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1.1.d: Decrease percent of unintended pregnancy from 36% in 2013 to 32.4% by 2022

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**MEASURE 1.1.D: DECREASE PERCENT OF UNINTENDED PREGNANCY  
FROM 36% IN 2013 TO 32.4% BY 2022**

**John Wiesman**  
Secretary of Health

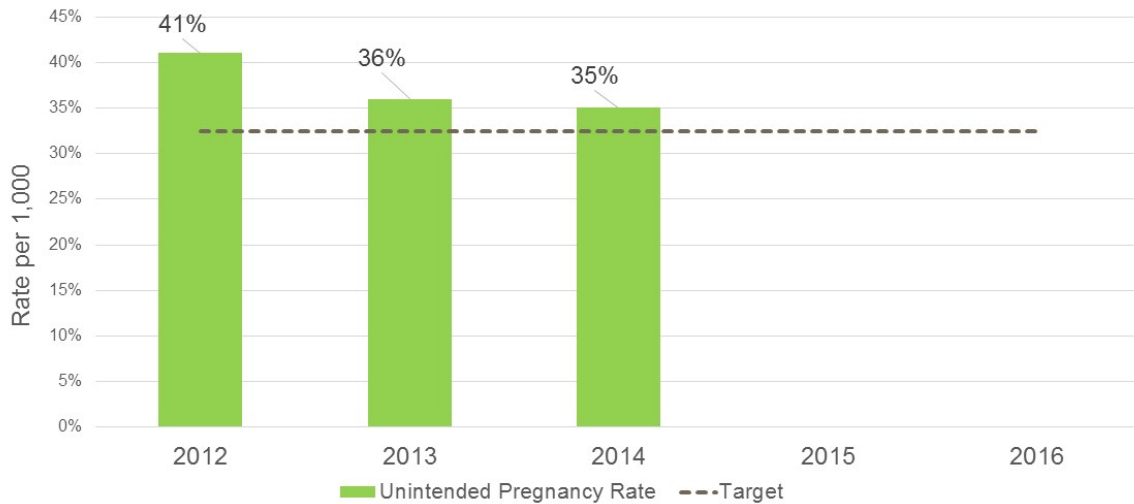
**Janna Bardi**  
Prevention and Community Health



**Linda McCarthy**  
Executive Director  
Mt. Baker Planned Parenthood



## Measure 1.1.d: Decrease percent of unintended pregnancy from 36% in 2013 to 32.4% by 2022



### 1.1.d: Decrease percent of unintended pregnancy from 36% in 2013 to 32.4% by 2022

## Why is this a priority?

### Planned pregnancies lead to healthy babies, save public funds

- o Approximately 36% of pregnancies in Washington are unintended
- o In 2010, 19,900 unintended births in Washington State cost the public an estimated \$467,800,000 in federal and state funds
- o Family planning services through HCA and DOH averted an estimated 21,500 pregnancies in 2016, saving the state an estimated \$168,000,000 in pregnancy related care

### Babies born to women whose pregnancies are unintended are more likely to experience poor health outcomes

- o low birth weight
- o born too soon (preterm)
- o less likely to be breastfed
- o poorer physical and mental health and
- o poorer educational outcomes.

### Mothers who give birth as a result of unintended pregnancy are more likely to experience domestic violence during the pregnancy

- o Reducing the unintended pregnancy rate could assist in improving other social outcomes such as graduation rates, earning potential and family stability.

