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**Teen Pregnancy Prevention Program Budgets**

**Given the overall downturn in the economy, it comes as no surprise that state and local health, human services, and education agencies are experiencing great financial pressure. In an ongoing struggle to balance state budgets, governors and legislators are making difficult decisions about reducing—and in some cases completely eliminating—funding for a variety of programs. In some cases, local governments and private funders are also reducing support for these efforts. This is especially troubling for teen pregnancy prevention programs.**

At the same time that resources are diminishing, the nation's impressive progress in reducing teen pregnancy and childbearing is reversing. After 14 years of steady decline, the national teen birth rate increased five percent between 2005 and 2007. In fact, 26 states reported statistically significant increases in their teen birth rate between 2005 and 2006 (the most recent state-level data available).

In addition to the human toll involved, there are financial costs associated with early pregnancy and parenthood. Teen childbearing costs our nation's taxpayers \$9.1 billion annually. Most of the costs of teen childbearing are associated with negative conse-

quences for the children of teen mothers, including increased costs for health care, foster care, and incarceration. In short, reducing teen pregnancy generates savings. The decline in the teen birth rate between 1991 and 2004 saved taxpayers \$6.7 billion in 2004 alone. Cutting investments in teen pregnancy prevention may help balance the budget in the short term, but the long term costs associated with teen childbearing are steep. Investment in prevention needs to be sustained if we are to continue the progress and reverse the upward trend in the teen birth rate.

In December 2008, The National Campaign to Prevent Teen and Unplanned Pregnancy informally surveyed state and local program leaders to determine whether funding for teen pregnancy prevention had increased or decreased. We received responses from 20 states and several communities. Fully half of the responding states reported cuts from both public and private funding sources. Other programs received flat funding year after year, even though program costs have risen with inflation. Several states actually reported increased funding.

Even the most successful programs are at risk for funding cuts. One of the most illustrative examples is from California. In 1992, California had the highest state teen pregnancy rate in the nation (157 pregnancies per 1000 teen girls, 15-19 years old). Over the next 15 years—through a combination of public and private investment—California had the largest decline in teen pregnancy in the United States. Youth received prevention programs and messages from just about everywhere—the media, schools, and healthcare settings. Community Challenge Grants were awarded to more than 100 organizations throughout the state to reduce teen pregnancy, promote responsible fatherhood, and provide education and job training for young parents. Priority was given to communities with teen birth rates higher than the state average. Programs were

developed for high-risk teens including those who were already parenting, in foster care, homeless, and siblings of teen parents. A male involvement program employed unique strategies to reach males, 12-24 years old, to promote responsibility by preventing early fatherhood. Quality, low- or no-cost reproductive health care has been available to California teens through the Family Planning Access Care and Treatment (Family PACT) program since 1996. Despite this impressive success, cuts to public funding over the past several years have included the elimination of the statewide media campaign and the program for the younger siblings of teen parents. Most recently, funding for the Male Involvement Program and the TeenSMART Outreach Program, which linked sexually active teens to clinical services, were eliminated in the fiscal year Budget. The funding for the Information & Education Program was also reduced. These cuts came on top of flat funding for the past seven years. Happily, California's teen birth rate declined in 2007, reversing a slight increase in 2006.

Arizona experienced a \$9 million cut in the spring of 2008. This funding was to be used over several years to support the state's broad-based teen pregnancy prevention program. As a result, the Arizona Department of Health Services scaled back programmatic efforts by eliminating a number of projects and offering fewer grants to communities even though Arizona has the fifth highest teen birth rate in the nation. Between 2005 and 2006, the state teen birth rate increased by seven percent. This increase is attributed to a significant increase in births among older teens, 18-19 years old.

Shrinking state budgets affect the number and size of grants given at the local level. In California, the Solano County Department of Health and Social Services received a 44 percent cut in state funds. As a result, they have dramatically reduced staff and the number of clients they serve. The San Diego Family Care program's federal and state grants were reduced by 50 and 60 percent respectively, resulting in a devastating 60 percent reduction in services for at-risk youth and families. With the simultaneous loss of local school district funding, the gap in services has been magnified. Teen pregnancy and HIV prevention programs are being eliminated in schools and community organizations in San Diego and across California. As a result, some of the most at-risk youth are not getting the programs that they need to thrive and live healthy lives.

