

2008 Spring Update

Notipe for Inch Plant Plant Births in California

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Mirroring a nationwide trend, California's 15-year teen birth rate decline came to an abrupt halt in 2006 as rates began to climb in the state overall and in 32 of California's 40 State Senate Districts, leading to a total of 52,770 teen births in 2006. In fact, the annual number of teen births already had begun to increase in 2004 while the birth rate was still declining slightly, due to California's rapidly growing teen population. And estimated taxpayer costs had begun to increase a year earlier in 2003, mainly as a result of a small annual inflation component. This update report examines progress and challenges for the State of California and for individual Senate Districts.

THE PROBLEM

Although California's teen birth rate remains lower than the for the United States, and substantially lower than the rate for demographically comparable states such as Texas, the rates for California and the United States are four times higher than the median teen birth rate of other Western democracies (see Figure 1). This discrepancy reinforces that both California and the United States cannot be complacent with the status quo, and that much work remains to realize our full potential in reducing teen birth rates.

IMPACT ON TEEN MOTHERS AND FAMILIES

Because teens who give birth tend to have preexisting disadvantages compared with those who do not, the perceived consequences of teen births have been subject to considerable debate and some exaggeration. Nevertheless, most experts agree that credible research

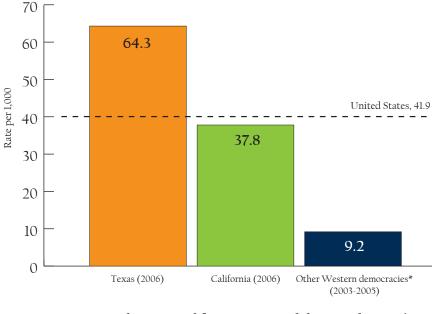


Figure 1. Teen Birth Rate in California, Texas, and the United States (2006), and Median Teen Birth Rate in Other Western Democracies (2003-2005).

*Median rate of the 16 other Western democracies reported in the United Nations Demographic Yearbook 2005: Australia, Austria, Canada, Denmark, Finland, France, Germany, Ireland, Italy, Japan, Netherlands, Norway, Spain, Sweden, Switzerland and United Kingdom

The substantial economic costs to society associated with teen births cannot be ignored

evidence has demonstrated clear negative consequences of teen childbearing in several areas. For example, teen women who become mothers tend to exhibit poorer psychological functioning, lower levels of educational attainment, more single parenthood, and less stable employment than do those with similar backgrounds who postpone childbirth. Relative to older mothers, teen mothers tend to experience slightly more pregnancy-related problems and have less healthy infants. Of all age groups, pregnant teens are most likely to smoke during and after pregnancy and exposure to environmental tobacco smoke directly increases an infant's risk of bronchitis, asthma, pneumonia, reduced lung capacity, Sudden Infant Death Syndrome (SIDS), and middle ear disease and infections. Preschool children of teen mothers tend to show some delay of cognitive development as well as more behavioral problems and more aggressive behavior than do children of older mothers, whereas teenage children of teen mothers experience higher rates of grade failure, delinquency, and early sexual activity. Children of teen mothers also are more likely to experience abuse and neglect and more likely to be placed in foster care. Fathers to children of teen mothers tend to achieve less education and lower earnings over time than do their non-parenting peers, most likely due to the early focus on working at the expense of education. (For references and a more detailed discussion of these issues, see the 2003 No Time for Complacency full report at http://teenbirths.phi.org/TeenBirthsFullReport.pdf).

ECONOMIC IMPACT ON SOCIETY

In addition to the personal challenges and lost opportunities faced by teen mothers and their children, the substantial economic costs to society associated with teen births cannot be ignored.

A rigorous and comprehensive series of cost analyses on teen pregnancy and parenting was conducted by a group of nationally prominent researchers from the fields of economics, demographics, family policy, and health policy, led by Rebecca Maynard. Integrating the studies conducted by these researchers, Maynard employed conservative assumptions and estimated net cost per teen birth. The most directly attributable costs were used, including lost tax revenue based on mother's and father's future lower incomes and consumption, public assistance costs (welfare and medical assistance), costs for increased foster placement and incarceration of their children, and tax revenue losses based on their children's incomes and consumption when they reach young adulthood. These were adjusted for estimated costs in the same categories had the teen mother delayed her birth until after age 20. In addition to taxpayer costs, Maynard estimated total costs to society, which also included estimated losses in earnings of the teen mothers, fathers, and children when they reached young adulthood, as well as privately paid medical costs.

