



# Lessons Learned from Contraceptive Access Initiatives

**TUESDAY, DECEMBER 10, 2019**

National  
**Family Planning**  
& Reproductive Health Association

# Objectives

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As the result of this workshop, attendees will be able to:

- Describe three contraceptive access initiatives' models
- Explore the experiences and lessons learned by different contraceptive access initiatives



# Presenters

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- **Sarah Kelley**  
Chief Operating Officer, New Morning Foundation
- **Kyl Myers**  
Research Assistant Professor, University of Utah  
Director, Family Planning Elevated
- **Nancy Schoenfeld**  
Consultant, DC Family Planning Project,  
Washington Area Women's Foundation



# Choose Well<sup>SM</sup>

South Carolina Initiative

Presented by: Sarah Kelley



# Mission

To reduce unintended pregnancies in South Carolina by 25% through facilitating equitable access to birth control, free of judgment or coercion.



# What We Do

- Fund contraceptive service provision
- Build a culture of empowered, patient-centered care
- Create the infrastructure needed to promote lasting change in South Carolina



## Reinforce Supply *by*

- Increasing patient access
- Integrating contraceptive services
- Strengthening communications
- Improving capacity

**\$19 million**

invested in healthcare systems

**\$264 million+**

estimated public funds savings



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## Generate Demand *by*

- Conducting market research
- Producing consumer marketing campaign
- Ensuring appointment request mechanisms
- Providing patient materials and educational resources
- Procuring college campus marketing campaign

**668,414** website  
visits to NoDrama.org

**600+** NoDrama.org  
appointment requests  
made per month



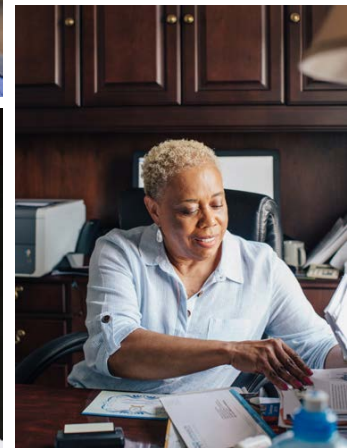
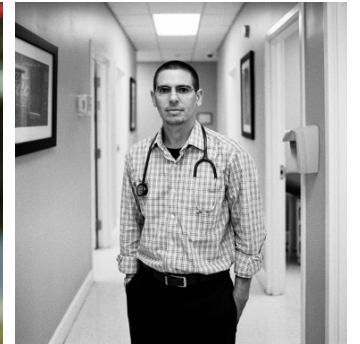
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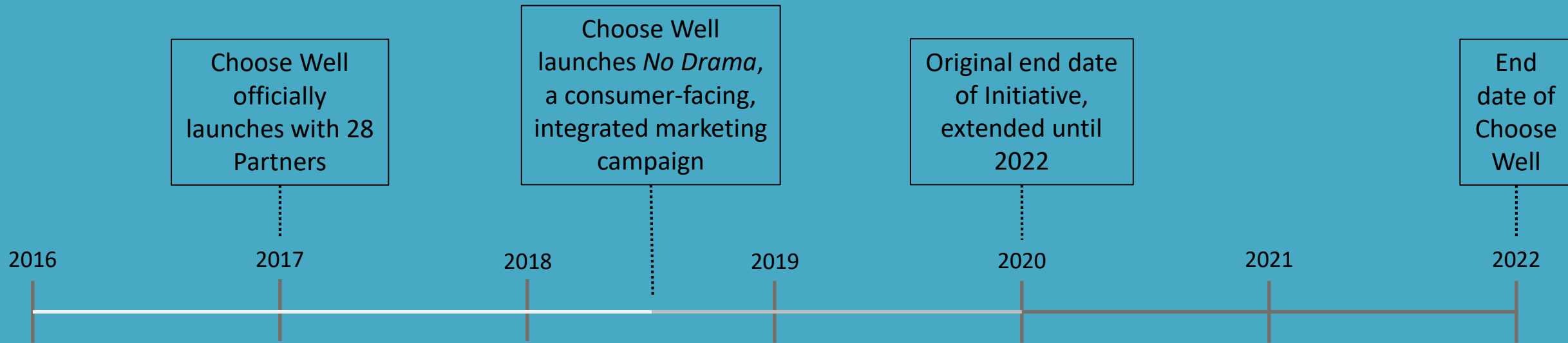
# Spark Cultural Evolution *by*

