On a LARC?

A Case Study in Implementing
Policy Innovations

Reforming States Group Milbank Memorial Fund

Fall 2015



coloradohealthinstitute.org





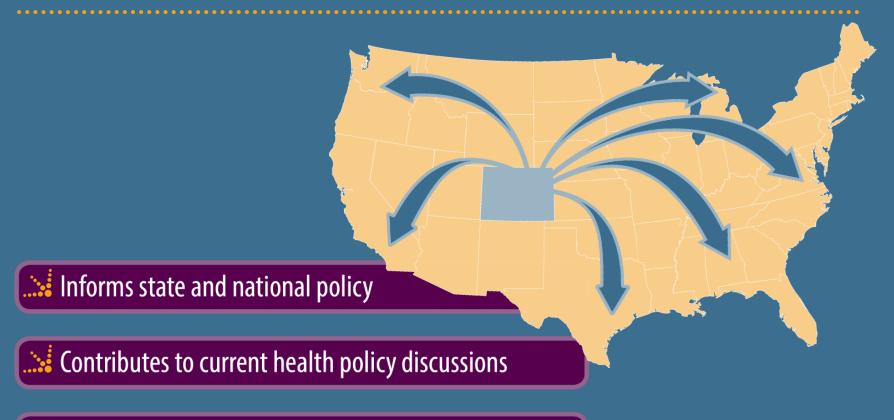




#COHealthInst

About Us

The Colorado Health Institute



Supports efforts to improve health

Setting the Stage

Agenda: On a LARC?

- Why We're Here: The National Buzz
- Four Big Ideas: Framing Our Conversation
- LARC in Colorado: The Real Story
- Complexity at Many Levels
- Lessons Learned: Both Policy And Practice

Setting the Stage

Goal: Devising a Game Plan



- 1 Articulate the Goal
- 2 **Identify the Challenges**
- 3 Gather Evidence
- 4 Decide on the Intervention
- 5 Appraise Status
- 6 Map Your Network
- 7 Understand the Politics
- 8 Plot Strategy
- 9 Implement Your Plan
- 10 Define Success and Evaluate Progress

LARC: A Primer

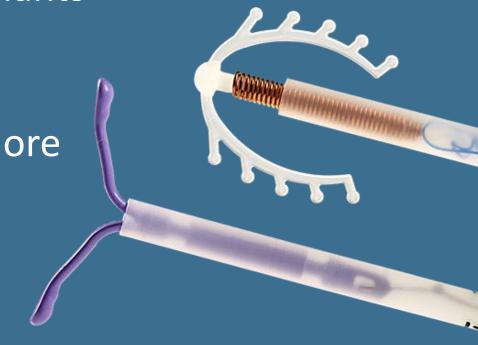
Long-Acting Reversible Contraception

IUDs or Hormonal Implants

99% Effective

Lasts Three Years or More

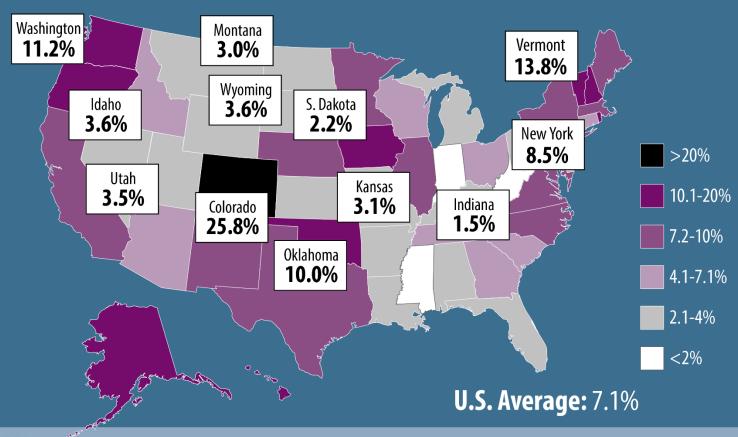
Costly: \$927



Setting the Stage

LARC Usage in Your State

Percentage of Title X Clients Aged 15–19 Years Using LARC, 2013



Setting the Stage

Key Takeaways

- LARC Works.
 - But the story is complicated.
 - Really complicated.
- Shared Vision Can Trump Political Differences.
 - Sometimes.
 - If you're a little lucky.
- Scaling Up Takes Patience, Grit and Effective Onthe-Ground Organization.



Why We're Here: The National Buzz The National Buzz

PBS Newshour

[PBS video here]



THE AGENDA

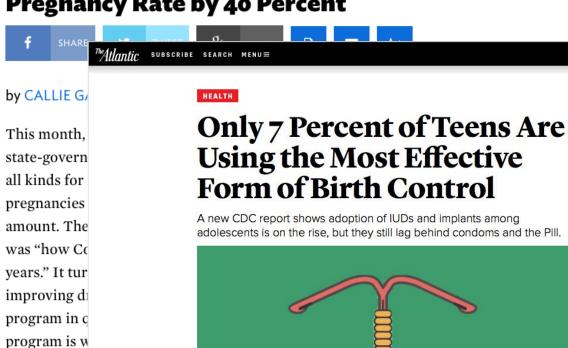
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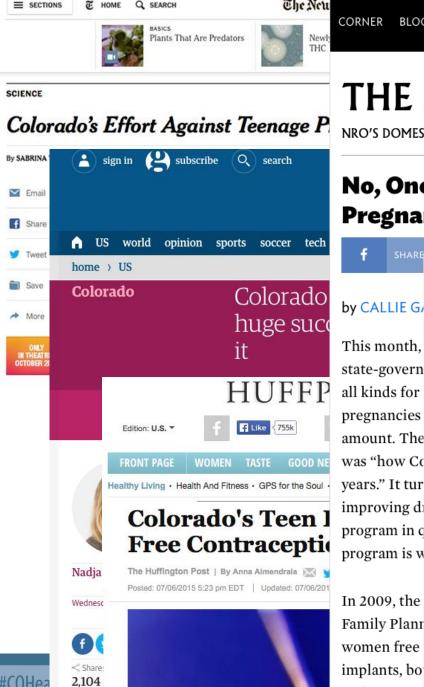
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NRO'S DOMESTIC-POLICY BLOG, BY REIHAN SALAM.

