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Federal Teen Pregnancy Prevention Programs

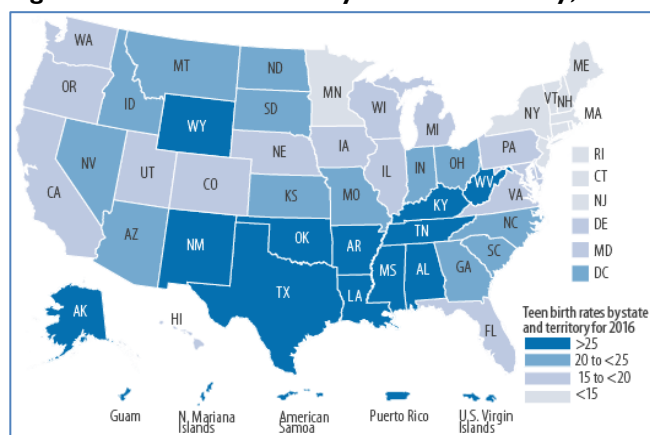
Background

The U.S. teen birth rate—or the number of births per 1,000 females aged 15 to 19 each year—has steadily declined since the early 1990s. The rate decreased by 67% from the most recent high of 61.8 (in 1991) to the most recent low of 20.3 (in 2016). Researchers suggest that multiple factors have influenced this decline, and that there is not necessarily a definitive single reason for it. Such factors may include decreasing teen sexual activity, particularly among younger teens, and increasing use of contraceptives among sexually active teens.

Despite the downward trend in births among teenagers, Congress continues to be interested in the issue of teen birth because of its high costs. Teen parents tend to have less education and are more likely to live in poverty than peers who are not teen parents. Children of teenage mothers are more likely to have poorer educational and other outcomes than children of mothers who delay childbearing. Teen childbearing can have larger societal impacts, such as costs related to public sector health care and lost tax revenue. In addition, teen pregnancy disproportionately affects certain minority communities and selected states and territories.

Figure 1 shows a map with 2016 teen births rates by quartile for the 50 states, Washington DC, and five of the territories. The highest rates were in 12 states, mostly in the South, and the territories.

Figure 1. Teen Birth Rates by State & Territory, 2016



Source: Congressional Research Service (CRS), based on data from the Centers for Disease Control and Prevention (CDC).

Notes: Birth rates are per 1,000 females aged 15 to 19.

Teen Pregnancy Programs

Given the consequences associated with teen births, Congress has authorized programs designed to delay sexual activity and prevent pregnancies among teenagers. Four federal programs focus exclusively on teen pregnancy prevention education: (1) the Teen Pregnancy Prevention (TPP) program; (2) the Personal Responsibility Education Program (PREP); (3) the Title V Sexual Risk Avoidance

Education program, authorized under Title V of the Social Security Act; and (4) the Sexual Risk Avoidance Education program, authorized under appropriations laws. The U.S. Department of Health and Human Services (HHS) administers the four programs, which generally target vulnerable teen populations. Youth receive teen pregnancy prevention education in school and other settings. Grantees for the four programs include states and/or other entities.

Multiple HHS agencies established the related Teen Pregnancy Prevention (TPP) Review pursuant to the FY2010 omnibus appropriations law (P.L. 111-117). The review uses criteria to determine which education models have been shown, through rigorous evaluation, to reduce teen pregnancy and related outcomes.

Teen Pregnancy Prevention (TPP) Program

P.L. 111-117 established and initially funded the TPP program, and subsequent appropriations laws have provided funding. The program competitively awards grants to public and private entities to implement a variety of evidence-based or innovative models that seek to influence adolescent sexual behavior. Such models focus on sexual abstinence) or information about the use of contraceptives, among other approaches. HHS has taken steps to discontinue funding for the current cohort of grantees.

After funds are set aside for training and technical assistance, most of the remaining amount (75%) supports “Tier 1” grants. Generally, these grantees replicate models identified as part of the TPP Evidence Review. Another 25% of the remaining TPP program funds are used for “Tier 2” research and demonstration grants that are intended to develop and refine additional strategies for reducing teenage pregnancy. Currently, TPP supports 58 Tier 1 grantees in 28 states, Washington, DC, and the Marshall Islands; and 26 Tier 2 grantees in 11 states and Washington, DC. TPP grantees served 65,788 youth in FY2016.

Evaluations of the first cohort of TPP grantees (FY2010-FY2014) showed mixed results. Of 41 evaluations, 12 showed a positive impact in at least one teen pregnancy-related outcome. Another 16 did not have positive impacts and 13 had inconclusive results.

Personal Responsibility Education Program (PREP)

The Patient Protection and Affordable Care Act (ACA; P.L. 111-148) established PREP under Section 513 (Title V) of the Social Security Act. The program is a broad approach to teen pregnancy prevention that seeks to educate adolescents aged 10 to 20 and pregnant and parenting youth under age 21 on both abstinence and/or contraceptives to prevent pregnancy and sexually transmitted infections (STIs). PREP includes four types of grants: (1) State PREP grants, (2) Competitive PREP grants, (3) Tribal PREP, and (4) PREP–

Innovative Strategies (PREIS). PREP grantees served 133,696 youth in FY2015.

