

**Health Priority: High Risk Sexual Behavior**  
**Objective 2: Unintended Pregnancy in Wisconsin (Template)**

**Long-term (2010) Subcommittee Outcome Objective:**

By 2010, 30 percent or less of pregnancies to Wisconsin residents will be unintended.

Long-term outcome objective updated as of: Sept 2004

| Wisconsin Baseline                                | Wisconsin Sources and Year   |
|---|--|
| 34.5% of pregnancies in Wisconsin are unintended. | 2000 Wisconsin Behavior Risk Factor Survey. Measure: Question on most recent pregnancy. Responses: wanted to be pregnant later and didn't want to be pregnant then or at any time. |

| Federal/National Baseline   | Federal/National Sources and Year  |
|---|--|
| 49.2% of pregnancies in the US are unintended.<br>30.8% of births in the US are unintended. | Henshaw, S.K. (1998).  |
| 37.6% of pregnancies in Wisconsin are unintended.   | 2000 US Behavior Risk Factor Surveillance System. Measure: Question on most recent pregnancy. Responses: wanted to be pregnant later and didn't want to be pregnant then or at any time. |

| Related USDHHS Healthy People 2010 Objectives |   |                  |   |
|---|---|------------------|---|
| Chapter                                       | Goal  | Objective Number | Objective Statement   |
| 1 – Access to Quality Health Services         | Improve access to comprehensive, high-quality health care services. | 1-2              | (Developmental) Increase the proportion of insured persons with coverage for clinical preventive services.  |
|   |   | 1-3              | Increase the proportion of persons appropriately counseled about health behaviors.  |
|   |   | 1-4              | Increase the proportion of persons who have a specific source of ongoing care.  |
|   |   | 1-5              | Increase the proportion of persons with a usual primary care provider.  |
|   |   | 1-6              | Reduce the proportion of families that experience difficulties or delays in obtaining health care or do not receive needed care for one or more family members. |

| <b>Related USDHHS Healthy People 2010 Objectives</b> |   |                         |   |
|--|---|-------------------------|---|
| <b>Chapter</b>                                       | <b>Goal</b>   | <b>Objective Number</b> | <b>Objective Statement</b>  |
|  |   | 1-7                     | (Developmental) Increase the proportion of schools of medicine, schools of nursing, and other health professional training schools whose basic curriculum for health care providers includes the core competencies in health promotion and disease prevention.  |
|  |   | 1-8                     | In the health professions, allied and associated health profession fields, and the nursing field, increase the proportion of all degrees awarded to members of under-represented racial and ethnic groups.  |
| 7 – Educational and Community-Based Programs         | Increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and improve health and quality of life. | 7-2                     | Increase the proportion of middle, junior high, and senior high schools that provide school health education to prevent health problems in the following areas: unintentional injury; violence; suicide; tobacco use and addiction; alcohol or other drug use; unintended pregnancy, HIV/AIDS, and STD infection; unhealthy dietary patterns; inadequate physical activity; and environmental health. |
|  |   | 7-3                     | Increase the proportion of college and university students who receive information from their institution on each of the six priority health-risk behavior areas.   |
|  |   | 7-4                     | Increase the proportion of the Nation’s elementary, middle, junior high, and senior high schools that have a nurse-to-student ratio of at least 1:750.  |
|  |   | 7-5                     | Increase the proportion of worksites that offer a comprehensive employee health promotion program to their employees.   |
|  |   | 7-6                     | Increase the proportion of employees who participate in employer-sponsored health promotion activities.   |
|  |   | 7-7                     | (Developmental) Increase the proportion of health care organizations that provide patient and family education.   |

