

Improving Family Planning as a Pathway to Decreasing Costs, Increasing Educational Attainment, and Expanding Opportunity in America

Prepared for the Secretaries' Innovation Group, June 22, 2015

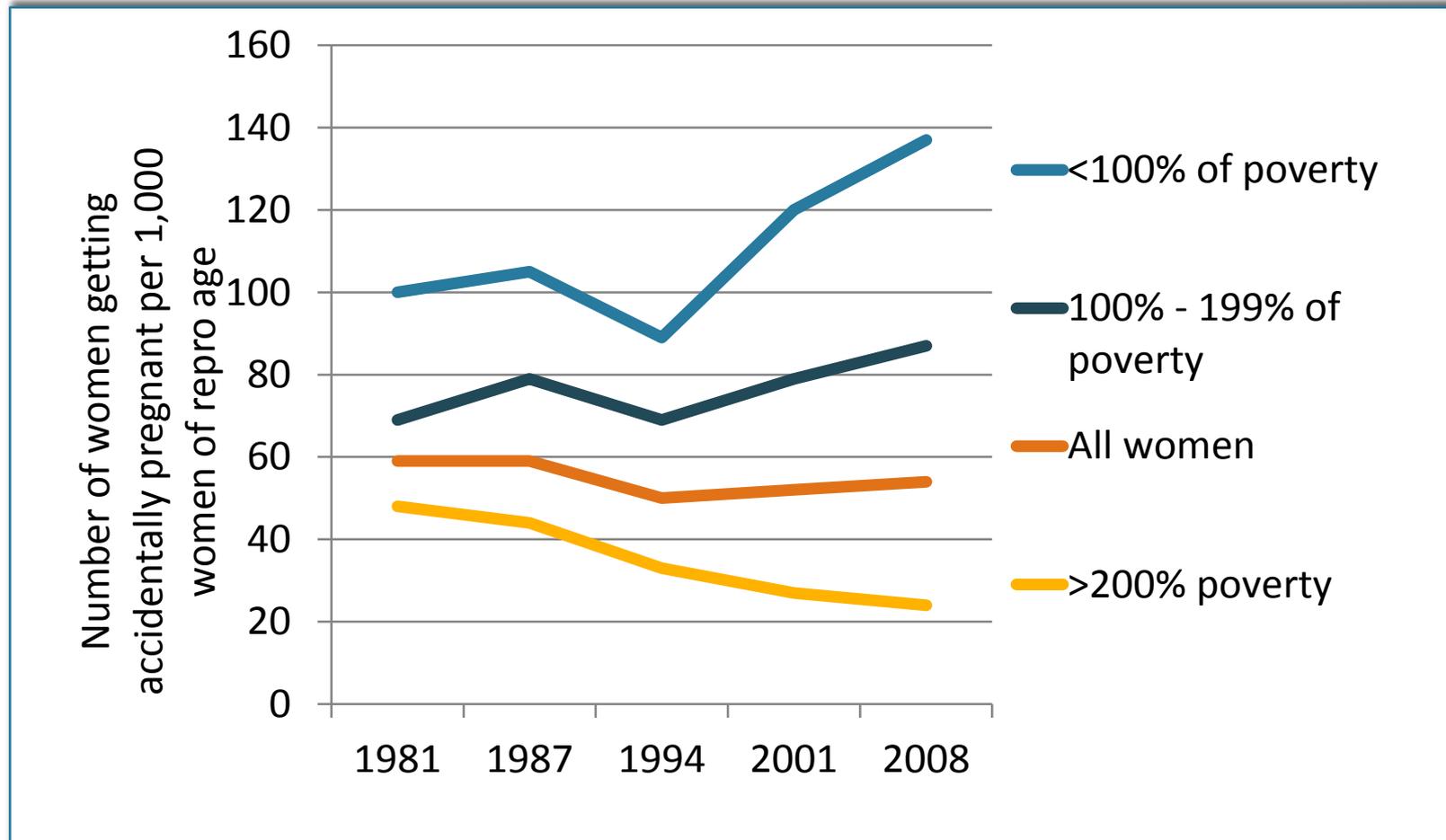
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One of the central questions for America is how to expand educational opportunity and increase economic opportunity for more Americans

Accidental pregnancy should be at the center of the opportunity conversation

- Half of all pregnancies in the US are accidents
- Among women at <100%FPL, 65% of pregnancies are accidental
- Among women who don't graduate from high school, a [Gates Foundation study](#) found 47% cite pregnancy as a reason
- The highest rates of accidental pregnancies occur to 18–24 year old single women
- Last year, 1.5 million babies were born in America from accidental pregnancies

