Prevention Status Report | 2013

Teen Pregnancy — Idaho

The Prevention Status Reports (PSRs) highlight—for all 50 states and the District of Columbia—the status of public health policies and practices designed to prevent or reduce important health problems. This report focuses on teen pregnancy and briefly describes why it is a public health problem, both for Idaho and the United States as a whole. It also provides an overview of solutions (i.e., evidence-based or expert-recommended policy and practice options) for preventing or reducing teen pregnancy and reports the status of these solutions in Idaho.

PSR Framework

The PSRs follow a simple framework:

- Describe the public health ***problem*** using public health data
- Identify potential ***solutions*** to the problem drawn from research and expert recommendations
- Report the ***status*** of those solutions for each state and the District of Columbia

Criteria for Selection of Policies and Practices

The policies and practices included in the PSRs were selected because they

- Can be monitored using state-level data that are readily available for most states and the District of Columbia
- Meet one or more of the following criteria:
  - Supported by systematic review(s) of scientific evidence of effectiveness (e.g., *The Guide to Community Preventive Services*)
  - Explicitly cited in a national strategy or national action plan (e.g., *Healthy People 2020*)
  - Recommended by a recognized expert body, panel, organization, study, or report with an evidence-based focus (e.g., Institute of Medicine)

Ratings

The PSRs use a simple, three-level rating scale to provide a practical assessment of the status of policies and practices in each state and the District of Columbia. It is important to note that the ratings reflect the *status of policies and practices* and do not reflect the *status of efforts* by state health departments, other state agencies, or other organizations to establish or strengthen those policies and practices. Strategies for improving public health vary by individual state needs, resources, and public health priorities.

More Information

For more information about public health activities in Idaho, visit the Idaho Department of Health and Welfare website (http://www.healthandwelfare.idaho.gov/). For additional resources and to view reports for other health topics, visit the CDC website (http://www.cdc.gov/stltpublichealth/psr/).

Suggested Citation

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www.cdc.gov/stltpublichealth/psr

Centers for Disease Control and Prevention
Office for State, Tribal, Local and Territorial Support

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Public Health Problem

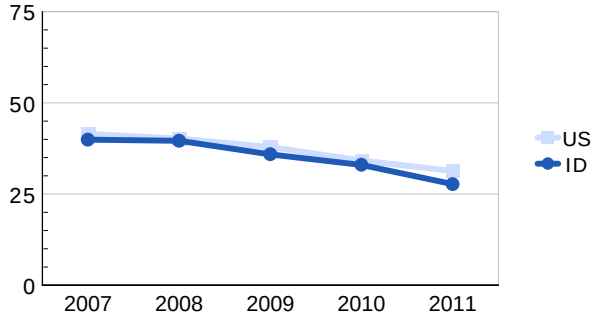
Each year in the United States, about 750,000 women under age 20 become pregnant (1). In 2011 in Idaho, 1,584 teens aged 15–19 years gave birth (2).

In 2011, young women of color—particularly Hispanic and African-American females aged 15–19 years—were disproportionately likely to give birth, with national birth rates of 49.6 and 47.3 per 1,000 population, respectively (3).

Teen mothers are more likely to experience negative social outcomes, including lower rates of school completion and reduced earnings, than teens who do not have children. The children of teenaged mothers are more likely to achieve less in school, experience abuse or neglect, have more health problems, be incarcerated at some time during adolescence, and give birth as a teenager (4).

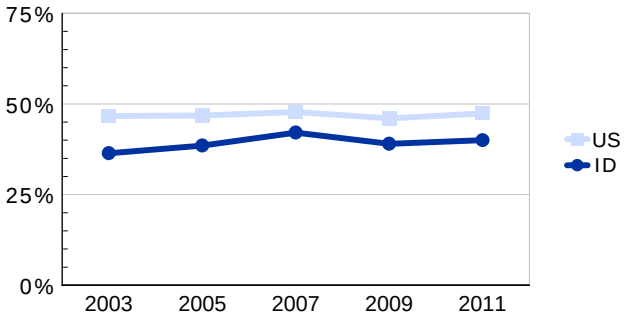
The annual costs of teen childbearing in 2008 were $10.9 billion in the United States and $60 million in Idaho (5).

