

Planning, Protection, Prevention

Reducing Unintended Pregnancy in Colorado



Planning, Protection, Prevention

Strategies to Reduce Unintended Pregnancy in Colorado

©2009 Prevention First Colorado

Contributors

Emilie C. Ailts, Executive Director, NARAL Pro-Choice Colorado
Cecile M. Blot, Community Volunteer
Lynn Bolinske Dolven, Community Volunteer
Carol Bowar, President and CEO, Girls Incorporated of Metro Denver
Ginger Burton, Benefit Management Section, Colorado Department of Health Care Policy and Financing
Megan Frances Conklin, Development Associate, NARAL Pro-Choice Colorado
Tracy Faigin Boyle, Senior Associate, GBSM Inc.
Janel Highfill, Vice President of Programs and Policy, Parent Pathways
Terri Hurst, Consultant
Laurie E. James-Hawkins, Public Education and Research Director, NARAL Pro-Choice Colorado
Amy M. Krupinski, Public Education and Research Associate, NARAL Pro-Choice Colorado
Kimberly Lavender, Former Manager of Policy and Education, Colorado Organization on Adolescent Pregnancy, Parenting, and Prevention
Caroline S. Levy, B.A. Candidate, Stanford University
Jocelyn Martinez, Director, Denver Teen Pregnancy Prevention Partnership
Amanda L. Mountjoy, Chair, Republican Majority for Choice - Colorado Chapter
Heather Noyes Gregg, Owner, Parks & Gardens, LLC, Landscape Architecture and Planning
Toni Panetta, Political Director, NARAL Pro-Choice Colorado
Lisa Radelet, Communications Manager, Women's Health (Boulder Valley Women's Health Center)
Chaer Robert, Director, Denver Women's Commission
Christina E. Stenstrom, Administration and Communications Associate, NARAL Pro-Choice Colorado
Ellen Tieg, Contraceptive Continuity Initiative Director, Women's Health (Boulder Valley Women's Health Center)
Chelsea Uhlman, B.A. Candidate, University of Denver

With Generous Support From

Compton Foundation, Inc.
The Jay and Rose Phillips Family Foundation
NARAL Pro-Choice America Foundation State Strategic Initiative Fund
The Women's Foundation of Colorado

Planning, Protection, Prevention

Reducing Unintended Pregnancy in Colorado



Member Organizations of the Prevention First Colorado Coalition

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[§]
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[§]

[§]Organization has endorsed this report

Members of the Prevention First Colorado Coalition Advisory Committees

Carol Bowar, Girls Incorporated of Metro Denver^{†‡}
Ginger Burton, Colorado Department of Health Care Policy and Financing^{†‡}
Lori Casillas, Colorado Organization on Adolescent Pregnancy, Parenting, and Prevention[†]
Cindi Coleman, National Council of Jewish Women^{†‡}
Judith Croster, Colorado Department of Public Health and Environment^{†‡}
Laurie Hawkins, NARAL Pro-Choice Colorado^{†‡}
Janel Highfill, Parent Pathways[†]
Amy Krupinski, NARAL Pro-Choice Colorado^{†‡}
Kimberly Lavender, Colorado Organization on Adolescent Pregnancy, Parenting, and Prevention[†]
Jocelyn Martinez, Denver Teen Pregnancy Prevention Partnership[†]
Jacy Montoya, Colorado Organization for Latina Opportunity and Reproductive Rights^{†‡}
Amanda Mountjoy, Republican Majority for Choice^{†‡}
Toni Panetta, NARAL Pro-Choice Colorado[†]
Amy Pitlik, Planned Parenthood of the Rocky Mountains^{†‡}
Lisa Radelet, Women's Health (Boulder Valley Women's Health Center)^{†‡}
Chaer Robert, Denver Women's Commission
Shannon Sainer, Colorado Organization on Adolescent Pregnancy, Parenting, and Prevention
Jodi Scanlon, Boulder GENESIS Program[†]
Tara Trujillo, Colorado Children's Campaign[†]

[†] Member of the Policy Advisory Committee

[‡] Member of the Education Advisory Committee

Advisors to the Prevention First Colorado Coalition

The Bell Policy Center
Colorado National Organization for Women
Judith Croster, Colorado Department of Public Health and Environment
Candace Grosz, Colorado Department of Public Health and Environment
Metro Community Provider Network/Aurora Teen Pregnancy and Prevention Project

