

Statewide Contraceptive Access Initiatives: Recommendations Report

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EXECUTIVE SUMMARY

As some of the legacy statewide contraceptive access initiatives (SCAI) end and a new generation of SCAI emerge, there is a critical need to build on the work that has already begun to further expand the potential of these initiatives, with an eye toward advancing Sexual and Reproductive Health Equity (SRHE) across all phases of project implementation and evaluation. The [Coalition to Expand Contraceptive Access \(CECA\)](#), in collaboration with the [Center for Reproductive Health Research in the Southeast \(RISE\)](#) at Emory University, led [an effort](#) with SCAI leaders to document and share lessons learned and help identify opportunities to advance SCAI. This work resulted in the development of priority recommendations to build on lessons learned, address challenges, and fulfill opportunities for SCAI.

Gathering the Input and Developing the Recommendations

CECA performed the following activities to develop priority recommendations:

Activity	Purpose
Conducted scoping and developed an American Journal of Public Health (AJPH) special issue	Document the work of SCAI and share articles on SCAI conceptualization, implementation, evaluation, and initial findings. <i>(Developed in partnership with the Association of State and Territorial Health Officials).</i>
Hosted listening sessions with SCAI representatives and funders	Gather insights on the promising practice, challenges, and opportunities related to implementation, evaluation, and SRHE.
Developed an updated environmental scan	Explore the existing evidence related to the implementation and evaluation of SCAI from 2005 to January 2024. <i>(Developed in partnership with RISE).</i>
Hosted a summit of SCAI representatives and partners	Reflect on and confirm the key findings from the information gathering activities, develop a shared vision, generate priority actions, and discuss the needs and next steps for SCAI.
Developed the SCAI Recommendations Report	Document and share the vision for SCAI, priority recommendations to move SCAI toward the vision, and ideas for fostering action. <i>(Developed in partnership with RISE).</i>

Framing a Vision for SCAI

This collectively developed vision helps document what SCAI are ultimately aiming to achieve and is intended to guide future SCAI approaches:

The vision of SCAI is to achieve universal, equitable contraceptive access. This means that all people can access comprehensive contraceptive information, products, methods, and/or services that work best for them—if, when, how, and where they want it, free of barriers and bias. Equitable contraceptive access also means that people who do not want contraception, or who want to discontinue contraception, should be free to make and realize that decision for any reason, without pressure, judgment, or coercion.

SCAI help achieve this vision by:

- Integrating strategies that advance equity, reproductive autonomy and agency, and wellbeing throughout the SCAI planning, implementation, and evaluation processes.
- Removing barriers across the system, provider, community, and individual levels to sustainably increase access to and provision of high-quality, nonjudgmental, and person-centered care.
- Adopting and tailoring/adapting best practices, responding to local and community needs, and pursuing innovative approaches.

Outlining the Goals and Priority Actions

The recommendations described in this report are intended to support implementers, evaluators, funders, and other stakeholders in designing initiatives that build on the lessons learned of past projects and advance innovative strategies to expand access and advance a shared vision for SCAI.

1. Center Communities	2. Foster Flexibility and Responsiveness	3. Align Goals with Comprehensive Measures	4. Sustain the Work
<ul style="list-style-type: none">• Meaningfully center the needs, values, priorities, experiences, and voice of local communities related to sexual and reproductive healthcare• Require and adequately fund community engagement activities in SCAI grants• Dedicate adequate money, time, and effort to building new and maintaining established relationships after the project ends	<ul style="list-style-type: none">• Enable more flexible timelines and use of funds, particularly as the project is underway• Prioritize approaches that provide benefit to, rather than place an additional burden on, clinical and community partners• Create explicit opportunities for SCAI to test innovative approaches	<ul style="list-style-type: none">• Change the expectations and narrative around SCAI goals, measures, and intended outcomes to align with equity-centered principles• Define what equity means for SCAI and how to measure it• Identify and advance efforts to improve measures, measurement approaches, and documentation of best practices	<ul style="list-style-type: none">• View SCAI as a starting point to addressing access barriers, and incorporate strategies to extend the work beyond the period of the funded project• Maximize support from diverse funding and payment sources• Identify aspects of the work that are scalable and leverage resources for expansion

Moving Forward

This report, and the work of CECA and RISE to identify lessons learned and opportunities across SCAI overall, serves two key purposes:

1. **Inform the implementation and evaluation of current and future projects** – to help SCAI and their funders/supporters build upon successes and avoid the pitfalls of previous projects. Activities include disseminating SCAI project findings to new and existing partners, supporting ongoing conversations and collective action, sharing and documenting SCAI best practices and innovations, and building the capacity of SCAI to overcome implementation, evaluation, and sustainability barriers.
2. **Identify opportunities to generate and disseminate evidence on SCAI** – to document processes and outcomes and offer critical insights and strategies for integrating equity and person-centeredness and demonstrating impact. This initial effort can help set the stage for a range of follow-on projects, such as developing a Community Preventive Services Task Force (CPSTF) Community Guide Recommendation on SCAI, conducting rigorous studies focused on SCAI implementation as well as policy impacts, and developing and implementing more comprehensive measures related to contraceptive access and use.

