Policy Analysis: Unintended Pregnancy Reduction

Meghan Crovo Johnston

Eastern Washington University

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Dr. Eggleston

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NRHA Priority Area 1: Addressing Rural Declining Life Expectancy and Rural Equity

- Ensure that rural women have access to obstetric and maternal health care support.

Problem Identification:

What is the best non-legislative area the National Rural Health Association can focus its efforts to reduce unintended pregnancies within rural areas across the United States?

Problem Statement:

Around half of the pregnancies in the United States are unplanned, with the burden falling heaviest on non-Hispanic Black women, women and girls under 24, low-income individuals, those who have not graduated high school, and unwed cohabitators (CDC, 2019b). Teen pregnancy rates are also consistently higher in rural counties across the United States (CDC, 2019a). Although unintended pregnancies have decreased over the years, disparities remain in certain groups based on age, income, education level, and race (Finer & Zolna, 2016). Black and Hispanic women are significantly more likely to experience an unplanned pregnancy, with Black women experiencing them 1.5 times more than their Caucasian counterparts (Troutman., 2020).

In 2015, the pregnancy rate among teens living in urban counties was 18.9 per 1,000, significantly lower than the rate among teens living in rural areas (30.9 per 1,000) (CDC, 2019a). Additionally, data shows that 19% of women aged 18 to 44 residing in urban areas have three or more children, while 24.8% of women in rural areas have three or more children (Daniels et al., 2018). Rural populations face greater challenges accessing health, which includes family planning (National Institutes of Health, 2022). All methods of birth control, including male and female sterilization, are consistently used more often among urban residents, with 45.7% of urban residents using any form of birth control compared to 38% of rural residents (Ross, 2021).

Urban Versus Rural Pregnancy Data

	TEEN PREGNANCY	3 OR MORE CHILDREN	BIRTH CONTROL USE
Urban	1.89%	19%	45.7%
Rural	3.09%	24.8%	38%

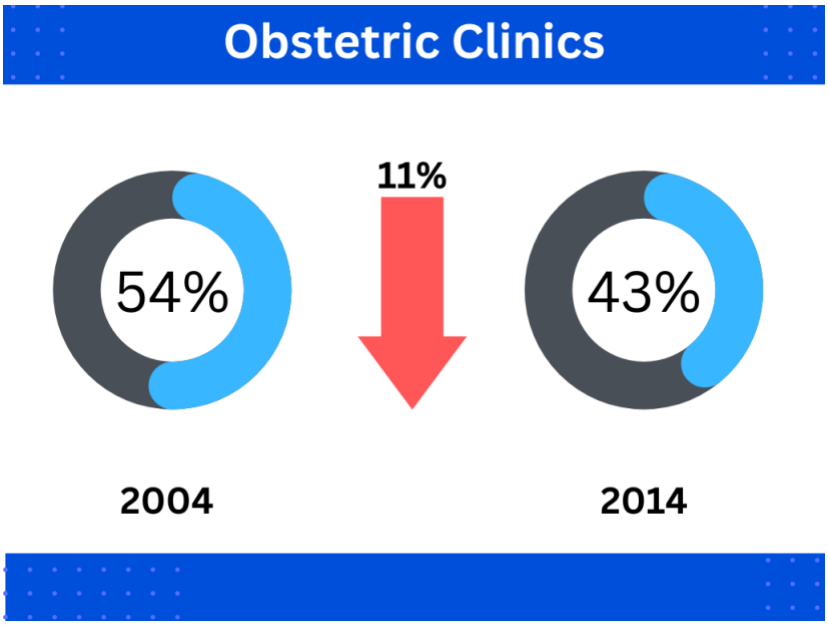
Unplanned pregnancy is a complex issue that involves cultural, religious, and social beliefs surrounding sexuality, birth control, and gender norms, in addition to access to healthcare. Controversial subjects like abortion, birth control for unwed girls and women, and sex education are intertwined with this critical health issue. Stakeholders may have strong and differing feelings about the social aspects involved. Policies and recommendations are only effective when applied within the boundaries of the community's and stakeholders' belief systems. Because human sexuality and pregnancy evoke impassioned opinions, identifying best practices will require cultural competence, well-researched evidence, and a willingness to meet stakeholders halfway.

