

# Lessons Learned...

## Findings from The National Campaign's Learning Tour

### NATIONAL CAMPAIGN LEARNING TOUR 2007

#### SUMMARY OF SITE VISITS

ATLANTA, GA

INDIANAPOLIS, IN

CHARLESTON, WV

MONTGOMERY COUNTY, MD

DETROIT, MI

SAN ANTONIO, TX

In 2007, The National Campaign to Prevent Teen and Unplanned Pregnancy embarked on a Learning Tour—a series of meetings with national, state, and community leaders across the country to ask these experts how they saw the problem of unplanned pregnancy among single, young adults. This diverse cross-section of leaders, professionals, providers, policy-makers, and advocates were generous with their time and offered many thoughtful insights about how best to address the challenge of unplanned pregnancy in the United States. The findings from this Learning Tour are helping to inform the work of The National Campaign. We also believe that these insights will be helpful to colleagues who are working on this critical social problem across the country.

For more than a decade, The National Campaign has focused on preventing teen pregnancy, with the goal of improving the well-being of children, youth, and families in the United States. The good news is that teen pregnancy and birth rates have declined by about one-third since the early 1990's even though far too many girls – three in ten – get pregnant in this country before the age of 20.

While the nation has made notable progress in reducing teen pregnancy rates, the news is not as positive when it comes to unplanned pregnancy among 20-somethings. At present, about half of all pregnancies in the United States are unplanned. The majority of unplanned pregnancies (more than half) occur to women in their twenties (by comparison, only 21 percent occur to teen girls), and one third are to unmarried women in this age group. Put another way, seven in ten pregnancies to unmarried women in their 20s are unplanned.

The consequences of unplanned pregnancy are widespread. Women with an unplanned pregnancy are less likely to obtain prenatal care, and their babies are at increased risk of both low birth weight and premature birth. The children born as a result of unplanned pregnancies face a range of developmental risks from poorer physical and mental health to cognitive challenges. Also, unplanned pregnancies are frequently resolved by abortion—1.3 million in the United States in 2001—and although views about abortion differ in this country, virtually all Americans would prefer that fewer women were faced with an unplanned pregnancy in the first place.

It is against this backdrop that The National Campaign decided to expand its mission to focus on reducing the high level of unplanned pregnancy in the United States among single, young adults while continuing to work on preventing teen pregnancy. In order to deepen our understanding about this older age group, representatives of The National Campaign undertook a Learning Tour in 2007 and 2008 to ask a broad group of leaders, organizations, and constituencies how they saw the problem of unplanned pregnancy among young adults as well as promising approaches, solutions, and strategies.

A number of meetings were held with individuals from diverse sectors, backgrounds, and points of view. We met with a group of African-American pastors and pastors' spouses organized by the National Coalition of Pastors' Spouses; three groups of conservative leaders, family and marriage scholars, and students from Christian colleges convened by The Institute for American Values in Atlanta, New York, and Seattle; a group of progressive organizations hosted by the Center for Law and Social Policy; and number of national organizations serving children and youth organized by the Georgetown Center for Juvenile Justice Reform and Systems Integration.

In addition, we traveled to several states and communities to talk with state and local leaders, policy-makers and opinion-leaders, family planning and other healthcare providers, faith leaders, and organizations serving young women and men. These visits took place in Atlanta, GA; Dearborn, MI; Indianapolis, IN; Montgomery County, MD; San Antonio, TX, and Charleston, WV. In three of these locations, we

also talked with a group of young adults about unplanned pregnancy.

While the meetings varied in format, all were all focused on several important questions:

- How did these leaders view the problem of unplanned pregnancy among young adults?
- What challenges and barriers stood in the way of making progress?
- What strategies and approaches seemed promising?
- How could we move forward?
- And what could The National Campaign do help colleagues across the country in their work to reduce unplanned pregnancy among single, young adults?

A number of recurring themes surfaced at these meetings, highlights of which are presented below. The highlights are followed by a more detailed summary of the ideas and recommendations that emerged from the Learning Tour and an Appendix listing the meetings. The comments and recommendations captured here are not meant to be representative, nor do they necessarily reflect the views of The National Campaign.

## Overall Highlights

### **Challenges and Barriers**

- Unplanned pregnancy among young adults is not nearly as well understood as teen pregnancy: discussions intended to focus on young adults often drifted to teen pregnancy—a topic that is more familiar to most people.
- Many of the comments by and about young adults were not all that different than what we know and hear about teens. For example, young adults' decisions about sex are often “non-decisions”—that is, young adults often fail to think about the consequences of unprotected sex until after the fact.
- Many participants suggested that there is a serious disconnect for 20-somethings between sex, pregnancy, childbearing, and marriage. There was a general sense that “all is not well” when it comes to these issues and that we have a lot of work to be done.
- Not surprisingly, young adults themselves offered up a variety of views about sex, pregnancy, childbearing, and marriage; while some believe that sex should wait until marriage, others think that the focus should be on urging sexually active young adults to protect themselves when they do have sex.
- While parents remain an important influence on young adults, many 20-somethings feel they were left adrift without sufficient parental and adult guidance once they left home—a view that was confirmed by several faith leaders as well.

