

# U.S. Reproductive Health And Rights Strategy

MARCH 2016

## INTRODUCTION

The William and Flora Hewlett Foundation has a long and proud history of supporting women's ability to plan whether and when to have children. When the foundation was launched nearly 50 years ago, one of its very first grantees was a reproductive health and rights organization. Today, the foundation's commitment to ensuring that family planning and abortion services are available to all women remains one of its most enduring philanthropic commitments, and is expressed through grantmaking both at home and around the world.

The foundation has advanced women's empowerment more broadly since its founding, including work to promote an environment in which the voices of both women and men are heard, and, more recently, to expand women's opportunities for decent work. As is the case with our international efforts, the foundation believes its U.S. Reproductive Health and Rights portfolio can increase its impact by more directly connecting the spheres of economic and reproductive empowerment. We believe that the ability to plan childbearing is critical to economic empowerment, social autonomy and agency, children's well-being, and family stability.

Rates of unintended pregnancy, teen pregnancy, and abortion in the United States are among the highest in the industrialized world. Of 6.6 million pregnancies in the United States each year, about half are unintended. Unintended pregnancy and childbearing is disproportionately high for teens and young adults, women with low incomes, and women of color. Births resulting from unintended or closely spaced pregnancies are associated with adverse maternal and child health outcomes, such as delayed prenatal care, premature birth and negative physical and mental health effects for children.<sup>1</sup>

These materials were prepared as part of the Hewlett Foundation's internal planning process and do not represent actions to be taken by Hewlett Foundation staff or by grantee staff at the foundation's direction. In particular, although some of the progress indicators, targets, or metrics may reflect the passage of legislation (based on input from grantees and experts in the field), the Hewlett Foundation does not lobby or earmark its funds for prohibited lobbying activities, as defined in the federal tax laws. The foundation's funding for policy work is limited to permissible forms of support only, such as general operating support grants that grantees can allocate at their discretion and project support grants for nonlobbying activities (e.g., public education and nonpartisan research).

Unintended pregnancies also present short-term and long-term challenges for women (and, to a lesser degree, men). Having a child can disrupt education and career pathways, particularly for low-income and young women who are less likely to have jobs with paid leave and flexibility.<sup>ii</sup> If this disruption becomes a derailment, women can get stuck in low-wage jobs with little opportunity to move up the economic ladder. Couples who are not married at the time a child is born are less likely to stay together in the long term, exacerbating economic and social instability.<sup>iii</sup> Increasingly, children are born outside of marriage, putting tremendous strain on single mothers, in particular.<sup>iv</sup>

One reason for this disparity is lack of access to affordable, effective contraception and increasingly limited access to abortion services. When women do have access to the full range of contraception and safe, legal abortion, they are more likely to have children that are planned.

With a budget of approximately \$10 million per year, the foundation's U.S. Reproductive Health and Rights portfolio makes grants to organizations working to ensure women have access to the contraception and abortion they need. We prioritize grantees that:

- Can effectively advocate for policies at the federal level and have networks to advocate at the state level;
- Support networks of service providers that reach the most-in-need women and can influence service delivery within those networks;
- Conduct and/or use research and data to achieve the goals outlined below;
- Are developing innovative approaches to connect women in need with contraception and abortion;
- Provide reproductive health care to communities of need in the San Francisco Bay Area and Central Valley;
- Benefit those with the greatest need.

In its U.S. Reproductive Health and Rights grant-making, the foundation strives to be inclusive of and give voice to people who historically have not had equal opportunity to shape dialogue and services: low-income women, youth, teen and single mothers, people of color, people who have experienced abortion, and providers that are threatened, marginalized or stigmatized in their work.

## GOALS AND OUTCOMES

The U.S. Reproductive Health and Rights portfolio aims to improve the wellbeing of women and families by preventing unintended pregnancy and ensuring access to abortion. The Hewlett Foundation's grant-making in this portfolio works towards three goals, each refined into a set of intended outcomes, and pursued through tailored strategies.

Because goals one and two are longstanding strategies of the foundation, their descriptions are shorter than the description of goal three, which is a new strategy.

