

Briefing Paper



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Integrating Workforce Development Programs and Pregnancy Prevention Services

Workforce development programs can increase participants' access to good jobs that improve their economic stability, yet numerous factors may prevent individuals from completing job training and securing stable employment. Job training participants with young children may especially struggle to finish training and obtain a job, given the expense and time commitment associated with raising children and the lack of affordable, quality child care in states across the nation (see Child Care Aware of America 2019). In light of these challenges, some individuals pursuing education and training may want to delay having a family or additional children until they are settled in a job. For those who make this choice, pregnancy prevention services are critical, yet little is known about the extent to which individuals in job training programs have access to these services.

This briefing paper explores the availability of and need for pregnancy prevention services among individuals enrolled in job training in the United States. It begins with a brief discussion of access to contraception in the United States, then examines several studies that shed light on how programs within the workforce development system understand the need for pregnancy prevention services among their clients and strive to help meet this need. Because research on the integration of pregnancy prevention and workforce development services in the United States is limited, the paper also incorporates insights from interviews with five workforce development program leaders and considers how organizations in other countries have linked these services and the lessons they have learned about successful strategies for this integration. The paper concludes with suggestions for research and programmatic changes to better understand and address the need for pregnancy prevention services among job training participants.

Access to Contraception among U.S. Adults and the Potential Need for Pregnancy Prevention Services in Job Training Programs

Lack of Access to Contraception Is a Challenge for Many Young Adults in the United States

Research in the United States has shown that legal access to contraception increased women's educational attainment and workforce participation (Bernstein and Jones 2019). Yet in general, lack of access to contraception remains an issue for many young adults in this country, even after the passage of the Patient Protection and Affordable Care Act of 2010 (which expanded access to contraception at no cost for most privately-insured individuals). This is true particularly in rural or suburban areas, where clinics are more difficult to access (American College of Obstetricians

and Gynecologists 2014) and the full range of contraceptive methods approved by the U.S. Food and Drug Administration (FDA) is less available (Wood et al. 2018).¹ According to Power to Decide (2019), more than 19 million women in the United States who are in need of publicly-funded contraception live in a “contraceptive desert,” an area where women lack reasonable access to the full range of contraceptive methods; 1.6 million of these women live in counties without a single clinic that offers the full range of methods. The federal government has, over the last few years, made it harder for clinics to get funding from Title X, the federal program dedicated to family planning, resulting in less money for clinics and therefore less access to birth control for low-income individuals (Sobel, Salganicoff, and Frederiksen 2019).

Having limited access to contraception puts young adults at risk for unintended pregnancy, which can derail their education and training. According to the Guttmacher Institute (2019), unintended pregnancy rates are highest among women aged 20–24, who have a rate that is nearly twice that of the rate for all women aged 15–44. For young adults seeking to complete training and establish a career, unintended pregnancy can pose a significant hurdle to securing and sustaining stable employment—particularly since young adults in job training and education are likely to enter the workforce in entry level positions, which often do not come with benefits essential to caring for a family, such as paid family or sick leave (Acs and Loprest 2008; U.S. Department of Labor 2019).

A Substantial Share of Job Training Participants May Benefit from Increased Access to Pregnancy Prevention Services

Previous research indicates that individuals who enroll in job training programs often benefit from supportive services that can help them complete their program (Hess et al. 2016a and 2016b; Maxwell et al. 2012; Roder 2008). Such services can address a range of challenges, including financial instability, lack of access to transportation, child care, and mental health issues. Few studies have explored, however, the extent to which contraception access helps job training participants in the United States complete their program and the extent of their need for greater access to contraception. A number of researchers have explored the linkage between job training and reproductive health services in international contexts and found the connection between these services to be highly important (e.g., Dunbar et al. 2014; Esim et al. 2001; Rotheram-Borus et al. 2012; Rutherford et al. 2017). The International Center for Research on Women (ICRW), for example, conducted a scan of programs linking workforce development and reproductive health services in developing countries as well as a field-based assessment of selected “linked” programs in India, Colombia, and Kenya (Esim et al. 2001). The study found that grassroots communities recognized that the reproductive health and workforce concerns for young people are connected and must be addressed in tandem.²