- Many young adults lack basic knowledge about different types of contraception and the communication skills necessary to discuss and negotiate contraceptive options with their partner.
- Many participants in the Learning Tour suggested that Latino young adults face additional challenges stemming from cultural norms and myths surrounding sex and contraception.
- Many faith leaders said that the topics of sex and pregnancy are taboo in their congregations and reaching out to young adults, who tend not to participate in faith services during their twenties, is a challenge.
- Due to the sensitivity of the topic, policymakers and other leaders are often reluctant to address the issue of preventing unplanned pregnancy among young adults.

### **Solutions and Strategies**

- Words matter—a lot. How the issue of unplanned pregnancy is described and framed is essential, and different ways of framing the issue may appeal to different sectors and audiences.
- Many leaders embraced the connection between pregnancy planning and what is best for children. For most, this included a strong focus on the benefits to children of being born to married parents who are ready and able to care for them.
- There was consensus that it is important to provide young adults with information about the immediate and long term consequences of unplanned pregnancies—for themselves as well as for their future children—so that they can make informed choices.
- Since 72% of unplanned pregnancies among unmarried women in their twenties are repeat pregnancies, work must focus on both primary and secondary prevention.
- A recurrent theme was the importance of reaching out to minorities—especially African-American and Latino young adults.
- There was widespread support for doing more to engage men in pregnancy planning and prevention. Even so, there were far more questions than answers for how to do so. Many thought that young men need to learn to take responsibility before a pregnancy occurs.
- Although controversial in some sectors, many thought that young adults need affordable contraception through better public and private insurance coverage and cost containment.

### **How The National Campaign can help**

- Develop and put in place a campaign to prevent unplanned pregnancy among young adults that is multi-faceted and sustained over time—one that targets both formal and informal leadership and incorporates smart media messages targeted to young adults using digital and mobile technologies such as the web, My Space/ Facebook, YouTube, and text messaging.



- Develop partnerships with a broad cross-section of organizations and provide partner organizations with tools, materials, messages, and scripts that can be used to facilitate discussions and educate young adults, parents, providers, faith leaders, and policy makers.
- Provide materials and develop outreach tools with a “big tent” message for a broad range of religious denominations that can be used to engage young adults and parents in discussions about relationships, marriage, sex, contraception, pregnancy, and parenting.
- Undertake and disseminate user-friendly research on what works (and what doesn’t) in preventing unplanned pregnancy among young adults.
- Develop and disseminate research on the public costs of unplanned pregnancy among 20-somethings.
- Develop state-specific fact sheets, briefs, and talking points on why unplanned pregnancy matters focused, in particular, on the effect of unplanned pregnancy on limited state resources.

## Summary of Learning Tour

### *What Young Adults Have to Say*

As part of the Learning Tour, The National Campaign convened several meetings with young adults in order to hear what they thought about unplanned pregnancy. A town hall forum was held at Montgomery College, a community college located outside of Washington DC, which featured a panel of students. A meeting was organized with a group of young adults in San Antonio, TX—most of whom were Latino and working towards their GEDs, and a few of whom were young parents. And a discussion was held with a group of young adults in Charleston, WV, several of whom were college students and others that worked for a community health clinic. In addition, two groups of Christian college students joined the meetings convened by The Institute for American Values in New York and Seattle.

Speaking candidly about relationships, sex, and pregnancy, below are the primary themes were heard from young adults:

- Not surprisingly, young adults have a variety of beliefs about sex, love, relationships, pregnancy, and family formation. Those young adults who believe that sex is appropriate only within marriage want support and encouragement for their choices. Others thought that most young adults are and will be sexually active, and the focus should be on educating them to use contraception consistently and effectively.
- Most of the young adults we spoke with urged us to send a strong positive message about the benefits of waiting and planning a pregnancy, and to portray the real challenges faced by young adults who have children before they are ready.

- Parents still have influence on their young adult children but twenty-somethings report that talking with their parents about sex is often difficult. Many of the young adults that participated in the Learning Tour suggested that parents need help in talking with their children about avoiding unplanned pregnancy and some emphasized that parents should tell their young adult children to save sex for marriage.
- Peer pressure to have sex is strong, especially for males. As one person put it, “With my male friends, it was really a rite of passage.”
- Many young men are uncomfortable with condoms, and their partners often are unwilling to press the issue. A number emphasized that youth culture needs to change so that having sex and using condoms/contraception are seen as synonymous.
- A number of young women acknowledged peer pressure to become sexually active, but a few emphasized that their conservative family upbringing and/or religion provided a basis for ignoring what their friends were doing and for remaining abstinent in high school.
- Most of those who already had children or were pregnant had not planned their pregnancies, and wished they had waited to finish their education before having a child. According to one young woman, “I stopped taking my birth control. It wasn’t really a planned pregnancy, it just happened.” Another young mother said: “We were getting the wrong education about sex and birth control; we were doing everything wrong (so we got pregnant as a result).”

