

Briefly...

2016 Public Policy Agenda

About The National Campaign

The mission of The National Campaign to Prevent Teen and Unplanned Pregnancy is to improve the lives and future prospects of children and families by ensuring that all children are born into families committed to and ready for the demanding task of raising the next generation. To help achieve this mission, The National Campaign works to reduce unplanned pregnancy among teens and young adults. Our efforts are focused on three primary goals and outcomes:

- Reduce the rate of teen pregnancy by 20% by 2020.
- Reduce the rate of unplanned pregnancy among women age 18-29 by 20% by 2020.
- Reduce the disparities in teen and unplanned pregnancy rates among racial/ethnic groups by 50% by 2025.

We are committed to achieving these goals by keenly focusing on evidence-based and informed strategies; a bi-partisan, non-ideological approach; the belief that there is a place for everyone and every sector at the table; the recognition that we must meet our audiences where they are; and a relentless pursuit to reduce disparities. We take a multi-faceted approach that addresses the cultural, policy, systems, and program levers, as well as individual behavior change, to reach our goals.

When we are successful, child and family wellbeing will improve. In particular, there will be a better educated and prepared competitive workforce, less poverty, healthier children and families, and lower taxpayer costs. Less unplanned pregnancy also means fewer abortions—a fact that should help those on both sides of the abortion debate find common ground.

The Facts

- Since the early 1990s, teen pregnancy and birth rates have declined by 55% and 64% respectively and are now at record low levels. There has been important progress in all 50 states and among all racial and ethnic groups.
- Despite this progress, it is still the case that roughly one in four girls in the United States become pregnant at least once by age 20 and that the United States has much higher teen pregnancy rates than our trading partners and competitors. This equates to more than 560,000 teen pregnancies per year.
- Even with dramatic across the board declines, inequalities persist for some racial and ethnic groups. Roughly four in 10 African-American teen girls get pregnant at least once before age 20 and the figure is roughly one in three for Latina teens. In contrast, roughly one in six non-Hispanic White teen girls will get pregnant at least once by age 20. Additionally, by age 19, nearly half of all teen girls in foster care have been pregnant at least once.
- Thirty percent of teen girls who have dropped out of high school cite pregnancy/parenthood as a key reason. Less than two percent of those who have a child before age 18 attain a college degree by age 30.

- Teen pregnancy costs taxpayers at least \$9.4 billion annually, and the estimated savings in 2010 alone due to the substantial decline in the teen birth rate between 1991 and 2010 was \$12 billion.
- The unplanned pregnancy rate declined 18% between 2008-2011, a marked decrease after several decades of minimal change. Still, nearly half of all pregnancies in the United States are unplanned (almost three million annually). And among women in their early twenties, nearly 60% of pregnancies are unplanned. Despite the fact that rates have declined for almost every demographic group, significant disparities persist.
- Forty-eight percent of births in the U.S. are Medicaid funded. In 2010, the average cost for one Medicaid-covered birth was \$12,770. In comparison, the annual per-client cost for contraceptive care was \$239.
- For every dollar spent, public funding for contraception saves the nation approximately \$7 that otherwise would have been spent on pregnancy- and STI-related health care.

Why It Matters

The nation has made remarkable progress in preventing teen pregnancy and parenthood. There have been impressive declines in all 50 states and among all racial/ethnic groups. However, teen pregnancy rates in the United States remain far higher than our trading partners and competitors. Rates of unplanned pregnancy have also declined, but still remain at high levels, particularly among women in their early 20s. Reducing teen and unplanned pregnancy helps reduce poverty, increase educational achievement and workforce competitiveness, and improve health and social outcomes for children and families. There is overwhelming evidence that providing publicly-funded contraceptive services for low-income women reduces public costs. Research also shows that investing in effective teen pregnancy prevention programs will more than pay for itself. Moreover, unplanned pregnancy lies behind the vast majority of the nation's abortions. If policymakers are serious about reducing public spending, strengthening economic competitiveness, improving the health and wellbeing of families, and reducing abortion in this country, it is critical to support policies and programs that are proven to prevent teen and unplanned pregnancy.