No, One Program Did Not Reduce Colorado's Teen **Pregnancy Rate by 40 Percent**

NATIONAL REVIEW

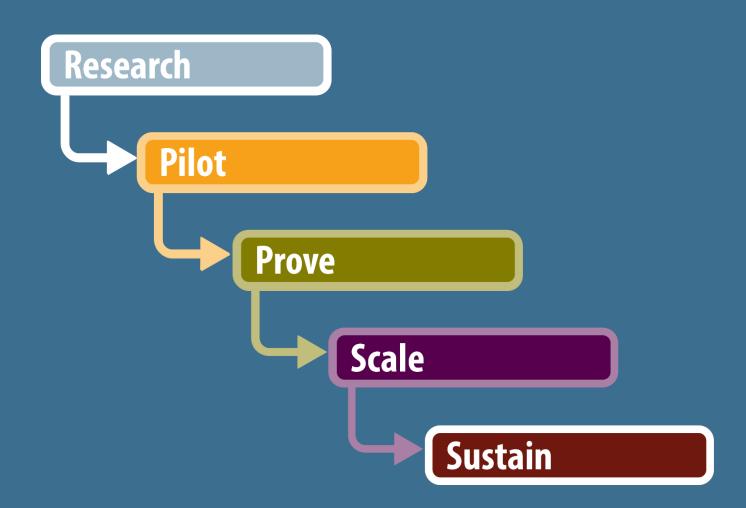




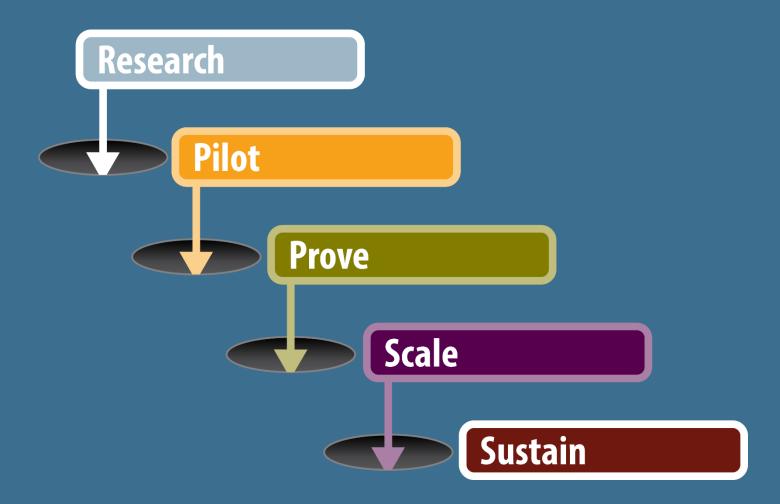


Four Big Ideas: Framing Our Conversation

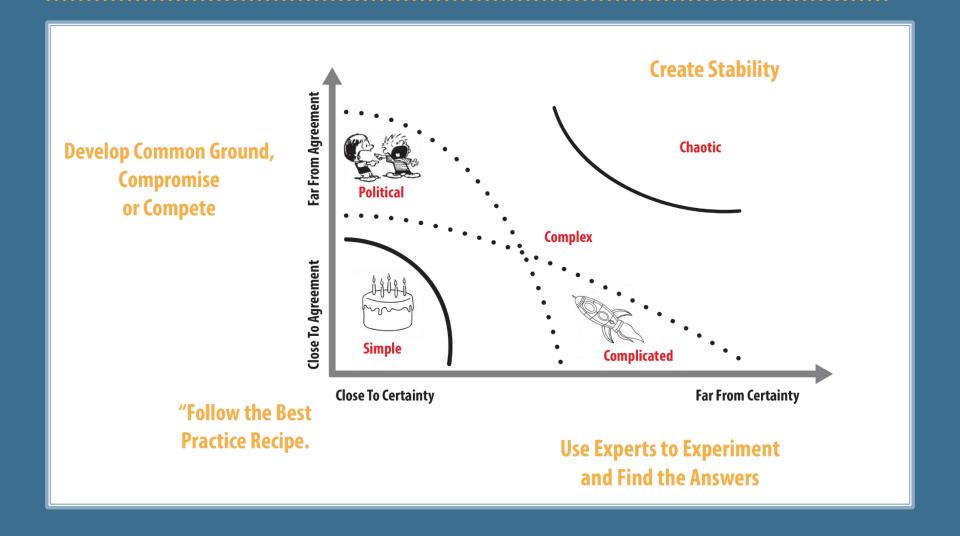
Idea 1: The Model Breaks Down



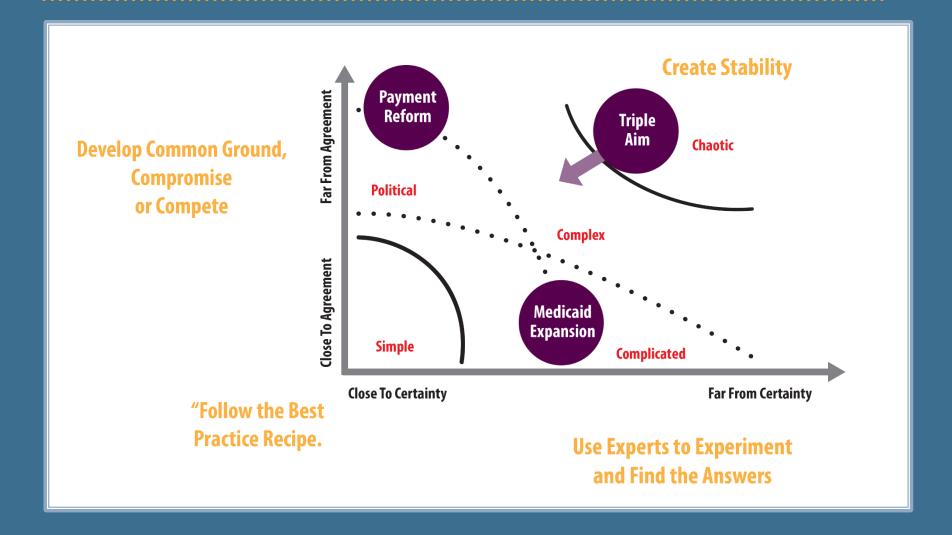
Idea 1: The Model Breaks Down



Idea 2: Making Sense of Challenge



Idea 2: Making Sense of Challenge



Idea 3: Embracing Complexity

[TED Talk video here]

