



Teen and Unplanned Pregnancy: Challenges to Systems and Families are Met by State Best Practices in Prevention

Foreword

Teen and unplanned pregnancies have serious consequences for individuals, families, taxpayers, and public service systems alike. For this reason, The National Campaign to Prevent Teen and Unplanned Pregnancy (The National Campaign) and The American Public Human Services Association (APHSA) have formed a special partnership to raise awareness about the magnitude of this issue in our country.

Teen pregnancy and birth rates have declined steadily and steeply since the early 1990s. Even so, there is much work to be done. It is still the case that the United States has the highest rates of teen pregnancy and birth among fully industrialized countries; that three in 10 teen girls get pregnant at least once before the age of 20; and that there are more than 400,000 births to teens annually. The teen birth rate increased 3 percent between 2005 and 2006 – the first increase in 15 years.

The United States also has high rates of unplanned pregnancy among adult women, particularly among unmarried women in their 20s. In 2001 (the most recent year for which data are available), single 20-somethings accounted for 1.1 million unplanned pregnancies. Unlike teens, rates of unplanned pregnancy among young adults in their 20s have remained stable or, in some groups, increased. For example, among poor women, many of whom depend on public health and social services, the rate of unplanned pregnancy went up by almost 30 percent between 1995 and 2002.

While teen pregnancy is relatively well understood by many program providers and administrators, unplanned pregnancy among young adults is not well understood and receives far less public attention. This is evident in the appreciable difference between the number of programs and services provided for teens and those provided for 20-somethings.

This knowledge gap is also evident in the public's perception of unplanned pregnancy in the United States. There is strong support for the general goal of reducing unplanned and unwanted pregnancy, yet most do not fully understand the magnitude of the problem among young adults. For example, only 19 percent of Americans know that women in their 20s have the greatest number of unplanned pregnancies—77 percent incorrectly think it is teens. Clearly, one of our key challenges is to raise awareness about the issue and to educate the public and human service administrators alike about the scope of the problem and ways in which it can be addressed.

While the work of our two organizations has a distinct focus, we are both working toward an important common goal: improving the lives and well-being of children and families. Preventing teen and unplanned childbearing is a powerful way to make progress on a host of critical social issues. If we are successful, there will be less poverty, less child abuse and neglect and family turmoil, more opportunities for young men and women to complete their education or achieve other life goals, less need for abortion, a reduced burden on taxpayers, and a stronger nation. This also means that the jobs of public human service systems who work to meet the needs of these young families will be easier.

This report provides a snapshot of how teen and unplanned pregnancy affect public human service systems and highlights a number of innovations and strategies taking place at the state and local level to address the issue. The encouraging news is that there is strong interest among providers, caseworkers and administrators in being adequately equipped to address this issue with the clients they serve, especially since an unplanned pregnancy can have such a profound effect on the lives of children and families.

Success in reducing teen and unplanned pregnancy is possible only when groups like ours work together to address the real challenges that teens, young adults and their families face. We hope that through our combined efforts, we can continue to improve the lives of this generation and the next.

A handwritten signature in black ink that reads "Sarah Brown".

Sarah Brown, CEO

The National Campaign to Prevent Teen and Unplanned Pregnancy

A handwritten signature in black ink that reads "Jerry Friedman".

Jerry Friedman, Executive Director

American Public Human Services Association

While the teen pregnancy rate declined more than one-third since the early 1990s, the rate of unplanned pregnancy young adults in their 20s did not change at all between 1994 and 2001 (the most recent year for which we have data on unplanned pregnancy).¹ In fact, among poor women, many of whom depend on publicly funded services, the rate of unplanned pregnancy increased by almost 30 percent between 1995 and 2002.²

Though the rates of unplanned pregnancy are higher for some groups than others, women who experience an unplanned pregnancy are a diverse group with respect to income level, education level, and race and ethnicity. For example, approximately one-third of unmarried women ages 20-29 who experience an unplanned pregnancy are below the federal poverty level, one-third have income between 100 and 200 percent of the poverty level, and one-third are at or above 200 percent of the federal poverty level (For more information about the demographics of unplanned pregnancy, please go to <http://www.thenationalcampaign.org/resources/fact-sheets.aspx>).³

