

THE BROOKINGS INSTITUTION
BROOKINGS CAFETERIA: What can we do to reduce unplanned pregnancies?
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(MUSIC)

DEWS: Welcome to the Brookings Cafeteria, the podcast about ideas and the experts who have them. I'm Fred Dews.

Nearly half of the pregnancies in the United States each year are unplanned. And, such unwanted or mistimed pregnancies can create negative outcomes for women, children, and families. Greater access to birth control, especially long-acting, reversible contraceptives, or LARCs, empower women to have children if and when and with whom they want.

As restrictions on abortion become more widespread, how can states and organizations increase the availability of family-planning information and access to contraceptive methods like LARCs? That's the topic of today's episode, featuring a conversation led by Brookings Senior Fellow, Isabel Sawhill, the author of numerous books about policies for children and families, including *Generation Unbound: Drifting Into Sex and Parenthood Without Marriage*.

She sat down with former Delaware Governor Jack Markell, a leader in his state's efforts to reduce the rate of unplanned pregnancies, and also with Mark Edwards, the co-founder and co-CEO of Upstream USA, a nonprofit working to expand opportunity by reducing unplanned pregnancy in the U.S.

The trio visited the Brookings Podcast Network studio just after participating in an event sponsored by the Future of the Middle Class Initiative at Brookings that featured the release of a new report by Sawhill and Katherine Guyot on what states are doing to address unplanned pregnancies. You'll hear Sawhill refer to this event throughout the interview. You can find video and transcripts of the event on our website.

Also on the program, in a new Metro Lens segment, Senior Fellow Jennifer Vey, Director of the Anne T. and Robert M. Bass Center for Transformative Placemaking, describes how the digital revolution is shifting where jobs are concentrating and why this job density matters to cities and regions.

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about and links to all of our shows, including Dollar and Sense, the Brookings trade podcast; The Current; and our Events podcast. If you like the show, please go to Apple Podcasts and leave us a review. It helps others find it. And, now, here's Isabel Sawhill with Jack Markell and Mark Edwards.

SAWHILL: Thank you, Fred. I'm here in the studio at Brookings with Governor Jack Markell, former Governor of Delaware, former Chair of the National Governors Association, and someone who I've long admired. I also have with me here my great friend Mark Edwards who is doing fabulous work as CEO of Upstream. Upstream is a nonprofit organization that is working with various states, including Delaware, on how to reduce unplanned pregnancies.

So, the focus of our conversation is going to be what we as a country can do to reduce unplanned pregnancies. Right now, they are way too high. Of every hundred pregnancies, 45 are unintended. What does that mean? It means the woman herself said she didn't want a child or at least didn't want one right now. Sometimes these are younger women who really aren't ready to start their childbearing. Sometimes these are older women who've already completed their families and don't feel they want any more children.

So, we have been talking all morning at an event here at Brookings about efforts to reduce unplanned pregnancy in the United States, and Delaware has been a state that has ahead of the curve and doing everything in a really interesting way.

So, Governor, over to you. Tell us a little bit about how you got involved in Delaware and why you took on this issue.

MARKELL: Well, thanks for having me. It's great to be with you, Belle, at Brookings and also with Mark Edwards. And, if I'd been smarter I would have brought my copy of the *Forgotten Americans* to have you sign it, because it's a great book. And, any listeners who have not yet read *Forgotten Americans*, you should go out and buy it.

SAWHILL: I appreciate that shout-out for my latest book.

MARKELL: Full price.

SAWHILL: But I should remind people that my earlier book was called *Generation Unbound: Drifting Into Sex and Parenthood Without Marriage*.

MARKELL: You could save on the postage and buy both books at the same time. The reason I ran for governor in the first place -- and I think this is true of most people who run for office -- it was really about opportunity. And, I really felt an obligation and a commitment and the honor of doing everything I could to help people in my state achieve their potential.

And, so, we did a lot of work around some really important issues, ranging from early childhood education to career and technical education, getting more high-performing, low-income students to go to college, reducing mass incarceration, a lot of really important initiatives, and I'm really proud of the progress we made there.