| <b>Related USDHHS Healthy People 2010 Objectives</b> |  |                         |   |
|--|--|-------------------------|---|
| <b>Chapter</b>                                       | <b>Goal</b>  | <b>Objective Number</b> | <b>Objective Statement</b>  |
|  |  | 7-8                     | (Developmental) Increase the proportion of patients who report that they are satisfied with the patient education they receive from their health care organization.   |
|  |  | 7-9                     | (Developmental) Increase the proportion of hospitals and managed care organizations that provide community disease prevention and health promotion activities that address the priority health needs identified by their community. |
|  |  | 7-10                    | (Developmental) Increase the proportion of Tribal and local health service areas or jurisdictions that have established a community health promotion program that addresses multiple Healthy People 2010 focus areas.               |
|  |  | 7-12                    | Increase the proportion of older adults who have participated during the preceding year in at least one organized health promotion activity.  |
| 9 – Family Planning                                  | Improve pregnancy planning and spacing and prevent unintended pregnancy. | 9-1                     | Increase the proportion of pregnancies that are intended.   |
|  |  | 9-2                     | Reduce the proportion of births occurring within 24 months of a previous birth.   |
|  |  | 9-3                     | Increase the proportion of females at risk of unintended pregnancy (and their partners) who use contraception.  |
|  |  | 9-4                     | Reduce the proportion of females experiencing pregnancy despite use of a reversible contraceptive method.   |
|  |  | 9-5                     | (Developmental) Increase the proportion of health care providers who provide emergency contraception.   |
|  |  | 9-6                     | (Developmental) Increase male involvement in pregnancy prevention and family planning efforts.  |
|  |  | 9-7                     | Reduce pregnancies among adolescent females.  |

| <b>Related USDHHS Healthy People 2010 Objectives</b> |   |                         |  |
|--|---|-------------------------|--|
| <b>Chapter</b>                                       | <b>Goal</b>                                     | <b>Objective Number</b> | <b>Objective Statement</b>   |
|  |   | 9-8                     | Increase the proportion of adolescents who have never engaged in sexual intercourse before age 15 years.   |
|  |   | 9-9                     | Increase the proportion of adolescents who have never engaged in sexual intercourse.   |
|  |   | 9-10                    | Increase the proportion of sexually active, unmarried adolescents aged 15 to 17 years who use contraception that both effectively prevents pregnancy and provides barrier protection against disease.  |
|  |   | 9-11                    | Increase the proportion of young adults who have received formal instruction before turning age 18 years on reproductive health issues, including all of the following topics: birth control methods, safer sex to prevent HIV, prevention of sexually transmitted diseases, and abstinence. |
|  |   | 9-13                    | (Developmental) Increase the proportion of health insurance policies that cover contraceptive supplies and services.   |
| 11 – Health Communication                            | Use communication strategies to improve health. | 11-1                    | Increase the proportion of households with access to the Internet at home.   |
|  |   | 11-2                    | (Developmental) Improve the health literacy of persons with inadequate or marginal literacy skills.  |
|  |   | 11-3                    | (Developmental) Increase the proportion of health communication activities that include research and evaluation.   |
|  |   | 11-4                    | (Developmental) Increase the proportion of health-related World Wide Web sites that disclose information that can be used to assess the quality of the site.   |
|  |   | 11-5                    | (Developmental) Increase the number of centers for excellence that seek to advance the research and practice of health communication.  |

| Related USDHHS Healthy People 2010 Objectives |      |                  |  |
|---|------|------------------|--|
| Chapter                                       | Goal | Objective Number | Objective Statement  |
|   |      | 11-6             | (Developmental) Increase the proportion of persons who report that their health care providers have satisfactory communication skills. |

| Definitions                                  |   |
|--|---|
| Term   | Definition  |
| Unplanned, unintended, or unwanted pregnancy | An unplanned birth or abortion. A pregnancy that occurred while a woman was using contraception and had not wanted to have a baby (Barrett and Wellings, 2002). |
| Intended pregnancy                           | A pregnancy that occurred in a woman who had never used or had stopped using birth control because she wanted to become pregnant (Klerman, 2000).               |

**Rationale:**

The outcomes of an unintended pregnancy can be positive, resulting in the acceptance of the pregnancy and infant by all of the family members. Yet unintended pregnancies may cause economic, social, and health concerns for many others (Coleman, Hyde, and Ross, 2001). Unintended pregnancy is not only medically costly, it is also socially costly in terms of out-of-wedlock births, reduced educational attainment and employment opportunity, increased welfare dependency, and later child abuse and neglect. Pregnancies that are unpredicted or unintended are a common occurrence among women of all childbearing ages, affecting the lives of families throughout Wisconsin. In Wisconsin, almost 35 percent of pregnancies are unintended, and nationally, almost half of all pregnancies (Coleman, Hyde, and Ross, 2001). The goal in Wisconsin is to begin a dialogue concerning the national goal that all children be both intended and wanted.

