Policy Solutions to Teen Pregnancy Reduction in Illinois

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Executive Summary

What is the problem?

Teen pregnancy is an ongoing concern in Illinois related to a lack of comprehensive sexual education. Research shows that comprehensive sexual education reduces the rate of teen pregnancy more than abstinence-only education (SIECUS, 2008).

Currently, Illinois does not mandate sexual education in schools and tends to emphasize abstinence when sexual education is taught (Guttmacher Institute, 2015).

What is the cost?

In 2010, a reduction in teen pregnancy rates in Illinois saved the state $542 million. However, teen pregnancy still cost Illinois $434 million that same year (The National Campaign, 2010).

Children of teenage mothers are more likely to:

- Have lower school achievement.
- Drop out of high school.
- Have more health problems.
- Be incarcerated at some time during adolescence.
- Give birth as a teenager.
- Face unemployment as a young adult (Hoffman, 2008).

If nothing is done to promote comprehensive sexual education for young people, the state of Illinois will continue to pay the socio-economic and financial costs of teen pregnancy.
What can be done?

We can improve Illinois’ current approach to sexual education by mandating that a comprehensive sexual education curriculum be taught in all public school grades K-12. In order to support this mandate, we propose:

● Composing a standardized, comprehensive, evidence-based curriculum.
● Training teachers of sexual education on the new curriculum.
● Fostering local networks of parents, educators, and health care providers.
● Providing resources for parents to get involved.
● Creating disincentives to opting-out of the sexual education program.
● Promoting a multifaceted media campaign to distribute and reinforce sexual health information.

How will this help?

The majority of sexual education classes are not based on efficacy, but on a “patchwork of available curricular materials, with varied content quality and teacher experience” (Family Planning and Contraceptive Research, 2012). The lack of consistency among schools and teachers in providing sexual education contributes to teen pregnancy in Illinois. In mandating a standardized sexual education curriculum, we seek to provide students with appropriate and comprehensive knowledge regarding sex and reduce the burden on teachers to choose and create curricular materials for teaching sexual education. Involving parents and community members and promoting a statewide media campaign will strengthen the effect of the education provided in schools.
Introduction

Illinois is located in the Midwest Region of the United States, bordered by Indiana, Kentucky, Missouri, Iowa, and Wisconsin. The northeastern border lies on Lake Michigan and the southern half of the state is surrounded by the Wabash, Ohio and Mississippi Rivers. (Illinois Data, n.d.).

The population is centered around large cities, with Chicago being the largest. According to the U.S. Census Bureau, the Chicago Metropolitan area makes up only 8% of the state’s land, but is home to 65% of Illinois’ residents. (United States Census Bureau, 2015). The rest of the state is composed of prairie towns and medium-sized cities, agricultural fields, and coal and oil mining land (Illinois Data, n.d.).

Illinois is a relatively financially secure state. In 2014, the median household income was $57,444, exceeding the national average of $53,657, with 10.7% of the state below the poverty level (Department of Numbers, 2015).

One of the major industries in Illinois is agriculture. Almost 90% of Illinois’ farmland is used to grow crops. Top agricultural products grown in Illinois are corn, soybeans, wheat, pork, and cattle.
The state also has strong export industries that include machinery and agricultural goods (Gentry, 2015). Illinois has the third largest manufacturing output nationally, and the industry employs about 10% of the state’s workforce. Illinois is home to large corporations such as Caterpillar headquarters and Ford manufacturing operations (InfoPlease, 2015).

Illinois has voted for the Democratic candidate in the last six presidential elections. While the vast majority of the state has elected Republican representatives to Congress, the most populated, urban areas are dominated by Democrats. As a result, Illinois’ government leans Democratic (Illinois Democratic and Republican Primary Report, n.d.). Similarly, although the governor of Illinois is Republican, the state government has more Democratic congressional representatives than Republicans (Illinois Democratic and Republican Primary Report, n.d.; Illinois General Assembly, 2015).

In 2013, Illinois chose not to apply for the Title V Abstinence Education Grant or the Competitive Abstinence Grant (SIECUS, 2014). Illinois did, however, accept funding from the Personal Responsibility Education Program (PREP), a federal program that provides funds for comprehensive sexual education programs that include both abstinence and contraceptive options.
The political lean and recent grant applications are indicative of an environment ready for greater sexual education reform. However, policy that reaches those in both rural and metropolitan populations are paramount.