A growing body of research suggests that unplanned pregnancy places additional stress on the lives of young parents, as well as on their children. These consequences⁴ — including late entry into prenatal care, low birthweight, abuse and neglect, behavioral and cognitive deficits, educational challenges, economic hardship, and relationship conflict between parents—have major implications for public human service systems. For example, parents who have a birth resulting from an unplanned pregnancy are more likely to experience family turmoil and unhappiness, which can create an unstable environment for children.⁵ In fact, nearly half (47 percent) of parents who have a birth resulting from an unplanned pregnancy show some symptoms of depression—compared to 39 percent of parents who have a planned birth—which research has shown to interfere with the ability to effectively parent.⁶

For these reasons and others, after a decade of focusing exclusively on teen pregnancy, The National Campaign to Prevent Teen and Unplanned Pregnancy (National Campaign) has expanded its mission to also address unplanned pregnancy among single young adults in their 20s. Half of all pregnancies in the United States are unplanned—more than 3 million in 2001.⁷ Of these unplanned pregnancies, 75 percent are to women under 30, and more than one-third are to unmarried women in their 20s.⁸ Also, more than half (52 percent) of all births fathered by men ages 20 to 24 are the result of an unplanned pregnancy.⁹

The National Campaign will also maintain its intense focus on teens. Despite impressive progress, it is still the case that three in ten teen girls become pregnant by age 20¹⁰ and, according to data from the National Center for Health Statistics, the teen birth rate in the United States increased recently for the first time in 15 years (a three percent increase

between 2005 and 2006). Moreover, even though the teen pregnancy rate declined 38 percent between 1990 and 2004 (the most recent year for which we have data), recently released data on teen sexual behavior and contraceptive use indicate that the progress that marked the last decade may be slowing.

Public human service systems absorb the consequences of teen and unplanned pregnancies through higher caseloads, strained fiscal resources, and the struggle to intervene in many of the issues that are both causes and consequences of teen and unplanned pregnancy. According to a study by The National Campaign, teen childbearing cost the United States \$9.1 billion in 2004 alone in increased public sector costs associated primarily with negative outcomes for the children of teen parents.¹¹ These include child welfare services, state incarceration costs, and public health care costs.

It is important to note that many unplanned pregnancies occur to women who have already had a previous pregnancy or birth. In fact, 72 percent of unplanned pregnancies to unmarried women in their 20s are to women who have had a previous pregnancy.¹² Put another way, more than 800,000 unmarried women age 20-29 who had an unplanned pregnancy in 2001 had already been pregnant at least once before. This means human service agencies and providers have opportunities to help prevent subsequent unplanned pregnancies as they serve young families.

The National Campaign and the American Public Human Services Association (APHSA) are working together to help raise awareness about the magnitude and consequences of teen and unplanned pregnancy. As part of this partnership, APHSA surveyed state public human services agencies that work with families that use public resources to learn more about the issues this population poses to effective service delivery and innovative and effective strategies to prevent teen and unplanned pregnancies. Online surveys were sent to the National Association of Public Child Welfare Administrators, the National Association of State Medicaid Directors, and the National Association of State TANF Administrators in the winter of 2008. Based on survey responses and additional information from the field, we have compiled examples of the challenges that this issue presents to public human service systems as well as ways in which states are addressing the challenge.

Increased Family Stress Means Increased Caseloads and Fiscal Stress

Teen and unplanned pregnancies affect public systems by increasing caseloads and, as a result, increasing the demand for fiscal resources

and services. For example, although **Washington state's** teen pregnancy rate has declined dramatically since the early 1990s—down 30 percent between 1992 and 2000—medical care for pregnant teens continues to be costly. The proportion of pregnant Washington teens under age 18 who receive Medicaid funding for maternity care is nearly double that for older women. In addition, women in their 20s represented 62 percent of all Medicaid births in 2006. Assuming that half of these pregnancies were unplanned, Washington spent nearly one-third of the total Medicaid cost for maternity care that year on births resulting from an unplanned pregnancy—an estimated \$97 million.

