



When HER Salt Lake ended...

FAMILY PLANNING ELEVATED | [FPEUTAH.ORG](https://fpeutah.org)
[FACEBOOK.COM/FPEUT](https://facebook.com/fpeut) | [TWITTER.COM/FPEUTAH](https://twitter.com/fpeutah)

NFPRHA – Dallas, TX | 18

SOLUTION FOR STATEWIDE SUSTAINABILITY

1. Move the dial on state policies.
2. Support the implementation of these policies.
3. Fill whatever gaps remaining.
4. Evaluate every move we make.



POLICY

2018

- **Medicaid Family Planning Waiver**
 - Comprehensive contraceptive coverage for Utahns with incomes up to 100% FPL
 - 50,000 Utahns eligible for contraceptive services
 - Medicaid Coverage for Immediate Postpartum LARC
- **Medicaid expansion to 138%**
 - Gutted by Utah legislature
 - FPL reduced to 100% & Per capita caps & work requirements

PHARMACIST DISPENSING AUTHORIZATION



UPCOMING REPRODUCTIVE HEALTH POLICY

2020

- **6-week abortion bill**
- **Pro-family bills**
 - Medicaid Family Planning Waiver increasing eligibility to 250% FPL
 - Bill seeking \$2 million appropriation to make up for lost Title X funds



THE NEED FOR FAMILY PLANNING ELEVATED, A STATEWIDE CONTRACEPTIVE INITIATIVE





2019 Utah Snapshot

- Medicaid expands from 44% FPL to 100% FPL
- Planned Parenthood Association of Utah lost Title X funding
- County Health Departments in UT do not provide contraceptive services
- FQHCs do not have the training or capacity to meet the needs of their clients