Based on data including twenty-one demographic factors such as race, income, and stratification, Illinois ranked most average state in the U.S. in 2010. The breakdown of Illinois’ population by race is on par with the general U.S. population: 77.5% white, 14.7% black, 5.3% Asian, 0.6% Native American, and 0.1% Pacific islander (United States Census Bureau, 2015).

Because Illinois generally tracks nationwide averages, it has been used as a test market for many consumer products like Pampers’ diapers and McDonald’s McRib sandwich and is a hub for political polling. Implementing a policy in Illinois is understood to be an example of how it might function at the national level. (Peoria Magazine, 2009). Initiating pregnancy prevention policy in Illinois can offer a useful testament of its effects to the rest of the country.

It is estimated that 626,800 teens will be enrolled in high school for the 2015 school year in Illinois (Institute of Education Sciences, 2015). There are 135,704 teachers in 3,794 schools. Fifty-two percent of students are low income and the average class size is twenty-one students (Wilson, 2014).

Nine percent of Illinois residents did not have health insurance in 2015 (KFF, 2015a). With the advent of the Affordable Care Act, Medicaid was expanded and there is now a state-based
marketplace for those seeking health insurance under the ACA (Medicaid, n.d.). There are 19,886 primary care providers in Illinois, but only 60.37% of the population health need is currently being met (KFF, 2015b; KFF, 2015c).

The Problem: Teen Pregnancy in Illinois

Based on 2012 data, Illinois was ranked 27th out of 50 states on teen pregnancy. The state’s teen pregnancy rate was 27.9% compared to the U.S. rate of 29.4%. In Illinois, the teen (ages 15-19) birth rate per 1000 population is 24.6 in 2015, while the nationwide rate is 26.5 (KFF, n.d.). While 2011 data from the CDC (2013b) shows that Illinois’ birth rate among females aged 15-19 years has been steadily decreasing, 13,026 teens gave birth that year.

<table>
<thead>
<tr>
<th>Mother's race/ethnicity</th>
<th>Illinois</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic white</td>
<td>31%</td>
<td>39%</td>
</tr>
<tr>
<td>Non-Hispanic black</td>
<td>36%</td>
<td>24%</td>
</tr>
<tr>
<td>American Indian or Alaska Native 1,2</td>
<td>0%</td>
<td>2%</td>
</tr>
<tr>
<td>Asian or Pacific Islander 1,3</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>Hispanic 4</td>
<td>32%</td>
<td>33%</td>
</tr>
</tbody>
</table>

1 Includes all births, including those with Hispanic origin not stated and not shown separately.
2 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.
3 Includes persons of Hispanic origin according to mother’s reported race.
4 Includes all persons of Hispanic origin of any race.

In 2011, the U.S. Department of Health & Human Services (2013) gathered data that show the racial breakdown of births to females under the age of 20 in Illinois. Thirty-six percent of all births were from non-Hispanic blacks compared to the national average of 24%. Hispanic teens made up 32% of teen births and Non-Hispanic whites 31%, while 33% and 39% were the respective national averages.

Of those females under 20 years of age who had already given birth to one
child, 21% of Non-Hispanic blacks were likely to give birth again as a teen compared to 19% of Hispanics and 12% of Non-Hispanic whites (US Dept of HHS, 2013).

The National Campaign to Prevent Teen and Unplanned Pregnancy calculated that in 2010, “public spending for unplanned pregnancies in Illinois totaled an estimated $924 million” (NCPTUP, 2015a). This cost includes all unplanned pregnancies to both teens and adults over the age of twenty.

Public spending on teen childbearing alone totaled $434 million in [2010].

-NCPTUP (2015a)

Teen pregnancy is a tremendous financial cost to the state and causes downstream socio-economic effects. “Adolescent mothers are more likely to perform poorly in school, come from low socioeconomic homes... and are themselves children of mothers with limited school education and histories of unintended teenage pregnancies” (Oringanje, et al. 2010). These are factors that continue to perpetuate a cycle of teen pregnancy that must be addressed at both the state and local community levels.