- Influencing legislative efforts
- Utilizing collective impact model
- Reinforcing education
- Shifting health system norms
- Dedication to hands-on improvement



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*Identify key barriers to contraceptive use in the state*

*Begin to organize Partners around the Choose Well mission*

*Adopt a monitoring and evaluation plan*

*Ensure continuous communication with Partners*

*Promote service quality and sustainability*

# Phase I: Development and Initiating Action

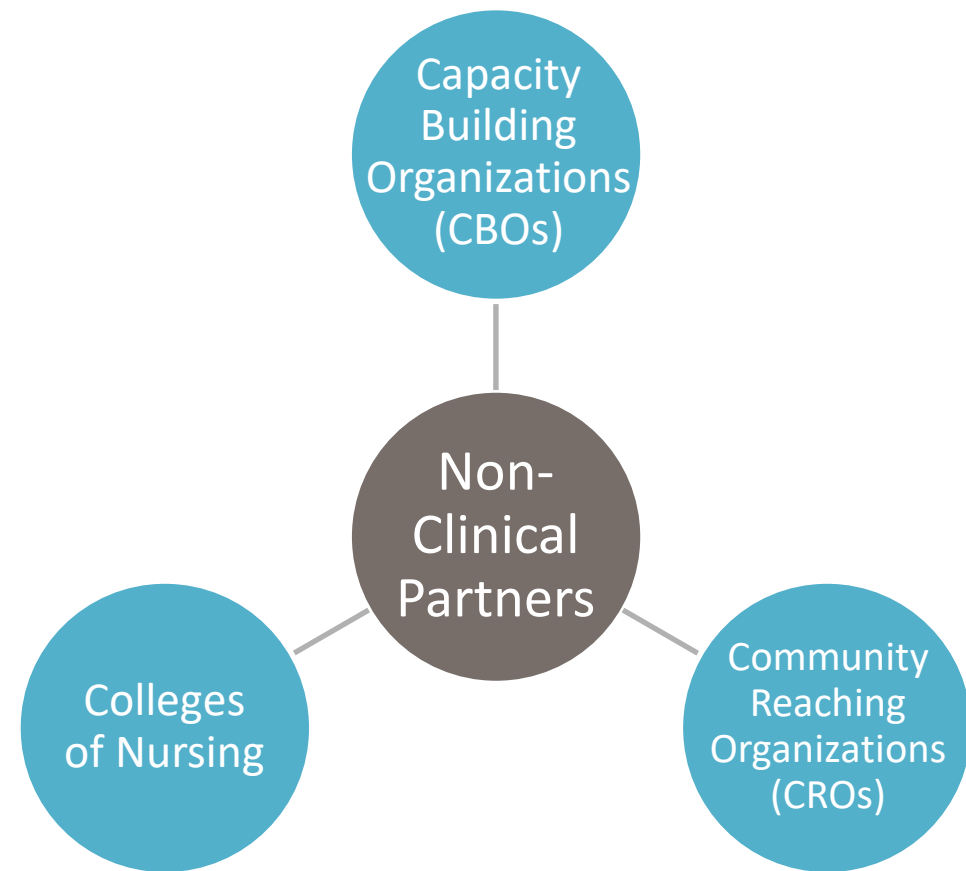
- Conduct a needs assessment to identify key issues with contraceptive use in the state of South Carolina
- Identify possible Partners
- Develop and adopt a communal language
- Mobilize partners around our primary goal

