Teen birth rate and cost analysis update by California Senate Districts

The good news is that the teen birth rate in every one of California’s forty State Senate Districts has declined since the April, 2003 No Time for Complacency report. In some districts this decline has been substantial. The bad news is that in spite of these declines, rates remain high in most districts. And due to the state’s growing teen population, the number of teen births each year and the costs to taxpayers and society have come down only negligibly. A new No Time for Complacency report examines progress and continuing challenges for the State of California and for individual Senate Districts. This report can be found, together with the original 2003 No Time for Complacency report and supporting materials, at http://teenbirths.phi.org/.

In this new report, each State Senate District has been assigned to one of four progress categories based on its 2004 teen birthrate together with the amount of progress made during the last four years. The four districts with a combination of lower-than-average teen birth rates and higher-than-average improvements, have received the enviable Beacon District designation. Congratulations to District 9 (Alameda and Contra Costa counties, represented by Don Perata), District 13 (Santa Clara County, represented by Elanie Alquist), District 28 (Los Angeles County, represented by Debra Bowen), and District 10 (Alameda and Santa Clara counties, represented by Liz Figueroa). In addition, ten districts have been designated as Improving Districts, with teen birth rates still greater than the state average, but with rate improvements greater than the state as a whole. These districts are acknowledged for their substantial improvements, with seven of the ten reducing their rates by more than eleven percentage points over the last four years. Seventeen other districts are designated as Holding Districts, having teen birth rates lower than the state average, with declines also less than the state average. Finally, the nine Challenging Districts are those with higher-than-average teen birth rates combined with less than average improvements. These are Districts 5, 6, 14, 17, 18, 27, 32, 37, 38. While all forty districts need further improvement, these nine Challenging Districts, together with the three Improving Districts (Districts 16, 22, and 40) that still have rates above 60 teen births per 1,000, are especially in need of further local action.

Legislative review:
SB 1471
The California Community Sexual Health Education Act (SB 1471) passed out of the Senate Health Committee on April 26, 2006. Its next stop is the Senate Appropriations Committee. Currently, the 2003 California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act (SB 71, http://teenbirths.phi.org/SB71.html) requires all sexuality and HIV/AIDS prevention education in California public schools to be medically accurate, age-appropriate, and comprehensive. The purpose of SB 1471 is to extend these requirements to all state-funded and administered sexuality and HIV/AIDS prevention education provided in communities outside of school. To check the current status of this bill, go to http://tinyurl.com/rvos4.

California voters support comprehensive sexuality education
According to a survey of California voters released earlier this year by the Public Policy Institute of California, “the vast majority of Californians (78%) – including Latinos (74%) and Evangelical Christians (66%) – prefer sex education programs that also teach about obtaining and using contraceptives.” Read the press release and access the full report at http://tinyurl.com/jn88g.

Maine follows California’s lead to quit abstinence-only program
Joining California and Pennsylvania, Maine recently opted out of the federally-funded state abstinence-only-until-marriage grant program (Section 510). This controversial program requires funded schools to teach “that sexual activity outside of marriage is likely to have harmful psychological and physical effects,” and, in conflict with California’s SB 71, prohibits discussion of the potential benefits of contraception. In his 2007 budget proposal, President Bush recommended $204 million in federal funding for state and community-based abstinence-only-until-marriage programs — a 12% increase over 2006 funding. An article by the Alan Guttmacher Institute (AGI) shows how the federal government is tightening requirements and expanding the reach of these programs’ restrictive mandates and prohibitions. A link to the full AGI story is at: http://tinyurl.com/p9am8.

New position paper on abstinence-only education
The Society for Adolescent Medicine (SAM) recently published a position paper on abstinence-only policies and programs (http://tinyurl.com/kvzy4). The Society concluded that: Abstinence is a healthy choice for adolescents. The choice for abstinence should not be coerced. SAM supports a comprehensive approach to sexual risk reduction, including abstinence as well as correct and consistent use of condoms and contraception among teens who choose to be sexually active.

