

PROGRESS PAYS OFF



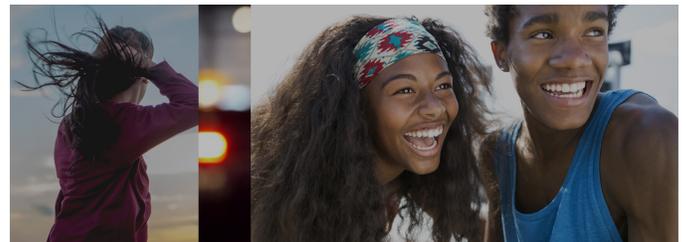
As a result of the confluence of successful efforts to prevent unintended births among teens, **Alabama** saved **\$68** million in public spending in 2015 alone. Nationally, these savings totaled \$4.4 billion in 2015.

Rates of teen births in **Alabama** were **59%** lower in 2015 than in 1991, the year that teen birth rates peaked nationally. This tremendous progress means that there were **7,200** fewer births to teens in **Alabama** than there would have been had the rate not declined.

New estimates from Power to Decide indicate that:

- Contraception has been cited as a key factor in recent declines in teen pregnancy¹ and public investment in contraception is a critical component of these efforts. At a cost of **\$380** per person or **\$28** million for all teens in need in **Alabama**², it is money well-spent as compared to the costs of supporting an unintended birth. In fact, one recent study looked extensively at public investment in family planning nationally and found a return of \$7 for every \$1 spent.³
- In **Alabama**, **32%**⁴ of women age 13-44 are in need of publicly funded contraception. Unfortunately, **100%** of these women in need live in areas without reasonable access to the full range of methods.⁵
- More spending on publicly funded contraception, as well as other supports that enable all young people to avoid unplanned pregnancy is warranted, because if we were able to avert all unintended births among teens, it would amount to **\$35** million

in additional public savings each year in **Alabama**, or \$1.9 billion in annual savings nationally.



Check out our potential savings calculator at: PowerToDecide.org/savings

PROVIDING A SYSTEM OF SUPPORT THAT ENABLES YOUNG PEOPLE TO HAVE THE POWER TO DECIDE IF, WHEN, AND UNDER WHAT CIRCUMSTANCES TO GET PREGNANT NOT ONLY BENEFITS THE YOUNG PEOPLE THEMSELVES, BUT ALSO LEADS TO SIGNIFICANT SAVINGS IN PUBLICLY FUNDED PROGRAMS.

– Ginny Ehrlich, CEO
Power to Decide

Our analyses also suggested that:

- We estimate that the cost of providing medical and economic supports during pregnancy and the first year of infancy averaged **\$15,000** per teen birth in **Alabama** in 2015. This includes the cost of prenatal, labor and delivery and postpartum care for the mother, one year of infant care, and receipt of WIC, basic TANF assistance, and SNAP during pregnancy and infancy for those who participated.
- Of the **7,200** teen births that were averted in 2015, we assume that nearly two thirds result in public savings, taking into account the likelihood that some teens merely delayed their childbearing until early adulthood and continued to rely on public programs at that point.⁶ This results in **\$68** million in savings, as mentioned above.
- If all teens were able to avoid unplanned pregnancy and childbearing, we estimate that **Alabama** could save an additional **\$35** million in spending each year. This is based on **4,790** teen births that occurred in **Alabama** in 2015, the share of those births that follow unplanned pregnancy (based on published estimates at the national level⁷), the public spending per teen birth in **Alabama**, and further adjusting for delayed vs averted births as noted above.

The results we present here are conservative on many levels. They account for the fact that some pregnancies that are prevented in one year may simply be postponed to a future year, and they count spending in only a narrow range of publicly funded programs—specifically those directly tied to benefits

for mothers during pregnancy through the first year of infancy and for which reliable estimates could be constructed. Undoubtedly, estimates factoring in the longer-term economic and health impacts of unintended pregnancy and childbearing would be much higher. The potential for additional savings associated with prevention focuses on only those teen births following unintended pregnancies. Finally, while public spending is aggregated among only those teen mothers actually participating in the benefits in question, it is then averaged across all teen births, and is thus lower than what would be observed among actual public program participants.

About Power to Decide.

Power to Decide, the campaign to prevent unplanned pregnancy, works to ensure that all young people—no matter who they are, where they live, or what their economic status might be—have the power to decide if, when, and under what circumstances to get pregnant. We do this by increasing information, access, and opportunity. In all we do, we are non-partisan and non-ideological, and we ground our work in research and evidence of what is most effective. In our 20+ years of work, we've seen historic declines in rates of teen and unplanned pregnancy. But our work is far from done.

Power to Decide gratefully acknowledges support from the Laura and John Arnold Foundation for this work. The views expressed here are those of the authors and do not necessarily reflect those of the foundation.

Endnotes

- 1 Hamilton BE, Mathews TJ. Continued declines in teen births in the United States, 2015. NCHS data brief, no 259. Hyattsville, MD: National Center for Health Statistics. 2016.
- 2 Data.guttmacher.org. (2018). Guttmacher Data Center. [online] Available at: <https://data.guttmacher.org/regions> [Accessed 17 Jan. 2018].
- 3 Frost, J. J., Sonfield, A., Zolna, M. R., & Finer, L. B. (2014). Return on Investment: A Fuller Assessment of the Benefits and Cost Savings of the US Publicly Funded Family Planning Program. *The Milbank Quarterly*, 92(4), 667–720. <http://doi.org/10.1111/1468-0009.12080>
- 4 Data.guttmacher.org. (2018). Guttmacher Data Center. [online] Available at: <https://data.guttmacher.org/regions> [Accessed 17 Jan. 2018].
- 5 For more information about analysis of areas lacking reasonable access to the full range of contraception, see <https://powertodecide.org/what-we-do/access/access-birth-control>
- 6 Our adjustment was informed by previous studies, including Frost et al, 2014.
- 7 Mosher WD, Jones J, Abma JC. Intended and unintended births in the United States: 1982–2010. *National health statistics reports*; no 55. Hyattsville, MD: National Center for Health Statistics. 2012.