

The Cost of Implementing a Teen Pregnancy Prevention Program in High School Health Classes

When policymakers and practitioners are considering a new program, cost is typically one of their key concerns. This brief provides information on the cost of implementing a teen pregnancy prevention program in school as part of a health class for high school students. The information comes from an evaluation of an adapted version of the *Reducing the Risk* teen pregnancy prevention curriculum, which Mathematica Policy Research conducted for the Administration for Children and Families within the U.S. Department of Health and Human Services. As part of the evaluation, trained health educators from two local health departments in Kentucky delivered an adapted eight-hour version of the *Reducing the Risk* curriculum in rural Kentucky high schools as part of a mandatory health class for primarily 9th- and 10th-grade students. Mathematica partnered with these health departments to collect information on program cost, with the goal of understanding the resources the health departments required to provide the program and how the cost of this program compares to other the federally funded teen pregnancy prevention programs.

Estimated cost

The estimated cost to the local health departments includes the value of all resources required to deliver the program during the 2013-2014 academic year, when the evaluation started. As discussed below, these resources reflect what other similar organizations would likely need to replicate the program during a steady state of operations and do not include any training or other start-up costs. During this period, local health departments delivered the adapted version of *Reducing the Risk* to 1,130 students, and the estimated cost of delivering the program was \$113 per student.

Personnel costs for the district health educators and administrative staff accounted for almost three quarters of the program cost. Indirect costs (overhead) accounted for an additional 20 percent of program resources. In both health districts, overhead costs included the cost of shared administrative personnel costs (for example, human resources and accounting staff); physical office space; and other facilities costs, such as maintenance and utilities. Supplies, equipment, and other direct costs accounted for the smallest share of program cost (7 percent).

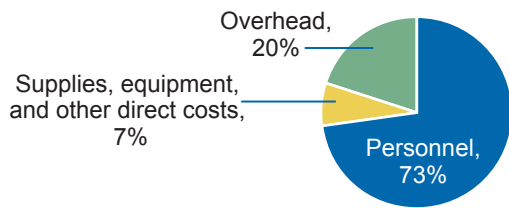


Summary of key findings:

- The average cost per student was \$113, an amount at the lower end of the range for federally funded teen pregnancy prevention programs.
- Personnel costs accounted for the largest share (about three-quarters) of the total annual cost to the local health departments.
- If the local health departments were responsible for paying for the school classrooms and teachers, the program would have cost \$150 per student.

In Kentucky, the local health departments delivered the program in school as part of a mandatory health class, so they did not pay for the physical classroom space or the time school teachers spent in the classroom. These broader “societal” costs are paid through local tax dollars and any other school funding sources. If the local health departments had needed to pay for these costs, the estimated per-student cost would have increased to \$150, an increase of about 32 percent.

Figure 1. Allocation of costs



Cost estimates in perspective

Although few prior studies have assessed the costs of implementing pregnancy prevention programs, the available evidence indicates that the estimated per-student cost of \$113 for the adapted version of *Reducing the Risk* in Kentucky is on the lower end of the range for federally funded teen pregnancy prevention programs. A recent study of 26 federally funded organizations implementing nine evidence-based teen pregnancy prevention programs found a wide range of average costs per youth. These were as low as \$68 for an organization that implemented the *It's Your Game* curriculum with the regular teaching staff in schools and as high as \$11,541 for an organization that implemented the multi-component *Carrera Adolescent Pregnancy Prevention* program (Zaveri et al. 2017). The median program cost was \$927 per youth. For teen pregnancy prevention programs, differences in cost are driven primarily by the amount of programming offered, the program setting, and other implementation characteristics.

For Kentucky, the estimated cost of \$113 per student was commensurate with the program's impact on student outcomes as measured two years after study enrollment. (Goesling et al. 2018). Relative to the standard school curriculum, the adapted version of *Reducing the Risk* led to a sustained increase in students' knowledge of contraception and sexually transmitted infections after two years, and reduced the likelihood of having sex without a condom for students who were sexually active before study enrollment. For the overall sample, the adapted version of *Reducing the Risk* did not change the likelihood of having sex or having sex without a condom after two years, nor did the program change students' attitudes, refusal skills, communication with parents, or intentions to have sex.

References

- Goesling, Brian, Joanne Lee, Robert G. Wood, and Susan Zief. "Adapting an Evidence-Based Curriculum in a Rural Setting: The Longer-Term Impacts of *Reducing the Risk* in Kentucky." OPRE Report # 2018-27. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation, 2018.
- Levin, Henry M., and Patrick J. McEwan. *Cost-Effectiveness Analysis: Costs and Applications*. Thousand Oaks, CA: Sage, 2001.
- Zaveri, Heather, Theresa Schulte, and Adam Swinburn. "The Cost of Implementing Select Evidence-Based Programs that Prevent Teen Pregnancy: An Overview of Study Findings." Washington, DC: U.S. Department of Health and Human Services, Office of Adolescent Health, September 2017.

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Data and methods

We estimated program cost using the resource cost method (Levin and McEwan 2001), which involves identifying all of the resources required to deliver a program and assigning a dollar value to each resource identified. For the two local health departments in Kentucky, we collected data and estimated costs for program implementation during one academic year (2013–2014). The local health departments had a history of implementing *Reducing the Risk* in local school districts, so the cost estimates reflect a period of relatively steady state operations and do not include initial trainings or start-up costs.

We relied primarily on the local health departments' accounting records to value the resources, with three exceptions:

1. We adjusted local personnel resource prices to national equivalents using a wage index created from state-level and national wages.
2. We calculated the annual value of equipment using the equipment's estimated useful life.
3. We estimated the value of physical classroom space and teacher time using market prices (that is, the rental price for comparable physical spaces, such as meeting rooms in community centers, and the national average wage rate for secondary school teachers).

The PREP Multi-Component Evaluation

This brief and an accompanying report, "Adapting an Evidence-Based Curriculum in a Rural Setting: The Longer-Term Impacts of *Reducing the Risk* in Kentucky," are part of a series of products from the Personal Responsibility Education Program (PREP) multi-component evaluation. Learn more about the evaluation at <https://www.acf.hhs.gov/opre/research/project/personal-responsibility-education-program-prep-multi-component>. Learn more about the PREP initiative at <https://www.acf.hhs.gov/fysb/programs/adolescent-pregnancy-prevention>.