

TAKING RESP

NEW FEDERAL MONEY TO PREVENT TEEN

BY MEGAN FOREMAN

Teen pregnancy is a stubborn problem. And an expensive one.

Despite a 33 percent decline in the teen pregnancy rate since the peak in 1991, rates in the United States remain higher than in any other industrialized nation. Every year, 400,000 babies are born to girls younger than age 19.

“The numbers emphatically show that out-of-wedlock pregnancies are a drain on state resources,” says Colorado House Majority Leader Amy Stephens. “States spend a fortune on welfare programs, judicial systems and health care. We will save money if we can prevent these problems on the front-end.”

Two new streams of federal money are offering states fresh opportunities to tackle the



**HOUSE MAJORITY
LEADER**
AMY STEPHENS
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problem by shoring up existing programs or creating new ones. The variety of grants means money is available to support just about every philosophy on helping young people avoid unwanted pregnancies.

The role for state lawmakers will vary from state to state. In most instances it will involve helping decide which programs to apply for, coordinating how the money is used, providing oversight to ensure the money is spent appropriately, and supporting local communities or organizations that apply for unclaimed state allocations.

Senator Amanda McGill says legislators in Nebraska will take an oversight role. “We may not legislate around these funding streams,” she says, “but we will ask tough questions and see that the money is being spent in a comprehensive way.”

RENEWED EFFORT

The federal government has been in the teen pregnancy prevention business for three decades with almost all the money going for programs that taught only sexual abstinence.

Now there is a new emphasis on paying for a broader range of programs that have a proven record of success—referred to as evidence-based programs—at help-

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ONSIBILITY

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SENATOR
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ing young people avoid pregnancy. The programs typically include information about both abstinence and contraception as prevention methods.

Last year's federal health reform included money for two programs: the Personal Responsibility Education Program or PREP and the Abstinence Education Program. More than \$100 million a year for each of the next five years is available to states to pay for the efforts.

The big change comes with the new Personal Responsibility Education Program. The U.S. Department of Health and Human Services awarded \$45 million in September to 43 states, the District of Columbia, Puerto Rico and Micronesia to pay for programs that emphasize both abstinence and contraception in educating young people about how to avoid pregnancy and sexually transmitted infections.

Each state that submitted a plan was guaranteed a minimum of \$250,000, with no money from the state required. States and territories that did not apply by the 2010 deadline may apply in 2011 and claim both years' funding. Those that do not apply either year become ineligible. In those states, the federal agency will seek applications from programs in local communities.

States can use the money to pay for efforts that have been scientifically proven to change behavior, such as delaying sexual activity or increasing the use of contraceptives. The pro-

grams are required to educate young people about responsible sexual behavior, emphasize abstinence and contraception, and be medically accurate and age-appropriate. They also must address at least three of these topics: healthy relationships, adolescent development, financial literacy, parent-child communication, education and career success, and healthy life skills.

STICKING WITH ABSTINENCE

The Abstinence Education Program has existed in its current form since 1996, but funding lapsed in 2009. Months later, the federal health reform act included money to revive it, despite its controversial history.

To receive the abstinence funds in the reform bill, a 43 percent state match is required. Thirty-three states and Puerto Rico applied for a portion of the \$50 million available annually for five years. The money can support abstinence education programs or mentoring, counseling or adult-supervised activities. States are required to focus on groups of teens most at risk for pregnancy, such as those in or aging out of foster care or who live in areas with high teen pregnancy rates.

The federal Administration on Children, Youth and Families, which is in charge of the program, encourages states to consider

TEEN PREGNANCY BY THE NUMBERS

\$9 BILLION

Annual cost of teen childbearing to federal, state and local taxpayers in lower taxes paid and greater demands on public services.

25 PERCENT

Teen moms who go on welfare within three years of the child's birth.

34 PERCENT

Teen moms who don't earn their high school diploma or GED by age 22, compared to 6 percent of childless girls.

LESS THAN 2 PERCENT

Moms with babies before age 18 who earn a college degree by age 30.

66 PERCENT

Children of teen moms who graduate from high school compared to 81 percent of children with older parents.

