The Bridgespan Group

“Billion Dollar Bets” to Reduce Unintended Pregnancies

Creating Economic Opportunity for Every American

By Michelle Boyd, Devin Murphy, and Debby Bielak

Collaborating to accelerate social impact

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PROJECT OVERVIEW

This document is part of a Bridgespan Group research project that focused on the question: *How could a philanthropist make the biggest improvement on social mobility with an investment of $1 billion?* In answering this question, we have sought to understand "what matters most" for improving social mobility outcomes. To do this, we have drawn from extensive research conducted by leading scholars in the field. We have also outlined a range of tools to assist philanthropists seeking systemic and field-level changes that go well beyond scaling direct service interventions. Using the research and identified tools, we have created an illustrative set of "bets" that provide concrete roadmaps for high-leverage investments of $1 billion with the potential for sustainable change at scale. (For the full report, please see *"Billion Dollar Bets" to Create Economic Opportunity for Every American*.)

We identified a list of 15 high-potential bets through which philanthropists could have a significant impact on increasing upward mobility. In identifying these bets, we sought to elevate investments that are particularly timely, suited to the unique role of philanthropy, have the potential to create significantly outsized impact, and, as a package, could truly sum to $1 billion. From this list, we have chosen to illustrate the following six investments. (For more information on how we selected the six bets, please see "Overview of Research: 'Billion Dollar Bets' to Create Economic Opportunity for Every American."):

- Support holistic child development from birth through kindergarten
- Establish clear and viable pathways to careers
- Decrease rates of over-criminalization and over-incarceration
- Reduce unintended pregnancies
- Create place-based strategies to ensure access to opportunity across regions
- Build the capacity of social-service delivery agencies to continuously learn and improve

The concept paper below illustrates one of the six bets we have chosen to highlight.

Reduce Unintended Pregnancies

Concept: Lead a national initiative that encourages and supports young women[1] and their partners to make informed decisions about when to have a child and improves access to the most effective contraceptive methods

Context

In 2010 alone, 1.5 million unintended babies were born nationwide. Each year, nearly half of all pregnancies in the United States and 38 percent of births are unintended, defined as a birth that a woman was not intending or actively trying to achieve.[2] When young adults become accidental parents, it disrupts educational plans, derails economic prospects, and greatly diminishes their unplanned child's opportunities for success. Pregnancy and parenthood remain among the leading reasons why young people drop out of high school and community college.[3] And, most unplanned children are born into poverty. These babies are two-thirds more likely to have low birth weights. Their mothers are twice as likely to suffer from postpartum depression. Given the effects on social mobility for mothers, fathers, and family members, unintended pregnancy remains both a symptom and a cause of intergenerational poverty and inequality.[4] Moreover, unintended pregnancies cost federal and state taxpayers between $9.6 billion and $12.6 billion annually in medical costs.[5]

Rates of unintended pregnancy correlate with low levels of social mobility. Unintended pregnancies and births are much more likely among unmarried women, black women, and women with less education or income than they are among average American women.[6] From 2006 to 2010, nearly 77 percent of births for married women were intended, compared with 33 percent of births for women who were not married or cohabitating. Over the same period, only 59 percent to 63 percent of births were intended among women who had not completed high school, had a high school diploma, or attended some college, compared with 83 percent of births to mothers with a college degree or higher. By race, the

1 For the purposes of this paper, we use the terms "women" and "woman" to represent individuals who have the potential to become pregnant. We recognize this can be an exclusionary term and do not intend it in this manner. We have elected to use it here only for the sake of clarity.

2 Guttmacher Institute, *Unintended Pregnancy in the United States*, (March 2016), https://www.guttmacher.org/fact-sheet/unintended-pregnancy-united-states.

3 Kelleen Kaye, Jennifer Appleton Gootman, Alison Stewart Ng, and Cara Finley, T*he Benefits of Birth Control in America: Getting the Facts Straight*, The National Campaign to Prevent Teen and Unplanned Pregnancy (June 2014).

4 Richard V. Reeves and Joanna Venator, "Sex, contraception, or abortion? Explaining class gaps in unintended childbearing," Brookings Institution, February 26, 2015.

5 Rachel Benson Gold, "Reducing the Steep Cost to Medicaid of Unintended Pregnancy in the United States," *Guttmacher Policy Review*, Vol. 15, No. 3 (June 2011).

6 William D. Mosher, Jo Jones, and Joyce C. Abma, "Intended and unintended births in the United States: 1982-2010," *National Health Statistics Reports*, Centers for Disease Control and Prevention, 2012.

percentage of births in the 2006 to 2010 period that were either unwanted or mistimed by two years or more was 20 percent among non-Hispanic white women, 35 percent among Hispanic women, and 45 percent among black women.[7]

Today, just half of all unmarried and sexually active adults (ages 15 to 44) say they use contraception each time they have sex—yet many report that they do not want to become pregnant within the next year.[8] Even the sexually active adults who do use contraception find it failing them more than they expect. Over one year, the failure rate for condoms is one in five (when calculated by typical use)[9] and one in 10 for the pill.[10] That rate only increases over time of use. Indeed, many women who become unintentionally pregnant say they were using some form of contraception when they conceived. In part, this is due to a lack of information about how to get and use birth control. The pill is the preferred method of contraception in the United States, yet unless it is taken properly, it is often ineffective. Unintended pregnancies can also stem from a lack of access to and information about the most effective forms of contraception: intrauterine devices (IUDs) and the birth control implant, which are called long-acting reversible contraception (LARC).[11]

IUDs and the implant require no daily effort, essentially eliminating issues of compliance. These contraceptive methods last from three to 10 years and have less than a 1 percent failure rate. Research shows that women have higher satisfaction rates with IUDs and the implant than other methods of contraception. That, in turn, leads to higher continued-usage rates. However, many women, especially those who are low income, cannot get IUDs or the implant due to issues with both access and awareness. Only 19 percent of federally qualified public health centers (FQHCs), an essential part of the medical safety net for the poor, make all methods available on site.[12] Only 30 percent offer counseling on IUDs and the implant as potential options.[13] Local health departments, other Title-X funded clinics, and private providers who accept Medicaid are equally inconsistent in their administration of LARC.