Protect Evidence-Based Teen Pregnancy Prevention Funding

Over the past six years, federal funding has supported high quality, evidence-based teen pregnancy prevention programs. Through the Teen Pregnancy Prevention Program (TPPP) and the Personal Responsibility Education Program (PREP), state, community, and tribal organizations have replicated a variety of models that have demonstrated, through rigorous evaluation, to have a positive effect on teen sexual behavior. With 44 evidence-based models, including those that focus on abstinence alone, abstinence and contraception, or youth development, communities have the flexibility to choose an approach that reflects their needs and values. These programs not only replicate proven approaches, but are also committed to using innovation and evaluation to continue learning what works best for particular settings and populations, expanding options for communities, and strengthening outcomes. TPPP and PREP exemplify evidence-based policy making, a results-oriented approach that is gaining bipartisan support.

Evidence-based teen pregnancy prevention programs also enjoy broad public approval: 83% of adults overall support the TPPP, which provides grants to communities for programs that are proven to help teens delay sex, improve contraceptive use, or prevent teen pregnancy. This support cuts across racial, ethnic, and geographic lines; in other words, when it comes to preventing teen pregnancy, taxpayers want their money invested in what works.

Together, multi-year TPPP and PREP grants have served approximately one million youth. Yet, they are only sufficient to serve about two percent of the teens in America. Providing stable funding for these programs is important in order for grantees to effectively plan, carry out, and evaluate programs. Given the costs and consequences associated with teen pregnancy, maintaining investments in what works will ensure that federal dollars are spent most effectively.

Policymakers should:

- At minimum, continue, level funding for TPPP, administered by the U.S. Department of Health and Human Services (HHS) Office of Adolescent Health, which supports competitive grants to a wide variety of organizations and emphasizes strong evidence

and evaluation.

- Extend funding for PREP, administered by the HHS Administration for Children and Families, at its current level beyond its current 2017 authorization. PREP provides grants to states, tribes, territories, and communities for evidence-based programs that reduce teen pregnancy and sexually transmitted infections among some of the nation's most vulnerable youth populations.
- Support efforts to address the high rates of teen pregnancy and childbearing among youth in foster care and the juvenile justice system, through targeted efforts to expand effective approaches within the systems that serve these young people, as well as ongoing funding for PREP—which over half of states are using some or all of their funds to address the need in these populations.

For additional information, see: <http://TheNationalCampaign.org/resource/federal-funding-streams-teen-pregnancy-prevention>.

Contraception

The unplanned pregnancy rate declined 18% between 2008-2011, a marked decrease after several decades of minimal change. Still, almost half of all pregnancies in the United States are unplanned, and among women in their early twenties, nearly 60% of pregnancies are unplanned. Despite the fact that rates have declined for almost every demographic group, significant disparities persist. For example, among racial and ethnic groups, the greatest declines were among Hispanic women. But the unplanned pregnancy rate for Hispanic women is 75% higher than the rate for non-Hispanic White women. And the rate for non-Hispanic Black women is more than twice as high as for non-Hispanic White women. Even when taking income into account, these racial and ethnic disparities remain. Looking solely at income levels, the unplanned pregnancy rate among women with income below 100% the federal poverty level (FPL) is five times the rate of women with income above 200% FPL. These disparities are closely related to educational and economic opportunity. Reducing disparities in unplanned pregnancy could in turn narrow gaps in opportunity and mobility. Unplanned pregnancy is costly not only to individuals and families but to society.

Estimates of public spending due to unplanned pregnancy are as high as \$21 billion annually. Forty-eight percent of births in the U.S. are Medicaid-funded. However, by investing in publicly funded family planning, the nation saves at least \$7 in Medicaid and other public expenditures for every \$1 spent. Seventy-six percent of adults (84% of Democrats and 72% of Republicans) believe that those who oppose abortion should strongly support birth control. This makes sense as there is clear evidence that reducing unplanned pregnancy through the use of effective contraception can reduce abortion dramatically.