In **Maryland**, the situation is similar. The state estimates that 64 percent of births to women with Medicaid coverage result from an unplanned pregnancy, and this cost is estimated at \$231 million.

As the Medicaid system struggles to absorb the costs of teen and unplanned pregnancy, the state child welfare system strains to meet the challenges of caring for young parents and their children. According to an analysis of data on foster care placements in **Illinois**, teen mothers were nearly two and a half times more likely than an older mother to have a child placed in foster care within five years of the birth, and nearly twice as likely to have a reported case of abuse or neglect.¹³

In **Washington state**, rates of accepted child protective services (CPS) referrals and out of home placements are up to two and a half times higher for teen mothers than for women 20 and older who have given birth. In addition, the teen birth rate for 15-17 year olds in foster care was 36.4 per 1,000, more than double the state's teen birth rate of 15.1 per 1,000 for this age group. While these rates do not distinguish teens who enter the foster care system after they have become pregnant from those who become pregnant while in foster care, it is clear that these young mothers and pregnant teens are overrepresented in the state's caseloads.

According to the **Iowa** Department of Human Services, children of teen moms are more likely than older mothers to be victims of abuse and to require in home and out of home support services. These teen parents and their children often are dependent upon parents or other adults for housing and daily living support, and many of these same parents receive income assistance from the state. Often teen parents experience a subsequent pregnancy, which can further complicate what is in many cases an unstable situation and delay the ability of a young parent to begin a life independent of his or her parents. In fact, 20 percent of all teen births in the United States in 2005 were to girls who already had at least one child.¹⁴

In **Florida**, caseloads in the public child welfare system are affected by young parents who do not have the support of their families or other adults in their lives. In some cases when a teen in foster care gives birth, the parents are able to find placements outside of foster care for the infant. However, these placement decisions made by the teen mothers often pose risks to the child's health and safety, which in some cases lead to the infant

ending up in foster care as well. In most cases, it is difficult to find a placement where the teen mother and her baby can remain together. Florida, like several other states that responded to the survey, notes that one of the greatest risks for abuse and neglect in the state is the young age of the parents.

According to the Midwest Evaluation of the Adult Functioning of Former Foster Youth (Midwest Study), a longitudinal study designed to provide a comprehensive picture of how youth in **Illinois, Iowa, and Wisconsin** make the transition from foster care to independent adulthood, nearly half the teens in foster care had been pregnant at least once by age 19.¹⁵ Similar issues with pregnancy and childbearing tend to follow these youth as they age out of foster care. The Midwest Study also found that nearly 71 percent of women in foster care reported having been pregnant at least once when interviewed at age 21, compared to only one-third of those not in foster care.¹⁶ Of these women, 62 percent had been pregnant more than once, and half of them had been pregnant since their last interview at age 19. At age 21, more than half the women and nearly one-third of the men had at least one child, making them twice as likely to have a child as youth who had not been in foster care. These young adults are also less likely to actually be living with their children.

The caseload and budget impacts can be measured quantitatively; however, the consequences and cost of early childbearing on the lives of young parents, their children, and their families are much more difficult to measure.

Promising Prevention Approaches

Across the country, public human service systems are developing programmatic and systemic strategies that address the challenges of preventing teen and unplanned pregnancies. For example, in the **District of Columbia**, the Child and Family Services Agency (CFSA) administers the Keys for Life program, which fosters positive decision-making among young people. The program provides life skills training that includes discussions of sex and related issues, the consequences of becoming a parent, and setting goals for the future. This program is funded through the John H. Chafee Foster Care Independence Program. CFSA has also partnered with the D.C. Campaign to Prevent Teen Pregnancy, a local teen pregnancy prevention organization, to conduct training for staff working in CFSA's Office of Youth Development to better equip them to have conversations with youth about these topics.

Currently, 33 states are spending some TANF funds on pregnancy prevention among both teens and adults.¹⁷ For example, The **Virginia** Department of Health's Partners in Prevention program focuses on unplanned pregnancy prevention among 20-29 year-olds. This initiative builds on an ongoing effort to reduce non-marital births through

the department's "I Do" campaign. Ten local grantees reach out to the target population through community colleges and vocational schools, parole and probation offices, individuals in subsidized housing, and family planning clinics. In FY 2007, 50 percent of the grantees' clients were male. Communities are conducting outreach through basketball leagues and computer training courses which require the men to participate in a one hour family planning educational course. The Department of Health has also produced three new public service announcements, two for radio and one for television, which contain positive messages about planning pregnancies.

