Trends and Measurement in New York City Teen Reproductive Health

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SUMMARY

This brief focuses on teen pregnancy and births in New York City (NYC) to place the measures used in the Foster Youth Initiative in context. Consistent with national and statewide trends, the most widely used measures of teen pregnancy and birth rates show marked and sustained declines in NYC over the last ten years. Still, areas that have high rates of child maltreatment investigations have teen pregnancy and birth rates that can be twice as high as the citywide rate. This brief discusses trends in NYC, the potential impact on NYC's foster care system, and a measure that may help track trends among NYC youth in foster care.[2]

BACKGROUND: *the consequences of teen pregnancy and parenting*

Pregnancy and births among teens raise many concerns for youth, their families, and public policy makers. Most teen pregnancies in NYC do not result in live births, and terminations or miscarriages can be traumatic.[3] Additionally, due to the difference in pregnancy rate and live birth rate, we analyze teen pregnancy and teen birth separately in this brief. Studies show that teens who become parents have higher chances for dropping out of high school, enrolling in economic assistance programs, and adverse health risks for both mother and child.[4] Children of parenting teens who are in foster care face increased rates of maltreatment and intergenerational placement in foster care.[5]

NYC, NY State, and national trends in teen pregnancy rates

The national teen pregnancy rate (number of pregnancies per 1,000 females ages 15-19) has declined by 74 percent in less than 30 years — from 117.6 pregnancies per 1,000 females ages

[1] Many thanks to Pascale Saintonge Austin and Rayanne Farhat for their contributions to this brief.
[2] NYC supports a wide array of reproductive health initiatives for the general population and for youth in foster care. We hope to produce a future brief that explores this topic in more detail.
[3] See https://www.health.ny.gov/statistics/vital_statistics/2018/table30.htm; Astone N, Martin S, Breslav, L. Innovations in New York City Health and Human Services Policy: Teen Pregnancy Prevention. Urban Institute. February 2014. Retrieved from https://www.urban.org/sites/default/files/publication/32656/413058-Innovations-in-NYC-Health-and-Human-Services-Policy-Teen-Pregnancy-Prevention.PDF
[4] Teen Pregnancy Prevention. Unintended Pregnancy, Repeat Live Births, and Postpartum Contraceptive Use Among Teenage Mothers (ages 15 – 19). Retrieved from https://www.cdc.gov/prams/pdf/snapshot-report/teenpregnancy.pdf
[5] Jackson Foster L, Beadnell B, and Pecora P. (2013). Intergenerational Pathways Leading to Foster Care Placement of Foster Care Alumni's Children. National Center for Biotechnology Information, US National Library of Medicine. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4340584/

15-19 in 1990 to 31.0 in 2017.[6] Consistent with national trends, data from the NY State Department of Health show a decline in teen pregnancy rates across NY State and in NYC (Figure 1). In 2005, the teen pregnancy rate in NYC was 91.8 pregnancies per 1,000 females aged 15-19 years while the rate in the rest of NY State (excluding NYC) was 40.9. In 2018, the NYC rate dropped to 30.6 pregnancies per 1,000 females aged 15-19 years, a decline of 67 percent, and 18.8 in NY State (excluding NYC).[7]

