





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

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# Evaluating the Colorado Initiative to Reduce Unintended Pregnancies

Brief No. 2

February, 2010

## Background

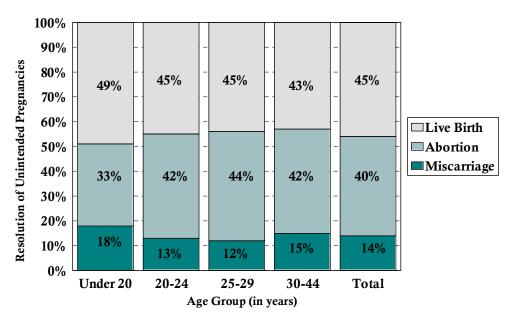
Unintended pregnancy is a common experience for women in the US. A recent estimate by the National Campaign to Prevent Teen and Unplanned Pregnancy indicates that half of all pregnancies in the United States, or three million annually, are unintended. Rates of unintended pregnancy are highest among teens, 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 Colorado where 92,770 women of childbearing age become pregnant each year. Seventy one percent of these pregnancies result in live births, 14% result in abortions, and the remainder end in miscarriage. <sup>4</sup> In 2007, 37% of the live births in Colorado were unintended. <sup>5</sup>

**The Colorado 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 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 Colorado, the Initiative also includes attention to teens who are

sexually active and to increasing the amount and comprehensiveness of sexuality education in schools. Below is a map of Colorado showing the locations of all grantees.



## The Evaluation Ouestions

The Colorado 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 Colorado 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?

result of this work overall and among agency programs? How many additional women and men received family planning services as a result of

What outcomes occurred as a

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 Colorado 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?

#### Colorado Grantees

## Service provision:

Boulder Valley Women's Health Center Colorado Association for School Based Health

Colorado Department of Public Health and Environment (includes 29 Title X agencies) Denver Health Community Voices Project Denver Health School-Based Health Centers

Colorado Department of Health Care Policy and Healthy Colorado Youth Alliance Financing

Colorado Organization for Adolescent Pregnancy, Parenting, and Prevention (COAPPP) Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR)

Denver Teen Pregnancy Prevention Partnership Focus Points Family Resource Center

Southwest Open School

University of Colorado at Denver Valley-Wide Health Systems, Inc.

NARAL Pro-Choice Colorado

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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 clinics as well as the 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 Colorado.
  - Each year, the Colorado Department of Public Health and Environment (CDPHE) tracks this information. CDPHE will analyze these data for the evaluation team for the years 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

agencies in this Initiative have local evaluators who are collecting and analyzing data to document the outcomes of specific programs. For example, the University of Colorado is collecting information on postabortion use of LARC and will collaborate with the evaluation team in both synthesizing this information and collecting comparison data from other postabortion clinics for comparison. This mixed method approach will provide both process and outcome

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, multiagency 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 Colorado 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/colorado.pdf.
- <sup>5</sup>Center for Disease Control and Prevention. Division of Reproductive Health. 2009. *Pregnancy Risk Assessment Monitoring System (PRAMS)*: CPONDER. http://www.cdc.gov/prams/cponder.htm.