As discussed in the Surgeon General's *Call to Action To Promote Sexual Health and Responsible Sexual Behavior*, sexuality is a fundamental component of human life and is important throughout the life-span, not just during the reproductive years (Coleman, Hyde, and Ross, 2001). To promote responsible sexual behavior among people in Wisconsin, there is a need to promote and maintain a dialogue within the state concerning sexuality that is honest, mature, and respectful, and contributes to the national goals. In 2000, 30 percent births to women in Wisconsin were to unmarried women.

Although increased rates of unintended pregnancies are associated with younger maternal age, single marital status, lower education, lower income, and higher parity, rates of unintended pregnancies occur in all segments of childbearing women. In a study of women in a commercial managed care population, almost one third of pregnancies were unintended (Green, Gazmariarian, Mahoney, and Davis, 2002). In this study, the majority of the women were married, educated, and had incomes over \$40,000 per year. Sixty-four percent of these women

who had an unintended pregnancy were using less effective forms of birth control such as condoms and diaphragms (Green, Gazmariarian, Mahoney, and Davis, 2002).

A planned pregnancy does not only include intending to become pregnant and stopping contraception. In a recent study, “women applied the term planned if they intended to become pregnant, stopped contraception, they perceived their partners were in agreement, and they had reached the right time in their lives” (Barrett and Wellings, 2002). Regardless of socioeconomic background, the maternal partner’s attitude about pregnancy and contraceptive use is very influential in the mother’s decision-making and attitudes about the pregnancy (Sable, Libbus, Chiu, 2000; Joyce, Kaestner, and Korenman, 2000).

Unintended pregnancies have been associated with poorer prenatal care, lower birth weight infants, fewer breastfed infants, domestic violence, and infant death (Sable, Libbus, Chiu, 2000; Brown and Eisenberg, 1995). They may also be linked to other prenatal behaviors such as smoking and early recognition of the pregnancy (Kost and Landry et al., 1998; Joyce, Kaestner, and Korenman, 2000). In 2000, there were 857,475 legal induced abortions reported to the Centers for Disease Control and Prevention. In Wisconsin, women in the age group 20 to 24 accounted for the largest proportion (33 percent) of reported induced abortions in 2000. Those aged 18 to 19 obtained 12 percent of the reported induced abortions and those aged 15 to 17 obtained 7 percent. Twelve percent were for women 35 years of age or older (Wisconsin Department of Health and Family Services, 2001).

In its health agenda for the nation, the U.S. Department of Health and Human Service urged that the proportion of pregnancies that are unintended be reduced to 30 percent by the year 2000 (National Center for Health Statistics, 1997). As we have not yet achieved that target nationally, it remains the same objective for 2010 (U.S. Department of Health and Human Services, 2000). “Achieving this goal would mean in absolute numbers, that there would be more than 200,000 fewer births each year that were unwanted at the time of conception, and about 800,000 fewer abortions annually as well.”

The pregnancy care cost for one woman who does not intend to be pregnant, yet is sexually active and uses no contraception, is estimated at about \$3,200 annually in a managed care setting (Trussel, Levengue, Koenig, London, Bordon, Hennebery, LaGuardia, Stewart, Wilson, Wysocki, and Strauss, 1995). Estimates of the overall cost to U.S. taxpayers for teenage childbearing range between \$7 billion and \$15 billion a year, mainly attributed to higher public assistance costs, foregone tax revenues resulting from changes in productivity of the teen parents, increased child welfare, and higher criminal justice costs (Lee and Stewart, 1995; Maynard, 1997). More research is needed regarding the actual costs to families in their quality of life.