## How are we doing?

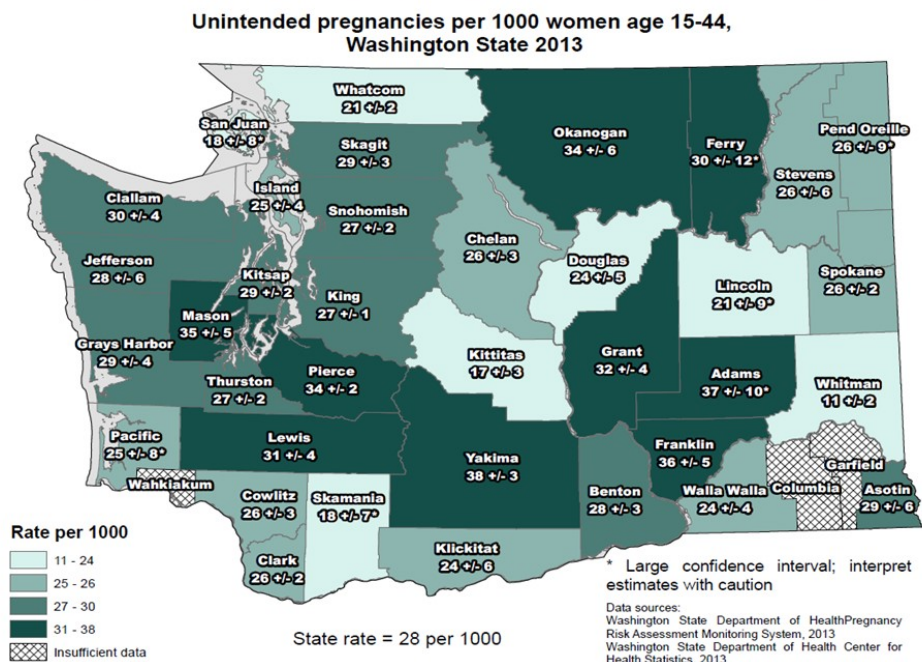
The latest rates (2014) show a 6 percentage point decrease overall over three years. If this trend continues we will reach our target before 2020.

Previous data showed that it took seventeen years to see a reduction of just 6 percent in unintended pregnancies

However, there is wide variability across the state, across age groups and among different racial/ethnic groups.

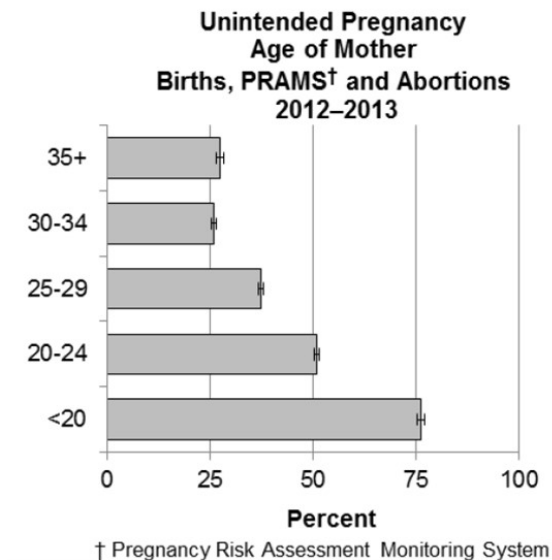
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## How are we doing?



## How are we doing?

- Teens are most likely to report that pregnancies were unintended (10,800 unintended pregnancies)
- But they account for only 7% of all pregnancies in 2012–2013
- Nearly 77% of unintended pregnancies occurred among women ages 20–34 (60,700 unintended pregnancies)

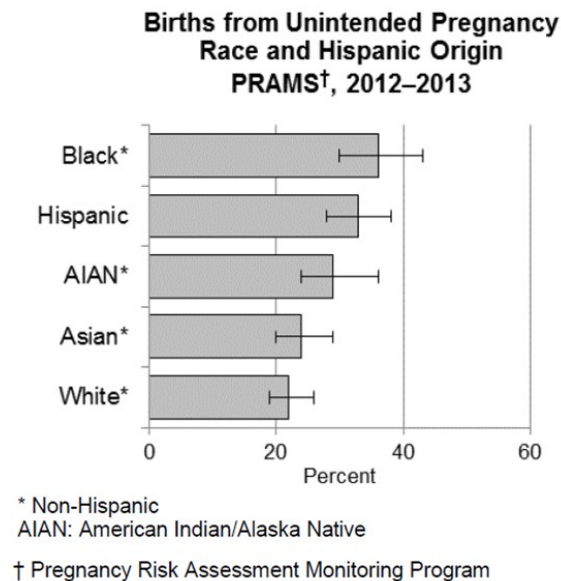


## How are we doing?

Race and ethnicity are strong and persistent factors in unintended pregnancy.

Black, Hispanic and American Indian/Alaska Native women reported the **highest** percentages of unintended pregnancy.

Asian and white women reported the lowest percentages of unintended pregnancy.



## What are we working on?

DOH and HCA have worked together to reduce unintended pregnancy over the past several years by increasing use of contraceptives, particularly long acting reversible contraceptives (LARCs).