66 PERCENT

Families started by teens who live in poverty.

programs that can demonstrate their success and offers them more flexibility to do so. In the past, these programs had to "meaningfully represent" each point within the eight-point definition of abstinence education. Some of the more controversial points included "a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity" and "sexual activity outside the context of marriage is likely to have harmful psychological and physical effects." States now can decide how much emphasis to give each point, though

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REPRESENTATIVE
DONNA HOWARD
TEXAS

none of the teaching can contradict any portion of the eight-point definition.

Both programs require states to certify that information is medically accurate. At least 15 states already require school-based sexual education classes be medically accurate, although the statutory definition in some states differs from the federal definition.

DIVERGING VIEWS

Not surprisingly, programs that teach teens about pregnancy prevention can be controversial, and this led some states to apply for only one program. The decision to apply varies from state to state, although it generally is made by either the governor or the chief public health officer.

Texas was one of seven states that did not apply for the personal responsibility program or PREP money.

“We’re letting communities choose to apply directly for the PREP funding available to Texas, rather than applying for it as a state,” says Stephanie Goodman, a spokeswoman for the Health and Human Services Commission. “State law focuses on abstinence education, and communities can choose whether PREP funding meets their needs and values.”

Texas Representative Donna Howard calls this decision “baffling.”

“We face huge budget shortfalls going into the next biennium, and we’ve refused free federal funds for programs that are evidence-based, then went after funds that require a huge state match for programs that are ineffective,” she says. Howard calls it a “myth” that Texas schools allow only abstinence to be taught.

“Schools should teach abstinence as the preferred method, but they can address contraception as part of the instruction,” she says. “Any concern people have that teaching contraception promotes sexual activity or sends mixed messages is erroneous.”

For these reasons, some states refused to apply for abstinence education money, even before it became available through health reform. California has never accepted abstinence funding.



SENATOR
SANDY PAPPAS
MINNESOTA

The six other states that did not apply for the personal responsibility program money cited reasons ranging from philosophical issues with health reform in general to not enough agency staff to meet the application’s tight deadline.

Former Minnesota Governor Tim Pawlenty instructed his health department not to apply for the personal responsibility program money, a decision Senator Sandy Pappas estimates resulted in a net loss of \$729,000 for the state, including the unclaimed PREP

programs that reduce teen pregnancy rates.

“PREP and Abstinence Education can be critical components of any state’s effort to reduce teen pregnancy,” Bryan Samuels, the administration’s commissioner, told participants on a National Campaign to Prevent Teen and Unplanned Pregnancy Webinar. “We see these funds as providing states [the money] to address a diverse group of needs and a diverse population of teens.”

Forrest Alton, CEO of the South Carolina Campaign to Prevent Teen Pregnancy, hopes states will use both grants for prevention. “States can draw both PREP and abstinence money, essentially doubling their funding for education, and target specific needs. It’s crucial states understand how and where the money is being invested and look at how to maximize these dollars.”

Nebraska’s McGill agrees the programs

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money and the state matching requirement to accept abstinence funds.

“It’s unfortunate the governor is rejecting many of the federal dollars available,” Pappas says, “given Minnesota’s \$6 billion budget shortfall.”

Eighteen states, the District of Columbia and Micronesia applied only for PREP dollars. Washington officials also decided to apply for only the PREP money this year, even though they have applied for and received abstinence program money every year they’ve been available, until now.

“Our choice was simple: We applied for PREP because it did not require a match,” says Riley Peters, director of the Washington Office of Maternal and Child Health. “It’s been a challenge to meet the [abstinence] match requirement over the years, especially this year. We didn’t feel we could commit to find that kind of money.”

A COMBINATION APPROACH

Twenty-five states and Puerto Rico have received money from both sources to support

can be complementary, rather than contradictory, as some fear.

“All prevention programs are valuable because they include self-esteem and skill-building activities. Anything that reaches out to young girls in this way is a good thing,” she says. “Ultimately, parents should decide what information their children receive about sex and contraception, so a variety of programs should be available to them.”

Alton warns that the complexity of this issue requires those concerned to pay close attention.

“Comprehensive planning around all of these new funding streams is critical,” says Alton. “In South Carolina, we are looking at about eight different organizations to be the fiscal agents. There are also lots of key groups who stand to benefit from these programs, and it’s critical they are at the table early.”

SL ONLINE

Check out a video interview with Sarah Brown, CEO of the National Campaign to Prevent Teen and Unplanned Pregnancy at www.ncsl.org/magazine.