While SCAI work continues and scientific evidence accumulates, the hope is to encourage funders, SCAI implementers and evaluators, national organizations and conveners, and the broader field to:

- **Identify, share, and document learnings, best practices, and innovations from SCAI** – to build the evidence and develop resources to support different aspects of SCAI in support of equity, community engagement, implementation, evaluation, and sustainability.
- **Convene stakeholders in diverse forums** – to facilitate continuous learning and knowledge sharing.
- **Support SCAI in making the case for the value of these initiatives** – to help gain buy-in, align values and priorities across key stakeholders, and amplify the efforts of project teams.

INTRODUCTION

Statewide Contraceptive Access Initiatives (SCAI) seek to expand access to contraception by bringing together key partners committed to advancing access, increasing health center capacity to provide services, and removing structural barriers to contraceptive access, such as cost. Since the early 2000s, more than 30 SCAI have been implemented in the U.S. A growing body of evidence indicates that SCAI can help expand contraceptive access, advance the provision of person-centered care, and improve health outcomes.¹

As some of the legacy SCAI end and a new generation of SCAI emerge, there is a critical need to build on the work that has already begun to further expand the potential of these initiatives, with an eye toward advancing Sexual and Reproductive Health Equity (SRHE) across all phases of project implementation and evaluation. Although SCAI operate under different state contexts and have varied local needs, common components of statewide initiatives can be documented and serve as a resource to ongoing and future initiatives.

The [Coalition to Expand Contraceptive Access \(CECA\)](#) and the [Center for Reproductive Health Research in the Southeast \(RISE\)](#) at Emory University led a collaborative effort with SCAI leaders to share and document lessons learned and help identify opportunities to advance SCAI. This work resulted in the development of priority recommendations for current and future SCAI that build on lessons learned, address challenges, and fulfill opportunities. The priority recommendations described in this report are intended to support implementers, evaluators, funders, and other stakeholders to design initiatives that build on the lessons learned of past projects and advance innovative strategies to expand access and advance a shared vision for SCAI.

Definitions

Statewide Contraceptive Access Initiatives (SCAI) are projects implemented across all or multiple regions of a state that involve a coalition of key stakeholders from public, private, and non-profit sectors who undertake coordinated efforts to increase access to contraception. Efforts focus on mobilizing interest in expanding access to contraception; providing contraceptive products at no or low cost; providing training and capacity building; and removing other structural barriers to enhanced contraceptive access.¹

Sexual and Reproductive Health Equity (SRHE) means that systems ensure that all people, across the range of age, gender, race, and other intersectional identities, have what they need to attain their highest level of sexual and reproductive health (SRH). This includes self-determining and achieving their reproductive goals. Government policy, healthcare systems, and other structures must value and support everyone fairly.²

History and Evolution of Statewide Contraceptive Access Initiatives

Since the early 2000s, more than 30 SCAI have been implemented in the U.S., often funded by philanthropic organizations and state government agencies. These initiatives lead the coordination and implementation of a range of activities to expand contraceptive access in a state, including offering training and technical assistance to clinicians and support staff in reproductive health and primary care settings; funding support to clinical partners for the provision of low/no-cost contraceptive services and supplies; creating public awareness campaigns; and leading public policy analysis and championing.¹

Early interest in the potential of these initiatives was sparked by evidence generated by the Contraceptive CHOICE Project, implemented in St. Louis, Missouri in 2006, which documented the dramatic impact that the use of long-acting reversible contraceptive (LARC) methods, including intrauterine devices (IUDs) and implants, can have on unintended pregnancy when barriers, including cost, are removed.³ In response, state and funder interest prompted the implementation of contraceptive access initiatives across several states focused on addressing the unique barriers to expanding LARC access. Examples of those barriers included the need for provider training on insertion and removal, unavailability of devices in clinics and hospitals, and high costs of LARC devices that made them unattainable for many people.

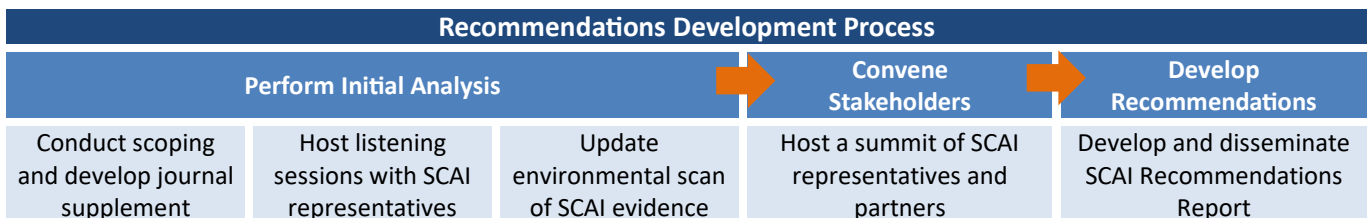
While these efforts greatly reduced barriers specific to LARC access, these projects often integrated LARC-first or LARC-centered approaches, such as the tiered-effectiveness contraceptive counseling model, which advocates have documented ignored the many factors beyond method effectiveness that may shape a person’s contraceptive preferences and decision-making across the lifespan, as well as the United States’ long history of reproductive coercion.^{4,5} Early projects were also guided by conventional public health frameworks, including reducing unintended pregnancy and teen pregnancy and expanding contraceptive access as a means to reduce poverty and increase public cost savings.⁶⁻⁸ These frameworks, however, have often been used as justification for coercive policies and programs that value the reproduction of some individuals over others and have been called into question over the past decade.⁹⁻¹¹ New frameworks and measures are in development to more holistically capture the role that reproductive healthcare and contraceptive access play in people’s lives.