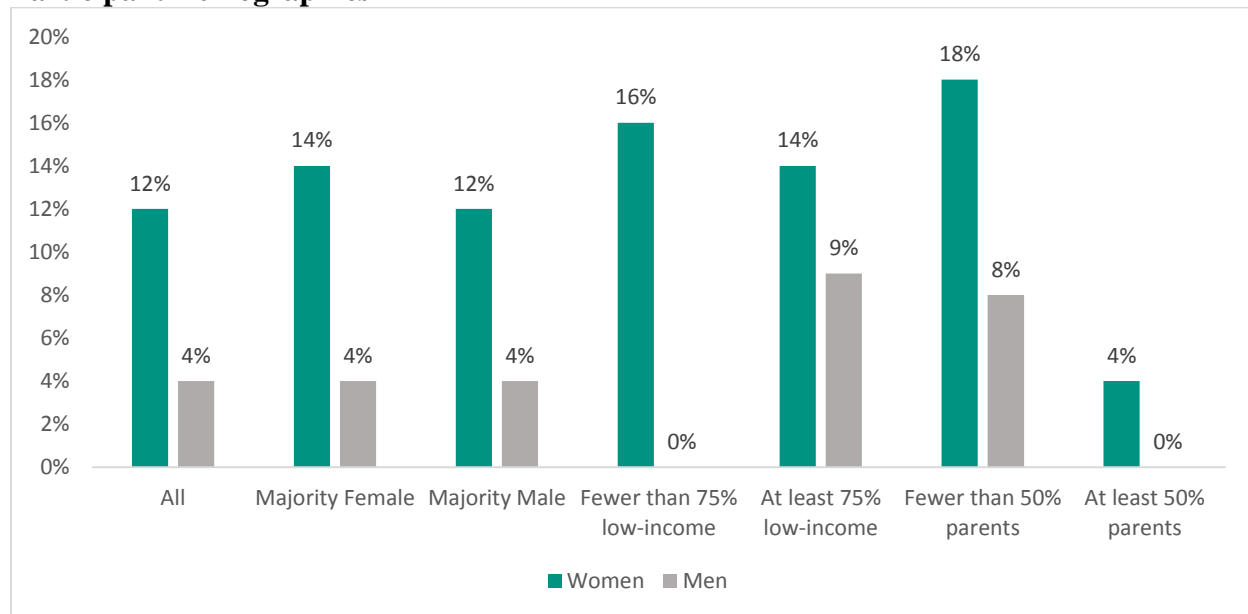
¹ For a list of these methods, see <https://www.fda.gov/consumers/free-publications-women/birth-control>.

² The researchers also note that most of the programs they examined that attempted integration of pregnancy prevention and workforce development services had limited effectiveness in meeting both reproductive health and workforce needs, partly because the programs were new and small scale, and the interventions employed were often based on intuition and experimentation (Esim et al. 2001).

While literature on the contraceptive needs of job training participants in the United States is sparse, an Institute for Women’s Policy Research (IWPR) survey of 168 administrators of job training programs nationwide—including community colleges, community-based organizations, and Job Corps—found that a substantial share of these program leaders reported that pregnancy prevention services were an unmet need for some of their clients. When asked to identify the five greatest supportive service needs for their program participants, more than one in ten (12 percent) included pregnancy prevention services among these needs for their women participants. Four percent said the same for men (Hess et al. 2016a).

Across all types of programs examined in Figures 1 and 2, administrators in the IWPR survey view pregnancy prevention services as a greater need for women than men. The perceived need for these services for women is highest among programs that largely serve participants with low incomes, those where fewer than half of clients are parents (likely indicating that their participants are younger), and those that are shorter in duration (less than one year; Figure 1). Longer programs in the study, typically offered at community colleges, provided fewer supportive services; in addition, the length of the program may make it more difficult to complete. Shorter programs were more likely to provide case managers, who can work with clients to identify and meet a range of supportive service needs, including pregnancy prevention.

Figure 1. Percent of Program Administrators who Identified Pregnancy Prevention Services as among the Greatest Unmet Needs for Their Job Training Participants, by Participant Demographics