Idea 4: Applying LARC Lessons





LARC in Colorado: The Real Story

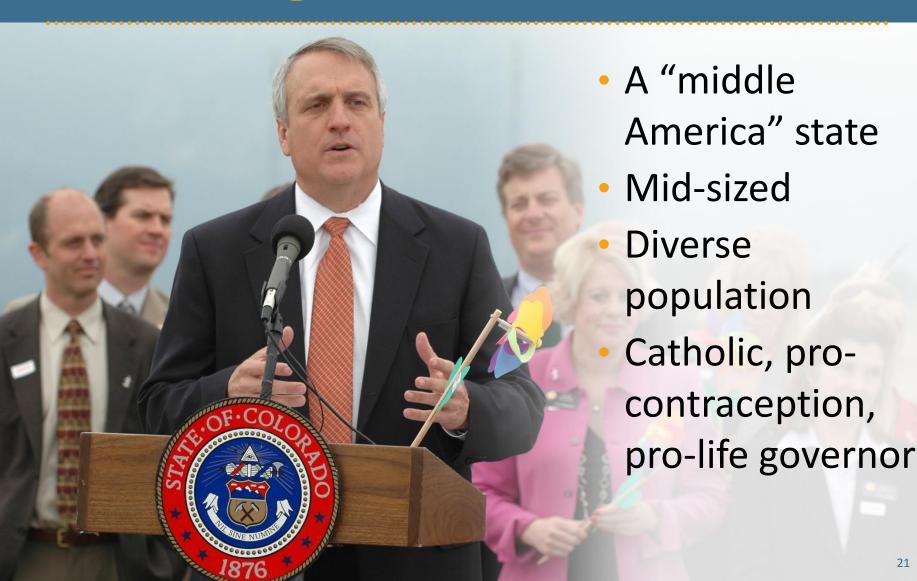
Susan T. Buffett Foundation

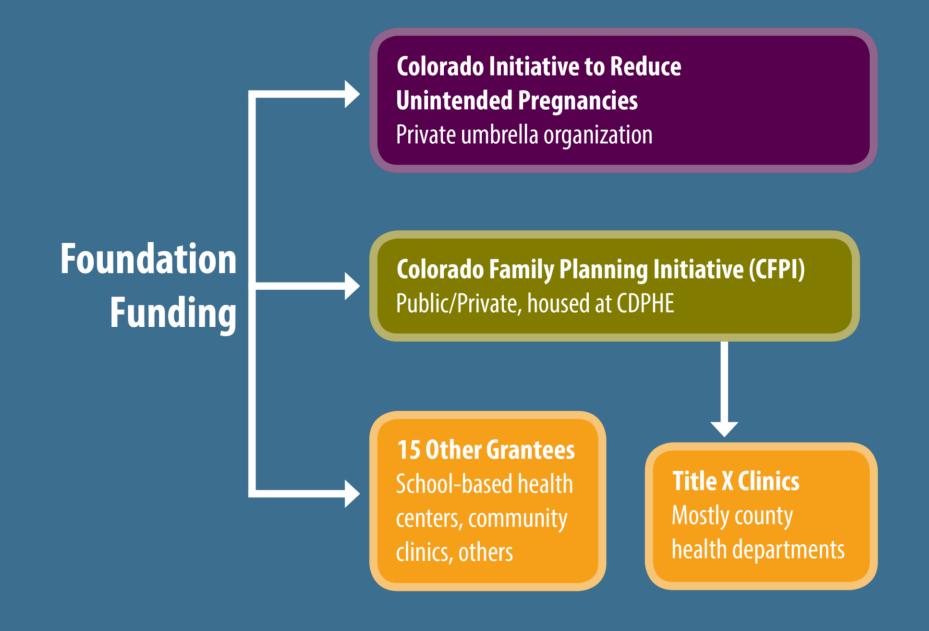


Early Experiment

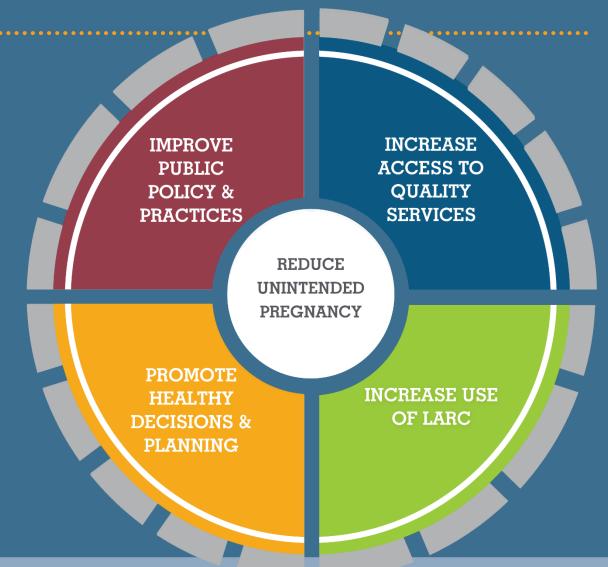


Choosing Colorado





The Colorado Initiative





The Colorado Initiative

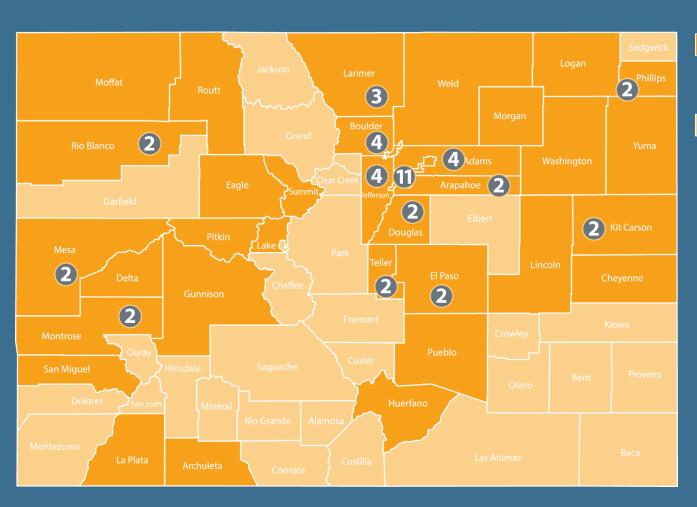
[BeforePlay video here]

"What If We Fully Funded Title X?"

What is Title X?



Clinics Concentrated in Cities



- Counties with a Title X clinic
- Counties with no Title X clinic

Since 2009 . . .



Women have received LARC (Mostly Low-income)

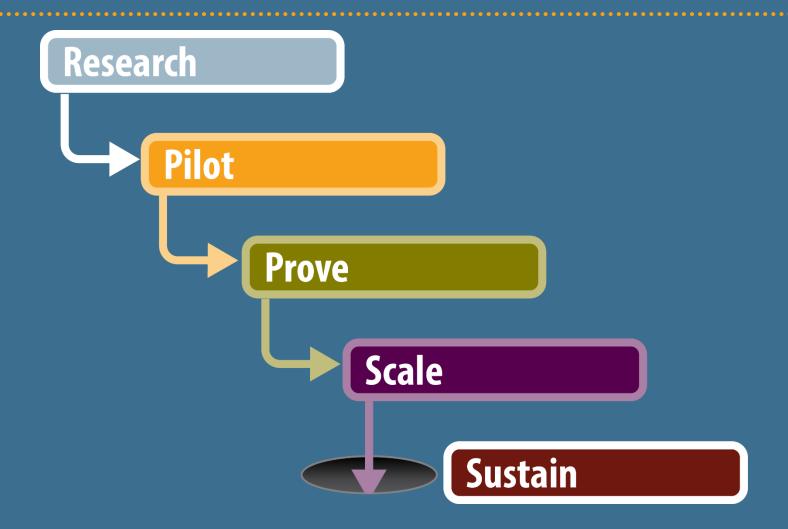








The Model Breaks Down





Larry WolkCDPHE director

Quoted in *HealthNews Colorado*

"We've made the case for a public benefit, and we need public investment. That's where ultimate sustainability lies."

