Future Unknown:

The Outlook of Teen Pregnancy in Nebraska

A review of the social and economic costs and consequences of teen pregnancy, including recommendations to reduce teen pregnancy and support young parents as they work for their future.

Holland Children's Institute

January 2017

Table of Contents:

A report published by:

Holland Children's Institute

with design by: Victoria Jones

Based on a report submitted by:
Renaisa S. Anthony, MD, MPH
Hongmei Wang, PhD

Co-Authors:
Rajvi Wani, (PhD candidate)
Beeta, Kashani MPH

UNIVERSITY OF NEBRASKA MEDICAL CENTER℠
COLLEGE OF PUBLIC HEALTH

Departments of Health Promotion, Social & Behavioral Health, and Health Services Research & Administration

Full report accessible at
www.hollandchildrensinstitute.com

A Special Thanks to

EARLY CHILDHOOD SERVICES

for helping us include personal success stories from young women.

A Letter From John Cavanaugh

In the words of our beloved founder, Richard D. Holland, "Poverty remains the greatest challenge to our society and the greatest obstacle to the success of children in Nebraska."

The Holland Children's Institute commissioned this report from the University of Nebraska Medical Center College of Public Health to investigate and evaluate the social and economic costs and consequences of teen pregnancy in Nebraska. It is our goal with this report to share data, research and recommendations to impact intergenerational poverty in Nebraska by preventing and reducing teen pregnancy. What are the most effective ways to prevent teen pregnancy and how can we best serve young parents and their children?

Though the rate of teen pregnancy is declining, we know that significant racial, socioeconomic, and geographic disparities persist in Nebraska. In our state, more babies are born to non-Hispanic White teen moms than any other racial cohort combined (54%), and the counties reporting the highest teen birth rates are categorized as rural. We also know that older, minority, rural, and low income teens face the highest risks of becoming pregnant.

Youth in foster care and youth that are homeless deserve a high level of services for pregnancy prevention and parenting support as populations at considerable risk for becoming pregnant, victims of sex trafficking, and other adverse incidents related to physical and mental health. Teen pregnancy and prevention programs for all youth in Nebraska should be data driven and evidence informed. At the conclusion of this report, we have outlined specific recommendations to address teen pregnancy and improve outcomes for young parenting Nebraskans.

As a state, we should make investments that build strong families and a strong future economy. Based on the estimates in this report, the total state spending for the 1,411 births in 2014 was $28,665,203. It is estimated that this birth cohort will cost Nebraska $278,985,885 until they reach the age of 18.

If we begin to act now on our recommendations and reduce the 2014 teen birth rate by 10%, potential cost savings are estimated to be $2,864,489 for the first year, and $27,878,816 for these children until they become 18 years old. For pregnant and parenting teens, ensuring appropriate services are in place to support their education and their family's health is critical to impacting their long term economic security.

We would like to thank the young women who shared their personal stories with us for this report and highlight their experiences with the Omaha nonprofit, Early Childhood Services (ECS). ECS serves as the home for a unique collaborative network of Omaha's major local service agencies to meet the growing needs of young families. It it through such services and collaboration that we can ultimately support the best outcomes for young parents and their children.

We intend for the data and recommendations provided in this report to inform efforts to reduce the number of Nebraskans who experience intergenerational poverty.

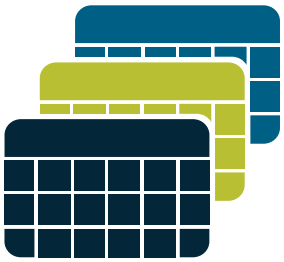
Sincerely,
John Cavanaugh

OVERALL INDICATORS

Sexual Behaviors & Practices of Nebraska Teens:

Teen pregnancy rates have declined over time. However, the rates of high school students engaging in sexual intercourse has been relatively consistent over the past 10 years.[1] Every year, the Centers for Disease Control (CDC) conducts the Youth Risk Behavioral Surveillance Survey (YRBSS) across the nation to assess youth behaviors like sexual intercourse, contraception use, and alcohol and drug use that contribute to the leading causes of mortality and morbidity. **Among Nebraska high school students, the YRBSS data from 2013 reveals:** [2]

35%
reported ever engaging in sexual intercourse

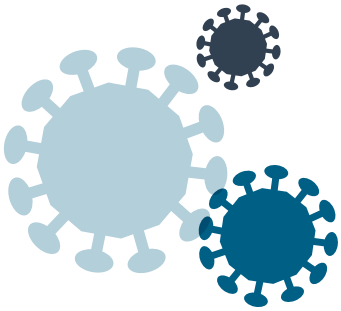


26%
had sexual intercourse during the previous three months

4%
reported having sexual intercourse before age 13

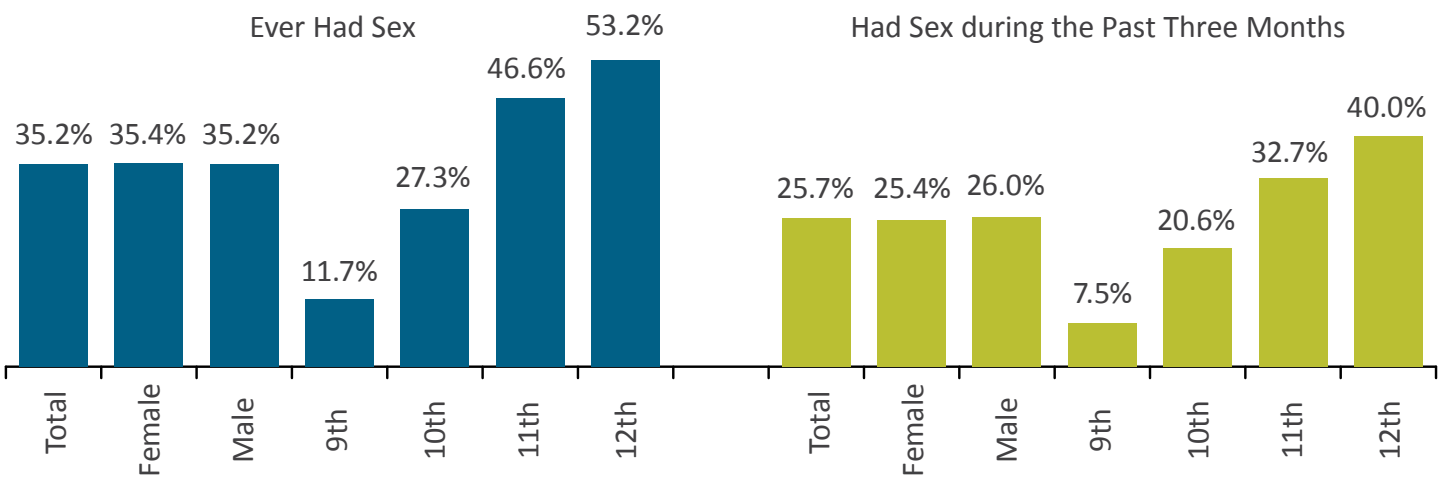
Of the 26%,
38%
did not use a condom the last time they had sex

9%
had had sex with four or more people during their life



The number of sexually active students tested for HIV was not reported

CDC Youth Risk Behavioral Surveillance Survey in Nebraska (2013)



While overall reported rates are lower than national rates, over 53% of Nebraska teens reported ever having sex by the 12th grade, and over 40% had engaged in sexual intercourse during the past three months. Nebraska high school students reported lower rates of ever having sex, sex before age 13, four or more sexual partners, and currently being sexually active than students nationwide. Other categories, including but not limited to condom use, birth control pill use and drinking alcohol during last sexual encounter was comparable to students nationwide. Nebraska students reported never being taught about HIV/AIDs in school at higher rates compared to students nationwide.

