

Teen Pregnancy Prevention Month

Background

Minnesota Teen Pregnancy and Birth Rates

Minnesota's teen pregnancy and birth rates have continued to decline dramatically since 2000. Teen pregnancy rates (26 per 1,000) and birth rates (12.1 per 1,000) in Minnesota are significantly lower than that of the National averages (40 per 1,000) (18.8 per 1,000). Minnesota ranks 7th in the nation for lowest teen birth rate.¹ Although these statistics are encouraging, they mask the alarming disparities in teen pregnancy and birth rates among youth of color in Minnesota.

Research shows that teens who become parents are less likely to graduate from high school and are more likely to live in poverty and receive welfare, thus affecting their future economic capacity and lifelong income.² Pregnant teens are also less likely to receive timely and consistent prenatal care (54.3%) than women who become pregnant at an older age (70%).³

In addition to the social costs, there are monetary costs associated with teen pregnancy and childbearing. Minnesota has seen a 68 percent decline in the teen birth rate between 1991 and 2017.⁴ The progress Minnesota has made in reducing teen childbearing saved taxpayers an estimated \$42 million in 2015 alone compared to the costs they would have incurred had the rates not fallen.⁴

Minnesota Partnership for Adolescent Health (MNPAH)

The Partnership – convened by the Minnesota Department of Health (MDH) – is a group of stakeholders representing state, county, schools, community agencies, faith organizations, young people, and those working for and with young people throughout the state. MDH is committed to sharing this call-to-action and eager to support the work of communities across Minnesota. The goals are to improve the health and well-being of all adolescents and young adults (ages 10-25), and build and maintain strong partnerships with those interested in the health and well-being of young people.

When young people feel supported and encouraged they are less likely to engage in risky behaviors. Therefore, MNPAH is teaming up with Think, Act, Grow (TAG), a call to action from the Office of Adolescent Health, to deliver the most impact and capitalize on resources.

Five main priority areas that support young people to thrive are:

- Access to high quality, teen-friendly **HEALTH CARE** including both **physical** and **mental** health care, and effective government systems to support the health and well-being of young people.
- Safe and Secure **PLACES** to Live, Learn, and Play. This includes partnering and supporting **schools** to ensure all students are engaged, connected and learning, and that **communities** are a welcoming and nurturing place for all young people.

- Young people have positive **CONNECTIONS** with supportive **adults who understand** adolescent health and development, and that **families and caregivers** have the capacity to provide the supportive foundation for young people’s health and well-being.
- Opportunities for Teens to **ENGAGE** in **youth leadership and engagement** to actively influence issues that are important to them, and participate in quality out-of-school time programs that positively affect their health and development.
- Adolescent and Family **CENTERED SERVICES**, including recognizing and responding to the **diversity, individuality and unique circumstances** of young people, and the importance of addressing the social determinants of health including the social, economic and environmental factors that negatively impact the health and well-being of young people.

What is taking place?

MDH has a variety of programs and initiatives working to support teen pregnancy prevention.

The **Eliminating Health Disparities Initiative (EHDI)** is a statewide grant program established by the Minnesota Legislature in 2001 to close the gap in the health status of people of color and American Indians compared with whites. EHDI support organizations and projects run by and for communities of color and American Indians to develop and implement strategies that are effective in reaching their communities. Teen pregnancy prevention is one of eight key priority health areas grantees work to address through this funding.

The **Minnesota’s Personal Responsibility Education Program (MN PREP)** is a federally funded grant program to decrease teen pregnancy and sexually transmitted infections (STI) rates for Minnesota’s most vulnerable adolescent populations. These populations include young people of color, in foster care or aging out of foster care, in juvenile detention or on probation, runaway and homeless youth, pregnant and parenting teens and youth in alternative learning centers. PREP targets these populations geographically with a special emphasis on the top 25 counties having the highest rates in teen pregnancies.

The **Family Planning Special Projects (FPSP)** is a statewide grant program established by the Minnesota Legislature in 1978 to provide family planning services to low-income, high-risk individuals who have difficulty accessing services due to barriers including poverty, lack of insurance, concerns about confidentiality, race, ethnicity, age or culture. The program provides public information; outreach, counseling and provision of all FDA approved methods of contraception, as well as screening and treatment for STI’s such as Chlamydia. FPSP also funds a Statewide web-based Family Planning and “STD Hotline.”

The **Minnesota Healthy Teen Initiative (HTI)** is a federally funded approach to targeting adolescents, parents of adolescents, and caring adults. This program aims to decrease risk factors and increase protective factors associated with teen pregnancy and STIs for Minnesota’s most vulnerable adolescent populations, which will ultimately reduce the state’s pregnancy, birth, and STI rates. The HTI implements high quality, medically-accurate, evidenced-based programs with

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youth 10-14, and evidenced-informed programs that reach parent and adult mentors of youth 10-19.

The **Family home visiting (FHV)** is a voluntary, home-based service ideally delivered prenatally through the early years of a child's life. It provides social, emotional, health-related and parenting support and information to families, and links them to appropriate resources. Home visiting is an evidence based multi-generational approach, benefiting pregnant and parenting families with young children.

The **Minnesota Expectant and Parenting Student Program (MEPSP)** serves expectant and parenting teens, women and fathers, ages 13 to 24. An evidence-based, case management approach used to address program participants' health and education needs, utilizing motivational interviewing techniques to address barriers to high school, college or vocational program completion.

In addition to MDH initiatives, **local public health departments and youth serving organizations** throughout Minnesota provide education, outreach and health services to young people that focus on teen pregnancy prevention and healthy youth development. Contact your local public health department for more information on teen pregnancy prevention initiatives in your community.

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¹. Power to Decide: The Campaign to Prevent Unplanned Pregnancy (<https://powertodecide.org/>) 2019. Accessed: April 15, 2019

². Why It Matters. Power to Decide (<https://powertodecide.org/what-we-do/information/why-it-matters>) 2019. Accessed: April 15, 2019.

³. U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. *Child Health USA 2011*. Rockville, Maryland: U.S. Department of Health and Human Services, 2011.

⁴. Power to Decide: The Campaign to Prevent Unplanned Pregnancy. <https://powertodecide.org/what-we-do/information/national-state-data/minnesota>. 2019. Accessed April 15, 2019

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