Community Organizations that Have Endorsed this Report

American Civil Liberties Union of Colorado
The Bell Policy Center
Boulder County AIDS Project
Colorado AIDS Project
The Colorado Children's Campaign
Colorado Gynecological-Obstetrical Society
Colorado National Organization for Women
Colorado Religious Coalition for Reproductive Choice
Colorado Section of the American College of Obstetricians and Gynecologists
The Freedom Fund
HealthyWomen HealthyBabies
Parent Pathways
Valley-Wide Health Systems
The White House Project



Table of Contents

Introduction	6
Summary of Public Policy Recommendations in this Report	8
How to Use this Report	10
Public Policy Recommendations	
Declare the Reduction of Unintended Pregnancy a Public Health Priority in Colorado	13
Revise State Statute Regarding Mandated, Comprehensive Planning for Cities and Counties to Include Health Care and Family Planning Care	19
Streamline Access to and Use of Family Planning Services Provided through Medicaid	24
Ensure all FDA-Approved Contraceptive Drugs, Devices and Related Outpatient Services are Covered by All Insurance Products Offered in Colorado	30
Evaluate Barriers to Condom Access in Pharmacies and Grocery Stores throughout Colorado	35
Provide Preventive Family Planning Services through Mobile Health Clinics that Serve Rural and Small-Town Communities	39
Allow Advanced Practice Nurses with Prescriptive Authority to Distribute and Administer Prescription Contraceptives	45
Expand Access to Programs that have been Proven to Help Pregnant and Parenting Teens Finish High School	52
Aggressively Implement Colorado House Bill 07-1292	58
Provide Preventive Reproductive Health Care Services and Dispense Contraceptives On-Site through School-Based Health Centers that Deliver Health Care to Adolescents in Colorado	65
Develop Social Marketing and Public Education Campaigns to Increase Contraceptive Use and Knowledge of the Impacts of Unintended Pregnancy	73
Glossary of Terms	79



Introduction

It is generally perceived that in Colorado and the United States, women and their partners have access to contraceptive counseling, drugs, devices and procedures to prevent unintended pregnancy. Despite this perception, it is estimated that four out of every 10 babies born in Colorado are the result of unintended pregnancy. Considering the number of unintended pregnancies that end in abortion or miscarriage, the proportion of pregnancies that are unintended likely exceeds 50 percent in any given year. To address this disparity, the NARAL Pro-Choice Colorado Foundation (NPCCF) launched Prevention First Colorado in 2006 to answer the following question:

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

By answering that question, the NPCCF sought to expand public dialogue about reproductive health care policies and priorities in Colorado beyond traditionally divisive debates about abortion to include informed discussion about strategies to reduce unintended pregnancy; promote comprehensive, age-appropriate sexuality education; and improve access to contraceptives and prenatal care.

To this end, the NPCCF convened the Prevention First Colorado Coalition 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. Because unintended pregnancy affects many facets of our community, diverse community representation is essential to helping ascertain causes, consequences and opportunities for remediation. The NPCCF has been meeting with visionary leaders of the women's and children's health communities in Colorado to build a coalition that provides advice and expertise. Coalition members have assisted with research instrument design, analysis of research results, determining target audiences for and parameters of a pilot public education campaign, and drafting policy recommendations that are consistent with the Prevention First Colorado data and other national research on related topics. Coalition members are listed on page 4 of this report.

Prevention First Colorado has three overall goals:

1. To identify the barriers faced by women in preventing unintended pregnancies;
2. To develop and present policy recommendations to the governor of Colorado, state legislators, and other policymakers about opportunities to reduce systemic barriers to

preventing unintended pregnancies; and

3. To develop an effective public education strategy to address identified barriers and carry out these policy recommendations regarding women's reproductive health care.

Prevention First Colorado is in the second phase of a multi-phase process to achieving these goals. The phases include the following.

Phase One: *Conduct original research statewide to ascertain the barriers women face in preventing unintended pregnancy.*

Most existing research on barriers to preventing unintended pregnancy has focused on either external quantitative factors, such as cost or restricted access to services, or has looked at unintended pregnancy after it has occurred. The existing body of research provides little insight into systemic, qualitative, or psychological factors that contribute to unintended pregnancy, despite the fact that half of the unplanned pregnancies in the U.S. occur among the small percentage of women who do not use contraception. If effective public policies and educational campaigns to reduce unintended pregnancies are to be developed, they must be based in a thorough understanding of quantitative, qualitative, systemic and psychological factors that discourage or prevent women from using contraception. As a result, Prevention First Colorado research instruments were designed to evaluate women's attitudes toward and use of contraceptives to identify the challenges and barriers they face in protecting themselves against unintended pregnancy, and by extension, the spread of sexually transmitted infections.