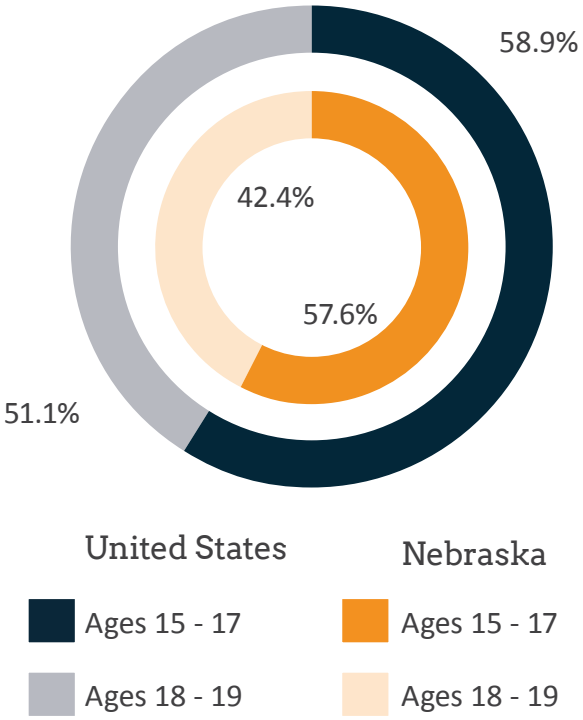
"Nebraska students reported never being taught about HIV/AIDs in school at higher rates compared to students nationwide."

Pregnancy, Birth & Abortion Rates Of Young Nebraskans:

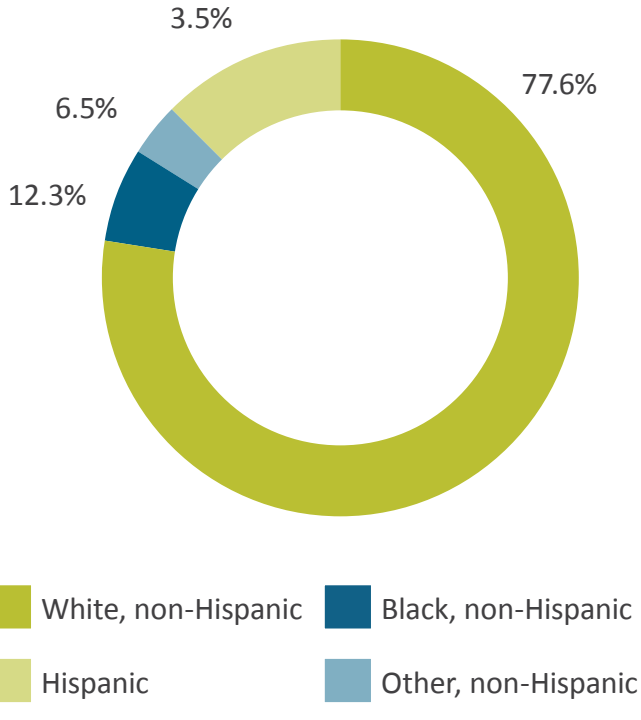
Overall, the state of Nebraska's teen pregnancy, birth and abortion rates are lower than the national average. Similar to U.S. trends, the rates for each category (pregnancy, birth and abortion) in Nebraska are also on the decline. However, significant disparities exist in which certain counties, zip codes, and population groups experience higher and disproportionate rates of teen pregnancy, birth and abortion.

The most recent and comprehensive report published in April 2016 by the Guttmacher Institute entitled "*U.S. Teenage Pregnancies, Births and Abortions, 2011: State Trends by Age, Race and Ethnicity*" provides the most recent data for pregnancy, birth and abortion by state, age, race and ethnicity.[3]

Population Estimates for Women 15 - 19, by Age Group



Population Estimates for Women 15 - 19, by Race & Ethnicity



Nebraska and U.S. Teen Pregnancy (2011):[3]

Females Aged	Nebraska	United States
Under 15	30	9,680
15-17	700	165,810
18-19	1,800	386,830
15-19	**2,500**	**552,640**

Nebraska and U.S. Teen Births by Age (2011):[3]

Females Aged	Nebraska	United States
Under 15	14	3,974
15-17	459	95,538
18-19	1,272	234,234
15-19	**1,731**	**329,772**

Nebraska and U.S. Teen Abortions by Age (2011):[3]

Females Aged	Nebraska	United States
Under 15	10	4,460
15-17	140	46,510
18-19	250	96,140
15-19	**380**	**142,650**

In 2011, 380 girls ages 15-19 obtained legal abortions. Older teen girls (18-19) accounted for over 65% of these abortions. Overall, the 2011 teen abortion rate in Nebraska was six births per 1,000 girls aged 15-19 compared to the national teen pregnancy rate of 14. Abortion rates by race and ethnicity are not provided in the 2016 report. Consistent with national trends, pregnancy rates increase with age in which older teens (18-19) are more likely to become pregnant in comparison to younger teens (15-17). Therefore, more abortions occur among older teens in comparison to younger teens. Of note, Nebraska has one of the lowest abortion rates nationally. Nebraska also has some of the most stringent abortion policies including but not limited to parental consent, waiting periods, mandatory ultrasounds and gestational age limits.[5]

"Nebraska has one of the lowest abortion rates nationally. Nebraska also has some of the most stringent abortion policies including but not limited to parental consent, waiting periods, mandatory ultrasounds and gestational age limits."

Disparities

Teen pregnancy and birth rates differ by age, race and ethnicity. Rates also differ by geographic location and socioeconomic status. Older, minority, rural, and low income teens face the highest risks of becoming pregnant.[6]

"Older, minority, rural, and low income teens face the highest risks of becoming pregnant."

Age Related Disparities

Older teen girls (18-19) are more likely to become pregnant, give birth and/or have abortions than their younger teen counterparts under 18. From 2012-2013, 18-19 year olds represented 40% of the female teen population, but accounted for 70% of total teen births.[6] Older teen girls represent a unique group with specific needs and considerations for teen pregnancy prevention efforts. Such efforts would differ from those implemented in the under 18, predominately high school teen population.

