

Teen Pregnancy Prevention

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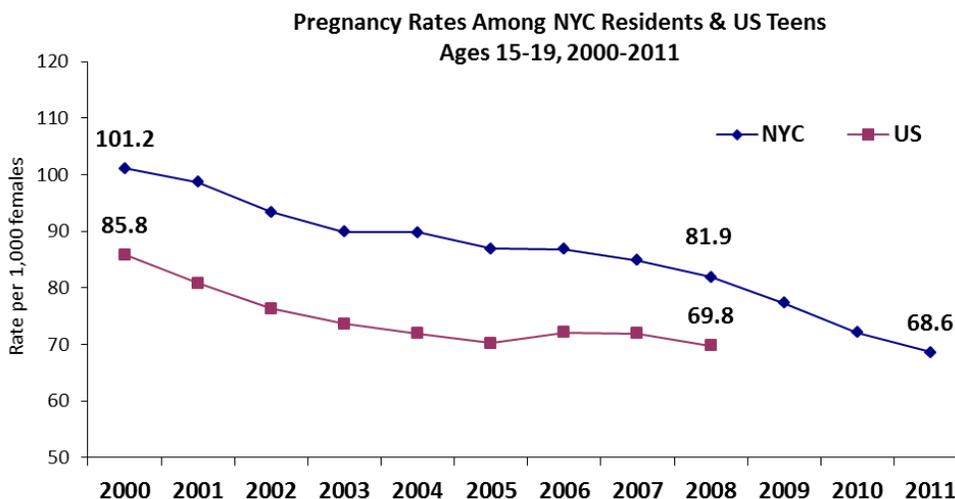
New York City has undertaken a number of initiatives dedicated to reducing the city’s unintended teenage pregnancy rate, which in the past has been higher than other cities’ rates.

These activities are characterized by a public health approach aimed at changing the context of decisions to engage in sexual activity and to contracept when sexually active. They have included developmentally appropriate comprehensive sex education from middle school onward, the removal of barriers to access contraception, and the provision of reproductive health services that are youth friendly—particularly male youth friendly. During the time the programs have been under way, teenage pregnancy rates have declined, as have rates of sexual activity.

This brief is based on interviews with administrators and staff involved in the teen pregnancy prevention activities, official city documents, and publicly available sources.

Context

Teen pregnancy rates in New York City and the rest of the United States are high but decreasing. The city had higher teen pregnancy rates than 42 US states from 2000 to 2008, the most recent year for which national data are available (Kost and Henshaw 2013). In part, these high pregnancy rates reflect New York’s high proportions of at-risk populations. The rates for black teens were 3.5 times higher than those for white teens, and the rates for Latino teens were 3 times as high as for white teens. Rates for teenagers living in the Bronx were 43 percent higher than for those living in Manhattan and Brooklyn, which were in turn higher than the rates for teenagers living in Queens and Staten Island.



Note: Population estimates are updated to reflect the best information available at the time and may result in differences compared with previously published rates.

Most teenage pregnancies in New York City each year are terminated, and a high share of those that are brought to term are unintended. Viewing high rates of unintended teen pregnancy as a serious public

health issue, city officials undertook several efforts to target teen reproductive health, which together have improved reproductive health among teens in New York City.

Policy Response

Under the Bloomberg administration, efforts to reduce teen pregnancy in New York City have used a public health framework focused on making changes in the institutions, organizations, and norms within which individuals make decisions in order to make healthy choices easier. These efforts emphasized removing barriers to reproductive health services for teens. They also focused on providing young men and women with accurate information and evidence-based education about sexual activity, contraceptives, pregnancy, and childbearing while increasing proximity to quality services, including contraception.

Like many of the Bloomberg administration's initiatives, those focused on teen pregnancy prevention have been characterized by cross-agency collaboration. They were undertaken by the Department of Health and Mental Hygiene (DOHMH), the Department of Education (DOE), the Human Resource Administration (HRA), and Health and Hospitals Corporation (HHC), addressing the issue through several different avenues. According to informants and public documents, important components included the following:

- City policy mandating comprehensive sex education in public middle and high schools.¹
- Increased access to high-quality reproductive health services, including establishing best practices in sexual and reproductive health for teens, and making the full range of contraceptives, including IUDs and contraceptive implants (long-acting reversible contraceptives, or LARCs) available on site for sexually active teens at high school-based health centers (Centers for Disease Control and Prevention 2011).
- Two initiatives for high schools with no school-based health centers:
 - the provision of limited reproductive health services, including pregnancy tests, oral contraceptives, and emergency contraception by school physicians and nurses; and
 - formal linkages between schools and community clinics where teens can access contraception.²
- Support for a policy change to implement a State Plan Amendment for a family planning waiver (effective May 2013) and ongoing efforts to protect confidentiality in health insurance communications related to sensitive clinical services.
- Teen-friendly resources online and through a Teens in NYC mobile app with a clinic locator, and an NYC Condom Finder app, which uses GPS technology to provide directions to nearest venues distributing free condoms.³
- A targeted advertising campaign to promote dual-contraceptive protection to prevent unintended pregnancy and sexually transmitted infections, and another campaign addressing the negative consequences of early childbearing.⁴
- A systemwide initiative by HHC, funded with grants from the Young Men's Initiative (YMI), to improve services for teens and young adults, with an emphasis on improving sexual and reproductive health service quality and access for young men. The three main components of the program focus on staff training, structural and operational changes to its teen clinics, and improving youth engagement and linkage to care.
- Expanded access and outreach to the Family Planning Benefit Program (FPBP) facilitated by HRA, through school-based health centers. The FPBP provides reproductive health services to teens and other adults. According to an informant, to support enrollment over the past five years HRA has partnered with the providers of 58 school-based health clinics to match data in order to identify enrollees who lacked health insurance.

History

Reducing teen pregnancy has been an ongoing objective of New York City administrations, but the \$3 million Healthy Women/Healthy Babies Initiative that began on April 21, 2005 marks a useful starting point for discussing the teen pregnancy initiatives undertaken during the Bloomberg administration.

While not specifically aimed at teens, the Healthy Women/Healthy Babies Initiative publicly declared a goal of reducing unintended pregnancies and increasing access to contraceptives, including funding for staff to create a unit to implement reproductive health work at DOHMH. Other aspects of the initiative included pharmacist outreach and education on emergency contraceptives, a family planning initiative, prescriptions distributed prophylactically for emergency contraceptives⁵ by HHC, expansion of a nurse home-visiting program, and outreach to primary care providers in neighborhoods with high numbers of women at risk of unintended pregnancy.⁶ The city issued a request for applications to provide emergency contraception and awarded funding for the projects.

Staff at the funded projects quickly identified deficiencies and challenges in the systems for providing reproductive health services to school-age teens. These included school-based health centers with limited or no reproductive health services, unclear policies on providing reproductive health services, and a lack of coordination or sharing of ideas across service providers. According to one informant, “We went in to give out Plan B and found that there was no Plan A.”⁷

In 2008, the NYC Health Department’s Bureau of Maternal, Infant, and Reproductive Health and Office of School Health received a large grant from an anonymous donor to develop a policy and expand school-based reproductive health services. The grant was given in recognition of two things: the need for a comprehensive reproductive health policy for school-based health services, and the fact that about half of city students become sexually active by the time they complete high school. The grant provided five years of funding for a school-based health center reproductive health project (SBHC RHP) and emphasized provision of comprehensive reproductive health services at school-based health centers, including implementation of standardized policies and procedures for service delivery.⁸

As the number and size of the teen pregnancy initiatives grew, collaboration became even more important. Expert guidance for the development of policies and programs came from a working group of family planning providers that met three times a year. Further, direct collaboration between DOHMH and DOE facilitated the implementation of sex education as a core component of health education, and the integration of sex education with connecting students to reproductive health services. One aspect of the teen pregnancy efforts was an emphasis on improving teen-friendliness (especially for young men) of the environments in which reproductive health services were provided. This aspect got a boost from YMI, which was simultaneously emphasizing cultural and gender competent services to young people.

Structure

The efforts in their current form span city programs and funding streams. Among those informants most closely engaged on the ground, the collective efforts are described as taking a four-pronged approach:

- evidence-based programs, such as mandated comprehensive sex education
- clinic linkage programs, such as the Bronx Teen Connection Linkage Model
- quality sexual and reproductive health services
- community or stakeholder education and engagement, such as the public awareness ad campaign in the South Bronx focused on the importance of using two forms of birth control (“My Birth Control and His Condoms”)

Programmatic components that our informants felt were notable include the examples described below.

Comprehensive Sex Education in Middle and High Schools

Many public schools in New York City were already teaching comprehensive sex education. As part of YMI, however, the Bloomberg administration mandated that comprehensive sex education be taught in all DOE middle and high schools across the city.⁹ Announced on August 9, 2011, and beginning in the second half of the same school year, the mandate called for schools to include sex education as part of comprehensive health education, and recommended that the age-appropriate curriculum be taught in middle school and in high school.

