





"Half of all pregnancies in the United States, or three million annually, are unintended."

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# Evaluating the Iowa Initiative to Reduce Unintended Pregnancies

Brief No. 1

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## **Background**

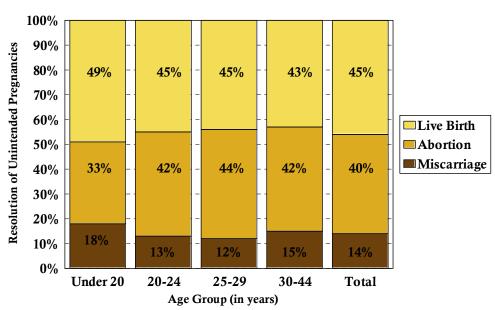
Unintended pregnancy is a common experience for women in the US. A recent estimate by the National Campaign to Prevent Teen and Unplanned Pregnancy indicates that half of all pregnancies in the United States, or three million annually, are unintended. Rates of unintended pregnancy are highest among teens, young, unmarried, low-income and ethnic minority women. The negative consequences of unintended pregnancy are well established and include lessened education and employment

opportunities for the family and poor health outcomes for both mothers and children.<sup>3</sup>

These U.S. trends are also evident in Iowa where each year, nearly 53,000 women become pregnant. Seventy-two percent of these pregnancies result in live births, 12% result in abortions and the remainder end in miscarriage.<sup>4</sup> A dramatically large percent age of these births are unplanned. In 2007, 36% of pregnancies in Iowa were unplanned.<sup>5</sup>

**The Iowa Initiative to Reduce Unintended Pregnancies** was created to address these issues. The goals of the Initiative are:

- to increase access to family planning services;
- to improve the political climate towards family planning; and ultimately
- to reduce unintended pregnancy in the state.



Source: The National Campaign to Prevent Teen and Unplanned Pregnancy.

## The Strategies of the Initiative

To accomplish these ambitious goals, diverse organizations, including family planning providers, community-based organizations, and advocacy organizations and coalitions, will implement strategies designed to:

- increase the number of women accessing family planning services;
- increase adoption of more effective, long-acting reversible methods of contraception (LARC);
- increase public funding for family planning; and
- increase support for family planning services among the general public and elected officials.

In addition to improvements in service delivery, the family planning service agencies will mount a variety of marketing and outreach efforts designed to increase the number of women

using services. Efforts are also being made to stabilize the workforce of these agencies and train them in the use of LARC. In Iowa, the Initiative also includes a series of research and demonstration projects designed to test creative

community-based strategies to increase the visibility and use of family planning. Below is a map of Iowa showing the locations of the grantees in the Initiative.



## **The Evaluation Questions**

The Iowa Initiative will be evaluated by Philliber Research Associates (PRA), an evaluation firm with multiple locations in the U.S., and the Bixby Center for Global Reproductive Health at the University of California, San Francisco. Dr. Susan Philliber and Dr. Claire Brindis will direct the evaluation, in collaboration with the Iowa agencies and their local evaluators. The evaluation questions to be answered include the following:

## • How can this Initiative be described?

How was the Initiative structured, governed, and led? What were the challenges to accomplishing the Initiative's goals? How were available funds allocated? What additional resources were leveraged as part of the Initiative?

 What outcomes occurred as a result of this work overall and among individual programs?
 How many additional women and men received family planning services as a result of this Initiative? What were their characteristics? Did use of LARC increase? How did the participating agencies change? Did funding for or policy about family planning change? Did unintended pregnancies decrease?

• Were there any subgroup variations in these outcomes?
Were some agencies and settings

more successful than others in

achieving these outcomes? Were some subgroups of Iowa residents more responsive than others? Did unintended pregnancies decrease among some groups more than others?

# • What will be sustained after the Initiative has ended?

Which of the achieved changes in programs, policies or procedures will continue? What next steps should be taken to insure continuation of the most effective strategies?

#### **Iowa Grantees**

#### Overall:

The Iowa Initiative to Reduce Unintended Pregnancies

The University of Northern Iowa (UNI) Center for Social and Behavioral Research

#### Service provision:

Planned Parenthood of the Heartland

The Family Planning Council of Iowa (includes 7 Title X agencies)

Iowa Department of Public Health (includes 8 Title X agencies)

Emma Goldman Clinic

Planned Parenthood of East Central Iowa

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## **Evaluation Strategies**

The evaluation team will use a variety of data collection and analysis techniques to answer these questions. Interviews, questionnaires, focus groups, and analysis of available data will all be included. More specifically, the evaluation will include:

- Collection and analysis of family planning clinic data. This will include documentation from 2004, before the Initiative began, through at least 2011 of the numbers of clients served at all Title X and private clinics included in the Initiative. These data will also enable the evaluation team to describe the profiles of these clients over time, whether the characteristics of the population being served change, what changes occur in the contraceptives they adopt and whether they continue to use chosen methods.
- Analysis of annual data on the

# number of unintended pregnancies in Iowa.

Each year, the Iowa Department of Public Health tracks this information. The evaluation team will assess whether those data are representative of all births in the state and then track the trend in unintended pregnancy from 2004 through 2011.

