

# State Innovations to Prevent Teen Pregnancy

March 2006



# Why Focus on Teen Pregnancy Prevention?

We've all seen the headlines: the United States has seen nationwide declines in teen pregnancy rates. Teen birth rates have dropped by nearly one third since 1990 — achieving a record low of 41.6 births per 1,000 women aged 15–19 years in 2003.<sup>1</sup> Teen pregnancy rates in the United States, however, are still too high. By comparison, the birth rate in France was 10 per 1,000 women ages 15–19; in Canada, it was 25; and in Britain, 28.<sup>2</sup>

While the decline is a great achievement and something to celebrate, the reality is that today's headlines about declining teen pregnancy rates won't mean much to the girls becoming teens in the next year and each year after. The number of girls aged 15–19 was projected to increase by 2.2 million between 1995 and 2010 alone. To guard against complacency, maintain reductions and see further declines, and to keep teen pregnancy prevention a front-burner issue, the Association of Maternal and Child Health Programs (AMCHP) seeks to raise the visibility of teen pregnancy efforts among adolescent health coordinators, increase state capacity to address teen pregnancy and develop sustained and effective prevention efforts to make sure that future generations of teens benefit from the successes that their older sisters have seen. The health and well being of our country's teens have a major impact on the overall economic and social health of our nation. Today's teens are tomorrow's workforce, parents and leaders; and their future is shaped by the opportunities we create for them today.

## Public Health Implications

### Economic Costs

Teen pregnancy is expensive, about \$3,200 per teenage birth.<sup>3</sup> Nationally, teen births cost more than \$7 billion each year. This figure includes costs for health care, foster care, criminal justice and public assistance.

**Every \$1 invested in teen pregnancy prevention saves at least \$2.65 in direct medical and social costs.**

### Social Costs

Teen mothers confront many challenges. Teens who give birth are more likely to remain single parents, drop out of high school, live in poverty and rely on public assistance. While many of these conditions reflect factors that existed before these teens became mothers, teen parenthood perpetuates these

burdens. It has also been well documented that the children of teen mothers face a d v e r s e consequences as

**It has been estimated that 80 percent of teen mothers become dependent on welfare.**

well. In fact, research suggests that the costs of teen motherhood are *primarily* borne by the children.<sup>4</sup> Research has demonstrated that the children of teen mothers are at greater risk for low birth weight, infant mortality, delays in cognitive development, behavioral problems and child abuse.<sup>5, 6</sup>

### Disparities

Although teen pregnancy rates have declined across all racial and ethnic groups, substantial disparities remain between rates between African-American and Hispanic teens and their white counterparts. African-American teens are still at least 2.4 times more likely than their white peers to become teen parents and Hispanics are 3.3 times more likely.

## Project Background

AMCHP assures the health and well being of all women, children and families. As part of this mission, AMCHP focuses on the needs of the most vulnerable members of society, including adolescents. As an at-risk group without specific federal funds mandated to serve them, adolescents need an advocate. State maternal and child health (MCH) programs have staff with the expertise to effectively address the needs of adolescents, such as data collection and evaluation. MCH programs work with a variety of programs affecting families and have strong collaborative relationships with providers and families.

In 2003, a survey of state adolescent health coordinators identified teen pregnancy prevention as the number one priority related to adolescent health. AMCHP recognized that state adolescent health coordinators needed tools to help them address this pressing issue. To meet their needs, AMCHP proposed to look at specific state examples of funding for teen pregnancy prevention efforts — an overview of goals, barriers, funding, strategies and collaborations and create state profiles to facilitate peer-to-peer diffusion of innovation in public sector financing for teen pregnancy prevention. The result is this publication.

In its efforts to identify states with best or promising practices and policies that contributed to an environment of support for effective adolescent reproductive health efforts, AMCHP conducted a review of:

- Existing AMCHP survey data
- Title V national performance measures
- Title V state negotiated performance measures
- Title V block grant needs assessments
- Themes in state-level adolescent reproductive health activities and types of partnerships

### State Selection

The data review identified states for a more in-depth analysis of public partnerships between maternal and child health and other agencies to fund teen pregnancy prevention. The review included a combination of criteria, including Title V data analysis; a strong state-level collaboration between the state maternal and child health director and adolescent health coordinator; a strong adolescent health coordinator; previous participation in either a National Conference of State Legislatures Roundtable or Regional Stakeholders Meeting; and previous public funding partnership. The review identified Utah, Washington and Wisconsin as potential candidates to pursue for a more in-depth analysis.