This research was carried out in five steps:

- **Clinic research:** More than 4,500 print surveys were distributed in fall 2006 to health care clinics throughout the state. Clinic staff then asked each woman aged 18 to 44 who came into the clinic to read and sign a consent form and then fill out an extensive questionnaire about their contraceptive use and history. Completed consent forms were collected and stored separately to protect patient confidentiality and mailed back to Prevention First Colorado, where the data was entered and analyzed. Questionnaires that indicated that the woman was pregnant, not sexually active, or outside of the appropriate age range were discarded. Of the surveys distributed, 1,324 surveys were returned to Prevention First Colorado, of which 1,027 were from non-pregnant, non-lactating women aged 18 to 44.
- **Teen research:** In spring 2007, 77 written surveys were collected from teens who used one of two clinics in the Denver metropolitan area for reproductive health services. Each teen aged 15 to 17 was asked if he or she was willing to participate, and if so, was shown to a private room where he or she completed a written survey. While the University of Denver Institutional Review Board waived the requirement for parental consent for this study on the grounds that obtaining such consent would compromise patient confidentiality, each participating teen did provide a signed informed-consent form indicating his or her consent to participate in the study. Consent forms were collected and stored separately from the survey instrument. Survey responses were entered and analyzed by Prevention First Colorado staff.
- **Random telephone survey:** Prevention First Colorado contracted with an outside vendor to place more than 2,100 calls in fall 2007 to qualifying households to yield 801 completed surveys of women aged 18 to 44 throughout Colorado. The audience sampled included an overrepresentation of Hispanic women (Hispanic women represented 30 percent of completed surveys compared to 21 percent of Colorado's total female population). Once a woman aged 18 to 44 was identified, additional screening questions were asked to eliminate women who were pregnant or not sexually active. Verbal consent was given by the women to participate in the study and they were informed that they could terminate their participation in the study at any time. Finally, the survey questions were administered and the women were assured that their phone number was not associated with their data and the call was terminated. The survey took an average of 12 to 13 minutes to complete.
- **Focus groups:** Four focus groups were conducted in spring 2008 with low-income women in the Denver metropolitan area. Two groups consisted of women aged 18 to 30 and two groups consisted of women aged 30 to 44. For all groups, women were selected who were currently on Medicaid or had been on Medicaid in the last

three years. Women were recruited via phone and posted flyers in a variety of areas in the Denver metropolitan area. Women were paid \$75 for their participation and each focus group lasted approximately 90 minutes. Prevention First Colorado contracted with an outside vendor to conduct the focus groups.

- **Individual interviews:** Prevention First Colorado staff conducted 40 interviews in fall 2008 with low-income women in the Denver metropolitan area. Interviewees were further divided into groups such that 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 interviewed. In addition, all women were currently on Medicaid or had been within the last year. Each woman was met at her home or at a local library for a 30- to 45-minute interview about her contraceptive history and use. Each woman was compensated with \$50. Women were informed that the interview would be about "birth control" when they called to participate in the study and were asked if they felt comfortable talking about that topic. Written consent was obtained and stored separately from any identifying data to preserve the anonymity of the subjects. One interviewer conducted all of the interviews. Each interview was tape-recorded. Transcriptions of the interviews were prepared by an outside contractor.

Phase One was completed in 2008. Summaries of the research findings are available through the Prevention First Colorado Web site at www.PreventionFirstColorado.org.

Phase Two: *Using the data from the statewide research, take action on the educational and policy fronts to effect long-term change to reduce unintended pregnancy.*

- **Educational:** Conduct a pilot educational campaign aimed at women identified by the data as at-risk for unintended pregnancy to test concepts to effect long-term behavioral change that will overcome certain identified barriers to regular contraceptive use.
- **Public policy:** Release public policy recommendations to bring key stakeholders together to work toward overcoming systemic barriers to regular contraceptive use, thereby reducing unintended pregnancy and its associated consequences.