Racial & Ethnic Disparities

According to the U.S. Census, in 2014 it was estimated that 89% of Nebraskans were White, 10.2% Hispanic, 4.9% Black, 2.2% Asian/Pacific Islanders, and 1.4% American Indian/Alaskan Native. The Hispanic population almost doubled in Nebraska from 2000-2010 representing the largest minority population in Nebraska.[7] It is important to note that birth rates are calculated based on the total number of births per 1,000 teen girls aged 15-19. Therefore, state demographics impact birth rates. In Nebraska, more babies are born to White, non-Hispanic teen moms than any other racial cohort combined (54%), followed by Hispanic teen moms (29%), and African American teen moms (11%). American Indian/Alaskan Native (5%) and Asian/Pacific Islanders (2%) teen moms had the lowest number of babies born in the state.

"In Nebraska, more babies are born to non-Hispanic White teen moms than any other racial cohort combined (54%)."

Nebraska Teen Births by Race/Ethnicity for Ages 15 - 19[8]

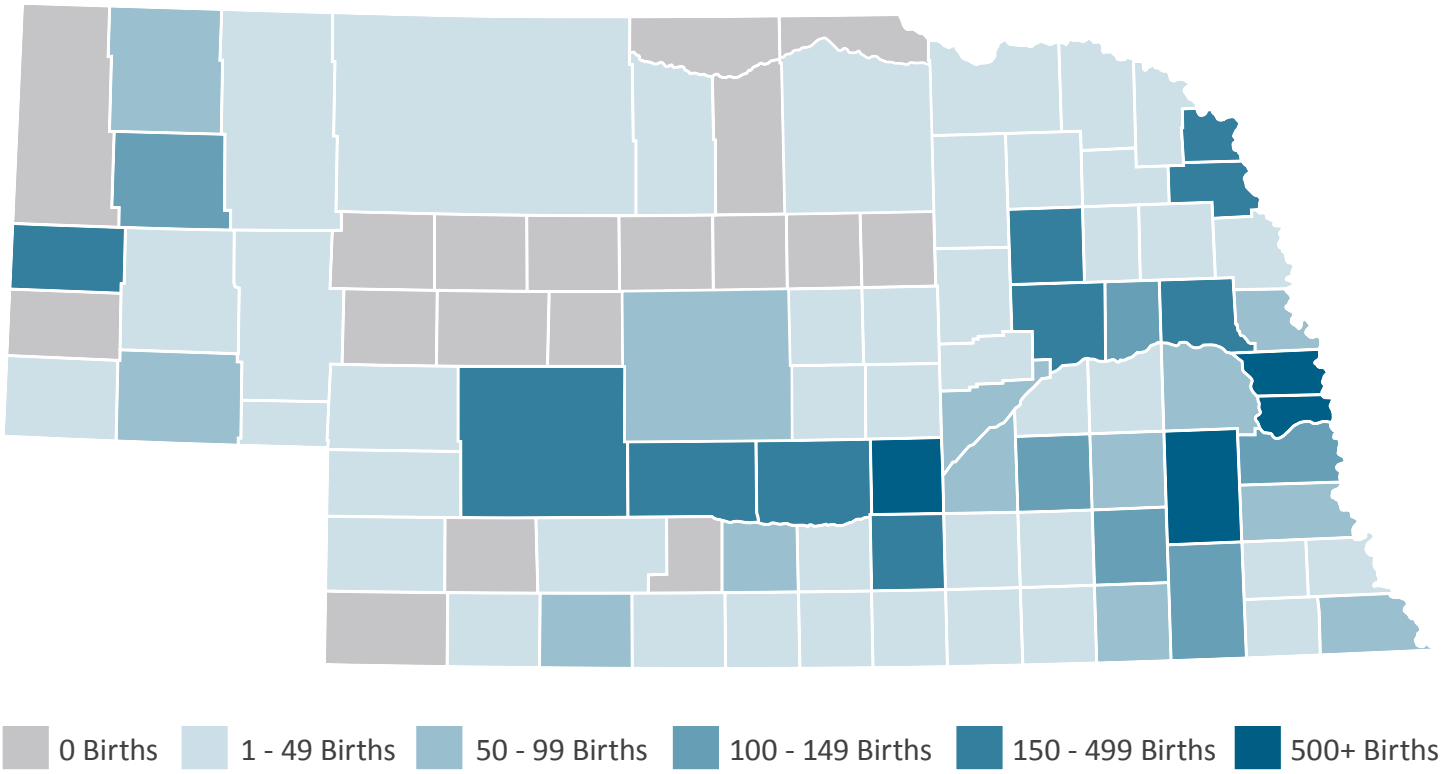
Mother's Race/Ethnicity	Nebraska	United States
White, non-Hispanic	943 (53.7%)	130,398 (39.3%)
Black, non-Hispanic	188 (10.7%)	79,263 (23.9%)
American Indian or Alaska Native**,***	87 (5.0%)	6,897 (2.1%)
Asian or Pacific Islander **,****	35 (2.0%)	5,772 (1.7%)
Hispanic ****	504 (28.6%)	109,660 (33.0%)

*Includes all births, including those with Hispanic origin not stated and not shown separately.
** Race and Hispanic origin are reported separately on birth certificates. Persons of Hispanic origin may be of any race. Race categories are consistent with the 1977 Office of Management and Budget (OMB) standards.
*** Includes persons of Hispanic origin according to mother's reported race
**** Includes all persons of Hispanic origin of any race

Geographic Disparities

In Nebraska, teen pregnancy and birth rates vary by county and zip code. The *Robert Wood Johnson (RWJ) County Health Rankings* provides an online source to compare multiple health outcomes across US counties. The most recent RWJ rankings for teen birth rates are from 2016.[6] Many of the counties reporting the highest teen birth rates are categorized as rural.

Number of Births per 1,000, Ages 15 - 19 (2007 - 2013)[9]



Socioeconomic Disparities

According to the 2013 Public Health Report "*Socioeconomic Disadvantage as a Social Determinant of Teen Childbearing in the U.S.*" the socioeconomic status of communities (counties, zip codes) and families are correlated with risks for teen pregnancy and birth.[9] Teens growing up in poverty represent a high risk population. Teens that are themselves the result of a teen pregnancy are at substantial risk.[9]

Thurston County accounts for some of the highest teen birth rates in the state, while also ranked as one of the poorest counties in Nebraska. An estimated 34% of the Thurston population lives in poverty compared to 12.4% for all Nebraskans.[10] An estimated 52% of the residents in the county are Native Americans, followed by 46% White, 0.15% Black, 0.06% Asian and 2.43% Hispanic/Latino populations. In the case of Thurston County, Nebraska mirrors U.S. trends in which underrepresented minorities, lower income and rural populations report higher teen pregnancy and birth rates.