But I also met so many people who told me that one of the biggest barriers to them, in terms of them achieving their potential, had to do with having a baby at a time that they were really not ready to have that baby. And, it was certainly true of many, many women, and it actually happened to be true of some men as well.

And, as I was having many, many of these conversations, Mark Edwards came to see me. And, I had known Mark for years through his great work at Opportunity Nation where, again, he led initiatives around a variety of subjects to help people achieve their potential.

And, he told me -- he came to visit me in my office in Wilmington -- and he said he had come to the conclusion that one of the most important things that we could all do to help people achieve their potential was to really put women in a position where they could have agency over their own decision about when to start a family or when to increase the size of their family.

And, the more I thought about it, I connected that with many of the conversations that I had had over a period of years, and I decided he was right. And, he suggested a partnership between the

State of Delaware and Upstream USA, which is an organization he created. And, so, we launched that partnership. It's really been a remarkable success, and I'm just so proud of it. And, now I'm actually working on the Upstream USA National Board, and it's just a thrill to see other states follow Delaware's lead.

SAWHILL: Yes, Mark, please come in and tell your side of this story.

EDWARDS: I have been working, as Jack mentioned, at Opportunity Nation, which is a national coalition -- about 300 national nonprofits working in the opportunity space, and --

SAWHILL: My recollection is you were the leader of that effort, --

EDWARDS: Yes.

SAWHILL: -- the executive director.

EDWARDS: Yes, I was. And, as I spent in that role, in that capacity I spent a lot of time just listening to young adults about what their challenges were, all around the country. And, long before Upstream, I was just struck by how many of their stories began with some version of I got my girlfriend pregnant and this happened, or I found myself pregnant and I had to drop out of school. I just kept hearing that.

We partnered with a college board on a panel once and they had eight young people between the ages of 25 and 30 -- just to tell their story -- and seven of the eight started that way, just unaided. We had never thought about unplanned pregnancy in the Opportunity conversation. It wasn't a topic that was there. And, the more I looked into it, the more I came to see just what a powerful driver of reduced opportunity that is, when women have children before they plan for them or want them.

And, what was most exciting was all the new evidence that showed that when you created a health care environment where women get access to the full range of methods, with great counseling, they would tend to shift more effective methods. They were happier with those methods. And, it had a huge impact, almost immediately, on unplanned pregnancy rates. So, it struck us as a really exciting

opportunity.

SAWHILL: Well, I think one of the really interesting questions that came up this morning -- in fact, you raised it yourself, and, Governor, I'd like your thoughts on this as well -- was the question of if we're trying to increase opportunity for both children and adults, and if we're trying to get people out of poverty and have better lives, there are lots of things we need to do. We need child care, we need better jobs, we need better education, better health care system generally.

But this is an issue that has not gotten as much attention as things like education and jobs. So, I'm going to come back, Governor, to something you said earlier, which you had gotten used to talking about IUDs -- and how many governors ever talk about IUDs -- and I began thinking, this is not just the education governor and not just the jobs governor, which you obviously were so successful in so many areas, but also the IUD governor. So, talk a little more about the Opportunity story here.

MARKELL: That was never a title I expected to assume. I can assure you of that. And, frankly, family planning was just not an issue that I was all that connected with, until I had all these conversations, as I mentioned earlier, and then Mark came to see me. And, for me it was all about this Opportunity piece.

Now, the fact is, this is really a win-win-win, because there's no question that when women, and many of the fathers as well, don't have to drop out of school or drop out of the workforce, they can, in fact, develop their careers more quickly and to higher levels than they might have otherwise. That's number one, and that's really important.

Number two, this is a fantastic way to improve birth outcomes. Because, essentially, what we've done in Delaware is we've changed the way the health care system interacts with women of childbearing age, specifically the aspiration -- and we're getting a lot closer to it now -- is that when any woman of childbearing age interacts with the health care system, she is asked -- it's actually part of our electronic health record -- she's asked whether she intends to have a baby in the next year.

If the answer is yes, then she is connected to the appropriate preconception or prenatal care. If the answer is no, she's connected to the full range of methods. But, if the answer is yes, it means that there's a much higher likelihood that she will be delivering a healthy baby. So, this idea of improving birth outcomes is really, really important. So, that's the second win.