The Adolescent Health and Youth Development program in **Georgia's** Division of Public Health supports 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.¹⁸

The **Delaware** Department of Services for Children, Youth and Families provides evidence-based programs to foster teens and their parents/caretakers that include discussions of sex and pregnancy prevention, along with education and guidance to youth as they age out of the system, including information on pregnancy prevention. Similarly, in **West Virginia**, foster care case plans must include an age-appropriate plan for each child that educates him or her about family planning, pregnancy prevention, and STDs. In addition, Department of Social Services eligibility workers give all TANF applicants a brochure on the availability of family planning services and general information about pregnancy planning. Through a family assessment process, family planning is discussed at the time of application, is included in the client's Contract of Mutual Responsibilities, and counseling continues during the period of time the individual is an active TANF recipient.

Cross-System Collaboration

Programs within public human service systems have long been labeled as too segregated or "siloeed." This is worth noting as many state administrators who have employed effective strategies to prevent teen and unplanned pregnancy often point to cross-system collaboration as a central factor of their success.

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 to reach the broader community.

The **Delaware** Office of Prevention and Early Intervention is a member of the state's Teen Pregnancy Prevention Board, which is run by the Division of Public Health in collaboration with several other state agencies (Education, Health and Human Services), institutes of higher learning, and faith and community-based organizations. The Board plans how state funds are leveraged to ensure that services are not duplicated and that a continuum of care among service providers is available.

In **Iowa**, public child welfare program staff and supervisors are offered training by the statewide Adolescent Pregnancy Prevention Coalition. The training is designed to increase the knowledge of those working directly with youth in foster care on issues related to teen and unplanned pregnancy. This year the Coalition will be offering multiple training sessions on science-based and medically accurate pregnancy prevention programs, and will provide technical assistance to case-workers who are putting these programs in place. Participation in the trainings has been highest among direct service staff. In addition, the coalition is actively participating in a recently launched initiative for preventing unplanned pregnancies among adults.

Washington state offers family planning services to clients of the Department of Social and Health Services' (DSHS) Community Services Offices (CSOs), which determine eligibility for financial and other support services such as Medicaid and TANF. In fact, the state mandates that family planning information and assistance be made available to all women and men enrolled in the state's welfare program, WorkFirst, which has a goal of zero additional births for clients. Each CSO has staff members on-site who are trained to provide information about preventing unplanned pregnancies and referrals for medical family planning services. Local family planning agencies partner with DSHS in this program to offer medical services, and some CSOs even offer the services on-site.

The Division of Family Assistance and the Division of Public Health Services at the **New Hampshire** Department of Health and Human Services work together to administer the Family Planning Program (FPP), a collaborative family planning outreach project to prevent unintended pregnancies. With TANF funds, family planning services are provided at 32 sites throughout the state. FPP delegate agencies also operate 13 reproductive health Teen Clinics designed to meet the needs of New Hampshire adolescents.

Ongoing Evaluation

Each year, **Iowa's** Adolescent Pregnancy Prevention Cross-site Evaluation reports on changes in the number of teen births in counties served by each Community Adolescent Pregnancy Prevention Program. The evaluation also reports on data from the pre- and post-tests of program participants and uses the information to track changes in attitudes and knowledge about abstinence, sexuality, communication with parents, and STDs as indicators of the program's success. Ongoing program evaluations like this one are an integral component to effective prevention efforts for public human services systems.

The Department of Social Services in **Connecticut** has contracted with a program evaluator to assess the effectiveness of the 12 pregnancy prevention programs it funds. These programs are run through schools, community detention centers, treatment programs, and family resource centers, and grantees are required to work more intensively with at-risk teens. The department has also contracted with the University of Connecticut Health Center to act as coordinator of the various teenage pregnancy prevention efforts across the state. In this capacity, the health center provides technical assistance and information and works with state agencies to minimize duplicated efforts and to secure current data.