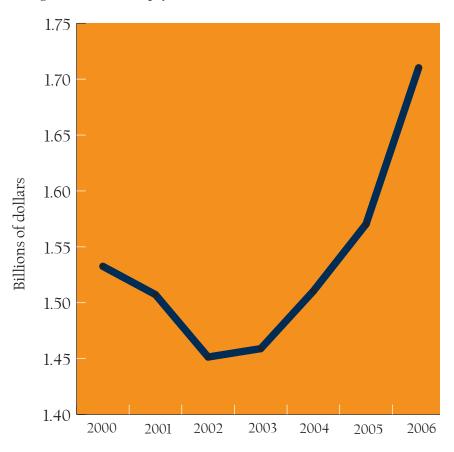
Applying these rigorous cost estimates to California, after adjusting for inflation and teen mothers' ages, yields an age-weighted average annual cost in year 2006 dollars to taxpayers for each teen birth of \$2,493, and average annual costs to society of \$5,562. Based on number of teen births in 2006 applied across 13 yearly cohorts of teen births in the pipeline, as per Maynard's methodology, this yields an annual total net cost to taxpayers

High teen birth rate districts are most frequently found in Los Angeles County, the Central Valley and the Imperial Valley.

of \$1.7 billion and an annual total net cost to society of \$3.8 billion. (For references and a more detailed discussion of this methodology, see the 2003 *No Time for Complacency* full report at http://teenbirths.phi.org/TeenBirthsFullReport.pdf)

The growing teen population drives the number of teen births, which in turn drive the costs of teen births. Although taxpayer costs have been increasing

Figure 2. Annual Taxpayer Costs of Teen Births in California, 2000-2006



steadily since 2002, the most recent increase between 2005 and 2006 was especially steep (see Figure 2), owing to the greater-than-usual increase in the number of teen births between 2005 and 2006.

SENATE DISTRICT ANALYSIS

As in the earlier *No Time for Complacency* reports, we analyzed teen birth rates by California State Senate District, this time employing year 2006 data¹. This analysis helps address the question of whether the problem is limited to a few geographical or political areas, or is more widespread.

The Table on page 5 provides teen births, birth rates per 1,000 female teens, birth rate ranks, birth rate changes between 2004 and 2006, and estimated taxpayer and societal costs for each of California's 40 State Senate Districts for 2006. Across all districts, teen birth rates ranged from a high of 82.8 per 1,000 (in the 16th District) to a low of 15.3 per 1,000 (in the 8th District). Although high teen birth rate districts are found in most regions of the state, these high-rate districts are most frequently found in Los Angeles County (Districts 20, 22, 24, 25, 26, 27, 30, and 32), the Central

Valley (Districts 12, 14, 16, and 18), and the Imperial Valley (District 40). Estimated annual taxpayer costs ranged from a low of \$11 million (District 8) to a high of \$100 million (District 16), with total costs to society more than twice as high.

We also calculated the change between the 2004 and the 2006 teen birth rate for each Senate District. Of the 40 Senate Districts, 7 experienced a decrease and 32 experienced an increase. District changes ranged from the largest reduction of -2.7 births per 1,000 in District 38 to the largest increase of 8.9 births per 1,000 in District 13.

Overall, the State's teen birth rate increased from 37.2 per 1,000 in 2005 to 37.8 per 1,000 in 2006 — a slight increase of 0.6 births per 1,000.

Although California's teen birth rate remains lower than the rate for the United States, and substantially lower than the rate for demographically comparable states such as Texas, much more remains to be done — for the state as a whole and within every one of California's 40 State Senate Districts. This can be seen by comparing these district-level results to the median teen birth rate of other Western democracies (9.2 births per 1,000). Every one of California's districts had a higher teen birth rate than did 16 other Western nations, which include Australia, Austria, Canada, Denmark, Finland, France, Germany, Ireland, Italy, Japan, Netherlands, Norway, Spain, Sweden, Switzerland, and United Kingdom.

