
Research Division
California Youth Authority
Sacramento, CA
(916) 262-1490

Martin Ewing
Principal Analyst
Health and Welfare Unit
Department of Finance
Sacramento, CA
(916) 445-6423

Sandy Ficenc
Research Analyst
Vital Statistics Section
Department of Health Services
Sacramento, CA
(916) 657-3057

Jim Hauser
Regional Program Consultant for
Family Planning
Health Resources and Services
Administration
U.S. Dept. of Health and Human Services
San Francisco, CA
(415) 437-8116

Richard Holden
Chief
Labor Market Information Division
Employment Development Department
Sacramento, CA
(916) 262-2160

Detta Hunt
Program Analyst
Cal-Learn
Department of Social Services
Sacramento, CA
(916) 657-3618

David Illig, Ph.D.
Sr. Research Policy Analyst
California Research Bureau
California State Library
Sacramento, CA
(916) 653-6372

Michael Jett
Deputy Secretary
Children's Programs and Services
Governor's Office of Child Development
and Education
Sacramento, CA
(916) 323-0611

Nancy Jones
Program Coordinator
Paternity Opportunity Program
Department of Social Services
Sacramento, CA
(916) 657-4423

LouAnn Kelsheimer
Program Intern
Paternity Opportunity Program
Department of Social Services
Sacramento, CA
(916) 657-1648

Sonya Kinanahan
Analyst, Welfare Programs
AFDC Policy Development Bureau
Department of Social Services
Sacramento, CA
(916) 654-1325

Kathy Kinsella
Program Manager
Human Services Information System
Community Service Planning Council
Sacramento, CA
(916) 447-7063 ext. 30

Mindy Kohler
Research Program Specialist I
Continuum of Care, Sex Offender Project
California Youth Authority
Sacramento, CA
(916) 262-2754

James M. Kooler, Dr.P.H.
Deputy Director
Information Management Services
Department of Alcohol and Drug Programs
Sacramento, CA
(916) 324-4398

Lisa Loeb
Research Assistant
Family Health Outcomes Project
University of California, San Francisco
San Francisco, CA
(415) 476-5283

Elias Lopez, Ph.D.
Economist/Demographer
California Research Bureau
California State Library
Sacramento, CA
(916) 653-7843

Jim Mullany
Program Coordinator
Paternity Opportunity Program
Department of Social Services
Sacramento, CA
(916) 654-1223

Mary Nelson
Research Scientist
Office of Women's Health
Department of Health Services
Sacramento, CA
(916) 654-8023

Anne Nurse
Evaluator
Young Men As Fathers Program
c/o Sociology Department, UC Davis
Davis, CA
(916) 756-9559

Patty O'Ran
Manager
Family Violence Prevention Programs
Crime and Violence Prevention Center
Office of the Attorney General
Sacramento, CA
(916) 322-2900

Mark Rom
Director
DC Family Policy Seminar
c/o UC Berkeley Graduate School of
Public Policy
Berkeley, CA
(510) 643-1818

Oshi Ruelas
Research Analyst
Research Branch
Welfare Programs Division
Department of Social Services
Sacramento, CA
(916) 654-2067

Walt Schaff
Assistant Program Budget Manager
Performance Review Unit
Department of Finance
Sacramento, CA
(916) 445-1932

Werner Schink
Chief
Research Branch
Welfare Programs Division
Department of Social Services
Sacramento, CA
(916) 657-3332

Joel Schwartz
Policy and Fiscal Analyst
Education Section
Legislative Analyst's Office
Sacramento, CA
(916) 445-8641

Vern Silva
Student Assistant
Cal-Learn
Department of Social Services
Sacramento, CA
(916) 657-3618

Ronda Simpson-Brown
Coordinator, Teen Pregnancy Prevention
and Intervention Program
Interagency Children and Youth Services
Department of Education
Sacramento, CA
(916) 653-4297