Based on concerns regarding these frameworks across the reproductive health, rights, and justice community, SCAI shifted, over time, to center approaches that prioritize offering the full range of contraceptive options, often using a shared decision-making approach that centers individual preferences and priorities.¹² The majority of SCAI implemented in the past decade focus on expanding contraceptive access by addressing the unique barriers to all contraceptive methods and employing strategies to ensure that all methods are available for individuals to choose the method that will work best for them.¹

The landscape of reproductive health and contraceptive access in the U.S. will continue to evolve, particularly as new access points, such as pharmacy-based contraceptive care, telehealth, and over-the-counter access to oral contraceptives, are expanding. At the same time, existing access gaps are expected to widen in the post-Roe era, especially for LARC methods and emergency contraception.¹³ SCAI play a unique role in state-level contraceptive access, including filling gaps where other networks have been unable to, focusing exclusively on contraceptive access efforts amidst numerous competing priorities, and often operating with more flexibility than other service delivery systems. The priority recommendations described in this report can support implementers, evaluators, funders, and other stakeholders to evolve the design of these initiatives, based on lessons learned and identified opportunities, to expand equitable contraceptive access.

Developing the Recommendations

To develop priority recommendations, CECA undertook the activities described in the figure and section below to learn from past and current SCAI activities, challenges, and successes.



1. **Scoping and Journal Supplement:** Building on initial discussions with SCAI leaders, the Association of State and Territorial Health Officials (ASTHO) and CECA conceptualized and managed the publication of an American Journal of Public Health special issue, [Reshaping Contraceptive Access Efforts By Centering Equity, Justice, and Autonomy](#). The 2022 publication includes articles describing how SCAI have been conceptualized, implemented, and evaluated as well as some initial findings. Additional articles explore frameworks and strategies for integrating SRHE into contraceptive access initiatives.
2. **Listening Sessions:** CECA convened “listening sessions” with 38 representatives from nine SCAI to gather insights on promising practices, challenges, and opportunities related to the initiatives. From October to December 2023, CECA conducted six 90-minute structured small group discussions with SCAI leaders, staff, and funders of completed, ongoing, and newly funded projects. As described in the [SCAI Summary of Listening Sessions](#), the discussions focused on implementation, evaluation, and SRHE in SCAI.

3. **Environmental Scan:** RISE and CECA updated an initial 2021 environmental scan of published and grey literature related to the implementation and evaluation of SCAI from 2005 to January 2024. Sixty-two relevant resources were identified in the [SCAI Updated Environmental Scan](#), describing implementation approaches and evaluation findings across 30 states and territories that have implemented, or are currently implementing, contraceptive access initiatives.
4. **SCAI Summit:** CECA convened a two-part virtual summit on February 27 and March 7, 2024, with 23 SCAI representatives and partners from national sexual and reproductive health (SRH) organizations. The group reflected on and confirmed the key findings from the information gathering activities, developed a shared vision, generated goals and priority actions described in this report, and discussed potential research needs and next steps for this work.
5. **Recommendations Report:** Informed by the information gathering activities and summit discussions, CECA and RISE developed this Recommendations Report in May 2024 to document and share the vision for SCAI, priority recommendations to move SCAI toward the vision, and ideas for fostering action.

Summarizing the Key Findings

Six key findings emerged from the listening sessions and environmental scan related to SCAI planning and initiation, implementation, and evaluation, summarized below. These findings demonstrate the shared approaches, challenges, and strategies of various initiatives, while also emphasizing how SCAI consider and adapt to their unique contexts.

Summary of Key Findings from the Listening Sessions and Environmental Scan: Activities, Challenges, and Solutions	
1. Centering Equity	<p>SCAI shifted, over time, to equity-centered approaches in response to changes in the field and advocacy from reproductive justice leaders. Misalignment in priorities among key stakeholders, which often focuses on increasing LARC use and reducing unintended and teen pregnancy, can hamper progress towards equity-centered goals. Approaches SCAI implement include, for example:</p> <ul style="list-style-type: none"> • Prioritizing facilitating access to the full range of contraceptive methods, combined with expanding access to broader SRH and other services. • Demonstrating a commitment to principles of equity, reproductive justice, and person-centeredness to build trust and support in communities and support shifting the culture around contraceptive access.
2. Planning Yet Being Flexible	<p>SCAI use dedicated planning time to map out the project vision and approach, understand the current landscape, engage partners and champions, establish shared values, and gather diverse stakeholder feedback about needs and challenges to refine project activities. SCAI experience changes, challenges, and unexpected events and benefit from being flexible as projects are underway. Example strategies include:</p> <ul style="list-style-type: none"> • Engaging and aligning with the broader SRH field to better understand and address shifting SRH policy landscapes and revise their vision and approach to center equity and justice. • Adapting training and service delivery models in response to COVID-19. • Developing educational materials to combat mis- and dis-information about contraception among providers and the public.