The third win is around tax savings. And, again, that was not the impetus for this. But, when you put all those together -- better opportunity, higher birth outcomes, savings to the taxpayers, that's a great combination. And, this is something the Democrats and Republicans should all be able to embrace.

SAWHILL: You know, if I could add a fourth win here, it would be that this reduces abortion. And, so, whatever your views of abortion are -- and, of course, it's a very divisive issue in the country right now -- but, whatever your views, I don't think anyone wants there to be more abortion. So, if this is the best way to reduce abortion, maybe we can find common ground around that as well.

MARKELL: Right.

SAWHILL: But I think one of the things you said that's so important that you all have done in Delaware is this screening for pregnancy intentions. Do you want to say a little more about that, Mark? I think that's really critical.

EDWARDS: Absolutely. We tend to refer to Governor Markell, actually, as the birth control governor, not just simply the IUD governor.

SAWHILL: Let's not get him in trouble.

EDWARDS: Exactly. Because, at the end of the day, what's so important in all this is that women are empowered to make their own choices about what's best for them. And, unfortunately, the health care environment that we live in today only makes some methods available. And, it is shocking that we have a system that sanctions having so few options available for women without great counseling. So, it's a big win.

SAWHILL: But, say a little more for people who may not know very much about all the different

forms of birth control and which are the most effective and are they safe and so forth.

EDWARDS: Sure. So, there is now a lot of evidence that shows that the most effective methods of birth control, IUDs and implants, are really appropriate for all women, (Inaudible) age, including adolescents. Most recently, the American Academy of Pediatrics, the CDC, the Office of Population Affairs, all have come up with a committee opinion, saying that IUD and implants, LARC methods, are the first-line methods of birth control for, really, all women. And, so, --

SAWHILL: Including, by the way, the American College of OB-GYN is the professional association of the people who deliver this care, have said that long-acting, reversible contraception should be the first line of defense. I just want to make that point, because I give talks on this and people say to me, well, this is probably not safe or it's probably not appropriate for very young women, women who've never had children, teenagers, et cetera. That's not true.

EDWARDS: And, on top of that, Belle, as you know, surveys show that, among OB-GYNs, IUDs and implants are actually the preferred method for their own birth control. They seem to focus on those methods, because they're safer, they're more effective, they last longer, you return to fertility faster with these methods compared to the pill. And, so, this is simply just modern birth control. It's simply a modern way of delivering birth control which is much more effective than in the past.

SAWHILL: And, hassle-free.

EDWARDS: Exactly.

SAWHILL: Hassle-free for the user.

EDWARDS: Yes, exactly.

MARKELL: And, so, we also were very clear at Upstream. We don't push one particular method. It's really making women aware of all of the methods, which we think is really an important part of the approach.

SAWHILL: I think that's a really important thing to get across. And, of course, long-acting

contraception isn't for everyone and it isn't going to work well for everyone. And, the most important thing is for women to have a wide range of choices and for their choices to be what are respected.

EDWARDS: And, Belle, just in addition to that, I think what's also really critically important is that we know that women are in charge and that they are empowered in making their own choices. And, so, one of the things that we do at Upstream is to actually survey women, to confirm did you make the choice about the method or did someone tell you what to do?

Ninety-nine percent of women surveyed are saying that they made their own choices, or they made it with their provider. Did you feel listened to? Did you feel pressured in any way? Ninety-nine percent of women are saying they didn't feel pressured and they did feel listened to. Just enormously important. We all operate in a world where in the very recent history -- in fact, even in some places currently, there's been a history of reproductive coercion. That should not get in the way of providing best-in-class contraceptive care.

DEWS: Here's Senior Fellow Jennifer Vey with another installment of Metro Lens.

VEY: This is Jennifer Vey, a senior fellow with the Brookings Metropolitan Policy Program and the director of the Bass Center for Transformative Placemaking. The relationship between place and the economy is constantly evolving and continually shaping the growth, development, and decay of our communities.

