

FAMILY PLANNING ELEVATED STAKEHOLDER CONVENING REPORT

On November 1st, 2017, approximately 60 key stakeholders attended the Family Planning Elevated Stakeholder Convening at the Alta Club in Salt Lake City, Utah. The purpose of the convening was to share a vision of Family Planning Elevated and seek feedback regarding potential barriers and opportunities that exist in creating a statewide contraceptive care program for Utah.

Attendees represented organizations across the state of Utah including, Federally Qualified Health Centers, Association for Utah Community Health, American Civil Liberties (ACLU), YWCA Utah, Indian Health Services, Planned Parenthood Association of Utah, Voices for Utah Children, the Utah State Medicaid Office, the Utah Department of Health, Utah Valley University, Salt Lake Community College, University of Utah, as well as health care providers, patient advocates and local and national philanthropists and policy makers.

The event included six speakers. Kyl Myers, PhD provided an overview of the contraceptive coverage gap in Utah and the goals of Family Planning Elevated. David Turok, MD and Jessica Sanders, PhD described the motivation behind and findings from the HER Salt Lake Contraceptive Initiative. Representative Ray Ward discussed a bill he will be sponsoring in the 2018 legislative session to expand contraceptive care through a Medicaid Family Planning Waiver. The Keynote speaker was Dr. Larry Wolk, the Executive Director of the Colorado Department of Health, who described lessons learned from Colorado's statewide efforts to increase contraceptive use, particularly IUDs and implants. Chad Salvadore, CFO of the Sorenson Impact Center, spoke about why the center invested in funding Family Planning Elevated's feasibility year.

A deliberative work session was facilitated by the Kem C. Gardner Policy Institute. Between six and eight stakeholders deliberated at seven tables for 90 minutes, with a Kem C. Gardner facilitator and note taker at each table. Deliberation began with facilitators providing five minutes for introductions and time to read the discussion guide placemat, and five minutes for stakeholders to share their personal or professional stake in the issue. Next, the three focus areas identified by Family Planning Elevated – patients, providers and policy – were considered for 25 minutes each. Deliberation concluded with a 5-minute reflection period and a spokesperson from each table describing their key suggestions. The discussion guide placemat and the summary of the deliberative works sessions are included in the appendix of this report.

Pages 2-6 provide an overview and points of clarification of family planning needs in Utah. The summary of the convening begins on page 7. Thank you for your support of this important project that aims to improve the lives of women, children and families in Utah.

OVERVIEW OF THE ISSUE

In Utah, one in five new moms report their pregnancy was unintended. This number jumps to one in three among uninsured women.¹ Unintended births are associated with adverse health outcomes for women and children, including postpartum depression and premature and low-weight births. Thousands of women in Utah struggle to access effective methods of contraception due to economic and geographic barriers and are at risk of unintended pregnancy.



Family Planning Elevated aims to solve this problem.

The University of Utah based team behind Family Planning Elevated was responsible for the HER Salt Lake Contraceptive Initiative, a one year demonstration project in Salt Lake County that provided 7,400 women with any method of birth control that they wanted—for free. HER Salt Lake was supported by



over \$5 million in foundation grants and pharmaceutical donations. When cost barriers were removed, women were more likely to choose more effective methods that may have previously been too expensive for them to afford. By providing 7,400 individuals with contraception, we estimate

