

**Feasibility Report of Adolescent Pregnancy Prevention Programs to
the Joint Appropriations Subcommittee on Health and Human
Services of the Iowa Legislature**

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Executive Summary

Senate File 2326 of the 79th Iowa General Assembly directed the Iowa Department of Public Health (DPH) and the Iowa Department of Human Services (DHS) to discuss the feasibility of combining adolescent pregnancy prevention programs under one department and to submit a written report regarding the discussions. Representatives of the two departments and representatives of community stakeholder organizations for adolescent pregnancy prevention conducted a feasibility study during several meetings in October and November 2002.

The following table lists the adolescent pregnancy prevention programs included in the feasibility study. The table indicates the federal, state, and local matching funds that support the programs. No state general funds support the adolescent pregnancy prevention programs in either department.

Program	State Agency	Federal Funding Source	Federal Funds FF03	State Funds FF03	Local Matching Funds FF03
1. Section 510 <i>Abstinence Only Education</i>	Public Health	Health Resources Services Administration	\$424,908	\$0	\$318,681
2. SPRANS* <i>Abstinence Only Education</i>	Public Health	Health Resources Services Administration	\$317,512	\$0	\$0
3. <i>Adolescent Pregnancy Prevention and Services to Pregnant & Parenting Adolescents</i>	Human Services	Administration on Children and Families	\$1,300,000	\$0	\$627,704

*Special Project of Regional and National Significance (limited 3-year project period)

The study identifies three key issues for consideration in decision-making:

1. Sources of funds direct program requirements and reporting. Federal statute directs funding for *Abstinence Only Education* to the state health department. Federal guidelines set strict limitations on activities that can be funded with these dollars. DHS adolescent pregnancy prevention programs are funded under the TANF Block Grant. TANF funds must be administered by the state social services agency. Program activities must be consistent with at least one of the TANF purposes.

The program dollars could not be blended into a single common program even if all the adolescent pregnancy prevention programs were administered under a single state agency. Each department would retain accountability for administrative compliance and all reporting requirements for its designated pregnancy prevention programs. The programs would need to be administered separately in order to continue to meet requirements associated with the appropriate federal funding streams.

2. Many of the stakeholders¹ supporting either the DPH *Abstinence Only* programs or the DHS *Abstinence-based* pregnancy prevention programs are highly polarized. Proponents of *Abstinence Only* programs strongly believe that *Abstinence-based* programs contaminate or undermine the abstinence message. Conversely, *Abstinence-based* program proponents believe the *Abstinence Only* message is less effective and fails to adequately inform youth of all options for pregnancy prevention. Both constituencies are passionate about their beliefs, view efforts to “combine” programs with mistrust, and can be expected to aggressively advocate against changes that propose realigning the programs.
3. Existing effective inter-department collaboration between the Departments of Public Health and Human Services make it highly unlikely that additional administrative efficiencies can be achieved through program restructuring.

The feasibility study findings suggest that relatively few benefits can be expected from implementing a plan to combine the state’s *Abstinence Only* projects and *Adolescent Pregnancy Prevention* programs under one state agency. Significant findings supporting this conclusion include:

- Reporting requirements could increase to assure compliance with program-specific federal requirements. Examples of additional support services that could be required include auditing, data support, and legal counsel.
- Stakeholders voice a high level of concern that combining programs will compromise program integrity.
- No fiscal or operational efficiencies can be expected as a result of combining programs.

¹ The stakeholders represented in the study include: 1) contractors and grantees of the pregnancy prevention programs, 2) advocates for adolescent pregnancy prevention, 3) community organizations that serve or advocate for adolescents, and 4) family planning proponents.

Introduction

The legislative directive for this report comes from Senate File 2326 of the 79th Iowa General Assembly.

“It is the intent of the general assembly that the Iowa department of public health and the department of human services shall discuss the feasibility of combining adolescent pregnancy prevention programs under one department and shall submit a written report regarding such discussions to the chairpersons and ranking members of the joint appropriations subcommittee on health and human rights by November 1, 2002.”

The Department of Public Health (DPH) requested an extension for submitting the report until early December to allow enough time for stakeholder input and a thorough analysis of the programs. Senator Maggie Tinsman agreed to the extension.

Methodology

Representatives of DPH and DHS held three meetings to discuss the feasibility of combining adolescent pregnancy prevention programs under one department. During the first meeting, representatives of the two departments agreed on a process to respond to the legislature and identified stakeholders to be invited to participate in conducting the feasibility study. A list of the meeting participants is included in Appendix A. During two subsequent meetings, the workgroup conducted an analysis of the programs and a feasibility study for combining the programs.