- Improved the business practices of public clinics
- Partnered to develop training for Community Health Workers to better connect women to family planning services
- Trained healthcare providers on the benefits and medical procedures associated with long acting reversible contraceptives.
- Increased provider reimbursement for LARCs (to better reflect the cost of services)

## What are we working on?

- We have worked with HCA, DSHS, DOC, and OSPI on a plan that outlines strategies to reduce unintended pregnancies in Washington called the Multi-agency Unintended Pregnancy Prevention Plan.
- We have worked with OPSI to create and publish voluntary guidelines on Sexual Health information and Disease Prevention for middle and high schools.
- We have worked with DOC to make it possible for incarcerated women to get birth control pills prior to their release.
- DOH, HCA, and Amerigroup are working together with ASTHO on a collaborative approach to reduce barriers for access to the most effective methods of birth control



## Barriers and challenges

### Federal:

ACA currently covers the cost of preventive services, including contraceptives, with no co-pays or co-insurance for individual women. Repeal of the ACA could:

- Increase the number of women who are uninsured and unable to afford family planning.
- Increase out-of-pocket expenses for contraception for people of child bearing age.
- Reduce the number of agencies providing reproductive health services (e.g. Planned Parenthoods).
- In addition, there is a risk of significant changes or elimination to our federal Title X family planning program – further limiting access to reproductive health services, especially among low-income women.

## Barriers and Challenge

### Title X Family Planning in Washington

The program is a mix of Federal and State funds dedicated to family planning. Should we lose federal funding, **\$3.8 million additional funds** would be necessary to keep the program at current funding levels

**OR**

Equate to an estimated **6,360** increase in unintended pregnancies across the state at a total estimated cost of **\$50 million**



## Expanding Access to Long-Acting Reversible Contraception (LARC) in Washington's North Sound

**Linda McCarthy**  
Executive Director  
Mt. Baker Planned Parenthood



[www.nwcpnp.org](http://www.nwcpnp.org)

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## Washington's Accountable Communities of Health

### Regional Priorities

- Behavioral health
- Housing
- Oral health
- Prevention
- Care coordination
- Health disparities as a primary consideration for above priorities

Based on:

- ✓ Community health assessments
- ✓ Community health needs assessments
- ✓ Other health assessments
- ✓ Inventory of health initiatives
- ✓ Qualitative interviews
- ✓ Community forums

North Sound ACH



HCA 82-008 (7/16)

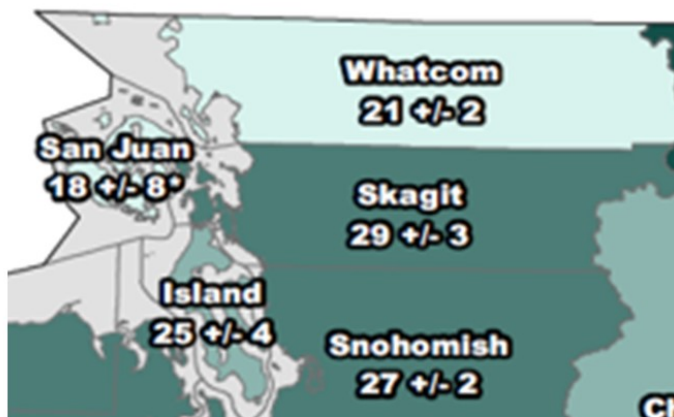
## Why LARC?

**Births from unintended pregnancy are more than 2x as common among women on Medicaid (54%) when compared to those not on Medicaid (23%)**

**Over 60% of Skagit County births were paid for by Medicaid in 2014**

As compared with:

35.3% in Island  
55.6% in San Juan  
40.6% in Snohomish  
50.3% in Whatcom  
**48.8% in the state**



## Prevention via LARC Goals



### Increase:

- Provider and consumer awareness of LARC
- Provider capacity to provide LARC at patient discretion
- Use of LARC



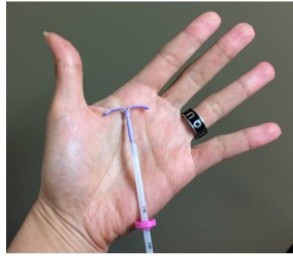
### Decrease:

- Unintended pregnancy rates (State Common Measure #2)
- Medicaid spending per enrollee (#51)



## Prevention via LARC

### Phase 1: Provider Training



- Client centered contraceptive counseling best practices
- Reproductive life planning
- Clarifying pregnancy intentions
- Inserting/implanting LARC