For links to position papers on this issue from other mainstream professional organizations, including the American Medical Association, the American College of Obstetrics and Gynecology, the American Academy of Pediatrics, the American Psychological Association, the American School Health Association, and others, go to http://teenbirths.phi.org/positionpapers.html.
State funding for teen pregnancy prevention

As our high teen birth rate continues to decline at a faster pace than the rest of the nation, the State of California continues to make strong investments in teen pregnancy prevention programs and services. These programs appear to be a key factor in the State’s declining teen birth rate and associated cost savings. In fact, California’s level of commitment was recently recognized by the Alan Guttmacher Institute, which ranked California first among all fifty states for reproductive health laws and polices, eighth for public funding of contraceptive services, and first for our overall efforts to help prevent unintended pregnancy (see http://tinyurl.com/gd8jz).

California’s state-administered programs are supported by a combination of state and federal funds. The governor’s budget for fiscal year 2006-2007 maintains funding for most programs at their current 2005-2006 levels, with no adjustments for inflation. These include the four Teen Pregnancy Prevention (TPP) community programs administered by the Department of Health Services, Office of Family Planning (http://tinyurl.com/r4e6n) – the Community Challenge Grant Program ($18.5 million), Information and Education ($3.2 million), the Male Involvement Program ($2.3 million), and TeenSMART Outreach ($1.8 million).

Additional state-administered programs provide important secondary prevention education, health, and social services to pregnant and parenting teens. The Adolescent Family Life Program (http://tinyurl.com/q9ab), administered by the Department of Health Services, Maternal, Child, and Adolescent Health Branch, is designed to ensure healthy pregnancy outcomes for teen mothers and infants, and reduce the incidence of subsequent teen births. AFLP is currently slated for a 12% budget reduction from $21.5 million to $19.2 million, due to a planned reduction of the federal funding contribution and total elimination of the Adolescent Sibling Pregnancy Prevention Program. The California Department of Education’s California School-Age Families Education program (Cal-SAFE; http://tinyurl.com/mzwbn) is designed to increase the availability of support services for expectant or parenting students to improve academic achievement and parenting skills and to provide a quality child care program for their children. CalSAFE is currently funded at $53 million. The Cal-Learn program (http://tinyurl.com/lfgou), administered by the California Department of Social Services, helps pregnant and parenting teens attend and graduate from high school or its equivalent. Current funding for Cal-Learn is $26 million, with primarily federal funds.

The State’s largest reproductive health program, Family PACT, provides clinical services at no cost to low income adolescents and adults (http://tinyurl.com/jz949). Family PACT received $416 million in combined federal and state funding for 2005-2006, with approximately $83 million (20%) of this total used to serve teens. For 2006-2007, Family PACT funding is at risk due to anticipated federal budget reductions.

As the above figure shows, more than 21,000 teen births were estimated to be averted due to the provision of Family PACT contraceptive services to adolescents in 2002 (the most recent year for which complete data are available). If funding for Family PACT were to be eliminated, California’s teen birth rate would be expected to rise nearly to the level of Texas, and an additional taxpayer cost of approximately $638 million—and total societal costs of $1.4 billion—would be incurred for these 21,000 additional teen births each year. By any type of arithmetic, this would be a very bad deal for California.

Prevalence and costs of sexually transmitted infections by California State Senate Districts

The Fall, 2006 No Time for Complacency Policy Review will feature an analysis of the incidence and costs of sexually transmitted infections among young people by California State Senate Districts. Watch for this review in early September.

No Time for Complacency

The Adolescent Sexual Health Policy Project. Policy Reviews are issued in the spring and fall of each year.

The Adolescent Sexual Health Policy Project is funded in part by a grant to the Public Health Institute from The California Wellness Foundation (TCWF). Created in 1992 as an independent, private foundation, TCWF’s mission is to improve the health of the people of California by making grants for health promotion, wellness education, and disease prevention programs. For more information on No Time for Complacency and the Adolescent Sexual Health Policy Project, please go to http://crahd.phi.org.