Breathing Room

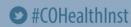
Colorado's birth control program kept afloat by \$2M in temporary funds

The Colorado Family Planning Initiative has become a hot-button political issue

By Jesse Paul

91 COMMENTS

POSTED: 08/25/2015 10:21:09 AM MDT | UPDATED: ABOUT A MONTH AGO The Denver Post



Takeaways: Colorado LARC

- The LARC campaign didn't start in Colorado.
- The effort was not the work of just one foundation.
- LARC was one part of a broader strategy.



Complexity on Many Levels

Complexity and Evidence

Complexity

What You Read



Complexity

But It's Not That Simple

- Complexity around the Evidence
- Complexity around the Politics
- Complexity around the Stakeholders



The Susan Thompson Buffett Foundation

The Headline

"In Colorado, teen births dropped 40 percent and abortions fell 35 percent."

"Game Change" Study: Results

Abortion Rates Per 1,000 Women In Colorado Change From 2008-2011

Counties With CFPI Clinics

Counties With No CFPI Clinic



Counties With No CFPI Clinic







Ages 15-19

Ages 20-24

"Game Change" Study: Results

Percentage of High-Risk Births* in Colorado Change From 2009-2011



-24%

Counties With No CFPI Clinic



*Births to unmarried women who are younger than 25 and have less than a high school education.

"Game Change" Pushback

- The Colorado Family Planning Initiative (CFPI)
 was not set up as a research study
- Teen birth and abortion rates were already dropping
- Non-CFPI counties only a small fraction of state's population

Texas A&M Study

 Texas A&M: CFPI accounted for 5 percent of Colorado's reduction in teen birth rate



Cost Savings and More







\$5.85 In Avoided **Medicaid Costs** (Three-year period)

Spent

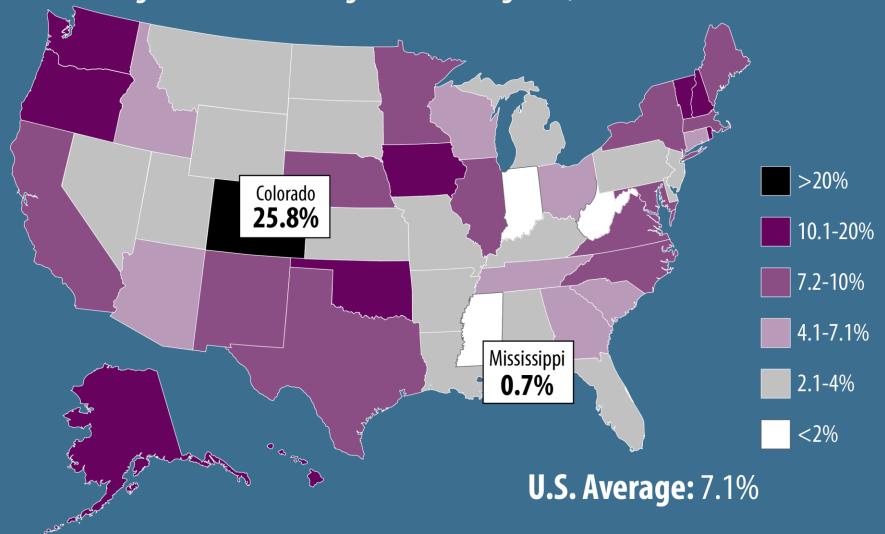
Source: CDPHE

What We Know

- "Culture shift" across Title X clinics
 - How LARC is talked about
 - How it's stocked
 - How quickly it's offered
- From 2009-12, Colorado's teen birth rate fell
 50 percent faster than the national average
- Young women in Colorado are using LARC at rates far higher than any other state