### *Challenges and Barriers*

The leaders and experts across the country that participated in the Learning Tour were asked to describe how they saw the problem of unplanned pregnancy among young adults. In addition to providing insights about the circumstances, attitudes, and behavior of young adults, these individuals commented on the role of societal attitudes, the media, family planning, and public policy as well as issues in different cultures and faith communities.

#### *Societal attitudes and values*

- While teen pregnancy is seen as a social problem in our society, unplanned pregnancy among young adults is seen as a personal issue for individuals who are capable of making their own decisions.
- To some extent, the normative sequence of previous generations—marriage, pregnancy, and childbearing, in that order—is no longer universally embraced, and having a child outside of marriage for young adults is even glamorized (e.g. recent attention to Jamie Lyn Spears’ pregnancy, popular movies such as Juno and Knocked Up, etc).

- Many noted a sexual double standard still exists—one that views male sexuality as “unbridled” and that teaches women that it is their responsibility to be “virtuous.”
- In some communities, some said that conservative values limit access to information about sex and contraception for teens and young adults.

### **Role of media**

- The media—the internet, popular music, and videos—depicts sex and even parenthood among unmarried teens and young adults as normal, and use of contraception and condoms is rarely portrayed.
- The music, TV, and videos consumed by many young adults convey negative messages about sex and relationships between men and women.

### **Circumstances, attitudes, and behavior of young adults**

- Many young adults fail to make the connection between sex, pregnancy, marriage, and having children. They are not careful in their decisions about sex, and far too many opt not to use protection or even think about the consequences of sex.
- Many young adults have negative views about marriage and more favorable views about “stable partnerships” (outside of marriage) as the precondition for having children. (However, research shows that children living in nonmarital arrangements fair poorly compared to those in married families.)
- Compared to teenagers who often receive parental guidance, twenty-somethings rarely hear from parents or other adults about how to navigate the complex intersection of sex, pregnancy, relationships, and parenthood—a vacuum that is filled by peers and popular culture.
- Many of the young adults who are at the greatest risk of unplanned pregnancy are disconnected from families and institutions making it difficult to reach them and provide them with information, resources, and skills. Also, the high rates of poverty and unemployment in some parts of the country leave young adults with limited options and contribute to unplanned pregnancy.
- Young adults are struggling with sequencing—trying to figure out the timing and order of pursuing an education, developing relationships, getting married, and parenting, at what time and in what order.
- Use of alcohol and drugs often undermines the ability of young adults to think clearly about the consequences of sex.
- Many young adults, including college students, are ignorant about the different types of contraception available, including Emergency Contraception, and they are fearful about some contraceptive methods, such as IUDs.

### **Circumstances, attitudes, and behavior of young women**

- Some of the young women at greatest risk of unplanned pregnancy have mothers who did not plan their pregnancies—making it difficult for them to see the impact of having a baby before they are ready.
- Many young women are in denial and do not go to clinics or use birth control because they want to hide the fact that they are sexually active. Some suggested that there is a prevailing belief view that if a girl or young woman is prepared to have sex, she is morally deficient. This encourages girls and young women not to protect themselves.
- Many young women are inconsistent in using birth control, and stop using particular methods when a relationship ends or when there is a problem with the method. In some cases, the lack of motivation to use contraception consistently and effectively may be tied to the belief that “it cannot happen to me” or to the fact that many young women do not foresee a particularly bright future for themselves.
- Seven in ten unplanned pregnancies among young women in their twenties are repeat pregnancies. This may stem from social and emotional problems and/or mental health issues, such as depression.
- Many of the young women at greatest risk of unplanned pregnancy want their babies even though their children are, generally, at greater risk for a number of negative social, cognitive, and health outcomes associated with being raised by a single mother in poverty. Many suggested that these young women have a limited vision for their futures and are looking for love, which they confuse with sex.
- Others on the Learning Tour suggested that one of the reasons for a growing number of out-of-wedlock births among African-American women is the scarcity of eligible African-American men for the women to marry, which stems from high rates of unemployment and incarceration among these men.
- Some young women have real concerns about various methods of contraception, including phobia about birth control pills, concerns about spotting with Depo, and a view that Emergency Contraception is abortion.
- Many young women do not understand the impact of their reproductive choices on their job opportunities, economic well-being, and relationships.

### **Circumstances, attitudes, and behavior of young men**

- Many young males experience considerable pressure to be sexually active. Being a man is viewed as synonymous with being sexually active and, in some cases, with fathering children. But privately, many young men acknowledge insecurity about relationships and sex.

- Some young men think that the woman is responsible for contraception/condom use, are not well-informed about contraception, and feel trapped if their partner becomes pregnant. Also, too often young men do not want to use condoms.
- For many men, responsibility is “after the fact.” That is, there is a sense that one needs to be responsible for the child that is born as a result of an unplanned pregnancy, rather than sharing in the responsibility for preventing a pregnancy that neither partner wants.
- Abstinence and safe sex messages are focused more on women than on men.