### GOAL 1 Prevent Unintended Pregnancy

Most women and couples in the United States want to plan when and how often they have children.<sup>v</sup> Despite this, ten percent of women who are at risk of unintended pregnancy are not currently using any contraceptive method.<sup>vi</sup> More than half of women in need of contraceptives need publicly funded services because they are low-income or under 20. Although the Affordable Care Act has expanded access to contraception with no co-pay, women who do not have private insurance and live in states in which Medicaid does not cover contraception often cannot afford the out-of-pocket cost. As a result, the number of women in need of publicly funded contraception has risen 17 percent since 2000 and another five percent (918,000 women) between

2010 and 2013. Low-income women make up all of the growth in need for publicly funded contraception, which researchers attribute to an increase in the number of poor women and less money available for contraception.<sup>vii</sup>

The Hewlett Foundation prioritizes preventing unintended pregnancy among 18-25 year-olds and among women on the lower end of the income spectrum. These women have the most difficulty accessing contraception and are the most likely to express that they have an unmet need for effective contraception. The foundation is also particularly interested in increasing access to IUDs and implants, as these are the most effective yet least accessible methods.

The *intended outcomes* of this goal are:

1. Reduced barriers to effective contraception: cost, availability, appointments, wait times.
2. Increased demand for effective contraception.
3. Increased use of effective contraception.

The foundation supports grantee organizations that pursue some or all of the following *strategies* to achieve the intended outcomes:

- Policy advocacy to remove barriers to contraception.
- Increase access points for contraception:
  - De-medicalize contraception, such as making hormonal pills available over-the-counter
  - All providers follow the requirement of the Affordable Care Act to provide contraception with no copay
  - More providers have the capacity to offer the full range of contraceptive methods
- Facilitate the introduction of contraceptive information and access for the most in-need women through non-medical channels (community colleges, job training, home visiting, social services).

Grantmaking in this goal uses a sector support approach through general operating grants to organizations across the field. The foundation expects grantees to establish and report on specific metrics and milestones to measure their effectiveness.

## **GOAL 2 Ensure access to abortion**

The Hewlett Foundation has a long history of supporting abortion rights, which are essential to women's autonomy and opportunity. Over the past ten years, a relentless effort on the part of federal and state lawmakers has made it increasingly difficult for women to obtain a safe abortion.

Between 2011 and 2013, more than 200 abortion restrictions were passed—about the same number as the prior 10 years combined. Most are promoted under a guise of ensuring quality of health services, but in fact contribute nothing to patient safety and instead simply make abortion services far more costly and difficult to obtain. Since 2011, more than 75 clinics providing abortion services have shut down—about 10 percent of all clinics. Eighty-seven percent of counties in the U.S. do not have an abortion provider.<sup>viii</sup>

When women can't access abortion services, they and their children suffer. In one study, women who sought and were denied an abortion were more likely to face economic hardship and experience domestic violence than similar women who sought and were able to get an abortion.<sup>ix</sup> Children who are reported as unintended or "unwanted" are more likely to experience negative mental and physical health effects.<sup>x</sup> A 2014 analysis found a correlation between the number and severity of abortion restrictions and measures of women's and children's overall well-being.<sup>xi</sup> States with more restrictions on abortion access tend to be less supportive of services for women and children.

The Hewlett Foundation supports efforts to create a policy environment that ensures access to abortion

for all women. This has primarily focused on advocacy at the federal level, as well as legal defense to stave off the barrage of laws seeking to eliminate access abortion. While the foundation will continue to support advocacy and legal work to protect access to abortion, a new priority will be to support proactive efforts in both advocacy and service delivery to increase access—for example, through new service delivery models, and through expansion of access to simple methods very early in pregnancy.

The *intended outcomes* of this goal are:

1. Fewer laws and policies that restrict access to abortion care and more laws and policies that protect access.
2. Increased public support for abortion access.
3. Increased access points for abortion care.

The foundation supports the following *strategies* to achieve the intended outcomes:

- Advocacy to promote laws and policies that increase access to abortion and fight laws and policies that restrict access.
  - Increase public support for abortion access.
  - Reduce stigma by giving voice to abortion experiences through media, popular culture, and storytelling.
  - Frame abortion debates to include the connections between unintended childbearing and economic security, domestic violence, and children’s wellbeing.
  - Educate the public about efforts that use false and deceitful tactics to deny access to abortion.
- Increase access points for abortion:
  - Models of care that reduce barriers such as unnecessary requirements, cost, time, and access to a provider.
  - The number of abortion providers, including non-traditional providers such as general practice doctors and nurse practitioners.
  - The number of locations offering abortion care, including primary care settings.