Colorado Leads the Nation

Percentage of Title X Clients Aged 15–19 Using LARC, 2013



LARC Use By New Mothers Using Birth Control Colorado, 2013

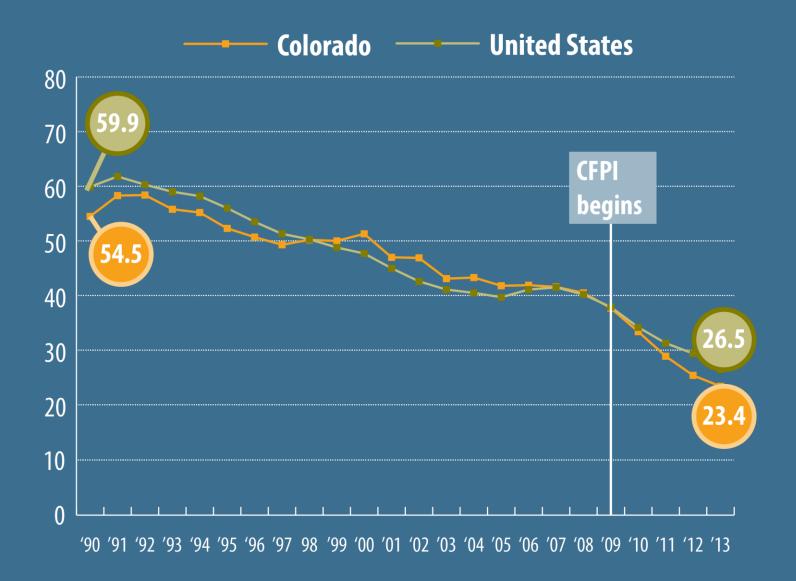
Medicaid Clients

Non-Medicaid

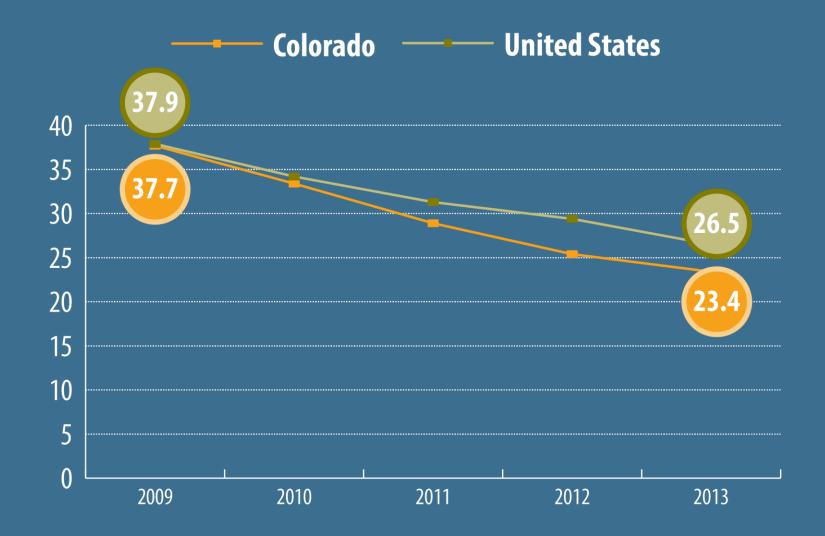


Source: Pregnancy Risk Assessment Monitoring Survey, 2013

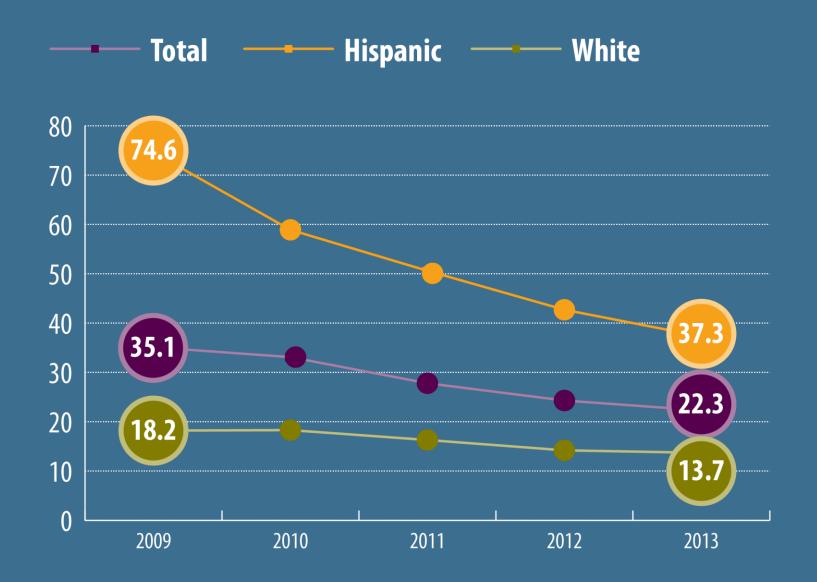
Teen Birth Rate, Ages 15-19, Per 1,000 Women



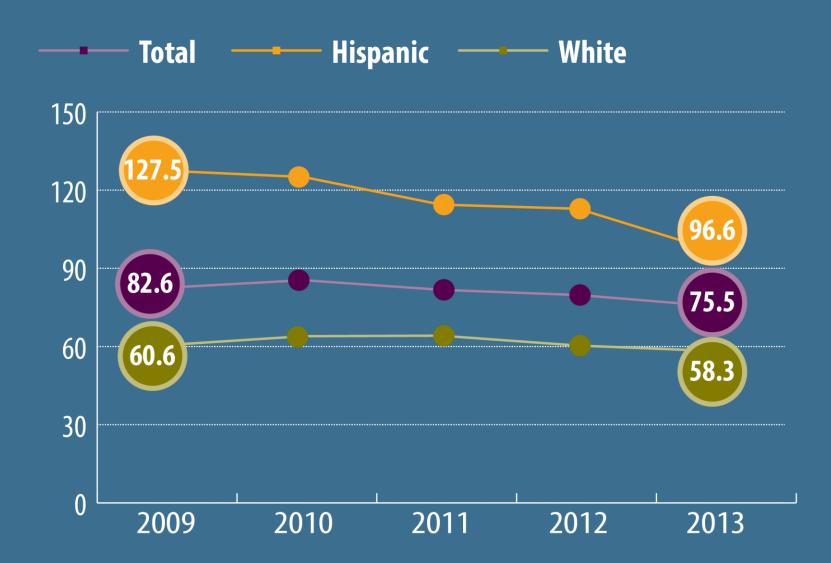
Teen Birth Rate, Ages 15-19, Per 1,000 Women



Birth Rate, Ages 15-19, Per 1,000 Women, Colorado



Birth Rate, Ages 20-24, Per 1,000 Women, Colorado



Percentage of All Births to Mothers With Less Than a H.S. Education, Colorado



The Bottom Line

All analyses show declines in unintended pregnancies, although magnitudes vary.