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7 William D. Mosher, Jo Jones, and Joyce C. Abma, "Intended and unintended births in the United States: 1982-2010," *National Health Statistics Reports*, Centers for Disease Control and Prevention, 2012.

8 Interview with Michele Stranger Hunter, executive director of the Oregon Foundation for Reproductive Health.

9 Effectiveness can be measured during "perfect use," when the method is used correctly and consistently as directed, or during "typical use," which is how effective the method is during actual use (including inconsistent and incorrect use).

10 Centers for Disease Control and Prevention, "How effective are birth control methods?" http://www.cdc.gov/reproductivehealth/unintendedpregnancy/ contraception.htm.

11 While LARC is often used as shorthand for IUDs and the implant, research has found that this term is not an effective way to communicate with young women about these two distinct methods of birth control. See *Whoops Proof Birth Control: How to Reach Women and Increase Their Positive Regard for the Most Effective Methods of Contraception*, The National Campaign to Prevent Teen and Unplanned Pregnancy (September 2015).

12 Susan Wood et al, "Scope of Family Planning Services Available in Federally Qualified Health Centers," *Contraception*, Vol. 89, No. 2 (February 2014).

13 Tishra Beeson et al., "Accessibility of Long-Acting Reversible Contraceptives (LARC) in Federally Qualified Health Centers (FQHCs)," *Contraception*, Vol. 89, No. 2 (February 2014).

Even when a woman opts for long-acting contraception, she may have to visit the doctor's office one or two additional times before receiving it, steps that are medically unnecessary and greatly diminish the likelihood of getting and using the device. By contrast, a woman can usually receive contraceptive pills in one visit. Worse still, until recently, many health insurance providers did not cover either IUDs or the implant, forcing women to pay as much as $800. Though far cheaper over time than the pill, they are cost-prohibitive for many low-income women.

In addition, many women receive little to no guidance about contraception options and little help in separating myth from fact. Numerous states still provide abstinence-only sex education in schools, and only 47 percent of low-income women are even able to get family planning services from publicly funded clinics including FQHCs, health departments, and some hospitals. Furthermore, a large majority of primary care providers report that they do not discuss reproductive health or pregnancy with patients. This educational failure has resulted in 77 percent of people of reproductive age saying they know "little or nothing" about the implant. Sixty-eight percent say the same of IUDs.[14] In addition, 27 percent of women and 34 percent of men believe hormonal methods of contraception will cause serious health problems like cancer, despite clinical evidence to the contrary.[15]

The result: Many women and men, especially those who are low income, are left in the dark about effectively preventing pregnancy.[16] And overall, just 10.5 percent of women ages 15 to 24 who take contraception use LARC.[17]

The high rate of unintended pregnancies stems from a confluence of causes: poor knowledge about contraception options, a lack of high-quality counseling in the healthcare system about contraception, and uneven access to its safest and most effective forms. Eliminating these barriers is essential to ensure that all people are able to plan when and with whom to have children.

14 Data from a national telephone survey conducted for The National Campaign by SSRS, an independent research company. Interviews were conducted in November and December 2014 among a nationally representative sample of 513 adults age 18 to 45.

15 Kelleen Kaye, Katherine Suellentrop, and Corinna Sloup, *The Fog Zone: How Misperceptions, Magical Thinking, and Ambivalence Put Young Adults at Risk for Unplanned Pregnancy*, The National Campaign to Prevent Teen and Unplanned Pregnancy (December 2009).

16 2015 research that shows primary care providers offer repro health only 14 percent of the time: JK Bello, G Rao, and DB Stulberg, "Trends in contraceptive and preconception care in the United States ambulatory pratices," *Family Medicine*, vol 47, issue 4: 264-71, (April 2014).

17 Kimberly Daniels, Jill Daugherty, and Jo Jones, "Current Contraceptive Use and Variation by Selected Characteristics Among Women Aged 15–44: United States, 2011–2013," *National Health Statistics Data Brief*, Centers for Disease Control and Prevention, December 2014.

Why Now?

The passage of the Affordable Care Act (ACA) and expansion of Medicaid create an unprecedented opportunity. While significant gaps still remain, the majority of women now live in states where contraception is free for nearly all.[18] And more evidence than ever is now available to determine the best ways to expand the supply of, access to, and knowledge about all contraceptive options.

Moreover, great gains have been made in the past two decades to reduce the rate of teenage pregnancy. Thanks to the investments of philanthropists, activists, and government and nonprofit leaders, two dedicated federal funding streams now support evidence-based sexual education and teenage pregnancy prevention: the Teen Pregnancy Prevention Program (TPPP) and Personal Responsibility Education Program (PREP). At the same time, health practitioners' awareness of contraceptive options apart from the pill and condoms has increased. What's more, unprotected sexual activity among teens has drastically *decreased*. Several media outlets, including MTV's *16 and Pregnant* and *Teen Mom,* have contributed to changing cultural norms around teen pregnancy.[19] These successes, among others, have helped decrease birth rates among young women aged 15 to 19 by 61 percent since 1991.[20] In recent years, these successes have expanded to include all women, with the rate of unintended pregnancy dropping overall by 18 percent from 2008 to 2011 to the lowest level in three decades, which some believe is directly due to increased use of contraception.[21] [22]

More recently, several other successful efforts have boosted access to contraception for all people:

- New experiments in expanded contraceptive counseling have demonstrated incredibly promising results. For example, the Contraceptive CHOICE project in St. Louis offered free contraceptives, counseling, and same-day procedures to nearly 10,000 women, as well as information dispelling common myths about contraception. A significant percentage of women decided to use

18 As of July 7, 2016, 31 states and Washington, DC, have chosen to expand Medicaid. Nineteen states, including a majority of the states in the American South have not expanded Medicaid. In addition, many immigrant women are not eligible for Medicaid or ACA coverage. (Source: Status of State Action of the Medicaid Expansion Decision," Kaiser Family Foundation State Health Facts. Updated July 7, 2016.)