Family Planning Elevated Sponsors



**Arnold
Ventures**

**ANONYMOUS
FOUNDATION**

Dr. Ezekiel R. and
Edna Wattis Dumke
Foundation

@operSurgical



MERCK



Community Donors



FAMILY PLANNING ELEVATED CONTRACEPTIVE ACCESS PROGRAM

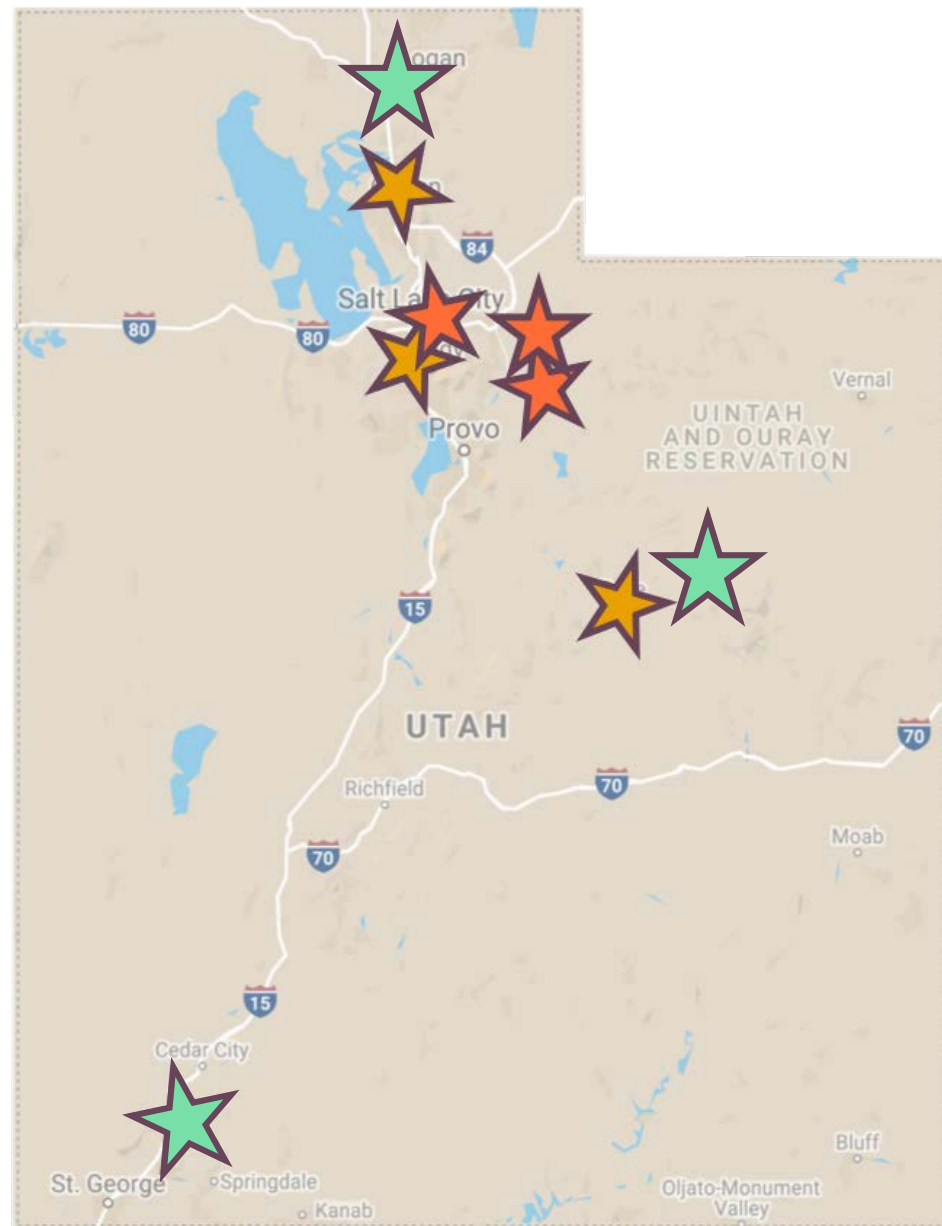