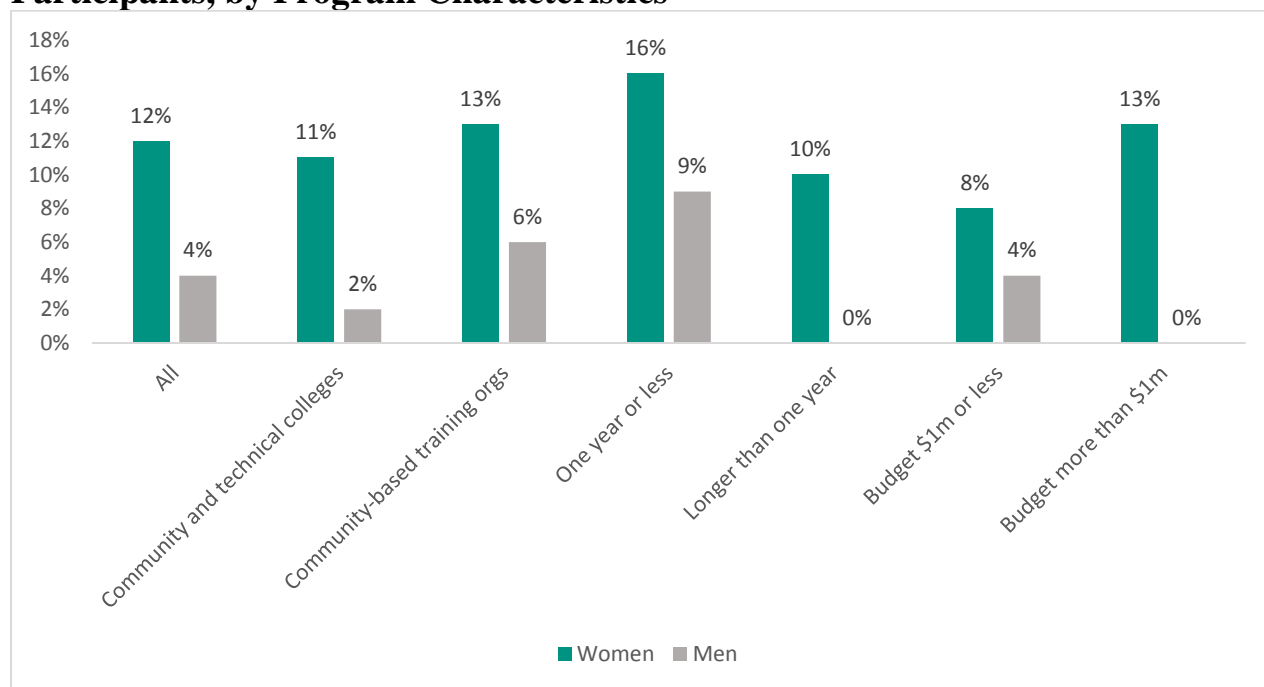
Notes: Respondents could select up to five needs. For women, N=151 for all and ranges from 49 programs with fewer than 75 percent low-income participants to 80 majority-female programs. For men, N=146 for all and ranges from 46 for at least 50 percent parents and fewer than 75 percent low-income to 76 for majority female. Source: IWPR 2016 Job Training Administrator Survey

While respondents to the IWPR survey identified a need for pregnancy prevention services among a subset of their program participants, several leaders of workforce development programs interviewed for this briefing paper noted that it can be difficult to accurately assess the

contraceptive needs of their clients, in part because they do not specifically ask their clients about this need. Rather, the need often emerges in a “round-about way”—such as, for example, when a case manager or other staff member asks if their clients have any medical issues they want to address. In addition, program administrators noted that when they refer clients to a health clinic or health organization, they do not know what issues were discussed and addressed. This means that the need for pregnancy prevention services could be higher than they recognize.

A related IWPR study of the perspectives of workforce development program participants, based on a survey of nearly 1,900 job training program participants nationwide, likewise indicates that a substantial share of these participants experience pregnancy prevention services as an unmet need and appreciate help with accessing this service. More than one in eight respondents (12 percent) said their programs helped them access pregnancy prevention services; a large majority of those individuals who received this service (81 percent) described it as important to their ability to complete their job training program (Hess et al. 2016b).

Figure 2. Percent of Program Administrators who Identified Pregnancy Prevention Services as among the Greatest Unmet Needs for Job Training Participants, by Program Characteristics