that over five years the efforts of HER Salt Lake will prevent:²

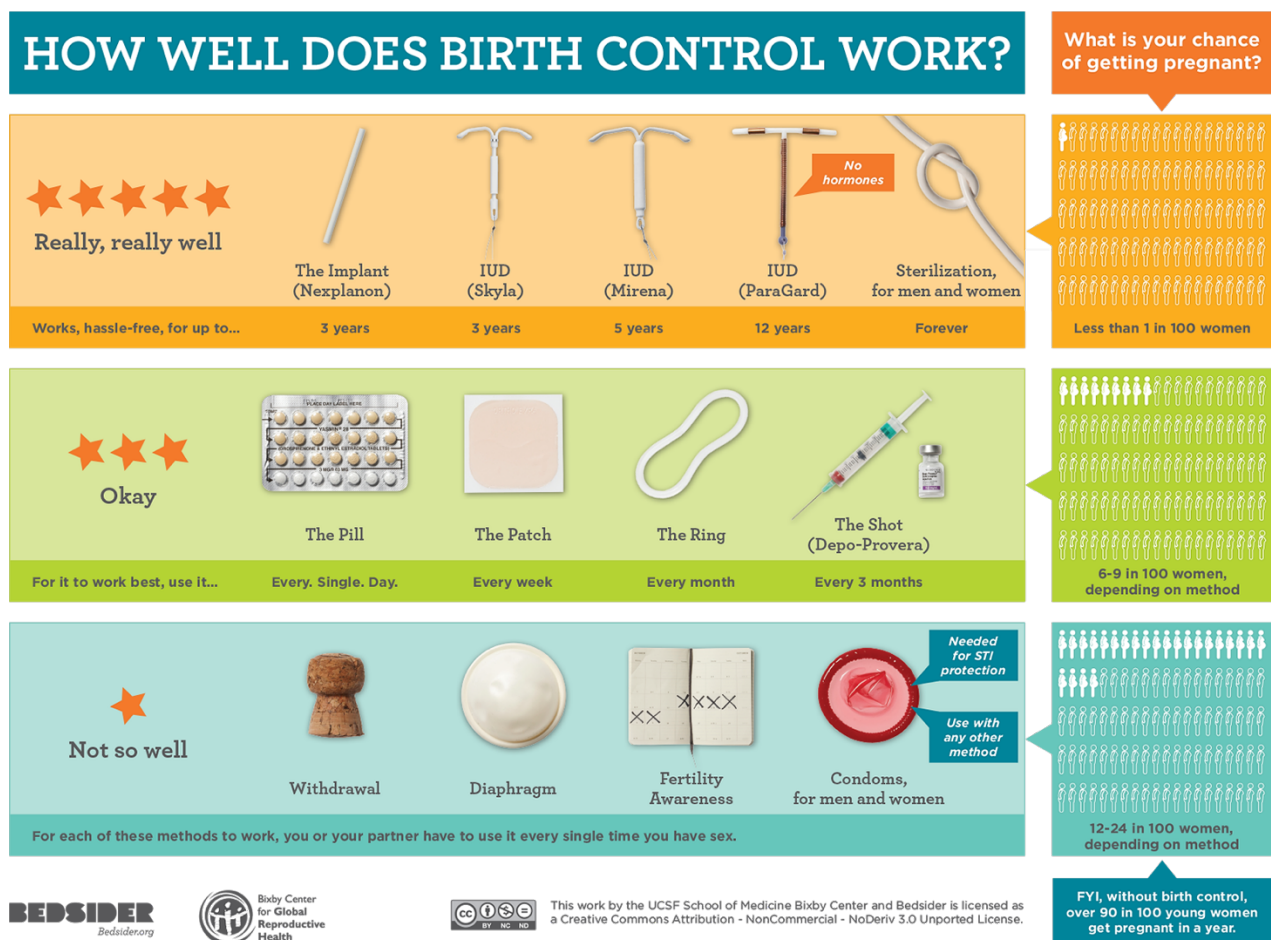
- 1,590 unintended pregnancies
- 750 unplanned births
- 540 abortions
- 300 miscarriages following unintended pregnancies
- 190 unplanned births after short (<18 months) interpregnancy intervals
- 100 unplanned preterm/low-birth weight births
- and save an estimated \$7.7 million in maternal and infant health care costs

Although HER Salt Lake has ended, our mission has not. In July 2017, Family Planning Elevated was awarded a Pay For Success Feasibility grant from the Sorenson Impact Center, a subgrantee of the Social Innovation Fund (SIF) program. During the planning year, Family Planning Elevated is developing the strategic approach for accomplishing its mission: **Improve the intended pregnancy rate and birth outcomes in Utah by expanding contraceptive services in community health centers across the state.**

