



January 13, 2011

Vice Admiral Regina M. Benjamin
Surgeon General and Chair
National Prevention, Health Promotion, and Public Health Council
Office of the Surgeon General
5600 Fishers Lane, Room 18-66
Rockville, MD 20857
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RE: Comments on the National Prevention and Health Promotion Strategy

Dear Dr. Benjamin,

Ibis Reproductive Health, a nonprofit clinical and social science research organization dedicated to improving women's health worldwide, is submitting these comments on the National Prevention and Health Promotion Strategy. We believe the strategy holds great promise for improving the lives and health of women and their families, and offer strong support for the strategy's two overarching goals to (1) create community environments that make healthy choice the easy and affordable choice and (2) implement effective preventive practices. A large public health evidence base shows that ensuring access to contraception is a critical component of preventive women's health care, and should be included in this important national public health strategy.

Contraception is a critical preventive health care service for women

On average, women spend nearly 30 years of their lives preventing pregnancy and only five years trying to get pregnant and bearing children, making access to contraception a critical component of women's preventive health care. Choosing whether and when to bear children is an essential part of a woman's health, and planned pregnancies also lead to better health outcomes for both mothers and their children.^{i,ii} Eighty-nine percent of sexually active women are currently using a form of contraception.ⁱⁱⁱ

The need for improved access to contraception in the US is great, as over half of all pregnancies are unintended.^{iv} The Centers for Disease Control and Prevention aim to reduce the number of unintended pregnancies by 30%.^v However, barriers to accessing this cost-effective,^{vi} preventive health service can lead to gaps in use and impede this public health goal. In addition, many of the most effective (and preferred) contraceptive methods currently require a prescription.^{vii} Public health efforts to reduce unintended pregnancy should ensure that both prescription and non-prescription contraception is accessible and affordable.

Contraception should be included in the National Prevention and Health Promotion Strategy

Based on the existing public health evidence base, we strongly recommend that access to contraception be included as part of the National Prevention and Health Promotion Strategy. Doing so has the potential to greatly expand access to and use of contraception, help reduce unintended pregnancy, and to improve the lives and health of women and their families. Access to contraception is already supported by the strategic directions of the National Prevention and Health Promotion Strategy focused on eliminating health disparities and quality clinical preventive services, and we urge that specific recommendations addressing contraception be added to the strategy.

We look forward to working with you on the implementation of this strategy to ensure that women and families receive the full benefits of preventive health services.

Sincerely,

Ibis Reproductive Health

ⁱ Brown SS, Eisenberg L, editors. *The best intention: unintended pregnancy and the well-being of children and families*. Washington DC: National Academy Press, 1995.

ⁱⁱ Hummer R, Scmertmann CP, Eberstein IW, Kelly S. Retrospective reports of pregnancy wantedness and birth outcomes in the United States. *Social Science Quarterly*, 1995;76(2):402-418.

ⁱⁱⁱ Mosher WD, Jones J. Use of contraception in the United States: 1982–2008. National Center for Health Statistics. *Vital Health Stat*, 2010;23(29).

^{iv} Finer LB, Henshaw SK. Disparities in Rates of Unintended Pregnancy in the United States, 1994 and 2001. *Perspectives on Sexual Reproductive Health*, 2006;38:90–96.

^v Centers for Disease Control and Prevention. *Unintended pregnancy prevention home* [Internet]. Atlanta: Centers for Disease Control and Prevention; 2010. Available from: <http://www.cdc.gov/reproductivehealth/unintendedpregnancy/index.htm>

^{vi} Wind, R. *Publicly funded family planning clinics prevent 1.4 million unintended pregnancies each year, save \$4.3 billion in public funds* [Internet]. New York: Guttmacher Institute; 2008. Available from: <http://www.guttmacher.org/media/nr/2008/07/31/index.html>.

^{vii} Guttmacher Institute. *Fulfilling the promise: public policy and U.S. family planning clinics*. New York: The Alan Guttmacher Institute, 2000.