

Planning, Protection, Prevention: Reducing Unintended Pregnancy in Colorado



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Why Focus on Unintended Pregnancy?

- Fact: Nearly four out of every 10 babies born in Colorado are the result of unintended pregnancy.
- Fact: Taxpayers spent an estimated \$231 million on birth-related costs for 25,600 pregnancies covered by Medicaid in 2003. Using the 4 out of 10 rate, more than \$92 million in public funds were spent on unintended pregnancies that year.
- Fact: Unintended pregnancy has prenatal and perinatal risks, risks for children, and risks for parents:
 - Unintended pregnancy is linked to increased infant mortality rates, inadequate or delayed prenatal care, and increased likelihood of premature delivery and low birth-weight babies.
 - Children of unintended pregnancies are more likely to suffer from poor physical and mental health, experience poor cognitive and educational outcomes, and exhibit increased behavioral difficulties.
 - Parents of children of unintended pregnancies have poorer psychological well-being and higher rates of depression, and women who have unintended pregnancies are more likely to experience physical abuse during and after the pregnancy.



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What prevents women from
using contraceptives
consistently and correctly
when they do not want to
become pregnant?



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- Coalition-based model to bring together community-based advocacy organizations, policymakers, health care providers, and other parties interested in promoting reproductive health, decreasing unintended pregnancy, and increasing economic self-sufficiency among Colorado women and girls.
- Three overall goals:
 - Conduct original research to identify barriers faced by women in preventing unintended pregnancies
 - Develop and present policy recommendations to elected officials and other policymakers about opportunities to reduce systemic barriers to contraceptive access and use
 - Develop an effective public education strategy to address the identified barriers and to implement the policy recommendations



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Prevention First Colorado Coalition Member Organizations

Colorado Coalition for Girls

Colorado Organization for Latina Opportunity and Reproductive Rights

Colorado Organization on Adolescent Pregnancy, Parenting and Prevention

Denver Women's Commission

Girls Incorporated of Metro Denver

NARAL Pro-Choice Colorado Foundation

National Council of Jewish Women – Colorado Chapter

Planned Parenthood of the Rocky Mountains

Republican Majority for Choice – Colorado Chapter

Women's Health (Boulder Valley Women's Health Center)

Women's Lobby of Colorado



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Scope of Research

Clinic Research

- Distributed more than 4,500 print surveys in fall 2006 to health care clinics throughout the state
- 1,324 surveys were returned, of which 1,027 were from eligible women

Teen Research

- 77 written surveys collected in spring 2007 from teens who used one of two clinics in the Denver-metropolitan area

Random Telephone Survey

- Placed more than 2,100 calls in fall 2007 to yield 801 completed surveys of eligible women
- Audience sampled included over-representation of Hispanic women

Focus Groups

- Four focus groups conducted in spring 2008 with low-income women in the Denver-metro area
- Two groups consisted of women aged 18 to 30 and two groups consisted of women aged 30 to 44
- Women were selected who were currently on Medicaid or had been on Medicaid in the last three years

Individual Interviews

- Prevention First Colorado staff conducted 40 interviews in fall 2008 with low-income women in the Denver-metro area
- 50 percent of interviewees were aged 18 to 30 and 50 percent were aged 31 to 44
- Both pregnant and non-pregnant women were interviewed; sterilized women were not
- All interviewees were currently on Medicaid or had been within the last year



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Summary of Findings

- Data confirmed assumed relationships between having sex without using contraception, unintended pregnancy, and abortion
- Clarified attitudinal and behavioral issues critical in predicting use or non-use of contraceptives
- Provided baseline data to inform development of pilot social-marketing campaign aimed at one population of women identified as significantly at-risk to experience unintended pregnancy and to identify areas for further research



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Summary of Findings

Psychological/Attitudinal Concepts Related to Contraceptive Decision-Making and Use

Planning

- Single-most important predictor of contraceptive use during sexual activity, unintended pregnancy, and use of an effective contraceptive method
- Women scoring higher on planning scale were significantly less likely to report an unintended pregnancy, more likely to use a more effective method of contraception (i.e., pills vs. condom), and less likely to report sexual activity without contraception when not desiring pregnancy
- Demographic variables affecting "planning" score:
 - Women with at least a B.A./B.S. significantly more likely to have higher "planning" score
 - Women living in rural or small-town communities more likely to have lower "planning" score

Partner Communication

- Women who scored high in "partner communication" were more likely to use an effective method of contraception
- Women scoring higher in "partner communication" were significantly more likely to have at least a B.A./B.S. degree

Psychological Barriers

- Examples: Concerns about partners' perceptions of requests for contraceptive use, perceived lack of control over pregnancy timing, perception that contraceptive use is indicative of promiscuity



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Summary of Findings

Demographic Predictors Related to Contraceptive Decision-Making and Use

Outcome: Engage in sexual activity without contraception when not desiring pregnancy

- Groups MORE likely to report having sex without contraceptives when not desiring pregnancy:
 - Women with military or Medicaid health insurance
 - Women who report having had an abortion
 - Women who inconsistently use their chosen contraceptive method
 - Women with less than a bachelor's degree

Outcome: Have experienced an unintended pregnancy

- Groups MORE likely to report having experienced an unintended:
 - Women on Medicaid
 - Women with less than a bachelor's degree
 - Women living in suburban, small-town, or rural communities
 - Women who changed contraceptive methods at some time during the last year