- Surveys of providers and patients at family planning clinics.
  - At all family planning clinics included in the Initiative, the evaluation team will survey these two important groups to document their perceptions of LARC and any visible changes occurring in these clinics.
- Interviews with key personnel at each agency participating in the Initiative.

These interviews will track agency perspectives on their

- activities, outcomes, and challenges in achieving the goals of the Initiative.
- Collection, review and synthesis of reports being produced by agency-specific evaluators. Many of the participating agencies in this Initiative have local evaluators who are collecting and analyzing data to document the outcomes of specific programs. For example, UNI is evaluating each of its innovative strategies for delivering family planning information and services. The Initiative evaluation team will synthesize these data and supplement them with interviews with the key staff who implemented these projects.

This mixed method approach will provide both process and outcome measures and includes a variety of perspectives on the Initiative's progress.

## **Challenges in the Evaluation**

There are inherent challenges in evaluating an Initiative like this one, given its size, diversity and scope. For example, agencies have joined the Initiative at different points in time and as a result, are at various stages in their work. They have adopted diverse strategies and bring diverse resources and skills to achieving the main goal of reducing unintended pregnancy. Disentangling their unique contributions will be difficult. There are also more external influences such as the current economic recession that will likely impact the success of the Initiative. These influences are uncontrolled in the evaluation design.

The locations of some of the Initiative's interventions overlap, again challenging the evaluation team to separate their influences. There may be synergistic effects in the Initiative creating results that are not attributable to a single agency but to their combined work. In short, the evaluation will fall short of establishing secure causal relationships.

On the other hand, statewide initiatives of this kind are rare and provide exciting opportunities for learning. The evaluation will be able to document **how** the Initiative

did its work and **changes** that occurred in key outcomes over at least a seven year period spanning the time before the Initiative began until five years after its onset. Documenting reductions in unintended pregnancies over this time period and changes in use of family planning services should produce results to demonstrate whether this statewide, multi-agency approach has produced promising outcomes.

#### **Deliverables from the Evaluation**

**Quarterly Reports,** including activities of the evaluation team and the Initiative agencies, as well as the most recently collected outcome data.

**Initiative Briefs,** including information from the evaluation of interest to the state and the larger community interested in the reduction of unintended pregnancy.

**Published Articles,** reporting the most important findings of the evaluation.



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## **About the Evaluation Team**

#### **Philliber Research Associates**

Founded in 1987, Philliber Research Associates (PRA) has evaluated hundreds of programs across the United States and abroad. PRA specializes in evaluation and planning to produce organizational effectiveness for human service, education and health agencies, arts and cultural institutions, funding sources for not-for-profit organizations and other firms and businesses seeking to improve their organizational success. To accomplish these goals, PRA offers a variety of services, including needs assessments, reviews of existing research and best practices, development of measurable objectives, development of measurement tools including surveys, training for staff to use evaluation tools, analysis of qualitative and quantitative data, production of reports to meet the needs of diverse audiences, planning for new programs, and evaluation of funding portfolios.

## Bixby Center for Global Reproductive Health

Founded in 1999, the mission of the Bixby Center is to advance reproductive health worldwide — including family planning, abortion care, safe motherhood, and the prevention of HIV and sexually transmitted infections (STIs) — through research, training, policy, and services. The Center represents a multidisciplinary partnership among 175 faculty and staff across several disciplines, departments, and institutes within the University of California, San Francisco, including the Department of Obstetrics, Gynecology & Reproductive Sciences; the Philip R. Lee Institute for Health Policy Studies; Pediatrics; Family Medicine; Pharmacy; Nursing; and the Global Health Institute. Among its core areas of research are adolescent sexuality and reproductive health, unintended pregnancy, family planning, and HIV and sexually transmitted infections.

## **Our Partners**

This evaluation is strengthened through the collaborative partnerships established with the primary agencies that are implementing the Iowa Initiative. To assure that the evaluation results are most useful to both the funder and these primary organizations, the evaluation team is pleased to have established a participatory approach to the evaluation. It is through our partners' contributions, cooperation, and sharing in our joint efforts at careful documentation, that this evaluation effort will produce information that should be useful for program planning and improvement.

### References:

- <sup>1</sup> National Campaign to Prevent Teen and Unplanned Pregnancy. 2007. *Unplanned Pregnancy Among 20-Somethings: The Full Story.* Washington, D.C.: Author.
- <sup>2</sup> Finer, L & Henshaw S., 2006. Disparities in Unintended Pregnancy in the United States, 1994 and 2001. *Perspectives on Sexual and Reproductive Health*, 38 (2): 90-96.
- <sup>3</sup>National Campaign to Prevent Teen and Unplanned Pregnancy. 2007. *Why It Matters: Linking Teen Pregnancy Prevention to Other Critical Social Issues.* Washington, D.C.: Author.
- <sup>4</sup> The Guttmacher Institute. 2006. *Contraception Counts*. http://www.guttmacher.org/pubs/state\_data/states/iowa.pdf.
- <sup>5</sup> Losch, Mary E., PhD & Wolf, Savannah, 2008. *Iowa's Barriers to Prenatal Care Project: 2007 Data Summary.*