19 Melissa S. Kearney and Phillip B. Levine, "Media Influences on Social Outcomes: The Impact of MTV's 16 and Pregnant on Teen Childbearing," *American Economic Review*, Vol. 105, No. 12 (December 2015).

20 *Teen Childbearing in the United States*, 2014 Birth Data, The National Campaign to Prevent Teen and Unplanned Pregnancy, "(January 2016).

21 Lawrence B. Finer and Mia R. Zolna, *Declines in Unintended Pregnancy in the United States*, 2008–2011, The New England Journal of Medicine, Issue 374:843-852 (March 2016).

22 Guttmacher Institute, "Steep Drop in Unintended Pregnancy Is Behind the 2008–2011 U.S. Abortion Decline," (March 2016), https://www.guttmacher.org/news-release/2016/steep-drop-unintended-pregnancy-behind-2008-2011-us-abortion-decline.

contraception, and *three out of four* of those women chose LARC, resulting in 75 percent decreases in teen pregnancy and abortion.[23]

- An intervention piloted by the University of California, San Francisco found that increased training on IUDs and the implant of Planned Parenthood clinicians cut by half the rate of unintended pregnancy in women who visit their clinics for family planning.[24]
- The state of Colorado—in perhaps the largest-scale initiative—used philanthropic funding for a statewide training, marketing, and advocacy initiative. Beginning in 2009, it offered 30,000 free LARC devices to women and started a similar decline in unintended pregnancies. Within four years, the birth rates among teens and 20- to 24-year-old women dropped by 48 percent and 20 percent, respectively. Over the same period, the number of Colorado women enrolling infants in Women, Infants, and Children benefits fell 26 percent. Medicaid also avoided nearly $79 million in birth-related costs from 2010 to 2012, making the initiative's return on investment $5.85 for every dollar spent.[25] [26] [27]
- This statewide approach is gaining momentum. This past January, Delaware Governor Jack Markell announced a similar initiative. (Delaware has among the highest rate of unintended pregnancies in the nation, at 57 percent.) Working with the national nonprofit Upstream USA, Delaware has lined up $10 million in private funding to train providers to prescribe LARC devices and other forms of birth control to women, even those without insurance.[28] Also in January, Virginia Governor Terry McAuliffe proposed a $9 million program to support the free distribution of LARC devices through its Department of Health centers across Virginia.[29]
- Investments have been made to develop and bring to market effective methods of contraception at significantly lower costs. For example, there are a number of ways for women without insurance to get a hormonal IUD called

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23 Gina M. Secura, et al., "The Contraceptive CHOICE Project: Reducing Barriers to Long-Acting Reversible Contraception," *American Journal of Obstetrics and Gynecology*, Vol. 203, Issue 2: 115.e1–115.e7 (August 2010).

24 Lisa Aliferis, "Updated Training of Birth Control Counselors Boosts use of IUDs," *NPR*, June 16, 2015, http://www.npr.org/sections/health-shots/2015/06/16/415051753/updated-training-of-birth-control-counselors-boosts-use-of-iuds.

25 Colorado Department of Public Health and Environment, "Colorado's teen birth rate continues to plummet," October 21, 2015, https://www.colorado.gov/pacific/cdphe/news/teenbirthrate.

26 Ibid.

27 Jason Salzman, "Colorado Republicans Say No to Teen Pregnancy Prevention Program," *Rewire*, April 30, 2015, https://rewire.news/article/2015/04/30/colorado-republicans-say-teen-pregnancy-prevention-program/.

28 Jen Rini, "Markell: Women Will Have Better Access to Birth Control," *Delawareonline.com*, January 21, 2016, http://www.delawareonline.com/story/news/health/2016/01/21/markell-del-women-have-better-access-birth-control/79114676/.

29 Rachel Weiner, "Virginia Governor Proposes $9 Million for Birth-Control Access," *washingtonpost.com*, January 8, 2016, https://www.washingtonpost.com/local/virginia-politics/virginia-governor-proposes-9-million-program-to-provide-birth-control-access/2016/01/08/cd8f4f6c-b626-11e5-a842-0feb51d1d124_story.html.

Liletta, which came to market in 2015, at a discount or for free. Liletta and similar initiatives increase access and enable same-day procedures.[30]

The ACA also requires most health insurance plans to cover all contraceptive methods, including IUDs and the implant, with no deductible, no co-pay, and no out-of-pocket cost to the patient. Similarly, Medicaid should provide many women with access to the full range of methods at no cost.[31] Nevertheless, lingering problems include poor knowledge of these new benefits among patients and providers, public misconceptions about birth control, inconsistent implementation, and the lack of training of healthcare centers to properly bill, code, and provide counselling on how to use, and LARC devices.

Why Philanthropy?

Philanthropic capital could significantly lower the number of unintended pregnancies. Ways to improve nationwide access to birth control options include supporting systemic shifts in the market for contraceptives, making additional investments in embedding preconception counseling capabilities in primary care services, and improving sexual education and awareness among all young adults. Such efforts would give women and men far more control over when they want to have children.

Nevertheless, reproductive rights and women's health issues are still politically charged topics. Despite the ACA's provisions, the federal government and some city and state governments remain gridlocked, even though the general public broadly supports such measures. Nor have all states implemented Medicaid expansion.[32] While the public broadly supports government funding of contraception,[33] some officials continue to try to rescind the resources that do exist. Additionally, the backlash extends beyond traditional politics. Some African Americans and Hispanics are deeply suspicious of LARCs and campaigns to increase access, given past attempts by some medical professionals and the US government to forcibly control their communities' populations.