Accidental pregnancy rates have gotten worse for women in poverty



Inconsistent and poor use of
contraception is a primary driver of
accidental pregnancy

The new IUDs and implants are 20 times more effective than the pill

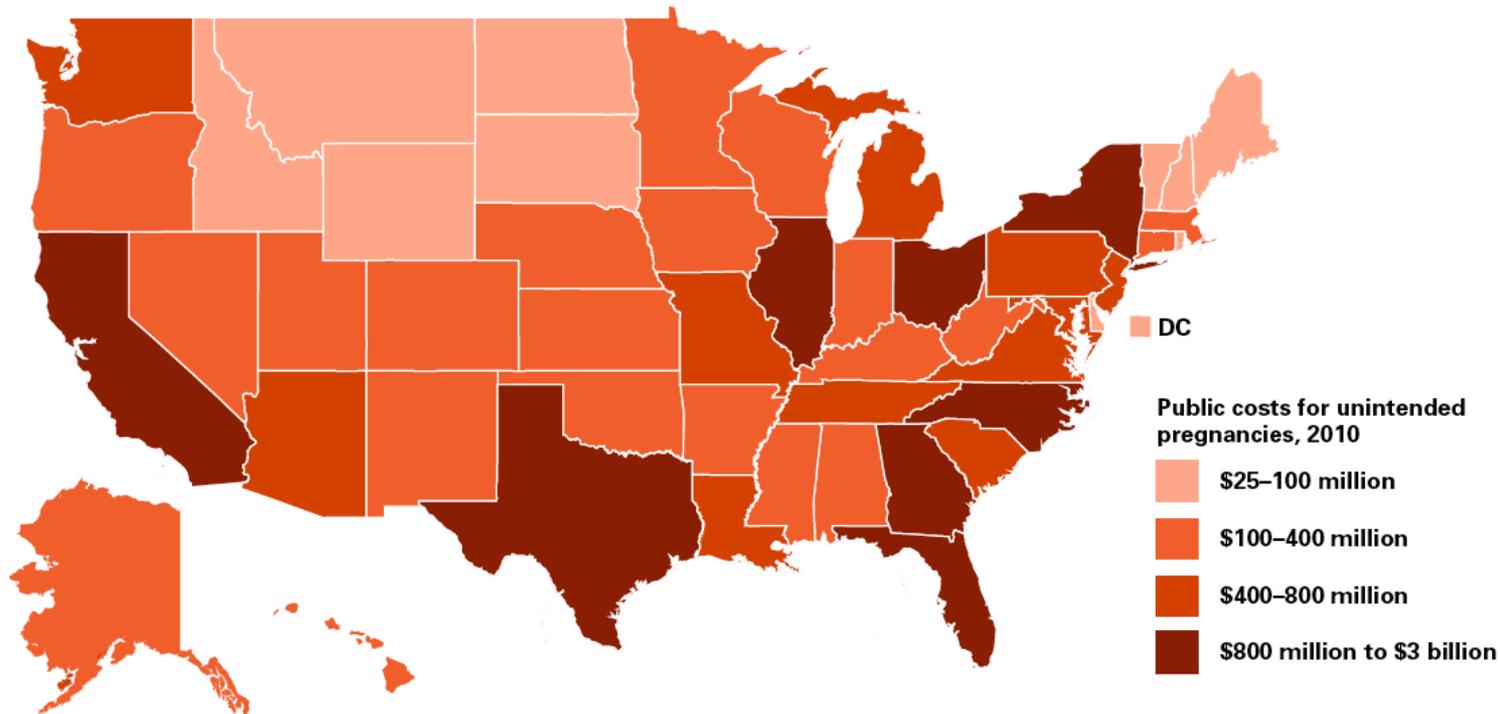
- Lasts for up to ten years
- Reversible at any time
- Return to fertility faster than with the pill
- Recommended by the CDC, ACOG, and AAP as the best methods of contraception for all women, including all adolescents
- “Set it and forget it”

Barriers to women getting access

- Providers aren't trained
- Outdated medical eligibility understanding
- Health centers don't even offer them
- Poor counseling
- Billing and coding issues
- Outdated patient materials
- Reimbursement issues
- Women don't request them

In 2010, 68% of unplanned births were paid for by Medicaid, and total public expenditures for accidental pregnancy was \$21 billion

