


 Briefly...

Funding Sources for State and Local Teen Pregnancy Prevention Programs

Teen pregnancy and birth rates have plummeted by about one-third since the early 1990s. Encouragingly, this success is widespread—teen pregnancy and birth rates have declined in all 50 states and among all racial and ethnic groups. However, there is much more work to do.

It is still the case that three in ten girls become pregnant before turning 20. Moreover, the U.S. teen birth rate increased three percent between 2005 and 2006, the first increase in 15 years, and many states are reporting increases in their teen pregnancy and birth rates.

Teen pregnancy is closely linked to a host of other critical social issues — poverty and income, overall child well-being, out-of-wedlock births, responsible fatherhood, health issues, education, child welfare, and other risky behavior. There is also a strong economic argument for investing in teen pregnancy prevention efforts, given the substantial public costs associated with adolescent childbearing. In 2004 alone, teen childbearing cost United States taxpayers at least \$9 billion. Most of the costs of teen childbearing are associated with negative consequences for the children of teen mothers, including increased costs for health care, foster care, and incarceration. At the same time, progress in reducing teen pregnancy generates savings. The decline in the teen birth rate between 1991 and 2004 **saved taxpayers \$6.7 billion in 2004 alone** (for more information, including state-specific cost data, go to <http://www.thenationalcampaign.org/costs/default.aspx>). Particularly in challenging economic and budget times, it is more important than ever to continue to invest in prevention.

A key factor in making and sustaining progress in preventing teen pregnancy is finding the necessary funds to invest in effective and promising approaches at the state and local level. This fact sheet highlights the resourceful and sometimes unique ways in which some organizations and communities are funding teen pregnancy prevention efforts. From utilizing Medicaid and TANF dollars to engaging private donors and foundations, states and communities are finding a number of ways to secure support for these critical programs and services.

Maximizing Public Investment in Teen Pregnancy Prevention

Recognizing that teen childbearing has enormous health, social and economic consequence for families and the broader community alike, many state and local governments are choosing to invest in programs and services that can prevent teen pregnancy and reduce poverty. Several public funding sources are available for this work.

The Massachusetts Department of Public Health received a \$1 million increase in funding for teen pregnancy prevention as proposed in the **Governor's budget and approved by the state legislature** in fiscal year 2008. This increase in funds was used specifically to address the high rates of teen pregnancy among youth in foster care. Bringing the teen pregnancy prevention line item to \$4 million in general state funds, the Office of Adolescent Health and Youth Development focused on three areas: increasing the comfort level of Department of Social Services staff to address adolescent sexual health issues, increasing the communication skills of foster and kinship parents and providing teen pregnancy prevention programmatic services to youth in foster care. For more information on the state's teen pregnancy prevention efforts, visit <http://www.mass.gov/?pageID=eohhs2homepage&L=1&L0=Home&sid=Eeohhs2>.

The New Mexico Teen Pregnancy Coalition worked to secure \$525,000 in state general funds from the **state legislature** in

2008 specifically for evidence-based teen pregnancy prevention programs. The first \$400,000 will help support the New Mexico Integrated Services in Schools Initiative, which has helped establish school-based health centers at five sites in the state. A portion of the remaining funds is being used to support an innovative case management project among high-risk middle school students in one of the counties along the U.S. – Mexican border. For more information on this work, please visit <http://www.nmtpc.org>.

With state and federal **Medicaid** funds, the California Department of Public Health supports several programs that provide information and services to adolescents.^a The Information and Education program funds education programs that focus on primary prevention of teen pregnancy and encouraging teens to make responsible decisions about sex. Also supported with Medicaid dollars, California's innovative Male Involvement Program has identified "hot spots" in the community where teen birth rates are especially high. Through this program, males ages 12 to 24 are encouraged to either avoid early fatherhood or to be a responsible parent. In addition to Medicaid funds, state general state funds are also used to support both programs. For more information on state-funded teen pregnancy prevention efforts in California, please visit <http://www.cdph.ca.gov/programs/tpp/Pages/default.aspx>.