30 Catherine Taibi, "A Promising New Birth Control Device Is Specifically Meant To Help Low-Income Women," *The Huffington Post*, July 7, 2015, http://www.huffingtonpost.com/2015/07/07/low-cost-iud-liletta-poor-women-world_n_7743458.html.

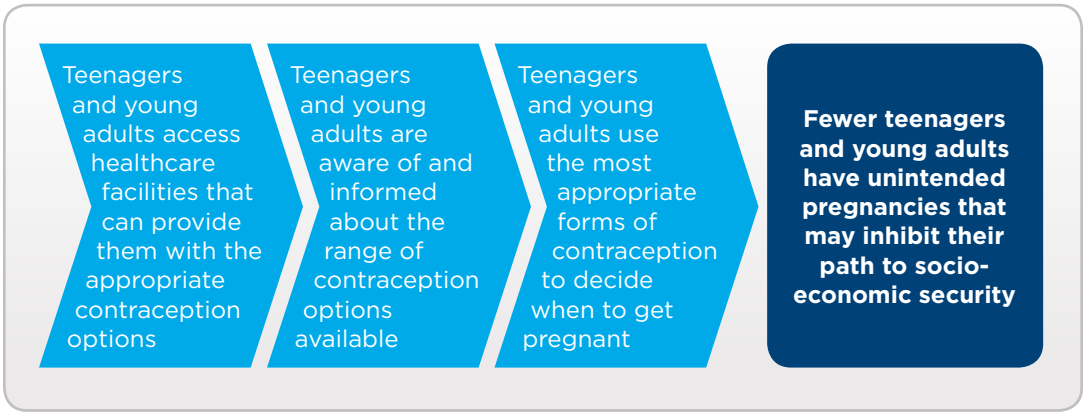
31 Kaiser Family Foundation, "Private and Public Coverage of Contraceptive Services and Supplies in the United States," July 10, 2015, http://kff.org/womens-health-policy/fact-sheet/private-and-public-coverage-of-contraceptive-services-and-supplies-in-the-united-states/.

32 A recent Gallup poll found birth control tops list of morally acceptable issue (89 percent of Americans overall, including 87 percent of Republicans and Independents, and 94 percent of Democrats). (Source: Gallup, "Birth Control, Divorce Top List of Morally Acceptable Issues" (June 2016) http://www.gallup.com/poll/192404/birth-control-divorce-top-list-morally-acceptable-issues.aspx.)

33 *Policy Brief: Key Points about Contraception*, The National Campaign to Prevent Teen and Unplanned Pregnancy, (November 2015).

Philanthropists are uniquely positioned to work around political and cultural headwinds. Their funds can accelerate the work of organizations that support healthcare providers and can further valuable research. Through high-quality marketing and new communication tools, they can help spread information about effective contraception and sexual health, and sufficiently anchor the conversation on a woman's choice. Their capital could also help build on, protect, and scale efforts already supported by federal, state, and local governments.

Pathway to Reducing Unintended Pregnancies



The Investments[34]

Our research reveals clear supply and demand barriers that impede contraceptive use. The investments below list the most effective uses of philanthropic funding to overcome these obstacles.

The three major components are to:

- Increase supply by providing high-quality contraceptive counseling and access to methods most aligned with young people's preferences—on the same day they want them and through any door of the healthcare system

34 To get to the set of investments detailed below, we reviewed numerous research and policy briefs from The Center on Children and Families at the Brookings Institution, The Urban Institute, Child Trends, and the Centers for Disease Control and Prevention. We also reviewed evaluation reports of key initiatives, including the Colorado Family Planning Initiative, the St. Louis CHOICE project, Milwaukee's Teen Pregnancy Prevention Initiative, Carrera Adolescent Pregnancy Prevention Program, UCSF Bixby Center LARC Project, and the One Key Question Initiative. We also conducted numerous interviews and collaborative working sessions with researchers, practitioners, and activists representing the opinions of physicians, politicians, philanthropists, and young people facing choices about contraception. Included among these individuals are Mark Edwards, co-founder, Upstream USA; Michele Stranger Hunter, executive director, Oregon Foundation for Reproductive Health/OKQ; Andrea Kane, vice president for Policy and Strategic Partnerships, The National Campaign to Prevent Teen and Unplanned Pregnancy; and Isabel Sawhill, senior fellow in Economic Studies, Brookings Institution.

- Increase demand through educational and motivational campaigns informing people about which forms of contraception will best support them in delaying pregnancy until they want to become parents
- Improve and update consumer research on contraceptive options in order to support well-designed interventions

Improving access to healthcare facilities that provide comprehensive, evidence-based reproductive health counseling and contraception options

Three main barriers contribute to poor access. First, family planning services remain largely separate from other forms of care. As noted, many primary care providers never discuss family planning with their patients, and research shows that these patients are not getting this information from other formal sources.

Second, some physicians who counsel women on birth control hold misconceptions about LARC and often do not include it among the list of options. Physicians and clinicians trained in the post-Dalkon era (see below for description)—before the new generation of IUDs and the implant were developed—may still believe they are unsafe or inappropriate for women who have not had children.

Third, healthcare providers who do understand that IUDs and the implant are safe still raise institutional barriers in providing them to patients. For example, their clinics may not have policies around counseling, recommending, or providing LARC to patients, nor the experience in coding and billing insurance payers for these methods. Health center leadership may also perceive that they cannot afford to stock the methods on-site, making them unable to provide these methods to patients on the same day they are requested.