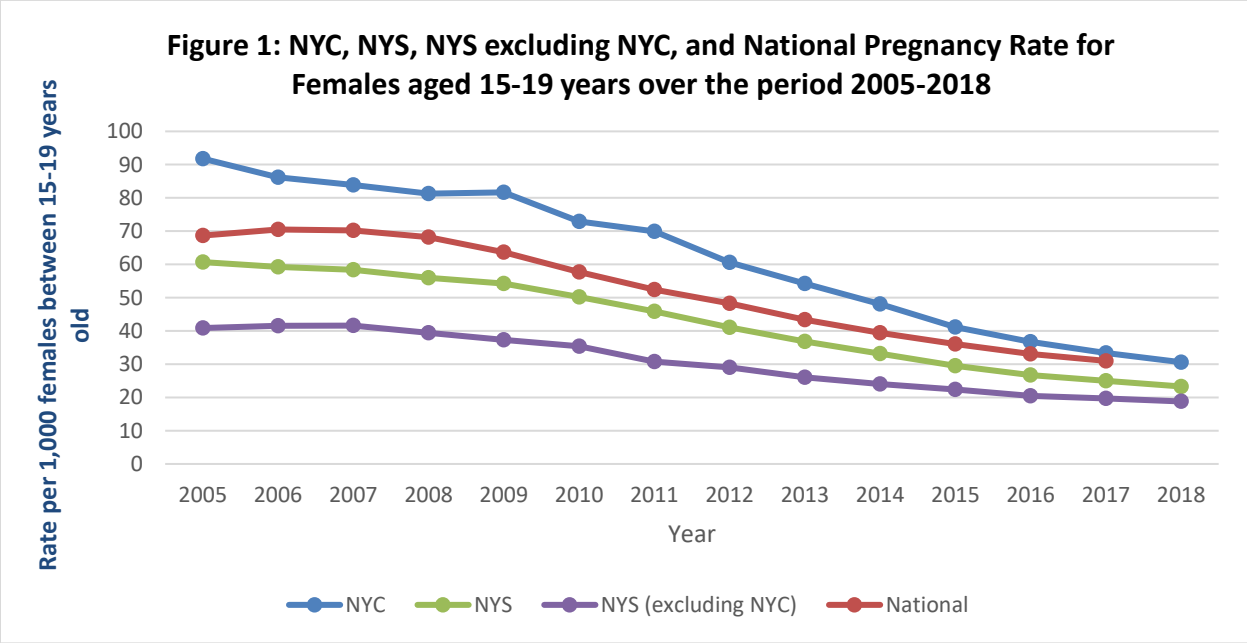

Figure 1: Teen pregnancy rate in NY State excluding NYC, NYC, and nationally from 2005 – 2018 by females between 15 – 19 years old. [8]

We use the yearly rate here because more recent data are available, but NYC also reports the teen pregnancy rate in three-year blocks. These data look similar when smoothed over three-year periods, but the smoothing allows for reporting at the Community District level and smaller geographies.

NYC has made progress in reducing disparities in the teen pregnancy rate across different subgroups. Low-income New Yorkers have higher teen pregnancy rates than city residents with more financial resources. The same holds for disparities between Black and Latino teens

[6] See Isaac Maddow-Zimet and Kathryn Kost, "Pregnancies, Births and Abortions in the United States, 1973–2017:National and State Trends by Age," available at https://www.guttmacher.org/sites/default/files/report_downloads/pregnancies-births-abortions-us-1973-2017-appendix-tables.pdf. Last accessed July 13, 2021.
[7] See New York State Vital Statistics Table 30, May 2018. www.health.ny.gov/statistics/vital_statistics/2016/table30.htm.

[8] https://www.guttmacher.org/sites/default/files/report_downloads/pregnancies-births-abortions-us-1973-2017-appendix-tables.pdf; https://www.health.ny.gov/statistics/vital_statistics/vs_reports_tables_list.html

compared with White and Asian/Pacific Islander teens. Disparities increase in areas where low-income and POC communities overlap, which also tend to be areas of higher child welfare activity. Still, from 2010 to 2015, a similar decline in teen pregnancy rates was seen across different poverty levels (low, medium, high, or very high) in varying neighborhoods across NYC. The pregnancy rate dropped even more over the 2010-2015 period among NYC teens in three of the most disadvantaged neighborhoods (East and Central Harlem, North and Central Brooklyn, and the South Bronx) served by three Health Action Centers funded by NYC's Department of Health and Mental Hygiene (DOHMH).[9]

While teenage pregnancy rates have declined for all from 2010 to 2018, there are still major disparities by ethnicity. Despite their teen pregnancy rates decreasing by approximately 60% from 2010 to 2018, Hispanic and non-Hispanic Black females still experienced teenage pregnancy at nearly four times the rate of Asian and Pacific Islander and non-Hispanic White teenagers.

