


In Utah, a Quest for Expanded Family-Planning Coverage

A new program seeks to improve and expand contraceptive choices while helping providers overcome biases they may have toward patients.

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A one-month dosage of hormonal birth control pills is shown in Sacramento, California. (Rich Pedroncelli/The Associated Press)

An ambitious new program at the University of Utah, supported by a grant from Arnold Ventures, seeks to answer a fundamental question: Can health care providers, with additional training and funding, do a better job offering the full range of contraceptive options to patients?

The program, Family Planning Elevated, has a three-year mission. Its goals: improve training at community health centers, which have come to provide much contraceptive care for Medicaid patients and the uninsured; cover every type of federally approved reversible contraceptive so patients can decide for themselves which method to use; and spread awareness of the expanded coverage to individuals throughout Utah.

“We’re trying to develop a more statewide and sustainable contraceptive access program,” said Kyl Myers, director of Family Planning Elevated and a research assistant professor at the University of Utah School of Medicine. “Our whole goal is increasing the number of health centers who have the full range of contraceptive methods for people to choose from and the staff who are able to provide those methods.”

Family planning is a relatively new part of a health portfolio that fits Arnold Ventures’ overall mission: ensuring that policies are based on accurate, thorough research into what works best to solve ongoing societal issues.

“What we’re really trying to do is both a pilot, an approach in Utah, that will hopefully make a difference there, but also learn from Utah,” said Erica Brown, the philanthropy’s director of public health.

Under the Arnold grant, Myers’ team will provide intensive training on contraception options in three phases to 11 Utah-based health care organizations. It’s both practical and cultural education — they will teach more clinic workers to insert and remove long-acting devices and help providers overcome biases they may have about

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what kind of contraception to offer. They will also track patient outcomes to gauge the overall impact of the program.

Gaining access to all contraceptive options is a problem for many women in the sprawling, mountainous state and has been for years. When Danielle Pendergrass was a teenager living in Eastern Utah, she and her friends would make a 225-mile round trip once a month to get birth control. On one of those long trips, Pendergrass met a women's health nurse practitioner.

"I thought, 'That's what I'm going to do. That's what our community needs,'" she said. In 2012, she moved back to the area where she grew up and opened Eastern Utah Women's Health, which provides reproductive care to more than 3,300 women in remote Carbon County.

Her center was one of the first providers to join the Family Planning Elevated program, which she says she applied to because she wanted to learn from her peers and the data researchers will collect from the participating health care centers.

To increase access to care, "We're going to need to know how to streamline services and forecast what products we'll need," Pendergrass said. She sees an opportunity to develop a "road map" for how rural providers can serve more women in Utah through Family Planning Elevated.

Family Planning Elevated follows on a successful program in Salt Lake County. The HER Salt Lake Contraceptive Initiative showed that women were twice as likely to choose a long-term contraceptive option, such as an intrauterine device or a contraceptive implant, if cost wasn't a factor. Such options are more effective than pills or other methods, often with fewer side effects, but are also more expensive.

Utah recently passed a Medicaid expansion, which will expand contraception coverage. But the state policy doesn't provide for "capacity building" for providing contraception services, Myers said, making the Family Planning Elevated program integral to ensuring women can access the method of their choice.

Many physicians and advanced practice clinicians at the community health centers serving the uninsured "either didn't get the training to begin with or because their patients haven't been able to afford the methods, they don't really feel comfortable or confident with their skills," Myers said.

The awareness campaign is key to improving contraceptive choices, Myers said. Providers must learn about how their own biases can pose barriers to getting patients the contraception they need, particularly when it comes to low-income patients, people of color, sexual minorities and immigrants, she said.

Pendergrass agrees that building awareness is critical. She hopes the trainings and the data will demonstrate to other providers and state legislators the need to invest in contraceptive access, and show the benefits of doing so. She can point to many success stories over the years from her own center: high school students who received long-acting reversible contraception and went on to graduate from college; women who were struggling with a substance use disorder and wanted birth control while working toward recovery; and moms who had completed their families and didn't want to have another child.

Although she takes pride in these stories, "hard numbers and data really backs up what these anecdotes are saying," Pendergrass said. And "numbers are going to point to our gaps where we can improve."

For Arnold Ventures, developing a model of how to build family-planning provider capacity that matches the needs of communities and states — especially coming out of a place like Utah — would be ideal.

The big question, Brown said, is: "What are the things that could be replicated with health care providers across the country so that the entire system of reproductive health providers is better equipped and more responsive to patient needs?"

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Ballot Measure Passes

The mission to improve contraceptive care for Utah's low-income women got a boost in November, when voters handily approved a full Medicaid expansion under the Affordable Care Act.

Previously, lawmakers agreed to access some federal family-planning money available under the law, colloquially known as Obamacare. But the ballot measure, endorsed by 54 percent of voters statewide, is expected to provide 150,000 Utahns with broader health coverage.

Kyl Myers, director of the University of Utah's Family Planning Elevated project, noted that the expansion adds urgency to her program's efforts to educate providers on contraception options, as they'll soon see many more covered patients.

In the News

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— *Deseret News*

1 IN 5

Proportion of new moms in Utah who reported that their pregnancy was unintended

1 IN 3

Proportion of uninsured new moms in Utah who reported that their pregnancy was unintended

\$4M

Amount of grant money Arnold Ventures has given Family Planning Elevated