Background

Healthy People 2030 Family Planning goals recognize the negative impacts unplanned pregnancies have on families, especially women and children. The first family planning goal, FP-01, is to reduce unintended pregnancies. According to the CDC Healthy People 2030 FP-01, women who experience unplanned pregnancies are less likely to seek prenatal care (US Department of Health and Human Services, n.d.). They are also more likely to experience violence and mental health issues. In turn, their children are more likely to suffer physical and mental health issues and difficulties in school.

Compounding the issue of unplanned pregnancy, the number of obstetric clinics in rural counties decreased by 11% between 2004 and 2014, down from 54% in 2004 (National Rural Health Association, 2021). An inability to access healthcare also means an inability to access family planning-related services. According to the 2023 Requests to Address Rural Health Equity, the NRHA has several requests that will indirectly reduce unintended pregnancies by improving healthcare accessibility (National Rural Health Association, 2023). The NHRA hopes to improve health equity in rural communities through the following:

- Expanding access to hospitals and clinics, particularly ones that provide maternal care
- Expand Telehealth options
- Support legislation that reduces prescription drug prices in low-income communities
- Expand the healthcare-related workforce



Although these requests can potentially improve family planning by increasing access to doctors, they do not directly address the issue of unplanned pregnancies in rural communities. Women's health cannot be fully addressed

without proper family planning support, specifically as it relates to unintended pregnancy. It becomes even more critical in the teenage population, where the social, economic, and physical consequences are greater than for adult women. Girls who become pregnant in their teen years are less likely to graduate high school or attend college, which adds to reduced lifetime earnings and perpetuates intergenerational poverty (Schulkind & Sandler, 2019).

Preventing pregnancy before girls and women are ready is a critical part of healthcare, with various potential ways to succeed. As with most healthcare issues, a multipronged approach that addresses a problem from all angles will be the most effective. Access to birth control and emergency contraception, comprehensive sex education, and abortion care attack the issue from all angles (Tanne, 2008; Batur et al., 2016; Mark & Wu, 2022; Sutton et al., 2019). However, these approaches may not be easily implemented in specific communities due to cultural, religious, and political resistance. Additionally, the financial burden may be too significant to address all three methods. Ultimately, a progressive and dynamic solution that is easy to initiate will be ideal for protecting rural women and their communities from the burdens of unintended pregnancies.

Landscape

Although unplanned pregnancies impact everyone in the community, some key stakeholders are either personally invested in the issue, significantly impacted by it, or in a position to affect change. This section covers those intimately intertwined with this topic and their political and economic viewpoints. Two main stakeholders worth evaluating are physicians and local government/politicians.

Political Factors: Although the issue of unplanned pregnancy is not controversial, the methods in which it is handled often are. Understanding how stakeholders feel about the political climate surrounding unplanned pregnancy reduction strategies is necessary to make impactful changes.

Physicians, primarily OBGYNS and family practitioners, are in a powerful position as trustworthy, patient-facing healthcare personnel. Their political views will vary and should be considered in this analysis.

1. The benefit of appealing to physicians is that they tend to be evidence-based oriented and, therefore, less influenced by politics relative to other stakeholders like individual family members, local businesses, or nonprofit organizations.
2. On the other hand, political, cultural, and religious beliefs are important to how someone conducts themselves. Even research-oriented physicians may still be influenced by their politics and deserve to have their beliefs respected.
3. Physicians, especially those in private practice, may avoid politically controversial issues to ensure they do not negatively impact their business.
4. Addressing this issue while trying to remain politically neutral requires a tightrope walk that may be impossible to maintain. Physicians may prefer to avoid such tenuous tasks for their mental well-being.

Local governments and politicians are invested in the health of the municipalities they serve and tend to reflect the political climate of the local population. Because they have the power to affect change and because their political persuasion will determine the level of community support, understanding and respecting their views is vital.

1. Because the most effective efforts to reduce unintended pregnancies start with acknowledging that premarital sex occurs, politically conservative governments may refuse to support strategies like certain types of sex education or birth control options.
2. Conversely, some areas will have more liberal viewpoints and may be more receptive to policies that reduce unintended pregnancies.
3. Local government may support laws that hinder or support the efforts of the chosen policy. Culturally competent approaches and clear evidence will be crucial to garner bipartisan support.
4. Because some issues surrounding unplanned pregnancy are controversial certain politicians may be reluctant to take them on, particularly if running for reelection.