FPE CAP Member Sites

★ Cohort 1 Sites

★ Cohort 2 Sites

★ Cohort 3 Sites





Clinic Eligibility

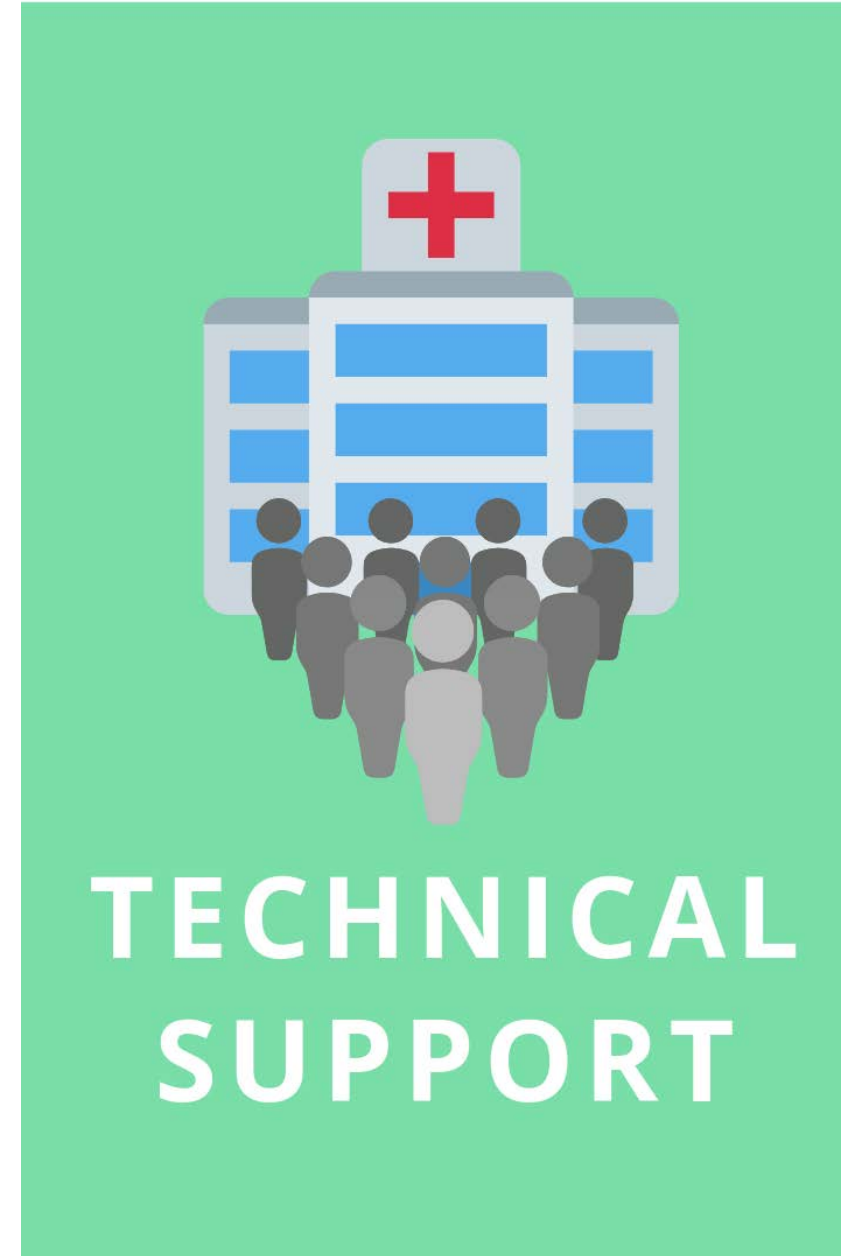
- Serve Medicaid patients
- Serve uninsured and undocumented patients
- Have 340B pricing