Kate Sproul
Senior Consultant
Senate Office of Research
Sacramento, CA
(916) 445-1727

Cindy Stone
Associate Government Program Analyst
Family Planning Information Campaign
AFDC Policy Implementation Bureau
Department of Social Services
Sacramento, CA
(916) 654-2137

Fran Styron
Research Development Specialist
Labor Market Information Division
Employment Development Department
Sacramento, CA
(916) 262-0881

Diane Van Maren
Consultant
Senate Budget and Fiscal Review
Committee
Sacramento, CA
(916) 445-5202

Margery Winter
Consultant
Children and Family Services
Department of Social Services
Sacramento, CA
(916) 445-0456

James G. Winters, RN
Health Program Specialist
Maternal and Child Health Branch
Department of Health Services
Sacramento, CA
(916) 657-2639

APPENDIX B

MAJOR TYPES OF DATA²

This appendix is designed for those less knowledgeable about data and data issues. It provides a description of the types of each data, who currently collects these data, how they are collected, and the reason for their collection. Appendix B is intended to complement the more detailed information regarding specific databases that appear in Chapter V.

Demographics & Vital Statistics

Demographics

Demographic data consist of a wide range of information that describe people, such as race and ethnicity, age, gender, income and educational attainment. Demographic data are generally readily available because they are relatively easy to collect. They serve a variety of purposes including planning government and nonprofit programs and services, drawing electoral district boundaries, and distributing federal and state funds. These data can help to explain differences in health conditions, utilization, insurance and costs, and are useful for investigating public health issues.

The principal source of demographic data is the U.S. Census. The Census collects information about family size and composition, housing conditions, income, employment and disability, and many other topics. The last census was conducted in 1990. In the years between each decennial (ten-year) census, the U.S. Bureau of the Census surveys a sample of the entire population each month. This Current Population Survey (CPS) is conducted primarily to collect information to produce employment statistics. However, each March the CPS also collects demographic, economic, and health insurance coverage information.

At the federal level, the U.S. Bureau of the Census within the Department of Commerce is responsible for the census data for the nation as a whole, as well as for individual states. In California, the Demographic Research Unit (DRU) of the Department of Finance is principally responsible for the census data for the state. DRU provides demographic research and analysis, produces current population estimates and future projections of population and school enrollment, and disseminates census data. The State Department of Finance and its data units use information from the census and other sources (such as vehicle license and tax records) to develop additional California-specific demographic data. These data are the basis for publications such as the *California Statistical Abstract*. The major demographic reports published by the U.S. Bureau of the Census are the *Statistical Abstract of the United States*, the *County and City Data Book* and the *State and Metropolitan Area Data Book*.

The information produced from the census is considered to be largely reliable and without significant bias because it is drawn from the entire population. In contrast, the CPS is drawn from

²Abstracted from the Guide to California Health Data Sources, Blue Cross of California, 1996.

a sample and therefore is subject to sampling error (i.e., the possibility that the sample is not representative of the population). However, the census too has been criticized for failing to survey some populations, such as the homeless and some immigrants.

The ten-year census has the disadvantage of being conducted infrequently. As a result, the data are out-of-date in the final years of each decade. The State Department of Finance addresses this problem by augmenting the CPS surveys with other data sources. It is not uncommon, however, for discrepancies to exist between the estimates generated by the U.S. Bureau of the Census and the State Department of Finance.

Vital Statistics

“Vital statistics” contain information about critical life events such as birth, death, marriage, divorce, fetal death, abortion, birth weight, and prenatal care utilization. Vital statistics are important because they provide population-based information about important life events and are available for virtually all persons in this country. Births, deaths, marriages and divorces are routinely recorded through mandatory registration or through special registries (such as the case with fetal deaths). Since vital statistics are available for every year, changes in major health events can be observed over long periods of time.