> *"Many of the counties reporting the highest teen birth rates are categorized as rural."*

Success Stories of Young Nebraska Parents:

"My name is Janice and I have been enrolled in the Visiting Nurse Association (VNA) Love and Learn Program through the ECS Collaboration since March of 2015. I have faced many obstacles in my life that have driven me to work hard to reach my goals. I was placed in foster care when I was 10 years old and recently aged out of foster care. I have limited family support or positive influences in my life. Despite this obstacle I have been very active in creating my service plans with the VNA to focus on goals that will help me be successful personally and as a parent. My goals have included earning good grades through finding ways to study, and being financially stable by learning how to budget. I was ecstatic when I learned I had earned all A's and B's in my classes last semester. With the help of my parent coach, I applied for a grant to receive funds to help with finances since I was a former state ward. I currently receive $1300 a month and have learned how to successfully budget my finances. I am also working part-time to help with living expenses. I recently saved enough money to start searching for an apartment for my family. I am also working with Opportunity Passport to get assistance with a car. I completed driver's education classes with the help of the Early Childhood Services community response funds that assisted me with transportation to the class. During home visits with the VNA, I have learned about my son's developmental milestones and I practice activities with my son regularly because I strongly believe it is important to support him. I value encouragement from my Nurse and Parent Coach as I learn to take my struggles and use them as motivation to better my life and my son's life for our future."

"I came into the Nebraska Children's Home Society (NCHS) program through the ECS Collaboration when I was pregnant with my first baby. I participated in the program for several years. While in the program I finished school, obtained a Bachelor's degree, bought a home with my boyfriend, and had a set of twins!!! After graduating from the program and getting my degree, I went to work for Nebraska Families Collaborative for about a year. When I saw that NCHS was hiring, I applied in hopes to be able to give back to the program that had provided so much support to me. I hope to be a valuable member of the team and most importantly an amazing support for the young parents I will be working with."

SOCIAL COSTS & CONSEQUENCES

The social costs and consequences of teen pregnancy are complex and rooted in decreased educational attainment, health outcomes, subsequent earning potential and poverty. Research shows that poverty is both a cause and consequence of teen pregnancy.[11]

Racial and ethnic, geographic and socioeconomic disparities in teen pregnancy, birth and abortion rates are profound, persistent and seemingly intractable. Racial and ethnic minority teens, rural teens and those from lower socioeconomic backgrounds are more likely to become pregnant in comparison to counterparts and face these life-altering consequences.

According to the January 2016, Congressional Research Service Report entitled *Teen Pregnancy Prevention: Statistics and Programs,* teen moms are more likely to drop out of school and have low educational attainment, face unemployment, poverty, and welfare dependency, experience more rapid repeat pregnancy, become single mothers, and experience divorce, if they marry.[12]

Outcomes

Educational Outcomes

Effective teen pregnancy prevention is essential to reducing poverty, intergenerational poverty and racial/ethnic and geographic disparities. The greatest social impact of teen pregnancy is on educational attainment. Educational attainment is directly related to long term income earning potential and productive contribution to society.

Teen mothers and fathers often have less education and are more likely to live in poverty than their peers who are not teen parents. A leading cause of high school and college drop-out rates among teen girls is unintended pregnancy. 30% of teen girls who drop out of high school cite pregnancy or parenthood as the primary reason. These rates are even higher for Hispanic (36%) and African American (38%) girls. Only about 50% of teen mothers receive a high school diploma by 22 years of age, versus approximately 90% of women who had not given birth during adolescence.[13] Teen moms are less likely to complete education necessary to qualify for a well-paying job.[14]

"Only about 50% of teen mothers receive a high school diploma by 22 years of age."

Teen mothers who live on their own often live below the poverty level and receive some form of public assistance (Section 8 housing, Medicaid, WIC). Furthermore, these teen moms are at increased risk of repeat pregnancy. The social costs and consequences of teen pregnancy can have intergenerational impacts on the mom as well as her child(ren).[15]

Intergenerational Outcomes

Statistically, the children of teen moms often perform poorly in school, have cognitive delays, are recipients of free and reduced lunch programs, perform poorly on early childhood development indicators, have poor social skills, become high school drop outs and repeat the cycle of teen parenthood when compared to children from non-teen mothers. The children of teen mothers are twice as likely to be placed in foster care, live in poverty, and experience child abuse and neglect.[16,17,18] Research also shows that the children of teen moms not only start school at a disadvantage, they also fare worse across the life course. Only 66% of children born to teen mothers earn a high school diploma, compared to 81% of children born to non-teen moms.[19]

Health Outcomes

Teen pregnancy also impacts the health of teen moms and their infants. Teen moms are more likely to have more unintended pregnancies, not recognize they are pregnant early in the pregnancy, and therefore less likely to receive early prenatal care. Teen moms are also less likely to have been taking prenatal vitamins at the time of conception. Teen moms have an increased risk of adverse pregnancy outcomes like pregnancy-induced hypertension and preterm labor.[20] Babies born to teen moms experience higher rates of prematurity and infant mortality.

"Teen moms have an increased risk of adverse pregnancy outcomes like pregnancy-induced hypertension and preterm labor."

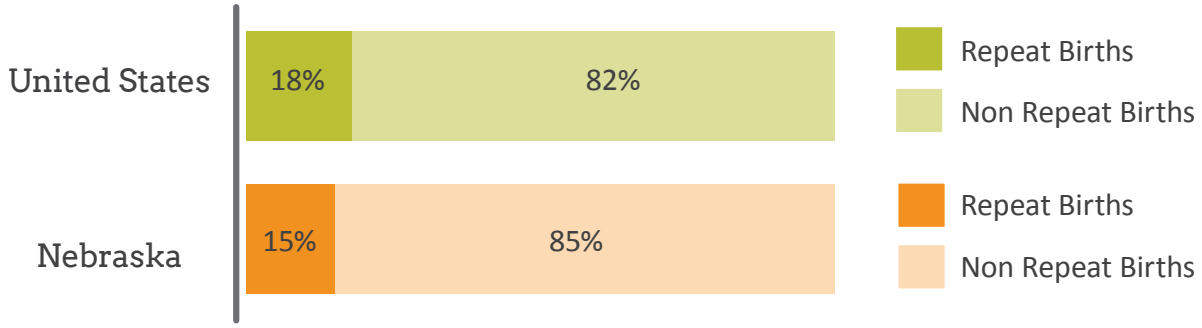
High Risk Populations

"It is estimated that over 35% of teen moms will become pregnant again within two years of their previous birth without intervention."

One of the greatest risk factors for experiencing a teen pregnancy is to already be a teen mom. Teen mothers are at increased risk of having a subsequent teen pregnancy representing a multi-factorial and complex public health matter. This unique cohort of teen mothers have been pregnant more than once and warrant unique and specific teen pregnancy prevention efforts. It is estimated that over 35% of teen moms will become pregnant again within two years of their previous birth without intervention.[21] These teen moms may experience even more severe social consequences.