Although between 1987 and 1994, the proportion of pregnancies that were unintended declined in the United States from 57 to 49 percent (Henshaw, 1998), other industrialized nations report fewer unintended pregnancies (Barrett and Wellings, 2002), suggesting that the number of unintended pregnancies can be reduced further. Family planning efforts must be comprehensive, including information about contraception and healthy relationships (Helzner, 2002). Family planning services provide opportunities for individuals to receive medical advice and assistance

in controlling if and when they become pregnant, and for health providers to offer health education and related medical care.

**Outcomes:** *(These outcomes are directed toward all those of childbearing ages.)*

**Short-term Outcome Objectives (2002-2004): Public Awareness and Education**

- In Wisconsin, promote a dialogue involving all people in the state concerning the national goal: “All pregnancies should be intended—that is, they should be consciously and clearly desired at the time of conception” (Brown and Eisenberg, 1995).
- Acknowledge and support the roles of parents (Blum, 2002), school personnel, members of faith-based and other community organizations in providing sexuality education, recognizing that parents are the child’s first educator, and that families differ in their ability to discuss sexuality issues.
- Increase knowledge of the need for reproductive health/perinatal health education and services.
- Improve knowledge about effective contraception and reproductive health among men and women of all childbearing ages including balanced, accurate information about the risks and benefits of all contraceptive methods and the need for early and ongoing prenatal care if a pregnancy occurs.
- Provide adequate health education and counseling concerning the feelings, attitudes, and motivation needed for ongoing family planning/contraception to avoid unintended pregnancies in both partners. This education must be developmentally and culturally appropriate.
- Promote equity of access to information concerning sexual health and responsible sexual behavior in school-based human growth and development curricula.
- Ensure the availability of comprehensive human sexuality programs that include information about healthy relationships, increasing both awareness of the essential roles of respect, caring, and consent, and the prevention of sexual abuse and coercion.
- Educate the public about the major social and public health burdens of unintended pregnancy in all age groups of childbearing families.

**Medium-term Outcome Objective (2005-2007): Access to Reproductive Health Services**

- In Wisconsin, adopt the national goal: “All pregnancies should be intended—that is, they should be consciously and clearly desired at the time of conception” (Brown and Eisenberg, 1995).
- Improve accessibility of developmentally and culturally appropriate reproductive health care across Wisconsin, including the continuum of services from health promotion and education, disease prevention, and treatment for reproductive health care services for all childbearing individuals in Wisconsin.
- Ensure that reproductive health services including adequate counseling concerning the feelings, attitudes, and motivation needed for ongoing family planning/contraception to avoid unintended pregnancies.
- Ensure curricula for health professionals includes current research regarding developmental and reproductive health throughout the lifespan and provide ongoing continuing education for practicing health professionals.

- Assure awareness of and access to all types of contraceptive methods to prevent unintended pregnancy for those who are sexually active, especially those more effective methods that require contact with a health professional.
- Increase the proportion of all health insurance policies that cover contraceptive services and supplies, including male and female sterilization, with no co-payments or other cost sharing requirements, as for other selected preventive health services.
- Continue implementation of Brighter Futures, Wisconsin's Plan to Prevent Teen Pregnancy (Wisconsin Department of Health and Family Services, 1998).
- Assure adequate funding of case management and other best practice models designed to reduce teen pregnancy rates and rates of unintended pregnancy.
- Assure assessment of sexual health and development is incorporated into primary care and other health visits.
- Implement Wisconsin's Medicaid Family Planning Waiver and other reimbursement strategies to promote universal access to family planning services among childbearing women.

**Inputs:** *(What we invest – staff, volunteers, time, money, technology, equipment, etc.)*

- Staff to develop and maintain an ongoing website concerning best practice methods within Wisconsin's Department of Health and Family Services.
- Funding for public awareness, program implementation, and research concerning evidence-based and best practice models through public and private grants and third party reimbursement.
- Legislative support for comprehensive reproductive health services and comprehensive maternity and perinatal care including needs of family members (e.g., adequate funding for maternity and paternity leaves).
- Staff and volunteer time for a Statewide Advisory Council to promote and monitor the role of the greater community in promotion of responsible healthy sexual behavior.
- Health professionals to promote public awareness of sexual health and responsible sexual behavior and to improve capacity for reproductive health care services.
- Nontraditional partners for expansion of health education and reproductive health services
- Programs for comprehensive adolescent health services, especially those addressing males.
- Coalitions and partnerships to link reproductive health services, especially as they relate to adolescents and young adults.

