



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 abortions in Colorado, infant mortality rates, disparities in health care access and taxpayer coverage of avoidable health care expenditures.

THE NEED TO DECLARE REDUCTION OF UNINTENDED PREGNANCY A PUBLIC HEALTH PRIORITY

A common understanding of the term "unintended pregnancy" is necessary when discussing and combating it. Pregnancies are considered unintended based on parents' pregnancy intention at the time of conception, not at the time of birth. Seven out of 10 Americans favor the goal of reducing unintended pregnancy, with the main reason they give being the well-being of the children of unintended pregnancies.¹

Unintended pregnancy has financial ramifications for state-run Medicaid and welfare programs, among other publicly funded social support programs in the state. Adding to the financial burden are significant social consequences of unintended pregnancy, such as reduced educational attainment and, therefore, employment opportunity, greater welfare dependency, and increased child abuse and neglect.²

A recent report by The National Campaign to Reduce Teen and Unplanned Pregnancy³ provides an in-depth examination of myriad consequences of unintended pregnancy for the family directly affected. The National Campaign categorized associated risks into three primary areas: prenatal and perinatal risks; risks for children; and risks for parents.

- **Prenatal and Perinatal Risks:** Infant mortality rates are higher among children born of unintended pregnancies because of certain prenatal risk-taking behaviors women may engage in when they are unaware of being pregnant. Research has found that having an unintended pregnancy leads to inadequate or delayed initiation of prenatal care;⁴ increased negative prenatal health behaviors in the mother,

such as drinking, smoking or substance abuse during pregnancy;^{5,6} increased likelihood of premature birth and/or low-weight births;⁷ and the probability that mothers of unintended infants were less likely to breastfeed.⁸ All of those factors are strongly correlated to a higher risk of infant mortality, poorer cognitive performance and poorer educational outcomes for children.⁹

- **Risks for Children:** The health, behavior and achievement of the children of unintended pregnancies are significantly lower when compared to children of planned pregnancies, starting at birth. According to research, the children of unintended pregnancies are more likely to suffer from poor physical and mental health¹⁰ and to achieve poor cognitive and educational outcomes.¹¹ Those children also may exhibit increased behavioral difficulties, resulting in higher rates of incarceration as adults,¹² and develop poorer mother-child relationships because mothers have been shown to withdraw from children of unintended pregnancies as well as from other children in the family.^{13,14}
- **Risks for Parents:** Unintended pregnancy also has very real consequences for the parents. Research shows that the parents of children whose pregnancies were unintended have poorer psychological well-being and report higher rates of depression and lower rates of happiness.^{15,16} Women who have unintended pregnancies are also more likely to experience physical abuse both during and after the pregnancy than women who have intended pregnancies.¹⁷

Society as a whole also experiences the consequences of unintended pregnancy. Premature birth and related problems

with pregnancy – such as increased rates of gestational diabetes and toxemia – take taxpayer dollars in the form of government-subsidized social programs. In 1997 alone, acute health care costs related to unintended pregnancy, including pre-term births and low birth-weight babies, were estimated to have cost Colorado taxpayers \$28 million.¹⁸ In 2004, taxpayers spent an estimated \$101 million on costs related to teen pregnancy.¹⁹

Indirect, but no less substantial, costs include those for educational programs to assist children who have difficulty in school, or for the increased burden on the juvenile justice system from behavioral problems and/or increased criminal activity in the teenage years.²⁰ Both factors are more likely among children of unintended pregnancies. In addition to the burden on state systems of health care, education and criminal justice, the societal costs supporting the increasing number of parents living in poverty is related, in part, to unintended pregnancy.

Currently, the federal and state thresholds for poverty are calculated based on income and household size. For example, the 2009 federal poverty level for a non-parenting single adult is \$10,830, whereas the level for a four-person household is \$22,050.²¹ Women who give birth as a result of an unintended pregnancy are more likely to be low-income, have more children, and already be living below the poverty level. Additional children add a significant financial burden on those women and their families and the systems supporting them until they can become economically self-sufficient.

The self-sufficiency standard developed by the Women's Foundation of Colorado²² assesses a value of household income when adjusted for baseline living expenses, tax credits, and publicly funded programs that tie eligibility to income. Using that standard, almost three times as many women in Colorado lack the financial resources to make ends meet than are recognized under federal poverty levels. Many of those women head single-parent households with young children. In 2007, single women headed 26 percent of, or approximately 498,689, households in Colorado.²³ Pregnancies that occur when women are not prepared for a child perpetuate a cycle of poverty and make it difficult for women and their children to make positive changes in their situation and to achieve economic self-sufficiency.