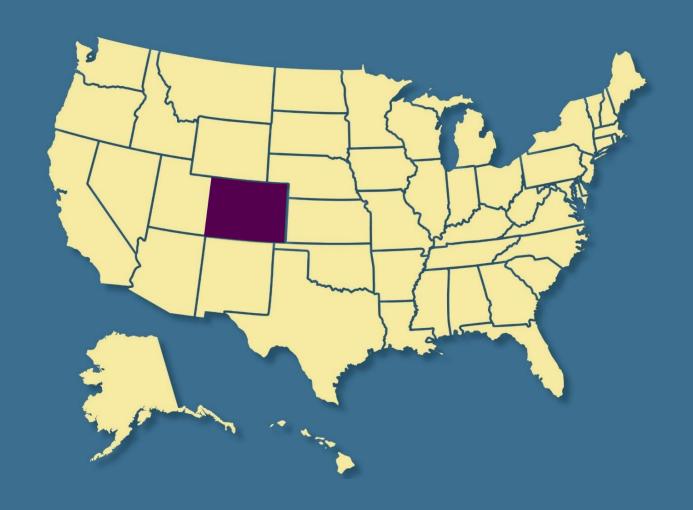
Checking the Checklist





Complexity on Many Levels Complexity and Politics

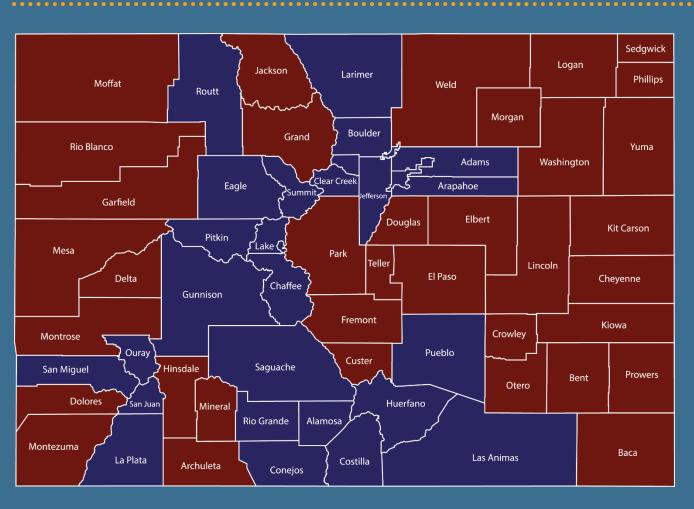
Purple State Blues



Guns and Ganja



Urban/Resort vs. Suburban/Rural



Obama 2012

Romney 2012

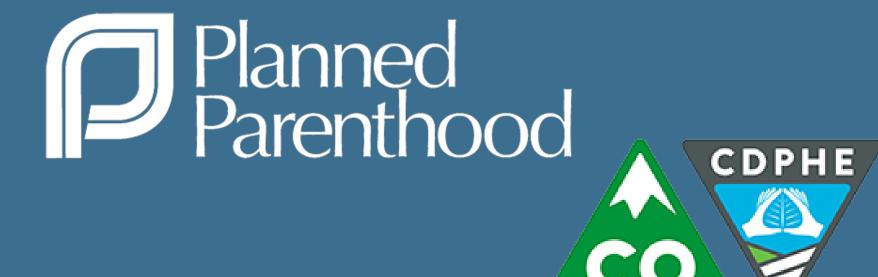




Supporters



The Susan Thompson Buffett Foundation



Opponents





COLORADO CATHOLIC CONFERENCE





Abstinence

"Then there's this issue of self-respect and morality associated with casual sex. ... Is this really what we want for our children and grandchildren – sex without consequences?"

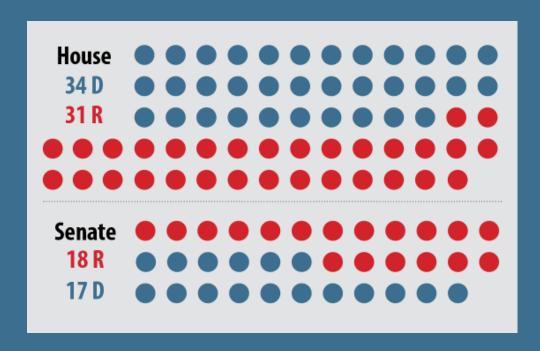
Colorado Rep. JoAnn Windholz

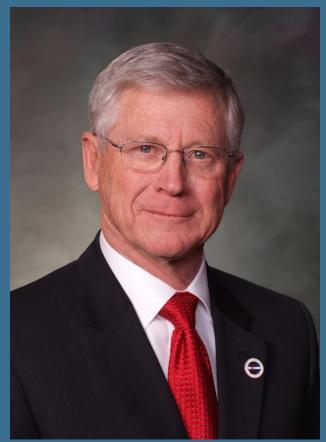
Personal Responsibility

"Does that allow a lot of young ladies to go out there and look for love in all the wrong places, as the old song goes?"

Colorado Rep. Kathleen Conti

LARC's Future in Colorado





Rep. Bob Rankin

2016: A Hyper-Political Year





















Checking the Checklist



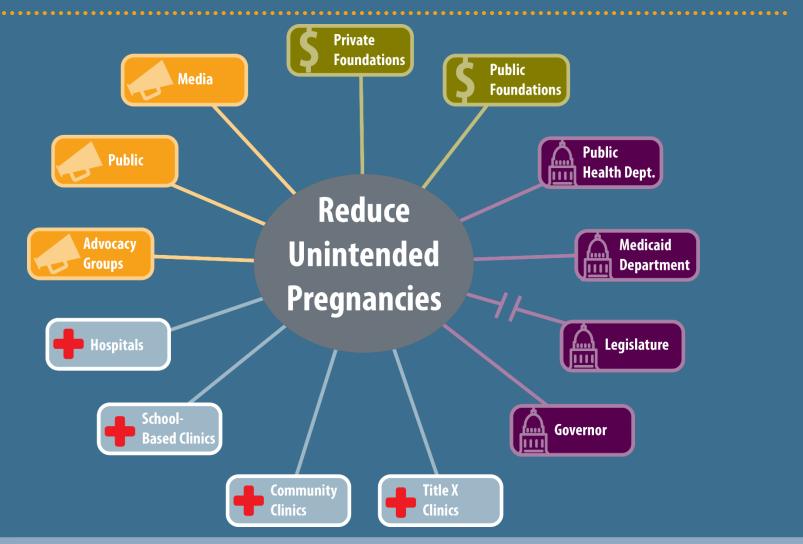


Complexity on Many Levels

Complexity and Stakeholders

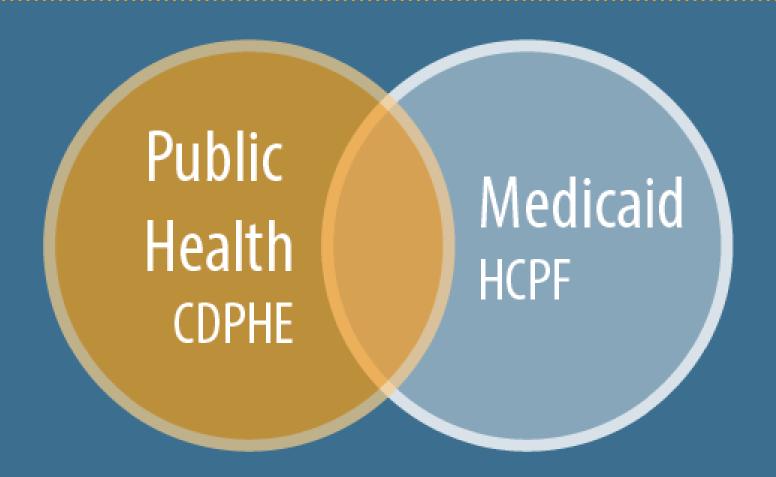
Complexity and Stakeholders

Colorado's Stakeholder Network



Complexity and Stakeholders

Overlapping Agency Roles



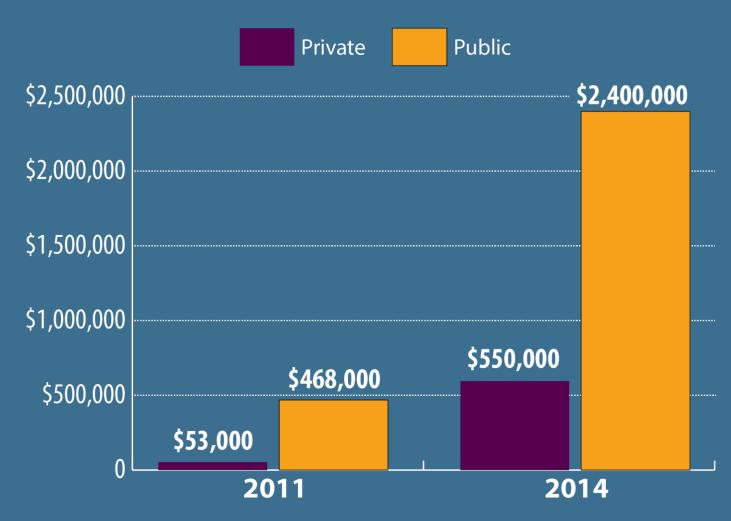
Medicaid Pays for LARC

- Good reimbursement rates for most contraceptives...
- Because the state legislature increased Medicaid rates for reproductive services...
- Except, reimbursement rate for IUD insertions is low

So Why is LARC Funding Needed?