Vital statistics are the primary source of data used to ascertain teenage-childbearing-related demographics and trends. There are, however, some important information problems with specific datasets. Chief among them is the question of marital status. Because California birth certificates do not request information about the marital status of the mother, unwed birth estimates are derived in large part by determining if the last names of the mother and father are the same. The children of married couples in which the mother keeps her maiden name may thus be counted as illegitimate.

In California, county health departments are the primary repository for vital statistics data. They provide their data to the State Department of Health Services (DHS) Office of Vital Records. DHS forwards the data to the U.S. Centers for Disease Control and Prevention’s National Center for Health Statistics (NCHS). Unlike many data sources from which only national or state estimates can be produced, vital statistics figures can be generated for counties, cities and sometimes even census tracts and zip codes.

Vital statistics data can be found in a variety of different forms and documents. Each year the California Department of Health Services publishes vital statistics reports for the state. The key California documents are *Advance Report: California Vital Statistics* and *Vital Statistics of California*. In addition, California vital statistics data files are available for public use.

Government Service Utilization Statistics

There is no single state or national system for collecting service resources and utilization data. Nor is there a centralized location for amassing what is collected from disparate sources. Instead, such information is generated from and disseminated by a wide variety of public and private

agencies. For example, information on some personnel categories is produced by both the federal government (which counts, for example, the number of service providers to assess whether the supply of physicians is adequate) and by private professional associations. Similarly, information on service sites is collected by both the federal and state governments as well as organizations representing service providers.

Information collected about services includes the numbers and types of delivery settings (e.g., institutions, clinics, community organizations, or home and community). Personnel statistics include information about work force deployment by profession. Financial data include information about expenditures (care expenditures, and by type of service) and sources of payment (i.e., types of health insurance). These data are often used to measure access and barriers to services.

Due to the variety in sources of information about service resources and utilization, special care is required when using datasets with different origins. It may be inappropriate, for example, to combine or even compare data from the federal government with data from a trade or professional association, due to differences in sampling, definitions, measurement or data collection methods. In addition, while most of the data collected by the government are population-based, virtually all of the information presented by trade and professional associations includes only information about their members, and therefore includes a sample that may or may not be representative.

General health-related topics include: Crime and Violence; Education, Food & Nutrition; Immigration; Income Support; and Labor and Employment. Data sources vary. Some are generated by routine reporting systems, such as the income, education and housing data collected by the U.S. Bureau of the Census and crime data, gathered by the U.S. Department of Justice. Other data are produced from special surveys and by government programs that provide particular services.

Different datasets have varied advantages and limitations. Some data are annual, others are more sporadic. Some datasets cover the entire nation while others cover smaller geographic units. Differences are also likely to exist in the manner in which the events or characteristics are counted, or defined, and in how the samples are drawn. Care should be taken in selecting data to ensure that they are comparable, are reliable and accurate, and match the users' needs.

Morbidity

“Morbidity” is a term used to describe illnesses or other health conditions. It can refer to general health status, specific diagnoses and conditions that measure physical and mental functioning.

Morbidity data are collected through various means. Some data, such as information on certain communicable diseases, must by law be reported to local and state health officials as a method of monitoring, preventing, and controlling the spread of contagious diseases. Additional reporting systems exist for other health problems such as cancer and birth defects, both of which are also routinely reported to health officials so that epidemiologists can track cases and identify any patterns that may be present.

Federal and state health agencies that collect morbidity data also routinely report them. The Centers for Disease Control and Prevention publishes a weekly report entitled *Morbidity and Mortality Weekly Report (MMWR)*, which presents selected information from its surveillance and data collection systems. The California counterpart to *MMWR* is *California Morbidity*, which reports primarily on communicable diseases in the state. In addition, private groups such as the March of Dimes and the American Cancer Society often use government data to produce secondary data reports.

Morbidity information is often gathered through special surveys. The California Department of Health Services and the U.S. Department of Health and Human Services both produce reports that contain compilations of the findings from various morbidity reporting systems and special surveys, as well as the vital statistics system. In California, the major reports include *Health Data Summaries for California Counties* and *County Health Status Profiles*. At the national level, a major report, *Health, United States*, is published annually.