# Public Sector Funding Sources for Teen Pregnancy Prevention

## **Abstinence Education Funds**

The welfare reform law enacted in 1996 created the Abstinence Education Program, which provides federal grants to states for abstinence education activities such as mentoring and counseling designed to promote abstinence from sexual activity until marriage.

## **Medicaid**

Title XIX of the Social Security Act is a federal-state entitlement program that pays for medical assistance for certain individuals and families with low incomes and resources. This program, known as Medicaid, became law in 1965 as a cooperative venture jointly funded by the federal and state governments (including the District of Columbia and the territories) to assist states in furnishing medical assistance to eligible needy persons. Medicaid is the largest source of funding for medical and health-related services for America's poorest people.<sup>7</sup> Through the Medicaid program, many teens receive family planning and reproductive health services.

## **Temporary Assistance for Needy Families (TANF)**

TANF is a block grant program to help move recipients into work and turn welfare into a program of temporary assistance. Under the welfare reform legislation of 1996, TANF replaced the old welfare programs known as Aid to Families with Dependent Children, the Job Opportunities and Basic Skills Training program, and the Emergency Assistance program. The law ended federal entitlement to assistance and instead created TANF as a block grant that provides states and tribes federal funds each year. These funds cover benefits, administrative expenses and services targeted to needy families.<sup>8</sup> Because the federal goals of TANF place a high priority on reducing out-of-wedlock births, reducing teen pregnancy and encouraging the formation of two-parent families, states and communities use TANF dollars to fund initiatives related to prevent teen pregnancy.

## **Title V Maternal and Child Health Block Grant**

Authorized under Title V of the 1935 Social Security Act, the Title V MCH Block Grant is the only federal program devoted to improving the health of all women, children, youth and families. Over the decades, this federal-state partnership program has responded to changing needs and resources. In 1981, amendments to Title V increased state flexibility and added programs to create the MCH block grant. Amendments in 1989 improved accountability while maintaining flexibility. Today, the Title V program is at the forefront of federal and state efforts in performance measurement.

Title V grants to state health agencies are used to meet locally determined needs, consistent with national health objectives. These aims include preventing death, disease and disability; assuring access to quality health care; and providing family-centered, community-based services for children with special health care needs.

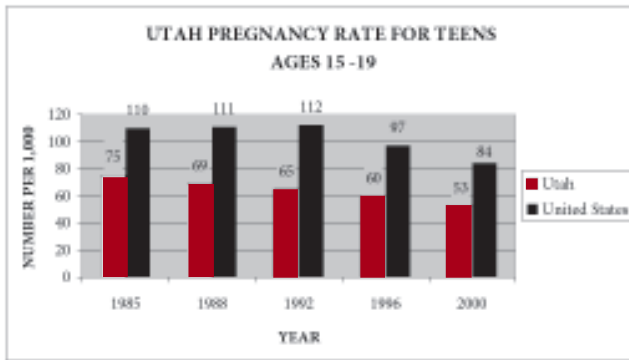
## **Title X Family Planning**

The Title X program provides public funding for family planning and preventive health screening services. Established by Congress in 1970, the aim of the program is "to assist in making comprehensive voluntary family planning services readily available to all persons desiring such services."<sup>9</sup> The U.S. Department of Health and Human Services administers the Title X program through its Office of Family Planning. Approximately 4,600 public and private entities receive Title X funds each year, including nonprofit family planning clinics, hospitals and public health departments.<sup>10</sup>

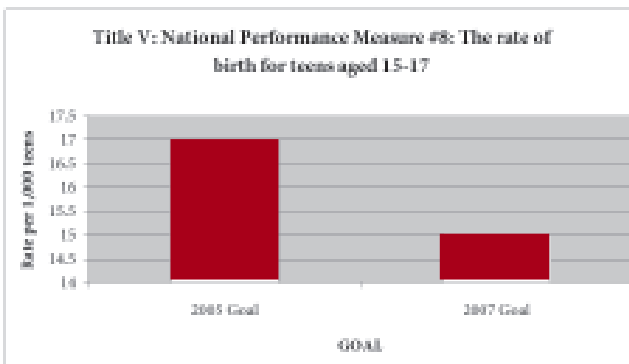
Services at Title X facilities are provided on a sliding scale based on income; people at or below the federal poverty level receive services at no cost. No one is refused services because of inability to pay.

The Title X program has always provided family planning services to adolescents. In 1978, Congress amended Title X to place "a special emphasis on preventing unwanted pregnancies among sexually active adolescents," adding services specifically for teenagers.<sup>11</sup>

# State Profile – Utah



## Teen Pregnancy Prevention Goal



Utah's teen pregnancy prevention goal, as stated in the Title V MCH Block Grant application, is 15.9 births per 1,000 for teenagers aged 15–17 for 2006. For the past five years, Utah's teen birthrate has fallen below its goal.

