

Arkansas Focuses on College Students to Lower Teen Pregnancy and Birth Rates

With a high rate of teen births among 18- and 19-year-olds, Arkansas passed legislation requiring colleges and universities to create pregnancy prevention action plans.

Arkansas has the [highest](#) teen birth rate in the nation, and 18- and 19-year-olds account for 74 percent of the state's teen births. Because teen births disproportionately occur in this age group, the Arkansas Department of Health (ADH) is working with legislators and higher education institutions to promote teen pregnancy prevention, including increasing access to long-acting reversible contraception (LARC).

Teen pregnancy is closely [linked](#) with higher rates of prematurity, stillbirth, and low birth weight. Additionally, only 50 percent of teen mothers [earn](#) a high school diploma by the age of 22 and pregnancy during college has a significant impact on college completion, making it more difficult for teen mothers to secure jobs that support their families. The financial repercussions of teen birth ripple through their communities, too. In 2010, teen childbearing [cost](#) Arkansas an estimated \$129 million.

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Steps Taken:

- Like many states, procuring funding for LARC projects can be a challenge in Arkansas. To overcome this barrier, ADH has collaborated with other organizations working in the area and leveraged growing momentum around LARC.
- One of these collaborations is with the [Natural Wonders Partnership Council](#) (NWPC), a cross-sectoral board whose mission is "to identify the health needs of the state's children and to construct a strategic plan for improving their health and quality of life." ADH is a NWPC member, and ADH Family Health Branch Chief Bradley Planey has co-led a NWPC workgroup on reproductive health among teenagers.
- The teen reproductive health workgroup offers attendees an opportunity to share their initiatives, collaborate on common goals, and formalize plans to guide and measure their work. It is comprised of a range of stakeholders in children's health, including ADH, the Arkansas Department of Higher Education (ADHE), American Academy of Pediatrics – Arkansas Chapter, and University of Arkansas for Medical Sciences. The workgroup is open to all, and some legislators occasionally attend its meetings.
- The workgroup [conducted](#) a legislative study to identify evidence-based policies that could help reduce the state's teenage pregnancy and birth rates. As the workgroup examined its options, Mississippi provided inspiration. Mississippi also has one of the [highest](#) rates of teen birth in the nation. Like Arkansas, more than 70 percent of these births are [concentrated](#) among 18- to 19-year-olds. In 2014, Mississippi Governor Phil Bryant signed [legislation](#) that targeted this at-risk demographic by directing all public universities and community colleges in the state to devise plans to prevent unintended pregnancies among older teens.

- In April 2015, the NWPC workgroup's study resulted in Arkansas passing its own legislation, [Act 943](#), requiring the Arkansas Higher Education Coordinating Board to collaborate with higher education institutions to develop an action plan to prevent teen pregnancies among unmarried college and university students.
- The law details action plan components, such as incorporating information about preventing unintended pregnancies into orientations, using the American College of Obstetricians and Gynecologist (ACOG) information on the topic in academic courses when appropriate (e.g., professors assigning students research papers on teen pregnancy prevention), and promoting greater access to care.
- After the law's enactment, the legislature formed the Act 943 Working Group with representation from ADH, ADHE, Community Health Centers of Arkansas, universities and colleges, legislators, and nonprofits, as well as a senior student from the University of Central Arkansas.
- In June 2015, the working group [surveyed](#) colleges and universities in Arkansas to learn about their pregnancy prevention efforts. The survey revealed that a majority of the respondents did not cover pregnancy prevention information in their orientations or first-year student success courses, track how many students sought counseling on pregnancy prevention, or provide students with information about how to access contraception.
- In its report following the survey, the working group said that colleges and universities should consider adding five components to their orientation programs: (1) Pregnancy prevention; (2) interactive and engaging online availability; (3) connect students to services; (4) include discussion on responsible behaviors; and (5) program would cover family planning and contraception.
- To increase access to contraception, the working group recommended that colleges and universities collaborate with ADH and federally qualified health centers, particularly when the school doesn't have an on-campus health clinic that provides reproductive health services and can't establish one.
- Arkansas has a [centralized public health structure](#) in which all of the 92 local health departments (LHDs) are staffed and run by ADH, and every county has at least one LHD that offers reproductive health services.
- Because ADH is responsible for all of the state's family planning clinics, the agency stocks a central supply of LARCs for the clinics' patients. Staff are trained to talk to patients about contraception options, including LARCs, and nurse practitioners on staff are qualified to insert intrauterine devices (IUDs). For patients who want IUDs, the clinics strive to provide same-day placement while the patient is in the office.
- To increase student access to these local resources and develop messaging on where students should go for pregnancy prevention services, the working group report [recommended](#) schools and nearby health centers formalize their relationships by developing memoranda of understanding that define their roles and responsibilities.
- The report also pointed to telehealth as a strong option for colleges and universities, particularly schools in rural areas, because many of them already have the technology infrastructure to support these services.

Results:

- Schools are now implementing the unplanned pregnancy prevention law and [launched](#) their new programs in the fall of 2016.
- As part of their teen pregnancy prevention action plans, the University of Arkansas at Little Rock and Arkansas Tech University had freshmen watch a [video](#) from the Arkansas Campaign to Prevent Unplanned Pregnancy. In the video, real Arkansas students shared how teen birth impacted their lives, such as restricting their availability to pursue career goals or spend time with friends.
- The University of Arkansas at Little Rock [estimates](#) that more than 1,200 freshmen saw the video at its 2016 orientation.
- The University of Arkansas' Pat Walker Health Center in Fayetteville, specifically promotes LARC for students who may want them, [writing](#) on its web page: "We encourage you to strongly consider a LARC method as a first choice for contraception if you wish to delay childbearing for several years." The clinic itself provides IUDs and Nexplanon to students.
- Arkansas Tech University also set up a [web page](#) that cites the new law and lists pregnancy prevention resources for students.

Lessons Learned:

- Take inspiration from other states that are similarly situated. Because it also has a high rate of teen births among 18- and 19-year-olds, neighboring Mississippi's teen pregnancy prevention law for higher education provided Arkansas with a great model to address the issue and craft its own legislation.
- Don't be afraid to advocate for LARC. Due to LARC's success around the country, such as in [Colorado](#), it's becoming easier to make the argument that states should increase access to LARC. "Everyone can see the benefit of very effective contraception," says Planey.
- Build on the relationships you already have. ADH's collaboration with NWPC and other partners didn't develop just for this effort—there were preexisting relationships that further developed around this issue because each partner saw the benefit of it.
- To determine what LARC initiatives will work best in your state, evaluate what you're currently doing and your agency's strengths and weaknesses.
- Keep the lines of communication open. Identify who in the other agencies could be the champion and set up meetings to begin establishing common goals.

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