Currently, women using birth control carefully and consistently account for only 5% of all unplanned pregnancies. On the other hand, women using no contraception account for 52% of unplanned pregnancies, and women using contraception inconsistently account for 43%. This means that in order to significantly reduce unplanned pregnancy, it is essential to both enable more women who are not using contraception to do so and to help those who are using contraception to do so more effectively by ensuring they have affordable access to the full range of methods so they can choose one that works best for them. To do this, the Title X Family Planning Program—which provides high quality contraceptive care to low-income and uninsured individuals—remains critical. Yet the program has sustained cuts that have lowered the funding level to \$31 million below its FY 2010 level, resulting in fewer patients served and impeding clinics' ability to keep pace in a rapidly changing health care environment with a growing need for providers. In 2014, Title X served almost 4.1 million women and men, down by more than 1.1 million people from the 5.2 million served in 2010.

Beyond Title X, another area of opportunity is improving contraceptive counseling, education, and access to the full range of methods for women in the military, where unplanned pregnancy rates are higher than in the general population. In addition to public and private insurance coverage of contraception, making some methods of contraception available over-the-counter or directly from a pharmacist would also help expand options for some women to access contraception.

Policymakers should:

- Support programs and policies—including the Title X Family Planning Program and Medicaid—that increase affordable access to the full range of contraceptive methods including low-maintenance, long-acting methods that are most effective.

- Promote high quality contraceptive care and collaboration to strengthen capacity across the safety net programs, whether funded through Title X, Medicaid, or Community Health Centers.
- Support moving some methods of contraception over-the-counter or providing some methods through a pharmacy-access model, while maintaining insurance coverage of the full range of contraceptive methods.
- Support comprehensive, deployment-specific contraceptive counseling and education as well as access to the full range of methods for women in the military.

For additional information, see:

<http://TheNationalCampaign.org/resource/briefly-policy-brief-key-points-about-contraception>

<http://TheNationalCampaign.org/resource/briefly-policy-brief-title-x>

Maternal, Infant, and Child Health

Extensive evidence shows that maternal and infant health are greatly improved through adequate birth spacing, as well as timely and high quality preconception and prenatal care. In particular, very short intervals between pregnancies raise the risk of preterm birth, low birthweight, slow neonatal growth, and infant death. In fact, the risk of infant mortality is 67% higher for births occurring less than 12 months after a previous birth, compared to births spaced at least 18 months apart, even after controlling for other infant risk factors.

Helping women plan and space their pregnancies is key to improving maternal and child health. One of the main ways to help women achieve adequate birth spacing—as well as to support their full participation in preconception and prenatal care—is through pregnancy planning, including the use of contraception. Pregnancy planning can have a positive impact on women, children, and families. For example, compared to women with a planned pregnancy, women who have an unwanted pregnancy are twice as likely to lack prenatal care and two-thirds more likely to have a baby with low birthweight. Children born as the result of an unplanned pregnancy are also more likely to experience poor mental and physical health during childhood and to have lower educational attainment and more behavioral issues in their teen years.

Pregnancy planning is not just about primary prevention—that is, planning a first pregnancy. It is also important for women who already have children. Among unmarried women in their twenties, 75% of births resulting from unplanned pregnancy are to women who have already had at least one pregnancy. Helping these young parents plan and space future pregnancies will significantly contribute to improved health, developmental, and educational outcomes for the children they already have as well as future children. The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program supports pregnant women and helps parents of children from birth to age five access resources and develop skills they need to raise children who are physically, socially, and emotionally healthy and ready to learn. Home visiting is a good investment: one study found that two evidence-based home visiting programs saved from \$1.80 to \$5.70 per dollar invested.

Another important source of support for mothers, children, and families is the Maternal and Child Health (MCH) Block Grant program at HHS' Maternal and Child Health Bureau (MCHB). This program helps improve access to health care, improve quality of care (especially for low income women and children); reduces infant mortality; and provides access to comprehensive prenatal and postnatal care to women, particularly at-risk pregnant women.