Grantmaking in this goal uses a sector support approach through general operating grants to organizations across the field. The foundation expects grantees to establish and report on specific metrics and milestones to measure their effectiveness.

### **GOAL 3 Make family planning an integral part of women’s economic empowerment, social mobility, and family stability efforts.**

The challenges of unintended pregnancy are disproportionately faced by low-income women and women of color, who are less likely to be able to pay for contraception and abortion services and more likely to have a child as a result of an unintended pregnancy. Once children are born, parents—often the mom alone—have to cope with the demands of parenthood, often forgoing education to secure a low-wage job just to provide the basics of food and shelter. Their children often face futures affected by poverty and family stress.

With increasing income inequality, stagnant economic mobility and decreasing marriage rates, there is a strong moral imperative to ensure women and families have access to the most comprehensive set of effective tools to achieve socio-economic stability. This includes, critically, effective, affordable contraception and abortion. Because women’s reproductive years directly overlap with their time in education and their first decades of labor force participation, they must be able to plan for childbearing in order to achieve desired educational and employment goals and attain economic security. This is not a theoretical claim: low-income women who use contraception report that it helps them stay in school and attain educational goals, get and keep jobs, and support themselves and their families.<sup>xii xiii</sup>

The connection between economic empowerment and reproductive rights is, if anything, more important today. Women’s economic status is increasingly related to their own education and earnings, rather than those of their partner or spouse; and with the labor market demanding more in terms of skills, an early ‘derailment’ as a result of an unplanned birth can be more costly. Later marriage along with increased social acceptance of sex before marriage also means increased possibilities for having children outside of marriage or long-term partnerships. Stark gaps in access to and use of effective contraception by education and income fuels inequality. At the same time, inequality and poverty undermines future prospects, which can lead to ambivalence about the value of birth control.

Every woman’s right to immediate access to the best contraception has become an economic imperative as well as a moral demand. The Hewlett Foundation is therefore exploring a grant-making strategy to reposition family planning as an integral contributor to women’s economic empowerment, social mobility, and family stability in the U.S. While this would seem to be a natural connection, given the interdependency of childbearing, education and work in women’s lives—social policies and programs in the U.S. typically treat family planning, education and employment and distinct and unrelated domains. We hope to make visible the importance of universal access to family planning as a contributor to economic empowerment and mobility, and encourage creative policy solutions and programming approaches that make the most of the connections.

Integrating a universal approach to reproductive health into women’s economic empowerment, social mobility, and family stability efforts has the potential to narrow the gap between less-advantaged and more-advantaged women and families in the U.S. At the same time, the reproductive health and rights sector is well-positioned to advocate for non-health aspects of women’s lives that affect their pregnancy decisions: income, economic opportunity, access to and influence with policymakers, and social dynamics.

The *intended outcomes* of this goal are:

1. A stronger evidence base, disseminated to economic policymakers, on the impact of unintended pregnancies and births on women’s educational, social and economic prospects.
2. A stronger evidence base, disseminated to economic policymakers, on the intergenerational impact of unintended pregnancies and births.
3. Policymakers and advocates increasingly integrate family planning into policy agendas related to women’s economic opportunity, social mobility, and family stability.
4. Family planning is increasingly integrated into programs and services for women at risk of unintended pregnancy.
5. The public increasingly views contraception as a core component of socio-economic stability and mobility.

## RESEARCH

Over the past several decades, there have been “natural experiments” that have allowed researchers to observe changes in women’s lives as birth control and abortion became more or less available. The introduction of the birth control pill in 1960 and the enactment of the Title X Family Planning program in 1970 are two of the most obvious examples. Use of birth control rose significantly following these changes. Simultaneously, women’s educational attainment and workforce participation went up. Increased affordability of contraception with the roll-out of the Affordable Care Act on the one hand, and increasingly restrictive abortion laws on the other, provide additional and contrasting opportunities to observe the effects on women and families of access to birth control and abortion.