Training

- IUDs and implants
- Person-centered counseling
- Inventory forecasting and stocking
- Contraceptive visit coding and billing
- Clinic work-flow





Cash Grant

- Equipment & Supplies
- Personnel Support



**CASH
GRANT**



No-cost Contraceptive Care

- Uninsured, underinsured, & undocumented clients 0 – 250% FPL
- Contraceptive counseling
- Short-acting methods
- LARC procedures
- Vasectomy





Stocked Inventory

- IUDs & Implants
- Condoms
- Spermicide & Sponges
- Pregnancy Testing Supplies
- Uterine Sounds





Media Campaign

- Medicaid awareness raising
- Fertility and contraceptive education
- FPE CAP promotion



**MARKETING
CAMPAIGN**



Evaluative Support

- We collect service delivery data from the clinic EHR
- Client Exit Surveys
- Population-level data
 - BRFSS
 - PRAMS



EVALUATIVE SUPPORT



Other Family Planning Elevated Activities

- IPP LARC trainings and institutional implementation
 - ACOG's PCAI
 - Insurance logistics
- Implementing and optimizing a new rule for dispensing short-acting methods on site in a clinic without a pharmacy

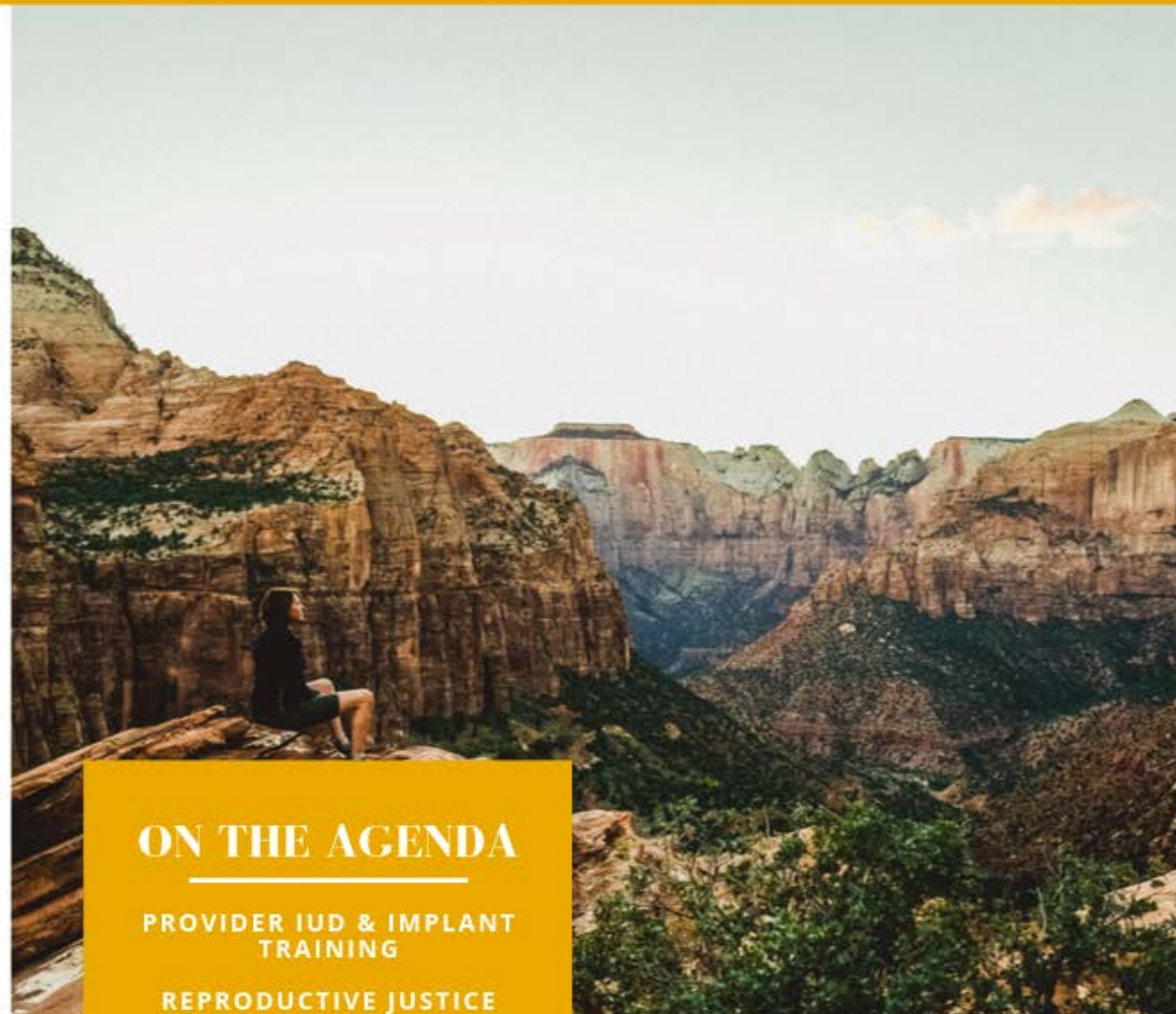


FAMILY PLANNING ELEVATED
**CONTRACEPTIVE
EDUCATION &
TRAINING
CONFERENCE**

THURSDAY & FRIDAY
JUNE 18 & 19, 2020

MARRIOTT UNIVERSITY PARK
480 Wakara Way, Salt Lake City, UT 84108

CME CREDIT AVAILABLE
REGISTRATION DETAILS COMING SOON



ON THE AGENDA

PROVIDER IUD & IMPLANT
TRAINING

REPRODUCTIVE JUSTICE

PERSON-CENTERED
CONTRACEPTIVE CARE

CONTRACEPTION FOR
SPECIAL POPULATIONS

AND MUCH MORE!

GET IN TOUCH

Contact Madeline Mullholand for any
questions regarding the conference:
madeline.mullholand@hsc.utah.edu

FPEutah.org



FAMILY PLANNING ELEVATED

HAPPY BIRTHDAY FPE!

Join us for a webinar to look back on the first year of the implementation of Family Planning Elevated.

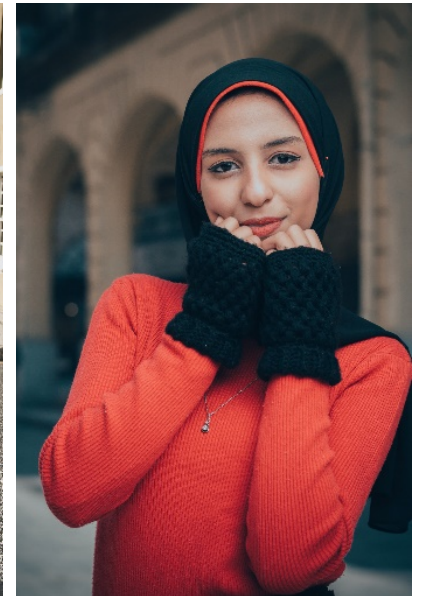
FEBRUARY 3, 2020
11:00 AM - 1:00 PM MST

Register on our website:
www.fpeutah.org



Utah Reproductive Justice Community Advisory Board

- Advises FPE on program activities
- FPE supports grassroots organizing



FPE is on track to serve

21,000
by 2021



Thank You!