### ***Issues in the Latino community***

- Some Learning Tour participants suggested that many Latino immigrants bring social norms and expectations from their home countries to the United States, where men exercise considerable control over women and where it is common to have many children. Some Latino men equate having children with virility, will not use condoms, and do not allow women to use birth control.
- Many Latinos are not taught about contraception (and what they are taught sometimes stigmatizes contraception) and some have low levels of education and English comprehension. As a result, there are many myths in the Latino community about how women’s bodies work, contraception, and reproduction.
- Latino parents sometimes encourage their young adult children to have children, showering them with attention when they become pregnant.
- Many Latinas have low self-esteem, and find it difficult to set goals for themselves. Others noted that some Latinas hide birth control from their partners.
- Family planning clinics report that many young Latinas have a number of children in rapid succession, followed by tubal ligation.
- Lack of bilingual providers and transportation (especially in rural areas) are barriers to accessing family planning services for Latinas.

### ***Issues in other minority communities***

- Some on the Learning Tour suggested that African-American young women at greatest risk of multiple pregnancies in their twenties have low self-esteem.
- Many African-American women do not see eligible marriage partners since many African-American men are in prison or otherwise unavailable. Also, some parents of young adult women in the African-American community are encouraging them to go ahead and have children without being married or having a male partner’s involvement.
- In the Asian community, the major barriers to being sexually responsible are attitudes (sex is taboo and not discussed at home),

language, lack of insurance coverage, and difficulty accessing services (i.e. transportation problems).

- Recent Arab-American immigrants face significant challenges in accessing family planning and using contraception including culture, family, religion, legal status, lack of resources, and risk of domestic violence.

### ***Issues in faith communities***

- Reaching out to young adults about preventing unplanned pregnancy can be a challenge because many congregations have very few people in this age group. Many faith leaders participating in the Learning Tour noted that congregations need to find creative ways to attract this age group, and suggested that holding discussions about relationships could be a draw.
- In many congregations, the issue of non-marital sex and pregnancy is controversial and goes against church teachings. Others are not able to discuss contraception. In some faith communities, pregnancy is seen as “God’s plan.”
- While many African-American churches preach “no babies before age 20,” some are not giving the same attention to the issue of having sex or out-of-wedlock children from age 20 to 30.
- A number of faith leaders indicated they have been silent on these issues for too long and they appreciated having an opportunity to start a conversation—but they would like help in doing more.
- Many faith leaders feel they are competing with popular culture for the attention of young people, and the church has a much smaller megaphone than entertainment figures.
- Some of the terminology concerning unintended pregnancy can be off-putting—many objected to the terms unwanted or even unplanned pregnancy.

### ***Issues in family planning***

- In some cases, providers are less comfortable addressing the prevention of unplanned pregnancy among young adults than addressing teen pregnancy prevention. Also, some providers are not adequately trained to counsel patients on contraceptive options, according to some of the participants in the Learning Tour.
- The costs of contraceptives limit which methods can be offered by family planning clinics.
- Title X clinic budgets are in crisis, as clinics receive less money each year, but are required to serve the same number of people. This has an inverse relationship to the time available for pregnancy prevention education, counseling, and follow-up (which are non-reimbursable services).
- Clinics serving increasing numbers of Hispanics confront additional

challenges as this requires more time and staffing (and some clinics have no bilingual staff).

- Barriers to accessing family planning services include costs; transportation, especially if the woman has children and/or lives in a rural area; lack of bilingual staff; serious mental health issues; illiteracy; and lack of access to health care overall.

### **Policy issues**

- Preventing unplanned pregnancy is a sensitive and potentially politically divisive issue in many states and communities. Also, many policy-makers think that unplanned pregnancy is not a problem among young adults and that other problems, such as diabetes and smoking cessation, are more pressing.
- Some insurance plans do not cover contraception, and the price of contraceptives has increased four-fold, limiting access to family planning for young adults.
- Title X reimbursements are insufficient and regulations can be cumbersome.
- Screening for Medicaid eligibility, especially citizenship requirements, discourages access to family planning services and threatens enrollments in many states around the country.
- Medicaid family planning waivers can make a difference, but some are limited in scope and others are encountering implementation problems that need to be addressed. A related Medicaid issue is that the Center for Medicare and Medicaid (CMS) rejects Medicaid claims when the woman has any insurance coverage, whether or not family planning services are covered in that plan.

### **Solutions and Strategies**

Participants in the Learning Tour meetings were asked what could be done to prevent unplanned pregnancy among young adults in this country. These leaders and experts highlighted a number of promising strategies and potential approaches to solving the problem of unplanned pregnancy. This section summarizes those ideas and is followed by a section outlining specific ideas for how The National Campaign might help.

#### **Overall strategies**

- Change the normative behavior related to sex, pregnancy, and use of contraception — the life “scripts” by which young adults weigh their choices and plan for the future. Also, many Learning Tour participants felt strongly that there is a pressing need to encourage greater thoughtfulness and responsibility regarding sexual conduct and pregnancy.
- Pursue a variety of strategies to bring leaders together and build common ground across many sectors. For example, those

concerned with preventing unplanned pregnancy should work with those most concerned with encouraging and supporting healthy families. Be sure to include faith communities in these efforts. Also, coalitions are needed to bring together diverse groups, create new partnerships, and identify and pool resources.