Prevention First Colorado established educational and public policy advisory committees to develop the parameters for the pilot educational campaign and to establish specific public policy recommendations. Phase Two is in progress.

Phase Three: *Collaborate with community partners to develop strategies to implement the policy recommendations put forth in Phase Two and carry out additional educational campaigns to reduce unintended pregnancy.*

A third phase is planned after completion of the pilot educational program and release of the public policy

recommendations contained in this report. Because this phase will be carried out after completion of Phase Two, details for implementation have not been finalized. However, it is anticipated that the release of this report and increased awareness about the pilot educational campaign will encourage other parties with an interest in supporting the reproductive health of women and girls in Colorado to join in these efforts.

Summary of Public Policy Recommendations in this Report

By emphasizing public policies that promote prevention in reproductive health care, Colorado can lead the nation in:

- reducing unintended pregnancy and the need for abortion;
- empowering women to make healthy choices to prevent the spread of dangerous diseases;
- ensuring that Colorado women have access to the full range of reproductive health services;
- increasing the likelihood that Colorado women receive appropriate prenatal care when they become pregnant;
- promoting responsible health practices within families that can be passed on to future generations; and
- reducing costs for health care services that are related to preventable conditions.

The research carried out by Prevention First Colorado revealed multiple, overlaying factors that contribute to unintended pregnancy in Colorado. The public policy recommendations contained in this report reflect the findings of the Prevention First Colorado research as well as pre-existing national and state research regarding unintended pregnancy and the spread of sexually transmitted infections (STIs). Brief summaries of each policy recommendation appear below. Each recommendation follows in detail in its own section.

Declare the Reduction of Unintended Pregnancy a Public Health Priority in Colorado

In 2000, the federal government released *Healthy People 2010*, the third iteration of national health and disease-prevention objectives aimed at increasing Americans' quality and longevity of healthy lives and eliminating health disparities. Among the objectives was reducing unintended pregnancy. The report clearly linked unintended pregnancy with both strains on states' financial resources and overall social well-being.

Pregnancies that occur when women are not prepared for a child can perpetuate socio-economic disparities that make it difficult for women and their children to achieve economic self-sufficiency. As such, Prevention First Colorado advocates that the state of Colorado declare the reduction of unintended pregnancy a public health priority that affects all

families and communities throughout the state. By so doing, the state can make coordinated, strategic strides toward reducing not only unintended pregnancy, but also the need for abortion in Colorado, infant mortality rates, disparities in health care access and taxpayer coverage of avoidable health care expenditures.

Revise State Statute Regarding Mandated, Comprehensive Planning for Cities and Counties to Include Health Care and Family Planning Care

The state of Colorado mandates that all counties and municipalities of a certain size analyze their growth and prepare for it through a comprehensive planning process. Health care services and their provision, however, have not been included in that analysis to date. If Colorado is to solve the problems described in these policy recommendations, then general health care services and the provision of those services, including the full spectrum of reproductive health care services, must be included in analyses done by counties and municipalities to comply with state-mandated comprehensive planning requirements.

During the planning process, disparities in overall health care and family planning services would be addressed by citizens and policymakers in a context of mutual respect, shared knowledge and creativity. Inclusion in comprehensive planning documents will underscore the growing understanding that consistent, quality health care, including family planning services, can reduce unanticipated costs to communities by preventing unintended pregnancy and its residual consequences, among many other benefits. Prevention First Colorado therefore recommends revising state statute regarding comprehensive planning for cities and counties to include health care and, ultimately, family planning care, as essential issues in the scope of baseline comprehensive plans.

Streamline Access to and Use of Family Planning Services Provided through Medicaid

In 2008, the Guttmacher Institute estimated that:

“[a] poor woman in the United States, compared to her higher-income counterpart, is nearly four times as likely to have an unintended pregnancy, five times as likely to have an unintended birth, and more than three times as likely to have an abortion.”¹

Those statistics hold despite the availability of family planning services through Medicaid, which is available to individuals who meet certain income or other eligibility criteria. Consequently, it is critical to identify systemic challenges that inhibit women who are currently on or eligible for Medicaid from maximizing the preventive family planning services that are available to them. Based on focus groups and interviews with current or recent Medicaid recipients that revealed inefficiencies in the enrollment process, limited numbers of health care providers that

accept Medicaid, and lack of or incorrect information about services covered by the program, Prevention First Colorado recommends streamlining access to and use of family planning services provided through Medicaid to reduce unintended pregnancies among low-income women.