# Phase II: Organizing for Action

- Introduce new Partners to the Initiative
- Facilitate networking and knowledge sharing between Partners
- Develop strategic action plans
- Assign and coordinate Partner tasks
- Adopt a monitoring and evaluation plan
- Implement action plans and ensure consistent communication aligned with the primary goal

# Phase III: Sustaining Action and Impact

- Identify, incorporate, and refine strategies that promote sustainable service delivery
- Promote institutionalized contraceptive services
- Mobilize advocacy and legislative efforts
- Secure sustainable funding to continue Initiative action



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# Internal Evaluation and Reporting

## Challenges

- Billing and coding issues →
- Data quality & collection issues →
- Inability to report with confidence

## Successes

- Training in billing and coding
- Implementation and uptake of Shared Measurement
- Monthly monitoring with at least 80% of Choose Well partners
- Bi-annual Shared Measures reporting

# External Evaluation and Reporting

## Challenges

- Data quality & collection issues→
- Inability to report with confidence
- Intensive coordination

## Successes

- Comprehensive and robust evaluation of contraceptive service provision on a statewide scale

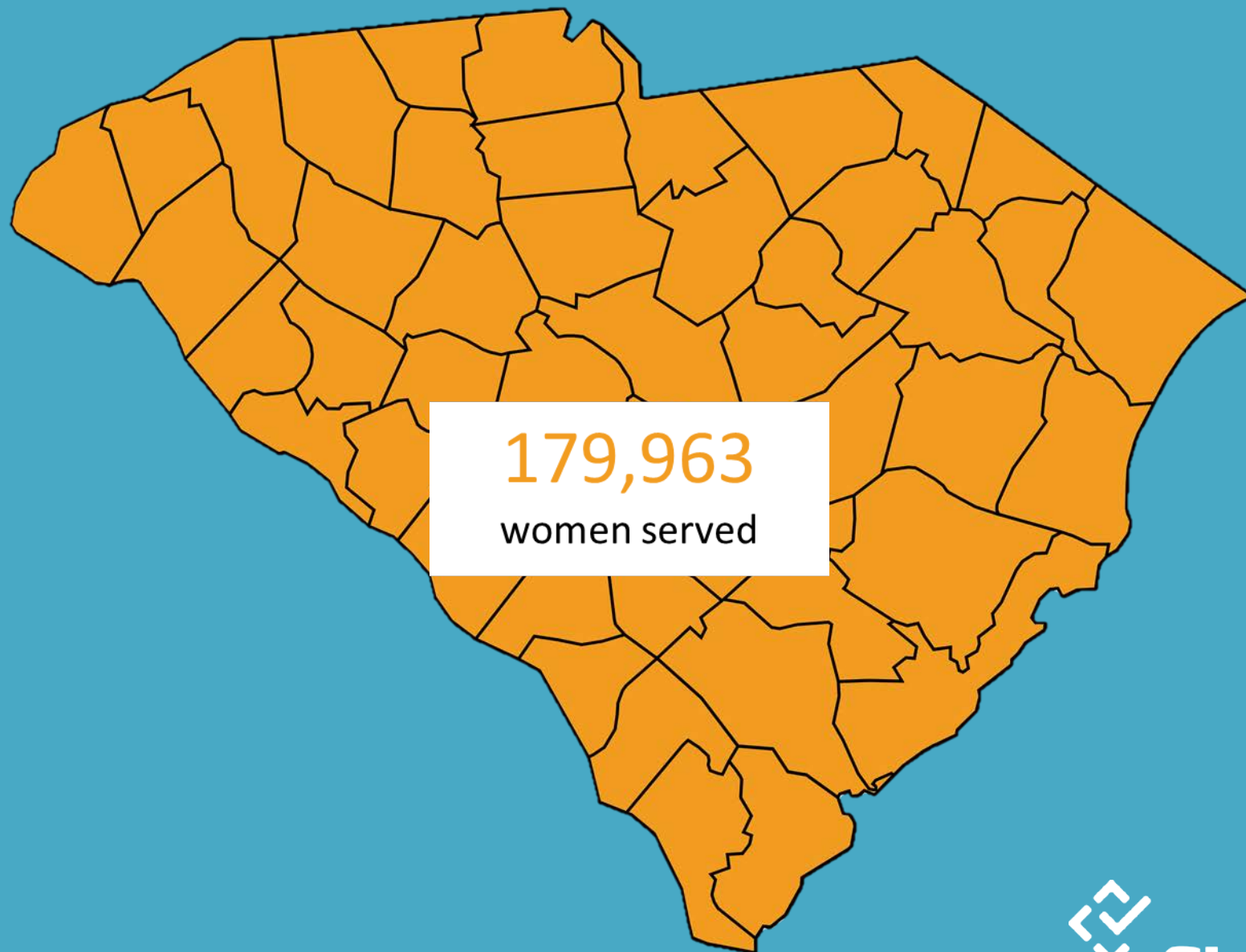
# Contraceptive Service Provision

## Challenges

- New to 64% of participating health systems
- Limited number of professionals trained in contraceptive services
- Lack of training in LARC provision

## Successes

- By December 31, 2020, **500** advanced clinicians will have received IUD trainings
- In 2020, **17** IUD trainings will be available to physicians
- Participation at **170** clinical sites



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# Lessons Learned

- Importance of establishing capacity-based standards at the beginning of the Initiative
- Importance of a planning year to integrate the Initiative in the healthcare community
- Investment in individuals and commitment to the community

The work reported in this presentation was supported by



New Morning  
Foundation



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## Expanding Contraceptive Access in Utah Through the HER Salt Lake and Family Planning Elevated Initiatives

**Kyl Myers, PhD, MS**

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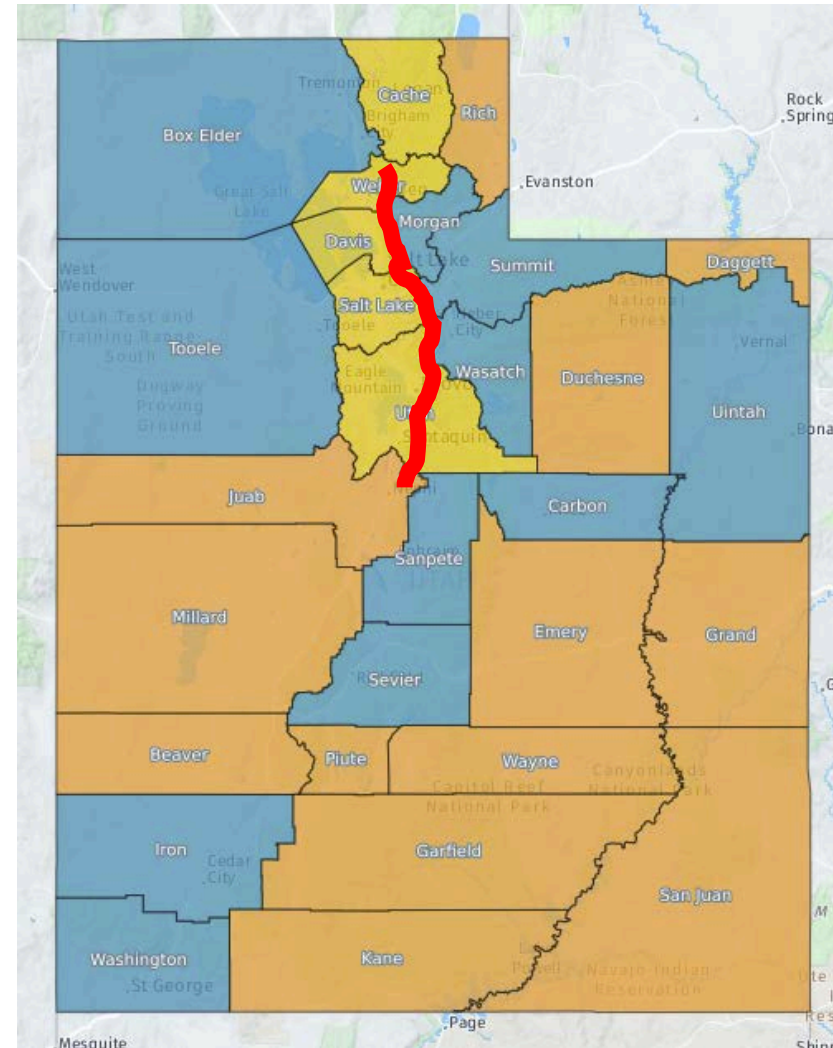