Socio-economic disparities can put preventive family planning services such as contraceptive counseling and use out of financial reach for women whose family incomes fall below either the federal poverty level or the self-sufficiency standard developed by the Women's Foundation of Colorado. In fact, it's estimated that half of the approximately 34 million U.S. women aged 13 to 44 who need contraceptive services and supplies rely on publicly funded services and supplies.²⁴ In Colorado, approximately 200,000 women need publicly funded contraceptive services because their incomes fall below 250 percent of the federal poverty level.

Research has consistently shown that an investment in family planning services saves money by averting more costly expenditures related to prenatal, delivery, post-partum and infant care. Specifically, for every \$1 spent on preventive publicly funded family planning services, \$4.02 is saved in pregnancy and birth-related costs.²⁵

When women are not able to access or use contraceptive drugs, devices or procedures to prevent unintended pregnancies, one direct impact can be measured in costs to taxpayers. In Colorado, it's estimated that taxpayers spend \$10,199 per birth to cover pregnancy-related health care costs through Medicaid.²⁶ According to the Kaiser Family Foundation, Medicaid covered nearly 25,600 births in Colorado in 2003, which represented 37 percent of the births statewide that year.²⁷ At the \$10,199 rate, taxpayers spent more than \$261 million on birth-related costs in 2003 alone. By preventing just 10 percent of those 25,600 pregnancies covered by Medicaid, Coloradans could save more than \$26 million annually on publicly funded health services.

OTHER STATES AND NATIONWIDE

In 2007, the Indiana Perinatal Network and the Indiana Department of Health released a comprehensive document about unintended pregnancies in the state. Public and private health care professionals, clergy, and health services providers collaborated to produce "Best Intentions: Unplanned Pregnancies and the Well Being of Indiana Families." The report emphasized the need for common-ground solutions and identified short- and long-term recommendations and strategies for providers, consumers and public officials to increase planned, properly spaced pregnancies in the state over the next 10 years.²⁸

The Indiana report identified three major long-term goals: ensure access to comprehensive health care for women, men and children; provide education about the consequences of unintended pregnancy at the state, local and grassroots levels; and ensure that federal, state and local policies encourage access to primary health services to support women and men in achieving reproductive health plans. Specific statewide provider recommendations were incorporated to facilitate the success of the three goals. Those recommendations included setting clear expectations that health care practitioners provide counseling about preconception care, pregnancy planning, and care between pregnancies in their routine scopes of practice; increasing awareness of available contraceptive methods; developing tools to educate parents to be better equipped to talk to their children about sex; and creating a curriculum to assist providers in better understanding religious- and culture-based attitudinal differences toward sex.²⁹ The goals and recommendations presented in that report acknowledged emotional and sometimes controversial aspects related to unintended pregnancy and tried to address them with common-ground approaches.

Michigan has adopted similar strategies to address the state's

high unintended pregnancy rates and to ensure that every pregnancy in the state is a planned one. The 2005 “Governor’s Blueprint for Reducing Unintended Pregnancies” laid out three specific strategies:

1. Increase public knowledge and skills to avoid unintended pregnancy. This entailed expanding existing state awareness and educational campaigns, and including age-appropriate abstinence and risk-reduction courses in schools and communities.
2. Expand and improve coverage for family planning. This was designed to be accomplished by expanding Medicaid eligibility coverage for preventive family planning services to families whose incomes were at or below 185 percent of the poverty rate. It also included guaranteeing that all women and men had ready access to a full range of contraceptive options.
3. Challenge and engage Michigan’s health care community in a statewide effort to reduce Michigan’s unintended pregnancy rate. This involved encouraging Medicaid health plans and providers to discuss pregnancy intentions with patients at every visit; having all health care providers advise women and men that there are accessible family planning options available; and targeting education programs for health professionals to better teach how to assist women with avoiding unintended pregnancy more effectively.³⁰

The Michigan Department of Community Health, including the office of Surgeon General, manages the initiatives through an interagency partnership.³¹

CURRENTLY IN COLORADO

In 2006, the Guttmacher Institute ranked Colorado 40th nationwide in state-level efforts aimed at empowering women to avoid unintended pregnancy. While the state ranked 17th in availability of family planning services, it ranked 40th in relevant laws and policies and 45th in public funding.³² Specifically, Colorado was rated “neutral” in eligibility for family planning services provided through Medicaid, insurance coverage of contraceptives, and sexuality education policies. Colorado earned a “bad” rating for restrictions on family planning funds and was classified as “worst” on refusal clauses for distribution of contraceptives.

Colorado has since taken several steps to reduce unintended pregnancies through both public- and private-sector activities. Those efforts include the 2007 enactment of House Bill 07-1292, which requires public school districts that provide sexuality education to ensure curricula are comprehensive and scientifically and medically accurate and that they discuss the health benefits of using contraceptives.³³ The Campaign for Healthy Colorado Youth has since been established to coordinate efforts among community-based advocacy organizations who share the common goal of ensuring that every adolescent in Colorado has access to comprehensive

sexuality education that is science-based, culturally sensitive and relevant, and medically accurate.