HEALTH INSURANCE, BIRTH CONTROL, AND THE CONTRACEPTIVE COVERAGE GAP

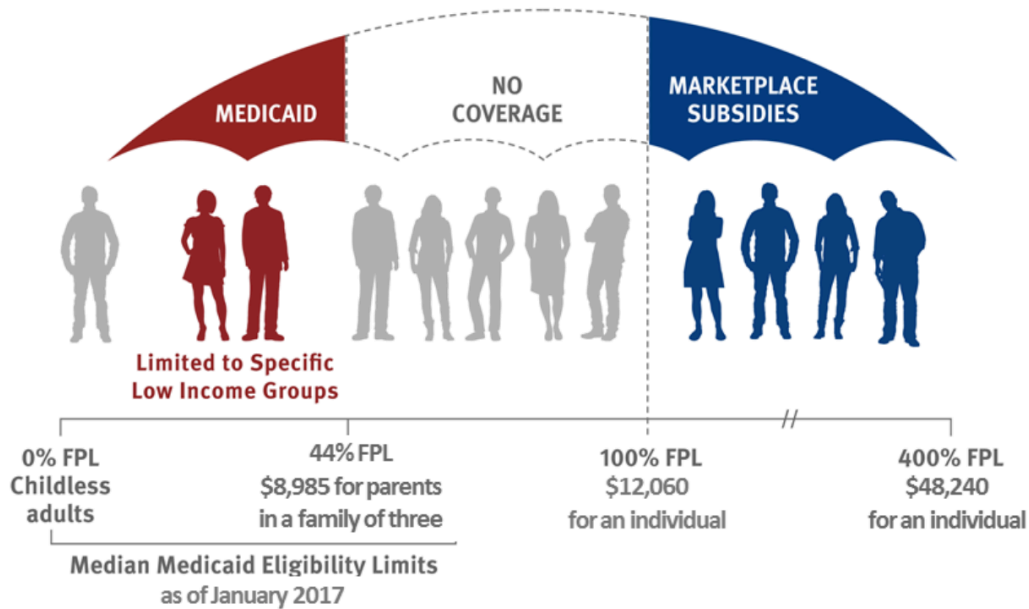
The average woman in the US and in Utah wants two to three children.^{2,3} To achieve her desired family size, she will spend approximately five years of her life either pregnant or trying to become pregnant and 30 years trying to avoid pregnancy. Modern contraceptive methods are the most effective tool for avoiding unwanted pregnancies. Virtually all sexually active women (99%) between the ages of 15 and 44 have used at least one contraceptive method.² Most private health insurance plans cover the costs of contraceptive methods for insured women.² Medicaid also covers contraception without cost-sharing. Health insurance plans that include family planning services without a co-pay help many insured women avoid unintended pregnancies. Without insurance, contraceptive methods can cost between \$18 and \$50 a month for birth control pills, to nearly \$1,000 for an intrauterine device (IUD) or contraceptive implant. Figure 1 shows the efficacy of contraceptive methods. The most effective methods also have the most expensive up-front costs; thus, uninsured women are less likely to use contraception than insured women, most often because they cannot afford it or cannot access contraceptive care in a setting near them.

Figure 1. Efficacy of Contraceptive Methods



Approximately 1 in 9 Utah women are uninsured.² Low-income and poor women are at greatest risk of being uninsured, experience the lowest rates of contraceptive use, and the highest rates of unintended pregnancy.³ In Utah, thousands of women fall in a *contraceptive coverage gap* meaning they do not have private health insurance and do not qualify for Medicaid as shown in Figure 2.

Figure 2. The Contraceptive Coverage Gap in Utah



<https://www.kff.org/uninsured/issue-brief/the-coverage-gap-uninsured-poor-adults-in-states-that-do-not-expand-medicaid/>

Table 1. 2017 Federal Poverty Guidelines
FEDERAL POVERTY LEVEL

2017 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
For families/households with more than 8 persons, add \$4,180 for each additional person.	
1	\$12,060
2	\$16,240
3	\$20,420
4	\$24,600
5	\$28,780
6	\$32,960
7	\$37,140
8	\$41,320

