



Teen birth rate continues to drop

By Olivia Rybolt | September 29, 2017

New data shows that the number of babies born to teenage mothers continued to decrease in 2017. But advocates question how cuts to a federal program aimed at reducing teen births could affect the long-term trend.

Researchers looked at more than 350 ob-gyn practices across the athenahealth network and found that births to mothers ages 15 to19 declined steadily between 2014 and the first half of 2017.

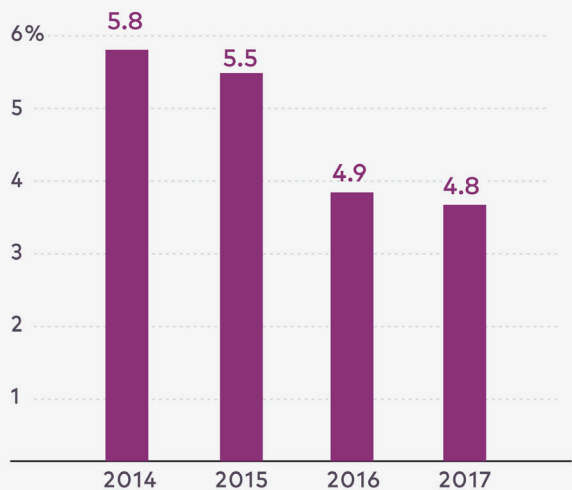
The study measured births between January and June of each year. It found that of 70,000 births recorded across the network, teen births accounted for 5 percent in 2017, down from 6 percent in 2014.

That's in line with data from the National Center for Health Statistics, which found that the U.S. teen birth rate has declined 46 percent since 2007, the most recent high, and 64 percent since 1991, the long-term high.

According to the Centers for Disease Control and Prevention (CDC), teen mothers and their children are at risk of a range of social and economic challenges.

Births to teen mothers decline

Proportion of births to mothers ages 19-25



Source: athenahealth researchers

Sample: An average of 140,000 births per year at 357 OB-GYN practices on athenaNet since 2014 and earlier. Data from January-June for each year for comparison purposes.

Teens who give birth often drop out of high school. And CDC statistics show that children of teen mothers have fewer opportunities for advancement and are more likely to grow up in poverty, wind up in foster care, drop out of high school, or end up in prison.

The public cost for the care of children born to teen mothers exceeded \$9 billion in 2010, according to the CDC.

Turning the tide

The American Congress of Obstetricians and Gynecologists and other health organizations credit one federal program, the Teen Pregnancy Prevention Program (TPP), with helping to sustain the national decrease in teen births.

TPP was created in 2010 under the U.S. Department of Health and Human Services' Office of Adolescent Health (OAH), and currently supports more than 80 programs throughout the country. These provide evidence-based pregnancy prevention education to teens in many high-risk communities. OAH conducts continued research and evaluation to determine whether its programs' methods are working.

In July, HHS announced that five-year grants that had been awarded to TPP programs in 2015 would end in June 2018 – two years earlier than planned. The move will curtail the analysis of data gathered from programs over the last three years and result in \$214 million in cuts to programs that serve more than 500,000 youths, according to public health proponents.

Crystal Agnew, deputy director of Peacemakers Family Center at Trinity Church in Miami, called the announcement “shocking.”

Trinity Church's PlanBe_Miami program receives about \$1.4 million annually in TPP funding. The program employs about 40 people and serves 6,000 youth in Florida's Miami-Dade County. Teen birth rates in Miami-Dade reach 131 per 1,000 young women, compared to the state average of 20.8 births per 1,000 girls, according to the National Campaign to Prevent Teen and Unplanned Pregnancy.

PlanBe began receiving federal funding in 2010. Between then and 2013, teen birth rates in Miami-Dade County decreased by 30 percent, according to Agnew.

Agnew's concerns are shared in other parts of the country. Nicole Castillo, director of Policy and Public Affairs for the Massachusetts Alliance on Teen Pregnancy, says agencies like hers will be hard pressed to cover the funding gap left by the TPP decision.

“As a small nonprofit, to be able to fundraise that amount that quickly is virtually impossible,” she says.

The Massachusetts Alliance receives about \$750,000 each year from TPP for its Partners for Youth Lawrence program, which employs three workers and serves around 1,000 teens in Lawrence, Mass. Teen birth rates in the city are also higher than the the state average: 110 births per 1,000 girls between ages 15 and 19 in 2005, compared to the state average of 9 births per 1,000 girls.

Teaching teens needed skills

Though the partisan nature of contraception access can wrap TPP up in politics, Castillo and Agnew both emphasize that their programs also teach teens about their bodies and give them skills needed for success.

In a survey of more than 3,000 teens conducted by PlanBe between 2011 and 2014, more than 80 percent of teens said that after completing the PlanBe course that they would delay sexual initiation or use contraception, compared to 65 percent before.

In addition, 81 percent of the survey's teen respondents said they understand the risks of sexually transmitted infections compared to 68 percent pre-program, while 90 percent agreed that the program helped them with decision-making, goal-setting, and understanding the importance of delaying sexual activity.

Both Trinity Church and the Massachusetts Alliance are now seeking ways to continue their legacy once TPP funding ends. PlanBe, per requests from the schools they serve, is looking to train teachers in schools with high-risk students.

In Massachusetts, Castillo aims to “create a bridge forward for someone else” through two different initiatives – a public policy roadmap to guide community members on the path to continuing Partners for Youth Lawrence’s efforts, and a research project analyzing the links between racial and economic disparities in communities and teen birth rates.

“When young people have access to comprehensive sex ed, and access to sexual health services, then they are best poised to make good decisions,” Castillo says.

Olivia Rybolt is a contributing writer for athenaInsight.



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