Policymakers should:

- Extend funding for the MIECHV program at its current level beyond its current 2017 authorization.
- Maintain current level of funding for the MCH Block Grant.

Preventing Teen and Unplanned Pregnancy is Critical to High School and College Completion

In the 2013-2014 school year, the national high school graduation rate reached 82%, the highest rate in U.S. history. Notably, this happened alongside dramatic declines in the teen birth rate. Despite this progress, there is still work to be done, with considerable variation in graduation rates across states and student subgroups. As policymakers continue to look for ways to ensure a well-ed-

ucated workforce that will help support families and sustain economic growth, the close association between teen pregnancy and high school dropout rates merits close attention. Only 38% of teen girls who have a child before age 18 get a high school diploma, and overall only 51% of all teen mothers get a high school diploma by age 22 compared to 89% of women who didn't have a teen birth. Less than two percent of young teen mothers (under age 18) attain a college degree by age 30.

For additional information, see: <http://TheNationalCampaign.org/sites/default/files/resource-primary-download/teen-preg-hs-dropout.pdf>.

The connection between early or unplanned pregnancy and educational achievement extends to postsecondary institutions as well, and is directly related to efforts to expand college access and completion. As community colleges strive to improve student completion, it is important to recognize that unplanned pregnancy increases the risk of dropping out of college: 61% of students who have children after enrolling in community college fail to finish their degree—a rate that is 65% higher than the rate for those who didn't have children. In fact, it is estimated that unplanned births account for nearly one in 10 community college dropouts among female students.

For additional information, see: <http://TheNationalCampaign.org/featured-topics/colleges>.

Policymakers should:

- Recognize and support teen pregnancy prevention as one key strategy in improving school completion at the high school and postsecondary levels.
- Encourage collaboration at the federal, state, and local level between those working on improving graduation rates and preventing teen pregnancy, with a particular focus on the use of evidence-based teen pregnancy prevention programs.
- Include pregnancy planning and prevention as one important element of initiatives to expand the number of college graduates by increasing students' access to and success in college and improving community college completion.

Incorporate Pregnancy Planning and Prevention into Efforts to Improve Social and Economic Mobility and Strengthen Families

Both teen pregnancy and unplanned pregnancy among unmarried young adults is associated with many adverse consequences that make it harder for families to prosper. For example, a high proportion of teen mothers spend at least some time in poverty, and an early or unplanned pregnancy can interrupt education. These issues extend up the age scale. Young adults are marrying later in life but are not delaying parenthood at the same pace. In fact, by age 25, 44% of women have had a baby while only 38% of women have married. Nearly half of first births are to unmarried parents, most of them in their twenties, and most of these births result from pregnancies that women themselves report were unplanned. Those who are more economically disadvantaged are more likely to have an unintended pregnancy.

Creating the conditions and opportunities for education, work, and stable families will help to improve social and economic mobility. An important piece of any effort to help men and women break the cycle of poverty and improve economic opportunity for this and future generations is to help young people delay pregnancy until they themselves say they are ready for the responsibilities of being a parent, or caring for another child. A bipartisan group of experts convened by AEI and the Brookings Institution recently included among its consensus recommendations for reducing poverty “promoting delayed, responsible childbearing” and identified “providing young adults with education about and access to the full range of effective contraceptive options” as one strategy.

Existing programs that focus on reducing poverty, strengthening families, and preparing workers such as Temporary Assistance for Needy Families (TANF), the Workforce Innovation and Opportunity Act, and Promise Neighborhoods, offer opportunities to discuss pregnancy planning, birth spacing, healthy relationships, and how unplanned pregnancy affects future prospects for parents and their children and to connect people to available contraceptive services.

For additional information, see: <http://TheNationalCampaign.org/resource/why-it-matters-teen-childbearing-education-and-economic-wellbeing>.