Table 1: Teen Pregnancy Rate in New York City by Ethnicity, 2010 and 2018

Rate of Pregnancy Among Females 15-19 in NYC by Mother's Ethnicity			
Ethnicity	2010	2018	Percent Change
Asian and Pacific Islander	19.3	7.9	-59%
Hispanic	96.5	40.3	-58%
Non-Hispanic Black	117.2	45.3	-61%
Non-Hispanic White	22.6	11.5	-49%

Table 1: Pregnancy rate per 1,000 females between 15 – 19 years old in New York City by ethnicity, 2010 and 2018.[10]

NYC, NY State, and national trends in teen birth rates

Trends in teen birth rates have followed a pattern similar to teen pregnancy rates (see Figure 2). From 2005 to 2017, the NYC teen birth rate dropped by almost half, from 32.9 per 1,000 females ages 15 to 19 in 2005 to 13.1 in 2018 (-60.2%).[11] Nationally, the figure fell from 39.7 in 2005 to 18.8 per 1,000 females ages 15 to 19 in 2015 (-53%). In NY State overall, the teen birth rate dropped from 25.7 in 2005 to 12.7 in 2017 (-51 percent).[12]

[9] "NYC Health: Trends in Pregnancy, Sexual Behavior, and Use of Contraception among Teens in New York City.," Epi Data Brief (New York City Department of Health and Mental Hygiene, December 2017), https://www1.nyc.gov/assets/doh/downloads/pdf/epi/databrief98.pdf.

[10] See "Summary of Vital Statistics 2010, The City of New York." Available at: https://www1.nyc.gov/assets/doh/downloads/pdf/vs/2010sum.pdf; See "Summary of Vital Statistics 2018, The City of New York." Available at: https://www1.nyc.gov/assets/doh/downloads/pdf/vs/2018sum.pdf.

[11] See "Summary of Vital Statistics 2017, The City of New York." Available at: https://www1.nyc.gov/assets/doh/downloads/pdf/vs/2017sum.pdf.

[12] See Isaac Maddow-Zimet and Kathryn Kost, "Pregnancies, Births and Abortions in the United States, 1973–2017: National and State Trends by Age," available at https://www.guttmacher.org/sites/default/files/report_downloads/pregnancies-births-abortions-us-1973-2017-appendix-tables.pdf. Last accessed July 13, 2021.