### Phase 2: Outreach to Women

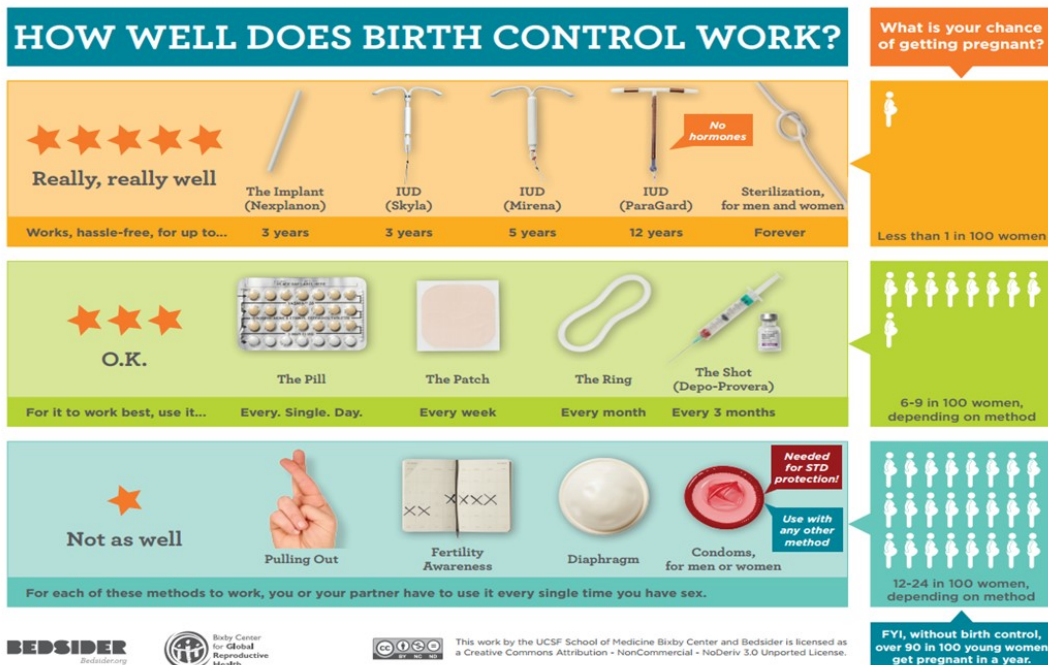


- Increase awareness of their contraceptive options
- Risk/benefit information regarding LARCs

## Reproductive Justice

Reproductive justice recognizes that the main reproductive challenge facing poor women of color is not unintended pregnancy by itself, but rather socioeconomic and cultural inequalities that provide some people with easier access to self determination and bodily autonomy than others.

*—Asian Communities for Reproductive Justice and SisterSong Women of Color Reproductive Health Collective*



## Prevention via LARC Inaugural Training

Sept 15: first training attended by 45 (34 providers) representing two community health centers, private providers, PP, Naval Hospital, Behavioral Health Organization, birthing center and two tribes. This evidence-based training presented by UCSF's Bixby Center for Global and Reproductive Rights.

January 25<sup>th</sup>: 4 providers attended a FDA required Nexplanon training

February: launch observation and precepting days for individual providers

March 23<sup>rd</sup>: second regional training – 42 registered (21 from our region) for 30 training slots; priority to those from region

FIGURE 2:

PERCENT OF TITLE X CLINIC CONTRACEPTORS USING LARC METHODS, COLORADO, FY 2008–FY 2015



Source: The Colorado Family Planning Initiative

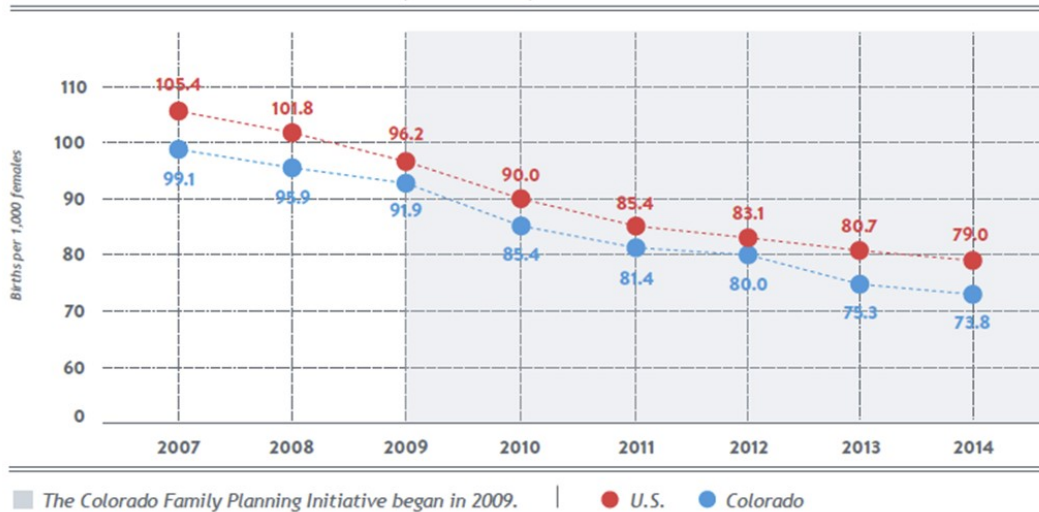
FIGURE 6:

U.S. AND COLORADO FERTILITY RATES, AGES 15–19, 2007–2014



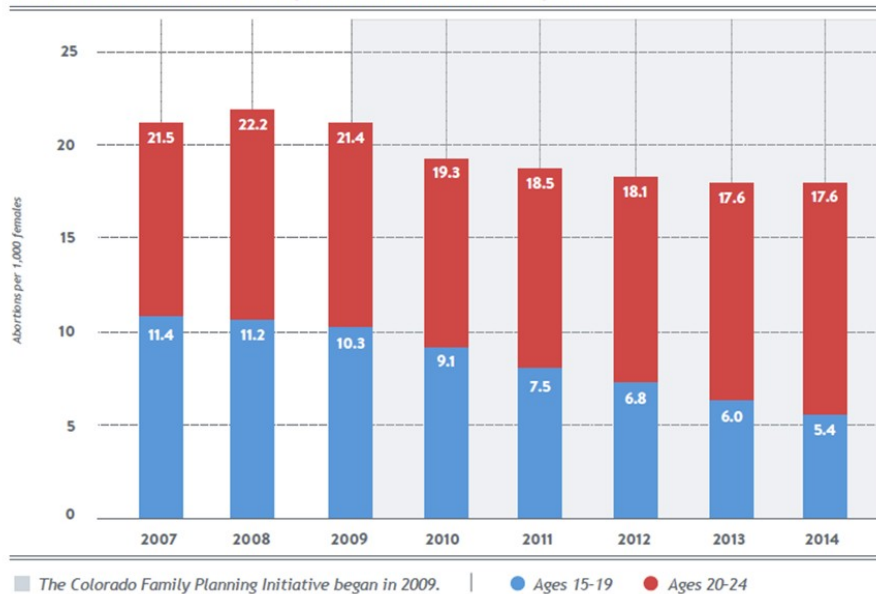
Source: The Colorado Family Planning Initiative

FIGURE 9:  
U.S. AND COLORADO FERTILITY RATES, AGES 20-24, 2007-2014



Source: The Colorado Family Planning Initiative

FIGURE 10:  
ABORTION RATES IN COLORADO, AGES 15-19 AND AGES 20-24, 2007-2014



Source: The Colorado Family Planning Initiative



FIGURE 14:  
PERCENT OF HIGH-RISK BIRTHS\*, COLORADO, 2007-2014



Source: The Colorado Family Planning Initiative

## Avoided Costs, Colorado, 2010-2014

Medicaid	\$52.3 million
Temporary Assistance to Needy Families (TANF)	\$5.8 million
Food assistance programs	\$5.2 million
WIC	\$2.7 million
<b>Total avoided costs</b>	<b>\$66.1 million</b>

Based on a study by a University of Colorado team of economists  
Numbers listed represent the lower bound of estimated ranges

## Prevention via LARC Inaugural Training

The best family  
planning training  
[we] have attended

*Nurse from SeaMar*

**Inaugural training** on September 15, 2016, for **34 providers**  
from **Snohomish, Skagit, Whatcom,** and **Island** counties

## Prevention via LARC Partnerships

Thanks to our partners:  
North Sound Behavioral Health Organization,  
Skagit Regional Health, SeaMar,  
Snohomish, Skagit, Whatcom, Island and San Juan Health Departments,



*and generous individuals who made donations!*

## How can you help?

- Advocate for full coverage of contraceptives
- Support DOC Contraceptive supply for Women at release

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