Ensure all FDA-Approved Contraceptive Drugs, Devices and Related Outpatient Services are Covered by all Insurance Products Offered in Colorado

With women's child-bearing years ranging from ages 13 to 44, the average woman who wants two children will spend approximately 30 years trying to avoid pregnancy, two years trying to get pregnant, and two years carrying her pregnancies to term. Of those reproducing women, 98 percent will use contraceptives at some point during this time, and over 50 percent will use methods for which prescriptions are necessary. Research also shows that women are more likely to pay out-of-pocket for contraceptives because they often use methods that complement their lifestyles, even if those methods are not covered by their insurance. As a result, women spend more money than men on out-of-pocket health care costs in part because of costs associated with accessing contraceptives. To mitigate cost as a barrier to consistent contraceptive use, Prevention First Colorado recommends all FDA-approved contraceptive drugs, devices and related outpatient services be covered by all insurance products offered in Colorado.

Evaluate Barriers to Condom Access in Pharmacies and Grocery Stores throughout Colorado

There is a growing trend in some pharmacies and grocery stores across the U.S. toward restricting access to male condoms, especially in low-income and minority neighborhoods.² Putting male condoms in locked cases or behind counters where store assistance is needed can dissuade some individuals from purchasing them. Those practices contradict efforts to decrease rates not only of unintended pregnancy, but also of STIs. Anecdotal reports of restricted access to male condoms in Colorado pharmacies and grocery stores have begun to surface. If true, this could have major public health implications for the state. As a result, Prevention First Colorado recommends carrying out a state-wide evaluation of access to male condoms in pharmacies and grocery stores to prevent unnecessary restrictions to access.

Provide Preventive Family Planning Services through Mobile Health Clinics that Serve Rural and Small-Town Communities

Recently, the Rural Task Force of the Colorado Blue Ribbon Commission for Health Care Reform identified a number of characteristics unique to rural Colorado communities that necessitate alternative means of delivering health care services than in urban communities.³ Specific to reproductive

health care, research carried out by Prevention First Colorado shows that women living in rural and small-town communities in Colorado have less access to public and private transportation, have lower median incomes, are less likely to have completed high school, and are more likely to report having had an unintended pregnancy than their counterparts in urban communities.⁴ To increase access to health care among rural and underserved populations, some county health departments and private health care providers have turned to mobile health clinics to deliver select medical services. Prevention First Colorado recommends that mobile health clinics that serve those populations include contraceptive counseling and prescriptions for contraceptives, as well as on-site distribution of condoms, emergency contraception and pre-packaged, pre-labeled contraceptives, to increase access to family planning services in rural areas and small towns in Colorado.

Allow Advanced Practice Nurses with Prescriptive Authority to Distribute and Administer Prescription Contraceptives

In its 2008 review of Colorado's nursing practice, the state Department of Regulatory Agencies found that patients' health care needs are not being met in part because of statutory restrictions that limit which health care personnel have the authority to prescribe necessary medications. An assessment of current laws that regulate prescription, administration and distribution of prescription drugs, as well as documented challenges women face when accessing prescription contraceptives, suggests that Colorado law should be revised to lessen restrictions on advanced practice nurses' ability to distribute prescription contraceptives. Specifically, Prevention First Colorado recommends that advanced practice nurses with prescriptive authority be permitted to distribute and administer pre-packaged, pre-labeled prescription contraceptives to patients to increase both the consistent use of contraceptives and the effectiveness of family planning services used by Colorado women.

Expand Access to Programs that have been Proven to Help Pregnant and Parenting Teens Finish High School

The Colorado Organization on Adolescent Pregnancy, Parenting, and Prevention (COAPPP) estimates that every four hours, a baby is born in Colorado to a mother aged 15 to 17 years old.⁵ Moreover, advocates who work to strengthen support systems for teen parents contend that pregnant teens face negative bias within their communities. That exacerbates the hurdles teen parents face in acquiring the skills, support, and resources they need to graduate from high school, increase the likelihood that their children will graduate from high school, and lay the foundation to establish economic self-sufficiency. In fact, national research shows only one-half of high-school dropouts aged 35 to 64 are employed.⁶ Programs that equip pregnant and parenting

teens with the support structures and skills necessary to complete high school not only can decrease drop-out rates, but also can delay secondary pregnancies and help ensure those youths have access to information that empowers them to make responsible reproductive health decisions throughout their lives. As a result, Prevention First Colorado recommends expanding access to programs that have been proven to help pregnant and parenting teens finish high school.