In 2008, the Legislature passed a law removing a statutorily defined income-eligibility limit for low-income Coloradans who don’t qualify for full Medicaid coverage to be able to receive preventive family planning services through Medicaid.³⁴ The change in statute allows the state Department of Health Care Policy and Financing (HCPF) to expand access to those services by increasing the income-eligibility limit through calculations that demonstrate budget neutrality. HCPF has since submitted a family planning waiver with those revised calculations to the U.S. Centers for Medicare and Medicaid Services and is awaiting approval before implementing the expanded-access plans.

In addition, Governor Bill Ritter presented The Colorado Promise in 2006 as a road map to solve key issues in the state over the next 10 years. Some of the recommendations put forward advocate family planning and government funding for agencies involved in family planning education and teen pregnancy. The document promises to reduce unintended pregnancies by pursuing a threefold strategy that includes: making a stronger commitment to family planning and restoring funding to non-government agencies that provide these services, such as Planned Parenthood of the Rocky Mountains; ensuring better access to health care for all women, including birth control and emergency contraception; and providing responsible sexuality education in schools and communities.³⁵

Family planning programs administered by the Colorado Department of Public Health and Environment are located in more than 60 sites throughout Colorado, where over 50,000 women and men receive family planning services annually. With 89 percent of the patients served having incomes at or below 150 percent of the federal poverty level, patient fees are determined by the patients’ income and their ability to pay.³⁶ Health care clinics that are supported through federal Title X funds, which are dollars specifically allocated to family planning efforts, are estimated to help avert 10,300 unintended pregnancies per year in Colorado. Overall, publicly funded clinics are estimated to have averted 28,500 unintended pregnancies in 2005 alone.³⁷ Often, family planning clinics act as an entry point into the health care system for women and families who otherwise lack access to health care services.

Other programs aimed at reducing unintended pregnancy are region-specific. One example is the GENESIS Program, which is run by Boulder County Health in conjunction with Women’s Health (Boulder Valley Women’s Health Center). With a primary focus on preventing second births to teen parents, the program provides both counseling and administration of Depo-Provera® shots in the homes of patients enrolled in the program. In Denver, the Denver Teen Pregnancy Prevention Partnership, sponsored by the City

and County of Denver Office of Strategic Partnerships, brings together a group of organizations to provide sexuality education to youth. This program provides intensive educational services about contraceptives and serves one middle school and two high schools in the Denver Public Schools system.

BARRIERS TO IMPLEMENTATION

Despite the substantive efforts already underway to reduce unintended pregnancy in Colorado, there is little evidence demonstrating widespread coordination or collaboration between private- and public-sector programs. Moreover, while existing programs in the state provide critical services, often to disadvantaged populations, it is clear that there is much more work to be done – particularly in adult populations.

Funding for pregnancy prevention programs across the state is not comprehensive, which poses barriers to program implementation. Colorado's more than \$800 million revenue shortfall during fiscal year 2008-2009, as well as projected shortfalls for fiscal year 2009-2010, likely will decrease available state funds to support work to reduce unintended pregnancy. Private funding streams that support programs to reduce unintended pregnancies likely will be adversely affected by shrinking endowments and declines in donations to funding organizations, as well.

In addition, reproductive health care policy discussions historically have been dominated by a focus on abortion, thereby precluding substantive conversation about strategies to meet the broad spectrum of health care needs that the average woman faces throughout her lifetime – including preventing unintended pregnancies. In fact, it has been only recently that a focus has been placed on reducing unintended pregnancy as a strategy to reduce the need for abortion, despite the fact that worldwide, abortion rates are high where unintended pregnancy rates are high. In the United States, roughly half of all pregnancies are unintended; it is estimated that about half of those end in abortion. It has been shown that increasing contraceptive use decreases both unintended pregnancy and abortion.³⁸ Public dialogue around family planning and reproductive health care must be broadened for workable programs to be implemented successfully.

FIRST STEPS

Declaring unintended pregnancy a public health priority necessitates developing a cohesive, coordinated strategy to both publicize the effects of unintended pregnancy and actively work to reduce its occurrence. With this in mind, Prevention First Colorado recommends the establishment of a statewide commission to be tasked with:

1. determining metrics to measure reductions in unintended pregnancy in Colorado, as well as realistic timeframes during which to achieve those reductions;
2. promulgating specific strategies to reduce unintended

pregnancy in Colorado by the determined amount in the agreed-upon timeframe referenced above;

3. facilitating an exchange of best practices for all public, private, statewide, regional and local efforts involved with reducing unintended pregnancy; and
4. declaring reducing unintended pregnancies a public health priority and directing appropriate state agencies to reflect that priority in their programmatic work.

By declaring the reduction of unintended pregnancy a public health priority, Colorado can demonstrate leadership in mitigating socio-economic disparities that both perpetuate cycles of poverty and inhibit economic self-sufficiency.

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