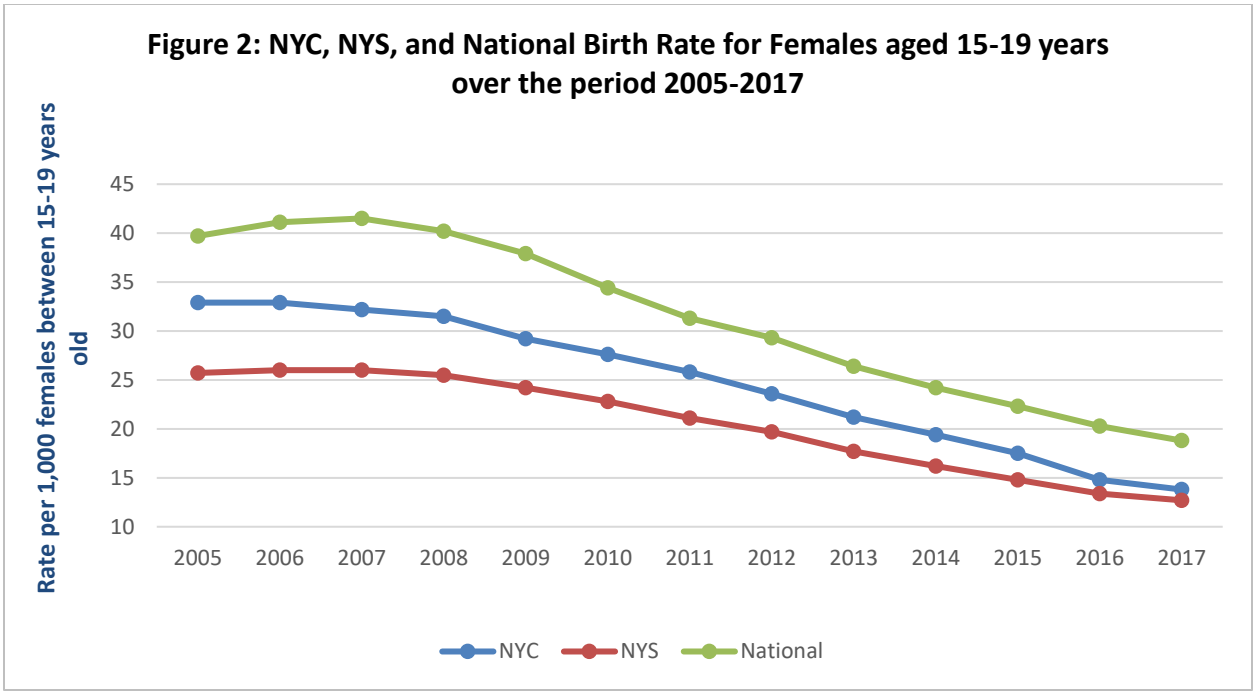

Figure 2: Teen birth rate in New York State and City from 2009 – 2017 per 1,000 females between 15 – 19 years old.

These trends likely contributed to the dramatic decline in the number of entries into foster care and the foster care census in NYC.[13] Teen parents are at high risk of child welfare involvement including child removal, and the declining teen birth rate resulted in thousands of fewer births among this group each year. Compared to 2010, in 2018 there were 76 fewer births to children under 15 years old, 1,473 fewer births to children 15 to 17 years old, and 2,826 fewer births to women 18 to 19 years old.[14] In total, there were 4,375 fewer births to teen mothers in 2018 than in 2010 (see Table 2).

[13] Yaroni and T. Ross. 2014. "Innovations in NYC Health and Human Services Policy: Child Welfare Policy." Available at https://www1.nyc.gov/assets/opportunity/pdf/policybriefs/child-welfare-brief.pdf last accessed August 18, 2018.; Curtin SC, Abma JC, Kost K. 2010 pregnancy rates among U.S. women. NCHS Health E-stat Web site.http://www.cdc.gov/nchs/data/hestat/pregnancy/2010_pregnancy_rates.htm. Published 2015. Accessed May 9, 2016.; Finer LB, Zolna MR. Declines in unintended pregnancy in the United States, 2008-2011. *N Engl J Med.* 2016;374:843-852.

[14] "Table 7: Live Births by Mother's Age and Resident County New York State – 2010" https://www.health.ny.gov/statistics/vital_statistics/2010/table07.htm; "Table 7: Live Births by Mother's Age and Resident County New York State – 2018" https://www.health.ny.gov/statistics/vital_statistics/2018/table07.htm

Table 2: Teen Births in New York City, 2010 and 2018

Teen Births in NYC by Mother's Age				
	Total teen births	<15 years	15-17 years	18-19 years
2010	7,203	99	2,176	4,928
2018	2,828	23	703	2,102
2010-2018 change	-4,375	-76	-1,473	-2,826

Table 2: Number of live births for females between 15 – 19 years old in New York City, 2010 and 2018.

Teen birth rates have decreased across ethnic groups, and disparities between ethnic groups have lessened in the last 10 years in New York City. However, Hispanic teens still experience teen birth at almost four times the rate of their non-Hispanic White peers, and at nearly eight times the rate of their Asian and Pacific Islander peers (see Table 3).

Though teen birth rates declined overall and for the subgroups on which DOHMH reports, disparities among racial and economic subgroups remain.[15,16] Even though the most recent numbers show that the NY State and NYC teen birth rates are lower than the national rate, community districts with high poverty rates and predominantly minority youth have teen birth rates 150 to 200 percent higher than the city average.[17] These neighborhoods also have high rates of child welfare investigations and foster care entries. This trend holds true across various teen pregnancy and teen birth rate indicators.