<h3>3. Implementing Activities</h3>	<p>SCAI implement a wide range of activities. The top two priorities included:</p> <ul style="list-style-type: none"> • Offering provider and staff training – SCAI representatives reported providing trainings on a range of topics, through a variety of modalities and settings. Challenges included high staff turnover and time commitments. • Financing and supplying no- or low-cost contraception – SCAI representatives reported this was particularly important for states that are not a Medicaid expansion state and do not have a strong Title X network. Reported challenges for all SCAI included lack of prioritization for billing for contraceptive care among partners, funding restrictions, and stocking issues. <p>In general, the political landscape, clinical factors, costs and reimbursement, and the COVID-19 pandemic also posed challenges to SCAI implementation. Strategies that have been key to successful implementation include building strong, collaborative partnerships; facilitating open dialogue and consistent communication; and building project activities around stakeholders’ needs and priorities.</p>
<h3>4. Evaluating Process and Outcomes</h3>	<p>SCAI evaluations range from small- to large- scale data collection and analysis efforts, from collecting informal feedback from program staff and partners to conducting robust, longitudinal evaluations. Evaluation can be complex, expensive, and evolving, due to programmatic, social, and political shifts, and unplanned factors, such as the COVID-19 pandemic. SCAI evaluation strategies include:</p> <ul style="list-style-type: none"> • Rethinking approaches, including specific data elements, data collection strategies, planning timelines, and data analysis plans. • Building leadership support among key partners and staff to gain buy-in to evaluation processes and goals. • Supporting capacity building to enhance data reporting, collection, and quality. • Using tailored approaches to work with different clinics and health organizations that ease on-site processes and facilitate collection of comparable data.
<h3>5. Identifying Measures</h3>	<p>SCAI use a range of shared measures to assess the initiatives across various levels, including providers and health centers; clients and potential clients; public policy; and health and social outcomes. Evidence demonstrates that SCAI might have significant impacts on a range of outcomes, particularly contraceptive use. The existing measures have limitations that restrict initiatives’ ability to effectively measure equity and comprehensively demonstrate impact. SCAI have begun expanding measurement beyond LARC uptake and unintended pregnancy rates, by:</p> <ul style="list-style-type: none"> • Identifying and collecting data on provider and patient experience and perception, including qualitative and patient-reported data. • Measuring use across all contraceptive methods for clinic monitoring versus as an outcome. • Considering individual demographic data to explore access across different communities.
<h3>6. Disseminating Learnings</h3>	<p>SCAI share project findings with implementation partners and with the public through several mechanisms, including annual and semi-annual reports, one-pagers, peer-reviewed publications, conference presentations, and social media posts. Dissemination can be challenging due to, for example, the risk of stakeholders drawing inaccurate conclusions. Strategies for sharing meaningful findings and fostering action include:</p> <ul style="list-style-type: none"> • Being strategic about when and with whom findings are shared. • Tailoring the method or product for the specific audience. • Providing context and educating the audience about how to interpret the data. • Sharing actionable findings with concrete recommendations.