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Critical Findings

Groups Most at Risk for Unintended Pregnancy

Women on Medicaid

- More likely to report both sexual activity without contraceptives when not desiring pregnancy and having experienced unintended pregnancy
- Report lower level of educational attainment (55% high school education or vs. 19% of overall sample)
- Only 67% of women on Medicaid who use condoms as their primary contraceptive method do so every time, compared to 75% of the overall sample
- Among white women on Medicaid, 77% reported experiencing an unintended pregnancy compared to 44% of the overall sample

Women with Low Educational Attainment Living in Rural and Small-Town Communities

- 39% of women in these communities have only a high school degree or less, compared to 34% of women in urban areas
- 49% of women in these communities experienced unintended pregnancy, compared to 40% statewide
- Among white women living in rural and small-town communities, more report difficulty obtaining contraception overall and finding transportation to a doctor or clinic that provides contraception than in the overall sample.



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Social Marketing Campaign

- Social marketing researches barriers to a certain behavior and develops community-based programs to overcome those barriers. The "community-based" aspect of social marketing stresses going beyond simply raising awareness about an issue to working hands-on within a community to reach the targeted population and help them overcome barriers to behavior change – such as access, social norms, or constant forgetting.
- The Prevention First Colorado program uses a community-based social marketing platform that features two major components: 1) placement of a health educator within a pilot clinic to provide in-depth counseling about contraceptives that doctors cannot provide due to time constraints as well as follow-up and reminder calls, and 2) a community-based campaign that includes billboards, flyers, and a "word-of-mouth" campaign implemented through numerous conversations with local community leaders and stakeholders.
- The social marketing campaign aims to address the following barriers identified in the research :
 - Intolerance of side effects/lack of education about side effects
 - Lack of trusted health care support for birth control
 - Myths about side effects and the effectiveness of birth control
 - Denial of pregnancy risk
 - Forgetting to take birth control pills



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Public Policy Recommendations

- Public policy advisory committee
- Starting point for dialogue and policy change around preventive reproductive health care in the state of Colorado
- Intended to be used by state and local policymakers, school board members, county health departments, reproductive health care advocates, businesses, health care professionals, activists, parents, foundations and the general public
- Opportunity for public-private-not-for-profit collaboration that allows those with interest, expertise and vision to determine whose experience, credibility and resources can be leveraged to carry out the work necessary to achieve the recommended change
- Series of recommendations for consideration at state and local levels and to reflect barriers faced by women of different ages and who live in different communities
- Recommendations are tied to Prevention First Colorado research findings and national data in the field; provide comparative information about similar efforts and policy implementations elsewhere in the nation; include a contextual overview of the state of the environment in Colorado relevant to the recommendation; assess potential barriers to successful implementation; and propose starting points to turn each recommendation into actual changes in public policy to benefit the million-plus women and girls of childbearing age in Colorado.



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Public Policy Recommendations

- Declare the reduction of unintended pregnancy a public health priority in Colorado*
- Revise state statute regarding mandated, comprehensive planning for cities and counties to include health care and family planning care*
- Streamline access to and use of family planning services provided through Medicaid
- Ensure all FDA-approved contraceptive drugs, devices and related outpatient services are covered by all insurance products offered in Colorado*
- Evaluate barriers to condom access in pharmacies and grocery stores throughout Colorado



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Public Policy Recommendations

- Provide preventive family planning services through mobile health clinics that serve rural and small-town communities
- Allow advanced practice nurses with prescriptive authority to distribute and administer prescription contraceptives*
- Expand access to programs that have been proven to help pregnant and parenting teens finish high school
- Aggressively implement Colorado House Bill 07-1292*
- Provide preventive reproductive health care services and dispense contraceptives on-site through school-based health centers that deliver health care to adolescents in Colorado
- Develop social marketing and public education campaigns to increase contraceptive use and knowledge of the impacts of unintended pregnancy*



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Related Research & Resources

Accessing Contraceptives: Barriers to Access for Colorado Women

NARAL Pro-Choice Colorado Foundation surveyed 918 pharmacies and 385 health care providers in the state to assess the availability and accessibility of various types of contraceptives. Key findings include:

- 5.5% of pharmacies do not fill prescriptions for birth control and 9.5% do not sell emergency contraception.
- The average cost of Plan B®, the brand name of emergency contraceptive sold in the U.S. to prevent pregnancy after sexual assault or unprotected sexual intercourse, is \$43.47 through pharmacies and \$20.32 through clinics.
- Of the pharmacies that carry Plan B®, 6.2% have at least one pharmacist that would refuse to sell it.
- 90% of the pharmacies that sell Plan B® will accept insurance for it.
- 22.3% of clinics do not prescribe or provide contraceptives and 39.6% do not provide access to emergency contraception.
- 16% of Colorado counties do not have clinics where women can obtain emergency contraception.

Full report available at
www.preventionfirstcolorado.org/uploads/PlanBReport.pdf

Prevention First Colorado: www.PreventionFirstColorado.org



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Related Research & Resources

Reproductive Health in Colorado: A State Profile

Baseline metrics revealed the need for a comprehensive reproductive health care agenda

NARAL Pro-Choice Colorado researched and compiled a collection of reproductive health care indicators by state legislative district as an educational resource to enable policymakers to examine baseline health care needs and disparities by geographic location.

Full report available at
www.prochoicecolorado.org/politicalupdates/districtprofile.shtml

NARAL Pro-Choice Colorado: www.ProChoiceColorado.org



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Thank You

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