The HHS found in 2011, that 11% of male and 17% of female high school students in Illinois did not use any method to prevent pregnancy during their last sexual intercourse, compared to 11% and 15%, respectively, throughout the nation (2013). These statistics indicate there is a need for additional education regarding sex and pregnancy prevention in Illinois’ adolescent population.
The Proposed Solution

To ensure that this proposal is comprehensive in nature, the problem of teenage pregnancy in Illinois is approached from six policy prevention areas:

1. Strengthening individual knowledge and skills.
2. Promoting community education.
3. Educating providers.
4. Fostering coalitions and networks.
6. Influencing policy and legislation.

Policy Proposal and Our Recommendations

*Mandating a comprehensive, age-appropriate, evidence-based sexual education curriculum be taught in all public schools from grades K-12 throughout the state of Illinois.*

Illinois governor Pat Quinn signed a law requiring that all schools *that decide to teach sexual education* include accurate information about birth control and sexually transmitted diseases starting in 2014.

*Schools have no requirement to teach sexual education, and are only regulated IF they decide to teach it.*

It is important to take this law further by *mandating comprehensive sexual education in all schools* so that children can learn about and develop healthy attitudes and safe behaviors
regarding sex throughout their lives. Facilitating this sexual education program, will take work at multiple levels of the Illinois community.

**Strengthening Individual Knowledge and Skills**

Youth not exposed to comprehensive sexual education risk developing into uneducated young adults without the skills necessary to navigate an increasingly complicated, pressurized and sexualized world. A committee of health care experts will collaborate to develop a standardized, medically accurate, age-appropriate and culturally sensitive sexual education curriculum to be taught statewide. The curriculum will include information regarding abstinence and contraceptive options as well as information about (Kempner and Rodriguez, 2004):

- Human development.
- Relationships.
- Personal skills.
- Sexual behavior.
- Sexual health.
- Society and culture.

Research has shown that such programs do not result in increased sexual activity, but do result in an increase in condom use among males (Schuster et al. 1998). Studies have also shown that the declining pregnancy rate in recent years can be attributed to the use of condoms and not to abstinence (Santelli et al. 2007).
Information on long-acting reversible contraceptives (LARCs) for teens is an important subject to include in medically sound sexual education that comes from not only health care providers, but from educators at the school level. LARCs are reliable and safe options for adolescents that could help reduce teen pregnancy in the state of Illinois.

In forming the new curriculum, it is not necessary to reinvent the wheel. The National Guidelines Task Force recommends “a comprehensive approach to help young people delay intercourse, reduce the frequency of intercourse, reduce the number of sexual partners they have, and increase their use of contraceptive methods” (Kempner and Rodriguez, 2004). The Sexuality Information and Education Council of the United States (SIECUS) has proven curricula available on their website, www.sexedlibrary.org (SIECUS, n.d.). These curricula, and those of programs that are focused on reducing risky behaviors like the Teen Outreach Program (TOP), can be used in sculpting a curriculum that will work best for Illinois (Allen & Philliber, 2001).
Promoting Community Education

In order to distribute sexual health information to the community, we propose:

- A social media campaign via Twitter, Instagram, Facebook, etc. promoting safe sex and sexual health as outlined in the proposed curriculum; the campaign will be marketed towards teens, but should be parent friendly as well.
- A set of corresponding commercials aired on television and streaming networks.
- Poster advertisements found at bus stations and other visible areas.
- Brochures to be distributed at the offices of healthcare providers throughout the state.

All materials will promote awareness of the topics covered in the proposed curriculum as well as a message of empowerment and inclusiveness for teens. A study done at the University of Arizona showed a 29.2% decrease in binge drinking over a three-year period after the implementation of a media campaign promoting social inclusiveness (Glider, 2001).

Educating Providers

Prior to implementation of the policy, teachers of sexual education must be educated on the best ways to present a comprehensive sexual education curriculum that is appropriate for the age of the students, is reflective of best practices, and builds on student's prior knowledge. In addition
to learning or brushing up on the content of the curriculum, teachers will be instructed on subjects such as allowing an adequate amount of time for lessons, creating safe learning environments, answering difficult questions and seeking out professional development opportunities. To achieve that goal, every school will be required to send the teacher who will be delivering the sexual education curriculum to a professional development workshop, during which they will be taught the new curriculum and how to deliver it effectively.

Teacher professional development “based on high-quality, meaningful and effective teacher enhancement can affect teachers’ skills and attitudes in the classroom, further increasing the quality of education the students receive” (Beavers, 2009).