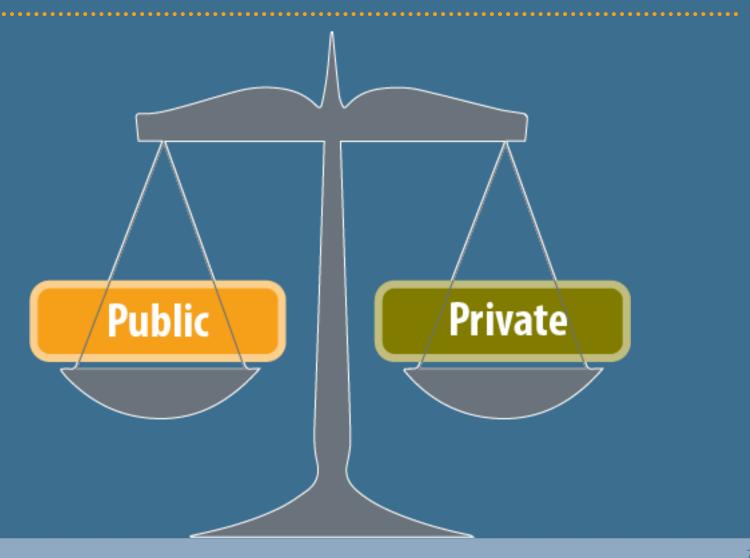
- High up-front cost to clinics to stock devices
- Confusion over billing
- Growing number of religious exemptions
- Provider training was needed
- 2/3 of Title X patients are uninsured

Reimbursement for LARC at Colorado Title X Clinics



Complexity and Stakeholders

Differing Roles for Foundations



Complexity and Stakeholders

Checking the Checklist



Complexity on Many Levels

Takeaways

- Evidence: LARC is not solely responsible for improvements in unintended pregnancies. But by almost all measures the initiative has been a success.
- Politics: Supporters and opponents come from many perspectives.
- **Stakeholders:** Government, providers, public and private foundations all have a role.



Lessons Learned: Politics and Practice

- 1. There is great hunger among funders for evidence-based policy solutions.
- 2. Craft simple, powerful messages based on the data.
- 3. Map your local network and create your collaborative team from the network players.
- 4. Focus. Focus. Focus.
- 5. Base your intervention on efficacy, evidence and equity.
- 6. Plan ahead for inevitable disruptions.
- Build in enough time to solidify relationships.
- 8. Be flexible enough to change strategies.
- Understand motivations of different funders.
- 10. Work to make a lasting impact. A legacy.

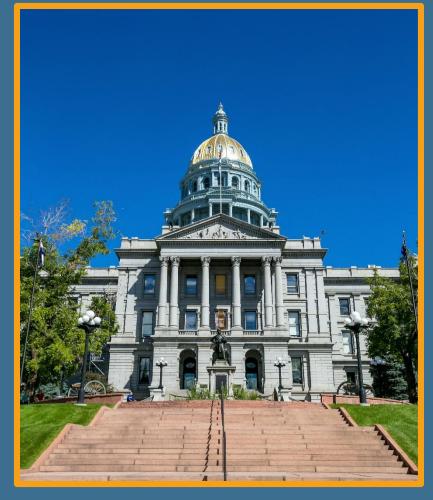
Lessons Learned: Politics and Practice

A Checklist for Success









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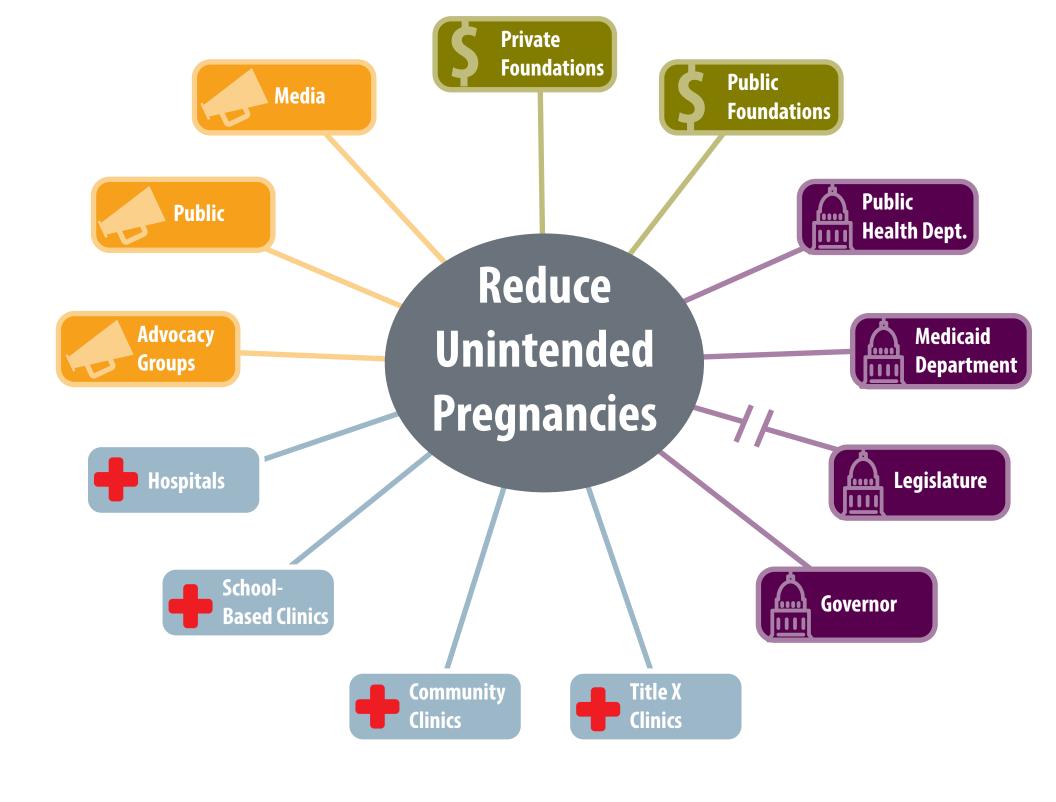












A Checklist for Success

Conceptualize and Design

1

Articulate the Goal

What is the shared outcome? Is it commonly held?

2



Identify the Challenges

What is the best balance between complexity and consensus?

3



Gather Evidence

What does the research find for an evidence basis? What have other states done? What are best practices?

4



Decide on the Intervention

Choose an intervention based on its efficacy, evidence and equity. After weighing all options, what will work best and receive the most support? What has the best chance of making a difference?

5



Appraise Status

Where are you on the plot-to-sustainability continuum? What are the risks involved with each step?