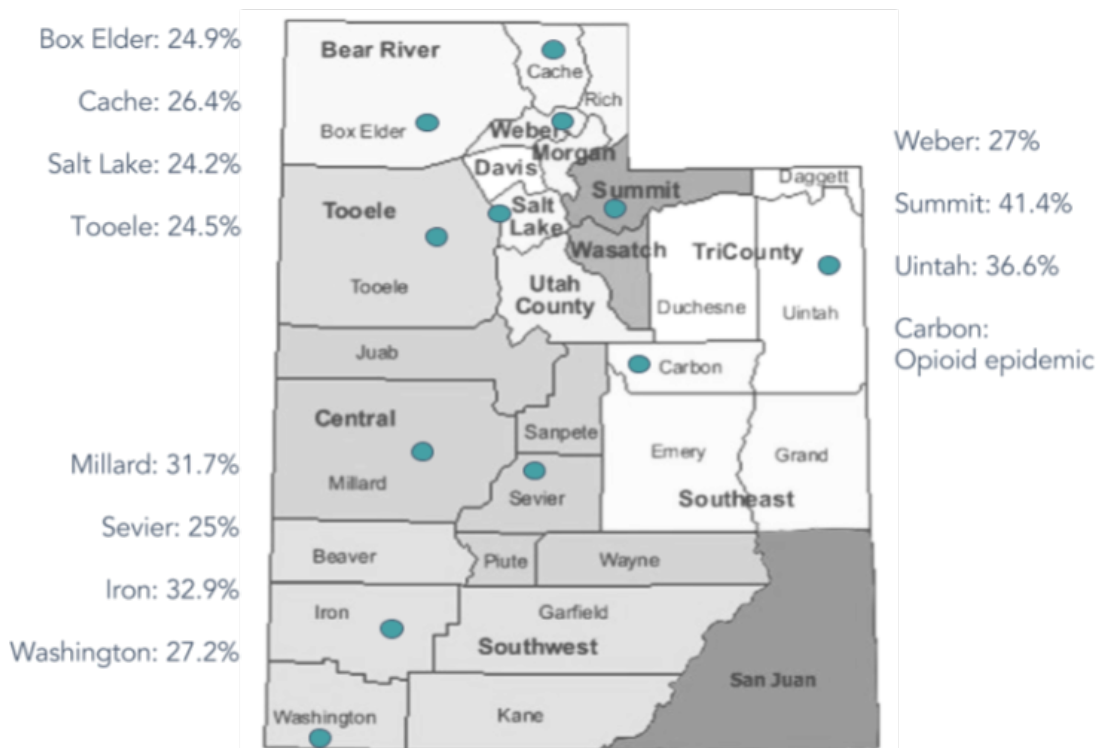
The Federal Poverty Level (FPL) guidelines determine eligibility for publically funded programs including Medicaid (Table 1). Most childless, uninsured women who fall in the contraceptive coverage gap make less than \$12,000 a year, meaning they live on an income below 100% FPL. An IUD or implant can cost an uninsured woman over \$1,000, which is more than she makes in a month. Birth control is often a pocketbook issue for many low-income women which competes with basic needs such as rent or groceries.

BARRIERS TO CONTRACEPTIVE CARE

In Utah, 23% of births were reported as unintended, however, the unintended birth rate is higher among uninsured women (36%) and women with Medicaid (35%).⁴ While Medicaid provides **theoretical** access to contraception, few childless women qualify for it and accessing preventive care can still be difficult for women who do have Medicaid. To improve **practical** access to contraception, Utah not only needs policy changes that increase contraceptive coverage, but patients also needs **education** on why contraception is a critical component of preventive health care, and how and where to get it. Utah needs more providers who are trained on IUD and implant care as well as clinics that are capable of same-day contraceptive visits, evening and weekend clinic hours, and space for women to bring their children to appointments. An informational campaign targeting Medicaid-covered women may improve their awareness that they qualify for all methods of contraception without a co-pay.

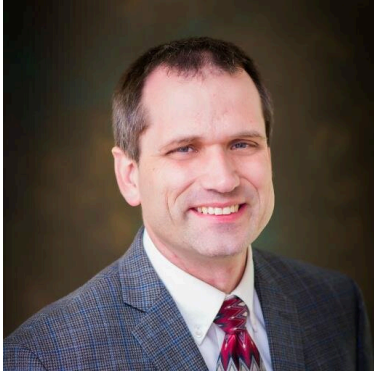
Currently in Utah, thousands of women face **geographic** and **economic** barriers in accessing family planning services, including the most effective methods of contraception, IUDs and implants. Women in rural and frontier areas of Utah may not have a family planning service provider in their community and travel costs plus the cost of a clinic visit may be unfeasible. These barriers may disproportionately increase low-income and rural/frontier women’s risk of experiencing an unwanted pregnancy. In Utah, the general unintended birth rate is 23%. Several counties have higher rates of unintended births than the state average, see Figure 3.