Table 3: Teen Birth Rate in New York City by Ethnicity, 2010 and 2018

Rate of Pregnancy Among Females 15-19 in NYC by Mother's Ethnicity			
Ethnicity	2010	2018	Percent Change
Asian and Pacific Islander	5.9	2.7	-54%
Hispanic	43.9	21.5	-51%
Non-Hispanic Black	31.1	14.4	-54%
Non-Hispanic White	8.8	5.6	-36%

Table 3: Birth rate per 1,000 females between 15 – 19 years old in New York City by ethnicity, 2010 and 2018.[18]

[15] Astone N, Martin S, Breslav, L. Innovations in New York City Health and Human Services Policy: Teen Pregnancy Prevention. Urban Institute. February 2014. Retrieved from https://www.urban.org/sites/default/files/publication/32656/413058-Innovations-in-NYC-Health-and-Human-Services-Policy-Teen-Pregnancy-Prevention.PDF

[16] Social Determinants and Eliminating Disparities in Teen Pregnancy. (October 2017). Retrieved from https://www.cdc.gov/teenpregnancy/about/social-determinants-disparities-teen-pregnancy.htm

[17] See the Keeping Track database at http://data.cccnewyork.org, which draws from NYC and U.S. Census Bureau sources.

[18] https://www1.nyc.gov/assets/doh/downloads/pdf/vs/2010sum.pdf; https://www1.nyc.gov/assets/doh/downloads/pdf/vs/2018sum.pdf.

Measuring Pregnancy and Birth Rates Among Foster Youth

Studies show that young women living in foster care are more than twice as likely to become pregnant than those not in foster care and have high rates of repeat pregnancies while in care.[19] Higher rates of high-risk sexual behavior and difficulty accessing contraception and other reproductive health services compared to non-foster peers drive these findings.[20,21] Studies have shown that 33% of girls transitioning out of foster care become pregnant by age 17 and 50% by age 19, making young women in foster care more than twice as likely than their peers not in foster care to become pregnant by age 19.[22,23] By age 21, approximately 49% of young women in foster care became pregnant, and 33% of young men in foster care reported getting someone pregnant.[24]

No national statistics are available for pregnancy rates among foster youth specifically.[25] Several evidence-based programs and practices have been adapted for foster youth, but despite investments by the Federal Office of Adolescent Health during the Obama administration, there are no evidence-based pregnancy prevention programs that are proven to work with youth in foster care.[26]

NYC, however, has made several efforts to address teen pregnancy and childbearing among foster youth on the city level. ACS has published a document on Sexual and Reproductive Health Care for Youth in Foster Care that outlines youths' rights to confidential reproductive health information and services and the standards that foster care providers are expected to meet.[27] Specifically, ACS policy mandates that youth in foster care have access to reproductive health care services without the knowledge or consent of parents or guardians and that agencies provide youth with up-to-date reproductive health information and referrals and develop pregnancy prevention strategies. Furthermore, ACS coordinates trainings for foster care providers that help