Economic Factors: If the consequences of unplanned pregnancy on women and girls in terms of social, economic, physical, and emotional well-being are insufficient to prompt action, the fact that these pregnancies cost taxpayers around $11.3 billion annually may stimulate change (Monea & Thomas, 2011).

The economic costs to stakeholders may be put into perspective when presented with the financial impact unintended pregnancies have on the community.

Because physicians play a critical role in family planning, they are likely to see an economic impact regardless of the policy put into place. Awareness of these financial burdens physicians acquire is essential to civil policy implementation.

1. Addressing unplanned pregnancy may add additional operating costs to clinics via increased one-on-one patient time or added educational services.
2. If Medicaid is expanded to reduce unintended pregnancy, there is the potential for physicians to see more Medicaid patients. However, the lower payments and increased administrative costs of Medicaid are a couple of reasons doctors are less willing to accept Medicaid patients (70.8%) compared to patients who have private insurance (90.0%) (Medicaid and CHIP Payment and Access Commission, 2021).
3. Clinics may have added costs of training staff and updating policies and procedures.
4. Physicians may support policy changes and suggestions if they fully understand the cost of unplanned pregnancy on the community and individuals.

It is the job of local governments and politicians to be heavily invested in the fiscal effects of any policy. Understanding how to garner their support for any policy recommendations is crucial if the policy is to succeed.

1. Local politicians may only approve funding if it is for a policy that they agree with politically. Political conditions will change between municipalities.
2. Fiscally responsible governments may support added costs when shown evidence that unplanned pregnancies cost the community more in the long run.
3. Local governments in rural areas have a limited budget and a population with unfair health disparities. They may choose to put their financial support behind one of the many other challenges their community faces.
4. Even if rural communities and their government support funding new programs, funds can get tied up in complicated bureaucratic processes.

Working within the social, political, economic, and cultural boundaries of the communities that need help and the local stakeholders is crucial to successful change. The above is an outline of necessary considerations as options are analyzed.

Options

The best way to reduce unintended pregnancies is to increase access to and use of birth control. There are unlimited ways to accomplish this through legislation and education. The purpose of this analysis is not to identify all the potential ways to increase access to birth control but to find a feasible non-legislative way to incorporate birth control access into the efforts the National Rural Health Association is already making in rural communities through NRHA Priority Area 1: Addressing Rural Declining Life Expectancy and Rural Equity.

The three ways of accomplishing this goal that will be analyzed here are through adding family planning departments to already established or newly added clinics, ensuring family practitioners, including those on the telehealth platform, have a comprehensive understanding of all types of available birth control and offer them to their patients of all ages, and create sex education programs targeting parents and those who are high-risk for unintended pregnancies about the importance and safety of birth control and where to access it.

Based on the landscape of the stakeholders and the goals of the NRHA each suggestion will be analyzed using the following four criteria:

1. Is this option easily implemented?
2. How much does this option cost the local government? Physicians? Community?
3. Is this option politically feasible?
4. Does this option target the population/issue involved?

Option 1: Adding a family planning department to already established or newly added clinics.

The family planning clinic will focus solely on pregnancy prevention to keep costs low, make implementation simple, and focus solely on reducing unplanned

pregnancies in rural areas. One or two additional clinicians per clinic should be added depending on the population number. This option should run efficiently with the appropriate staff, as the newly hired physicians will take over the processes. However, adding more employees may be challenging due to an already shrinking rural workforce and diminishing obstetric clinics in rural counties (National Rural Health Association, 2021). The task of adding more physicians relies on resources that are already shown to be unavailable.

According to the National Rural Health Association, there are 13.1 physicians per 10,000 people, much lower than the national average of 28.2 (National Rural Health Association, n.d.; CDC, 2022). If rural clinics can recruit and retain enough personnel in an already tight market, the local government will need to bolster the budget to make this plan viable. Because the department will be added to existing clinics, support staff and costs like rent, phone lines, and billing software are already included in the clinic's cost. The most significant expenditure will be physician salaries. This cost can be minimized by hiring Physician Assistants to work under already established doctors. Data from the US Bureau of Labor Statistics shows that the mean cost of the annual wage for a physician assistant in the United States is $125.270 (US Bureau of Labor Statistics, 2008).

Family planning clinicians are not generally a hot-button topic in the political sphere and should not create much resistance. Particularly if framed through the lens of ensuring rural women have access to obstetric and maternal health care, which is part of NRHA Priority Area One. Family planning services reduce unplanned pregnancies as long as they reach the intended population (World Health Organization, 2019). Ensuring the community knows about available resources may require additional marketing campaigns and costs. However, a marketing campaign to advertise such services could easily be done with flyers and posters distributed throughout the clinics that patients will already be visiting.