19 states spent more than \$400 million on unintended pregnancy



	2010 public costs for unintended pregnancy
Arkansas	\$62 million
Florida	\$427 million
Illinois	\$352 million
Indiana	\$91 million
Kansas	\$50 million
Louisiana	\$120 million
Maine	\$14.6 million
Maryland	\$181 million
Nebraska	\$42 million
N. Carolina	\$215 million
Texas	\$843 million
Wisconsin	\$92 million
Wyoming	\$21.4 million

The Contraceptive CHOICE Study

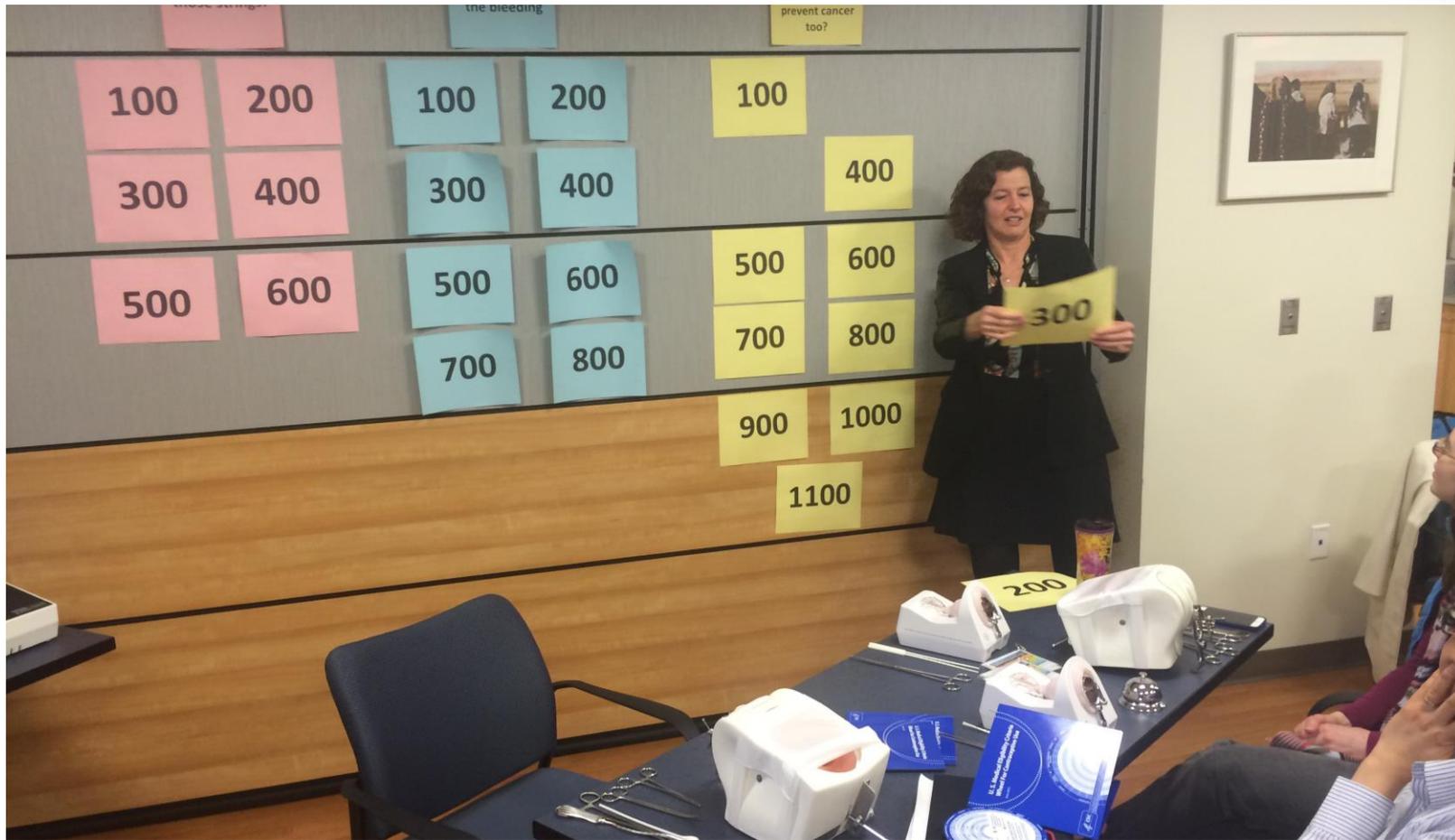
UCSF randomized controlled trial at Planned Parenthood

Upstream USA™ provides training and technical assistance to health centers so that their patients can access the full range of contraceptive methods, particularly IUDs and implants, the same day they want them.