These comparisons illustrate the opportunity for improvement across the entire state and in all types of communities and locations, as well as the special need in high-rate areas. The comparisons demonstrate the need for a holistic approach that starts at the impacted community level and percolates up to the state and national level.

THE SOLUTION

It would be naive to assume that there is any single solution to resolve the complex issue of teen childbearing. Nevertheless, there can be little doubt that California's unprecedented investment in teen pregnancy prevention has contributed to its achievement over the last 15 years of the largest decline in teen births of all 50 states.

During the past decade, California has been the national leader in focusing on and investing in research-based policies and programs for positive adolescent development and teen pregnancy prevention. This leadership spans the administrations of three governors across both political parties. California's leadership is evidenced in several areas: (1) consistent refusal to participate in the federal Title V, Section 510 abstinence-only education program; (2) enactment of legislation that school-based and

other state-funded sexuality education must be comprehensive, age-appropriate and medically accurate; (3) state-funded reproductive health programs administered by the California Department of Public Health; (4) state-funded teen pregnancy prevention programs administered by the California Department of Public Health, the California Department of Social Services, and the California Department of Education, and (5) grant initiatives funded by philanthropic foundations in California.

The cost of these investments has not been small – the estimated combined total for state-funded or administered programs and services focused directly on primary or secondary teen pregnancy prevention during the 2007-2008 budget year was \$229 million. Yet, had California continued to experience its dismal teen birth rate of 71 per 1,000 from 15 years ago, we would have had an additional 46,283 teen births in 2006. Translated into cost savings, our success represents an annual savings to California taxpayers of \$1.5 billion, and a total annual savings to society of \$3.3 billion.

Another way to look at this is to consider our demographically comparable sister state of Texas. If Texas had made a similarly effective investment and achieved the same reduction over the last 15 years as did California, its rate would now be 41 per 1,000 rather than its current 64 per 1,000, for a difference of 19,355 teen births in 2006. The losses that Texans have incurred as a result of this missed opportunity total \$627 million of annual taxpayer costs.

To build on California's success — to maintain our progress, to accommodate new challenges, and most ambitiously and importantly, to expand on these levels of success by further decreasing teen birth rates — requires courage, wisdom, and persistence. This is especially so in a time of limited state funds and increasing drift of federal support away from effective research-based strategies. Yet the enormous need, and tremendous return on investment, is abundantly clear from our experiences of the last decade.

Coupled with the reality that demographic changes and poverty rates are combining in ways that further threaten our ongoing progress, it is essential that California support existing strategies with strong track records and investigate additional ways to move its teen birth rate to meet its potential, as modeled by other Western democracies.