Yet, there are still gaps in what we understand about the relationship between family planning and economic stability. Most of our insights into this relationship are based on observational data that illuminate correlations

between changes in the policy environment and changes in women's lives. But there are limitations to these studies. They cannot prove a causal relationship of family planning on women's lives. For example, they can tell us that teen mothers are less likely to graduate from high school than their non-parenting peers but cannot tell us for sure whether the child is the reason for not graduating:<sup>xiv</sup> perhaps those teens who were likely to drop out are those who are most likely to become mothers.

We also do not yet understand why not all women have benefitted equally from policies making family planning more accessible. While women *as a group* have seen an improvement in both their economic circumstances and, relatedly, access to reproductive health, progress has been uneven. Inequality among women has increased. While better-educated women have seen rising wages and incomes, women on the bottom of the economic ladder have seen little improvement. Indeed, the poverty rate for women remained at historically high levels in 2014.<sup>xv</sup>

Why? Certainly low wages, occupational segregation, inflexible workplace policies, and lack of childcare are critical factors. These contributors are familiar and well known because they have many champions in the policy and public spheres. But what about the role of family planning? It has been isolated as an issue of concern from other contributors to inequality. In order to address economic disparities, and in particular the risk of poverty and economic insecurity for women, a more granular analysis is required, looking at the relationship between family planning and economic opportunity through the lenses of both social class and race. This in turn will make for a more focused effort to reform policy and practice.

The Hewlett Foundation has identified two research components to address through this strategy:

1. *Longitudinal research.* Observational data based on changes in the policy environment can illuminate strong correlations between changes in women's lives, but they are limited in what they can tell us about causal relationships. In order to provide advocates, policymakers and program implementers with a clearer picture of the role family planning plays in socio-economic outcomes, the foundation will consider supporting longitudinal studies that can more effectively establish the causal relationship between them.
2. *Analysis through a class and race lens.* While women as a whole have seen an improvement in economic circumstances as access to family planning has increased, progress has been uneven. Better-educated women have seen rising wages and incomes, yet women on the bottom of the economic ladder have seen little improvement. Why? Low wages, occupational segregation, inflexible workplace policies, and lack of childcare are critical factors. But what about the role of family planning? In order to address economic disparities, a more granular analysis is required, looking at the relationship between family planning and economic opportunity through the lenses of both social class and race. A deeper understanding of the racial dimensions of the issues is also needed: there are inequalities along racial lines on all the relevant dimensions, as well as historical injustices that can hinder progress towards universal access. These analyses may also help to identify those at greatest risk of economic hardship, which in turn can inform a more focused effort to reform policy and practice.

Through these two components, as well as building connections with researchers who are developing ways of better understanding the problem and possible responses, this research agenda aims to provide advocates, policymakers and program implementers with a clearer picture of the role family planning plays in improving women's economic opportunity, social mobility and family stability, and enable them to assess the role family planning should play in policies and practice.

## POLICY

Women with low incomes and women of color are disproportionately affected by unintended pregnancy and policies that limit access to birth control and abortion. Yet policymakers routinely leave family planning out of policy agendas designed to improve women’s economic opportunities, social mobility, and family stability. In 2013, for example, when Democratic legislators introduced an economic agenda for women, it included an extensive list of solutions such as paid sick leave, “schedules that work,” child care access, and increased access to child support but made no mention of contraception or abortion—despite the fact all of these are influenced by pregnancy and parenthood.

There is often a separation between data-heavy analyses of economic problems and rights-based discussions of reproductive health. But the interaction of the two influences outcomes related to both, and where we seek to identify solutions. Which policies on each side have the most impact on the other? What do more integrated solutions look like? The Hewlett Foundation has identified two policy components to address through this *strategy*:

1. *Policy research and evaluation*: The foundation will consider supporting research and analysis of existing and potential policies that bring a reproductive health perspective to economic issues and vice versa. For example, assessments of policies aimed at improving economic conditions could include the role that family planning plays. At the same time, studies looking at the effects of improved access to family planning could explicitly include assessment of economic outcomes in their analyses.
2. *Policy advocacy*. The foundation anticipates supporting advocacy efforts to promote policies that integrate, rather than segregate, family planning and economic outcomes. For example, the “women’s economic agenda” does not, in most policy debates, include the right and ability to plan pregnancies or childbearing as a necessary component for women’s economic security and family stability. Yet, economic stability and family wellbeing can be improved through both family planning and economic improvements.

