



July 25, 2017

The Honorable Thomas E. Price
Secretary
U.S. Department of Health & Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, D.C. 20201

Dear Secretary Price:

As leaders of large, urban health departments currently experiencing great success in lowering teen pregnancy rates, we write to inquire about your Department's recent decision to shorten the project length of the Office of Adolescent Health's (AOH) Teen Pregnancy Prevention Program (TPPP) projects after just three years. This will end important prevention programs and research projects already underway. As you well know, many of these awards now slated to end two years early are funding rigorous – and needed – evaluation research meant to insure that programs in local communities across the country are as effective as they can possibly be and identify best, innovative practices for moving forward.

The Big Cities Health Coalition (BCHC) is a forum for the leaders of America's largest metropolitan health departments to exchange strategies and jointly address issues to promote and protect the health and safety of their residents. Collectively, BCHC member jurisdictions directly impact more than 54 million people, or one in six Americans.

Since its inception, TPPP has been grounded in evidence-based research and provides important funding to diverse organizations working to prevent teen pregnancy in the U.S. It funds both the implementation and evaluation of new and innovative approaches to reduce teen pregnancy. While there has been a significant decline in these rates in the U.S. to about 20.3 births per 1,000 girls aged 15-19 in 2016, this rate is still substantially higher than other industrialized nations. Additionally, racial/ethnic and geographic disparities in teen birth rates persist, many of which occur in our jurisdictions.

Ending what was intended to be five year TPPP grants two years early is highly disruptive to ongoing work in localities across the country. These cuts will negatively affect the lives of young people currently participating in these programs, and will mean fewer project jobs, fewer trained professionals, and reduced community partnerships.

Further, researchers will be unable to analyze data they have spent years collecting, and it will be incredibly difficult to draw any conclusions about what pieces of these programs work best and which are less effective at preventing unwanted teen pregnancy. As a steward of the public's money, we know you want to make sure that scarce federal dollars are spent on meaningful, impactful prevention programs.

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KANSAS CITY

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MARICOPA COUNTY (PHOENIX)

MIAMI-DADE COUNTY (MIAMI)

MINNEAPOLIS

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PHILADELPHIA

SACRAMENTO

SAN ANTONIO

SAN DIEGO COUNTY

SAN FRANCISCO

SANTA CLARA COUNTY (SAN JOSE)

SEATTLE - KING COUNTY

SOUTHERN NV (LAS VEGAS)

TARRANT COUNTY (FORT WORTH)

WASHINGTON, D.C.

Cutting TPPP funding and shortening the project period will not only reverse historic gains made in the U.S. in reducing teen pregnancy rates, but also make it difficult to truly understand what practices are most effective in our communities across the nation. As local health departments, we work to protect and promote the health of our local populations and funding for projects such as these help us to do so.

We are extremely concerned about the impact this change will have on U.S. teen pregnancy rates and urge you to reconsider the decision to cut the funds and to shorten the project period. If you have any questions or would like to discuss this further, please contact Chrissie Juliano (cjuliano@naccho.org), the BCHC Director. We eagerly await your response.

Sincerely,



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Public Health



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