- Develop innovative approaches to target, reach, and form meaningful connections with young adults since there are few programs for the 20's age cohort similar to those offered to teens by community-based and faith-based organizations.
- Target those at greatest risk of unplanned pregnancy with comprehensive, multilevel interventions.
- Focus on both primary prevention and secondary prevention aimed at young women and men who already have children that resulted from unplanned pregnancy (e.g. through home visiting programs, Healthy Start, Early Head Start, Head Start, and the childcare system).
- Support young adults in their educational pursuits which will, in turn, help them move up the economic ladder, resulting in a decrease in unplanned pregnancies.
- Look for opportunities to build prevention of unplanned pregnancy among young adults into the agendas of organizations that are working on related issues. For example, the Indiana Perinatal Network has made this issue a priority by rolling out a comprehensive Call to Action to Prevent Unplanned Pregnancy.

#### **Reach out to and educate young adults**

- Learning tour participants offered a number of differing thoughts about the best message to send young adults, including encouraging young adults to be abstinent; to delay sex; to limit their number of sexual partners, to postpone pregnancy until they are in a stable partnership, self-sufficient, and married; to act responsibly; to set boundaries before they get into a sexual situation; and to use contraception consistently and carefully when they do have sex.
- Educate young adults about sexuality, anatomy, and birth control as well as how to have healthy relationships, positive communication with partners, good judgment, and the meaning of marriage and family.
- Provide young adults with information, guidance, and opportunities to discuss the immediate and long term consequences of unplanned pregnancies, which include interrupted education, financial insecurity, poor prospects for long-term relationships and stable marriages, STDs/HIV, and increased risks of having children who are unhealthy and who have cognitive challenges.
- Reach young adults where they are and by making services, information, and materials available in colleges, pediatricians' offices, workplaces, the mall, grocery stores, and public bathrooms.

- Provide young adults at the greatest risk with a reason to postpone pregnancy. Say to them, “You are the director of your life; you are the architect of your destiny. You have great potential.”

### ***Reach out to young adult women***

- Help young women understand about their bodies and how to prevent pregnancy and STDs/HIV, and develop good communication and boundary-setting skills.
- Develop different approaches to target different groups of young women: (1) those for whom pregnancy is the major challenge but who are otherwise doing fairly well, and (2) those for whom pregnancy is a symptom of a much larger systemic set of problems in their lives, e.g. poverty, mental illness, dysfunctional homes, etc.
- Develop a broader vision for the young women who are at the greatest risk of unplanned pregnancy so that they can see and plan for a different future than, perhaps, their mothers had. Ask young adult women: What do you want in your life, as opposed to what are you trying to prevent? What is the optimal age for pregnancy? What is the best plan for you and your future children?
- Reach out to women who already have one child by using the midwifery model of providing contraception immediately after the birth of a child and conducting follow-up phone calls, visits, etc.

### ***Reach out to young adult men***

- Let young men know that in order to be prepared to have sex, they need to be educated about sex. Help them set goals for the future, understand reproduction and how to prevent pregnancy and STDs/HIV, acquire a strong sense of responsibility, and develop good communication skills.
- Educate young men about the legal and financial implications of unplanned pregnancy because the aggregate costs to men who have fathered a child (e.g. child support) are very significant.
- Reach men by incorporating family planning education and services into annual exams, sports exams, pre-employment exams, technical schools, community colleges, midnight basketball leagues, and home visiting programs.
- Put mentoring programs in place so that young men can talk with role models about sensitive health issues and mentors can model behavior that will encourage young men to abstain, act responsibly, and use contraception. Build on programs such as The 100 Black Men Program, which teaches young men about manhood and helps them focus on career goals as well as moral and ethical behavior.

### ***Reach out to the Latino community***

- Use existing channels and relationships within the Latino community to reach out; piggy-back on existing forums that

promote health, such as health fairs, and provide small incentives such as makeovers and completion certificates to Latinas who attend events.

### ***Reach out to parents***

- Help parents understand that they need to stay connected and involved in the lives of their young adult children until they are able to make sound decisions for themselves.
- Help parents convey their values and moral beliefs to their adult children. If they disapprove of having an unplanned pregnancy and/or having sex outside of marriage, parents need to communicate this to their twenty-somethings.

### ***Reach out to faith communities***

- Be sensitive with terminology in reaching out to different faith communities. Many faith traditions would support an approach framed on what is best for the child and best for the couple.
- Help faith communities understand the importance of “meeting young adults where they are.” Creative ways to target this generation include social functions, summits on relationships or sex education, and using new technologies.
- Frame relationships in terms of marriage and frame contraception quite broadly to encompass “natural family planning” in order to reach Catholic, Pentecostal, and other conservative faith traditions.

### ***Reach out to policy-makers***

- Educate state policy-makers about the importance of contraceptive equity in insurance coverage. Note: The Governor of Michigan has called upon the legislature to require that health plans covering prescription drugs also cover birth control.
- Educate federal and state policy-makers about the importance of Medicaid Family Planning waivers, which are an important vehicle for increasing access to family planning for low-income clients, and the problems with Medicaid requirements for documenting residency.
- Educate federal and state policy-makers about the importance of expanding programs to prevent repeat pregnancies among new mothers.
- Educate federal and state policy-makers about the importance of funding programs that target young adult males, who tend to be detached from preventive care and educational programs. For example, there is great value in linking child support enforcement and fatherhood programs to encourage young men to care for their children while discouraging them from becoming parents again before they are ready. Note: The Texas Attorney General’s office has a program to encourage responsible fatherhood.