## Barriers

The greatest barriers to achieving Utah's teen pregnancy prevention goals are inadequate funding and state legislation that restricts information or services to minors from schools or other government agencies without parental consent.\*

## Funding

Utah's Department of Health serves as the lead agency for the state's teen pregnancy prevention efforts. The primary funding sources are state TANF and federal abstinence education money. Utah's current budget for teen pregnancy prevention is \$664,789 — \$288,156 in abstinence education funds and \$376,633 in TANF, Out-of-Wedlock Services. The TANF programs, however, target a wider audience than teens and address issues beyond teen pregnancy. Utah's abstinence education funding has remained at the same level over the last two years. Schools also promote abstinence in health classes, but funding for this is unknown because it is not a separate line item on budgets.

## Title V and Teen Pregnancy Prevention

Teen pregnancy prevention is included in Utah's 2005 Title V needs assessment, and Title V funds support oversight of

the federally funded abstinence education program, as well as other efforts to address teen pregnancy prevention.

## Legislation Related to Teen Pregnancy

Utah's governor and legislators are very interested in teen pregnancy prevention through abstinence-only programs in the schools. State law prohibits government entities from providing information and services to minors without prior parental consent. State-supported programs are only allowed to promote abstinence.

## Activities

Utah funds activities related to abstinence education, comprehensive youth development and public awareness. Specifically, Utah funds and coordinates curriculum development, data collection, prevention education, training, youth development programs and activities targeting special teen populations (such as those in foster care or juvenile justice).

Utah subcontracts to community organizations using federal abstinence education funding. Currently eight organizations receive funding; each organization develops its own program goals and objectives within federal guidelines.

## Target Audience

The primary audience for Utah's teen pregnancy prevention efforts is youth aged 9–14, because the abstinence-only message is deemed most appropriate for this age group.

## Racial and Ethnic Disparities in Teen Pregnancy

The largest subpopulation in Utah is Hispanic, while less than 1 percent of the state is African American. The Utah Department of Health receives abstinence education funding each year from the U.S. Department of Health and Human Services, Administration for Children and Families, Family and Youth Services Bureau. This funds eight programs that address racial and ethnic disparities in some capacity. Some of the programs address racial and ethnic disparities through the organization of district-wide Hispanic Maturation Workshops for Spanish-speaking parents of fifth-grade youth; providing counselors and English as a second language teachers with abstinence information for high-risk students and their parents; organization of a regional Hispanic Abstinence Coalition; access to bilingual program staff; offering workshops in both English and Spanish; and providing materials in Spanish.

One of the 2006 state-funded programs is based at the University of Utah. The program, "Abstinence Program for Latino Youth: A Family-based Approach," will address the primary prevention needs of both high-risk Hispanic parents and their fifth- and sixth- grade youth. Both will participate in a family-based program together to gain a better understanding of the importance of abstinence; the substantial risks when substances are used; and the need for social competency skills, communication skills and decision-making skills. The overall goal for the program is to increase protective factors among Latino youth and their parents and decrease risk factors.

\* Utah law imposes strict limitations on sexuality discussions in the classroom. Teachers are not able to provide comprehensive sexual education.

**Partners**

Utah collaborates with local health departments, schools, community-based organizations and parents in their teen pregnancy prevention efforts. The Utah Adolescent Health Advisory Council (comprised of representatives from various organizations and programs throughout the state) meets on a quarterly basis. Utah's state adolescent health coordinator updates the group on abstinence and teen pregnancy prevention programs and the group provides input. A representative from the Department of Workforce Services who oversees the state Out-of-Wedlock TANF program also sits on this council.

**Evaluation**

In addition to tracking the numbers of youth served through their programs, the eight abstinence programs are required to develop an evaluation plan using strategies such as pre- and post-surveys. One of Utah's community projects participated in the national evaluation of abstinence programs conducted by Mathematica. Utah is not currently planning a formal statewide evaluation of teen pregnancy prevention programs due to budget constraints.

**Success Story**

Ten years ago, Tooele County had the highest teen pregnancy rate in the state. To address this issue, the county health department developed a community coalition called the Tooele County Pregnancy Prevention Team, which is still in existence. Members of the team include educators, medical professionals, clergy, teens, representatives from county agencies, parents and citizens. The team's mission is to decrease teen pregnancies through educational programs, youth empowerment and parental involvement.