Kyl Myers, PhD, MS | Program Director

**FAMILY PLANNING ELEVATED | [FPEUTAH.ORG](https://fpeutah.org)
[FACEBOOK.COM/FPEUT](https://facebook.com/fpeut) | [TWITTER.COM/FPEUTAH](https://twitter.com/fpeutah)**

NFPRHA – Dallas, TX | 40

DC Family Planning Project

Lessons Learned from
Contraceptive Access Initiatives

NFPRHA Seasonal Conference

December 10, 2019

About The Women's Foundation

- The Women's Foundation mobilizes our community to ensure that economically vulnerable women and girls have the resources they need to thrive.
- Economic security – assets, jobs, education, health & well-being, and safety
- Research, Grantmaking, Advocacy and Convening



The district of columbia family planning project.

We aspire to ensure that all DC residents are able to access high quality, patient-centered reproductive health information and services, and experience personal agency and bodily autonomy regarding their birth control and contraceptive decisions.



WASHINGTON AREA
WOMEN'S
FOUNDATION

STAND TOGETHER. SO SHE CAN STAND ON HER OWN.



Project Overview



WASHINGTON AREA
WOMEN'S
FOUNDATION

STAND TOGETHER, SO SHE CAN STAND ON HER OWN.

Quick History



- Group initially formed to explore a LARC-focused contraceptive access project in DC (similar to Colorado project)
- Concerns about a “one size fits all” approach
- Conducted needs assessment
- Re-evaluated and re-structured initiative

Backdrop

DCFPP Target Population:

- Medicaid-served 15-29 year-olds
- Vast majority of DC's Medicaid-served population are people of color (large proportion are Black)



Implementation to Date





FAMILY PLANNING COMMUNITY NEEDS ASSESSMENT

for the DC Family Planning
Project (DCFPP)



WASHINGTON AREA
WOMEN'S
FOUNDATION

Milken Institute School
of Public Health

THE GEORGE WASHINGTON UNIVERSITY



WASHINGTON AREA
WOMEN'S
FOUNDATION

Study Components

- Confidential online clinic survey of family planning sites
- In-depth individual interviews of family planning providers
- Quantitative survey of adolescents and women 15-29
- Focus groups with adolescents and women 15-29
- Analysis of Medicaid data

Key Findings from Needs Assessment

Key Findings

There are several key findings from this needs assessment that provide insights for both service delivery sites as well as for direct outreach to the community. The key findings presented stem from synthesis of the data across all of the study components and have been categorized into four areas:

- A) Access to contraception;
- B) Facilitators and barriers to contraceptive access and use;
- C) Knowledge/education of adolescents and women in the community and clinic outreach; and
- D) Perceptions, perspectives, and behaviors related to contraceptive methods and services.

Access to Contraception

Key Finding 1: Contraceptive Methods are Widely Available in DC

Overall, most clinics surveyed provide a wide range of contraceptive methods on-site, and the majority of surveyed clinics prescribe and dispense Depo Provera, IUDs, and implants. Further, these methods are usually available on the same day at the same appointment.

- 82.0% of surveyed clinics prescribe and dispense Depo Provera.
- Over 70% of surveyed clinics provide and insert/place IUDs.
- Nearly 90% of surveyed clinics provide and insert/place contraceptive implants.

However, there is some variability across Wards, with Ward 3 generally having lower on-site availability, and Wards 5-8 having higher on-site availability of methods. Overall, more than three-quarters of all clinics surveyed provide same-day appointments, and most provide

after-hours access as well. In Wards 1, 4, 6, 7 and 8, all clinics surveyed provide same day appointments for established patients, and all clinics surveyed in Wards 4, 6, 7 and 8 provide same day appointments for new patients seeking an initial contraceptive visit.

Clinics also reported on how often they utilize specific protocols and practices known to enhance contraceptive availability, and the majority of clinics report that they adhere to the following best practices:

- Prescribing of oral contraceptives using the 'Quick Start' method¹ (61.2%);
 - No requirement of a pelvic exam for prescribing oral contraception (68.0%);
 - Provision of IUDs and implants to adolescents and young adults (78.3%); and
 - Provision of IUDs to nulliparous women (77.6%).
- However, clinics are less likely to offer emergency contraception:
- Emergency contraception medication is not usually prescribed or dispensed ahead of time (16.7%);
 - The copper IUD is rarely provided as emergency contraception (4.4%).

