

*Letter to the Editor*

Response to the letter by Norman Constantine and Carmen Nevarez asking retraction of Mike Males' article, "Youth Health Services, Development Programs, and Teenage Birth Rates in 55 California Cities"

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Drs. Norman Constantine's and Carmen Nevarez's letter to the editor [2006,4(2):xix-xx] so severely distorts my study ("Youth Health Services, Development Programs, and Teenage Birth Rates in 55 California Cities" [2006,4(1):46-57]) that I request that the editors remove their letter from the journal's pages.

Drs. Constantine's and Nevarez's letter has nothing to do with my article evaluating Get Real About Teen Pregnancy's and the California Adolescent Health Collaborative's Reality Check rankings of city services. They simply pulled a sentence out of the middle of the study, misrepresented it as the study's conclusion even though it clearly was not, misattributed it to a method I clearly did not rely on, and completely ignored the multiple regression analysis I did rely on. Contrary to their claim, their letter did not in any way "replicate" my study's method or finding that "the availability of these services is not associated with lower rates of or greater reductions over time in teenage birth rates."

First, Drs. Constantine and Nevarez complain that my conclusions are "flawed in several fundamental ways" because the Reality Check rankings, developed for "the explicit purposes of description and goal setting" cannot be used to assess teen birth rate outcomes. They should direct their complaint of misuse of the rankings not to me, but to Get Real and CAHC. Far from treating the Reality Check as merely for description and goal setting, Get Real and the CAHC (2004) released its rankings to the press and publicly credited Berkeley's top ranking in services for the city's supposedly having the state's lowest rate of teen births (a double error, since Berkeley does not have the state's lowest urban teen birth rate) (see Bender, 2004). My paper simply analyzed the public statements by these two groups (and others) linking their Reality Check rankings to teen birth rates according to the data they provided — data which I, like Drs. Constantine and Nevarez, found lacking for the use to which these groups applied it.

Second, Drs. Constantine and Nevarez grossly misrepresent my study as having based its conclusions on raw Reality Check rankings unadjusted for city population size. They fabricate that charge by pulling a sentence from my description of Table 2, which reports that the simple, unadjusted correlation finds higher levels of services weakly associated with high rates of teen births. However, they fail to note my subsequent qualification: "This correlation is probably backwards; it more likely reflects the targeting of services toward low-income teens rather than a negative effect of services themselves" since "youth in cities with higher youth poverty rates have considerably more teen health services and youth development programs available than youth in more affluent cities." I continue: "To isolate the effect of youth services, a stepwise multiple regression analysis examines their effect on teen birth rates (both level and change) when adult birth rates, economic variables such as poverty rates, and city population size are controlled" (page 50). The multiple regression explicitly controlled for city population size, a far more precise variable than the Reality Check's broad quartile rankings (which place Los Angeles and Stockton in the same quartile).

Astonishingly, Drs. Constantine and Nevarez completely ignored the regression analysis shown in Table 3 (in fact, they ignored the last three pages of my article), which formed the basis for my conclusions. Thus, they did not replicate my study in any way, but simply substituted a “straw man” analysis of their own concoction. Even more astonishingly, after admitting the Reality Check rankings have “weak psychometric properties,” Drs. Constantine and Nevarez then use these same rankings divided by arbitrary population quartiles (which they wrongly call “appropriately adjusted”) to create a thoroughly mischaracterized “replication” of my analyses suffering the same fatal errors they had just criticized. They employed data they admitted cannot be used for their purpose and a method they admitted was fundamentally flawed and failed to control for any relevant variables such as poverty or adult birth rates. Their conclusion from this pointless exercise (“high levels of services are actually associated with lower teen birth rates. This is surely an intriguing finding.”) is neither “intriguing,” nor even a “finding,” but completely specious by their own standards. Their claim to have “replicated Dr. Males’ analyses” is simply fraudulent.

Finally, the larger issue my paper addressed is that many lobbies, programs, and interest groups have publicly taken credit for causing or contributing to California’s decline in teen birth rates over the last 15 years without presenting evidence of cause and effect. In fact, as the multifactorial analysis in my study found, the only important variables predicting teen birth rates in the 55 largest cities are adult birth rates and youth poverty levels. I certainly agree with Drs. Constantine and Nevarez that high quality health, sexuality education, contraception, and development services are essential and deserve adequate funding. However, there are two sides: health lobbies also need to be much more proactive in making legislators, policy makers, and the public aware that services cannot substitute for strong measures to reduce the extreme social inequalities that underlie our most serious health problems. Unfounded claims of success by various interests ultimately harm the larger goal of designing efficient, effective public health strategies and social policies, and they are appropriate subjects for evaluation.

Drs. Constantine’s and Nevarez’s letter thoroughly misrepresents my method and findings to the point that it does not constitute a commentary on my study. Worse, their “reanalysis” creates a discredited finding that should not become a footnote for future research. Their letter does not belong in a scientific journal, and if the authors do not voluntarily withdraw it, I ask the journal editors to remove it from these pages.

Respectfully,

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### **References**

- Bender, K. (2004). California: Birth rate for teens in Berkeley a state low. *Oakland Tribune*, September 23, 2004, p. B1.
- Get Real About Teen Pregnancy, California Adolescent Health Collaborative (2004). Teen birth rate declines, but challenges loom for California cities. 55 cities get “Reality Check.” Retrieved November 25, 2006, from [http://www.letsgetreal.org/nr\\_RealityCheckCities\\_2004.htm](http://www.letsgetreal.org/nr_RealityCheckCities_2004.htm)