Indeed, from the rise of industrial cities during the nineteenth century to the spread of auto centric suburbs during the twentieth, this change in relationship helped produce the very patterns of concentration, dispersion, and racial and economic segregation that still largely characterize our cities and regions today. These patterns are not static, however.

As in the past, today's digital economy is influencing and is influenced by our development patterns, benefiting some industries, workers, and communities over others. A new report from the Bass Center for Transformative Placemaking at Brookings examines these trends, looking particularly at how

and how much jobs have been densifying in the country's metropolitan areas.

We wanted to examine these trends because, simply put, job density, that is, the degree to which jobs are concentrating or dispersing, can advance better outcomes for more people and places. Decades of research shows that density offers metropolitan areas a means to increase productivity and economic growth, improve the environment, boost civic engagement, and reduce fiscal stress. When coupled with investments and people, dense places can become vibrant, inclusive communities where firms and workers flourish.

To understand these trends, the report traces the shifting, spatial distribution of private sector jobs in 94 of America's largest metro areas from 2004 to 2015, a time of dramatic economic change. It looks at the extent to which jobs concentrated in these metros during this period, explores the different types of communities within metros, where the clustering of employment increased or declined, and examines the influence of various industry sectors on these patterns.

So, what do we find? For one thing, our work revealed that, overall, job density in metro America has increased, with jobs becoming more concentrated in already dense parts of these areas. More precisely, between 2004 and 2015, job density in these 94 large metros grew on average by nearly 6,000 jobs per square mile, or nearly 30 percent. Of course, these averages don't quite tell the whole story.

In fact, we found that just four metro areas, New York, Chicago, San Francisco, and Seattle, accounted for about 90 percent of this overall increase in metropolitan job density. It's probably safe to say that these four metro areas are succeeding economically in part because they are able to provide the dense, connected environments that are increasingly attractive to companies and workers.

These four metros aside, overall density increased pretty modestly across the other 90 metros in our study. More than that, these increases were not ubiquitous. In fact, only about half of large metropolitan areas experienced any rise in job density, while the other half of metros saw their jobs

disperse.

On the upside, these declines in job density tended to be fairly small, with only six metro areas experiencing declines greater than 30 percent. All in all, these findings provide important new insights into job density across the country's metropolitan areas. But our report also sheds some light on job density trends within them.

Now, the prevailing narrative is that city cores and other urban enclaves are back, propelled by the desire of educated workers for transit access, walkability, and dense constellations of services and amenities. Numerous studies support what observation and anecdote already tell us, that innovative companies are increasingly eschewing suburban office parks in favor of mixed use downtowns, waterfront areas, and innovation districts where research institutions, advance firms, and entrepreneurs cluster and connect.

But we also know that preferences for urbanism are not universal, nor are the revitalization benefits such preferences generate equally shared. Just look around our metropolitan landscape to see that suburban sprawl remains pervasive.

So, what do the numbers actually tell us about these trends? Our analysis reveals that core urban counties in the nation's largest metros collectively saw job density increase by about 35 percent, confirming that many firms and workers are, in fact, preferring urban environments. But, sure, suburban counties also saw job density increases, though by a more modest 13 percent.

Exurban counties on the whole saw job density decline. These within metro trends are very mixed, however. In fact, almost every metro area in our study had at least one county where jobs grew denser, and almost every metro area also had at least one county in which job density declined, a not so surprising indication that job concentration and job sprawl are occurring simultaneously.

This brings me to the last part of our analysis. The findings I've just described tell us a fair bit about how much and where jobs tend to be clustering, but we also wanted to get at the why behind

these trends, that is, whether jobs in certain sectors of the economy are exhibiting different geographic patterns than others. Here's what we found.

Across the 94 metro areas, job density increased from 2004 to 2015 in every industry sector except manufacturing and logistics. These trends indicate a growing preference for density throughout most of the economy. However, while these increases were fairly large among metros overall, they were, again, not necessarily widespread across them.