Through **Family PACT, California's Medicaid family planning waiver program**, TeenSMART Outreach (TSO) encourages teens to access confidential family planning services through outreach and promoting services in schools and in the broader community. This program focuses on teens at high risk for pregnancy and sexually transmitted diseases (STDs), as well as at-risk youth, such as homeless teens and victims of abuse. With this funding, TSO can participate in health fairs, develop positive messages on reproductive health for use in mass media, and provide transportation and incentives to teens for receiving reproductive health care. Family PACT allows adolescents to access affordable, confidential family planning services—eligibility is based on the individual teen's income as opposed to that of the parents, and parental consent is not required. Currently, 26 states have Medicaid family planning waivers—expansions which provide coverage for these services for individuals who are not otherwise eligible for Medicaid—17 of which make services available to individuals under the age of 19. For more information on Family PACT, please visit <http://www.familypact.org>.

Many states use federal **Temporary Assistance for Needy Families (TANF)** dollars for pregnancy prevention efforts for teens and adults. Created in 1996 as part of welfare reform, the TANF block grant provides states and communities with a funding source to provide assistance to low-income families as they work to find employment and achieve self-sufficiency. One of the program's explicit goals is to "prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for prevention and reducing the incidence of these pregnancies," which includes teen pregnancies. In fact, until recently, a monetary bonus was awarded to states that saw the biggest reductions in out-of-wedlock births, and several states used these bonus funds to support teen pregnancy prevention efforts. This bonus was eliminated when TANF was reauthorized in 2005. In addition TANF explicitly states that funds may be used for "pre-pregnancy family planning."

The Georgia Campaign for Adolescent Pregnancy Prevention (GCAPP) supports its network of Second Chance Homes, one of its secondary prevention programs, largely with **TANF** funds. These homes for pregnant and parenting teens are also supported through the fundraising efforts of partners in the communities where the homes are actually located, who are securing grant funds to continue to provide these services. For more information on GCAPP's work on primary and secondary teen pregnancy prevention programs, please visit <http://www.gcapp.org>.

The Adolescent Health and Youth Development program in Georgia's Division of Public Health uses **TANF** to support 31 Teen Centers in 28 communities throughout the state. Teen Centers provide comprehensive health services to youth at risk of pregnancy and STDs. These services are delivered in local health departments or in alternative "teen friendly" settings with afternoon, evening, and weekend hours. These centers seem to have contributed to lower rates of teen pregnancy, especially among African-American girls. For more information, visit <http://health.state.ga.us/programs/adolescent>.

California's Community Challenge Grants are funded through **state general funds** and, when they were available, **TANF performance bonus dollars**. Grants totaling \$19.4 million are awarded annually over 5 years to 116 organizations across the state. Communities receiving these teen pregnancy prevention grants are required to raise 10 to 20 percent of the grant in matching funds from non-government sources. The funds can be used

to work towards reducing teen pregnancy, promoting responsible fatherhood, and providing education and job training for young parents. Priority is given to communities with teen birth rates that are higher than the state average.

The South Carolina Department of Social Services supports its Community Adolescent Pregnancy Prevention (CAPP) initiative with **TANF funds**. These programs are administered by local agencies across the state, and the content is tailored to address the specific needs of teens in the individual communities based on needs assessments, data, and focus groups. Once the content is chosen, program leaders are required to use science-based approaches and to reach youth who are at greatest risk of teen pregnancy. This work is complemented by the state's **Medicaid Adolescent Pregnancy Prevention Services (MAPPS)**, which provide family planning to at-risk teens enrolled in Medicaid.^b

Some Colorado counties fund programs through **TANF** to encourage youth to prevent or postpone parenthood until they are prepared emotionally and financially to have children. Preventing too-early pregnancy and parenthood ultimately decreases dependence on Colorado Works and other public services. Programs in these counties often contract with outside organizations to provide classroom-based education or technical assistance, some using abstinence education curricula such as Friends First, WAIT Training, and Sexual Cessation.

Public-Private Collaboration

Many successful teen pregnancy prevention initiatives thrive when groups and individuals from the public and private sectors work together closely to coordinate their efforts and their resources. While significant public resources were dedicated to addressing teen pregnancy prevention in California, this support was enhanced by a strong commitment from the private sector. Funding from the **California Wellness Foundation** supported research, advocacy, a statewide media campaign and grants to communities over ten years. With a combination of public and private support sustained over three administrations, the state that had the highest teen pregnancy rate in the nation in 1992 has experienced the largest decline in the teen pregnancy rate (40% between 1992 and 2000) and the second largest decline in the teen birth rate (47% between 1991 and 2005; Vermont had the largest decrease at 53%).