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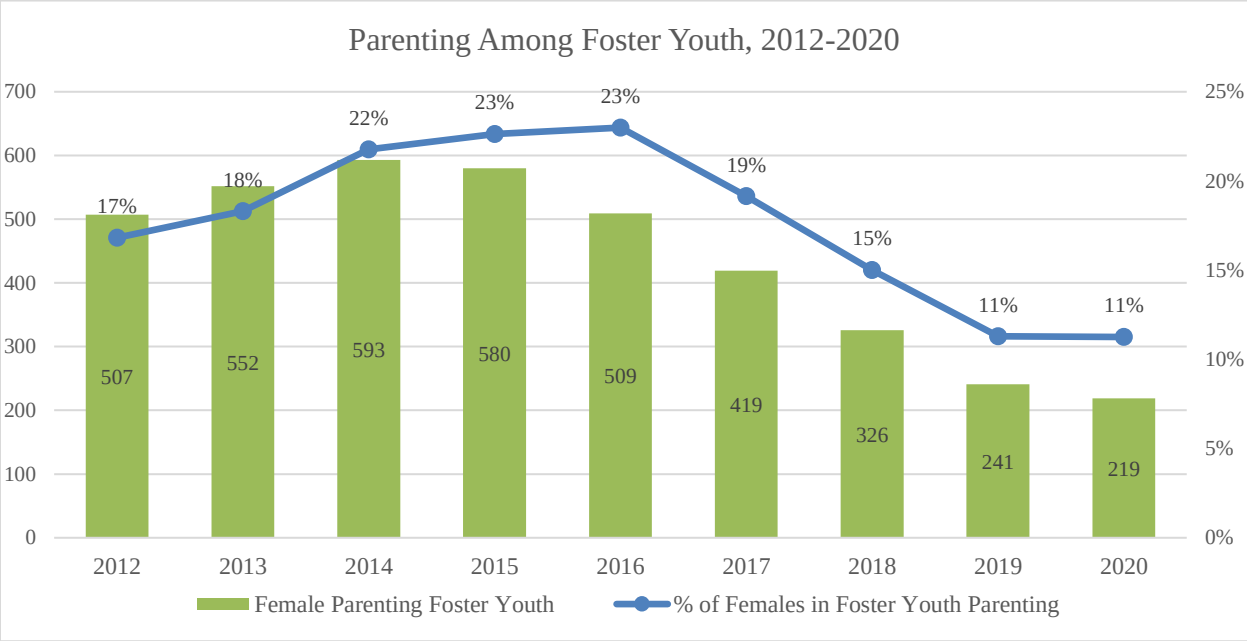
[19] Boonstra HD. Teen pregnancy among women in foster care: a primer. Guttmacher Policy Review. 2011; 14(2).
[20] See Sara C. Carpenter et al., "The Association of Foster Care or Kinship Care With Adolescent Sexual Behavior and First Pregnancy," *Pediatrics* 108, no. 3 (September 1, 2001): e46, https://doi.org/10.1542/peds.108.3.e46.; Amy Sullivan, "Teen Pregnancy. An Epidemic in Foster Care," July 22, 2009, http://content.time.com/time/nation/article/0,8599,1911854,00.html
[21] See Dworsky, A. & DeCoursey, J. (2009). Pregnant and Parenting Foster Youth: Their Needs, Their Experiences. Chicago: Chapin Hall at the University of Chicago; Love, L. T., McIntosh, J., Rosst, M., & Tertzakian, K. (2005). Fostering hope: Preventing teen pregnancy among youth in foster care. Washington, DC: National Campaign to Prevent Teen Pregnancy.
[22] Dworsky, A. & Courtney, M. (2010). The risk of teenage pregnancy among transitioning foster youth: Implications for extending state care beyond age 18. Children and Youth Services Review. 32. 1351-1356. 10.1016/j.childyouth.2010.06.002.
[23] See https://www1.nyc.gov/assets/acs/policies/init/2014/B.pdf
[24] Dworsky, A. & Courtney, M. (2010). The risk of teenage pregnancy among transitioning foster youth: Implications for extending state care beyond age 18. Children and Youth Services Review. 32. 1351-1356. 10.1016/j.childyouth.2010.06.002.
[25] Boonstra, 2011
[26] For many reasons, developing an evidence base for programs that work with foster youth is challenging. For a list of promising practices, see https://teenpregnancy.acf.hhs.gov/blog/bright-future-youth-foster-care, and https://www.hhs.gov/ash/oah/sites/default/files/ppa-findings-fact-sheet.pdf
[27] See https://www1.nyc.gov/assets/acs/policies/init/2014/B.pdf

providers develop reproductive health policies, address legal, consent, and confidentiality issues, and inform agency healthcare staff about best practices in discussing sexual and reproductive issues with youth.[28] NYC ACS also supports agencies that have "mommy and me" residential programs that have parenting youth in foster care agencies. The New York Foundling's Young Mother's Support Program and Rising Ground's (formerly known as Leake and Watts) Mother and Child Program are examples of agencies supporting young mothers to continue their education and secure stable housing while in care.[29][30] As a follow up to the Interagency Foster Care Taskforce report, ACS plans to increase referrals to home visiting programs for pregnant and parenting youth.[31]

ACS data was recently made available on parenting foster youth for the years 2012-2020. Echoing trends in New York City at large, the rate of parenting females in foster care has been dropping steadily over the last five years. In 2020, 219 females were parents in foster care; less than half of the 580 female foster parents in 2015 (-62%). Additionally, the rate of females in foster care who are parenting has also been declining; the rate has remained steady at 11% since 2019, down from nearly one quarter in 2016 (-12%).