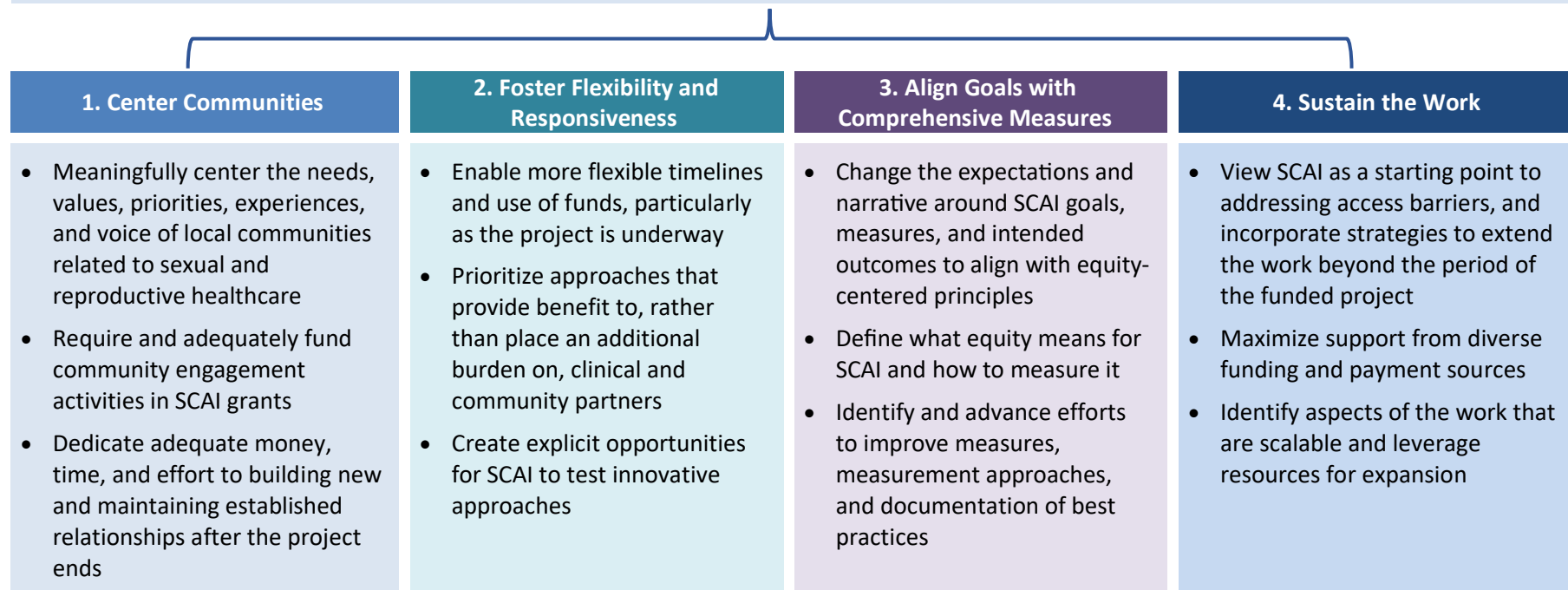
RECOMMENDATIONS TO ADVANCE STATEWIDE CONTRACEPTIVE ACCESS INITIATIVES

The vision, illustrated in the figure below, helps document what SCAI are ultimately aiming to achieve and is intended to guide future SCAI approaches. The recommendations that follow, organized into four strategies, provide clear direction for advancing SCAI to ensure the vision is achieved.

The vision of SCAI is to achieve universal, equitable contraceptive access. This means that all people can access comprehensive contraceptive information, products, methods, and/or services that work best for them—when, how, and where they want it, free of barriers and bias. Equitable contraceptive access also means that people who do not want contraception, or who want to discontinue contraception, should be free to make and realize that decision for any reason, without pressure, judgment, or coercion.

SCAI help achieve this vision by:

- Integrating strategies that advance equity, reproductive autonomy and agency, and wellbeing throughout the SCAI planning, implementation, and evaluation processes.
- Removing barriers across the system, provider, community, and individual levels to sustainably increase access to and provision of high-quality, nonjudgmental, and person-centered care.
- Adopting and tailoring/adapting best practices, responding to local and community needs, and pursuing innovative approaches.



Goals, Priorities, Rationale, and Priority Actions

Based on the documented findings of [CECA and RISE's efforts](#), several opportunities exist for SCAI to integrate additional strategies that respond to the needs of their communities, remove existing and emerging barriers, and sustain beyond the period of funded projects. These findings informed the priority recommendations presented in this report, which intend to build on the existing successful strategies, progress, and evolution of SCAI, with a focus on advancing SRHE.

Each recommendation below describes the goal, priorities, rationale, and audience-specific actions. Collectively, these recommendations provide a pathway to advance states toward the vision for contraceptive access.

1. Center Communities

Goal: Center community voice in all aspects of SCAI.

Priorities:

- Meaningfully center the needs, values, priorities, experiences, and voice of local communities related to sexual and reproductive healthcare.
- Require and adequately fund community engagement activities in SCAI grants.
- Dedicate adequate money, time, and effort to building new and maintaining established relationships after the project ends.

Rationale: Prioritizing and integrating community engagement strategies throughout SCAI planning, implementation, and evaluation is critical to understanding people's experiences and centering approaches that meet people's needs. Many SCAI are exploring strategies to better center the needs, values, and priorities of local communities and enhance equitable access to person-centeredness, including:

"I don't want anyone to ever go to a doctor or interact with their partners thinking they can't have input and direction in their reproductive choices and aspirations, whatever they may be. At the end of the day, that's why I work for an SCAI--to be a part of the forces that keep reproductive agency a salient cultural norm."

- SCAI Representative

- **Prioritizing facilitating access to the full range of contraceptive methods** for all people, regardless of their ability to pay, particularly those who are uninsured, underinsured, have limited resources, live in areas with limited contraceptive access, or may face broader challenges to accessing care otherwise.
- **Exploring opportunities to expand access to broader and related services to meet people's needs**, for example, by working in partnership with primary care, STI services, and other adjacent areas (e.g., transportation, early childhood education) to further expand opportunities access to contraceptive education and services.
- **Integrating equity-informed approaches into evaluation plans** by prioritizing assessing people's experience with quality of care, person-centered counseling, and access, through focus groups, in-depth interviews, and surveys with service users and other community members to elevate lived experiences and community voice.

Centering communities in an equitable way can be resource intensive, requiring dedicated time, staffing, and funding. It requires authentically integrating community members' insights into all aspects of the project as well as demonstrating the value of community partners' time by adequately compensating engaged community members for their participation and commitment. It also requires awareness of the larger

historical context around SRH care and SCAI, as well as distinct state contexts, that have led to community mistrust of healthcare systems.

Meaningful effort is necessary to build these partnerships with communities across the state and demonstrate the initiative's commitment to principles of equity and reproductive justice. Additionally, as project funding begins to wind down, it is key that SCAI leaders communicate about the transition and carefully offboard/transition community partners and organizations, while maintaining support to community organizations in other areas, if possible.