The team received federal abstinence-only funding to develop the Tooele County Youth Abstinence Project. The project concentrates on reaching youth aged 9–14 and their parents. Educational components are tailored to meet the specific needs of youth and families in the county. The program teaches abstinence from sexual activity and responsibility, self-esteem, improved communication between parents and children, problem-solving skills and refusal skills. The program includes parent education; peer teaching models; day-long conferences on abstinence, self-esteem, life skills and parenting; activities to promote a self-esteem day; and workshops for parents on how to talk to children about sex and abstinence. Because the health department involved critical community members, including parents, in the planning process, there is widespread community support for the project.

During the past seven years, the program has had great success. Teen pregnancy rates have decreased, while community awareness has increased.

**Analysis of Success**

Utah's success in reducing teen pregnancy rates can be attributed to several factors. Each year Utah's abstinence programs use surveillance and evaluation data to assess the state's needs, ensure they are meeting those needs and expand their programs to reach additional teens that live in areas of the state that have a high teen pregnancy and birth rate.

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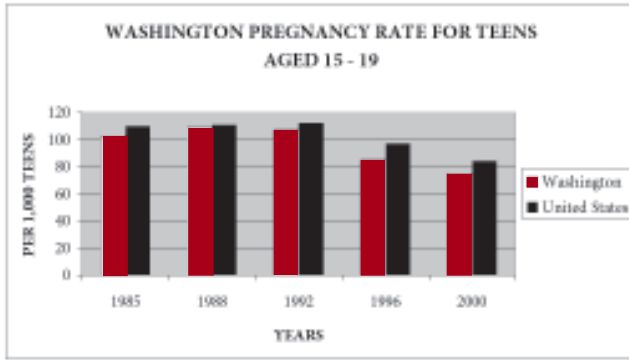
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**Additional Resources:**

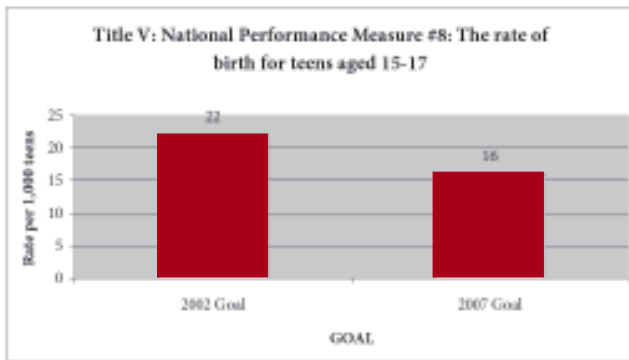
For more information on Tooele County Pregnancy Prevention Team visit: [http://www.tooelehealth.org/Community\\_Health/Teen\\_Pregnancy/Teen\\_Preg\\_Main\\_Page.html](http://www.tooelehealth.org/Community_Health/Teen_Pregnancy/Teen_Preg_Main_Page.html)

Adolescent Pregnancy in Utah 2004: [http://health.utah.gov/cash/Publications/Update\\_Teen\\_Preg.pdf](http://health.utah.gov/cash/Publications/Update_Teen_Preg.pdf)

# State Profile – Washington



## Teen Pregnancy Prevention Goal



Washington's goal is to reduce the number of unintended pregnancies to a target birth rate of no more than 14 per 1,000 teens aged 15–17, with a particular emphasis within disparate population groups. Washington has seen a steady decline in teen pregnancy rates over the last decade. As demonstrated by the chart above, Washington's decline in its teen birth rate is greater than the national average and the Healthy People 2010 goal. The latest data (from 2003) recorded Washington's pregnancy rate at 15.3 per 1000 15–17 year olds — significantly lower than the national average of 22.4 for that same year.<sup>12</sup>

There is no reliable state data to measure change in teen sexual activity. However, the steady decline in Washington's teen pregnancy rate may be attributed to two factors: (1) youth are abstaining from or delaying sexual intercourse; and (2) those youth who choose to become sexually active are becoming more effective and consistent contraceptive users. Data suggest that the number of teen clients accessing family planning services from Title X clinics has gradually increased between 1997 and 2004.

## Barriers

Limited fiscal and personnel resources are a major barrier for the state's teen pregnancy prevention program. Additionally, data collection of teen sexual behavior and sexual activity is very restricted. Due to a State Board of Education law, active parental consent is required for students to respond to sexual behavior questions on a school-based survey. Valuable data is thus missing, which could indicate, for example, whether comprehensive or abstinence-only

curricula are effective in influencing positive behavior changes.