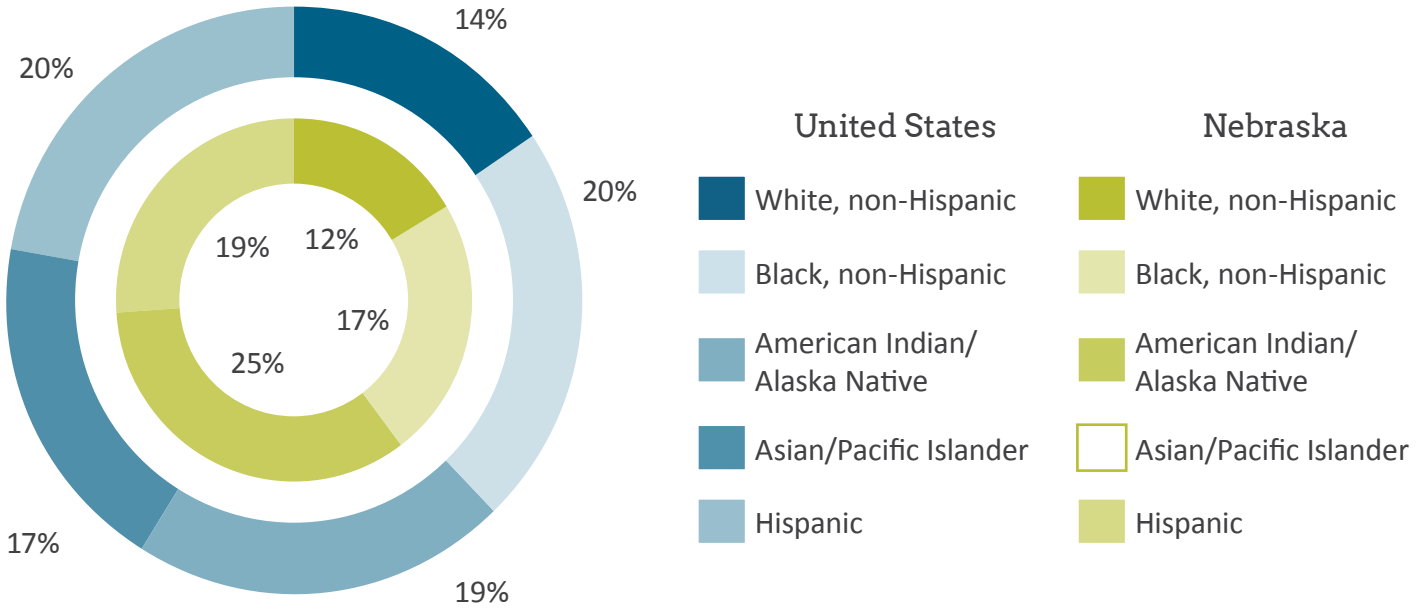
In 2010, over 66,000 pregnancies among girls aged 15-19 nationwide resulted in a repeat teen birth, representing 18.2% of all teen births.[22] The majority of teens gave birth to their second child (57,000). However, 8,400 teens gave birth to their third child and 1,200 gave birth to their fourth or higher child. Consistent with teen pregnancy trends, racial and ethnic disparities exist. Repeat teen births are the highest among American Indian/Alaska Natives, Hispanics, and Black, non-Hispanics in comparison to their White, non-Hispanic counterparts.

Percent Repeat of All Births to Females under 20 years of Age



The most recent repeat teen birth rates reported for Nebraska are from 2011 in which approximately 262 teens delivered their second birth or higher (3rd, 4th, etc.). Repeat teen birth rates for American Indian/Alaskan Natives are higher in Nebraska in comparison to national averages. However, these rates are expected given the larger population of American Indian/ Alaskan Natives residing in Nebraska compared to other U.S. States.

Percent Repeat Births by Race/Ethnicity (2011)



Teens in Foster Care

"An estimated 50% of girls in foster care become pregnant by age 19 and 75% by age 21 compared to 33% among the general population."

One of the highest teen pregnancy risk groups are children growing up in the foster care system. These teens incur significantly higher risks of unintended and teen pregnancy. Pregnancy among youth in the foster care system has multiple social and economic costs and consequences that impact not only the teen parent(s) but also their child(ren).[23]

Based on national data, by age 19, teen pregnancy and birth rates of teens in foster care are 2.5 times greater than teens not in the foster care system. An estimated 50% of girls in foster care become pregnant by age 19 and 75% by age 21 compared to 33% among the general population. Moreover, by age 21, over 60% of teens in foster care have repeat pregnancies. Males are not exempt in which over 50% of males in the foster care system by age 21 report that they have impregnated someone in comparison to 19% of their male counterparts who are not in the foster care system.[24,25,26]

Homeless Teens

Homeless teens are also at increased risk of teen pregnancy.[27] The environmental and individual risk factors promote riskier sexual behaviors, practices and choices. Of note, homeless teen girls are at increased risk of sex trafficking and engaging in survival sex to meet their basic needs. One study found that 50% of female youth living on the street and over 30% living in emergency shelters had been pregnant at least once.[27] These high risk teen populations require unique, needs specific teen pregnancy prevention efforts and additional social services to improve short and long term outcomes.

"One of the highest teen pregnancy risk groups are children growing up in the foster care system."

Success Stories of Young Nebraska Parents:

"Nebraska Children's Home Society (NCHS), through the ECS Collaboration, helped me move out of my parent's home where my two-year-old daughter and I were experiencing unsafe living situations. NCHS was able to work with Carol's House of Hope to provide a safe living environment for my daughter and me. NCHS was also able to work with Project Harmony to ensure that my daughter and I were able to continue to live at Carol's. I was able to enjoy my high school graduation only days after moving out of my parent's home (Spring 2015). I am proud to be an outstanding mother and I am very driven and hard-working. During the summer I worked two jobs in order to save money to start college this fall (2016). I am a Buffett Scholarship winner and am attending UNO this semester (2016). I am pleased that my talents are being recognized and I am looking forward to the opportunity to accomplish great things for myself and my family in the future."

"I started working with my Family Support Specialist, Keisha, at the Child Saving Institute through the ECS Collaborative, in October 2015, just a few days after giving birth to my daughter Ce-Ce. I was a teen, single parent who was still in high school. I knew my family would be moving to Florida, but I wanted to stay in Omaha in order to graduate from high school and pursue higher education with my long-term goal being to become an accountant. I worked with my Family Support Specialist to set goals including practicing self-care on a weekly basis, increasing parenting skills and pursuing higher education. I continue to make progress in making time for myself each week while being a single mom and working part-time. Keisha has helped me consistently work through the Growing Great Kids Curriculum to help me learn more parenting skills and have developmentally appropriate activities to do with Ce-Ce. I recently graduated from high school and plan to attend Metropolitan Community College in the Fall of 2016. Keisha helped me understand the steps needed to attend college such as filing taxes and the FAFSA, applying and securing scholarships, grants and financial aid.

Keisha has also worked with me to increase my social supports. I have always been very shy and after my family moved to Florida I lost a lot of my immediate emotional supports. Keisha and I have talked about seeking appropriate relationships with people I go to school or work with in order to make new friends who can offer me social and emotional support."