Figure 3. Utah Counties with Higher Unintended Birth Rates than the State Average (23%)



MEDICAID FAMILY PLANNING WAIVER

Utah Representative Ray Ward (District 19) discussed the drafted legislation for the state to request a



Medicaid Family Planning Waiver. Rep. Ward plans to sponsor this legislation during the 2018 session. If passed, the waiver will provide Medicaid-funded family planning services for women below 100% FPL who are not eligible for full Medicaid benefits. This means eligible women could access birth control without a co-pay, including IUDs and implants, at any health center accepting Medicaid. An estimated 11,000 Utah women would become eligible for Medicaid funded contraceptive care through this policy change. To learn more about the bill, see recent media

coverage here: <https://rewire.news/article/2017/11/29/access-health-care-contraception-utah-get-lot-better-2018/>

TURNING THEORETICAL ACCESS INTO ACTUAL ACCESS

Increasing the proportion of women who have health insurance coverage for contraceptive services without cost sharing is a critical factor in empowering women to seek the healthcare they want and improving the intended pregnancy rate in Utah. To make this a reality, Utah needs health centers with trained staff and inventory to meet the family planning needs of women in their communities. Family Planning Elevated will work to help build and sustain clinic capacity across the state through two aims:

1. Increase the number of providers & staff trained on comprehensive contraceptive care including IUD and implant provision
 - a. Family Planning Elevated will facilitate trainings so that advanced clinicians (MD, DO, PA, NP) can acquire the skills and confidence to insert and remove IUDs and implants.
 - b. Family Planning Elevated will conduct soup-to-nuts trainings for entire health centers including training medical assistants on contraceptive counseling best-practices, coding, and IUD & implant room preparation. FPE will also train administrative staff on forecasting, ordering, stocking and reimbursement for birth control methods.
2. Support clinics in building an inventory of all contraceptive methods, including IUDs and implants for same-day service
 - a. Family Planning Elevated is committed to assisting community health centers and private practice providers in building a sustainable inventory of IUDs, implants and other contraceptive methods through 340B pricing and build-to-buy models.

FAMILY PLANNING ELEVATED: A CENTRALIZED CONTRACEPTIVE CARE NETWORK FOR UTAH

Stakeholders discussed the importance of establishing a central source of information, accessible through an app or other youth-friendly system for both family planning patients and providers. We are working on building a website that will serve as a go-to hub for family planning information in Utah for patients and providers. Patients will be able access up-to-date contraceptive method information, chat/text with a family planning educator and find a family planning service provider in their community. Providers and clinic staff will be able to access training webinars and materials for providing comprehensive contraceptive care through the site. Several stakeholders expressed the importance of diversity inclusion, highlighting that Family Planning Elevated should use culturally-informed messaging shared by culturally-representative messengers. Family Planning Elevated will be a contraceptive initiative for Utahans, by Utahans.



UTILIZING TELEHEALTH

Telehealth is a collection of means or methods for enhancing health care, public health, and health education delivery and support using telecommunications technologies.⁵ Stakeholders highlighted the



importance of FPE providing contraceptive training and counseling through telehealth. Family Planning Elevated will utilize both patient and provider facing telehealth technologies, including support for rural and frontier health centers. For example, FPE plans to create a platform for trained contraceptive counselors to provide patient-centered contraceptive counseling via video chat with women prior

to an in-clinic appointment, which could reduce time spent at the clinic and/or the number of trips needed for a patient to access the contraceptive care that she determines is best for her.

MOBILE FAMILY PLANNING CLINIC

A recurring comment from stakeholders as well as health care providers and patient advocates across the state has been, “you need a family planning mobile clinic.” A mobile clinic would allow for providers to care for family planning patients in communities that may be difficult to reach (jail, or women experiencing homelessness), co-locate contraceptive services with other points of care, and provide “pop-up” care in rural regions lacking a family planning provider. A mobile clinic could also be the setting for provider education and hands-on training to support newly trained providers.



KEY POINTS FROM KEY STAKEHOLDERS

After the deliberative work sessions, a spokesperson from each table shared some of their most important discussion points.