Special Populations

The term "special populations" refers to groups with actual or potential problems due to under-service, added medical or social risk, or other characteristics that make a population group vulnerable. Among the broadly defined special populations most frequently identified are the disabled, the elderly, the homeless, mothers, children, youth, racial and ethnic groups, veterans and women.

Data on special populations are neither comprehensive nor routinely available. Some data, such as information describing the health of the disabled and elderly, originate from special surveys or are derived from administrative data associated with health programs serving these groups. Other information, such as the economic status of racial and ethnic groups, is generally drawn from census data and labor statistics. Such sources contain information about the characteristics of the population, thereby permitting examination of the data by race and ethnicity.

Special Surveys

Several federal agencies conduct special surveys. Chapters II and V contain a comprehensive description and discussion of the special surveys relevant to understanding various aspects of teenage pregnancy and parenting.

APPENDIX C

POLICY QUESTIONS AND DATA

Teenage childbearing raises a number of complex public policy questions, many of which will require data to answer. The list below includes those questions of greatest importance for policy considerations and development.

Teen Parents

1. How many parenting teens are there [total; by age; by month/year; number of children]?
2. How many teens become pregnant [by year/month/week/day]?
3. How many teens receive abortions?
4. Was the teen living at home at the time she became pregnant [with parent/caretaker; separate household; foster care/other]?
5. What are the subsequent living arrangements of these teens and their children?
6. What is their ethnic/linguistic background?
7. Where (geographically) do these teens live [urban/rural/suburban; by county/city/zip code/census tract]?
8. How many marry? Of these, do they marry [before/during/after pregnancy/birth of the child]?
9. Does the teen have a history of substance abuse and when [before/during/after pregnancy]?
10. How many have a subsequent pregnancy; how many have a child? How soon after the birth of the prior child did this occur?

Children Born to Teens

1. How many children are being raised by a teenage parent [total; by month/year]?
2. How many are put up for adoption? What type of adoption (public, private)?
3. How many have birth defects?
4. How many were low birthweight babies?
5. How many were tested for HIV or chemical substances and what were the results?
6. Are these children receiving their immunizations on schedule?
7. How many have health insurance/coverage?
8. How many have an ongoing health care provider?
9. If the mother is absent for a portion of the day due to school or employment, who is caring for the child in her absence?

Family of Origin (of the pregnant/parenting teen)

1. What is the economic status of the teen's family?
2. Are both parents present?
3. Are or were they married?
4. Does the family receive public assistance or other public services?
5. If a parent is absent, does the teen custodial parent receive child support, or have a court order for child support?
6. Is there an older or younger parenting sibling?
7. What are the economic circumstances of the family's community?
8. Does either parent have a criminal justice history?
9. Does either parent have a substance abuse history?
10. Is the family active in a religious organization?
11. What is the legal status of the teen's family? of the teen?

Educational Status

1. What is the educational level of the pregnant/parenting teen?
2. How many teen parents drop out of school [by age; by month/year]?
3. At what grade level do teens drop out?
4. What was the scholastic performance of dropouts prior to leaving school?
5. Did they drop out before or after [becoming pregnant; the baby was born]?
6. Is the grade level consistent with the teen's age or was the teen held back?
7. Is or was the teen in Special Education?
8. Is the teen receiving any special services from the school district?
9. Is the infant enrolled in day care or a child development program such as Head Start?

Criminal Justice and Abuse

1. Does the pregnant/parenting teen have a criminal justice history?
2. Does her male partner have a criminal history?
3. How many teen mothers were victims of child abuse?
4. If abused, what forms of child abuse did they experience?
5. How many teens that become pregnant/parents have coercive sexual experiences?
6. Is the teen abused by her partner? In what manner?
7. Was there domestic violence in the home in which the teen grew up?