ECONOMIC COSTS & CONSEQUENCES

Without question the social costs and consequences of teen pregnancy for young moms, their children and families are complex and can have multi-generational effects. The majority of teen pregnancies are unintended pregnancies and have widespread economic impacts costing billions of dollars to the federal and state governments, and the taxpayers who support them.

In this section, we estimate Nebraska state spending related to teen childbearing in 2014. The state spending related to teen childbearing is the estimated total spending of public programs that are used by teen mothers and their children. Unfortunately, state spending on public housing, foster care, incarceration and lost tax revenues were not included in this analysis due to data unavailability. We also did not take into consideration the inflation factor over years in the estimation. The true cost to taxpayers related to teen pregnancy could be higher when these factors are concerned.

Estimation Methods

Both the 'single-cohort' and the 'single-year' state spending related to teen pregnancy in 2014 are estimated. Single-cohort estimates 'look forward' (18 years after the birth) to measure the costs of teen births in a given year and single-year estimates 'look backward' to measure the costs of public outlays in a given year attributable to teen births.[28] Based on these data, we estimated:

(1) total state spending in year 2014 related to teen births in 2014,

(2) total state spending related to the children born to teen moms in 2014 until age 18 (single-cohort estimates), and

(3) total state spending in 2014 related to all children aged 18 years or younger and born to teen mothers (single-year estimates).

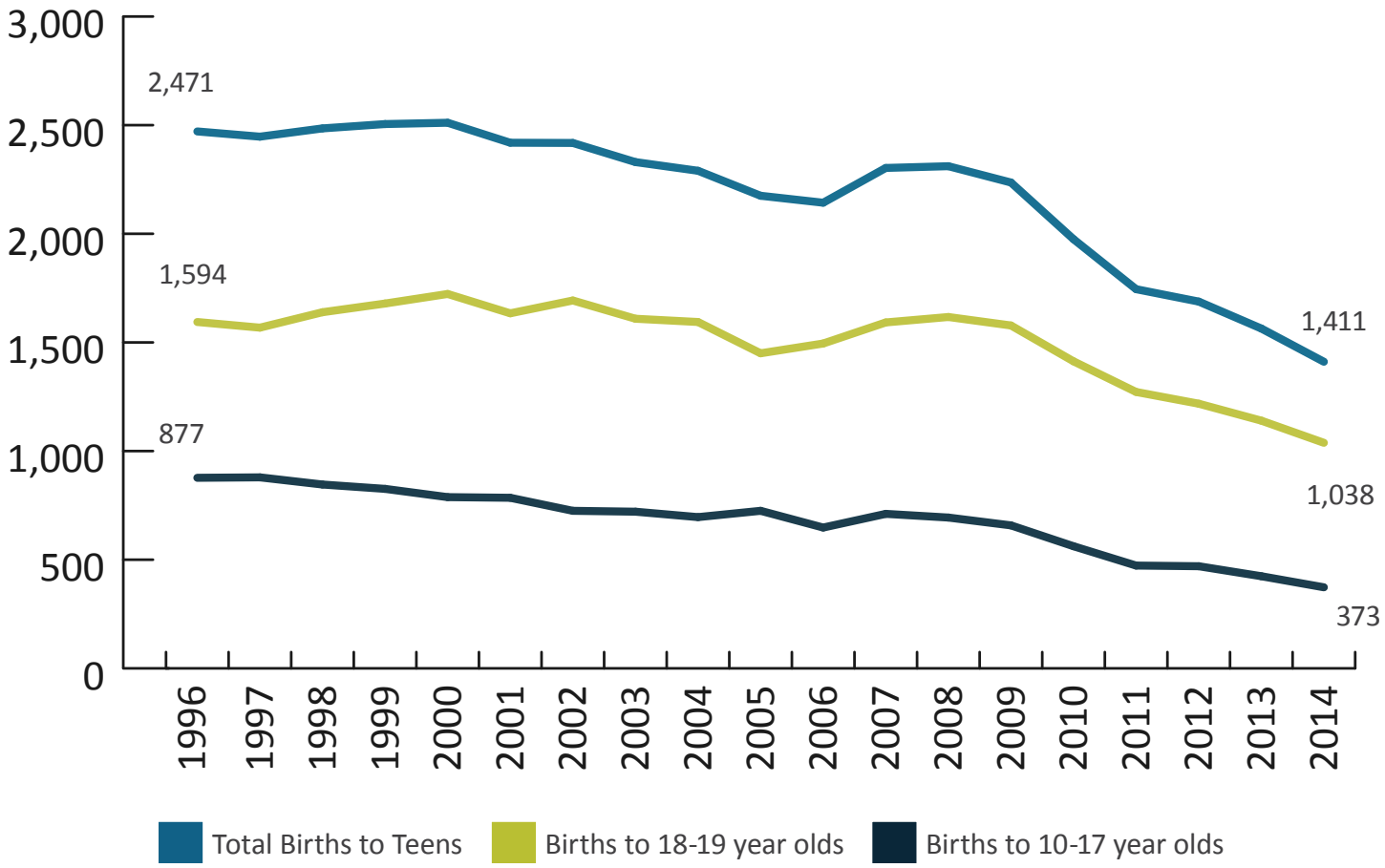
We also calculated potential cost savings related to a reduction of 1000 teen births, 500 teen births, and 10% of teen births in 2014 based on the single-cohort estimation method.

Average Cost Per Enrollee

Program	Eligible Age	Eligible Income	Average cost per enrollee
Medicaid/CHIP	Child <19	<200% FPL	$ 3,301.72
	Pregnant women		$ 6,117.00*
ADC	Child <19		$ 1,945.25
SNAP	Child <19	<133% FPL	$ 1,406.76
WIC	Child <5	<185% FPL	
Moms	Pregnancy & 6 months postpartum		$ 640.35
Infants	<1 year		$ 1,732.44
Children	1-4 years		$ 557.28
Child Care Subsidy	Child <13#	<130% FPL	$ 5,172.00

* 2010 estimation of Medicaid payment for all maternal care of women giving vaginal births.
# Children with special needs were not considered in the analysis.

Teen Births in Nebraska (1996 - 2014)



Total state spending in 2014 related to children to teen mothers was calculated as the sum of annual spending of Medicaid/CHIP, ADC, SNAP, WIC, and Child Care Subsidy programs. Annual spending of the programs was estimated by multiplying average cost per enrollee by total number of eligible children born to teen mothers in 2014. Single-cohort estimate was the total state spending related to children born to teen moms in 2014 until they reach age 18. It was calculated as the sum of projected public program spending (multiplying average annual spending per person by total number of eligible children and by the number of years the children will be eligible for the programs) for the 2014 cohort from 2014 to 2032.

Single-year estimate was the total state spending in 2014 related to all children aged 18 years or younger and born to teen mothers. It was calculated as the sum of estimated public program spending (multiplying average cost per enrollee by the total number of eligible children) for all children born to teen moms from 1996 to 2014.

