

Four in 10 Adolescents Now Live in States Not Participating In Federal Abstinence-Only Education Program

In January, Arizona joined a growing list of states that are no longer participating in a key federal abstinence-only-until-marriage education program. To date, 16 states have declined to apply for the annual abstinence education grants set aside for them under Title V of the Social Security Act (see chart). The number of adolescents living in the states that have passed up Title V funding is now substantial, more than 12 million, or 41% of young people aged 12–18 nationwide. The foregone funds are also substantial, comprising some \$19 million of the \$50 million available annually under the program. Notably, those funds are not reallocated among the states remaining in the program; instead, they revert to the U.S. Treasury.

The trend in states opting out of the abstinence-only program accelerated in the past year as evidence mounted that the approach is ineffective. Last spring, a long-awaited, congressionally mandated evaluation of four U.S. programs considered to be especially promising found that none had a statistically significant beneficial impact on young people’s sexual behavior. Teens who participated in the programs were no more likely to abstain than those who did not. More recently, the National Campaign to Prevent Teen and Unplanned Pregnancy—following a comprehensive review of programs deemed to have strong evaluation components—reached the same conclusion. According to the

FORGOING FUNDS

Sixteen states across the nation are no longer participating in the Title V abstinence-only-until-marriage education program.

Arizona	New Jersey
California	New Mexico
Colorado	New York
Connecticut	Ohio
Maine	Rhode Island
Massachusetts	Virginia
Minnesota	Wisconsin
Montana	Wyoming

Campaign’s report, *Emerging Answers 2007*, abstinence-only programs “did not delay the initiation of sex, increase the return to abstinence or decrease the number of sexual partners.” By contrast, two-thirds of the programs that included abstinence education along with instruction about contraceptives “had positive behavioral effects,” including delays in initiating sex, less frequent sex and a significant reduction in unprotected sex (related article, Spring 2007, page 2).

As state officials consider whether or not to accept Title V funding, it is clear that the statutory definition of what constitutes an “abstinence education” program has frustrated those who want to put state money toward more effective programs. To receive Title V funds, states must adhere to certain requirements, including barring teachers from discussing contraceptive methods (except to talk about their failure rates) and requiring them to teach that “sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects.” They also must

pony up a \$3 state match for every four federal dollars they receive. “As you are aware, several recent studies, including one commissioned by the federal government, have confirmed that abstinence-only programs are not producing results,” wrote Janet

Napolitano, governor of Arizona, in her letter rejecting about \$1 million in federal funding for abstinence-only education set aside for the state. “When I find myself in the position of having to fight to protect services that clearly have an impact on the lives of Arizonans, like dental services for low-income seniors, I cannot in good conscience set funding aside for programming that is proven to be ineffective.”

—Heather D. Boonstra

Public Funding for Family Planning Reaches New Heights, Propelled by State Efforts to Expand Medicaid Eligibility

A quarter-century after suffering deep cuts in the first year of the Reagan administration, inflation-adjusted public funding for family planning finally surpassed the level reached in FY 1980. After a 12-year climb that began in FY 1994, the federal and state governments spent a total of \$1.85 billion on family planning client services in FY 2006, according to a Guttmacher Institute report. Notably, however, the national rate of growth during the period masks disparate trends at the state level: While expenditures rose 63% in inflation-adjusted dollars nationally, spending decreased or stagnated among one-third of states.

This disparate trend in state funding can be seen in the growth of Medicaid financing. Medicaid expenditures account for all of the inflation-

adjusted growth seen over the past dozen years. (Once a small portion of total expenditures, Medicaid has grown from 20% to 71% of total spending since FY 1980.) The growth in Medicaid, however, has not been universal, but has been driven by state-initiated Medicaid family planning expansions: Two-thirds of the national spending growth occurred in the 14 states that sought and received permission from the federal government to expand eligibility for family planning above their income cut-offs for Medicaid eligibility overall (see chart).

Increases in Medicaid family planning dollars have resulted in increases in the number of clients served, which again exemplifies the importance of the state eligibility expansion programs. While the number of Medicaid family planning clients rose marginally in states without expansions, they rose dramatically in the 14 expansion states—by 60% over the first half of this decade (see chart). This trend should continue: Six additional states have initiated Medicaid expansions, and legislation is pending in Congress to allow states to implement an expansion without the time-consuming process of obtaining federal approval.

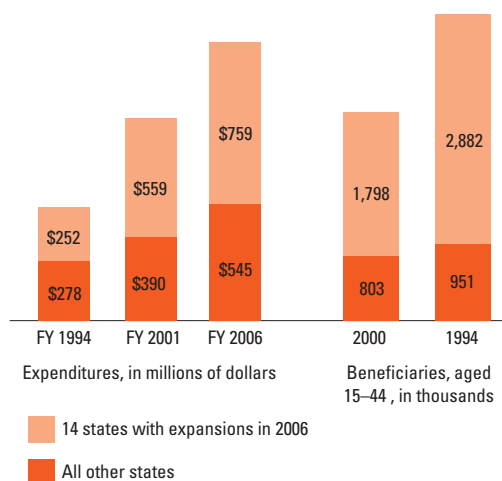
Although overshadowed by the growing importance of Medicaid, federal grants and state appropriations remain vital components of the national effort. The Title X national family planning program and state appropriations account for 12% and 13% of total spending, respectively.

Unlike Medicaid, these funding sources are not tied to individual users or specific clinical services. In addition to direct services support, they provide critical infrastructure support to family planning provider agencies and buttress the delivery of services by funding essential activities such as outreach and education. As Medicaid continues to grow as a proportion of all spending, family planning providers increasingly will need these alternative sources of funding to fill out the basic package of services Medicaid will cover and to provide services to clients who are ineligible for Medicaid, such as new and undocumented immigrants. In addition, the Title X program effectively sets standards nationwide for all public provision of family planning services, helping to ensure that services are comprehensive, voluntary, confidential and affordable (related article, Spring 2007, page 13).

According to previous Guttmacher analyses, women and couples are able to avoid 1.3 million unplanned pregnancies each year—400,000 of them among teenagers—thanks to publicly funded family planning services. Without these services, the U.S. abortion rate would be 40% higher than it is today. Together, the patchwork of disparate funding sources comprises a critical safety net to fund needed family planning and related services to millions of individuals, low-income or otherwise, each year.—*Casey Alrich*

EXPENDITURES FUEL GROWTH

Growth in Medicaid family planning spending and beneficiaries increased at much higher rates in those states with expanded eligibility.



Source: Guttmacher Institute, 2008.