Job density increases were fairly pervasive in sectors such as arts and entertainment, corporate headquarters, real estate, health care, and hospitality areas like food and hotel services. By contrast, the 60 percent overall increase in the density of information sector jobs was driven largely by San Francisco, New York, and Seattle. In fact, only 33 of the 94 metros in our study saw the density of these knowledge-intensive jobs rise at all, a group which includes fast-growing tech hotspots, such as Austin, Indianapolis, and Nashville. The retail, professional services, and financial sectors were also among those in which job density increases occurred in a minority share of metro areas.

In undertaking this work, our intention was to help provide a clear understanding of how changing demands for place are influencing the clustering of jobs both across and within metro areas. Taken together, our findings suggest an urgency and an opportunity for more local and regional leaders to embrace and advance approaches for supporting concentrations of economic activity that can produce better outcomes for more people in more places.

Strengthened by policies that encourage investment in existing development areas rather than greenfield sites, such concentrations do not equate to economically-dynamic communities, but they seem increasingly requisite for creating them. When paired with good design and programming, driving by the vision and values of local stakeholders, efforts to foster density can help drive more robust, equitable, and sustainable economic growth in our digital age.

DEWS: You can get the report titled *Where Jobs are Concentrating and Why it Matters to Cities*

and Regions, co-authored by Vey, Chad Shearer, and Joanne Kim, on our website.

SAWHILL: I want to go back to the role of the states. And, Delaware's obviously been a leader, but there have been other states involved. Colorado was involved very early on. Washington State is now involved. I think North Carolina is getting involved and a number of others.

Governor, given your leadership role here, have you had conversations with other governors or state-level officials about this?

MARKELL: I have in a couple of states, and Governor Inslee is one of them and following in Washington, and I expect some other states are in the works. I don't want to preempt any announcements that they may make. But, look, I think people get it. And, again, I think this is true for Democrats and Republics alike, because Democrats and Republics alike want people to go as far as they possibly can. It's all about helping them achieve their potential. This is one way of enabling that. This is one way of facilitating that. And, you get this other benefit of the improved birth outcomes and you save money.

So, this is something I really do believe that governors can all embrace, and I think the great thing -- we in Delaware could never have done this on our own. And, we had fantastic leadership from our director of the Division of Public Health to our Medicaid team, and so many others. We had a lot of enthusiasm amongst the providers, but we could never really have figured out quite how to do this.

And, so, for us the opportunity to partner with Upstream, who had really figured out how to train providers -- and they understood it was not just about training the medical professionals about how to place these methods, it was about training the people who do the scheduling in the office, the billing, the coding. And, they also had developed some of the insights, really, in partnership with us about some of the barriers that stood in the way.

So, one very easy one for people to understand, I think, a great time to ask a woman if she intends to have a baby in the next year is when she's in the hospital having a baby. Very often she really

doesn't want another baby in the next year.

EDWARDS: Well, actually, I'm going to interrupt you there for a second. Because, of course, we ask that question during her care before she delivers.

MARKELL: No, of course. Yeah, yeah, yeah.

EDWARDS: Yes, yes, yes.

MARKELL: But, you know, particularly for new folks. And, very often she would not want to have a baby in the next year, and historically she would be told, okay, come back in 2 or 4 or 6 weeks, and at that time we can provide whatever method of birth control you're interested in.

Now, the reason for that is because often times neither the doctor nor the hospital could be reimbursed for a postpartum placement. Well, that doesn't make any sense, because by that time she has a baby, she's exhausted, --

SAWHILL: Yes.

MARKELL: -- and it's very difficult to come back in on that schedule. So, we changed our reimbursement policies and now we've seen a significant increase in the number of women who are getting this postpartum placement at their choice. And, I think that's a really important change.

SAWHILL: Yes. I think that came out very strongly this morning, the importance of postpartum and just same-day access. It's so clear to those of us who work in this field that people are people and we're all busy and we all have various other things commanding our time, and taking the time to go back to your health care provider two or three times, it's just not something most people want to do or can do. They have transportation or child care or other barriers.

EDWARDS: Belle, --

SAWHILL: So, I think that's been a real innovation.