8. How many children born to teen mothers are abused or neglected; are identified by the local child welfare system; receive child welfare services; enter foster care?

Contraception/Health Services

1. How many teens had access to contraceptive services prior to becoming pregnant?
2. How many teens with access to contraceptive services made use of them?
3. What types of providers did they seek/receive services from [individual health care professional/clinic/etc]?
4. What type of services did they receive?
5. How many teens with access to contraceptive services were unable to access them? Why?
6. How many teens were unable to access contraceptive services? Why?
7. Were their partners willing to use contraception?
8. How many received prenatal care?
9. How many had medical complications during pregnancy/delivery? What were they?
10. How many had a health care provider when they became pregnant?

Fathers

1. How old are the fathers of children born to teens [by month/year; by geographic location county/city/zip code/census track]?
2. What is the age difference between mother and father?
3. What is the ethnic/linguistic makeup of these men?
4. What is the educational status of these men?
5. Were they ever held back or receive special educational services in school?
6. Of those that drop out of school, in what grade did they drop out, did they drop out before or after conception/birth?
7. Are they employed?
8. Do they have a criminal justice history?
9. Do they have a substance abuse history?
10. How many have established paternity?
11. How many are providing economic support and in what form?

Public Program Utilization

1. How many parenting teens are on AFDC?
2. What are these teens' living arrangements ["nested" w/parent/in foster care/in separate household/other]?

3. How many AFDC recipients become parents as teens?
4. How long and how often do parenting teens go on AFDC?
5. How many pregnant teens are on Medi-Cal only? What event precipitated Medi-Cal enrollment?
6. How many teens receiving AFDC and/or Medi-Cal benefits are citizens/illegal immigrants/ legal immigrants?
7. How many receive benefits from other public programs, such as the Adolescent Family Life Program (AFLP), Cal-Learn, WIC, CPSP, or Food Stamps?
8. Do public assistance recipients have different repeat birth rates than non-served teen parents [by program]?

**APPENDIX D: DATA SOURCES AVAILABLE
THROUGH THE CALIFORNIA STATE LIBRARY:**

Below is a partial list of data and other valuable information pertaining to childbearing available on CD-ROM, as of July 1996. (The “*” notation indicates the CD-ROM is available from the California State Library Government Publications Sections; however, new datasets arrive weekly.)

- American Housing Survey (C 3.215/19:985-989/CD)
- Ancestry of the Population in The United States (C 3.286:CD 90 SSTF02)
- Birth Cohort Linked Birth/Infant Death Data Set (HE 20.6309/4-7:20)*
- The Budget of the United States Government: Fiscal year 1996 (PREX 2.8/1:996/FINAL2)*
- Capital Cities of the United States (I 19.128:C17)*
- Census/Equal Opportunity Special File (C 3.283:CD 90-EEO-1;2)*
- Census of Population and Housing Block Statistics [STF3C] (C 3.282/3:CD 90-1 B4)*
- Census of Population and Housing 1990: Special Tabulation Program [STP] 14, Special Tabulation on Aging on CD-ROM (C 3.281/2:CD90-AOA #)*
- Census of Population on Housing, 1990: Summary Tape File 1B Extract On CD-ROM [STF 1B Extract] (C 3.282/3:CD 90-1B-3)
- Census of Population and Housing Summary Tape Files. (C 3.282:990-1A; C 3.282:990-1C)
- 1990 Census of Population and Housing Public Law 94-171 (C 3.281:[regional code]/990/CD)
- Census of Population and Housing Summary Tape File 3A (STF3A) (C 3.282/2:CD 90-3A-[1 through 61])*
- Census Summary Tape File 3B(STF3B) (C 3.282/3:CD 90-B-01; 02; 03)
- Characteristics of Adults with Work Disabilities, Mobility Limitations, Or Self-Care Limitations (C 3.286:CD 90 SSTF04)*
- Characteristics of American Indians By Tribe & Language (C 3.286:CD 90 SSTF 13)
- Characteristics of the Asian and Pacific Islander Population in the United States (C 3.286:CD 90 SSTF 5)
- Condominium Housing (C 3.286:CD 90 SSTF 18)
- Congressional Districts of the United States, Summary Tape File 1D, and Summary Tape File 3D. (C 3.282:cd 90-1D-3D)*
- Congressional District of the United States (C 3.282/4:104-2)*
- Consolidated Federal Funds: Reports 1983-1992 and 1984 - 1993 (C 3.266/3:983-92; 984-93)*
- County and City Data Book (C 3.134/2)*
- County Business Patterns (C 3.204/4:986-987/CD; 987-988/CD; 988-989/CD; 989-990/CD; 1990-991/CD; 991-92)*
- County-To-County Migration Flow Files (C 3.284:CD 90-MIG-01;02)*
- Crossroads: The Future of Entitlements in America (PR 42.13:C88)*