- Educate state policy-makers about the value of collocating family planning and welfare/TANF offices to reach the target population with family planning services. Note: The state of Washington has collocated family planning services and TANF offices, and trained welfare workers to discuss family planning with clients.
- Frame family planning as part of a broader health care reform agenda, especially in the context of preventative services and the responsibility of individuals for taking charge of their health.

### **How The National Campaign Can Help**

Meeting participants had a number of ideas for activities The National Campaign might undertake to support national, state, and community leaders in efforts to reduce unplanned pregnancy among young adults. Some of these recommendations are likely to be adopted by The National Campaign and others could be undertaken by colleagues across the country.

#### **Overall strategy**

- Develop a campaign to prevent unplanned pregnancy among young adults that is multi-faceted and sustained over time—by targeting both formal and informal leadership and through smart media messages targeted to young adults.
- Forge partnerships with a broad cross-section of organizations including faith communities, providers, maternal and child health organizations, domestic violence organizations, children's organizations, policy-makers, and state and local advocates and provide them with the messages, materials, and tools to work effectively with young adults, parents, providers, policy-makers, etc.

#### **Frame the message and promote the issue**

- Promote a serious public conversation about the fact that children benefit most when welcomed into the world by two married parents who love the child and each other, and who can provide a stable home for the child to grow up in.
- Frame the issue of preventing unplanned pregnancy among young adults in a careful and compelling way by asking:
  - What is best for the child?
  - What are the costs of unplanned pregnancy to communities, states, and the country?
- Frame the issue of unplanned pregnancy as a universal phenomenon, experienced across income, race and ethnic groups, to avoid singling out any racial/ethnic group or any group at a particular income level with family planning messages. At the same time, it is important to target resources to the groups that have high rates of unplanned pregnancy (e.g. low-income women, women who already have one child resulting from an unplanned pregnancy,

men at risk of fathering children outside of marriage, etc.)

- Frame different messages for 1) young adults aged 18-24, many of whom are in a period of delayed adolescence (drawing on some of the same messages that are used with teens) and 2) young adults aged 25 and older, who usually see themselves as adults.
- Involve the target group in framing messages, so that messages resonate and do not backfire. Many on the Learning Tour suggested that authentic engagement and the use of appropriate messengers are essential, especially with minority communities.
- Portray "success stories" of young adults who are sexually responsible and demonstrate that the quality of life in one's 30's is directly influenced by one's behavior and decisions during the 20's.
- Provide guidance to state and local leaders in crafting messages to reach their target audiences.

#### **Work with traditional and new media**

- Develop a national media campaign that is similar to successful, anti-smoking campaigns. Possible messages: Are you ready to be a parent? Be prepared. Take it seriously. Plan ahead. Empower yourself. Just say Yes! to using contraception/protection.
- Reach out to young adults through new technologies, e.g. the web (My Space/Facebook), YouTube, text messaging, chat rooms, positive blogging, cell phones, and virtual world programs, such as Second Life.
- Reach Hispanics through radio, cell phones, and TV (e.g. Spanish soap operas) rather than the web.

#### **Conduct research**

- Provide a clear, descriptive picture of what unplanned pregnancy looks like in different race and ethnic groups (including what percentage of unplanned pregnancies are subsequent pregnancies in different groups).
- Conduct research on both the micro and macro levels to examine 1) the dynamics of relationships and sexual decision-making between men and women, and 2) the organizational and systemic factors that influence access to contraception, e.g. lack of health insurance coverage, limitations of Medicaid and Title X, lack of provider training and health system capacity, etc.
- Undertake research (and provide summaries) on 1) male and female reproductive behavior, intentions, and motivations and 2) what works and what does not work in preventing unplanned pregnancy among young adults, including research on male involvement and evidence based curricula on preconceptual care.
- Prepare a cost study on the impact of unplanned pregnancy among 20-somethings on federal and state budgets (modeled on By the Numbers, The National Campaign study on the impact of teen childbearing on public sector costs).

- Conduct research on how and where young adults get their information on sex and contraception, and who the credible messengers are.
- Examine the reasons for declining enrollment in Medicaid family planning waiver programs and collect statistics comparing use of family planning services in states that have family planning waivers and those that do not.
- Encourage consistent PRAMS data collection in all states. (PRAMS is the Pregnancy Risk Assessment Monitoring System, a surveillance project of the Centers for Disease Control and Prevention and state health departments that collects state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy.)