On site, whole center training, including counseling, billing, coding, scheduling



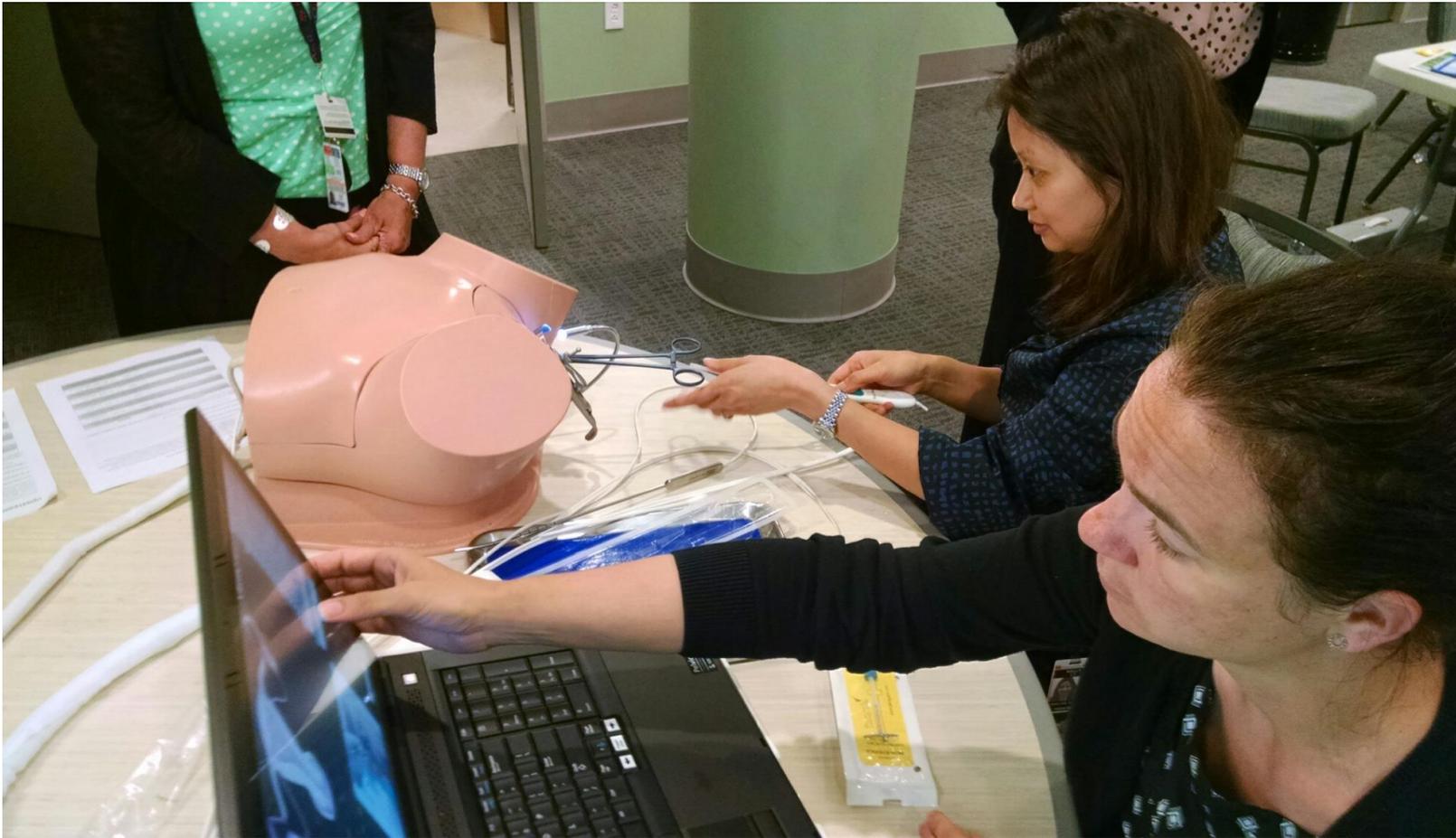
Thorough CDC medical eligibility training for providers on all methods



Clinical training on IUD placement and Merck certified training for placing implants