Promising efforts to reduce these barriers have gained traction in recent years. For example, The One Key Question® (OKQ) initiative out of Oregon seeks to integrate preventive reproductive health services into mainstream healthcare. This effort supports primary care physicians and healthcare advisers nationwide in counseling women about birth control, and has thus far faced limited resistance. Furthermore, leading medical associations have recently declared LARC is not only safe, but extremely effective (see below), which is beginning to influence practitioner norms. And, organizations are emerging to support physicians with the expertise they need to incorporate long-acting contraceptives into the suite of birth control options they offer patients. For example, the Association of Reproductive Health Professionals released an online training module to help physicians incorporate IUD and implant services into their clinical practices. Similarly, Upstream USA, a third-party provider, has begun providing on-site technical assistance to FQHC clinicians and support staff to help create the right internal processes to support administering LARC to patients.

Nevertheless, the road to success is still steep. We now have the "technology," in the form of LARC, to almost entirely eliminate unintended pregnancies in the United States. But we still don't have sufficient demand. The following investments address the portion of this gap that is created within the healthcare

system. Some will require national components, including sharing best practices or supporting nationwide intermediaries. But many of the specific, on-the-ground tactics should be considered and implemented on a state-by-state basis that's in sync with evolving public health policy, such as Medicaid's expansion. These efforts should also ensure that training and counseling are culturally appropriate for the target audience.

Investment #1: Build stronger links between primary care and family planning services

Most women, low-income and otherwise, interact with the healthcare system through check-ups or visits for a variety of health issues. Rarely do doctors ask these women about their intentions for pregnancy, or support them in making choices about contraception. Therefore, a crucial opportunity to move the needle on unintended pregnancy is to screen routinely for pregnancy intention, wherever women may seek care. For example, the OKQ initiative urges primary care providers to add one additional question to patient intake forms: asking all women who enter the health system if they want to become pregnant over the next year and to support them in contraception or preconception counseling based on their answers. This simple change could ensure that more young people are making healthy decisions that will help them meet their own goals.

Several advocates for increasing access to contraception have begun working with clinics to make procedural changes, some as simple as adding a single question on intake forms. However, these programs mostly exist in pilot form, and do not have a robust evidence base.

In order to further improve the delivery of family planning services, a philanthropist could help advocates better understand the most effective method of integrating family planning into primary care. This could be done through two strategic investments:

- The first would be capital to support randomized controlled trials (RCTs) to discern the most effective way of helping primary care patients receive preconception counseling or support in accessing the contraceptive method of their choice. Potential methods that should be tested include:
  - Small changes in intake forms (e.g., supporting additional efforts to test and evaluate the OKQ campaign) at doctors' offices, clinics, emergency rooms, and other public health programs
  - Provision of additional technical assistance to primary care providers to offer preconception counseling and family planning services
  - More intensive approaches, such as embedding on-call family care planning providers in healthcare facilities
- A secondary investment following these studies is to support the rollout of the most effective method at scale. Potential ways include:
  - Funding to support change-agent organizations that can provide information and technical assistance to primary care providers

- A pool of small grants to interested healthcare facilities to help them change their practices and services

Improving these referral systems will only have a positive effect if women are able to either receive contraceptive counseling and services on site or be referred to a nearby family planning clinic or OBGYN office that can provide these services. Success will come only when primary care providers routinely discuss birth control options, especially LARC, with their patients.

Investment #2: Increase access to LARC and counseling about them within public health centers that provide family planning services, including Federally Qualified Health Centers (FQHCs), community and school-based clinics, and state health departments

A fundamental change can occur with a large-scale investment in LARC training and technical assistance to health centers currently offering family planning services. These include community health centers, state and local health departments, and school and university-based clinics.[35] They serve the vast majority of low-income people in the United States. In 2014, the federal government issued Quality Family Planning guidelines available for any clinic to use. The ideal technical assistance would provide training and support to all clinic staff on the benefits of LARC, list the procedures necessary within these guidelines, and describe best practices in counseling patients on contraceptive decisions. To deliver technical assistance service, philanthropic funding could support third-party providers (for example, Upstream USA), as well as regional physicians associations.

Investment #3: Build capacity of healthcare facilities to offer same-day treatment and support

In addition to new ACA and Medicaid coverage, science has produced a new low-cost IUD. Healthcare facilities are thus in a stronger position to provide same-day access to LARC to all patients, whether or not they are covered by insurance. An investment would subsidize inventory for facilities across the country, and provide guidance and support for updating billing processes to ensure that clinics can:

- Collect the full reimbursement for the device and the implant procedure
- Streamline the process of requesting IUDs and the implant, so that physicians can offer same-day appointments

As noted above, the specific strategies of influencing healthcare providers through investments #5 and #6 will vary by state. Implementation efforts should begin by determining the population in greatest need of increased access and targeting the most influential health centers (both large and small) that reach these populations. Ideally, the investments will influence the care of at least

35 School-based health centers are important for reaching high school and middle school students. While there is much room for improvement when it comes to providing birth control, including LARC, in these settings, it could be more difficult to support shifts to include increased contraception counseling in many communities.

50 percent of the target population. Furthermore, by changing practices at core facilities, the ambition is to create sustained change in contraception services throughout the United States.

Codification of best practices will be needed to sustain investments #4 through #6. This will enhance education, program expansion, and replication of these practices. Over time, the need may arise to update and refine practices and processes continuously with advancing medical knowledge and technology. We assume the healthcare market will take up these responsibilities once the initial changes are made. However, philanthropists should remain aware of market developments.

Investment #4: Support advocacy to protect and expand federal, state, and local investments in high-quality contraceptive care, including LARC
For more than 40 years, Title X funding has enabled family planning centers to provide services to low-income women and men. These federal monies primarily support clinical services, including high-quality contraceptive counseling and services, along with some education and outreach. Despite its success, Title X is constantly at risk of being reduced or eliminated at the federal level, while some state officials have objected to it in recent years. In addition, some states have cut investments in family planning or are rejecting opportunities to make cost-effective investments, even as others seek to approve such efforts. Philanthropic capital could help:

- Protect Title X funding at the federal level
- Support work in states to both protect current family planning funding and to creatively expand state and local investments

In addition, philanthropic funding could support further advocacy to align policies and practices that remove barriers to LARC, including helping women get the devices through public and private funding (for example, Medicaid, Community Health Centers, and TRICARE and ACA plans).