## Funding

Washington State Department of Health, Office of Maternal and Child Health (OMCH) is the lead agency for the state's efforts in teen pregnancy prevention and determines how funds are used. Currently, MCH Block Grant and abstinence education funds support Washington's teen pregnancy prevention program. Of the two, abstinence education funds support the majority of the work. OMCH's current budget for teen pregnancy prevention is \$1,129,000 — \$814,000 from abstinence education (with a 75 percent non-federal match requirement) and \$315,000 from the MCH Block Grant. The program's scope has remained the same over the past two years.

## State Legislation Related to Teen Pregnancy

In the 2005 legislative session, legislation was introduced that would have required school districts to incorporate the state Guidelines for Sexual Health Information and Disease Prevention into sex education. The legislation would have ensured all youth receive medically accurate and consistent information. Unfortunately, the legislation failed to pass.

Washington State Law 74.12.410 requires the Department of Health to apply for the federal abstinence education funding available through Administration for Children and Families, Department of Health and Human Services.

## Activities

Washington funds and coordinates a number of teen pregnancy prevention activities, including curriculum development, data collection, family planning services, prevention education and media campaigns. OMCH also works with special teen populations, such as those in foster care or juvenile justice, though not in a funding or coordinating capacity.

As a key strategy for reaching all health practitioners, OMCH compiles and disseminates state guidelines for sexual health information and disease prevention along with adolescent health fact sheets on teen pregnancy and STD reduction.

## Target Audience

Washington's teen pregnancy prevention efforts target all teens aged 10–19.

## Racial and Ethnic Disparities in Teen Pregnancy

The teen pregnancy prevention program is committed to reducing health disparities. Their community-based teen pregnancy prevention projects serve Hispanic, Native American, and African American youth in five counties across the state.

In 2005, the Department of Health launched an abstinence-focused media campaign. Prior to the launch, the department conducted focus groups with youth and parents from six diverse communities across the state that included Asian Americans, African Americans, Hispanics and Native Americans. Using this information, the department created a media campaign to disseminate abstinence-based messages targeting these populations. The media campaign includes

radio spots in Spanish for youth and parents. These spots encourage youth (aged 10–14) to not have sex and encourage parents to talk to their kids about delaying sex. The radio spots are aired in communities with significant Hispanic populations.

### **Rural Disparities**

Washington's statistics reveal that disparities also exist in rural communities where access to general health care and family planning services is often limited or unavailable. To combat this, there are currently community-based projects in four rural counties (Grays Harbor, Okanogan, Lewis and Mason) as well as one urban county (King). These projects use the positive youth development approach to provide family planning services, parent leadership opportunities, community involvement and other skill building initiatives for youth that ultimately aim to reduce teen pregnancy rates.

### **Partners**

The teen pregnancy prevention efforts use funding from a variety of agencies. The Department of Health contracts with the University of Washington and Washington State University for program implementation and evaluation.

The teen pregnancy prevention program also collaborates with local health departments, state agencies, community-based organizations, family planning agencies and schools through contractual and inter-agency agreements. For example, in January 2005, the Department of Health collaborated with the state education agency, Office of Superintendent of Public Instruction (OSPI), to create and the Guidelines for Sexual Health Information and Disease Prevention. The guidelines provide a framework for medically accurate, comprehensive sex education for all youth in Washington State.

Similarly, the Department of Health partnered with local agencies — including Planned Parenthood of Western WA, OSPI and the Center for Health Training — to apply for a Centers for Disease Control grant aimed at reducing teen pregnancy, STD and HIV rates among youth. This coalition received the funding and is in the early stages of planning to provide training and technical assistance to communities around the Guidelines for Sexual Health Information and Disease Prevention.

### **Evaluation**

Evaluation is paramount to Washington's teen pregnancy prevention efforts. Every component of the program includes evaluation of the strategy and outcomes to plan for continuous quality improvement. Over the years, Washington's evaluation data has enabled them to strategize about their goals and future direction as well as plan for the upcoming budget. Most evaluation data is used to indicate trends over time and to determine program efficacy. For example, when evaluation results showed little or no change in the youth behavior, Washington decided to focus on a broader public awareness campaign.

The University of Washington has been instrumental in evaluating Washington's community-based projects. Projects sites are required to participate in the evaluation. The rigorous evaluation design includes control groups with

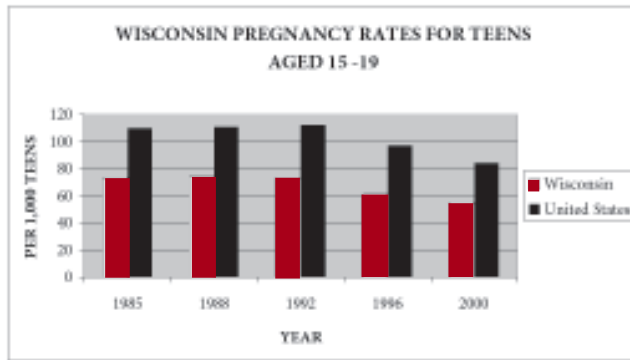
random assignment for a more statistically significant assessment. The entire evaluation process is designed and implemented by University of Washington staff that communicates with the sites frequently. Pre- and post-survey tests, reviewed and approved by Department of Health, are administered to determine program impact.