EDWARDS: And, just to follow up, I think that one of the big lessons for us in Delaware is this real partnership between state government -- state leadership in the work we're doing. Because, what

we've seen is that it's not enough just simply to change the policy, because the policy can be supportive, the reimbursement can be supportive, but if the practice itself doesn't change, then we're not going to see the kind of changes on the ground that are necessary.

And, I think that that is really in partnership with the leadership that Delaware -- really starting with the governor and his clear signal that this was going to be a priority for the administration. In partnership, we really could both ensure that those reimbursement flows were appropriate and ensure the practices across the state -- public, private, inpatient, outpatient, all were aligned to ensure that women can get access to the full range of methods in just one visit.

MARKELL: And, the beauty of this change in practices, which, frankly, has a lot less to do with who the governor is, and, frankly, people within the state agencies, and it's more the practitioners in the field, at the clinics, at the hospitals and the like, when they change their practice, when they include in their electronic health care record this question about whether women intend to have a baby in the next year, that means after a period of time Upstream actually works its way out of being in business in that state.

And, I think this is an incredibly important point for people to understand, that this is not about an organization coming in and saying we're going to be there forever. It's actually an organization coming in and saying we'll be there for a period of time, and then we're going to back out, because by that point, as we're seeing in Delaware now, the change in practice will have taken over at all these clinics and hospitals and providers.

SAWHILL: So, Upstream is really a change agent.

MARKELL: They certainly were --

SAWHILL: A change agent.

MARKELL: They certainly were for us.

SAWHILL: So, let's hope that you can make it to all 50 states eventually. Now, at the federal

level, we're not seeing so much good news right now. We see funding cutbacks for Title X for family planning clinics that serve predominantly lower-income women, and we're seeing new regulations about whether or not a clinic is eligible to get any federal money.

We're seeing some of that money being used for other purposes. We're seeing an important provision that was in the Affordable Care Act, which said that everyone with insurance should get access, at no cost to them, to any form of birth control that they chose. That's being rolled back.

Now, all of these are new regulations. Federal regulations are in the courts now. But, as we heard this morning from a number of practitioners in a number of states, this is beginning to have an effect. And, I think one of the more interesting questions that was asked this morning was -- Is it the case that states are going to be able to deal with these changes? Is that where the leadership is going to be in the future? And, what kind of challenges is that going to create for all of us and for other governors?

EDWARDS: Well, none of this is good news. There's so much evidence about why investments and family planning just make good sense for all the reasons that the governor has spoken about. There are several states already that have raised their hand to say they were going to do everything they possibly can to make sure that, whatever cuts take place, they're going to buttress those.

And, I think they know that because, for all the reasons the governor just talked about, that making cuts in this area not only lead to poor birth outcomes but a whole set of other downstream outcomes as well.

SAWHILL: Penny-wise and pound-foolish.

EDWARDS: In a remarkably short amount of time -- which is so striking, is that we have so much evidence over history about what this does. Yet, here we are still having this same conversation.

SAWHILL: Now, let's talk about the evidence for a moment. I know neither of you are researchers, but I thought it was so interesting this morning. We had a whole panel, with some of the

best researchers in the country, talking about what's been accomplished in Colorado, in Delaware, in Utah -- Utah, a very conservative state, by the way, where they actually have quite an excellent initiative underway.

And, some of these states are using, by the way, media campaigns and ways of getting information out to the public in innovative fashion, using mobile phones, for example, to get young people where they are and where they find their information. And, I thought all that was very interesting in that the research showing that there have been, in Delaware and in Colorado and in Utah and in some other places, major reductions in unplanned pregnancies, pregnancy rates amongst people who've come to clinics who, by definition, are trying to prevent a pregnancy, and where states have taken the initiative as you have in Delaware, the rates have fallen far faster or more quickly than in the U.S. as a whole.

And, the researchers seem to be of a consensus -- they seem to be agreeing that the efforts that you all have made a substantial difference. And, one question we asked them was -- What do you mean by a substantial difference? Is this a bigger difference than in other programs you may have evaluated? And, my hearing of this -- I don't know if you all agree -- was, yes, they were saying these are pretty big impacts.