## Overview

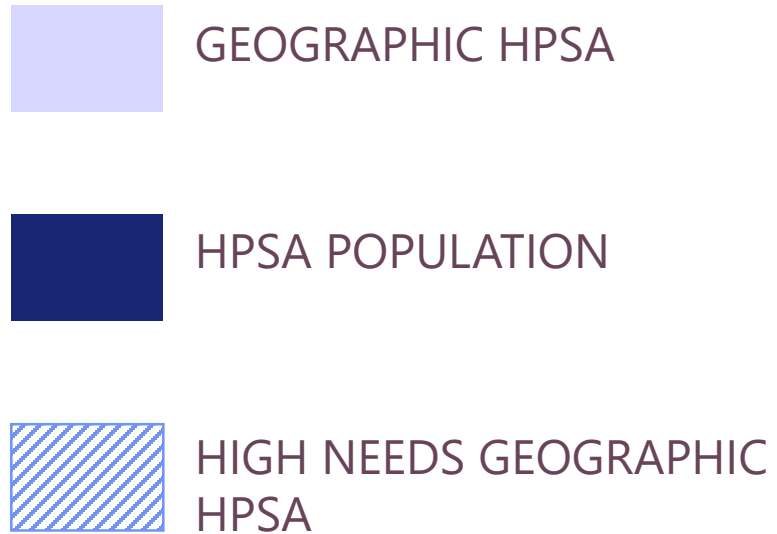
- Describe our county initiative – HER Salt Lake
- Review contraceptive-access related state policy changes
- Describe our statewide initiative – Family Planning Elevated