In the main analysis, we assumed that all children born to teen moms meet the income eligibility criteria for these programs and this status remains till the upper range of the age eligibility criteria or age of 18 (All Eligible). Studies found that two-thirds of families begun by a young unmarried mother are poor. Though It is reasonable to assume that most teen moms are eligible for these income-based programs, not all eligible mothers and their children may have chosen to participate in the programs. We conducted a sensitivity analysis to estimate state spending when 90% (90% Eligible) or 60% (60% Eligible) of the children born to teen mothers were on the public programs in 2014.

Estimated State Spending Related to Teen Childbearing

Program	Average cost per enrollee	Estimated costs for teen births in 2014	Estimated costs for teen births in 2014 until age 18	Number of children met age criteria in 2014	Estimated costs for all children aged 18 years or younger in 2014 and born to teen mothers		
					all eligible	90% eligible	60% eligible
Medicaid/ CHIP							
Children	3,301.72	4,658,731	83,857,157	41,427 (a)	136,780,473	123,102,426	82,068,284
Moms	6,117.00	8,631,087	8,631,087	1,411	8,631,087	7,767,978	5,178,652
ADC	1,945.25	2,744,748	49,405,460	41427 (a)	80,585,872	72,527,285	48,351,523
SNAP	1,406.76	1,984,938	35,728,890	41427 (a)	58,277,847	52,450,062	34,966,708
WIC							
Moms	640.35	903,534	903,534	1,411	903,534	813,180	542,120
Infants	1,732.44	2,444,473	2,444,473	1,411	2,444,473	2,200,026	1,466,684
Children 1-4 Yrs	557.28		3,145,288	6,972 (b)	3,885,356	3,496,821	2,331,214
Child Care subsidy*	5,172.00	7,297,692	94,869,996	26,589 (c)	137,518,308	123,766,477	82,510,985
Total State Spending		**28,665,203**	**278,985,885**		**429,026,949**	**386,124,254**	**257,416,170**

Estimated cost = Average cost per enrollee x 1411 x number of years children meet age criteria of the program
* Children with special needs were not considered in the analysis.
a Estimated total number of children aged 18 years and younger in 2014 & born to teen moms.
b Estimated total number of children aged 1 to 4 years in 2014 & born to teen moms.
c Estimated total number of children aged 12 years and younger & born to teen moms.

Based on the average spending per enrollee for each of the programs and the total number of children following the age range of the program eligibility, we calculated the estimated spending for children born to teen mothers in 2014 in Nebraska (1,411) for the first year, and the total spending for these children in the next 18 years until they reach age 18. During the cost estimation, we assumed that all age-eligible children born to teen moms also met the income eligibility criteria of these public programs. We also calculated the total estimated spending for all children aged 18 years or younger in 2014 and born to teen mothers in Nebraska (41,427) under three scenarios: all eligible, 90% eligible, and 60% eligible.

For the 1,411 children born to teen mothers in 2014, the total state spending for the next 18 years until they reach age 18 was estimated to be $278,985,885. The average total cost to state per child was $197,722 by the age of 18.

For the 41,427 children who were born to teen mothers in Nebraska and aged 18 years or younger in 2014, the total state spending on the programs was estimated to be $429,026,949 if all children were on the programs.

Total state spending was estimated to be $386,124,254 if 90% of the children/their moms stayed on the public programs and $257,416,170 if 60% of the children/their moms stayed on public programs.

Estimated State Savings Related to Reduced Teen Births

	Reduce 1000 Teen Births		Reduce 500 Teen Births		Reduce 10% teen births in 2014	
Program	Cost savings in the first year@	Cost savings until age 18#	Cost savings in the first year@	Costs savings until age 18#	Cost savings in the first year@	Cost savings until age 18#
Medicaid/ CHIP						
Children	3,301,723	59,431,012	1,650,861	29,715,506	465,543	8,379,773
Moms	6,117,000	6,117,000	3,058,500	3,058,500	862,497	862,497
ADC	1,945,250	35,014,500	972,625	17,507,250	274,280	4,937,045
SNAP	1,406,760	25,321,680	703,380	12,660,840	198,353	3,570,357
WIC						
Moms	640,350	640,350	320,175	320,175	90,289	90,289
Infants	1,732,440	1,732,440	866,220	866,220	244,274	244,274
Children						
(1-4 yrs)		2,229,120		1,114,560		314,306
Child Care Subsidy*	5,172,000	67,236,000	2,586,000	33,618,000	729,252	9,480,276
Total	**20,315,523**	**197,722,102**	**10,157,761**	**98,861,051**	**2,864,489**	**27,878,816**

@ Estimated cost = Average cost per enrollee x number of reduced teen births
# Estimated cost = Average cost per enrollee x number of reduced teen births x number of years children meet age criteria of the program
* Children with special needs were not considered in the analysis.

Based on the public spending related tor teen births, it is estimated that:

- If efforts are taken to reduce 1000 teen births, potential cost savings are estimated to be $20,315,523 for the first year, and $197,722,102 for these children until they become 18 years old.
- If efforts are taken to reduce 500 teen births, potential cost savings are estimated to be $10,157,761 for the first year, and $98,861,051 for these children until they become 18 years old.
- If efforts are taken to reduce 10% of the 1411 teen births in 2014, potential cost savings are estimated to be $2,864,489 for the first year, and $27,878,816 for these children until they become 18 years old.

"For the 1,411 children born to teen mothers in 2014, the total state spending for the next 18 years until they reach age 18 was estimated to be $278,985,885."

RECOMMENDATIONS

Teen pregnancy is a socially and economically complex problem that impacts not only the pregnant teen, but her male partner, child, future children, community and ultimately society. The social and economic impacts of teen pregnancy are sustained over time and impact future generations resulting in low educational attainment and poverty.

Nebraska has experienced significant declines in teen pregnancy, birth and abortion rates. Yet, racial/ethnic, geographic and socioeconomic disparities in teen pregnancy persist. The year 2014 recorded the lowest teen pregnancy rates to date, yet the disparities remained. Such disparities are rooted in a complex socioecological matrix that perpetuates known risk factors for teen pregnancy including, but not limited to, poverty, cultural norms, family structure and functioning, education and income.

State and local efforts should be designed to reduce teen pregnancy, birth and abortion rates, but should also acknowledge and address disparities by focusing efforts on high risk and special populations such as minority youth, current teen moms, youth residing in low income rural and urban areas and those within the foster care system. Other special populations in need of attention and additional research and data, are teens from the LGBTQA+ and refugee populations. Lastly, teens in the highest risk categories include those with inherent adverse childhood experiences and substantial risk factors. These teens include those who are homeless and victims of sex trafficking.

Teen pregnancy and prevention programs should be data driven and evidence informed. Programs and interventions should be tailored to meet the needs of the identified population of interest and should be developed using reputable data. Leveraging data like the Youth Risk Behavioral Surveillance Survey (YRBSS) results can help states and counties better understand youth sexual behaviors, practices and choices.