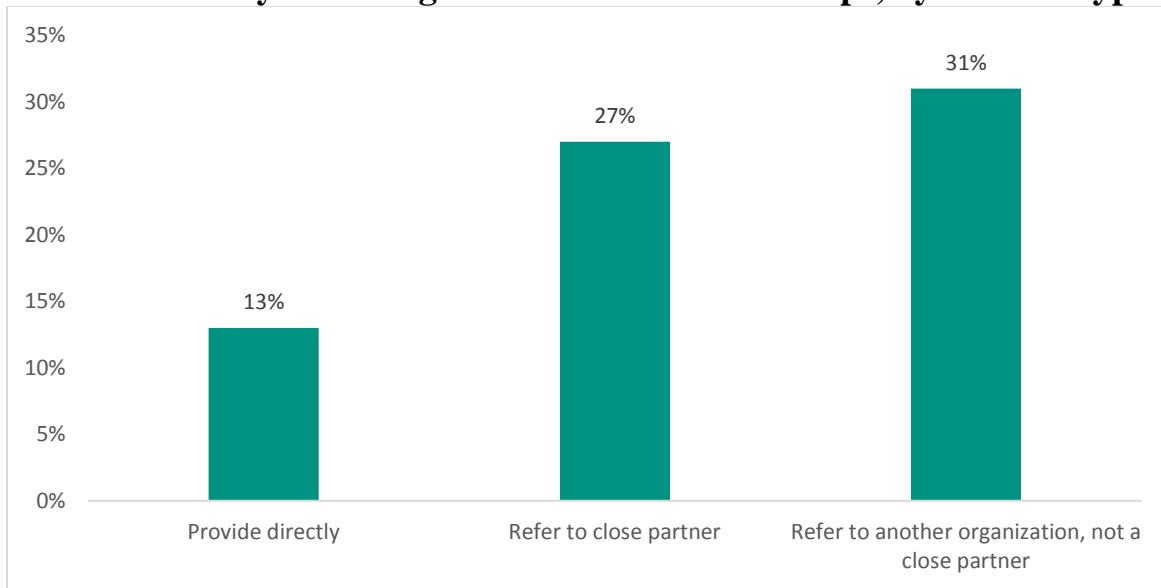
Notes: “Budget” refers to the annual budget for job training program(s). Respondents could select up to five needs. N=151 for all organizations. For women, the N ranges from 52 (\$1 million or less) to 85 (community-based training organizations). For men, N= 146 for all and ranges from 52 (\$1 million or less) to 81 (community-based training organizations).

Source: IWPR Job Training Administrator Survey

Workforce Development Programs' Approaches to Providing Pregnancy Prevention Services

Job training programs who help participants access pregnancy prevention services do so in a variety of ways. In the IWPR administrator survey, 13 percent said they provide these services directly, though they did not specify what these direct services entail (Figure 3). Twenty-seven percent said they refer program participants to a close partner organization for pregnancy prevention services, or to an organization that is not a close partner (31 percent; Figure 3). While the referral model of supportive service provision allows programs to leverage the resources and expertise of partners in their area, one administrator noted that this model can be difficult to implement, particularly without adequate funding or economic incentives. Establishing these partnerships requires program leaders to have time to identify clinics with affordable care and gather information about where to access services, which services are offered in different locations, and what hours these services are available. It also requires an investment of time to develop connections with staff at the partner organizations.

Figure 3. Percent of Job Training Programs Providing Pregnancy Prevention Services Directly or through Referrals or Partnerships, by Service Type



Note: N=168

Source: IWPR Job Training Administrator Survey

The share of programs reporting that a majority of clients receive pregnancy prevention services varies by type of program: community-based training programs were much more likely than programs at community and technical colleges to say that a majority of their participants receive pregnancy prevention services through their training program or referrals (10 percent compared with 1 percent). Larger budget programs (more than \$1 million) were more likely to say the same than smaller budget programs (11 percent compared with 4 percent). Program serving mostly

male clients,³ those serving mostly low-income clients, and programs in which fewer than half of clients are parents are more likely than programs serving mostly women, individuals with higher incomes, and those who are not parents to say that at least half of their participants receive pregnancy prevention services through their training program or a partner organization.

Holistic Service Provision

Several program administrators interviewed for this paper said the provision of pregnancy prevention services is most effective when integrated with other supportive services. As one individual pointed out, “The key is to think about holistic care—if you are working with whole human beings, there may be a variety of factors that affect their ability to show up.” A holistic approach sees program participants as individuals who may have multiple needs and strives to understand the complexity of their lives and address the full spectrum of their concerns. Two program leaders noted that an approach to service provision that attends to the whole person may lend itself to integrated service delivery, in which programs provide or help clients access a set of coordinated services, often with a case manager and help from partner organizations. Although the configuration of services and nature of organizational partnerships may vary from one program to the next, this integration of services may provide the best chance of a positive outcome for clients with multiple needs. To implement a holistic approach, however, programs must be located in an area where reproductive health services are easily accessible. For programs in a contraceptive desert, such an approach may not be feasible.

Experts interviewed for this paper highlight several programs that have found ways to offer pregnancy prevention services, particularly among those that serve young women. For example, a training program at a community-based organization whose clients are young moms noted that reproductive health is at the heart of what they do. While they do not provide pregnancy prevention services themselves, the program has developed partnerships with health organizations in the area that provide these and other health services as a part of their wraparound supports. The program leaders find community providers through online referrals, enabling them to connect participants with providers in their neighborhoods, and have also worked to make connections with other health organizations in the area. These health partnerships include one with Planned Parenthood, which comes to the training program to offer education about sexual health and serves as a referral source as well.