It is worth noting that there is very little data on male parenting foster youth. The annual data reported on parenting among foster youth is over 99% female each year. Therefore, we have

[28] "Sexual and Reproductive Health Care for Youth in Foster Care," Best Practice Guide (New York City Administration for Children's Services, 2013), https://www1.nyc.gov/assets/acs/policies/init/2013/I.pdf.
[29] New York Foundling. 2018. Young Mother's Support Program. Retrieved from https://www.nyfoundling.org/program/young-mothers-support-program/
[30] Rising Ground. 2018. Mother and Child Program. Retrieved from https://www.risingground.org/program/mother-child-program/
[31] See ACS Report Of The Interagency Foster Care Task Force, available at https://www1.nyc.gov/assets/acs/pdf/testimony/2018/TaskForceReport.pdf, page 36.

chosen to analyze specifically the rate of parenting among female foster youth, acknowledging that the overall rate of parenting among foster youth is likely much higher once male parenting is included as well.

Accurate measurement and data for youth in foster care

Regulations and measurement issues explain why so little data have been available on the reproductive health of foster youth. Laws and regulations mandate strong confidentiality protections of both individual health data and foster care status. Case planners are required to record pregnancies in case notes in Connections (New York State's administrative data system) if they know they have occurred, but medical providers are not required to inform case planners of pregnancies. As a result, ACS has not had reliable aggregate pregnancy data. Reports of births to NYC DOHMH do not include data on the mother or father's foster care status. Provider agencies enter births in Connections, but there is no "check box" to easily aggregate these data. While some studies have matched foster care census data and vital statistics data, including studies supported by the Hilton Foundation, to our knowledge *routine* matching does not occur in any foster care system.[32]

A 2018 ACS Task Force was charged with improving recommendations for youth transitioning out of foster care. The ACS recommends better reporting on foster youth pregnancy and parenting to understand the outcomes for this particularly marginalized group. Providers and case planners are required to present pregnant youth with details on their various options, particularly with regards to termination or maintenance of the pregnancy. They are not required to notify foster parents of the pregnancy; this is entirely up to the individual youth. However, the ACS requires that all sexual and reproductive health information related to continuing or terminating a pregnancy must be documented. The case planner must document face-to-face discussions about these two issues in the CNNX Health Narrative field.[33]

There are also prevailing measurement issues in determining pregnancy and birth rates among foster youth that would be comparable to the general population rates discussed above. To calculate pregnancies that took place in foster care requires knowing when youth entered and exited foster care and comparing that to a date of conception. The episodic nature of foster care makes identifying a denominator challenging. For many teens, foster care spells are brief, frequently lasting less than 45 days. Unlike children, who enter foster care primarily as the result of abuse/neglect petitions, teens enter foster care through several legal channels.[34] Measuring "who counts" as a foster youth is an issue that requires tough compromises. The ACS report finds that more accurate data on foster youth pregnancy helps support evidence-based programs that can facilitate access to and increase utilization of health services by the youth and their children, reduce the likelihood of future child abuse/neglect, and increase access to and

[32] See Emily Putnam Hornstein et al. 2017. http://www.datanetwork.org/wp-content/uploads/2017/01/Cumulative-Teen-Birth-Report_final.pdf

[33] See "Sexual and Reproductive Health Care for Youth in Foster Care" from the ACS, available at https://www1.nyc.gov/assets/acs/policies/init/2014/B.pdf.