Priority Actions:



Funders – Can Center Communities

- **Create funding opportunities that support SCAI to center equity- and justice-informed approaches across all aspects of the initiative.** For example, create grants that allow the purchase of the full range of contraceptive methods, do not impose restrictions on the purchase of specific contraceptive products, and prioritize equitable access for all people (e.g., does not restrict the project from including adolescents and young people, so long as approaches are equity-informed and do not foster coercive practices).
- **Include flexible grant funding that advances community engagement strategies,** including:
 - Support dedicated staff designated to community engagement, rather than including it as part of another role.
 - Support education and outreach coordinators across the state to connect with existing tables and groups within the community.
- **Avoid perpetuating stigma** by not promoting discourse that endorses the prevention of unintended pregnancies and increased contraceptive access as a strategy to reduce poverty, particularly among young people and individuals with low incomes.



Implementers – Can Center Communities

- **Integrate a range of community engagement strategies across project activities,** including:
 - Create a community advisory board made up of individuals who can inform SCAI efforts from a community perspective; elevate community priorities and solution with SCAI leaders on how to address those priorities; regularly provide feedback on project activities as the initiative is underway; and offer ideas on how to effectively engage diverse communities across the state.
 - Meaningfully partner with local, community-based organizations who can function as “lay service providers” and provide contraceptive counseling or referrals to people who do not have access to office-based care.
 - Work with community ambassadors and community-based education and outreach coordinators to increase visibility and buy-in for the initiative.
 - Demonstrate the value of community members and community organizations by adequately compensating them for their time and engagement in the project.
 - Carefully support offboarding/transitioning with community organizations at the end of the funded project by communicating transparently about project timelines and considering where support can be sustained.

- **Center equity- and justice-informed programming that aligns with the values and priorities of local communities**, including efforts to:
 - Ensure that comprehensive contraceptive information, products, the full range of methods, and/or person-centered services are accessible to all people.
 - Prioritize messaging and action that promotes equity, autonomy, and agency across all aspects of the initiative so that people who do not want contraception, or who want to discontinue contraception, can be free to make and realize that decision for any reason.
 - Incorporate equity and bias training for internal SCAI project staff to ensure that the team has a strong foundation for planning, implementing, and evaluating the project.
 - Avoid perpetuating stigma by not promoting discourse that endorses the prevention of unintended pregnancies and increased contraceptive access as a strategy to reduce poverty, particularly among young people and individuals with low incomes.



Evaluators – Can Center Communities

- **Integrate a range of community engagement activities into evaluation plans**, including efforts to:
 - Dedicate time during the initial planning phase to develop a comprehensive, mixed-methods evaluation approach that incorporates equity-informed principles, prioritizes community engagement with diverse groups, and includes a range of outcomes (e.g., experience with person-centered contraceptive care counseling, provision of contraceptive care across different individual characteristics, and measures of contraceptive service needs and preferences).
 - Explore a variety of data collection methods (e.g., phone interviews, virtual surveys) that help capture as many diverse perspectives and insights as possible to gather candid and honest assessments of individual’s experiences and feedback.
 - Gather and integrate feedback from the community advisory board and local, community-based organizations on the planned evaluation approach.
 - Avoid perpetuating stigma by not promoting discourse that endorses the prevention of unintended pregnancies and increased contraceptive access as a strategy to reduce poverty, particularly among young people and individuals with low incomes, in evaluation planning and dissemination.
- **Integrate person-reported and other related measures into evaluation plans** to collect more comprehensive and qualitative data on the experiences, perceptions, and needs of people who are accessing and not accessing care for both program monitoring and outcome evaluation.

“We were able to fund a select group of community organizations to equip them to be ‘lay service providers’ so they were trained in contraceptive counseling and referrals. Working in the clinics is one arm, but there are people who want access but don’t have connections to care. We needed to have the community side and have that trust. In 3 or 4 years where we tracked how referrals progressed, every year they got stronger. Community organizations had the capacity to do that case management. It was a huge opportunity for us, and we are seeing successes in the community because we had support from community organizations. Their work was so valuable, but we can’t spend money we don’t have. We need to show why they are important to our overall mission. They should definitely be funded.”

- SCAI Representative

2. Foster Flexibility and Responsiveness

Goal: Create space and flexibility for SCAI to adapt best practices, respond to local needs, and pursue innovative approaches.

Priorities:

- Enable more flexible timelines and use of funds, particularly as the project is underway.
- Prioritize approaches that provide benefit to, rather than place an additional burden on, clinical and community partners.
- Create explicit opportunities for SCAI to test innovative approaches.

Rationale: Effective implementation and evaluation of SCAI requires a flexible approach that allows initiatives to respond rapidly to evolving project needs and local community needs. At the outset of the initiative, this approach may entail dedicated planning time to map the project vision and approach, engage partners and champions, and gather diverse stakeholder feedback to refine implementation and evaluation activities.