- Current Population Survey Annual Demographic Files. (C 3.224/12)*
- Earnings by Occupation and Education (C 3.286:CD 90 SSTF 22A; 22B; 22C)
- 1987 Economic Census. Volume 1 (C 3.277:EC7/987/CD/v.1/Rel.1A; Rel.1B; Rel.1C; Rel.1D; Rel. 1E/Corr)*
- 1987 Economic Census. Volume 2 (C 3.277:EC7/987/CD/v.2/Rel 2B; Rel 2A)*
- 1992 Economic Census Volume 1, Report Series. (C 3.277:CD-EC 92-1A; -1B; -1C, -1F)*
- Education Statistics on Disk (ED 1.334/2:ST2/CD)*
- Employment Status, Work Experience, and Veteran Status (C 3.286:CD 90 SSTF 12)
- 1994 Green Book: Overview of Entitlement Programs (Y 4.W36:10-7/994)*
- Fertility (C 3.286:CD 90 SSTF 16)
- The Foreign-Born Population of the United States (C 3.286:CD 90 SSTF01/994-2)*
- Geographical Identification Code Scheme (C 3.275:G29/CD;/994-2/CD)*
- Health, United States, 1993 (HE 20.7042/2:993)
- Health, United States, 1993 (HE 20.7043/4:993)
- Health, United States, and Healthy People 2000 Review (HE 20.7042/2:992)*
- Health Data on Older Americans, United States: 1992 (HE 20.6209/4-4/:3/1)*
- High School and Beyond Fourth Follow-Up (Sophomore Cohort) HS&B:1992 (ED 1.334/2:H53/2/CD)*
- Housing Characteristics of New Units (C 3.286:CD 90 SSTF 9)
- Housing of the Elderly (C 3.286:CD 90 SSTF 8)
- Integrated Post Secondary Education Data System [IPEDS] (ED 1.334/4:990; -991; -992)*
- International Classification of Diseases [ICD]—Ninth Revision—Clinical Modification (HE 22.41/2:995)*
- Journey to Work in the United States (C 3.286:CD 90 SSTF 20)
- Metropolitan Housing Characteristics (C 3.286:CD 90 SSTF 7)*
- Mobile Homes (C 3.286:CD 90 SSTF 10)
- 1990 National Discharge Survey (HE 20.6209/7-2:13/1)*
- National Criminal Justice Reference Service Document Data Base (J 28.31/2:)*
- National Educational Longitudinal Study of 1988 (ED 1.334/2:ED 8/994-2/CD)*
- NHIS, the National Health Interview Survey, 1988 (HE 20.6209/4-3:101-5.)*
- National Hospital Ambulatory Medical Care Survey (HE 20.6209/4-5/13/CD)*
- National Household Education Survey (ED 1.334/5:991 & 993)*
- National Longitudinal Study of the High School Class of 1972 [NLS 72] (ED 1.334/2:H53/CD)*
- National Post Secondary Student Aid Study 1986-87 (ED 1.333:980-86/CD; 986-87/CD; 989-90/CD/table)
- Occupation and Industry (C 3.286:CD 90 SSTF 14)*
- Occupational Safety and Health Administration (L 35.26:A93-4/PACK; A94-1;A94-2;94-3;94-4)*
- Office of Employment and Unemployment Statistics Data (L 2.134:OF2)*
- Persons of Hispanic Origin in the United States (C 3.286:CD 90 SSTF03)