While DOE does not require use of a specific curriculum, the city has recommended two comprehensive health education programs developed by ETR Associates—*HealthSmart* and *Reducing the Risk*—since 2007. These curricula have been modified especially for use in New York City and are provided at no cost to teachers who attend free professional development sessions provided by the Office of School Wellness Programs.

Parents can choose to opt their children out of lessons having to do with birth control methods. They cannot, however, opt out of lessons on puberty, abstinence, HIV education, pregnancy, STDs, and relationship skills surrounding abuse and “saying no.”¹⁰

Informants were, across the board, highly supportive of the comprehensive sex education mandated in New York City schools. One informant noted that the program “is what works,” stressing that education is the first step in combating teen pregnancy. Another noted the importance of remaining “teen-friendly” in the delivery of education. Comprehensive sex education has not generated widespread controversy. According to one informant, while there is not a “huge swell of parents demanding these services,” opposition is centered in a small, vocal minority.

Bronx Teens Connection Linkage Model

The Bronx Teens Connection Linkage Model, a community teen pregnancy prevention initiative in Community Districts 2 and 3 in the South Bronx launched in 2012, has the goal of “joining with community partners to create an environment where all teens have the information, skills and resources to act upon healthy decisions about their sexual and reproductive health.” This activity was funded by the Centers for Disease Control (CDC). In a March 2012 memorandum of understanding between DOHMH and DOE, the departments formally agreed “to establish a relationship that will help to maximize the effectiveness of Bronx Teens Connection for New York City’s adolescents in the South Bronx target communities.”¹¹ This includes an agreement by the DOE to provide services related to implementing the *Reducing the Risk* NYC curriculum, and to support the linkage between school and community-based services for provision of reproductive health.

The model uses community clinics meeting set criteria as the service providers for high school students that do not have access to school-based health centers. The model establishes a formal partnership between each participating high school and a community or school-based clinic, and it incorporates student tours of the clinics, weekly visits to the schools by clinic staff, and implementation of the *Reducing the Risk* sex education curriculum.

Connecting Adolescents to Comprehensive Healthcare (CATCH)

Connecting Adolescents to Comprehensive Healthcare, or CATCH, was a 2011 pilot program to provide limited reproductive health services, including pregnancy tests and oral and emergency contraception, in 13 public school sites. In fall 2013, students could also get Depo-Provera, a LARC delivered in an injection every three months.¹²

To informants' surprise, despite an initial outcry from some media outlets, there has been little resistance from parents. A very small share of parents returned forms to opt out of the program.

Media Campaign

An important underlying theme of the teen pregnancy prevention efforts is a focus on employing teen-friendly media to communicate messages about the programs and pregnancy prevention. For example, one available resource is a NYC Teen web site,¹³ which includes a Sexual Health and Pregnancy section that includes clinic visit videos, information on birth control options and emergency contraceptives, a page to search for a clinic, information on what to expect at a clinic visit, a link to download a free Teens in NYC app, and a list of partner links to go to for more information.

Expanding the use of advertising to connect to teens, in March 2013 the Bloomberg administration announced a new campaign to inform the public about the negative consequences of young maternal age to children's outcomes. It featured subway and bus ads, texting, social media, and public service announcements. The campaign used media outlets that are highly visible to and accessible by teens. There was interactive texting with games and quizzes, and YouTube videos with teen parents describing their experiences.

The print ads featured upset babies with, according to the Bloomberg administration, "strong facts about the challenges teens face." One ad had a baby addressing his mother with the words: "Honestly, mom... chances are he won't stay with you. What happens to me?"¹⁴ This portion of the campaign has stirred up significant controversy, with some accusations that the ads stigmatize teen parenthood. Proponents of such efforts point out that other public health campaigns that stigmatized behavior, such as smoking, have worked.

Challenges

Sustained Resources

Our informants pointed out that, to date, much of the support for the development of the teen pregnancy prevention initiatives has involved targeted city grants and outside funding sources. They expressed concern about sustained resources and felt it will require a permanent commitment of resources to complete citywide comprehensive sex education and access to reproductive health services and to maintain those programs once they are in place. Continued strong public support for these policies will be crucial in sustaining these resources. To date, the evidence for public support has been encouraging; despite the controversial nature of some of these policies, the city has found little resistance from parents to expanding the efforts under these initiatives.

Universal Coverage Models

The school-based health center (SBHC) model, managed by the Office of School Health, is critical to the teen pregnancy work. As of August 2013, 129 approved SBHCs were operating in New York City.¹⁵ These centers provide free care to students regardless of insurance; if a student has Medicaid, the center will bill the program for services provided. In addition, 50 percent of the funding for SBHCs comes from Medicaid. According to informants, only a quarter of high school students are in a campus with school-based health centers; while this share will "increase over time," it will remain under half. Under an initiative of the current administration, 15 new high school SBHCs will open by September 2015.

