When HER Salt Lake ended...
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.
• 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
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

CooperSurgical

MERCK

Bayer

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
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
Evaluative Support

• We collect service delivery data from the clinic EHR

• Client Exit Surveys

• Population-level data
  • BRFSS
  • PRAMS
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
CONTRACEPTIVE EDUCATION & TRAINING CONFERENCE

THURSDAY & FRIDAY
JUNE 18 & 19, 2020

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

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

CME CREDIT AVAILABLE
REGISTRATION DETAILS COMING SOON
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
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.
Access
Address policy and institutional barriers related to availability and reimbursement of all birth control methods.

Evaluation
Conduct rigorous evaluation to measure program outcomes.

Quality
Provide training and technical assistance for providers, clinic staff, and clinic administrators.

DCFPP
DCFPP is working toward achieving its goals through work in four key areas.

Community Engagement
Develop and implement a community engagement plan.
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
**DC FPP 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)
• 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

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Access to Contraception

**Contraceptive Methods are Widely Available in OK**

Couples now have many contraceptive options to choose from, making it easier to select a method that meets their needs and preferences. Here are some key findings:

- **68.7%** of women have a provider knowledgeable about sexual health.

- **87.8%** of women report their provider discussed their contraceptive options.

- **84.2%** of women have a provider who prescribed them a long-acting reversible contraceptive (LARC) method.

- **70.6%** of women have a provider who prescribed them a pill or other hormonal method.

- **93.4%** of women have a provider who prescribed them a barrier method.

- **89.7%** of women have a provider who prescribed them an emergency contraceptive.

- **77.3%** of women have a provider who prescribed them a method with no barriers (no condom, no pill).

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*Note: Data sourced from a national survey of women in the United States, conducted in 2019.*
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
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
Revised Goals & Strategies
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
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
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:
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nschoenfeld@wawf.org
Question & Answer Period