### ***Develop and disseminate user-friendly materials and tools***

- Develop materials pertinent to preventing unplanned pregnancy among young adults that are similar to those developed for teen pregnancy prevention initiatives, and pay special attention to minorities.
- When developing materials to be used by underserved groups, make the materials brief (one page) and use a grade five literacy level.
- Provide partner organizations with materials that can be used to facilitate discussions and educate target populations (e.g. parents, providers, young adults, and policy-makers).
- Broadly disseminate information and materials to providers (e.g. clinics, hospitals, medical schools); organizations serving children, youth, and families (e.g. foster care, child abuse, etc.); faith leaders; families; colleges (both four year and two year); organizations addressing domestic violence; and state and local advocates.
- Publicize and promote innovative state approaches and evidence-based programs to preventing unplanned pregnancy among young adults, including best practices from initiatives that focus on Latinos and African-Americans.

### ***Target and educate young adults (men and women)***

- Conduct a public education campaign that connects the ideas of relationships, marriage, contraception, pregnancy, and parenting based on the messages of readiness and responsibility. Possible themes: 1) Before you decide to become pregnant and have children, you need to be educated, employed, and married. 2) If you cannot provide a secure, stable environment to raise a child, then becoming pregnant (intentionally or otherwise) puts both you and your future child at risk. 3) Don't have sex with someone who you wouldn't want to marry and raise a child with.

- Identify national spokespeople for the public education campaign that twenty-somethings can relate to (both males and females from different race/ethnic backgrounds).
- Address head on the assumption that "I did not think I could get pregnant" and "I didn't think my girlfriend could get pregnant" by educating young adults about the imperative of using contraception effectively and consistently.
- Form a speaker's bureau—perhaps a virtual bureau through My Space or Facebook—made up of young adults who can authentically speak to the importance of "readiness" and counter the view, "It can't happen to me."
- Target colleges (e.g. through University health systems) and community colleges; involve students and other young adults in planning and holding discussions about relationships, sexuality, pregnancy, and parenthood on college campuses.
- Think creatively about how to reach young adults who are not in schools or institutions, including foster care youth who are aging out of the system.
- To reach young mothers and fathers and help to prevent subsequent pregnancies before they are ready, partner with Healthy Start, Head Start, and Early Head Start programs since many young mothers and fathers are already connected to these programs.
- Identify and highlight low-income communities that have made positive changes with respect to economic development, access to education, and reducing unplanned pregnancy.

### ***Educate young adult women***

- Educate women about options for specific types of contraception, including Emergency Contraception, and address myths about contraception.
- Educate young women by exposing them to the realities for women who have had children before they were ready, contracted STDs/HIV, etc.

### ***Educate young adult men***

- Develop new terminology other than "male involvement" (which implies that men are an afterthought). Suggestions include "engaging men" or "men as partners."
- Develop a campaign targeted to young adult men using such themes as: Not thinking will cost you. Make your next move your best move. Be responsible or pay the price. Protect yourself every time you have sex. Don't leave another child without a father.
- For young men who already have children, tailor the message to taking responsibility for and caring for the children they already have, and becoming a role model for their children. Possible message: "Be the best father you can be."

- To reach young men, use new technologies (YouTube, text messaging, My Space, etc.) as well as radio, community forums, and leaflets distributed through utility companies. Also, consider non-traditional venues such as nightclubs and barber shops.
- Conduct outreach to national networks, organizations, and programs that target or serve men and fathers, such as The Center for Urban Families and the National Urban League, and assist these organizations to incorporate programming around preventing future unplanned pregnancy.
- Work with family planning clinics to engage young men and young fathers—for example, encourage clinics to educate young men about family planning when they come in for confidential STD/HIV testing.

### ***Reach out to Latinos***

- Collaborate with Latino organizations, such as The National Council of La Raza, which is developing a curriculum for adult women and men to connect sexual and reproductive health.
- Educate young adult Latinas, especially recent immigrants, about their contraceptive options. Develop materials about contraception using messages of empowerment, planning for healthy families, and healthy women/healthy bodies.
- Develop strategies and messages for Latino men who often have different views from their partners, and who often make the family planning decisions. Educate them about the importance of using condoms and the child support consequences of fathering a child.
- Draw on Latino celebrities as communicators.

### ***Reach out to parents***

- Prepare materials and educate parents of young adults, reminding them that parents are the best educators of their children. Pamphlets and scripts can guide parents (both mothers and fathers) in talking to their young adults about relationships, marriage, sex, contraception, pregnancy, and parenthood.
- Develop partnerships with colleges to help connect with parents who are often seeking information about how to guide their children in times of transition (e.g., from high school to college and from college to the working world).

### ***Reach out to faith leaders and faith communities***

- Educate the leadership of congregations who make the decisions about whether conversations about relationships, marriage, sex, and pregnancy can be held with young adults. Help them understand that offering courses and conversations about these topics can draw young adults back to congregations.

- Develop an outreach tool for faith communities with a “big tent” message that can be used by a broad range of denominations. Understand that some congregations are comfortable with a message that says to young adults, “abstinence is best, but if you are having sex, you need to use contraception every time,” but other congregations cannot promote or mention contraception.
- Provide materials to faith leaders (including faith leaders on college campuses and youth ministries) that can be used to engage young adults on the themes of 1) planning for the future, including the impact of having children on finances 2) recapturing a sense of self 3) personal responsibility and 4) what is happening in their lives that could result in a pregnancy, unplanned or otherwise.
- Help faith communities reach out to parents in their congregations to teach them how to talk to their children, teens, and young adults about relationships, marriage, sex, pregnancy, and parenthood – and provide them with scripts in English and Spanish.
- Start a blog on The National Campaign website for faith leaders to discuss these topics.