Building awareness and understanding of effective methods of contraception among teenagers and young adults

Simply expanding access to contraception and increasing counseling at clinics will not solve all of the issues at hand. Many people, especially those who do not regularly use healthcare services, will remain unaware of such factors as: what the importance and efficacy of birth control is, what the differences between contraception options are, what they are entitled to through their insurance providers, and how they can get the contraception method of their choosing. Currently, there is a yawning gap in information for all birth control methods, but it is even wider when it comes to IUDs and the implant. In addition to other persistent misconceptions, 30 percent of unmarried young women think "it is extremely or quite likely" that using an IUD will cause an infection.[36]

36 *The Fog Zone*, The National Campaign to Prevent Teen and Unplanned Pregnancy.

This is due in part to the tumultuous history of IUDs in the United States, particularly the Dalkon Shield controversy in the 1970s. This faulty IUD caused relatively high rates of infection and septic pregnancies in users, resulting in a massive recall and subsequent lawsuits. More recently, some anti-contraception advocates have come out against IUDs, claiming they are akin to abortion.

However, the tide of opinion is beginning to shift. Just in the past few years, statements by the American College of Obstetricians and Gynecologists, the Centers for Disease Control and Prevention, and the American Academy of Pediatrics have backed LARC as the most effective form of contraception and the "first-line form of contraception" even for adolescents. Nevertheless, this endorsement has yet to be disseminated to the public in an effective manner.

Investment #5: Deepen social media and traditional marketing and outreach to increase broad awareness of high-quality contraception options

One of the most cost-efficient methods to disseminate information to teenagers and young adults is through social media and marketing, focusing both on the risks associated with being pregnant and stories of young people who have chosen different methods of birth control. Several local campaigns have demonstrated the efficacy of using marketing to reduce pregnancy (for example, Milwaukee's Teen Pregnancy Prevention Initiative). Using best practices from these campaigns, the investment would be in a multiyear campaign (approximately five years) that includes information on a variety of contraception methods, how each can be used properly, and how to access these methods in a way that is sensitive to the barriers some young people may face based on race, income, religion, and region. These campaigns could also include information about the realities of unintended pregnancy by building on the strong influence of personal storytelling,[37] and should be based on the most recent research into perception gaps around different contraceptive options.[38]

Potential methods for outreach include:

- National social media marketing campaigns that combine traditional media (for example, television and billboards) with social media (for example, Facebook, Twitter, and Instagram)
- Public service announcements on popular radio stations and youth television networks
- Outreach through other programs and institutions that serve large numbers of youth and young adults, including the child welfare and juvenile justice system, community colleges, workforce training programs, child support, and the military

37 Based on qualitative feedback from students in programs offered by the National Campaign to Prevent Teen and Unplanned Pregnancy collected through interviews with National Campaign staff in December 2015.

38 *Whoops Proof Birth Control*, The National Campaign to Prevent Teen and Unplanned Pregnancy.

The impact of this investment could be determined by improvements in awareness levels—particularly by achieving wide awareness of IUDs and the implant among unmarried young adults and a significant reduction (by 50 percent or more) in misperceptions about IUDs and the implant. To reach as many teens and young adults as possible, it will be important to tailor these campaigns to geography, culture, and age.

Investment #6: Support scaling and continued innovation in online, mobile, and in-classroom tools to spread quality information on sexual health and contraception choices

A related need is to develop more effective and wider methods of educating youth and young adults on sexual health and contraception options. Many young people still reach adult age without understanding how one becomes pregnant or the risks of sexually transmitted disease. We do not know the best means to reach populations who did not receive education on sexual health in secondary education, but there are a few promising areas for investment.

An increasing number of youth and young adults rely on mobile phones for news and information. A philanthropic investment could develop and test online programs or apps to provide engaging, relevant, and modern sex education, as well as ways to connect young people to nearby health clinics. Two examples of interventions that could be expanded are:[39]

- *Online tools to increase knowledge about birth control options and safe sex practices*: Several promising online and mobile tools are already disseminating information to young adults and teens on such topics as: birth control, local health clinics, and safe sex tips (for example, Bedsider.org and Stayteen.org). A recent, rigorous study found that young adults who used Bedsider.org were significantly less likely than those in the control group to have unprotected sex, experience a pregnancy scare, and report an unintended pregnancy.[40] However, continued updating is needed to ensure that these tools work for specific populations. The initial study on Bedsider.org found that it did not impact Latinas. Philanthropic capital could support continued refinement, while also helping to expand the reach of these tools to a national scale. Targeted investments could help create more population-specific content, expand marketing and community outreach efforts, and support continued product evaluation. *(Note: Bedsider.org has recently launched a site tailored to Latinas, Bedsider en Español.)*

39 The National Campaign to Prevent Teen and Unplanned Pregnancy, through funding from TPPP, is supporting awards to teams around the country to develop innovative technology-based interventions to reduce teen pregnancy—see http://innovationnext.org/. As other innovative approaches are developed and scaled, philanthropic capital could offer support to bring the most successful efforts to a national scale.

40 Jill Antonishak, Kelleen Kaye, and Lawrence Swiader, "Impact of an Online Birth Control Support Network on Unintended Pregnancy," *Social Marketing Quarterly*, Vol. 21, No. 1 (March 2015).

- *Online programs designed for a classroom setting*: Another opportunity is to develop and market short online interventions or modules that provide high-quality, engaging information about effective contraception to older teens and young adults. Positive early results have been recorded for pilot programs that use new online products to teach sexual health in the community college setting.[41] Philanthropic capital could help refine and scale these programs nationwide. They could also be adapted for various populations, such as youth transitioning out of foster care or juvenile justice systems, young parents involved in home-visitation and maternal and child health programs, and young military parents.