| District | SENATOR | COUNTIES | TEEN BIRTHS | TEEN BIRTH RATE (PER 1000) | TEEN BIRTH RATE RANK | TEEN BIRTH RATE CHANGE 2004-2006 | EST'D ANNUAL TAXPAYER COSTS (IN MILLIONS) | EST'D ANNUAL SOCIETAL COSTS (IN MILLIONS) |
|----------|------------------------|--|----------------|----------------------------|-------------------------------|----------------------------------|---|---|
| 1 | Dave Cox (R) | Alpine, Amador, Calaveras, El Dorado, etc. | 672 | 21.0 | 34 | -0.6 | \$22 | \$49 |
| 2 | Patricia Wiggins (D) | Humboldt, Lake, Mendocino, Napa, etc. | 967 | 32.6 | 25 | 0.4 | \$31 | \$70 |
| 3 | Carole Midgen (D) | Marin, San Francisco, Sonoma | 423 | 20.8 | 35 | -1.3 | \$14 | \$31 |
| 4 | Samuel Aanestad(R) | Butte, Colusa, Del Norte, Glenn, etc. | 1,292 | 36.5 | 23 | 1.9 | \$42 | \$93 |
| 5 | Michael Machado (D) | Sacramento, San Joaquin | 1,673 | 44.8 | 18 | 2.2 | \$54 | \$120 |
| 6 | Darrell Steinberg (D) | Sacramento | 1,615 | 48.1 | 12 | 2.1 | \$52 | \$120 |
| 7 | Tom Torlakson (D) | Contra Costa | 661 | 22.6 | 32 | 2.5 | \$21 | \$48 |
| 8 | Leland Yee (D) | San Francisco, San Mateo | 331 | 15.3 | 40 | 0.8 | \$11 | \$24 |
| 9 | Don Perata (D) | Alameda, Contra Costa | 925 | 35.7 | 24 | 2.2 | \$30 | \$67 |
| 10 | Ellen Corbett (D) | Alameda, Santa Clara | 717 | 26.8 | 29 | 3.5 | \$23 | \$52 |
| 11 | Joseph Simitian (D) | San Mateo, Santa Clara, Santa Cruz | 509 | 18.8 | 37 | 0.3 | \$16 | \$37 |
| 12 | Jeff Denham (R) | Madera, Merced, Monterey, etc. | 2,258 | 58.2 | 7 | 3.1 | \$73 | \$160 |
| 13 | Elanie Alquist (D) | Santa Clara | 1,153 | 45.4 | 17 | 8.9 | \$37 | \$83 |
| 14 | Dave Cogdill (R) | Fresno, Madera, Mariposa, etc. | 1,711 | 48.3 | 10 | 2.1 | \$55 | \$120 |
| 15 | Abel Maldonado (R) | Monterey, San Luis Obispo, etc. | 1,113 | 36.7 | 22 | 0.2 | \$36 | \$80 |
| 16 | Dean Florez (D) | Fresno, Kern, Kings, Tulare | 3,188 | 82.8 | 1 | -1.8 | \$100 | \$230 |
| 17 | George Runner (R) | Los Angeles, San Bernardino, etc. | 1,592 | 44.5 | 19 | 4.0 | \$52 | \$120 |
| 18 | Roy Ashburn (R) | Inyo, Kern, San Bernardino, Tulare | 2,218 | 60.3 | 5 | 0.3 | \$72 | \$160 |
| 19 | Tom McClintock (R) | Los Angeles, Santa Barbara, etc. | 762 | 23.7 | 31 | 2.8 | \$25 | \$55 |
| 20 | Alex Padilla (D) | Los Angeles | 1,588 | 48.2 | 11 | 4.1 | \$51 | \$110 |
| 21 | Jack Scott (D) | Los Angeles | 562 | 20.6 | 36 | -1.8 | \$18 | \$41 |
| 22 | Gilbert Cedillo (D) | Los Angeles | 1,873 | 59.1 | 6 | -1.7 | \$61 | \$140 |
| 23 | Sheila James Kuehl (D) | Los Angeles, Ventura | 712 | 28.2 | 27 | 2.4 | \$23 | \$51 |
| 24 | Gloria Romero (D) | Los Angeles | 1,594 | 45.6 | 16 | 0.2 | \$52 | \$120 |
| 25 | Edward Vincent (D) | Los Angeles | 2,032 | 58.0 | 8 | 0.1 | \$66 | \$150 |
| 26 | Kevin Murray (D) | Los Angeles | 1,407 | 45.8 | 15 | 1.1 | \$46 | \$100 |
| 27 | Alan S. Lowenthal (D) | Los Angeles | 1,519 | 47.0 | 14 | 1.3 | \$49 | \$110 |
| 28 | Jenny Oropeza (D) | Los Angeles | 731 | 28.0 | 28 | 0.0 | \$24 | \$53 |
| 29 | Bob Margett (R) | Los Angeles, Orange, etc. | 598 | 16.8 | 38 | 0.7 | \$19 | \$43 |
| 30 | Ron Calderon (D) | Los Angeles | 1,713 | 48.0 | 13 | 0.1 | \$56 | \$120 |
| 31 | Robert Dutton (R) | Riverside, San Bernardino | 1,522 | 38.4 | 20 | 0.8 | \$49 | \$110 |
| 32 | G. Negrete McLeod (D) | Los Angeles, San Bernardino | 2,762 | 68.6 | 2 | 2.6 | \$90 | \$200 |
| 33 | Richard Ackerman (R) | Orange | 659 | 22.4 | 33 | 0.1 | \$21 | \$48 |
| 34 | Louis Correa (D) | Orange | 1,895 | 61.1 | 4 | 2.5 | \$61 | \$140 |
| 35 | Tom Harman (R) | Orange | 405 | 15.7 | 39 | 0.4 | \$13 | \$29 |
| 36 | D. Hollingsworth (R) | Riverside, San Diego | 877 | 25.0 | 30 | -1.9 | \$28 | \$63 |
| 37 | James Battin (R) | Riverside | 1,943 | 49.4 | 9 | 1.2 | \$63 | \$140 |
| 38 | Mark Wyland (R) | Orange, San Diego | 1,106 | 37.4 | 21 | -2.7 | \$36 | \$80 |
| 39 | Christine Kehoe (D) | San Diego | 880 | 31.6 | 26 | 1.8 | \$29 | \$64 |
| 40 | D. Moreno Ducheny (D) | Imperial, Riverside, San Diego | 2,497 | 66.5 | 3 | 6.4 | \$81 | \$180 |