Program Descriptions

Three programs provide services directed at preventing adolescent pregnancy.

Section 510 Abstinence Only Education Program, Department of Public Health

Program Authorization – Section 510 of the Title V of the Social Security Act, administered by the Health Resources Services Administration (HRSA).

Program Description – This program provides education-based services. The program teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy. The target population is youth to age 18 with a focus on groups most likely to bear children out-of-wedlock. The state plan for this initiative includes a state system level component and community-based grants. The state level activities include statewide education activities; technical assistance directly to community-based agencies; implementing and monitoring federal performance measures and evaluation requirements; and developing public and private partnerships. The community-based education services include curriculum-based programs, asset building activities, community involvement activities, mentoring, media campaigns, and parent involvement and peer education.

Currently, DPH is contracting with 12 community-based public or private non-profit organizations in federal FY 03 to provide the services to the target population. The agencies are chosen through a

competitive RFP process. DPH determines funding by formula based on the proportion of low-income children in the county bears to the total number of low-income children in the state.

Funding – \$424, 908 in federal FY 03. The program is funded through HRSA, Maternal and Child Health Bureau. At the time of the study, this initiative is funded by continuing resolution. It is anticipated that a new five-year project (2002-2007) will be approved when Congress reconvenes.

FTEs Supported by Program Funding – 1.25 FTEs

Special Requirements and Restrictions

- The Iowa Legislature directs DPH to apply for federal funding pertaining to abstinence only education.
- The *state health agency* is the only eligible applicant for Section 510 federal funds.
- Programs must support and must not be inconsistent with the federal abstinence only education definition. No other forms of pregnancy prevention can be taught in the same setting where abstinence only education is being conducted.
- The programs must adhere to a religious advisory that prohibits the use of federal funds for teaching or promoting religion.
- To meet the federal match requirement, DPH requires local contract agencies to match at a rate of one local dollar for every federal dollar received.

SPRANS Abstinence Only Education Program, Department of Public Health

Program Authorization - Section 510 of the Title V of the Social Security Act, administered by the HRSA. Unlike the formula funded Section 510 program, SPRANS funds are designated as a discretionary allocation. States and communities (governmental or private, non profit entities) are eligible to apply for highly competitive grants. Approximately, one (1) out ten (10) applications is selected for funding. Funding is awarded for grant applications as approved by a federal review team. Changes to an approved application require prior federal approval.

Program Description - This program provides curriculum-based education services. The program teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy. The target population is adolescents ages 12 to 18 with a focus on groups most likely to bear children out-of-wedlock. Contracting agencies must use a curriculum that adheres to the federal definition of abstinence only education. DPH’s approved grant proposal is a state-local partnership. The work plan includes state level infrastructure building activities such as data system development, professional education, and state level coordination of program “best practices.” In addition, three community-based agencies are incorporated into the plan as demonstration sites for local implementation. The intention of this special initiative is to incorporate significant strategies and lessons learned into Section 510 programming by the end of the three-year project period.

Funding - \$317,512 in federal FY 03. The program is funded through HRSA, Maternal and Child Health Bureau. The project period is for three years (2002-2005), with annual funding based on the federal fiscal year.

FTEs Supported by Program Funding – 1.25 FTEs

Special Requirements and Restrictions

- The Iowa Legislature directs DPH to apply for federal funding pertaining to abstinence only education.
- The federal grant award is not transferable.
- Programs must support and must not be inconsistent with the federal abstinence only education definition. No other forms of pregnancy prevention can be taught in the same setting where abstinence only education is being conducted.
- All activities are specified in the approved work plan as a condition of the grant award; any and all changes are subject to prior approval from the federal Maternal and Child Health Bureau.
- Requires coordination with Section 510 activities and reporting of federal performance measures.
- The programs must adhere to a religious advisory that prohibits the use of federal funds for teaching or promoting religion.
- Unlike Section 510 funding, this special initiative does not require matching funds.

Adolescent Pregnancy Prevention and Services to Pregnant and Parenting Adolescents Programs, Department of Human Services

Program Authorization – Iowa Legislature, DHS Appropriation Bill; Iowa Administrative Rules for Human Services (441) Chapter 163.