It will be important to tailor these tools to cultural and age-appropriate contexts. Once successful programs are scaled, leaders could monetize these offerings through selling ads or requesting funding from medical-device groups. However, it is unlikely such programming would ever operate completely independent of philanthropic support.

Investment #7: Support advocacy to protect federal funding for high-quality, evidence-based sex education

As mentioned, significant investment in increasing the number of evidence-based sex education models and support for such approaches helped move Congress to approve TPPP and PREP. These funding streams support educational programs on sexual health online, in schools, in community-based programs, in child welfare and juvenile justice facilities, and in clinics.

Despite its recognition as a gold-standard evidence-based program, TPPP is at risk of being eliminated by political opponents. PREP will also be up for reauthorization in several years. A quick strategic investment to support ongoing advocacy to protect TPPP, and build the groundwork for the extension of PREP, could prevent a significant regression in sexual education and awareness.

Ensuring appropriate use of contraception based on individual needs and circumstances

Much of the support for IUDs and the birth-control implant stems from two decades of research. Findings have surfaced commonly held misconceptions about birth control, which has led to an increasing number of women selecting IUDs or the implant when cost is not an issue. However, some of these studies were relatively small and others are out of date. Research is also needed on different population segments, including women of color, who may not have been well represented in earlier studies.

41 The National Campaign to Prevent Teen and Unplanned Pregnancy, "Preventing Unplanned Pregnancy and Completing College," Accessed June 2006, http://thenationalcampaign.org/resource/preventing-unplanned-pregnancy-and-completing-college.

Investment #8: Supporting further research to understand use patterns for contraception

In order to strengthen the case for change, a philanthropist could make a strategic investment to support further robust research exploring population segments by age, race, and region. These would come in two main areas:

- *Understanding if increased access to LARC leads to increased use:* Several research studies,[42] including some RCTs, have demonstrated that increased access to reliable forms of contraception does boost usage. However, further proof points and breakdowns by population segments could help build the case for larger shifts in physician practices and government funding.
- *Understanding the extent of public misconceptions about birth control options:* Public opinion surveys have shown that many young adults have limited knowledge and considerable misconceptions about the safety and efficacy of birth control. Many of these surveys have been small and their wide applicability is doubted by some. The few large surveys that have been completed may quickly become out of date with evolving trends in electronic access to information. Current research projects are underway to plumb modern public opinion in this area, but they are in need of additional philanthropic support. Robust findings would help target marketing and education efforts to certain populations and geographies.

Risks Involved

The impact of these investments could be undercut by several risks, which should be considered and analyzed prior to investing. The foremost comes from changes in political leadership that could suddenly repeal ACA entirely or narrow its reach by rolling back Medicaid expansion, or eliminate the requirement that medical insurance providers cover the cost of birth control. While this would likely not affect those who have benefitted from Medicaid expansion (i.e., many of those included in the target population of these investments), it is still necessary to consider. Congress could also cut or end funding for TPPP and PREP, which provide evidence-based sex education, and for Title X, which funds high-quality family planning services for low-income women. Some of the investments detailed above will help mitigate these risks, but ultimately any amount of philanthropic capital cannot control government policy.

Another set of political risks include pushback from segments of the general public. While there is overwhelming public support for birth control overall, as mentioned above, some could perceive marketing programs for LARC as coercing women to use certain types of birth control. This misperception could

42 For more about LARC research studies, please see the Center for Disease Control and Preventions *Vital Signs: Trends in Use of Long-Acting Reversible Contraception Among Teens Aged 15–19 Years Seeking Contraceptive Services—United States, 2005–2013*, http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6413a6.htm.

arise from a complex legacy of when groups in power attempted to control the reproductive abilities of low-income women and women of color. Other individuals and public interest groups who believe IUDs act as an abortifacient (causing abortion) could also attack the campaign. The philanthropic creator of informational campaigns should keep these risks in mind. Additionally, physicians and other clinicians could be more resistant to change than predicted, and thus require more investment in changing practices than estimated in this paper.

Projected Impact

Using recent research from the Social Genome Model (SGM), it is possible to estimate the potential impact of this set of investments on the lives of young people wishing to delay or avoid pregnancy and on their future children. For the purpose of this analysis, the concept uses definitions outlined in the recent paper from the Center on Children and Families at the Brookings Institution titled "Improving Children's Life Chances through Better Family Planning":

- "The term 'unintended' is derived from the National Survey of Family Growth (NSFG) which asks women to characterize retrospectively the intentionality of all of their previous pregnancies at the time they learned they were pregnant. If a woman describes the pregnancy as unintended, she is then asked if the pregnancy was mistimed (that is, came earlier or later than the woman desired) or unwanted (that is, she never wanted the pregnancy to happen)."

By these definitions, between 2006 and 2010, more than one out of three births in the United States was unintended. Of these, nearly two out of three were mistimed, averaging a total of 23 percent of all children born over that time period.[43] The authors of the report used the SGM to estimate the impact of delaying birth for these mistimed children by the number of years by which the child was mistimed (according to the mother). We estimate that children who are properly timed are 7 percentage points more likely to graduate from high school and 3 percentage points less likely to be teen parents. As they age, their college graduation rates also improve, jumping from 22 percent to 30 percent (an increase of 36 percent). We estimate the cumulative effect of these changes as an increase in the lifetime income of properly timed children by $52,000.