Aggressively Implement Colorado House Bill 07-1292

During the 2007 legislative session, Colorado's General Assembly passed House Bill 07-1292 to expand access to medically and scientifically accurate comprehensive sexuality education courses to reduce STIs, unintended pregnancy, and the need for abortion. Signed into law by Governor Bill Ritter that spring, the law requires school districts, where instruction about human sexuality is provided, to ensure their curricula adhere to science-based content standards. Specifically, courses must be abstinence-based, age-appropriate, comprehensive, scientifically and medically accurate, and discuss the health benefits provided by contraceptives. Prevention First Colorado recommends the aggressive implementation of House Bill 07-1292 to ensure Colorado's young people receive the information they need to make responsible, healthy decisions to protect themselves and their partners in their intimate relationships throughout their lives.

Provide Preventive Reproductive Health Care Services and Dispense Contraceptives On-Site through School-Based Health Centers that Deliver Health Care to Adolescents in Colorado

Data released by the U.S. Centers for Disease Control and Prevention found that among students in grades nine through 12 surveyed from 2004 to 2006 nationwide, nearly half (46.8 percent) reported having had sex.⁷ In Colorado, nearly four out of every 10 students reported having had sex, and about 30 percent reported being currently sexually active. Among sexually active students, almost 70 percent reported condom use and 15 percent reported using birth control pills the last time they had sex.⁸

Ensuring Colorado youth have access to medically and scientifically accurate information about sexual and reproductive health is critical to empowering them to make responsible decisions in their intimate relationships. Such education, however, is only part of the equation. Colorado youth also must have access to the contraceptive products that will enable them to protect themselves and their partners should they engage in sexual activity. Mitigating barriers teens face in accessing medically accurate information and effective contraception can lay the foundation for youth to make healthy decisions about their reproductive health throughout their lives. As such, Prevention First Colorado recommends providing preventive reproductive health

care services and dispensing 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

Understanding barriers to and attitudes about contraceptive use serves as the basis for the development of effective public educational strategies to reduce unintended pregnancies. Methods traditionally employed by public-awareness and advertising campaigns have proven effective in influencing individuals' decisions about which brands to choose when seeking products or services they already have decided to use. However, such methods are not as effective at producing the long-term behavior modification necessary to motivate individuals to either begin using a product or service, or change preconceived notions they hold about a product or service. Changing peoples' decision-making habits about contraceptive use requires "deeper" motivators to effect long-term behavioral change. Prevention First Colorado recommends that research conducted at the federal, state and local levels on strategies to reduce unintended pregnancy be used to develop and carry out community-based social marketing and public educational campaigns aimed at increasing contraceptive use and knowledge of the impacts of unintended pregnancy to effect long-term behavioral change.

How to Use this Report

This report was developed to provide a starting point for dialogue and policy change around preventive reproductive health care in the state of Colorado. It is intended for use 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. In short, it is hoped that anyone who has an interest in promoting reproductive health, decreasing unintended pregnancy, and increasing economic self-sufficiency among Colorado women and girls will work with Prevention First Colorado to achieve those objectives.

This report represents a research-based approach to advocate for policy change in reproductive health care and uses key findings of original research carried out by Prevention First Colorado into barriers women face in preventing unintended pregnancy. It lays out recommendations for public policy change at both the state and local levels based on an evaluation of the research findings and extensive discussion within the Prevention First Colorado Policy Advisory Committee. While recommendations and initial steps to achieve change are put forth in this report, Prevention First Colorado intentionally refrained from assigning responsibility for

action to any specific agency. It is hoped that government agencies, private businesses, nonprofit organizations, individuals and others with expertise and vision will collaborate to determine whose experience, credibility and resources best position them to carry out the work necessary to achieve the recommended changes.

The policy recommendations contained in this one report are really 11 documents that can be read and used collectively, individually, or in groups. They have been sequenced as follows:

- recommendations to achieve systemic change at the state level;
- recommendations to mitigate barriers to access for women living in rural and small-town communities;
- recommendations to broaden the discussion about preventing teen pregnancy and enabling pregnant or parenting teens to complete their high school education; and
- one recommendation that promotes long-term behavioral change regarding contraceptive use by recognizing differences among populations of women at-risk for unintended pregnancy.

