

The Office of Adolescent Health is dedicated to improving the health and well being of adolescents to enable them to become healthy, productive adults.

The Office of Adolescent Health is pleased to welcome to our podcast, Adam Thomas, from Georgetown University's Public Policy's Institute. Prior to coming to Georgetown, Dr. Thomas was the research director for the Brookings Institution's Center for Children and Families, where he led the effort to develop Familyscape, a project focused on two broad questions: what are the root causes of unintended pregnancy and out of wedlock childbearing and what can be done from a policy perspective to address them.

Thanks for joining us today Dr. Thomas; can you please tell us about your research approach for studying unintended pregnancies?

Dr. Thomas: Yeah, we first became interested in these topics because of the fact that unintended pregnancy is so common. About half of all pregnancies in the US are unintended and more than, among teens, which is the group that we're going to be talking about today, more than 80% of pregnancies are unintended. And what the social science research tells us is that the women and children involved in these pregnancies are disproportionately likely to experience a range of negative outcomes like problems in the labor market, curtailed educational attainment, health problems, behavioral problems, and other related problems. We also know that the pregnancies are unusually expensive from the perspective of the government and the taxpayers. And what I mean by that is that the women and the children involved in these pregnancies are more likely to require government subsidies through say Medicaid to pay for the pregnancy, prenatal care, postpartum care, things like that, and if the pregnancy results in the birth then the family is more likely, if the pregnancy was unintended, the family is more likely to claim Medicaid benefits for the child, welfare benefits, and other kinds of benefits and services. So the idea is that if you can convince teens to wait to become pregnant until they're older and more mature until they are married and financially stable, until they're fully ready to assume all the responsibilities of parenthood, then those teens are going to be better off when they become young adults. Their children are going to be better off whenever they have kids, and taxpayers are going to be better off because we're going to be spending less money on things like Medicaid and welfare and these other programs if we can reduce the rate of teen and unplanned pregnancy. So what we've done in this project is to look at specific policies, one of them is evidence based teen pregnancy prevention programs and to say, for policies that we think work, how much money do we think that they might save tax payers and compare that to how much money they cost tax payers and try to get some sense as to whether on net they cost

or save the government money. And what we've found is for teen pregnancy prevention programs that are well designed and evidence based they actually save tax payers more money than they cost them. So we figured all this out using- the technical term is a simulation model- that we built over the last few years.

That sounds a little complicated, can you tell us more about what that is?

Dr. Thomas: Well, that is complicated in one way. If you look under the hood of the model there is a lot going on there. But in another sense it is actually quite simple. The underlying logic of what we're doing is actually quite simple, we just go out and try to get the best evidence on how much sex people have, how much contraception they use, what kinds of contraception they use, how well they use that contraception, what couples' chances are of becoming pregnant based on what kind of contraception they use and how well they use it. We take all this information and we organize it inside of this model all together in a way that we think makes sense. And this model, it's a computer model, runs the combines all this information and produces things like rates of pregnancy, rates of childbearing, and if you look at the predicted pregnancy rates, childbearing rates, and things like that, the model produces, it matches up pretty well with what you see in the real world-which is to say it's a pretty realistic model. And we can say then okay let's assume a teen pregnancy prevention program has a particular effect on how much contraception teens use or how much sex they have, let's program that into that model and figure out the implications for teen pregnancy rates, abortion rates among teens, childbearing rates among teens, and then we can layer on top of that, estimates based on the things we talked about a few minutes ago how much money we've saved. If we can reduce pregnancy by a certain amount we can save taxpayers a certain amount of money. So that's all part of this overall process that we go through when we do simulations with our model. And one of the most interesting we have done so far does involve evidence based teen pregnancy prevention programs.

What are the implications of this research for providers and policy makers?

Dr. Thomas: I just want to begin by reiterating our bottom line finding which is teen pregnancy prevention programs, if they're well designed and well implemented, according to our findings; save tax payers more money than they cost them. So in a world in which the government, the federal government is dealing with massive deficits, state governments are constantly struggling to balance their budgets, I think it's a pretty powerful tool. When you're struggling to keep your own budget funded at least, let's say I think it's a pretty powerful tool to be able to say we're actually going to be able to say we're going to save you money in the long run. In a constrained fiscal environment I think that's a powerful argument to be able to make and I just want to emphasize for your listeners, that the model that we've used to come up with these estimates showing that these programs more than pay for themselves is a pretty rigorously developed model. It took several years to build, lots of scholars lots of different institutions were involved in building it. And one more thing I want to point out is our estimates of the benefits of these policies based on savings to the government based on things like Medicaid, welfare, things like

that, our definition of these savings, our definition of these savings is reasonably limited. We only look at savings to government programs. We don't account for the fact that some women if they're able to delay their childbearing are going to do better in the labor market and finish their school. We don't account for the fact that a child if their birth is intended versus unintended that child may do better in school, be less likely to engage in delinquent behavior, go to jail later on, may do better in the labor market later on. We don't account for many of those things because frankly the estimates are hard to pin down. But the fact of the matter is, the benefits that these programs produce are probably greater than the benefits that we account for in our analysis. So all this is by way of saying that this is uh, um...a pretty buttoned up analysis. It shows pretty clearly that these programs more than pay for themselves and in fact, they probably pay for themselves to an even greater extent than our analyses show if you were to take into account all the manifold benefits that these policies produce.