Program Description – Funded services include comprehensive community pregnancy prevention programs focusing on prevention of initial pregnancies during adolescent years and services to pregnant and parenting adolescents; state coalition building; program evaluation; and community awareness through a statewide media campaign. The target population includes youth under 18 or over 18 if served prior to turning 18, and their parents; persons 18 or older who are attending high school or pursuing a high school equivalent; pregnant or parenting teens; and communities. The initiative differs from *Abstinence Only* programs in that it also serves pregnant and parenting teens. While abstinence is encouraged, comprehensive information is provided.

Iowa Administrative Rules for Human Services (441) Chapter 163 define and structure four grant programs for adolescent pregnancy prevention.

- 1) Community Adolescent Pregnancy Prevention Programs – Comprehensive pregnancy prevention programs include educational workshops for adolescents and parents, peer counseling, and development and distribution of informational materials. Services to pregnant and parenting adolescents focus on preventing subsequent pregnancies; education regarding the risks associated with drugs and alcohol use during pregnancy, and improving parenting skills; programs for young fathers; and development and distribution of informational materials to encourage adolescents to assume responsibility for their sexual activity and parenting.

DHS contracts with 20 broad-based community-based collaboratives. Community is defined as small as a neighborhood or as large as a DHS region. Grants are awarded on a nine-year staggered cycle. Preference is given to areas of the state with the highest percentage of pregnancies for females ages 13-17.

- 2) Adolescent Pregnancy State Coalition – Services are funded for the on-going development of an Iowa Adolescent Pregnancy Prevention network and coalition building in the state. The coalition grant is awarded on a three-year cycle to a coalition or network focusing on issues of teen pregnancy prevention.
- 3) Adolescent Pregnancy Prevention Evaluation – Services funded include technical assistance to grantees and DHS, development of evaluation tools, and an annual written evaluation report. The evaluation grant is awarded on a three-year cycle to individuals or organizations experienced in evaluation techniques.
- 4) Adolescent Pregnancy Prevention Statewide Campaign – Services funded include statewide audio and print media campaigns, technical assistance to grantees to implement local campaigns, and consultation with DHS. The statewide campaign grant is awarded on a three-year cycle to public or private agencies.

Funding - \$1,300,000 total for all programs in state FY 03. The program breakdown is as follows: \$1,149,025 for Community Adolescent Pregnancy Prevention Programs; \$68,625 for the State Coalition; \$32,025 for APP Evaluation; \$50,325 for the APP Statewide Campaign. The programs are funded by federal TANF block grant funds through DHS.

FTEs Supported by Program Funding - 0.5 FTEs

Special Requirements and Restrictions

- Federal TANF dollars are allocated to DHS and tied to the TANF goals and DHS's efforts to reduce out-of-wedlock pregnancies. TANF dollars must be used to meet one of four purposes of TANF, in this case, to prevent and reduce out-of-wedlock pregnancies.
- States cannot expend more than 15 percent of their TANF Block Grant on administrative expenses. Monitoring administrative expenses across two state agencies could be more complex than current monitoring.
- Community APP programs are required to provide a progressive match. The state match decreases by 5 percent in each year of the nine-year cycle and the local match increases by 5 percent each year.
- Not more than 25 percent of the project award may be used for pregnant and adolescent parenting programs. *Abstinence Only Education* programs do not serve these populations.
- The Legislature provides guidelines for the program through intent language in the DHS appropriation bill. DHS has incorporated these guidelines into Iowa Administrative Rules for Human Services (441) Chapter 163.
- These programs are included in the TANF state plan and reported in TANF fiscal reports. DHS retains responsibility for these reports.

Collaboration Between Departments

The DPH and DHS adolescent pregnancy prevention programs have collaborated on several joint initiatives such as sharing costs of incentive items and sharing costs for a national speaker for grantee meetings. The DPH *Abstinence Only Education* programs have used the same evaluator that is used for the DHS programs. The membership of FutureNet, the DHS funded adolescent pregnancy state coalition, includes grantees from both the DHS and DPH programs.

Analysis – Advantages and Disadvantages

The feasibility study considered the programmatic and operational implications for combining all adolescent pregnancy prevention programs under one department. The group framed their discussion around three questions:

- 1) What are the advantages and disadvantages of combining all adolescent pregnancy prevention programs under one department?
- 2) What are the advantages and disadvantages of moving the DHS Adolescent Pregnancy Prevention programs to DPH?
- 3) What are the advantages and disadvantages of moving the DPH Abstinence Only Education programs to DHS?

Advantages

The discussion on advantages focused on the benefits to the public, and potential fiscal and operational efficiencies. Few operational advantages were identified primarily because of federal requirements and restrictions (see discussion under Disadvantages).