As the initiative is underway, a flexible approach creates space for SCAI to proactively respond to emerging local needs by, for example, more meaningfully tailoring implementation activities and evaluation tools, or integrating activities that are of most interest to clinical and community partners and that may not have been included in the original grant proposal. For example, SCAI commonly implement eight interrelated, core intervention components:

- Training/continuing education and ongoing technical assistance for clinical and community partners, healthcare providers, and staff
- Provision of low- or no-cost contraception to clinical and community partners
- Grants for contraceptive equipment or supplies
- Quality improvement and monitoring
- Public awareness campaigns
- Stakeholder engagement
- Legislation or other policy changes

Yet, state and local contexts, such as state policy landscapes related to SRH access and workforce and capacity challenges among clinical and community partners, may require SCAI to adapt the planned approach to a particular intervention activity or delay the implementation of a particular activity while prioritizing progress on others. Planned evaluation approaches may also require adaptations in response to shifting implementation approaches to ensure alignment of evaluation questions, tools, and strategies.

A flexible and responsive approach can also facilitate testing innovative approaches to enhance contraceptive access, such as exploring telehealth, pharmacy-based contraceptive care, or collaborations with partners expanding access to broader SRH and related services. Flexible funding structures, implementation approaches, and evaluation plans can support this effort.

“Our focus being predominantly on contraception access gives us the ability to be constant when some of our larger health providers cannot be as nimble. I think about the pandemic, when SRH was deemed not essential, and the attacks on birth control, and we are willing to push contraception forward...A lot of the spaces I work in clinically cannot always keep their eye on contraception access. When big changes happen, they don't always want to take the risk, so they stop providing services. That's not an answer for our work.”

- SCAI Representative

Priority Actions:



Funders – Can Foster Flexibility and Responsiveness

- **Create funding opportunities that allow for flexibility in SCAI implementation**, including grants that:
 - Support longer project periods, or grants that are exclusively for planning and mapping local needs and priorities. This may include mapping out the project vision and approach, engaging partners and champions, conducting needs assessments, and gathering diverse stakeholder feedback about needs and challenges to refine project activities.
 - Include unrestricted funds that allow grantees to distribute funds based on local and community need.
 - Allow SCAI to tailor implementation and evaluation approaches and activities to local needs and policy changes as they evolve, even as the project is underway.
 - Support innovation and testing new strategies to expand contraceptive access, in addition to implementing proven strategies.
 - Recognize and help SCAI address the reality, nuances, and limitations of policy change and implementation.
- **Create funding opportunities that appropriately support responsive evaluation approaches**, including grants that:
 - Include resources to support site-level capacity building around evaluation activities for clinical and community partners (e.g., improved billing, coding, data entry).
 - Allow evaluation funds to be used equally across all project years for various activities and support evaluation and dissemination activities after implementation of the initiative has ended.
 - Recognize that not all activities will be evaluated due to project priorities or the effort to minimize the burden placed on clinical and community partners.



Implementers – Can Foster Flexibility and Responsiveness

- **Tailor SCAI activities to local contexts while building on documented best practices**, particularly for commonly implemented project activities, such as trainings for clinical partners' providers and staff, financing and/or supplying no- or low-cost contraception to clinical and community partners, public awareness campaigns and messaging, and policy change activities.
- **Explore innovative strategies to expand SCAI reach** by, for example, partnering with new community groups, provider groups (e.g., primary care providers, pediatricians, pharmacists), and other partners working in adjacent areas.
- **Value and build on the existing work of clinical and community partners**, recognizing that many healthcare partners operate in an underfunded, under-resourced, and understaffed capacity that can make thinking more expansively about service delivery a challenge. SCAI implementers can:
 - Build project activities around the successes, needs, and gaps identified by partners, rather than framing activities as a "necessary improvement" on the systems that are already in place.
 - Conduct an initial assessment of clinical partners' capacity and readiness for project activities that supports tailoring activities to meet partners' needs.
 - Communicate transparently throughout the implementation of the project about timelines, goals, and any changing priorities at the partner site.



Evaluators – Can Foster Flexibility and Responsiveness

- **Tailor engagement approaches across different clinical partners** to support the collection of consistent, comparable data. This may include exploring incentives that may increase partner engagement, such as making early learnings accessible to partners and introducing strategies and tools for data collection and analysis that are of interest to partners.
- **Explore opportunities to streamline data collection to reduce additional burden on community and clinical partners.** For example, evaluators can collaborate with clinical partners and/or the SCAI implementation team to harness available data that may answer questions of interest.
- **Remain flexible and responsive to evaluation needs that may emerge as the evaluation is underway,** based on community needs, adaptations to the implementation approach, or changing political landscapes in the state, for example.

3. Align Goals with Comprehensive Measures

Goal: Ensure values-driven goals align with measures and intended outcomes that provide a more complete story of people’s access to contraception and experiences.

Priorities:

- Change the expectations and narrative around SCAI goals, measures, and intended outcomes to align with equity-centered principles.
- Define what equity means for SCAI and how to measure it.
- Identify and advance efforts to improve measures, measurement approaches, and documentation of best practices.