A majority of PREP funding is allocated to states and territories via the State PREP grant. The 50 states, Washington, DC, and eight territories are eligible for funding. Funds are allocated by formula based on the proportion of youth aged 10 to 20 in each jurisdiction relative to other jurisdictions. Funding for jurisdictions that declined the formula grant is available to local entities on a competitive basis. Unexpended annual state allotments have been competitively awarded as three-year discretionary grants to 21 entities to carry out PREP programming in 12 jurisdictions. **State and Competitive PREP grantees** must replicate evidence-based teen pregnancy prevention programs or substantially incorporate elements of effective programs. While grantees are not required to draw on models identified in the TPP Evidence Review, most do.

Tribal PREP grants are available for tribal entities to support projects that educate American Indian and Alaska Native youth on teen pregnancy prevention. Grantees are to support culturally and linguistically appropriate teen pregnancy programs, including those that are promising or evidence-based. Eight tribal grantees are currently funded. **PREIS grants** are intended to build evidence for promising teen pregnancy prevention programs for high-risk youth. The grants are awarded on a competitive basis to public and private entities to implement and evaluate innovative youth pregnancy prevention strategies that have not been rigorously evaluated. PREIS currently supports 13 grantees.

Title V Sexual Risk Avoidance Education Program

The 1996 welfare reform law (P.L. 104-193) established the “Separate Program for Abstinence Education” under Section 510 in Title V of the Social Security Act. The program had long been known as the Title V Abstinence Education Grant program, which was in effect through FY2017. The Bipartisan Budget Act of 2018 (P.L. 115-123) replaced Section 510, thereby changing the name of the program to the Sexual Risk Avoidance Education program and adding new requirements on financial allotments, educational elements, research and data, and evaluation. The overall purpose of the revised program remains essentially the same, which is to provide youth aged 10-19 with education that focuses on sexual abstinence.

The 50 states, Washington, DC, and the territories are eligible to apply for program funds. Funding is available for eligible entities in jurisdictions that do not apply for funding. (Thirty-seven states, Puerto Rico, and the Federated States of Micronesia had a Title V Abstinence Education program in FY2017.) Jurisdictions request Title V Sexual Risk Avoidance Education funds as part of their request for Maternal and Child Health Block Grant funds, which support maternal and child health programs. After funding is set aside for HHS administrative costs, funds are allocated to jurisdictions based on their relative shares of low-income children. The prior-law Title V Abstinence Education grantees served 399,000 youth in FY2015.

Under the revised law, a state/territory or other entity receiving funding under the Title V Sexual Risk Avoidance Education program may use up to 20% of such allotment to

build the evidence base for sexual risk avoidance by conducting or supporting research. Further, HHS must conduct one or more rigorous evaluations of the education (and associated data) funded through the program.

Sexual Risk Avoidance Education Program

The 2016 omnibus appropriations law (P.L. 114-113) established and funded the Sexual Risk Avoidance Education (SRAE) program (not to be confused with the Title V program of the same name). It received subsequent funding in FY2017 and FY2018. The program supports projects for implementing sexual risk avoidance education that teaches participants how to voluntarily refrain from non-marital sexual activity and prevent other youth risk behaviors. The program targets youth populations that are at risk for non-marital sexual activity, such as juvenile justice-involved youth and youth in or aging out of foster care. Grantees have served about 21,000 youth annually.

Multiple entities may apply for SRAE funding, including states and other jurisdictions and educational, nonprofit, for-profit, and tribal entities. HHS awarded 27 grants in FY2017. SRAE grantees are advised to review evidence-based program models that are included as part of the HHS TPP Evidence Review, but do not have to use such models.

Prior appropriations laws have specified funding for similar abstinence education programs, the Community-Based Abstinence Education (CBAE) program from FY200 to FY2009 and the Competitive Abstinence Education (CAE) program from FY2012 to FY2015. Both programs provided competitive grants to public and private entities to develop and implement youth abstinence-only education programs.

Funding

Table 1 shows recent funding levels for the four existing programs. The Title V Sexual Risk Avoidance Education program and PREP program are mandatory programs supported by pre-appropriated funds. The Sexual Risk Avoidance Education and TPP programs are discretionary programs funded through the annual appropriations process.

Table 1. Final Funding for Teen Pregnancy Prevention Programs: FY2013-FY2018, Dollars in Millions

	TPP	PREP	Title V Sexual Risk Avoidance	Sexual Risk Avoidance
FY2013	\$98.3	\$71.2	\$47.5	Not funded
FY2014	\$100.8	\$69.6	\$46.4	Not funded
FY2015	\$101.0	\$75.0	\$50.0	Not funded
FY2016	\$101.0	\$75.0	\$75.0	\$10.0
FY2017	\$100.8	\$69.8	\$69.8	\$15.0
FY2018	\$101.0	\$75.0	\$75.0	\$25.0

Source: CRS, based on appropriations and authorizing laws.

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