It is worth keeping in mind that many publicly funded human service systems **nationwide** also gather demographic and enrollment data, often in partnership with research organizations or university departments, which may be used in cost-benefit analyses or other evaluations of program success.

In response to the challenge of preventing unplanned pregnancies that can result in increased public costs for expensive prenatal and maternity care, 26 states have implemented Medicaid family planning waivers to expand coverage for family planning services to individuals who would otherwise be unable to access reproductive health care. A requirement of this waiver program is that the expanded family planning eligibility be cost neutral to the federal Medicaid program. In all evaluations of Medicaid waiver programs to date, the expanded access has not only been cost neutral, it has actually *produced substantial savings*.

Currently, 19 of the 26 states expand eligibility based on income. A 2003 evaluation of the cost effectiveness of six family planning waiver demonstrations commissioned by the Centers for Medicare and Medicaid Services (CMS) confirmed that these expansions save state and federal government money.¹⁹ Over a two-year period, estimated net Medicaid savings (federal and state funds) ranged from \$1.3 million in **New Mexico** to \$23 million in **South Carolina** to \$76.2 million in **California**. **California's** waiver program, FamilyPACT (Planning, Access,

Care, and Treatment), expands comprehensive family planning services through Medicaid to any woman, man, or adolescent who is at or below 200 percent of the federal poverty level and has no other source of reproductive health care. According to an evaluation by the University of California, San Francisco, Institute for Health Policy Studies, FamilyPACT averted an estimated 205,000 unintended pregnancies in 2002, which translated into more than \$1.1 billion in total public sector cost-savings for health care and other social services up to two years after birth and \$2.2 billion five years after birth.²⁰

A number of states surveyed indicated that they do not currently collect information about the extent to which unplanned pregnancies occur to parents already involved in the child welfare system. Of states surveyed, few do training for child welfare staff or judges about addressing teen and unplanned pregnancy prevention.

Conclusion

These survey results and other stories from the field indicate that some state public service systems are trying to respond to the challenges that teen and unplanned pregnancies present. However, there is much work to be done.

With the many responsibilities that caseworkers and other public human services professionals face, it is understandable that preventing unplanned pregnancy may not be a primary issue of concern. Particularly when aiding clients who may need assistance with finding employment, obtaining health care, or caring for the children that they already have, it is difficult to make primary prevention of pregnancies front and center. Moreover, for many service providers, this issue may be uncharted territory and many staff simply lack the training necessary to address these sensitive issues with clients. Though collaboration is occurring in some parts of the country, our survey results indicate that there is substantial interest among caseworkers in receiving additional training. This is understandable when considering how an unplanned pregnancy, whether experienced by a teenager or a young adult, can have such an immediate effect on the lives of their clients.

Sustained success in reducing teen and unplanned pregnancy requires involvement from a wide range of health and human services agencies. If we are successful, child and family well-being will improve, there will be less poverty, better educational outcomes, less abuse and

neglect, and fewer children growing up with single parents—in short, less work for those in health and human services and stronger families overall.

About APHSA:

The American Public Human Services Association, founded in 1930, is a nonprofit, bipartisan organization of state and local human service agencies and individuals who work in or are interested in public human service programs. Our mission is to develop and promote policies and practices that improve the health and well-being of families, children, and adults. We educate Congress, the media, and the general public on social policies and practices and help state and local public human service agencies achieve their desired outcomes in Temporary Assistance for Needy Families, child care, child support, Medicaid, food stamps, child welfare, and other program areas and issues that affect families, the elderly, and people who are economically disadvantaged.

About The National Campaign:

The National Campaign to Prevent Teen and Unplanned Pregnancy is a nonprofit, nonpartisan organization whose mission is to improve the lives and future prospects of children and families and, in particular, to help ensure that children are born into stable, two-parent families who are committed to and ready for the demanding task of raising the next generation. Our specific strategy is to prevent teen pregnancy and unplanned pregnancy among single, young adults. We support a combination of responsible values and behavior by both men and women and responsible policies in both the public and private sectors.

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