### ***Educate and assist providers***

- Develop and distribute materials for providers, perhaps with other organizations (e.g. American College of Obstetricians and Gynecologists), on how to communicate with young women and men about planning for the future, the importance of long-acting contraceptive methods, the real side effects for different methods, and the importance of using contraception consistently and effectively.
- Encourage providers to look for multiple opportunities to discuss contraception with young adults, e.g. linking discussion of the HPV vaccine and contraception.
- Develop a standard set of questions on contraceptive use for reproductive health risk appraisals that can be part of a tool kit for use by providers in private and public health settings. Note: In Michigan, a statewide advisory group of providers developed the Adult Clinical Guideline to Prevent Unintended Pregnancies and a toolkit for physicians and other providers to use in counseling patients on pregnancy planning and prevention.
- Work with the American Medical Association to develop a Current Procedural Terminology (CPT) code that will enable providers to bill insurance companies for preconception and interconception services, including counseling.
- Work with The National Committee on Quality Assurance (NCQA) to add a measure to the Healthcare Effectiveness Data and Information Set (HEDIS) that will evaluate health plan performance in providing preconception and interconception counseling to clients.

### **Educate policy-makers**

- Develop a policy action plan for preventing unplanned pregnancy that focuses on the federal, state, county, and city/town level.
- Develop a compelling policy argument to educate policy-makers focused on 1) the links between unplanned pregnancy and infant mortality, low birth weight babies, incarceration, child abuse, etc. 2) the importance of improving birth outcomes as well as the lives of children, young adults, and families by reducing unplanned pregnancy, and 3) the decrease in public sector costs that would result from decreasing the rate of unplanned pregnancies.
- Develop state-specific fact sheets, briefs, and talking points on “why unplanned pregnancy matters”—focused on the impact on limited state resources—that state and community leaders can share with their legislators.
- Develop messages for state and local advocates, such as: “By lowering unplanned pregnancy by 10 percent, we could save \$x million in Medicaid dollars in our state, which would free up these resources to meet other pressing social needs.”
- Hold briefings on the issue for federal and state policy-makers.
- Educate policy-makers about the need for private insurance coverage of contraceptives and the importance of reducing the price of contraceptives, in part by implementing nominal drug pricing for contraceptives and increasing the availability of generics.
- Work with health plans and insurance carriers that do cover contraceptive and family planning services to remove barriers, such as limits on the number of cycles reimbursed.
- Educate policymakers about the need to loosen regulations and increase Title X funding so that clinics can serve more clients, including more men; provide case management; and counsel patients about contraceptive options.
- Provide guidance to states about how to secure Medicaid waivers, e.g. by providing opportunities for states that do have waivers to share strategies with those that do not.
- Advocate for changes at CMS, including the establishment of a consistent and logical coordination of benefits policy, elimination or relaxation of the citizenship requirement for eligibility, and replacement of the section 1115 waiver with a plan amendment process.

## **APPENDIX**

### **LEARNING TOUR MEETINGS**

#### **African-American Faith Leaders’ Summit: Strengthening Families by Preventing Teen and Unplanned Pregnancy**

Convener: National Coalition of Pastors’ Spouses  
Location: Baltimore, MD  
August 2-3, 2007

#### **Pregnancy and Childbearing in America: A Conversation Overall Convener: The Institute for American Values**

Meeting One: New York City, NY, co-hosted by King’s College  
April 25-26, 2007  
Meeting Two: Seattle, WA, co-hosted by Families Northwest and Seattle Pacific University,  
May 16-17, 2007  
Meeting Three: Atlanta, GA, co-hosted by Morehouse College and the Georgia Family Council  
June 5-6, 2007

#### **It’s Not Just Teens: Pregnancy and Family Formation among Young Adults**

Convener: Center for Law and Social Policy  
Location: Washington DC  
June 21, 2007

#### **Meetings of National Organizations focused on Children, Youth, and Families**

Convener: The Georgetown Center for Juvenile Justice Reform and Systems Integration  
Location: Washington, DC  
Meeting One: July 12-13, 2007  
Meeting Two: July 18-19, 2007

### **Site VISITS TO STATES**

#### **Atlanta, GA**

Convener: Women’s and Children’s Center, Emory University  
June 4-5, 2007

#### **Charleston, WV**

Convener: West Virginia Perinatal Partnership  
April 23-24, 2008

#### **Detroit, MI**

Convener: Office of the Surgeon General, Michigan Department of Community Health  
September 10-11, 2007

#### **Indianapolis, IN**

Convener: Health Care Education and Training, Inc.  
September 12-13, 2007

#### **Montgomery County, MD**

Conveners: Montgomery County Collaboration Council for Children, Youth, and Families (MCCC) and Montgomery College  
October 23-24, 2007

#### **San Antonio, TX**

Convener: South Central Area Health Education Center  
December 5- 6, 2007