Table 1

- Important to ensure the providers and ancillary staff are trained and confident in meeting the contraceptive needs of patients
- A talking point for policy makers includes affordability of the program and short and long-term cost savings to the state
- Patient and their health are the priority
- Stakeholders should not be siloed but should work together to make family planning connected to their priority issues

Table 2

- Mobile services (bus for family planning) could be beneficial
- A holistic approach to reproductive life goals and education is important

Table 3

- Rural providers must be a priority for actual statewide success
- Communications and marketing approaches should be strategic
- A mobile training van could meet providers where they are
- Assist patients and patient advocates in talking to lawmakers by providing a toolkit

Table 4

- Words matter and the same words can have different meanings to different people
- Messaging must be culturally sensitive

Table 5

- An IUD bus could provide trainings and shadowing opportunities
- Ensure preconception counseling for healthy pregnancies
- Motivate providers to be a part of Family Planning Elevated

Table 6

- An app focused on reproductive health education could engage young people
- Success of the program is dependent on the language used and having the right “voice”
- Provide data to the Social Services Committee

Table 7

- Must figure out a way to make IUDs and implants more affordable by reducing their cost
- Promote a train the trainer network
- Legislation that expands contraceptive coverage is crucial
- Family Planning Elevated must collect data and provide evidence-based briefs

NEXT STEPS

The attendance and participation of key stakeholders provided valuable insight and suggestions for Family Planning Elevated to consider in developing a statewide contraceptive initiative for Utah.

The team behind Family Planning Elevated has identified these priority goals for the next six months:

1. Seek and secure funding to ensure Family Planning Elevated is a sustainable statewide contraceptive program and to fund goals 2-7.
2. Create public-facing, provider-facing, and policy-related informational toolkits regarding the family planning needs specific to Utah to inform discussions about contraceptive care across the state.
3. Develop a website for Family Planning Elevated that can be utilized by patients and providers to link to information, education and clinical referrals.
4. Organize regional trainings where clinicians and health center staff can be trained on comprehensive contraceptive counseling, care, billing, reimbursement, stocking, and telehealth with a focus on improving IUDs and implant access.
5. Provide ongoing support for newly trained providers through peer-to-peer education and co-management of cases through technology.
6. Create an online media campaign that is informed by diverse cultures and provides comprehensive contraceptive information for patients and promotes health centers across the state that are participating the Family Planning Elevated network.
7. Explore the possibility of a mobile clinic that can provide family planning services to patients and trainings for providers and health center staff.



YOU CAN GET INVOLVED & HELP MAKE FAMILY PLANNING ELEVATED A SUCCESS

Improving the intended pregnancy rate in Utah is a worthwhile yet immense undertaking and we need your help. The success of Family Planning Elevated depends on community networking, strategic guidance, and financial support.

- Please share this report with someone you know who is interested in improving women's and children's health in Utah.
- Please e-introduce our team to a potential stakeholder(s) by connecting them with Kyl Myers kyl.myers@hsc.utah.edu
- Please consider hosting a fundraiser event for Family Planning Elevated

If you would like to learn more about Family Planning Elevated or host an event to benefit the program, please contact:

Kyl Myers, PhD

Family Planning Elevated Project Lead

Office: 801-213-2252

Email: kyl.myers@hsc.utah.edu

If you would like to donate money to expand contraceptive access in Utah, please send a check to The Utah Contraceptive Fund

c/o Tim Johns

654 South 900 East

Salt Lake City, Utah 84102

Or call Tim Johns to make a credit card donation: 385-355-1681

ACKNOWLEDGEMENTS

We would like to thank Annette Cumming, for sponsoring the Family Planning Elevated Stakeholder convening. Annette is an unwavering and generous supporter of improving women's health and family planning services in Utah. We are enormously grateful for her support of the HER Salt Lake Contraceptive Initiative, and now the efforts of Family Planning Elevated.

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SOREN SON IMPACT



REFERENCES & FURTHER READING

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Guttmacher Institute. Health Benefits and Cost Savings of Publicly Funded Family Planning

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Pew Research Center. Americans' Ideal Family Size is Smaller Than it Used to be

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<https://www.cdc.gov/nchs/data/nhsr/nhsr062.pdf>

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FAMILY PLANNING ELEVATED

STRATEGIES TO INCREASE ACCESS TO COMPREHENSIVE REPRODUCTIVE HEALTH SERVICES AND SUPPORT HEALTHY WOMEN, CHILDREN AND FAMILIES IN UTAH.

UTAH CONSIDERATIONS & BACKGROUND

The ability to determine if and when to become pregnant impacts a woman's physical, emotional, social and economic health. Having a child is a deeply personal decision that for one person may fulfill their dream of becoming a parent but for another person may derail them from meeting their personal goals. Family planning services support women and couples' ability to determine if and when they want to start or grow their family.

