



How the Family Planning Research Group at the University of Utah Contributes to State Policy Conversations

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Across the United States, family planning has been polarizing and politicized. Currently, Congress plans major cuts in Title X, the federal grant program that funds comprehensive family planning services, and the future is uncertain for federal matching funds for state Medicaid family planning expenditures. Amid this uncertainty, individual states will play a greater role in protecting contraceptive access for residents. Some states, such as Maryland, are doing a great deal through Medicaid expansion under the Affordable Care Act as well as through a Medicaid Family Planning Program and a Contraceptive Equity Act that ensures insurance coverage of all contraceptive methods without cost-sharing. At the other end of the spectrum, Utah has not expanded Medicaid and has no Medicaid Family Planning Program, leaving more than 200,000 women in need of publicly funded family planning services. Even without legislative efforts to support expanded contraceptive access, researchers and safety net providers have continued to make some progress toward facilitating such access. But we know that in order to truly meet the demand for birth control and other reproductive health care, state policymakers on both sides of the aisle need to treat access to family planning services as a necessity and a priority.

The University of Utah Family Planning Research Group is an interdisciplinary cluster of people with diverse research interests and a common goal: to expand and improve family planning care for women in Utah and beyond. For years, our research team has engaged in conversations with local stakeholders and representatives – to explain the contraceptive needs of Utah women and families and outline specific strategies for improving contraceptive access across the state using lessons learned nationwide.

Local Demonstration and Community Engagement

The Utah Family Planning Research Group has focused efforts on reducing barriers to contraception, especially the most costly and most effective long-acting reversible methods like intrauterine devices and implants. This work has demonstrated a tremendous unmet need in Salt Lake County. From 2008 to 2014 the group provided over 5,000 local women with low-cost or free contraceptive devices. According to a conservative estimate utilizing models derived from national data, such projects have already saved the state of Utah over \$15,451,700 in Medicaid expenditures through supporting reproductive goals of women in Utah.

Across the country, large-scale projects have demonstrated the positive impact of removing financial barriers to costly contraception. Groundbreaking efforts in St. Louis, Iowa and Colorado demonstrated that eliminating cost barriers increased women's use of intrauterine devices and implants – helping them to reduce unintended pregnancies and obtain abortions less frequently. Such projects have discovered best practices for making contraception accessible and have laid the basis for new rounds of implementation studies.

Combining these positive outcomes achieved elsewhere with the documented contraceptive needs of Utah
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women, the University research group grew their established clinical research relationship with Planned Parenthood Association of Utah to conduct the HER Salt Lake Contraceptive Initiative.

Key project accomplishments include eliminating out-of-pocket costs for contraception for 7,000 women, with over 4,000 of these individuals enrolled in a longitudinal study to track their economic and educational attainments as well as patient-centered outcomes such as experiences with contraception methods, sexual satisfaction, and quality of life measures. Of the women who have enrolled in the study, 80% are at or below the federal poverty level. Three-fifths of these individuals are still in school, and less than 5% are currently covered by Medicaid. By tracking the needs and experiences of women participating in the project, the HER Salt Lake Contraceptive Initiative is generating local scientific data to support practices that reduce rates of unintended pregnancy. It will also assess long-term cost effectiveness by tracking individual and community effects of educational achievements and economic opportunities.

Community engagement has been a cornerstone of the Salt Lake initiative. The project has cooperated with the University of Utah's Community Engagement Studio Research Core and invited ten representatives from different groups in the community to provide feedback on how to provide culturally-sensitive contraceptive counseling for people from diverse backgrounds in the Salt Lake valley. Additionally, the project team has gathered responses and insights from diverse stakeholders – including clinic staffers, members of the Hispanic and Pacific Islander communities, lesbian, gay, bisexual, and trans individuals, and teenage mothers. This input has helped to create a more community-based approach to research, and ensured that the project is continually addressing the needs of diverse communities. Project leaders have kept in touch with the women who benefit from contraceptive services through Facebook, Instagram, and Twitter – all of which provide valuable ongoing feedback to researchers. In addition, a Community Advisory Board allows the project members to convey the importance of contraceptive access and remain highly connected to leaders in the Salt Lake community. Their networks and financial support spread awareness of the project's accomplishments and research findings, highlighting the need for the state of Utah to develop sustainable long-term contraceptive services.

Indeed, members of the HER Salt Lake Contraceptive Initiative communicate regularly with policymakers and community advocates, and work in conjunction with progressive organizations and supportive policymakers who clearly understand why it is important to help Utah women decide if and when they get pregnant. Ongoing conversations about why family planning and reproductive justice are vital for good health care overall have been critical in shifting the terms of public understanding and discussion. Such conversations are also crucial for preparing allies to take steps forward when opportunities to change public policies present themselves.

Ongoing Communication about What Comes Next

Progress toward publicly funded contraceptive services in Utah requires that advocates gain support from unlikely allies. To sustain and build upon gains from the Salt Lake project, Utah needs a State Medicaid Family Planning amendment and a State Contraceptive Equity Law that would fund all contraceptive methods for qualified women without cost-sharing. These important legal steps are not immediately likely – and can only be furthered through persistent conversations among providers, researchers, policymakers, and constituents.