Birth rate among females aged 15–19 years (per 1,000 population)



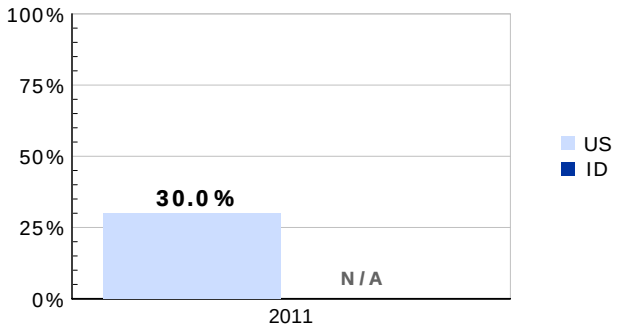
Source: National Vital Statistics System—Births (6)

Proportion of high school students who ever had sexual intercourse



Source: Youth Risk Behavior Surveillance System (7)

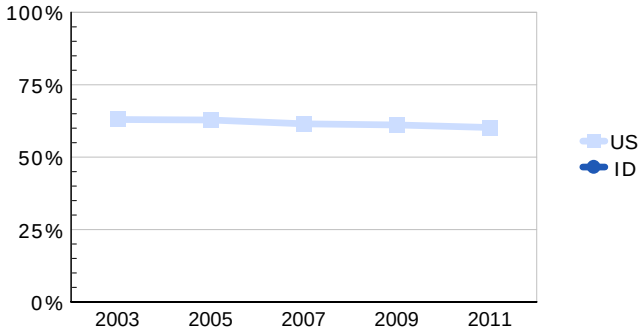
Proportion of currently sexually active female high school students who used birth control pills, any injectable birth control, any birth control ring or implant, or intrauterine device before last sexual intercourse



Source: Youth Risk Behavior Surveillance System (7)

Note: Idaho data were not available for one or more years from the source used for this chart. Similar data may be available from another national or state source.

Proportion of currently sexually active high school students who used a condom during last sexual intercourse



Source: Youth Risk Behavior Surveillance System (7)

Note: Idaho data were not available for one or more years from the source used for this graph. Similar data may be available from another national or state source.

Teen Pregnancy

Idaho

Policy and Practice Solutions

This report focuses on expanding eligibility for Medicaid family planning services to the income eligibility level for pregnancy-related services and to include women younger than age 18 years, either by amending the Medicaid waiver or by converting to the State Plan Amendment available through the Centers for Medicare and Medicaid Services, or by expanding the full Medicaid program (8–12). This policy is consistent with the US Department of Health and Human Services' National Prevention Strategy recommendations to expand access to contraceptive services and with a *Healthy People 2020* objective to "increase the number of states that set the income eligibility level for Medicaid-covered family planning services to at least the same level used to determine eligibility for Medicaid-covered, pregnancy-related care" (13,14).

Other strategies supported by scientific evidence include providing comprehensive sexual health education for adolescents, using positive youth development approaches, and improving parent-child communication and parental monitoring of youth behavior (15–17). For information about why Medicaid family planning expansion was selected as an indicator, and for links to additional data and resources, visit the CDC website (http://www.cdc.gov/stltpublichealth/psr/teenpregnancy/).

Status of Policy and Practice Solutions in Idaho

Expansion of state Medicaid family planning eligibility

As of August 2013, Idaho had not expanded Medicaid coverage of family planning services (18,19).

***Healthy People 2020* target**: Increase the number of states that set the income eligibility level for Medicaid coverage of family planning services to at least the same level used to determine eligibility for Medicaid coverage of pregnancy-related care (14,18,19).

Rating	State Medicaid family planning eligibility
Green	Was income-based, met the income eligibility level for pregnancy-related care, and covered all women, including teens
Yellow	Was limited, was not income-based, did not meet the eligibility level for pregnancy-related services, and/or excluded some teens
Red	**Had not been expanded**

Simplified Rating System

A more detailed explanation of the rating system for teen pregnancy is available at http://www.cdc.gov/stltpublichealth/psr/teenpregnancy/.

Green
The policy or practice is established in accordance with supporting evidence and/or expert recommendations.

Yellow
The policy or practice is established in partial accordance with supporting evidence and/or expert recommendations.

Red
The policy or practice is either absent or not established in accordance with supporting evidence and/or expert recommendations.

Indicator Definitions

Expansion of state Medicaid family planning eligibility (waiver or state plan amendment): State expansion of eligibility for Medicaid coverage of family planning services to include teens under age 18 and to be set at the eligibility level for pregnancy care (this level varies by state and the District of Columbia). This expansion is achieved by 1) securing approval (officially known as a "waiver" of federal policy) from the Centers for Medicare and Medicaid Services, 2) amending the state Medicaid plan with a State Plan Amendment (i.e., a permanent change to the state's Medicaid program), or 3) expanding the full state Medicaid program.

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