In Utah, one in five new moms report their pregnancy was unintended; however, this number jumps to one in three among low-income and uninsured women.¹ **These most disadvantaged women experience the lowest rates of contraceptive use, and the highest rates of unintended pregnancy.**²

Unintended pregnancies are associated with adverse health outcomes for women and children, including postpartum depression and premature and low-weight births.² Additionally, unintended pregnancies impact the fiscal health of our state, since thousands of unintended births are funded by Medicaid each year.³

Currently, thousands of women in Utah face geographic and economic barriers in accessing family planning services, including the most effective methods of contraception, IUDs and implants. Women in rural and frontier areas of Utah may not have a family planning service provider in their community and uninsured women across the state may not be able to afford an IUD or implant, which can cost up to \$1,000 out-of-pocket. These barriers may increase women's risk of experiencing an unwanted pregnancy.

The HER Salt Lake Contraceptive Initiative provided 7,400 women with free contraception in Salt Lake County and prevented an estimated 1,590 unintended pregnancies, 750 unplanned births, 540 abortions, 100 unplanned preterm or low-birth weight births and averted an estimated \$7.3 million in maternal and infant health care costs. Family Planning Elevated aims to leverage lessons learned from HER Salt Lake and work to remove access barriers, cost barriers, and education barriers statewide.

1 https://ibis.health.utah.gov/indicator/complete_profile/HlthIns.html;
2 <https://www.guttmacher.org/fact-sheet/unintended-pregnancy-united-states>;
3 <http://onlinelibrary.wiley.com/doi/10.1111/1468-0009.12080/epdf>

For more information, email hello@FPEutah.org

GENERAL RULES FOR DISCUSSION

- + Focus on the options.
- + All options should be considered fairly.
- + No one or two individuals should dominate.
- + Maintain an open and respectful atmosphere.
- + Everyone is encouraged to participate.
- + Listen to each other.

PATIENTS

Problem Statement

More than 11,000 women in Utah are uninsured and in need of affordable contraceptive care. Many patients are unaware of the variety of contraceptive methods available to them or are unable to access the methods they want due to expensive up-front costs or because they do not live near a family planning provider.

Possible Actions

1. **EDUCATION:** Create an informational, online media campaign to improve contraceptive knowledge and awareness of clinics providing low-cost or free birth control methods. Hire and train community health workers on contraceptive needs assessment, counseling and referral. Empower patients to engage in family planning conversations at every health care encounter.
2. **ACCESS:** Utilize telehealth mechanisms to provide contraceptive counseling and prescriptions.
3. **FUNDING:** Reduce patients' out-of-pocket costs for contraceptive care, including clinic visit, device insertion & removal and prescription costs. Find funding sources for providers to care for uninsured or underinsured patients not eligible for Medicaid.

PROVIDERS

Problem Statement

Many uninsured women seek reproductive healthcare at publicly funded health centers. Yet, staffing, training and inventory limitations often mean these health centers cannot provide women with IUDs, implants and other methods patients desire.

Possible actions

1. Train clinicians on IUD and implant provision and patient-centered counseling approaches using reproductive justice frameworks.
2. Build a network for patient care teams and administrative staff to communicate with one another and create opportunities to provide standardized, evidence-based training for: marketing & outreach, referrals, scheduling, comprehensive reproductive life counseling, device stocking, provision, and billing.
3. Assist health centers to incorporate telehealth services for contraceptive care.

POLICY

Problem statement

A Family Planning Waiver allows a state to provide coverage for family planning services to women and men who do not qualify for full Medicaid benefits. Utah is one of seven states that does not have a Family Planning Waiver. This means that thousands of women are not eligible for publicly funded contraceptive care. However, if they become pregnant, their prenatal and labor and delivery costs become Medicaid eligible. Policy changes that cover preventive contraceptive care can improve the intended pregnancy rate and reduce governmental spending.

Possible actions

1. Support state-level policy changes that increase insurance coverage for contraceptive services and seek a Contraceptive Equity Act (prohibits commercial and public insurers from applying cost-sharing or prior authorization for all FDA approved contraceptive medications and devices).
2. Incorporate comprehensive sexual and reproductive health care services into existing and upcoming legislation (i.e. include contraceptive services in homeless healthcare initiatives, community health worker reimbursement, home visitations, maternal mental health, mobile health clinics and opioid crisis solutions).
3. Ensure policies support Utahns' free choice regarding providers for their sexual and reproductive health care, including Planned Parenthood.