[34] See Ross. T. (2009). *The Challenges of Collaboration.* Washington, DC: Urban Institute Press, chapter 5.

utilization of reproductive healthcare and family planning services to reduce the number of subsequent unplanned pregnancies.[35]

A possible solution

In the absence of comparable pregnancy and birth rate metrics for foster youth, there are two alternative measures for stakeholders to consider. First, it may be possible to calculate the number of births per 1,000 transition age youth foster care days. Connections includes data on the family members of youth in care, including new family members born to youth while in care. Because agencies are responsible for providing additional financial supports to foster parents when foster youth are parenting, these data are likely of high quality.[36]

Second, calculating the number and rate of parenting foster youth at a point-in-time such as in the ACS data may be useful in informing decisions on funding levels for parenting foster youth. Point-in-time data inherently includes more youth in long-term stays, so this metric would focus on the population of greater need—parenting youth at risk of aging out of the foster care system—as well as on youth with whom public and provider agencies have more contact. Using the same date(s) each year would adjust for seasonality. Extracting these data from administrative systems will not increase the data collection burden on public or private agency staff. While ACS data was recently made available, a lack of information on male parenting foster youth and many difficulties in accurate data collection call the current reliability of this metric into question. This data must be improved in order to use the number of parenting youth as an estimate of the reproductive health and status of youth in foster care.

CONCLUSION

NYC's teen pregnancy and birth rates have plummeted, as have state and national rates. This trend has implications for the city's child welfare system, likely contributing to a reduction in the number of children coming into care. While new data is beginning to emerge on the status of parenting and pregnancies among youth in foster care, more reliable information on the reproductive health of this population is still needed. We know comparatively very little about the births and pregnancies that take place in foster care and the number of parenting youth in care. The measures proposed here would allow ACS and other stakeholders to learn more about the size of this population and help us understand the ACS's progress towards recommendations for serving this vulnerable group.

[35] See "Sexual and Reproductive Health Care for Youth in Foster Care" from the ACS, available at https://www1.nyc.gov/assets/acs/policies/init/2014/B.pdf.

[36] We have not explored these data. Children born to youth in care may or may not enter foster care themselves. Our understanding is that newborns of youth in foster care share the same case number as the removed parent. If the child of the minor parent is removed, they have their own separate case.

Appendix: Measuring teen birth and pregnancy rates in NYC, NY State, and nationally

Birth data are produced by the NYC DOHMH Bureau of Vital Statistics and population data come from US Census Bureau enumerations and estimates. State law requires that medical facilities report information concerning pregnancies and births.[37] This information includes pregnancies, live births, induced terminations, and miscarriages and, when available, demographic information on the parents involved.[38] The data are reported on a yearly basis for larger geographical units and for three-year periods at the Community District level and smaller geographies. The rates are reported as births per 1,000 females from 10 to 14 years old, 15 to 17 years old, and 18 to 19 years old.

The National Vital Statistical Report, issued by the Center for Disease Control and Prevention's (CDC) Division of Vital Statistics, uses standardized teen birth data from the states and the District of Columbia with the same age ranges. Disaggregating the 18 to 19-year-old group makes sense: in 2016, the national teen birth rate for the 15 – 17 range was 8.8 per 1,000 females compared to 37.5 for 18 to 19 years.[39] Since the federal rates are aggregates of the 50 states and DC, New York State and City stakeholders often compare local teen birth rates to the national data to measure performance.

The teen pregnancy rate comes from the same data source and is composed of the number of pregnancy outcomes (births, terminations, and miscarriages) divided by the number of teen females in an age category as calculated using U.S. Census Bureau population estimates.[40] NY State often reports the overall rate, and then rates for NYC and the rest of the state excluding NYC.

[37] See NY Public Health Law 4130-4138D.
[38] Vital Statistics: Birth and Death Files. Retrieved from https://www.nyam.org/media/filer_public/dd/ef/ddef07c0-8801-484e-8a7e-aa46b9e6cef1/vital_statistics_birth__death_files.pdf
[39] Martin J, Hamilton B, Osterman M, Driscoll A, Drake P. (2018). Births: Final Data for 2016. *National Vital Statistics Reports, Volume 67 (1)*. Retrieved from https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_01.pdf
[40] Kost K, Maddow-Zimet I and Arpaia A, *Pregnancies, Births and Abortions Among Adolescents and Young Women in the United States, 2013: National and State Trends by Age, Race and Ethnicity*, New York: Guttmacher Institute, 2017, https://www.guttmacher.org/report/us-adolescent-pregnancy-trends-2013.