Table. Senate District Teen Births, Birth Rate, Rank, Rate Change, and Estimated Annual Costs, Year 2006

KEY RECOMMENDATIONS

All levels of government are faced with unprecedented challenges that force them to examine their priorities. At this time, the prevention of births to teen mothers is more important than ever. Investments in this area are productive for their immediate payoff in terms of decreased health and welfare costs, as well as their contribution to the stability of the social fabric and to California's economic future. In this light, the Public Health Institute and its Center for Research on Adolescent Health and Development make the following recommendations in the areas of leadership, programs, educational policy, and schools and communities.

California Leadership

 Elected officials initiate or continue community dialogues by bringing together parents, adolescents, and other school and community stakeholders to address the issue of high teen birth rates, especially where these rates are substantially higher than rates in other areas of the state.

California Programs

- Ataminimum, maintain all program funding aimed at reducing teen pregnancies and births, and sexually transmitted infections, with annual adjustments for inflation.
- Require all publicly funded or administered programs, whether school- or community-based, and including charter schools, to comply with the provisions of SB 71, the California Comprehensive Sexual Health and HIV/AIDS Prevention Act of 2003, to provide comprehensive, age-appropriate, and medically accurate information.
- Continue to fund effective school- and community-based programs that provide comprehensive education, outreach, and services to support teens in delaying childbearing.
- Continue to decline participation in and required contribution of matching funds for the federal abstinenceonly-until-marriage education program.

CALIFORNIA EDUCATIONAL POLICY

- Publicize, support, and enforce the provisions of comprehensive, age-appropriate, and medically accurate school-based sexuality education as required by the California Comprehensive Sexual Health and HIV/AIDS Prevention Act of 2003 (SB 71).
- Begin discussion and development of a legislative mandate for California public middle schools, high schools, and alternative schools to teach comprehensive sexual health education.

 Support reliable and confidential school-based survey research that will facilitate scientific understanding of teen health risk behaviors, including sexual risk behaviors.

CALIFORNIA SCHOOLS AND COMMUNITIES

- Provide multi-level comprehensive sexuality education and youth development programs, with school, parent, youth, and community components working in synergy.
- Provide parent education and other supports to encourage parents and other significant adults to communicate effectively with youth about healthy sexuality, pregnancy prevention, and prevention of sexually transmitted infections.
- Review and monitor school polices and curricula to assess compliance with SB 71, the California Comprehensive Sexual Health and HIV/AIDS Prevention Act of 2003, and bring these policies and curricula into compliance as necessary.

I Analysis methods were described in detail in Appendix C of the 2003 No Time for Complacency full report. As in the 2006 update, the same methods were employed for the current calculation and analyses of teen birth rates and costs for Senate districts, except that a more powerful matching procedure was used to allocate zip-code-level birth date to Senate Districts. For the Senate District teen birth rate estimates, the required zip-code level data necessitated the use of female teen (ages 15-19) population estimates commercially available from Nielsen Claritas during non-census years. For teen birth rates and costs for California as a whole, we used data reported in the California Department of Public Health (CDPH) Vital Statistics Reports. These reports employ state-level female teen population estimates prepared by the California Department of Finance, which vary slightly from the Nielsen Claritas estimates. The 2006 California teen birth rate was not yet available at the time of our publication. Therefore, we replicated the CDPH's approach for calculating rates by using the number of live births to mothers aged 15-19 years in 2006 and the female teen population estimate from the California Department of Finance.



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