- Poverty Areas in the United States (C 3.286:CD 90 SSTF 17)*
- Public Use Microdata Samples [PUMSA] (C 3.285:CD 90-PUMSA)*
- Publications from the National Center for Health Statistics (HE 20.7042/7:995)
- Public Library Data: 1991 and 1992 (ED 1.334/3:991;992 v.1-2)*
- Regional Economic Measurement System (C 59.24:991; 992; 993/update)
- School and Staffing Survey 1987-88 (ED 1.332:SC6.)*
- Statistical Abstract of the United States 1993 (C 3.134/7:993)*
- Statistical Compendium (I 28.37/6:970-90)*
- Survey of Current Business (C 59.11/1:994)*
- Survey of Income and Program Participation (SIPP) [1987] (C3.275/Su7)*
- Survey of Income and Program Participation (SIPP) [1988] (C3.275/Su7/2/yr)*
- 1991 Survey of Recent College Graduates (ED 1.334/2:SV7/CD)*
- Tiger/Line Census Files, 1990 (C 3.279.)*
- Tiger Census Tract Street Index (C 3.279/2:CD-CTSI-V.2-0)*
- USA Counties. (C 3.164/6:Un3/992/CD and C 3.134/6:994)*
- Vocational Education Electronic Table Library (ED 1.334/2:V85/Floppy)*

BRIEFING REPORT REFERENCES

REFERENCES

- Ahn, Namkee. "Teenage Childbearing and High School Completion: Accounting for Individual Heterogeneity." *Family Planning Perspectives*. No. 26: 17-41, 1994
- Alan Guttmacher Institute (AGI). *Sex and America's Teenagers*. New York: Alan Guttmacher Institute. 1994
- Alan Guttmacher Institute (AGI). *Teenage Pregnancy and Birth in California: Trends and Characteristics*. New York: Alan Guttmacher Institute. 1994 (unpublished).
- Bloom, Dan, Veronica Fellerath, Davis Long, Robert G. Wood. Ohio Boosts Attendance among Teen Parents: LEAP Aims to Increase the Graduation Rate. *Public Welfare*. 18-30, Winter 1994.
- Blue Cross of California. *Guide to California Health Data Sources*. Woodland Hills, CA: Blue Cross of California. 1996.
- California Birth Defects Monitoring Program. *Births Defects in California 1983-1990*. Sacramento: California Department of Health Services. 1994.
- California Department of Education. *Pregnant and Parenting Student Programs*. Sacramento: California Department of Education. 1996.
- California Health Information for Policy Project (CHIPP). *California Health Information Database Inventory*. Sacramento: Office of Statewide Health Planning and Development. 1994.
- California Health and Welfare Agency and California Department of Social Services. *Teenage Pregnancy and Parenting*. December 1995.
- Ellwood, Marilyn Rymer and Genevieve Hennedy. "Medicaid and Pregnant Women: Who is Being Enrolled and When." *Health Care Financing Review* 17. Winter 1995.
- Maynard, Rebecca A. (ed.). *Kids Having Kids: A Robin Hood Foundation Special Report on the Costs of Adolescent Childbearing*. New York: Robin Hood Foundation. 1996.
- Office of Women's Health. *Inventory of Health/Public Agency Databases and Other Information: Resources on Women's Health*. Sacramento: Office of Women's Health. 1995.
- The Urban Institute. "Why Teenagers do not Use Condoms" *Policy and Research Report.*, 8-9, Summer/Fall 1995.