In addition, to make sure that these teachers are kept up to date on sexual education, a representative from each Illinois public school system will attend an approved sexual education conference every two years. During the conference the representative will receive up-to-date information on sexual education that they can incorporate in their school. Combining approaches to sexual education will yield the best chance to meet a larger variety of students’ sexual education needs in addition to increasing the likelihood that more beneficial outcomes will be observed (Alford et al. 2008).
Others with the potential to provide *less formal sexual education* outside of the classroom, including social workers, school psychologists, and school nurses, will be informed of and have access to information presented in the school curriculum to promote continuity.

**Fostering Coalitions and Networks**

In order to support mandated sexual education in schools, teachers will be instructed during the professional development workshops regarding ways to *involve the established parent organizations* of their schools and to include parents in discussions related to implementing the new curriculum. Educational forums will be held in which parents can learn about materials and how best to support their children’s sexual education. The *curriculum materials will also be available online* for parents to browse as they choose.

All of these actions will *make it less attractive for parents to opt out* of sexual education for their children and allow potential opt-out parents to feel more comfortable with the information being taught to their children.

Another method to discourage opting-out is to provide incentives to parents in the *form of financial discounts on health insurance premiums and deductibles to the students who complete the standardized sexual education course*. Health insurance companies will have an interest in providing these discounts if the standardized curriculum is developed using evidence-based information and
is proven to reduce teen pregnancy and sex-related health problems, both of which can be costly for health insurance companies. This solution also falls under the influencing policy and legislation prevention area, as what we are proposing potentially influences the current law and would impact health insurance company policies.

**Changing Organizational Practices**

The Illinois Department of Education will *mandate that the standardized comprehensive sexuality education curriculum be implemented in all public school districts throughout the state.*

The success of the curriculum will be *evaluated annually through the collection of data from the school systems.* The DOE will analyze and assess the data and will publish a comprehensive report explaining results of the data to the public.

Likewise, the DOE will ensure that the curriculum is kept up to date through *annual meetings of health care providers and educators to review and revise the curriculum.* This may be the same committee who originally draft the curriculum.

**Influencing Policy and Legislation**

This mandate will appeal to policymakers both economically and socially. Increased comprehensive sexual education will decrease the incidence of unwanted teen pregnancies, *saving taxpayers money,* and foster a more educated and
empowered community, resulting in more productive members of society.

Decreasing unwanted teen pregnancy rates is essential in freeing Illinois’ youth from the cycle of poverty that traps many lower SES populations. The plethora of research that supports the benefits of comprehensive sexual education, including studies done by Family Planning and Contraceptive Research, Kempner, SIECUS, and Allen et. al, will be convincing to policy makers. Lobbying efforts from educational, health, and other community levels will be helpful influences as well.

**Projected Outcomes and Goals**

*Projected Outcome:*

*We expect to see at least a 10% reduction in teen birth rates in Illinois over a five year period following implementation.*

*Goals include:*

- *Reduced pregnancy and birth rates among teens in Illinois.*

- *Increased teen access to evidence-based sexual education programs that include pregnancy prevention strategies.*

- *Increased cooperation and collaboration between clinical services and sexual education programs.*
Evidence For This Projection

In 2013, the Illinois teen birth rate was 24.6 births per 1,000 teen girls (age 15-19). This is a 62% decrease from 1991, with a 12% decrease in the last year alone. In 2010 (the most recent data available), the rate of teen pregnancies was 57 per 1,000 teen girls (age 15-19). This is a 49% decrease from 1988, with a 16% decrease between 2008 and 2010 (The National Campaign, 2015b). We can expect that broadening the reach of comprehensive sexual education to a wider population of teens across the state will further declines in teen pregnancy and teen birth rates.

Evidence to support further declines in teen pregnancy is extrapolated from the success of strategies used in the past.

The Illinois Teen Pregnancy Prevention-Primary (TPP-P) program is focused on reducing teenage pregnancy, sexually transmitted infections, and HIV/AIDS among 10 to 19-year-olds through support of health education and health services providers (Illinois Dept of HS, n.d.).

Public Act 98-0441 requires schools that decide to teach sexual education in any of grades six through twelve to include instruction on both abstinence and contraception, and teach with materials that are evidence-based and medically accurate. The Act, which went into effect on January 1, 2014, also requires the Illinois State Board of Education (ISBE) to provide a listing of resources to assist
schools in securing, developing, or adapting instructional materials that comply with the law (Illinois General Assembly, 2014).