**Outputs:** *(What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- These apply to both improving public awareness and improving access to reproductive health services.
  - Disseminate the Surgeon General's Call to Action to Promote Sexual Health and Responsible Sexual Behavior 2001 and other research reports of best practice models concerning sexual health and responsible sexual behavior.

- Develop a web page within the Department of Health and Family Services website concerning best practice models with links to current research reports that address Turning Point health priority issues, including healthy sexual behavior.
- Engage media in development of a local and statewide dialogue concerning sexual health and responsible sexual behavior.
- Teach consumers skills in critical analysis of media portrayals of family and sexual behavior with appropriate consumer responses.
- Promote messages concerning responsible sexual behavior in nontraditional settings, such as those directed toward programs for males, including sports and employment settings.
- Increase programs providing access to education concerning sexual health and responsible sexual behavior that are thorough, wide ranging, begin early, and continue throughout the lifespan.
- Improve community-based education targeting adolescents out of school.
- Increase numbers of accessible parent education programs in schools, community-based organizations, churches and other faith-based organizations, and other groups that promote integration of sexual development and reproductive health issues into discussions of normal growth and development.
- Increase the number of schools implementing curricula regarding family health education.
- Develop community awareness media campaign related to need for family-based discussions of marriage, relationships, and reproductive health and impact of unintended pregnancies on our communities.
- Implement an action plan to delay sexual activity among Wisconsin teens as described in “Health Priority: High Risk Sexual Behavior - Objective 1: Adolescent Sexual Activity.”
- Link reproductive health services to family resource centers and other family strengthening programs.
- Target interventions to the most vulnerable age groups and communities where members have less access to health education and services and are, thus, likely to suffer most from sexual health problems.
- Target funding to programs with proven effectiveness and are consistent with best practice models.
- Offer innovative, confidential reproductive health services that address hours of employment, child care, transportation, financial, cultural, and other barriers to care that promote universal access.
- Increase numbers of school-based health services.
- Expand contraceptive technology options for men and women of childbearing age through research into new methods and advocacy for consistent funding.
- Develop and implement preconceptional services through health departments and other primary care services.
- Identify pregnancies in first trimester and refer to appropriate health care providers.
- Expand prenatal care coordination to all childbearing women who choose the services.

- Provide early identification of pregnancy services for adolescents in and out of school and other women at risk for delayed prenatal care.
- Provide primary care provider education and capacity building regarding need for confidential, comprehensive reproductive health services that are developmentally and culturally appropriate.
- Ensure public health surveillance, research and evaluation regarding unintended pregnancies, births and outcomes, including numbers of abortions and include both populations of both men and women in research as much as possible.
- Develop administrative rules and implement Medicaid Family Planning Waiver.
- Develop and implement preconceptional services through health departments and other primary care services.
- Advocate for expanded contraceptive technology options for men and women of childbearing age.

Participation/Reach:

This objective is intended to reach all residents of Wisconsin, targeting most interventions to the most socio-economically vulnerable communities. Participants include all family members, including adolescents in and out of school; parents; guardians; trusted adults; community leaders; opinion leaders; legislators; private, not for profit, and alternative health care providers; pharmacists; the media; personnel from schools and higher education; correctional institution staff and inmates; public health practitioners and leaders; and the military.

**Evaluation and Measurement:**

Benchmarks will include:

- Reduction in the numbers of reported unintended pregnancies and births in all age categories, abortions, teen pregnancies.
- Increased numbers of evidence-based programs addressing public awareness and services to improve healthy sexual behaviors.
- Increased numbers of certified family planning providers.
- Continued use of prenatal care survey with improved questions that address partner attitudes and behaviors regarding pregnancy intendedness. Use of Prenatal Care Coordination assessments to identify numbers of intended pregnancies in the Medicaid population.
- Level of insurance coverage among Wisconsin third-party payers for reproductive and perinatal health services.