Use the latest technology



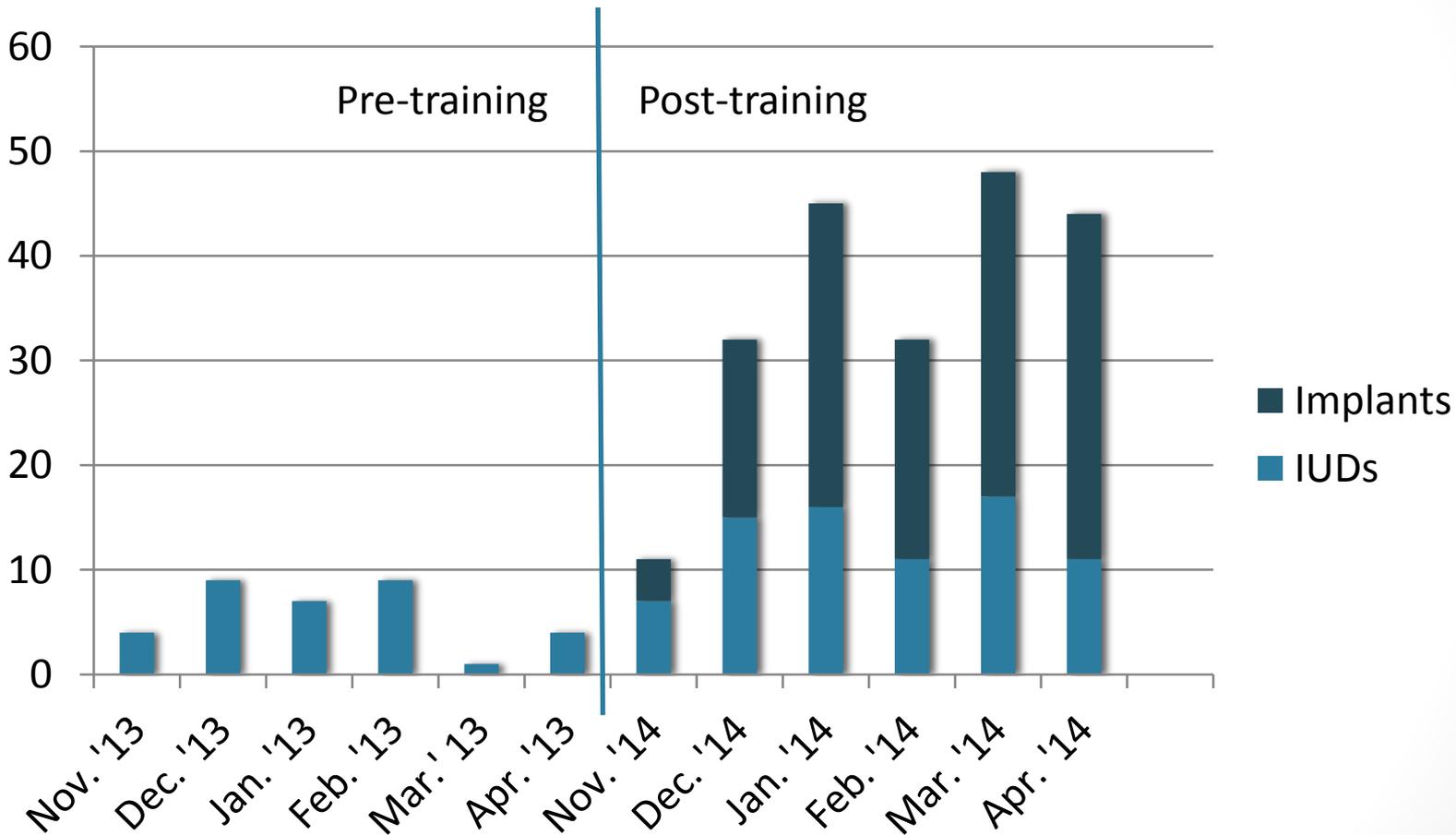
Provide more effective patient education materials



Quantifiable increases in staff knowledge and comfort with IUDs and implants



Year-over-year contraceptive method mix at Haven Health Center, Amarillo, Texas



“We didn’t realize teens were eligible for IUDs and implants. Not enough of our providers were trained to place the methods. We didn’t counsel our patients about all methods. Upstream changed all that, and now our patients are happier, we’re making more money, the word of mouth has increased patient volume, and we’re delivering better care. I would recommend Upstream to any health center.”

-- Carolena Cogdill, CEO, Haven Health Clinic

Family Health Center of Worcester, Mass.



Marginal cost to train a typical health center that
sees 2,500 women of repro. age per year:
\$75,000

Year 1 cost/woman served:
\$30

Avg. cost of publicly funded birth:
\$12,770

“This is a no brainer.”

-- Governor Jack Markell, Delaware

Helping women achieve their own goals and become pregnant only when they want to is the fastest, most easily achievable, and least expensive way to increase opportunity, break the cycle of poverty, and achieve massive cost savings.