Thank you. Can you tell us how this research is different than other studies that have been done on teen pregnancy prevention programs?

Dr. Thomas: Sure, I've already talked a little bit about what we've found but I do think it's important that your listeners understand what the added value is of our project. So as a lot of your listeners probably know, one of the great things about the program evaluation studies in this area is that a lot of them have been done using random assignment. Which we in the program evaluation business like to say is the gold standard. But most of these studies look at programs effects on what I might call very short term outcomes. Like whether or not people use contraception, whether or not they have sex, things like that. Very few studies look at these programs effects on actual pregnancy rates, or birth rates, and there's a good reason for that. Pregnancy and birth, even among high risk populations, are reasonably rare. So it's hard to pick up statistically on effects of these programs on things that don't happen all that often. So that's where our model comes in. Our model allows us to say here's a great study that we- whose results we really believe. We believe this study's results showing that a particular program increases contraceptive use by 15% among the people that participate in it. What are the implications for that sort of change for rates of teen pregnancy or rates of teen childbearing? Those kinds of estimates aren't usually produced by those kinds of well done studies. So that's one benefit. Another benefit is that most of these studies don't do rigorous cost benefit analyses it's just sort of a whole separate ball of wax so that's something that we spend a lot of time doing, the benefit cost analyses, that's technical jargon, but all I mean by that is what I was talking about earlier- how much money these program save tax payers, that's how we measure benefits, as I said you could have a broader measure, and then compare that to the cost of the program. To really try and inform readers that for every dollar you spend on this program you are going to save taxpayers X amount. And if that X is greater than a dollar, then that program is a net saver. And as I said before we find that these programs, if they're well designed, probably are net savers.

Have you used this model to look at other programs or policies in addition to teen pregnancy prevention?

Dr. Thomas: We have, we've actually used this model to look at a variety of different policies-two in particular that we've written a fair bit about in addition to the teen pregnancy prevention program. One is a media campaign encouraging condom use and another is an expansion in government subsidies for family planning services. And in both cases the way that we did this was very similar to the way we did the teen pregnancy simulation. We went out to the program evaluation studies. We found what we thought were the best available estimates of these other policies' effects on contraception use, we plugged those changes on contraception use into our model and came up with estimates of these policies' likely effects on things eventually like pregnancy rates, birth rates, we did benefit cost analysis on much the same way that I just described for the pregnancy prevention programs. So yes, we have used it for other purposes. We have just, in case any of your listeners are interested, we have just updated the model with new data and added a few new bells and whistles and there's a lot of documentation on different versions of the model. If any of your listeners have trouble sleeping they are wonderful sleep aids they are 150 pages long, they are good pillows- really boring reading. There are more interesting pieces, opinion pieces, policy briefs, some academic papers, and most of what we've written for this project over the last few years is all available on the website for the model. The model is called Familyscape, like landscape but family instead of land so if you Google Familyscape your first hit will be the Familyscape website at the Brookings' Institution where this model is housed.

(For reader's convenience: <http://www.brookings.edu/about/centers/ccf/social-genome-project/familyscape>)

Great, so can you talk in even more detail about what your findings were?

Dr. Thomas: Sure so we did these simulations for pregnancy prevention programs, that's what we're primarily interested in today and these other two programs that I just mentioned. What we found was that all three programs would be effective at reducing rates of unintended pregnancy, rates of abortion, rates of child poverty, we found that all three programs would more than pay for themselves. So in all three cases the savings they produced taxpayers are greater than their cost to taxpayers. We found that the expansion and subsidies for family planning services had the largest benefit cost ratios which is to say that the savings exceeded the cost to the greatest extent and the reason for that was that that program was specifically targeted on low income women on the government's Medicaid program who provides these benefits, therefore if you prevent these pregnancies you're preventing pregnancies that if they occurred would be especially expensive. We found that the teen pregnancy prevention program, would be the most likely to reduce teen pregnancy to the greatest extent which is not a big shock for the same reason, that it is obviously targeted on teens. Your listeners may be particularly interested in getting specific data points for the pregnancy prevention program. We actually did many estimates under different assumptions but the simulation whose results I think are the most relevant for the listeners showed that uh- an evidenced based well designed teen pregnancy prevention program would save tax payers about two dollars and fifty cents for every dollar that they spend on the program which is a pretty good rate of return on the

program. So again to go back to one of your earlier questions, I just want to re emphasize that a lot of your listeners who are a lot of practitioners, probably, work hard to justify the existence of their programs and what I'm hoping is that this evidence will be relevant for those efforts. To the extent that they can say look if our program is well funded and we get enough money to be able to implement a really well designed program, we will actually probably save you money rather than costing you money.

Thank you, Dr. Thomas for speaking with us today about your work and some of the implications for the teen pregnancy prevention field. And thank you to all of you for joining this podcast of the Office of Adolescent Health. This concludes this podcast; we hope you will join us again.