Another program, a social enterprise that provides women who have struggled to maintain employment with job training and a transitional job, partners with community health organizations that come and provide services at the training location, including pregnancy prevention services. A leader of the social enterprise noted that developing these partnerships has happened fairly easily: because of the reputation their program has established in their community over the past 30 years as the only workforce development program in the area that works specifically with women, the health organizations have approached them to offer their

³ Several respondents to the IWPR administrator survey noted that their program provides condoms to participants; this may be one factor driving the greater receipt of pregnancy prevention services in programs that serve largely men.

services. These partnerships include one with a nearby health nonprofit that provides education related to HIV and sex education; in addition to group sessions, the nonprofit provides each training participant with a one-on-one appointment where they can discuss their individual circumstances and concerns. A case manager also meets individually with clients for a basic needs assessment that has a health component, including mental, physical, and reproductive health, and provides referrals for needs that emerge. To protect the confidentiality of their clients, the program does not track information about their health needs, so its staff and leaders do not know the extent to which there is a need for pregnancy prevention services.

Research on linked workforce development and reproductive health services in international context also points to the importance of a holistic approach. One study produced for the United States Agency for International Development (USAID) examined 48 projects that offer both workforce development and sexual and reproductive health, including 17 that had impact evaluations (Rutherford et al. 2017).⁴ The study found that while each of the models configured their services differently, the most effective ones took a holistic approach that addressed a wide range of needs, including not only workforce development and sexual and reproductive health but also financial literacy, nutrition education, and mentoring (Rutherford et al. 2017).

Additional Keys to Success in Linking Workforce Development and Pregnancy Prevention Services

Integrating Workforce Development and Pregnancy Prevention Services from the Start

The extent and mechanism of integration of workforce development and reproductive health services may also affect the degree to which programs meet both their workforce and reproductive health goals. As Esim et al. (2001) note, some linked programs begin with a workforce development program conducting outreach to a high-risk group in terms of reproductive health, such as teenage mothers. Others start with a sexual health program reaching out to a specific workplace. Still other programs are multi-service or community-based organizations that provide multiple programs for the populations they serve, without offering both workforce development and reproductive health services to the same population (and therefore are not truly “linked”; Esim et al. 2001). In other instances, programs offer workforce development and reproductive health services simultaneously or sequentially to the same clients, but do not integrate these services in the sense of incorporating both workforce and reproductive health components into program design and goals from the start (Rutherford et al. 2017). In these cases, tighter integration or coordination of services may magnify a program’s impact (Rutherford et al. 2017).

⁴ Two U.S.-based projects, Jobs Corps (whose centers provide vocational training, job placement support, and health education, among other services) and Children’s Aid Society Carrera-Model Program (which connects individuals with employment opportunities as well as medical and reproductive health care, including contraception), were among the 17.

Moving Beyond Gender Stereotypes: Including Both Women and Men

Researchers exploring linkages between workforce development and reproductive health services in international context note that a gender perspective is also integral to success. The workforce and reproductive health needs of women differ substantially from those of men, yet many of the programs examined internationally did not consider the specific needs of women and men (Esim et al. 2001). In other instances, programs targeted reproductive health services to women only, without acknowledging the need for these services among men as well. Moving beyond gender stereotypes about employment and reproductive health is vital to ensuring that integrated programs prepare both women and men for good employment opportunities and have the resources to delay having children if they choose.

Conclusion

While research on the need for pregnancy prevention services among workforce development program participants in the United States is scarce, the limited studies available suggest that for a considerable share of these participants, increased access to contraception would help them complete training and secure stable employment. Experts interviewed and research on both U.S. and international programs suggest that integrating contraceptive services into workforce development programming is most effective when these services are truly linked and incorporated into a broader package of supports that address a wide range of participants' needs. Additional research on programs in the United States to survey participants about the extent of their need for pregnancy prevention services, how these needs are or are not met, and the particular configurations of services that are most beneficial would further understanding of how job training programs might help address the contraceptive needs of their clients.

Given the limited resources and infrastructure of many organizations that provide job training, developing an integrated, holistic approach to meeting these needs may require strategies for pooling project funds and building partnership and referral systems with other organizations to increase impact. The establishment of such partnerships—which may not be possible for organizations located in areas with few contraceptive resources—entails engaging staff at both workforce development and reproductive health programming to participate in visionary thinking, program design, and alliance building that can increase the breadth and depth of service integration. For some individuals, this integration is essential to completing training, succeeding in the workforce, and establishing an economically secure future.

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