According to informants, because 85 percent of high school students are in a building with a school nurse or SBHC, a combination of models would be useful in approaching universal coverage of quality reproductive health services. Informants were hopeful that a program like the CATCH model could be expanded. They were highly supportive of the Bronx clinic linkage model, but noted that the effort is currently reliant on CDC money, and continued resources will be required to sustain and expand this work.

Confidentiality

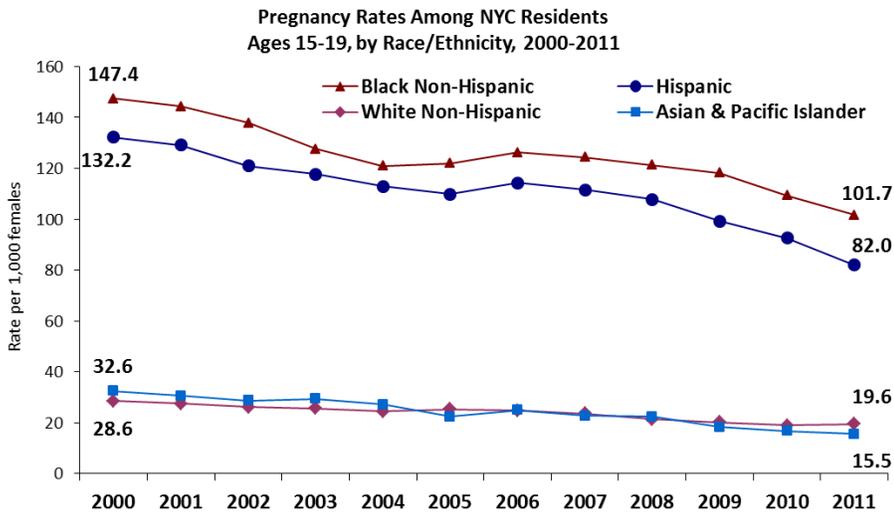
While minors are authorized to access reproductive health services without parental consent under New York State law, concerns about confidentiality have been and will continue to be an issue for teens requiring reproductive care. Teens under some types of private parental health insurance may be reluctant to use their insurance when accessing reproductive health services because of possible confidentiality breaches posed by payment and billing. To avoid these potential breaches, clinics may elect to forgo reimbursement for reproductive health services from private insurance plans, significantly adding to their overall costs.

Results

Pregnancy Rates

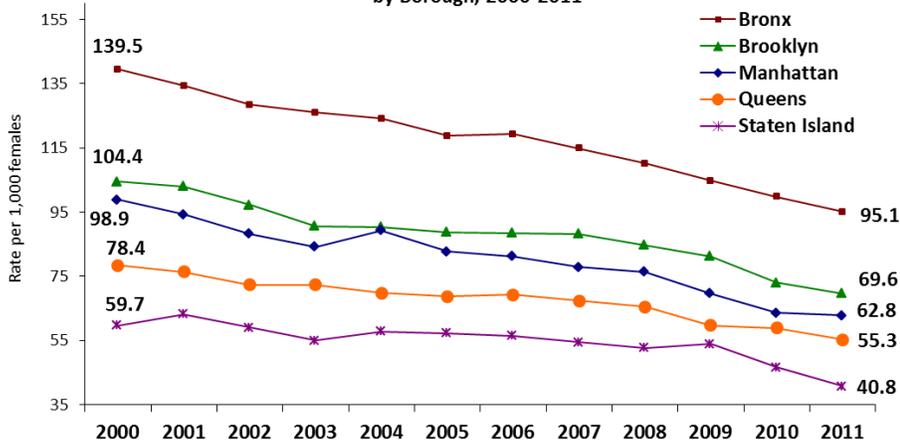
The ultimate measure of success of the NYC teen pregnancy prevention efforts is the pregnancy rate of New York City teens.

Teen pregnancy rates have decreased in New York City, and this decrease is in keeping with trends in the rest of the nation. Trend measurements show that teen pregnancy in New York City is decreasing more steeply than in most US states, with only 14 states exceeding New York City's 21 percent decrease from 2000 to 2008. NYC's teen pregnancy rate decreased 30 percent between 2001 and 2011; state and national data are not available after 2008, so it is not possible to compare NYC's trends with those of other locations after 2008. In comparison to neighboring states, the decreasing trend in teen pregnancies for New York City is steeper over the 2000–08 period than for Pennsylvania as a whole, less steep than for New Jersey, and about the same as for Connecticut.