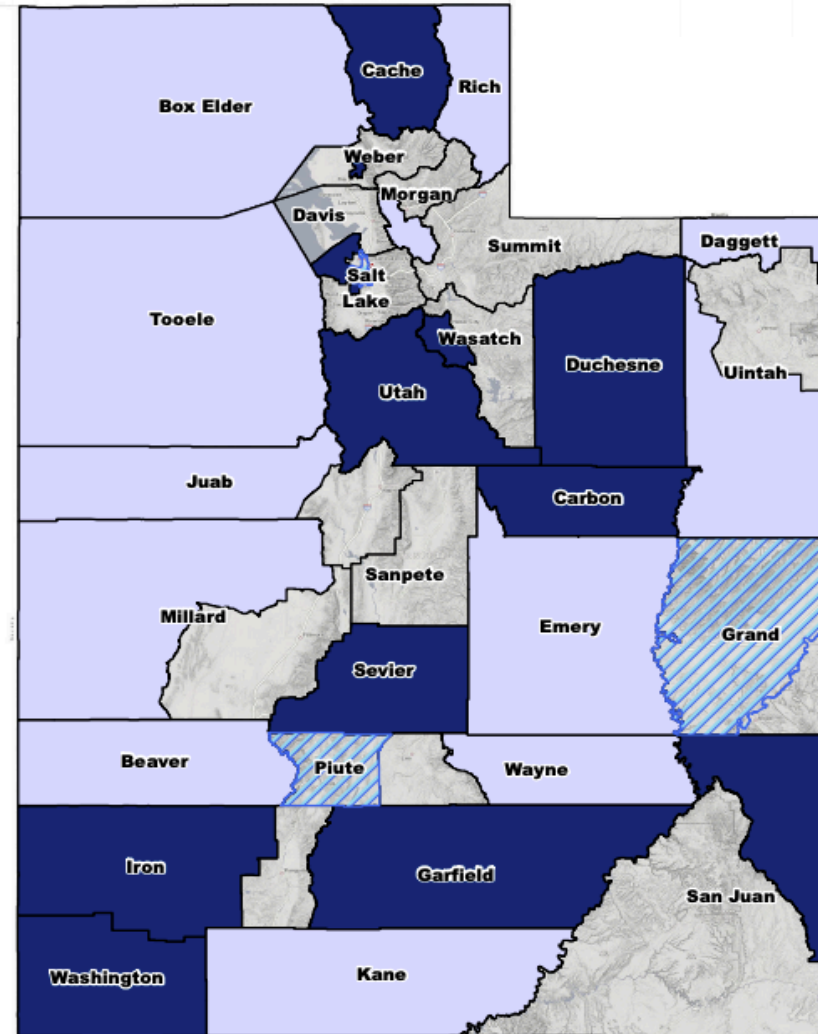
# UTAH IS GEOGRAPHICALLY DIVERSE



<https://ruralhealth.health.utah.gov/portal/county-classifications-map/>  
<https://ruralhealth.health.utah.gov/wp-content/uploads/2019/03/OPCRH-PC-HPSA-Map-1-25-2019.pdf>



## Utah's Primary Medical Care Health Professional Shortage Areas (HPSA)



<https://ruralhealth.health.utah.gov/portal/county-classifications-map/>  
<https://ruralhealth.health.utah.gov/wp-content/uploads/2019/03/OPCRH-PC-HPSA-Map-1-25-2019.pdf>



# CONTRACEPTIVE COVERAGE GAP



Medicaid

0-100% FPL



Family Planning Elevated

101-250% FPL



Commercial Insurance

+251% FPL

Undocumented Clients 0-250% FPL



# Liletta®



# HER Salt Lake Contraceptive Initiative





# HER

SALT LAKE



**\$4 MIL** in grants and device support from funders

HER Salt Lake Implemented at

# 4

PPAU clinics



## Acknowledged need for person-centeredness

- HER Salt Lake occurred at the peak of the LARC frenzy
- IUDs and implants were touted as “the best method”
- LARC methods were pushed as a cure for poverty
- Providers could be heard saying “I want to put an IUD in everybody”
- We wanted to help individuals get the method that **they** wanted.



# HER Outcomes



For one year, we  
removed the costs for  
the full range of  
contraceptive methods  
& procedures

HER Salt Lake provided no-cost  
contraceptive care to

**7,402** individuals.



# The Study

Among those individuals served,

4,425

are completing surveys over the course of three years and contributing information that is changing clinical practice and state-level policy.





# Findings: Many people want LARC methods, but not everybody

When costs were removed, clients were twice as likely to choose an IUD or implant.

Important to note, approximately 48% of clients still chose the pill, ring, or shot.



**Offering all methods is imperative.**



## **Findings: Not all contraceptive clients are straight**

Three stylized human silhouettes are positioned behind the text. The silhouette in the center is a darker purple color, while the two flanking it are a lighter grey color.

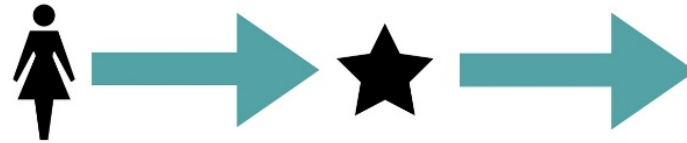
**1 in 3 HER Salt Lake clients did not identify or behave as exclusively heterosexual.**

**Providing inclusive contraceptive care is important.**



# Findings: Contracepting is a journey

How we currently think about  
method use



Reality