The top 10 teen pregnancy prevention in Nebraska recommendations are proposed considering the components of effective teen pregnancy prevention programs for the State of Nebraska. Programs and interventions should be tailored to meet the needs of the identified population of interest and should be developed using reputable data. Moreover, programs should be culturally competent, need specific and teen endorsed. As emphasized throughout this report, particular focus should be dedicated to programs and interventions that serve the highest risk populations and are likely to reduce disparities in teen pregnancy, births and abortion rates.

The Top 10 Teen Pregnancy Prevention Recommendations

1. Require medically-accurate, age-appropriate sex education in public schools with reproductive life planning

2. Build public recognition and support for the replication and implementation of evidence-based and community-based strategies that have shown to reduce teen pregnancy and its underlying or associated risk factors

3. Build public recognition of the economic impact of teen pregnancy on the State of Nebraska

4. Build public recognition of the impact lower teen pregnancy rates can have on reducing individual, child and intergenerational poverty

5. Utilize School-Based Health Centers, Federally Qualified Health Centers and Title X Clinic services to impact and decrease teen pregnancy rates

6. Identify high-risk populations and target resources and services to decrease teen pregnancy rates

7. Increase confidential and affordable access to contraceptive services

8. Expand insurance coverage and resources for contraceptive services

9. Promote teen pregnancy prevention for both males and females to foster responsible equitable sexual choices

10. Educate and empower young men and women to express their sexuality in safe and healthy ways through access to accurate information and high-quality reproductive health services

Citations

[1] CDC. Youth Risk Behavior Surveillance—United States, 2013. MMWR 2014;63(SS-4).

[2] Nebraska Department of Health and Human Services, Nebraska Department of Education and the University of Nebraska-Lincoln, Bureau of Sociological Research: State of Nebraska: 2013 Youth Risk Behavior Survey Results, January 2014. Preliminary Report http://www.thebedisdead.org/wp-content/uploads/2014/02/Nebraska-2013-YRBS-Report_Preliminary-January-2014.pdf

[3] Kost, Kathryn, and Stanley Henshaw. "US teenage pregnancies, births and abortions, 2011: State trends by age, race and ethnicity." 2016

[4] Kost, Kathryn, and Stanley Henshaw. "US teenage pregnancies, births and abortions, 2011: State trends by age, race and ethnicity." 2016

[5] CDC: Teen Pregnancy & Birthrates 1990: MMRW October 01, 1993 / 42(38);733-737 http://www.cdc.gov/mmwr/preview/mmwrhtml/00021930.html

[6] CDC Social Determinants and Eliminating Disparities in Teen Pregnancy http://www.cdc.gov/teenpregnancy/prevent-teen-pregnancy/social-determinants-disparities-teen-pregnancy.htm

[7] US Census Quick Facts for 2014: Nebraska: http://www.census.gov/quickfacts/table/PST045215/31

[8] US Department of Health and Human Services: Office of Adolescent Health: Nebraska Data: http://www.hhs.gov/ash/oah/adolescent-health-topics/reproductive-health/states/ne.html

[9] Penman-Aguilar A, Carter M, Snead MC, Kourtis AP. Socioeconomic disadvantage as a social determinant of teen childbearing in the U.S. Public Health Rep. 2013;128(suppl 1):5-22.

[10] Nebraska Fast Facts: US Census: http://www.census.gov/quickfacts/table/PST045215/31

[11] Policy Brief: The Link Between Reducing Teen and Unplanned Pregnancy and Poverty, The National Campaign to Prevent Teen and Unplanned Pregnancy, 2010

[12] Carmen Solomen-Fears, Congressional Research Service: Teenage Pregnancy Prevention: Statistics and Programs January 15, 2016 https://www.fas.org/sgp/crs/misc/RS20301.pdf

[13] Perper K, Peterson K, Manlove J. Diploma Attainment Among Teen Mothers. Child Trends, Fact Sheet Publication #2010-01: Washington, DC:Child Trends; 2010.

[14] Hoffman, S. D., & Maynard, R. A. (Eds.). (2008). Kids having kids: Economic costs & social consequences of teen pregnancy. Washington, DC: The Urban Institute.

[15] Why it Matters: Teen Childbearing, Education and Economic Wellbeing,The National Campaign to Prevent Teen and Unplanned Pregnancy, 2012

[16] Annie E. Casey Foundation When Teens Have Sex: Issues and Trends — A KIDS COUNT Special Report The Annie E. Casey Foundation, Baltimore, MD (1999)

[17] R.L Coley, P.L Chase-Lansdale Adolescent pregnancy and parenthood Am Psychol, 53 (1998), pp. 152–166

[18] F.F Furstenberg Jr, J Brooks-Gunn, S.P Morgan Adolescent mothers and their children in later life Fam Plann Perspect, 19 (1987), pp. 142–151

[19] T.L Dukewich, J.G Borkowski, T.L Whitman A longitudinal analysis of maternal abuse potential and developmental delays in children of adolescent mothers Child Abuse Negl, 23 (1999), pp. 405–420

[20] Why it Matters: Teen Childbearing, Education and Economic Wellbeing, The National Campaign to Prevent Teen and Unplanned Pregnancy, 2012

[21] Stevens-Simon, Catherine, Lisa Kelly, and Rachael Kulick. "A village would be nice but…: It takes a long-acting contraceptive to prevent repeat adolescent pregnancies." American journal of preventive medicine 21.1 (2001): 60-65.

[22] Kost K, Henshaw S. US teenage pregnancies, births and abortions, 2010: National and state trends by age, race and ethnicity. New York: Guttmacher Institute 2014

[23] Robertson, Roni Diamant. "The invisibility of adolescent sexual development in foster care: Seriously addressing sexually transmitted infections and access to services." Children and Youth Services Review 35.3 (2013): 493-504.

[24] King, Bryn, et al. "A cross-sectional examination of birth rates among adolescent girls in foster care." Children and Youth Services Review 36 (2014): 179-186.

[25] Dudley, Taylor I. "Bearing injustice: Foster care, pregnancy prevention, and the law." Berkeley J. Gender L. & Just. 28 (2013): 77.

[26] Lieberman, Lisa D., et al. "Pregnant teens in foster care: Concepts, issues, and challenges in conducting research on vulnerable populations." Journal of Public Child Welfare 8.2 (2014): 143-163.

[27] Thompson, Sanna J., et al. "Runaway and pregnant: risk factors associated with pregnancy in a national sample of runaway/homeless female adolescents." Journal of Adolescent Health 43.2 (2008): 125-132.

[28] Adams, E. K., Gavin, N. I., Ayadi, M. F., Santelli, J., & Raskind-Hood, C. (2009). The costs of public services for teenage mothers post-welfare reform: a ten-state study. Journal of health care finance, 35(3), 44-58.


Holland
Children's
Institute