Note: Population estimates are updated to reflect the best information available at the time and may result in differences compared with previously published rates.

Pregnancy Rates Among NYC Residents Ages 15-19,
by Borough, 2000-2011



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The two charts above¹⁶ present detailed trends in teen pregnancy by race and ethnicity and by Borough. Although decreases in teen pregnancy are apparent for all groupings of teens, two decreases are noteworthy for their social significance. First, the decrease in teen pregnancy rates among teens of Hispanic ancestry (to 82.0 in 2011) is particularly important given that this ethnic group is rapidly increasing as a proportion of New York’s overall population. Second, the teen pregnancy rates for the Bronx are encouraging (95.1 in 2011) and have been achieved despite the socioeconomic disadvantages of many residents of that Borough.

New York City also collects data from the Youth Risk Behavior Survey (YRBS) on risk behaviors of 9th to 12th grade students in public schools (DOHMH 2012). The 2005 and 2011 waves of the YRBS can be used to assess trends in teen sexual activity and contraceptive use, before and since the 2006 launching of the Healthy Teens Initiative.¹⁷ These data indicate that from 2005 to 2011, the share of public high school students who ever had sex has continued to decrease, while the share of public high school students (among those sexually active) who use long-acting reversible contraception appears to be increasing. These findings support the idea that the provision of comprehensive sex education and reproductive health services can increase the use of effective contraception without promoting sexual activity.

Cross-Agency Collaboration

Interviewees reported numerous examples of cooperation across agencies to make the initiative work. The most frequent examples of this cooperation come from the partnership of the DOHMH and DOE. Other examples include the original convening of agencies across the city, collaboration with the HHC, work in the Bronx, and personal coordination between the leaders of these projects and agencies.

Looking Ahead

Sustain the Effort

The overall success of the teen pregnancy prevention initiatives greatly relies on diverse segments of city government (such as DOHMH, DOE, and HHC) working together to initiate interventions. Funding from outside city government has played a large part in this work as well, in the form of an initial large donor as well as funding from the CDC. As this funding subsides, new funding sources as well as aid from the city itself must become available for these efforts to be sustained.

Continue the public health approach to reducing teen pregnancy by supporting programs and policies that make it as easy as possible for teens to enact behavior that reduces pregnancy.

The public health approach to behavior change focuses on changing the environment within which people make choices, rather than changing people. It has been successful in multiple domains, including tobacco cessation. The teen pregnancy prevention efforts in New York City have all the hallmarks of such an approach. It provided *all* young people in the city, at the correct developmental stages, with the information about sexual behavior and contraceptive use they need to inform their choices about sexual activity. It identified specific places where contraceptives could be made more easily available—schools—and arranged for them to be available. The design took into account typical levels of cognitive development in teenagers and did not waste time trying to persuade them to follow up on contraceptive referrals, but placed contraceptives directly into their hands. It deliberately attempted to change norms surrounding decisions about sex and contraception. We strongly recommend maintaining this comprehensive and structural approach.

Maintain a Strategic Media Campaign

Use of targeted media has been an asset to the teen pregnancy prevention efforts. Particularly, the NYC Teen social media efforts and the Teens in NYC app are innovative and should be continued.

Deliberate use of stigma in some advertising to change norms about teenage childbearing was carefully considered and data on the acceptability of the message were used to inform the decision to proceed. As noted earlier, the stigmatization of behavior that threatens health (e.g., smoking) has been successfully used as part of public health campaigns in the past.

The Teen Pregnancy Work Group undertook an extensive study at the beginning of these efforts to acquaint themselves with the state of the science regarding teenage pregnancy. As a result, they intentionally adopted a youth development framework in which teenage pregnancy is seen as a *marker, not a cause, of disadvantage*.

Thus, it is possible to see one of the advertising campaigns employed—which depicted babies asserting that their poor outcomes are a *result* of their mother’s age at birth—as in tension with the positive youth development model that guided the initiatives. Moreover, the advertising campaign was concerned with the consequences for children of teenage *births*; the initiative, by contrast, was concerned with reducing teenage *pregnancies*, most of which end in termination, not birth. One approach may be to refocus future media efforts on preventing unintended pregnancies, rather than on alerting people to the consequences of teen births, which is a distinct, albeit related, topic. We recommend that the city continue to undertake such campaigns with reflection and input from all stakeholders.

Acknowledgment

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Notes

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- ⁷ Plan B is a trade name for emergency contraception.
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