Many programs are fearful of looming funding cuts, even states

with increasing teen birth rates. Take South Carolina, for example, where the teen birth rate increased by nearly ten percent between 2005 and 2007. So far, the South Carolina Campaign to Prevent Teen Pregnancy has successfully navigated a series of state funding cuts. State and local advocacy efforts helped to secure 2008 state funds for the Medicaid Adolescent Pregnancy Prevention Services (MAPPS) program at the South Carolina Department of Health and Human Services. Yet, funding for MAPPS was not included in the Governor's proposed budget for 2009-2010 (although the budget is not finalized at the time this fact sheet is being prepared). The initiative is the primary source of science-based pregnancy prevention programming for approximately 8,000 Medicaid eligible, high-risk youth. Not providing these nearly 30 organizations with state funds would also mean giving up millions of federal matching dollars.

In an effort to balance the state budget, some programs have suffered from mid-year emergency cuts. Massachusetts presents a mixed bag of news. The good news: The teen pregnancy prevention program at the Massachusetts Department of Public Health benefited from an increase of state funds from \$1 million in 2005 to approximately \$4 million in 2007. The bad news: This year, they were hit with two mid-year cuts in state general funds totaling close to a ten percent decrease in overall programmatic funds. This funding was taken out of earmarked dollars to support a number of teen pregnancy prevention projects, including a project in conjunction with the Massachusetts Department of Children and Families to support work with youth in foster care. It did not affect competitive contracts. In North Carolina, the combination of flat funding, shifting funding sources, and minor mid-year budget cuts have resulted in funding fewer local programs and cutting back on evaluation efforts for teen pregnancy prevention initiatives at the North Carolina Division of Public Health.

Other states have shifted program funding from one source to another as a cost savings measure. Like many states, Virginia has received flat funding for the last several years for teen pregnancy prevention efforts, which were supported by state general funds. As a result of a decision by the state's leadership, the Virginia Department of Health's teen pregnancy prevention program is now funded by TANF.

Not only are state government funds drying up, so are the coffers of private foundations and individual philanthropists. Even though

Georgia had a three percent increase in the teen birth rate between 2005 and 2006, the Georgia Campaign on Adolescent Pregnancy Prevention experienced a 31 percent drop in contributions at its 2008 annual fundraiser compared to previous years. Given their own financial challenges, private foundation dollars are not as forthcoming as in previous years as some foundations are eliminating staff and cutting back on grants.

There is some good news to report. The New Mexico Teen Pregnancy Coalition worked with the state legislature to advocate for increased funding for science-based programs. In Fiscal Years 2008 and 2009, one half million dollars in state general funds were appropriated to the New Mexico Department of Health for science-based programs. The health department partners with the New Mexico Teen Pregnancy Coalition to educate various audiences on science-based programming across the state. A few organizations in Colorado received an increase in funds for teen pregnancy prevention from private foundations, individual donors, and TANF. In addition, several states that turned back the federal abstinence-only funding have reinvested those dollars in evidence-based teen pregnancy prevention programs. In Michigan, the state match for abstinence-only programs is now dedicated to evidence-based programs at the Michigan Department of Community Health.

It is important to keep in mind that the survey reflects the picture as of late 2008. Because of the lag in most public and private funding cycles, it is quite possible that the responses do not reflect the full impact of the economic downturn. Given that the picture in many states could worsen, continued advocacy on behalf of these programs is important. While the trends in teen sex and contraceptive use, as well as the rise in the teen birth rate are discouraging, they may have a modest silver lining: these developments provide those concerned about early pregnancy and childbearing a fresh opportunity to make their case to policymakers, the press, parents, and practitioners. For more information on what states and communities can do to raise awareness about teen pregnancy and prevention programs, please visit [http://www.thenationalcampaign.org/resources/birthdata/actions\\_community.aspx](http://www.thenationalcampaign.org/resources/birthdata/actions_community.aspx).

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*Please note that this fact sheet is based on responses received from an online survey conducted in December of 2008. Only states that responded to the survey are represented in this fact sheet.*