Policymakers should:

- Include pregnancy planning and prevention as one effective strategy within broader efforts to reduce poverty and promote economic opportunity for all.

Increase Focus on the Responsibilities of Men in Preventing Teen and Unplanned Pregnancy

Too often, the notion of responsible fatherhood starts once someone becomes a father. However, responsible fatherhood should also mean waiting to become a father until one is emotionally and financially prepared. More must be done to involve teen boys and men in a meaningful way to prevent unplanned pregnancy—through both primary prevention and delay of subsequent pregnancies by men who already have children.

Policymakers should:

- Build on the role that child support can play in collaboration with other partners by supporting innovative efforts to reach out to young men with messages about parental responsibility before they become parents, or before they become parents again. Such messages could be widely disseminated through child support and other systems that reach large numbers of young adults, as well as through social media.
- Incorporate attention to pregnancy prevention and planning into federal initiatives serving significant numbers of men including My Brother's Keeper, child support, job training/workforce development, college access and completion, juvenile justice/criminal justice/re-entry, responsible fatherhood, healthy relationships and marriage, and the military.

Support Parents and Other Caring Adults in Communicating with Young People

Teens continue to say that parents most influence their decisions about sex. Nearly nine in 10 teens (87%) say that it would be much easier for them to delay sexual activity and avoid teen pregnancy if they were able to have more open, honest conversations about these topics with their parents. Seven in 10 teens and half of adults agree that the primary reason teens don't use contraception is because they are afraid that their parents will find out, and there is evidence that this is a barrier for young adults as well.

Policymakers should:

- Provide encouragement and tools to support parents and other adults to communicate about sex, love, and relationships with the next generation. Building on efforts in the teen pregnancy prevention area, this could also be done through programs such as child welfare, family support, fatherhood and marriage, and education.

Help Change Social Norms Through Various Types of Media

Teens and young adults are voracious consumers of media for entertainment, information, and to communicate with their peers. Three-quarters of teens and adults agree that stories and events in TV shows and other media about sex, love, and relationships can be a good way to start conversations with teens about these topics. Moreover, gaps in knowledge, along with myths and misinformation, put young adults at risk of unplanned pregnancy. There is strong support for the notion that more conversation matters—78% of adults agree that more people would use birth control if they were more comfortable talking openly about it, and if they knew more about its many benefits. Policymakers have harnessed the power of media for other important public health goals by engaging influential media voices and supporting public service and communication campaigns. Both traditional and social media offer powerful and relatively inexpensive ways to communicate with large numbers of young people about the consequences of early and unplanned pregnancy, and how to avoid it. In fact, recent research confirms the positive role that media can play in reducing teen pregnancy, as well as unplanned pregnancy among young adults.

Policymakers should:

- Invest in innovative efforts to use media to change social norms and provide user-friendly information to help both teens and young adults make well-informed and responsible decisions and avoid unplanned pregnancy.
- Engage media to educate people about the full range of birth control options available, including the most effective methods that are less well known.

Support Research and Data Collection on Pregnancy and Childbearing

Although birth data are available on a timely basis, data on sexual activity, contraceptive use, pregnancy, and abortion are more

difficult to obtain, are collected episodically, and often lag by quite a few years. Such data are essential for tracking progress at the national and state level, identifying disparities among different segments of the population, informing the public, policymakers, practitioners, and the media about teen and unplanned pregnancy, and mobilizing evidence-based action. Broader measures of population collected by the Census Bureau are necessary to calculate population-based rates. In addition, federally funded research plays a vital part in continuing to learn what works and how best to continue progress on reducing teen and unplanned pregnancy.

Policymakers should:

- Provide adequate resources for the National Center for Health Statistics, National Institute of Child Health and Human Development, and Census Bureau to continue important surveys, data collection, and other research activities.
- To the extent possible, encourage that data collected on teen and unplanned pregnancies and births be disaggregated within racial and ethnic groups and socioeconomic status.

For more information about The National Campaign's public policy views and activities, go to: <http://TheNationalCampaign.org/featured-topics/public-policy>.