6



Map Your Network

Who are your stakeholders? Where are they along the complexity-consensus continuum? What are their motivations? The subset of close collaborators will come from this network.

7



Understand the Politics

What's the political will (or ill will) around the intervention? Where will disruptions arise?

8



Plot Strategy

What's your ground game based on an understanding of the evidence, the challenges and the risks?

ל



Implement Your Plan

What steps will you take to ensure that the complexity of the issue translates to simplicity of action?

ure



Define Success and Evaluate Progress

How can your intervention be lasting? How can developmental evaluation build in the flexibility to ensure that the intervention leaves a positive legacy?



LARC in Colorado: A Primer

A Short History of the State's Push for Long-Acting Reversible Contraceptives

OCTOBER 2015

The national spotlight has been shining on Colorado's program to increase the use of Long-Acting Reversible Contraceptives (LARC), both because of the program's success and the legislature's decision against funding the initiative in 2015. This primer describes the effort.

The Basics

Birth control comes in many forms, but in terms of effectiveness, one type stands out: LARC.

LARC methods – either hormonal implants or intrauterine devices (IUDs) – are the most effective form of contraception, with a failure rate of one percent or less per year.

- IUDs work primarily by preventing the fertilization of an egg.
- Implants work by preventing ovulation and also by preventing fertilization.

LARC is 20 times more effective over the long term than birth control pills and other common methods such as the patch and the ring, according to the American College of Obstetricians and Gynecologists (ACOG).¹

A LARC method can be effective for up to 10 years before a replacement is needed or a woman decides to start a family. LARC must be provided in a clinic by a qualified provider.

Once that happens, though, the devices require no other action on the part of the user. By contrast, birth control pills must be taken daily. Condoms must be used correctly every time. Other forms of birth control also require consistent and correct use, which explains their higher failure rates compared with LARC.

The Evidence

A study in St. Louis called the Contraceptive Choice Project funded free contraception of various forms for more than 9,000 women. The study found that when women learn about their options, and when cost is not a barrier, three-quarters of them will choose a form of LARC.

The Role and History of Title X

Title X is a federal family planning program that was part of the 1970 Public Health Service Act. The U.S. Department of Health and Human Services, which oversees the program, makes grants to state-delegated groups, which in turn fund a network of 4,200 Title X clinics throughout the country. Clinics receive money from federal, state and local sources.

The clinics are open to anyone, regardless of income or citizenship status. Nationally, 91 percent of Title X clients have household incomes below 250 percent of the federal poverty level.

Title X clinics have struggled to keep LARC devices in stock because of their cost and the sometimes-complicated process of getting reimbursed from insurers. One aim of the donor to the Colorado Initiative was to demonstrate the expanded services that would be possible with enough money.²

Cost and Reimbursement

However, LARC methods have a high one-time cost compared with other forms of birth control. A single treatment can cost between \$300 and \$1,000, depending on the device. Because of the cost, many family planning clinics are unable to keep an adequate supply of LARC devices on hand, according to the Colorado Initiative to Reduce Unintended Pregnancy, known simply as the Colorado Initiative.

Clinics have struggled to get LARC reimbursements.

While the Affordable Care Act requires private insurance policies to cover LARC, providers say the process can be cumbersome because some insurance companies

classify LARC benefits differently than other forms of birth control.

Medicaid reimbursements to Title X family planning clinics in Colorado, however, have increased more than five-fold between 2011 and 2014, climbing from \$468,000 to more than \$2.4 million.³

The Colorado Story

As in many other states, close to half of all pregnancies in Colorado are unintended, according to the Pregnancy Risk Assessment Monitoring Survey.

An anonymous donor — later identified as the Susan T. Buffett Foundation — established the Colorado Initiative in 2007 to tackle that issue. The effort had several facets, including public education and provider training. But its most high-profile work was to increase the use of LARC methods, particularly among lower-income women.

About \$27 million in funding was dispersed throughout the state over the course of the initiative, which ended in early 2015. Grants were awarded to school-based health centers, community clinics and other providers.

The bulk of the money, however, went to the Colorado Department of Public Health and Environment (CDPHE), which channeled funding to Title X clinics as part of a public/private program known as the Colorado Family Planning Initiative (CFPI). (See Figure 1.)

The Numbers

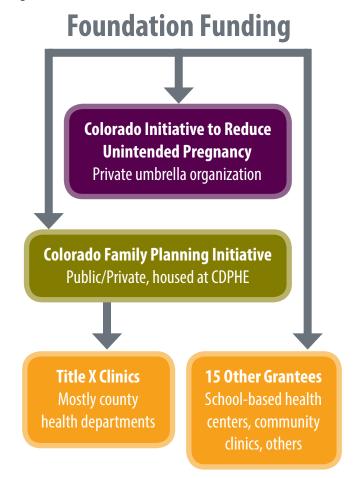
LARC has been provided free of charge to 36,000 Colorado women. And the program has been active in 69 Title X clinics, 22 community health centers, three hospitals and 16 school-based health centers.

Colorado has become a national leader in LARC use since the Colorado Initiative began. More than one of four (25.8 percent) teen clients of Colorado's Title X clinics used a LARC method in 2013, the highest percentage in the nation. Alaska had the second highest rate at 19.6 percent. The national average was 7.1 percent. Mississippi, with a rate of 0.7 percent, was last.

The rates of both abortion and teen pregnancy have been falling across the country since the 1990s, but Colorado appears to have had accelerated declines of both rates since the Colorado Initiative began. Between 2009 and 2012, Colorado's teen birth rate dropped 33 percent, 11 percentage points higher than the national average decline of 22 percent.⁴

Notably, young Hispanic women have seen their birth rates drop faster than their white non-Hispanic

Figure 1. Structure of the Colorado Initiative



counterparts since the start of the Colorado Initiative, reversing earlier trends.

Funding Going Forward

The original grant from the Susan T. Buffett Foundation has expired. A Colorado Senate committee in 2015 rejected Governor John Hickenlooper's request for \$5 million in state funding to continue the program.

In the wake of that vote, a group of foundations pooled \$2 million to keep the program afloat for another year. Supporters plan to return to the legislature for funding in 2016.

End Notes

- ¹ American College of Obstetricians and Gynecologists. (2014). Frequently Asked Questions on Contraception. Retrieved October 9, 2015 from: http://www.acog.org/Patients/FAQs/Long-Acting-Reversible-Contraception-LARC-IUD-and-Implant
- ² U.S. Department of Health and Human Services. (2015). History of Title X. Retrieved October 9, 2015, from http://www.hhs.gov/opa/title-x-family-planning/
- ³ Colorado Department of Public Health and Environment. (2015). Expenditure Revenue Reports.
- ⁴ Centers for Disease Control and Prevention. (2014). "National and State Patterns of Teen Births in the United States, 1940-2013."