The Hewlett Foundation will prioritize policy research and advocacy that finds and frames the connections between family planning and women’s economic opportunity, social mobility, and family stability.

## PRACTICE

Some of the most effective programs focused on breaking the cycle of intergenerational poverty have as a core component preventing unintended pregnancy. They do not treat pregnancy intentions as a separate, unrelated part of participants’ lives—nor do most women. Instead, these programs view the many facets of women’s lives holistically and weave relevant services and personal development together with family planning. For example, the Nurse Family Partnership program, which works with single, low-income first-time mothers over a two and a half year period, combines family planning, educational achievement and workforce participation in one curriculum “bucket”: maternal personal development.<sup>xvi</sup>

This approach is not the norm in many of the “touchpoints” women interact with while moving towards educational and financial goals: school or college, social services, private sector programs, health care. Many of the best-known youth development and workforce participation programs do not include family planning in a formal way, yet unplanned childbearing can quickly derail young women starting out in the workforce and can have long-term repercussions on earnings and job promotion.<sup>xvii</sup> In community colleges, unplanned births account for nearly ten percent of dropouts among female students and 7 percent of dropouts overall. Sixty-one percent of community college students who have children after enrolling do not finish their education, which is 65 percent higher than for women who do not have children while in college.<sup>xviii</sup> Despite this, most

community colleges do not have formal programs or services to help women delay childbearing until they have reached their educational goals.

The Hewlett Foundation has identified three components to address through this strategy:

1. *Identify models of integration.* One of the easiest and cheapest ways of integrating family planning into programs and services is to ensure that conversations are integrated. If the topic is career planning, integrate a discussion about parenting and how it will fit into the future. A simple and promising approach to this is the “one key question”: when a woman of childbearing age is interacting with someone in a “life coach” role—school guidance counselor, clinician, program leader, social worker—ask the question “do you want to become pregnant in the next year?” Depending on her answer, connect her to the appropriate services (pregnancy prevention or prenatal care).

Other models include bringing economic opportunity and reproductive health work into the same places, for example by co-locating clinics with job training centers, college campuses, and resource centers. A more ambitious but potentially impactful approach would be to ‘bundle’ Medicaid funding so that it can include not only effective contraception but also tools for increased economic independence, such as training or education. There is precedent for this in the health care sector: some large hospitals and health care providers are now offering “prescriptions” for non-health needs like food assistance and transportation.<sup>xix</sup>

2. *Identify influencers who are in positions to adapt programs and services to incorporate family planning.* These could be policymakers within the social service sector, program administrators, program designers, or frontline implementers. For example, a state or county social services administrator may facilitate the integration of the “one key question” approach across all service delivery points in the agency and have clear protocols for connecting women to the services she desires.

3. *Measure the impact of integration.* Although it may be difficult to measure impact within the timeframe of this strategy, where it is possible it is a priority. Demonstrating that integrating family planning and economic opportunity work makes a difference in outcomes for women and families can be a powerful tool to foster a more holistic approach to policies and practice focused on women.

The foundation is developing an evaluation framework to measure progress of this grantmaking strategy.

## CONCLUSION

Through the U.S. Reproductive Health and Rights portfolio, the foundation is seeking change at all levels: cultural, political, academic, policy, and practice. In some respects the U.S. has taken steps backward in recent years, particularly in terms of the protection of the right to abortion. Attitudes towards contraception continue to evolve, in some ways moving backwards, as well. This cultural lag results in institutional, educational and financial barriers to safe and effective reproductive health care for millions of American women, especially women who are poor, and women of color. This in turn leads to worse economic and social outcomes for women, continued gender disparities, and truncated life chances for children. Reproductive health and economic opportunity, so often treated apart, are in fact often two sides of the same coin. We now have an opportunity to foster a stronger connection between them in politics, policy and practice. The Hewlett Foundation seeks to work with grantee organizations that can themselves appreciate the value of integrating reproductive health and economic opportunity in the policy and practice domains; that reach new audiences; and that represent and can speak for affected communities.



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