OMCH also contracts with Washington State University (WSU) to evaluate the community-based, abstinence-focused media literacy projects. WSU's assessment tool involves a quasi-experimental design. WSU is also responsible for identifying program trends and offering recommendations for program and curriculum improvement.

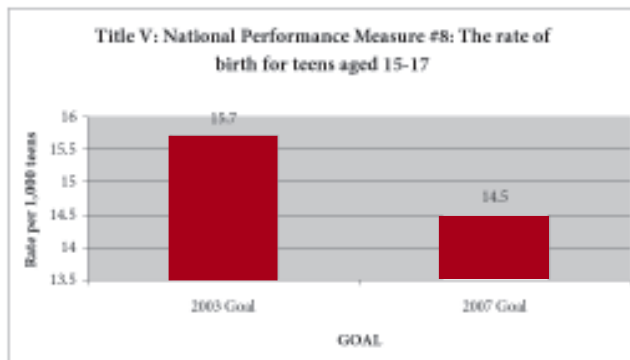
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# State Profile – Wisconsin



## Teen Pregnancy Prevention Goal



Wisconsin's goal is to reduce the number of unintended teen pregnancies to a target birth rate of no more than 14.5 per 1000 teens aged 15–17. Wisconsin has seen a steady decline in teen pregnancy rates over the last decade. As demonstrated by the chart above, Wisconsin's decline in its teen birth rate is greater than the national average.

Wisconsin identified teen pregnancy prevention as one of its top 10 needs in the 2005 needs assessment process placed under the umbrella of contraceptive services, which encompasses unintended pregnancy, teen births and abstinence from sexual activity.

## Legislative Support

In 2002 Wisconsin elected James Doyle as governor. One of Governor Doyle's priorities was an initiative entitled "KidsFirst: The Governor's Plan for Wisconsin's Future." The plan outlines the governor's platform to make sure children are ready for success; are safe at home, in school and in their communities; have the opportunity to be raised by strong families; and grow up healthy. This plan also includes a focus on reducing teen pregnancy. The Department of Health and Family Services (DHFS), which is one of the governor's cabinet agencies, has developed two overarching teen pregnancy prevention goals: 1) to encourage and promote delayed sexual activity; and 2) to provide access to confidential contraceptive and related health services to prevent unintended pregnancy and sexually transmitted infections, including HIV, among sexually active adolescents.

## State-wide Commitment to Adolescent Health

Another driving force defining Wisconsin's teen pregnancy prevention efforts is encompassed in the state health plan, Healthiest Wisconsin 2010. This plan includes three specific and measurable objectives for high-risk sexual behaviors:

- Goal 1: By 2010, 30 percent or less of Wisconsin high school youth report ever having had sexual intercourse.
- Goal 2: By 2010, 30 percent or fewer of pregnancies to residents will be unintended. Subgoal: By 2010, reduce unintended teen pregnancies by 30 percent by promoting consistent and correct use of contraceptives.
- Goal 3: By 2010, reduce the incidence of STDs, focusing on chlamydia, gonorrhea, syphilis and HIV infection.

According to the 2003 Wisconsin's Youth Risk Behavior Survey, 37 percent of students reported ever having sexual intercourse in 2003; a notable difference compared to 47 percent in 1990.

## State Legislation Related to Teen Pregnancy

In 2003, several legislators introduced a bill to modify the current school program on human growth and development to add abstinence and expand the instruction to include all sexually transmitted diseases. Although unsuccessful, the bill was unique in that it had the support of both the abstinence and contraceptive provider communities. Another effort is currently underway to reintroduce this bill in modified form.

## Target Audience

Although Wisconsin focuses its teen pregnancy prevention activities on all Wisconsin teens, the primary age is teens under 20. Wisconsin is exploring expanding the age range to include youth and young adults aged 10–24. Wisconsin promotes its teen pregnancy prevention programs statewide through its websites and local programs.

## Racial and Ethnic Disparities in Teen Pregnancy

Infant mortality, teen births and sexually transmitted diseases significantly impact Wisconsin's communities of color and, more specifically, the city of Milwaukee. Racial and ethnic health disparities are considered among the top priorities for Wisconsin's health department.