Research indicates that reducing rates of unintended pregnancies will impact improvements in perinatal outcomes (Lee and Stewart, 1995; Maynard, 1997; Joyce, Kaestner, and Korenman, 2000; Brown and Eisenberg, 1995). Tracking of these outcomes include infant mortality, low birth weight, improved utilization of prenatal care, rates of breastfeeding, and reductions in maternal risk behaviors such as smoking.

**Crosswalk to Other Health and System Priorities in Healthiest Wisconsin 2010**

Strengthening public health system priorities will have an impact on reducing high risk sexual behaviors in the following ways:

*Integrated Electronic Data and Information System:* The benchmarks for this set of outcome objectives require continued tracking of perinatal morbidity and mortality data including number of pregnancies, births, abortions, and perinatal outcomes. Additional data is needed from the periodic implementation of Wisconsin’s Prenatal Care Survey; collection of information from Prenatal Care Coordination assessments; tracking the capacity of reproductive health providers; insurance coverage for reproductive and perinatal health services; and the number of school districts implementing comprehensive human growth, development curricula, and other best practice programs that reduce high risk sexual behaviors.

*Community Health Improvement Processes and Plans:* Incorporate local data regarding high risk sexual behaviors into local public health community assessments. Advocate for data that are specific to local communities that identify the level of high risk sexual behaviors.

*Coordination of State and Local Public Health System Partnerships:* Reductions in unintended pregnancies will only occur if broad partnerships are developed in which individuals and groups find common ground in the promotion of a statewide goal “All Wisconsin pregnancies are intended.” Multiple health risks are better addressed and resources better allocated through development of public health partnerships and the coordination of needed services. Partners include all those identified in the inputs and reach above.

*Sufficient, Competent Workforce:* A workforce educated to address the specific concerns related to high risk sexual behavior, including cultural and developmental issues, is basic to improvement of this health priority.

*Equitable, Adequate and Stable Financing:* Focus sustained funding on evidence-based, best practice models of care to promote equitable reproductive health services to all Wisconsin residents. Provision of reproductive and perinatal health care services on a consistent basis is necessary for a healthier Wisconsin.

Improvements in other health priorities will have an impact on high risk sexual behaviors. This priority can be linked with several other health priorities. Emotional health is needed for responsible sexual behavior. For this reason, this health priority can be linked to “Intentional and non-intentional injuries and violence”; “Mental Health and Mental Disorders”; “Tobacco Use and Exposure”; and “Alcohol and Other Substance Abuse and Addiction.” Adolescents are particularly vulnerable to unintended pregnancy when engaging in risk taking behaviors.

Risking an unintended pregnancy places an individual at risk for sexually transmitted infections. For this reason, this priority can also be linked to “Existing, Emerging, and Re-emerging Communicable Diseases.” The Surgeon General recommended, “. . .eliminating health disparities in sexual health that arise from social and economic disadvantage” (Coleman, Hyde and Ross, 2001). For this reason, High risk Sexual Behavior can also be linked to both “Social and Economic Factors that Influence Health” and “Access to Primary and Preventive Health Services.”

### **Significant Linkages to Wisconsin’s 12 Essential Public Health Services**

*Monitor health status to identify community health problems:* There is a need for increased assessment of the status of pregnancy among Wisconsin women regarding pregnancy plans,

abortion rates, and other outcomes especially as these relate to changes in policy, such as the implementation of the Medicaid Family Planning Waiver in early 2003.

*Educate the public about current and emerging health issues:* There is much research about the improved health outcomes that occur when health education efforts are directed toward promotion of healthy sexual behavior and sexual development. Health education efforts must be continuous and occur across the lifespan to ensure that individuals have accurate information for their own improved health. Fewer unpredicted/unintended pregnancies will occur when partners are aware of the health risks of too frequent childbearing and effective means of contraception.