Option 2: Ensure family practitioners, including those on the telehealth platform, understand all types of available birth control and offer them to patients of all ages.

This option would require additional education for general practitioners, and some may resist adding more to an already full plate. Creating an online course would be a quick and effective way to provide additional education with minimal

cost. Additionally, this course can be added to the already required continuing education physicians must get. The only cost involved is creating an online course and notifying the local family practice doctors. Notification can be done at physician conferences, emails, and follow-up phone calls.

Political, religious, and cultural belief systems may also complicate the implementation of this option. Because the goal is to avoid legislation, physicians cannot be legally required to comply, and some may opt-out, which will hinder efforts. However, most Americans support birth control and comprehensive sex education when taught alongside abstinence-only education (Bleakley et al., 2006). Therefore, physician compliance is expected to be a minor issue, especially since individuals in healthcare tend to be evidence-based oriented, and ample evidence supports the reduction of unintended pregnancy through birth control and sex education.

According to the Association of American Medical Colleges, family practice physicians see more patients annually than any other type of doctor (AAMC, 2017). Abundant patient contact ensures the target population is reached without developing expensive advertising campaigns. Patients are already coming to see their family practitioner for routine checkups, colds, mental health, and minor ailments. The continued and sustained contact with patients makes family practice physicians a perfect vehicle for increasing birth control access and sex education within the communities they serve.

Option 3: Create birth control education and advertisement programs targeting parents and those at high risk for unintended pregnancies.

For this option to achieve the desired impact of informing a wide range of people with different backgrounds, the educational campaign must be comprehensive and diverse. The campaign should include multiple languages, culturally sensitive approaches, and various marketing strategies. The campaign must be continued long-term to ensure the desired population is consistently and effectively reached. The ongoing nature of marketing campaigns requires annual funding for as long as the campaign is active.

Additionally, publicly advertising birth control and sex education may cause pushback from politically conservative communities, which rural areas tend to be (Paker et al., 2018). Marketers may consider discrete ways of promoting the

campaign to reduce pushback. For instance, instead of distributing flyers in medical practices, consider placing billboards along highways or launching targeted social media campaigns rather than using flyers in educational institutions. This campaign will require a balance between reaching the target population and respecting community members' political, cultural, and religious viewpoints.

Despite the possibility of encountering political opposition, this initiative is an excellent way to reach those at high risk through a far-reaching targeted campaign. Most unintended pregnancies are in women aged 18 to 24, women living in poverty, cohabitating women, and women of color (Finer & Zolna, 2016). The campaign will be designed specifically for this population and will reach these high-risk individuals directly.

Increasing Access to Birth Control

Options Assessment

Options Criteria	ADDING FAMILY PLANNING DEPTS	BIRTH CONTROL EDU AMONG PHYSICIANS	TARGETED CAMPAIGN
Easily Implemented	No	Yes	No
Cost Effective	No	Yes	Possibly
Political Feasibility	Yes	Possibly	Possibly
Reach Target Population	Possibly	Possibly	Yes

Recommendation

This analysis recommends ensuring family practitioners, including those utilizing telehealth, are knowledgeable about all types of birth control and offer these options to patients of all ages. This option is the easiest to implement and has the lowest price point while still having the desired impact (Lee et al., 2011). With a one-time fee from course development and occasionally fees for updating information, this option will be easier to budget for and implement within rural communities. Most of the fees will go towards developing a course which can cost up to $40,000 (Cujba, 2020).

The greatest projected challenge is physician resistance to providing birth control to unmarried women or minors and investing time to further their education. Tactics to overcome these barriers can be included in the final rollout of this policy and should be simple to include. Completing the educational program designed to educate physicians on birth control options and how to present them to women can count as a Continuing Medical Education credit, meaning no extra time needs to be taken away from a physician's work schedule.

Physician knowledge and comfort in providing birth control counseling are already limited for some providers (Akers et al., 2010). The educational program should include ways to comfortably communicate with teens and young adults about sex education and birth control. Additionally, including the financial, emotional, social, and physical benefits of birth control for women and girls, as well as the benefits to the community, may help to assuage any political, religious, or cultural reservations a physician might have about birth control.

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