The recommendations are organized in this fashion to enable readers to quickly engage in those issues in which they have the greatest interest and in a manner that might inform them of issues that are integrally related to their areas of expertise and interest. The information also may suggest relevant partners with whom readers might work or resources that might enhance their efforts.

Although this report is intended to outline a comprehensive approach to advance reproductive health care, the recommendations should not be considered the definitive means to achieve change in this area in Colorado. Case in point: the recommendations included in this report regarding teens do not represent a comprehensive assessment of all policy-based solutions to prevent teen pregnancy. In fact, more research and additional work should be carried out in this specific area to address the issue adequately. The same principle applies to the report as a whole given discussions about comprehensive health care reform occurring at both the state and national levels. Rather, this document provides a mechanism by which to position prevention-based reproductive health care challenges within that conversation.

Readers should note that each policy recommendation includes the same key components:

- a summary of the recommendation;
- discussion of research and related data that demonstrate the relevance of the recommendation;
- comparative information about similar efforts and policy implementations throughout the nation;
- contextual overview of the current state of the environment in Colorado relevant to the recommendation;

- assessment of potential barriers to successful implementation; and
- proposed 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.

Where recommendations include information about policy change on similar topics in other states, readers should qualify that information with an understanding that states' differing laws, economies, demographics, and other variables make it unlikely that exact replication of another state's practices will be practical in Colorado. The sections that describe the current environment in Colorado depict an overview of state and local policies and provide information about some organizations with expertise on the topic. It is hoped that this report will inspire readers to carefully examine the situation in their areas, adapt the recommendations in ways that make them relevant to their communities, and proceed as appropriate to achieve change.

Finally, the "first steps" suggested in each policy recommendation are just that: first steps. The steps provide an answer to the question, "What do I do tomorrow?" Inclusion of those initial steps reflects the reality that certain circumstances will need to be overcome to make progress in building public support for these policy recommendations and in devising a process to implement the recommendations. The Prevention First Colorado Policy Advisory Committee invites readers of this report to collaborate with them to clarify and qualify the suggestions so as to achieve systemic changes necessary to mitigate socio-economic disparities that perpetuate unintended pregnancy.

REFERENCES & NOTES

1. "Expanding Access to Contraception through Medicaid Could Prevent Nearly 500,000 Unwanted Pregnancies, Save \$1.5 Billion," August 2006, Guttmacher Institute, accessed October 2008 at <http://www.guttmacher.org/media/nr/2006/08/16/index.html>.
2. "Cure CVS: From Low Quality to High Prices, CVS Is Failing Our Communities," 2008, Change to Win, pg.13, accessed February 2009 at <http://curecvsnow.org/index.php?id=50>.
3. "Rural Task Force Report for the Blue Ribbon Commission for Health Care Reform," October 2007, in *Task Forces, Blue Ribbon Commission for Health Care Reform*, accessed March 2009 at <http://www.colorado.gov/cs/Satellite/BlueRibbon/RIBB/1178305561364>.
4. "How She Does it: Contraceptive Use and Decision-Making in Colorado Women," by Laurie E. James-Hawkins, Prevention First Colorado, accessed May 2009 at <http://preventionfirstcolorado.org/uploads/How%20She%20Does%20It.pdf>.
5. "The State of Adolescent Sexual Health in Colorado 2008," 2008, Colorado Organization on Adolescent Pregnancy, Parenting, and Prevention, accessed March 2009 at <http://www.coappp.org/images/08SASHreport.pdf>.
6. "By the Numbers: The Public Costs of Teen Childbearing," by Saul D. Hoffman, Ph.D., October 2006, The National Campaign to Prevent Teen and Unplanned Pregnancy, accessed August 2008 at http://www.thenationalcampaign.org/resources/pdf/pubs/BTN_Full.pdf.
7. "Morbidity and Mortality Weekly Report: Youth Risk Behavior Surveillance United States, 2005," U.S. Centers for Disease Control and Prevention, June 2006, in *The Delivery of Preventive and Primary Reproductive Health Services In School-Based Health Centers*, note 1, September 2007, Colorado Association for School-Based Health Care, accessed February 2009 at <http://www.casbhc.org/publications/Reproductive%20Health%20Position%20Statement.pdf>.
8. Ibid.