The Denver Teenage Pregnancy Prevention Partnership is working to address the high birth rates in the city and county of

Denver through a collaboration of six community-based organizations and three schools that work on teen pregnancy prevention in the Denver metro area. Spearheaded by the Denver Office of Strategic Partnerships, this two-year project will be funded with **TANF funds** through the Denver Department of Human Services and a matching grant from The **Colorado Health Foundation** for the 2008-2009 school year. By using the individual strengths and expertise of each organization, The Partnership is able to reach youth and families with a multi-faceted approach to teen pregnancy prevention in the three schools it targets. Members of the partnership work together to provide curriculum-based programs, after school activities, parent education and engagement, and support to school-based health clinics. For more information about teen pregnancy prevention efforts in the Denver Metro area, please visit <http://www.denvergov.org/strategicpartnerships> or <http://www.coappp.org>.

In New Mexico, the statewide teen pregnancy prevention coalition oversees the Plain Talk program in three counties, which is supported with state **Medicaid funds** through an agreement with the state Human Services Department. The state dollars are then matched by **private donations from Unidos**, a collaborative fund comprised of foundations in the state that have pooled their resources to address teen pregnancy in their communities.

Private Foundations and Individual Donors

Because of the widespread effect teen pregnancies have on communities and families, private foundations and individuals philanthropists often have a deep interest in financially supporting the efforts of organizations that work on this issue. Through a **capital campaign**, GCAPP raised private funds to implement the Carrera Adolescent Pregnancy Prevention Program in Atlanta. The coalition set out to raise \$3 million—which would cover the cost of the program for 70 children over 7 years – and new individual donors had contributed \$2.4 million toward this goal after just six months.

In response to high rates of teen birth and child poverty in Milwaukee, the local United Way has taken the lead in a local initiative to prevent teen pregnancy and set a goal to reduce teen births in the city among 15 to 17 year olds by 46 percent by 2015. A community-wide Teen Pregnancy Prevention Oversight Committee, co-chaired by the Commissioner of the City of Milwaukee Health Department and the president and publisher of the Milwaukee Journal Sentinel, works in collaboration with other local agencies

and community leaders in the public and private sectors. **The United Way of Greater Milwaukee** funds the Healthy Girls project, which supports programs that prevent teen pregnancy and sexual violence against girls. United Way donors may designate their gifts to the Pregnancy Prevention Awareness Campaign or to the Healthy Girls Project to contribute directly to these efforts. In 2007-08, they funded nine evidence-based programs in the community including programs such as Safe Dates, the Teen Outreach Program, and Plain Talk. Learn more about this initiative at http://www.unit-edwaymilwaukee.org/Teen_Pregnancy.html.

Strategic Partnerships

Obtaining support from any agency, foundation, or individual first requires establishing relationships and building partnerships with potential funders. The Minnesota Organization on Pregnancy, Prevention and Parenting (MOAPPP)—an organization which advocates for comprehensive sex education programs—worked for years with the **Minnesota Department of Health (MDH)** to provide technical assistance to its abstinence education program, Education Now and Babies Later (ENABL). MDH supported its abstinence education efforts with federal Title V abstinence education funds, which required that the curricula be in compliance

with the 'A-H' definition of abstinence education, and that the state provide three dollars in matching funds for every four dollars the federal government contributes. When MDH decided not to apply for the Title V funds in 2007, the required matching funds in the state's budget were freed up for other uses. Because of the existing relationship between MDH and MOAPPP, these state funds were granted to MOAPPP to implement the Teen Outreach Program, an evidence-based youth development program that has been shown to reduce teen pregnancy among participants. For more information you can visit <http://www.moappp.org> or the Minnesota Department of Health's website at <http://www.health.state.mn.us>.

About the Author

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NOTES

- a. Several publicly funded teen pregnancy prevention programs in California were negatively affected by cuts to the state's 2008-09 budget announced in September 2008. Funding for TeenSMART Outreach (TSO) and the Male Involvement Program were both completely eliminated. In addition to the loss of state general funds to support TSO, Family PACT providers will not be reimbursed for services provided since the start of the fiscal year on July 1. Funding for the Information and Education program was significantly reduced.
- b. The South Carolina Department of Health and Human Resources recently announced that funding for the MAPPs program would be eliminated on December 31, 2008.