Understanding that the investments listed above may not completely eliminate or delay all mistimed births, it is necessary to project the impact of this portfolio of investments using the limited success rates of similar initiatives. Most notably, the Colorado Family Planning Initiative (CFPI) launched a state-wide campaign (as mentioned above) to increase demand and significantly increase the supply of LARC. The range of investments is similar to those listed here (for example, technical assistance to physicians, advertising to young people, and research) and the campaign also faced some of the same risks (for example, political

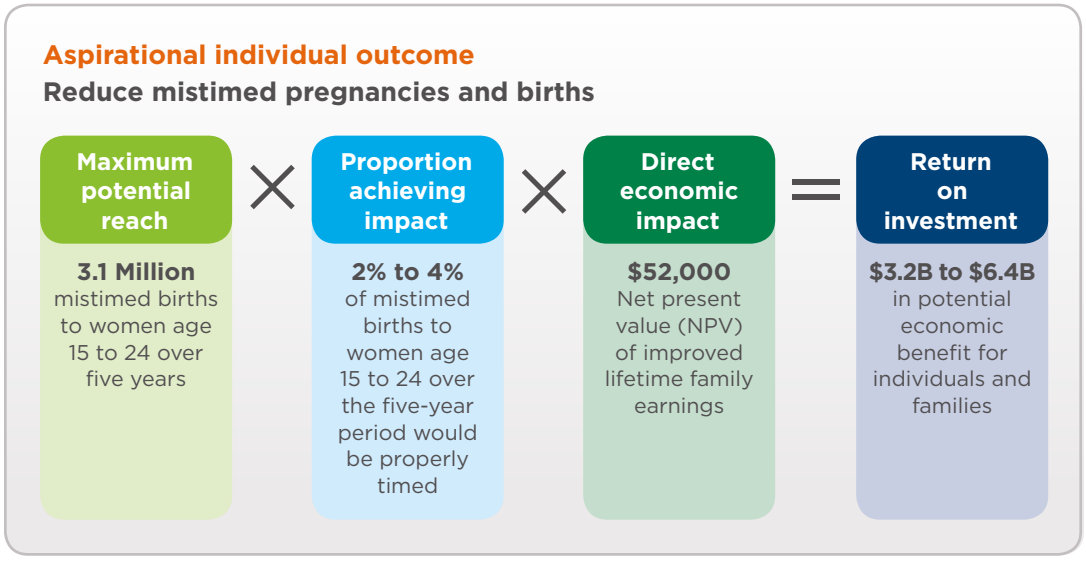
43 *Unintended Births: Indicators on Children and Youth*, Child Trends Data Bank, September 2013.

attacks and cultural resistance to top-down change). The concept therefore projects that a successful implementation of the above investments could expect similar outcomes as CFPI.

During the three-year rollout of CFPI, the teen birth rate and the birth rate among 20- to 24-year-old women dropped by approximately 39 percent and 19 percent, respectively. At the same time, the national teen birth rate and birth rate among 20- to 24-year-old women dropped by 32 percent and 16 percent, respectively. For the purpose of simplicity, the marginal difference in these declines (7 percent for teens and 3 percent for 20 to 24 year olds) is called the "Colorado effect." Using a weighted average, the concept estimates that the Colorado effect is a 4 percent reduction in unplanned births for young women ages 15 to 24.

Given current birth rates and the rates of unintended pregnancy from NSFG, we estimated that there are 3.1 million unintended births over the course of five years. Applying the Colorado effect would result in potentially 62,000 to 124,000 more properly timed pregnancies.[44] Using SGM's estimate of the increased lifetime earnings these children would earn, if delayed by the number of years their mothers intended, **the calculated return is between $3.2 billion and $6.4 billion in total increased earnings for these children.**

Note: Further cost savings to government programs (for example, Medicaid and Temporary Assistance for Needy Families) would accrue from a reduction in unintended pregnancies. However, for the purpose of this analysis, the estimates focus solely on the impact on social mobility outcomes for the individuals—in this case, properly timed births—affected by the intervention.)



44 These estimates are based on applying the ratio of unintended pregnancies to either the total reduction of pregnancies within the year or a subset of that reduction that is assumed to be mistimed.

Breakout of Costs by Investment Area

In order to determine the likely cost of the investments outlined above, we researched the cost of applicable benchmark programs and investments. We then multiplied the cost of the benchmarks to represent the scale at which the above recommendations are presented. For this paper, the benchmark programs that were considered were The CHOICE Project, Bedsider.org, Stayteen.org, Health Care for America Now, the One Key Question initiative, UCSF Bixby Center, Upstream USA, and Planned Parenthood's advocacy budget.

Pathway	Investment Area	Estimated Cost
Hone promising programs and help them grow	Increase access to LARC counseling within public health centers, including FQHCs, community and school-based clinics, and state health departments	$300,000,000
	Build capacity of healthcare facilities to offer same-day treatment and support	$275,000,000
	Build stronger links between primary care and family planning services (supporting a series of RCTs and adopting the most effective methods—e.g., OKQ) and providing technical assistance to clinics and hospitals	$40,000,000
		$100,000,000
Shift incentives and behavior	Targeted advocacy to protect and expand existing funding streams for contraception **and** sex education	$25,000,000
	Invest in comprehensive traditional and social-media marketing campaigns to increase awareness of sexual health and contraception options	$100,000,000
	Invest in technology-enabled tools to increase awareness of sexual health and contraception options	$100,000,000
	Support further research to understand use patterns for contraception (e.g., funding an RCT or a large survey)	$60,000,000
TOTAL		**$1,000,000,000**

Michelle Boyd is a senior associate consultant, Devin Murphy is a manager, and Debby Bielak is a partner in The Bridgespan Group's San Francisco office.

THE BRIDGESPAN GROUP
BOSTON 2 Copley Place, 7th Floor, Suite 3700B, Boston, MA 02116 USA. Tel: +1 617 572 2833
NEW YORK 112 West 34th St., Ste. 1510, New York, NY 10120 USA. Tel: +1 646 562 8900
SAN FRANCISCO 465 California St., 11th Floor, San Francisco, CA 94104 USA. Tel: +1 415 627 1100
MUMBAI Bridgespan India Private Limited Company, 1086, Regus, Level 1, Trade Centre, Bandra Kurla Complex, Bandra East, Mumbai, 400051 Maharashtra, India. Tel: +91 2266289639, Email: contactmumbai@bridgespan.org

www.bridgespan.org