The curriculum developed through this policy will be based on pre-existing, evidence-based curricula and programs, such as the National Sexuality Education Standards and the Teen Outreach Program (TOP), that have already been shown to reduce teen pregnancy in past implementations (Future of Sex Education Initiative, 2012; Allen & Philliber, 2001).

**Strategies for Implementation**

In order to implement our policy of mandated sexual education in public schools in the state of Illinois, *funding will be required* for:

- Development and annual review and revision of a standardized curriculum for all Illinois public schools.
- A multifaceted media campaign.
- Professional development workshops for training sexual education teachers on implementing the new curriculum.
- Website development to make curriculum materials easily accessible for both parents and teens.

_Funding for these measures will be appropriated mainly from federal grants._ PREP (2008) offers states money to implement programs that teach teenagers about safe sex as well as healthy life skills. Another option is to apply for federal block grants, which would supply funding directly
to the local government, and are often used to support social initiatives such as this one. By funding local governments directly there may be a greater sense of involvement and therefore a greater stake in the outcome.

This policy proposes the formation of a *committee of healthcare experts* to standardize a curriculum that fits local needs based on pre-existing evidence-based sexual education curricula and programs. The coalition will consist of healthcare professionals, including nurses, doctors, public health professionals and experts on sexual education, who will need to be compensated for their efforts. *Existing legislation regarding sexual education in the state of Illinois will need to be updated* in order to mandate implementation of the sexual education curriculum developed by the committee.

The standardized curriculum will be taught and provided to sexual educators through *professional development workshops* to ensure that all schools are teaching comprehensive, evidence-based sexual education that includes all available options for contraception. Educators will be guided on developing ties with their school’s parent organizations to *keep parents informed and involved.* Educators will also develop ties with local healthcare professionals who may attend parent groups to *address potential concerns.*
The multifaceted media campaign will be used as a means of promoting community education on issues of safe sex and preventing teen pregnancy. A team of advertising professionals will be needed to design commercials, posters and brochures that will be appealing and informative for teens and their parents. Social media will be utilized as a low cost option to engage teens on a platform with which they are comfortable..

In order to measure the success of our initiative, a team will be set up to monitor each school’s implementation of the policy and to collect data on a yearly basis. This team will collect data on many factors affecting teen pregnancy and program implementation, to include:

- Professional development workshop attendance.
- Standardized curriculum implementation.
- Number of students enrolled in the new curriculum.
- Percentage of parents choosing to opt-out of the program.
- Teen pregnancy and birth rates before and after implementation of the curriculum.
- Indicators of risky sexual behavior (including use of contraception).
- Cost of teen pregnancy and birth before and after implementation.
- Overall cost of the program.

The efficacy of this policy and curriculum will be evaluated based on the effects it has on health outcomes for the teenage population in Illinois. The health outcomes we are specifically
interested in are teenage pregnancy and birth rates. The policy will be deemed effective if there is a decline in teen birth rates of at least 10% over a 5 year period following implementation in Illinois.

**Summary**

In 2010, Illinois was ranked as the *most average state in the U.S.* based on twenty-one demographic factors including race, age, income, education, and stratification. Its population is concentrated around metropolitan areas with an abundance of surrounding farmland. Although data show that teen birth rates are declining, there is a *gap in comprehensive sexual education availability* in Illinois.

This proposal mandates an *age-appropriate, medically accurate, standardized sexual education curriculum in public school grades K-12 throughout the state of Illinois*. It is crucial to have this curriculum taught by teachers who are educated and trained on delivering up to date information effectively. Additionally, it is important to reinforce the curriculum through community education via a multifaceted media campaign and parental and community member involvement.

Incentives will be implemented to make it less attractive for parents to opt their children out of sexual education. These include keeping parents involved in and informed about the educational content and working with health insurance companies to develop deductions for those who do not opt out of sexual education. This policy will result in *at least a 10% reduction in teen births in Illinois* over five years following implementation.
This proposal includes strategies to achieve decreased teen pregnancy and birth rates at all levels of prevention in the state of Illinois, whether by influencing legislation through presenting evidence-based research and sources for funding, by forming coalitions with local leaders and healthcare providers, or by educating the community. The success of this initiative will be evaluated by measuring rates of teen pregnancy and birth before and after implementation of the statewide standardized comprehensive sexual education curriculum, as well as by monitoring the societal and financial gains achieved.
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