The state has created three distinct courses of action. First, the Division of Public Health (DPH) has assigned an internal maternal and child health manager to lead a division wide effort to reduce infant mortality. Second, the division's AIDS/HIV/STD program is planning to submit a Public Health Partnership grant to Blue Cross/Blue Shield Wisconsin to more aggressively address the growing STD disparity in Milwaukee. Third, the division is pursuing a site application with Annie E. Casey Foundation's Plain Talk Replication Project to improve adolescent reproductive health outcomes in high-risk communities.

## Barriers

One of the clear barriers that Wisconsin faces is the social and economic influences that impact teen pregnancy and adolescent reproductive health. A finite amount of public resources adds to the problem's complexity. Wisconsin plans to work with internal and external partners to find effective, cost-efficient and culturally appropriate solutions.

## **Abstinence**

Wisconsin, like many other states, faces the challenge of designing an abstinence program within the context of a broader comprehensive approach. The various state programs have boldly faced the challenge of funding restrictions by working together to create a seamless spectrum of education and services, so that teens can access the full range of public health services legally available to them.

The Wisconsin Abstinence Program's role in addressing teen birth disparities is integral to the overall state health plan to address social and economic factors that influence teen sexual behavior. The program is evolving to focus primarily on out-of-home youth who are involved in the child welfare system. Special emphasis will be placed on teens living in the Milwaukee area.

All programs support positive youth development through education and support activities that address character development, adult-child connectedness, interpersonal relationship skills and goal setting.

The program also supports and educates parents, foster parents, mentors and other important adults close to teens.

In collaboration with the Wisconsin Department of Public Instruction, an abstinence educational unit was developed for adaptation by school districts in their human growth and development curricula. Every school district in the state will be offered teacher training in the effective application of the abstinence unit.

The abstinence program is supporting a Native American service organization that has a seasoned abstinence curriculum for the Native American population. The service organization will be funded to train teachers at all Native Health Centers in the state on the curriculum. Additionally, the University of Wisconsin will evaluate the curriculum.

## **Funding**

Wisconsin uses a variety of funding sources to support its teen pregnancy prevention efforts including Title V, abstinence education, Title X, Medicaid, the Social Services Block Grant and state general purpose funds. Abstinence education, Title X and Medicaid funds, however, support the majority of the teen pregnancy prevention efforts.

About 7 percent of the state's MCH Block Grant is devoted to teen pregnancy prevention. There is approximately \$743,553 from the Maternal and Child Health Family Planning Program, Title V and other general-purpose revenues. Additionally, about \$800,000 of Title X funds is allocated directly to community agencies and targeted to programs serving youth under the age of 20. In addition, the federal abstinence education program is administered by Wisconsin's MCH program. The \$602,958 allocation plus match brings Wisconsin's abstinence funds total slightly over \$1million. Lastly, Wisconsin's MCH program administers two pregnancy counseling grants totaling approximately \$78,000.

The Department of Health and Family Services, Division of Public Health has the lead responsibility for teen pregnancy

prevention and works in partnership with the Department of Workforce Development and the Department of Public Instruction (the state education agency). The Department of Workforce Development staff functions as co-chair for Wisconsin's Adolescent Pregnancy Prevention Committee and has been very instrumental over the past eight years in helping develop and implement Wisconsin's Plan to Prevent Teen Pregnancy. The co-chair of the statewide Adolescent Pregnancy Prevention Committee is housed within the Bureau of Community Health Promotion.

On a related note, Wisconsin implemented a Medicaid Family Planning Waiver in 2003 that expanded access to contraceptive services for women aged 15–44. As of June 30, 2005, 61,000 women were enrolled. Two other family planning efforts currently underway include an early intervention detection of pregnancy initiative to promote the Medicaid Family Planning Waiver enrollment, and an initiative to promote awareness of and access to emergency contraception.

## **Partners**

The framework for Wisconsin's effort is state and local partnerships. Because Wisconsin is a locally driven state with 72 distinct counties and 450 autonomous local school districts, policy leadership efforts need local support to be successful. A public/private Adolescent Pregnancy Prevention Committee completed the Wisconsin Plan to Prevent Teen Pregnancy in January 1998. One of the governing tenets of the committee was the philosophy that the members were equal partners; their passion and commitment to teens helped to develop respect for their similarities and differences. This group was able to forge a consensus between those supporting abstinence and those promoting a more comprehensive approach. This consensus led to two subgoals: 1) Increase the percentage of youth that choose abstinence; and 2) For those youth that do not choose abstinence, increase the consistent and correct use of contraception.

