

State Policy Options

Connecting the Dots

Teen pregnancy, educational achievement, economic wellbeing and child welfare are closely related. Policies that affect one of these issues often influence the others as well. Taking steps to address high teen pregnancy and birth rates in Arkansas has potential to reduce high school dropout rates, improve college completion and overall educational attainment, boost tax contributions through higher earnings, and improve the economy. In addition, reducing births to adolescents can help strengthen families, improve child wellbeing and assist young people in achieving their goals, all of which reduce the likelihood that the cycle of teen pregnancy, economic hardship and poverty will continue.

Policy Options for Arkansas State Lawmakers to Consider

Numerous policies and programs are available to help policymakers prevent teen pregnancy in the state and their communities. This fact sheet highlights various options states and localities have undertaken to reduce teen pregnancy and the associated economic, social and human costs.

Invest in Evidence-Based Programs. The good news for states is that there is no need to reinvent the wheel. The federal Office of Adolescent Health has identified more than [30 rigorously evaluated programs](#) proven to reduce teen pregnancy and change risk-taking behaviors by, for example, delaying the initiation of sexual intercourse or improving contraceptive use among sexually active youth.

Various federal grant programs are available to state and local organizations to implement evidence-based programs; develop, replicate and refine new innovative models to reduce teen pregnancy; and support pregnant and parenting teens. These include the Personal Responsibility Education Program (PREP) grant, which the Arkansas Department of Health has received annually since 2010; the Teen Pregnancy Prevention (TPP) program and the Pregnancy Assistance Fund.

In addition, the federal Title V Abstinence Education Grant program, of which Arkansas is a recipient, provides funding to states for abstinence education, men-



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toring, counseling and adult supervised programs that promote abstinence. Title V requires a 43 percent state match and encourages, but does not require, states to use evidence-based programs. Programs must be medically accurate and focus on youth at high risk of teen pregnancy. More information on federally funded programs is available [here](#).

Make Efficient Use of Scarce Resources. Targeting limited resources to areas that have the highest teen birth rates can make a considerable difference. In Arkansas, this might mean focusing on specific geographic areas, such as rural areas where teen birth rates are high. Or, it might mean targeting high-risk populations such as 18- and 19-year olds, racial and ethnic groups, youth in foster care, and youth in the juvenile justice system.

The Department of Health, for example, is using the federal PREP grant to fund evidence-based programs for youth in foster care and high-need geographical areas. In other states, innovative work is underway with community colleges and universities to help prevent unplanned pregnancy among older teens as a way to improve col-

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lege completion.

Consider the Role of Parents and Trusted Adults.

In national surveys, more than three in four teens say it would be easier to postpone sexual activity and avoid pregnancy if they could have open, honest conversations with their parents. Teens consistently say it is their parents—not their peers, partners or popular culture—who have the most influence on their decisions about sex. But these conversations don't always occur, for a variety of reasons. Some states and communities are facilitating forums to start such discussions; others offer informational sessions for parents.

Enlist a Broad Range of Stakeholders. Teen pregnancy affects entire communities and by engaging a wide range of partners—from schools and faith communities to health care providers, businesses and the media—a state can address the issue on various fronts. To improve community involvement in preventing teen pregnancy, legislators may wish to consider the following options:

- Develop a broad coalition to address teen pregnancy. Engage community leaders and organizations, businesses, religious leaders and the faith community, parents, education leaders, judges and others to prevent adolescent pregnancy. All have an interest in reducing teen pregnancy—whether or not they realize it. Educators who want to improve educational achievement, for example, or faith leaders who want to encourage strong families and healthy development of young people, can work toward their own goals by helping reduce teen pregnancy.
- Encourage collaboration among state agencies, including health, education, child welfare, juvenile justice and the courts. Consider expanding collaboration to include private and nonprofit sectors. In Arkansas, for example, the departments of health, human services, and education have worked together—and with outside organizations—on issues around the state's PREP grant.
- Embed teen pregnancy prevention strategies in dropout prevention, college readiness and completion, economic development, foster care and juvenile justice policies and programs. For example, business and community leaders in Mississippi and Milwaukee identified high rates of teen pregnancy as a workforce competitiveness issue and have made addressing teen pregnancy part of their economic development strategy. Many states and localities are also taking the "positive youth development" (PYD) approach, which builds on young people's strengths and focuses on helping youth acquire the knowledge and skills they need to become healthy, productive adults.
- Start a discussion. Pregnancy prevention is often a difficult topic to broach. Many states and cities have used media or public awareness campaigns to get people talking about the reality—and costs—of teen pregnancy. Recent campaigns in Chicago, Milwaukee and New York City, for example, have received nationwide attention.

Improve Access to Information and Services. Teens often cite their lack of knowledge and information about how to prevent pregnancy or a lack of access to repro-

ductive health services as challenges to preventing early pregnancy. And, according to a recent survey by the National Campaign to Prevent Teen and Unplanned Pregnancy, the majority of American adults (69 percent) believe that teens should be getting more information about both abstinence and contraception. The state legislature may wish to consider the following policy options to help all teens make healthy, responsible decisions.

- Authorize child welfare agencies to provide foster youth with age-appropriate information about reproductive health.
- Support youth-friendly health care providers, such as public health clinics or school-based health centers.
- Ensure that programs focused on supporting young parents, including home visiting programs, also focus on helping young women delay a subsequent pregnancy. Colorado, New Mexico and South Carolina allow Medicaid to reimburse for highly effective methods of contraception—such as long-acting reversible contraceptives—immediately postpartum. Colorado's 2009 family planning initiative increased the number of women receiving services, increased the availability of long-acting reversible contraceptive methods, and reduced high up-front costs. The state has seen significant drops in birth rates among teens and young adults and the repeat teen birth rate declined by 45 percent. Post-partum contraceptive use improved among teen mothers—more than 50 percent reported using a long acting method. In addition, an estimated \$23 million in Medicaid costs were avoided due to the decline in births in 2010-2011.
- States have numerous opportunities to ensure that low-income teens and young adults have access to affordable and effective family planning services to help avoid unplanned pregnancy. These include, for example, the option to expand Medicaid eligibility for family planning through a State Plan amendment, Medicaid expansion, and subsidized insurance. (Note: Arkansas' Medicaid family planning waiver—the Women's Health Waiver—which expanded family planning services to women with incomes up to 200 percent of poverty, expired at the end of 2013. A waiver is no longer necessary to expand eligibility for family planning services, since states now have the option to do so through a State Plan amendment.)

Resources

National Conference of State Legislatures

- Teen Pregnancy in Arkansas—links to this and three additional briefs <http://www.ncsl.org/default.aspx?tabid=27812>
 - Teen Pregnancy Prevention <http://www.ncsl.org/default.aspx?tabid=23141>
 - State Policies on Sex Education in Schools <http://www.ncsl.org/default.aspx?tabid=17077>
- The National Campaign to Prevent Teen and Unplanned Pregnancy www.thenationalcampaign.org
- Survey Says: Complementary Not Contradictory <http://www.thenationalcampaign.org/resources/surveysays/August2013/August.pdf>
 - Survey Says: Parent Power <http://www.thenationalcampaign.org/resources/surveysays/October2013/October.pdf>

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