Most clinics also reported that they provide materials and translation/interpretation services and provide low/no cost services:

- A large majority of health clinics report that they are providing multilingual educational materials and translation/interpretation services (87.5%);
- Most clinics report that they provide low or no cost services (87.5%);
- Most clinics report that they provide low or no cost services (87.5%).

WASHINGTON AREA
WOMEN'S
FOUNDATION

¹ A method involving initiation of the contraceptive method on any day of the menstrual cycle

Key Findings from Needs Assessment

- Disconnect between availability and utilization of contraception methods/services
- Sexually active adolescents/young women not in care
- Lack of knowledge, misconceptions, negative perceptions, suspicions, mistrust, safety concerns about birth control methods
- Clinical time constraints limiting provider's ability to comprehensively counsel patients

Community Stakeholder Meetings



“Reproductive Justice is the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.”

SisterSong

Reproductive Justice Framework

- Project driven by needs and wants of our community
- Focus on person-centered strategies and interventions
- Bottom Up vs. Top Down



WASHINGTON AREA
WOMEN'S
FOUNDATION

Revised Focus Based on Needs Assessment And Community Meetings:

- Learn more about causes of disconnect
- Deepen understanding of how our current system is serving and/or not serving young Black women



"To alter our collective health destiny, we must change our language; challenge deeply held beliefs about equity in our society, and accept the role we each play in the production of the public's health. To do that, it's time to stop talking about disparities when in fact, we are talking about inequities."

- *Natalie S. Burke, President & CEO of CommonHealth ACTION*

"The history of coercion—and the mistrust and fear it has engendered—has to be considered and addressed if we are to make authentic, sustainable progress in improving reproductive health outcomes for Black teens and young women in DC."

- *Community Advocate*



WASHINGTON AREA
WOMEN'S
FOUNDATION

Revised Goals & Strategies



WASHINGTON AREA
WOMEN'S
FOUNDATION

GOAL 1:
Center affected communities, build community trust, and ensure that interventions are guided by those who experience health inequities.

- Focus groups, data walks, patient surveys,
- Equity Action Lab (created by DC Primary Care Association)
- Community trust-building coalition addressing racism and implicit bias in health care led by RJ expert or organization



GOAL 2: Improve the quality of DC residents' sexual and reproductive health care experience.

- Provider training on person-centered contraceptive counseling (shared decision making)
- Non-clinician counseling by racially and ethnically diverse paraprofessionals and/or peer counselors
- Anti-Racism QI Learning Collaborative for Providers - ongoing technical assistance and respectful care toolkit
- Innovative clinic/provider outreach to the community



WASHINGTON AREA
WOMEN'S
FOUNDATION

GOAL 3:
Improve sexual health literacy of DC residents and increase awareness, knowledge, and understanding of birth control methods and where/how to access them.

Strategies:

- Test tablet-based educational and decision-making support tool in clinical and non-clinical settings (e.g. hair and nail salons)
- Innovative health education and support programs for teens (e.g. virtual meet-up and school-based health center groups)

GOAL 4:
Address policy barriers to quality sexual and reproductive health education, comprehensive contraceptive counseling, and desired FDA-approved birth control methods for all DC residents.

- Access/utilization of school-based health centers
- Sexual health education in schools
- Reimbursement of non-clinician sexual and reproductive health counseling
- Improved Medicaid/MCO reimbursement policies/rates/levels for reproductive health services



Lessons Learned & Challenges Identified

- Long-term, complicated systems-change work
- Openness and readiness to continually adapt initiative
- Willingness to “pass the baton” to the best leader and home for initiative
- Community driven, person-centered initiatives are much harder to get funded



WASHINGTON AREA
WOMEN'S
FOUNDATION

Future Directions

- Data interactives and focus groups with Black teens and young women from low-income households
- Potential partnership with DC Equity Action Lab – rapid-cycle PDSA QI interventions and community learning and trust building
- Advocacy to expand health education in DC Public Schools
- Convening with other like-minded state initiatives to develop shared evaluation metrics regarding evaluation and performance measures
- Identify best home for DC initiative

Questions, Thoughts, Suggestions?

Please contact:

Nancy Schoenfeld
nschoenfeld@wawf.org



WASHINGTON AREA
WOMEN'S
FOUNDATION

Question & Answer Period