The following are the potential advantages identified from the workgroup's discussions:

- The general public and stakeholders would have one state agency to contact for adolescent pregnancy prevention programs.
- A potential to simplify tracking of possible duplication of costs among adolescent pregnancy prevention programs.

Disadvantages

The workgroup identified multiple disadvantages. Discussions centered on two key issues:

- 1) distinct and conflicting philosophies for adolescent pregnancy prevention, and
- 2) federal program and funding limitations.

The following disadvantages were identified from the workgroup's discussions:

- Teen pregnancy is a highly charged social issue. While stakeholders share common concerns about the importance of the issue, advocates are highly polarized in their beliefs regarding the correct social strategy for addressing the problems. The stakeholders involved in the feasibility study recognized these distinct differences and expressed significant concern regarding any actions that might compromise the integrity of the program(s) they believe to be most effective and most socially responsible. Changes to the current structure can be expected to elicit significant responses from program advocates from both ends of the continuum.
- Separate program administration would be necessary even if the programs were housed under one department. Strict federal definitions and program restrictions designed to preserve the philosophically different legislative intent would preclude "combining" or integrating program activities. While less restrictive than *Abstinence Only Education*, TANF requirements must also be assured. If combined in one department, additional fiscal and program monitoring functions would be needed to comply with federal reporting, evaluation and oversight for separate federal Health and Human Services administrations – one focusing on health related approaches, the other focusing on social services and self sufficiency.

- Strict federal requirements for *Abstinence Only Education* have the potential for overshadowing the less restrictive TANF funded *APP* programs. The *APP* programs offer more comprehensive approaches to pregnancy prevention and provide both prevention and intervention services for pregnant and parenting teens. *Abstinence Only Education* programs do not serve these populations and do not include intervention services. Separate from federal requirements, some *Abstinence Only* proponents verbalize objections to linkages with comprehensive programming.
- Additional support services such as auditing, program evaluation, data support and legal counsel would be required. For example, funding for *Abstinence Only Education* is specifically designated for the state health agency by federal statute; and *Adolescent Pregnancy Prevention* TANF funds must be administered by the state social service agency. The designated department would retain accountability for administrative compliance and all reporting requirements, even if the program is transferred to another department through an inter-agency agreement. The result would be a need for additional resources rather than efficiencies that might be expected from efforts to combine seemingly similar programming.
- Existing program linkages could be weakened. Currently, *APP* programs are closely linked to other programs for child abuse prevention and treatment and welfare to work programs. Co-location fosters this close working relationship. Similarly, *Abstinence Only Education* programs have developed close connections with other DPH programs that feature a health-oriented approach and benefit from close working relationships with the medical community.
- Potential short-term considerations include: disruption and realignment of existing contracts and project periods; loss of established relationships between trusted program representatives and local communities due to reassignments; modifications in administrative rules; and no expected efficiencies in program staffing levels.

Conclusion

The workgroup concluded that relatively few benefits can be expected from implementing a plan to combine the state's *Abstinence Only Education* projects and *Adolescent Pregnancy Prevention* programs in one state agency.

Appendix A

Participants in the workgroup to develop the feasibility report of adolescent pregnancy prevention programs to the Joint Appropriations Subcommittee on Health and Human Services of the Iowa Legislature.

Iowa Department of Human Services

Mary Nelson, Division Director, Behavioral, Developmental, and Protective Services for Families, Adults and Children

Jo Lerberg, Social Worker VI, Division of Behavioral, Developmental, and Protective Services for Families, Adults and Children

Ann Wiebers, Executive Assistant, Division of Financial, Health, & Work Supports

Iowa Department of Public Health

Julie McMahon, Division Director, Community Health

Jane Borst, Bureau Chief, Family Health

Lynh Patterson, Legislative Liaison

Kathy Widelski, Family Planning Coordinator, Bureau of Family Health

Kim Piper, Community Health Consultant, Bureau of Family Health

Martha Gelhaus, Community Health Consultant, Bureau of Family Health

Shannon Heinen, Program Planner, Bureau of Family Health

Family Planning Council of Iowa

Jodi Tomlonovic, Executive Director

Family Health Grantee Committee

Val Campbell, Project Director, St. Luke's Family Health Center; former abstinence only education local program director

Future Net (DHS funded adolescent pregnancy state coalition)

Lynette Jacoby, Chair

Karen Stiles, Director

Mary Ann Brekke, Associate Director, Young Women's Resource Center

Observer

Legislative Fiscal Bureau

Sue Lerdal, Fiscal Analyst