MARKELL: Yeah, I thought they were all terrific, that panel, and I thought the researcher from Michigan was very clear on that point, that if you're looking at what can reduce child poverty, then investments in family planning are better by a decent margin compared to other alternatives.

So, I mean, again, when we think about some of these policy changes at the federal level, I really do hope that this becomes a part of the national debate, including during this presidential campaign. Because, when people realize that there's a solution out there which has the best impact on reducing child poverty, and which, by the way, will also reduce significantly the number of abortions -- we talked about this briefly already, but I don't think we put a number on it -- according to Planned Parenthood in

Delaware, we've seen about a 32 percent reduction in abortion over the first 3 years of this initiative, without reducing access to abortion.

So, it's just another way of looking at this win-win. And, I think most people -- not everybody, but I think the overwhelming majority of people would say let's continue to invest in initiatives which can reduce child poverty and where you get this really significant return on investment, particularly when it has this other benefit of reducing the number of abortions.

EDWARDS: I think the only thing I'd add to that, Governor, is that at the end of the day, what also is most important is that this is actually what women want themselves, and that is at the core of this whole thing, that what women are saying is that they -- no surprise -- want to plan their pregnancies.

And, here we have some much more effective tools that can help them do that. They are actively choosing those. They are more satisfied with these methods. And, so, this should be a part of the conversation, and it should be part of the primary care conversation, not just simply something over in the corner in reproductive care. It should be at the part of the primary.

And, so, in Delaware today it's remarkable. I mean, if you were (Inaudible) reproductive age, as the governor said, really no matter why you interact with health care, whether it's for your annual, your diabetes appointment, one of the questions will be this question about your pregnancy intention. And, every one of those is an opportunity, when you're actually there, to ensure that you're achieving your own goals of having the methods that are working for you. I think the long-term benefits are going to be really significant.

SAWHILL: I think that's right. I would even say it's not just what women want, it's what women these days absolutely need. I made the point in the paper that we released today with my co-author Katie Guyot that right now 41 percent of primary breadwinners in the United States are women.

These are women that are responsible for families. They are either the sole provider or the

major provider in their families. I don't think most people know that statistic. And, once you're responsible for your family, you simply have to have a way to plan your life so that you can meet these other commitments and responsibilities. And, obviously, women are working more than ever and going on to higher education because they need to.

So, I think this really is, to some extent, a story not just about helping women where they are but actually helping them get ahead, have opportunities, for education, for careers, for finding the right partner before they decide to have children.

EDWARDS: And, Belle, it's an equity issue as well. Because, what we know is that upper-income women either have more time or are being seen by providers that make these methods more available. And, it's really the evidences that, in places where particularly poor and low-income women get their care, are the places where they're not able to access it. And, so, that dichotomy, that inequity, just sort of plays itself over and over again, and it's really about leveling that playing field.

SAWHILL: I think it's also about leveling the playing field. Governor, further thoughts about all of this?

MARKELL: I think this has the potential of being one of the big public health wins that can absolutely make a massive and positive change on society, and it really does start with -- Mark just said, it's really about this is what women themselves are asking for. And, as a result of them getting what they're asking for, you see all of these other benefits. And, that's just a really great place for us to be.

SAWHILL: I think that's a terrific final statement. And, I just want to thank both of you for being here today and for doing this podcast. And, to our audience, please check out the Brookings website where you will find more information about the event we had this morning, about Upstream, about Delaware, about the work that Brookings is doing in this space. So, thank you very much.

MARKELL: Thank you.

EDWARDS: Thank you, Belle.

DEWS: To learn more about the research on family planning and reducing unwanted pregnancies, you can find the event on our website. It was held on June 24th. And, also, look for our podcast interview that I did with Belle Sawhill on her book *Generation Unbound* in October 2014.

The Brookings Cafeteria Podcast is the product of an amazing team of colleagues, starting with audio engineer Gaston Reboredo and producer Chris McKenna. Bill Finan, Director of the Brookings Institution Press does the book interviews, and Lisette Baylor and Eric Abalahin provide design and web support. Our intern this summer is Betsy Broaddus. Finally, my thanks to Camilo Ramirez and Emily Horne for their guidance and support.

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