*Create policies and plans that support individual and community health efforts:* Local policies and plans can greatly impact improved sexual health and behavior. Comprehensive, age appropriate human growth and development programs that occur in schools, state efforts to reduce teen pregnancy rates through funded programs, and implementation of the Medicaid Family Planning Waiver are examples of community health efforts that will promote healthy sexual behavior and attitudes and reduce rates of unintended pregnancies.

*Link people to needed health services:* Reproductive health services are often part of a fragmented system of health care delivery. Improved sexual health will occur when services are coordinated and barriers such as transportation, child care, and lack of economic resources including health insurance are addressed.

*Assure a diverse, adequate, and competent workforce to support the public health system:* Improved sexual health demands health professionals who are knowledgeable and comfortable with the subject. Health professionals need specific information about sexual development throughout the lifespan, strategies for health promotion/disease prevention, and cultural competency with a particular emphasis on the population they will be serving.

*Evaluate effectiveness, accessibility, and quality of personal and population-based health services:* The impact of various initiatives and programs (e.g., faith-based, abstinence, expanded access to reproductive health services through Medicaid) all require an evaluation of their impact to support sustaining programs with proven effectiveness, accessibility, and quality.

*Conduct research to seek new insights and innovative solutions to health problems:* There is a need to disseminate information about evidence-based interventions that have been found effective in reducing the number of unintended pregnancies. Research is needed into strategies that best meet the needs of populations more vulnerable to reproductive health problems including unintended pregnancies, the roles of partners in decision making, and improved contraceptive methods for both men and women.

*Assure access to primary health care for all and foster the understanding and promotion of social and economic conditions that support good health:* There is a clear relationship between income, educational level and pregnancy intendedness. Improved economic status will help improve access to primary reproductive health care. Access to confidential reproductive health services is essential to reaching younger, single, more vulnerable women who may be at risk for health concerns that may include poorer prenatal health care, later abortions, or domestic abuse.

## **Connection to Wisconsin's Three Overarching Goals**

The Surgeon General's Call to Action At-A-Glance: Vision for the Future (2001), described links between national and state goals for health that apply to this objective to reduce unintended pregnancies. Many of the recommendations below are included in this plan.

*Protect and Promote Health for All:* To achieve this goal, we must improve access to sexual health and reproductive health care services for all persons in all communities. This means providing adequate health care coverage for all reproductive health services. We must also provide adequate training regarding sexual health to all professionals who deal with sexual and reproductive health issues in their work. For those working with adolescents, a focus must be on developmental issues as well. All professionals must be culturally competent. These professionals must be encouraged to implement this training and every effort must be made to ensure that the professionals themselves are reflective of the populations they serve.

*Eliminate Health Disparities:* To achieve this goal, we must eliminate disparities in sexual health status that arise from social and economic disadvantage, diminished access to information and health care services. We must target interventions to the most socioeconomically vulnerable communities where community members have less access to health education and services and are likely to suffer most from sexual health problems. There is a tremendous need to address reproductive and perinatal health disparities in Wisconsin.

*Transform Wisconsin's Public Health System:* To achieve this goal we must begin a dialogue in Wisconsin and join a national dialogue on sexual health and responsible sexual behavior that is honest, mature, and respectful and has the ultimate goal of developing a national strategy that recognizes the need for common ground. We must all share in the responsibility for initiating this dialogue, working at every level of society to promote sexual health and responsible sexual behavior. Encourage the implementation of health and social interventions to improve sexual health that have been adequately evaluated and shown to be effective. Adopting a goal of "All Wisconsin pregnancies are intended" is a key component of a transformed health system in the state.

### **Key Interventions and/or Strategies Planned:**

- Promoting awareness of the roles of individuals, families, and communities in promoting and protecting sexual health and responsible sexual behavior.
- Assuring access to comprehensive reproductive and perinatal health services for all Wisconsin residents.
- Building a workforce with developmental and cultural expertise as well as that of reproductive and perinatal services.
- Assuring access to "Best Practice" models for reducing unintended pregnancies, such as case management programs for pregnant and parenting teenagers.

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