The Department of Health and Family Services, Division of Public Health and the Department of Public Instruction have a Memorandum of Understanding with the Centers for Disease Control and Prevention's Comprehensive School Health Program to address a host of youth risk issues ranging from tobacco addiction, youth obesity, physical activity, nutrition and sexual risk behaviors.

## **Activities**

Wisconsin funds data collection, health services and teen subsequent pregnancy prevention activities; coordinates curriculum development, prevention education and youth development activities; and funds and coordinates training, access programs, 1-800 lines and media campaigns related to teen pregnancy prevention. Additionally, Wisconsin is involved in activities related to special teen populations, such as those in foster care or juvenile justice.

The main activities are abstinence education, multi-component programming, family planning services and teen subsequent pregnancy prevention programs.

### **State Innovation**

Wisconsin has administered the federal abstinence education grant since 1998. In Wisconsin this effort has increased youth involvement through 47 abstinence clubs, a youth speakers' bureau and the work of local community-based organizations. The effort has helped to provide an environment for youth abstinence peer support. Future plans include a stronger emphasis on science-based curricula and a broader dissemination of abstinence messages into other state programs.

In its efforts to more effectively design teen pregnancy prevention programs, Wisconsin funded 10 youth listening sessions. The youth listening sessions were focus groups to discover what the most effective messages are for young people to avoid risk behaviors, how the messages should be delivered and by whom. The sessions yielded results that may be used to change policy and create strategies to provide adults with information on how they can influence youth behaviors.

### **Collaboration**

In its efforts to prevent teen pregnancy, Wisconsin collaborates with other state agencies, local health departments, the state department of education, local education agencies, schools, community-based organizations, health providers, religious institutions and families.

One of Wisconsin's innovative collaborations was its use of Centers for Disease Control and Prevention (CDC) Abstinence/HIV/STD/Teen Pregnancy Prevention Supplemental Grant. The grant was distributed to the state education agency and subcontracted to DHFS and Division of Public Health. The grant goal was to increase the agencies' communication, coordination and collaboration.

DHFS is currently in its third year of the CDC Abstinence/HIV/STD/Teen Pregnancy Prevention Supplemental Grant. The 2005–2006 program includes hosting 10 youth listening sessions, strengthening STD data, establishing a statewide listserv and developing a website with data on youth sexual risk behaviors. The activities provide the opportunity for Wisconsin to break down some of the state and local program silos and to build a useful structure that will ultimately benefit Wisconsin's young people.

Another promising collaboration involves the Milwaukee Health Department, two clinic-based organizations and one community-based agency. These agencies will realign their 2006 adolescent pregnancy prevention goals by providing a continuum of case management and clinical services, incorporating evidence-based interventions and best practices, and promoting abstinence and access to a family planning Medicaid benefit for low-income women to avoid unintended pregnancy and obtain family health care at no charge.

### **Evaluation**

The Department's Bureau of Health Information and Policy (in partnership with the University of Wisconsin Population Health Institute and supported, in part, by the Wisconsin Turning Point Initiative Grant from the Robert Wood Johnson Foundation) is conducting a public health systems

transformation using the five infrastructure priorities of the state health plan. This is among the first efforts in the nation to evaluate the public health system using infrastructure criteria to measure capacity and change in health status, and elimination of health disparities. These five infrastructure priorities have a direct bearing on teen pregnancy prevention because they provide the engine to take action. The five infrastructure priorities include integrated electronic data and information systems; community health improvement processes and plans; coordination of state and local public health system partnerships; sufficient and competent workforce; and equitable, adequate and stable financing.

In October 2005, the department published a website that identifies evidence-based practices for the 16 priorities in the state health plan. This was a joint effort between the Bureau of Health Information and Policy and the University of Wisconsin Population Health Institute, supported, in part, by the Wisconsin Turning Point Initiative Grant from the Robert Wood Johnson Foundation. The site also links users to other key websites.

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### **Additional resources:**

The Division of Public Health created a website focusing on high-risk sexual behavior in cooperation with the University of Wisconsin Population Health Institute with support from the Robert Wood Johnson Foundation. The website can be accessed at: <http://dhfs.wisconsin.gov/statehealthplan/practices/priority/risk.ht>.

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## Conclusion

States across the country have made great progress in their efforts to promote adolescent health, prevent adolescent risk-taking and prevent teen pregnancy. The states presented in this document provide three examples of the strategies being developed and implemented across the country to address the challenges associated with teen sexual risk-taking, pregnancy and childbearing.

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# **State Innovations to Prevent Teen Pregnancy**

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