Rationale: SCAI goals largely determine what measures are chosen to evaluate outcomes. Alignment between SCAI goals, measures, and intended outcomes is needed to meaningfully demonstrate impact and provide a more reliable and complete story of individuals’ experiences. SCAI evaluations range from small- to large- scale efforts and use a range of common measures to assess different levels of the initiative:

- **Providers and health centers** – to assess delivery of provider training and technical assistance and their effects on knowledge, skills, and delivery of person-centered care.
- **Clients and potential clients** – to assess client satisfaction and experience with care using patient-reported outcome measures; enrollment and service utilization; and contraceptive use, continuation, switching, and decision-making.
- **Public policy** – to track policy objectives and developments, conduct key informant interviews with stakeholders, track enrollment and utilization, and share narrative perspectives about the effects of changing policy landscapes.
- **Health and social outcomes** – to gauge the potential population-level impact of SCAI, with many SCAI shifting toward measures that evaluate pregnancy and reproduction more holistically.

“It is so important to understand what is working well and/or what we are learning to better make progress toward the types of access that SCAI are trying to achieve. So much work within public health and reproductive health does not have the luxury of prioritizing evaluation in the way that many of the SCAI have. I very much appreciate the efforts here to synthesize so much of this evidence around implementation and evaluation.”

- SCAI Representative

“Evaluators having patient-reported outcomes measures as a standard is good, but the corollary to that is trying to shift cultural expectations among the broader state and community that shows that these outcomes are what we value. The traditional method mix, cost savings, and other measures aren’t what we value. We can’t do that by ourselves, it takes a concerted effort.”

- SCAI Representative

No matter the scale, it is important for SCAI leaders to adequately plan and budget upfront for what might be required for measurement, as it can be complex and challenging due to high costs, intensive labor and logistical needs, limited measures, poor data quality, and evolving contexts.

SCAI goals are moving beyond a primary or sole focus on LARC uptake or unintended pregnancy and toward a focus on equity, person-centeredness, justice, and autonomy, for example, ensuring that more people have access to high-quality contraceptive care and the method(s) of their choice. Two key challenges have emerged:

- **Misalignment among key SCAI stakeholders between goals and measures creates discordance and confusion around how success is defined and assessed**, hampering progress toward equity-centered goals. For example, a primary or sole focus on increasing LARC use and reducing adolescent or unintended pregnancies among stakeholders can limit how effectively SCAI can use their funding, talk about equity, and build partnerships within their states to advance equity and person-centeredness.
- **Measuring equity remains a challenge due to the lack of comprehensive contraceptive care measures**, despite the integration of equity-informed approaches into SCAI activities. This is often part of the reason why SCAI evaluations continue to focus largely on contraception provision and use.

The development of new approaches and more comprehensive measures are sorely needed to more effectively advance equity and person-centeredness, assess the state-specific contraceptive access landscape more comprehensively, and demonstrate SCAI impact on broader health and wellbeing. Funders, implementers, evaluators, and partners must establish shared values and expectations of SCAI to align goals, measures, and intended outcomes.

Fostering alignment requires building consensus around equity as a priority, establishing a shared understanding of what equity means in the context of SCAI, and identifying what measures of equity can be standardized and validated. Documenting measurement best practices is also needed to support adoption and continuous improvement of equity-centered approaches across all SCAI activities, including implementation and evaluation of goals.

Priority Actions:



Funders – Can Align Goals with Comprehensive Measures

- **Support the promotion of a cultural shift in SRH toward equity, reproductive agency and autonomy, and person-centeredness** among and beyond SCAI stakeholders. Funders can:
 - Clarify expectations around SCAI missions and potential impact, with an eye toward the value of equity, person-centeredness, and autonomy.
 - Draw from published evidence, the vision for SCAI, principles of equity, and lessons learned from various projects to support messaging, including dialogues with SCAI teams, other funders, and the broader field.
 - Work proactively to ensure funder and SCAI leaders' views align with the shared vision for SCAI.
- **Create funding opportunities to support the primary goal(s) of SCAI**, such as expanding equitable access to care, increasing provision of and access to person-centered care, and supporting autonomy, including grants that:
 - Fund efforts to improve existing, as well as develop and test new measures through SCAI evaluations, with adequate planning time to design and test methods and conduct longer-term research.
 - Fund project staff to support dissemination of SCAI findings, along with evaluators, including to provide further context on the initiative's goals and impact.

- **Promote a catalog of comprehensive measures and best practices** and allow communities to choose and adapt approaches for their context to:
 - Help make equity-centered measures a standard requirement across initiatives.
 - Foster awareness and appropriate use of available measures.



Implementers – Can Align Goals with Comprehensive Measures

- **Set and communicate realistic expectations to key stakeholders**, including funders and evaluators, about the initiative’s primary goal(s) and how activities and corresponding measures align. SCAI implementers can:
 - Clarify decision-making and rationale for why specific goals and measures were chosen.
 - Leverage evidence and storytelling to communicate a more reliable and complete story of contraception in people’s lives.
 - Acknowledge that changes in outcomes may not occur in the first few years of implementation, and that contraceptive method discontinuation or switching are expected given the dynamic nature of contraceptive use.
- **Support evaluators in understanding and conveying what equity, as well as person-centeredness and autonomy, mean in SCAI**, by gathering individuals’ stories and leveraging program monitoring data throughout the project to complement other evaluation data.



Evaluators – Can Align Goals with Comprehensive Measures

- **Prioritize measures of equity, person-centeredness, and autonomy**, particularly patient-reported measures, to effectively use and interpret the full range of measures. SCAI evaluators can:
 - Thoughtfully identify which measures, existing and new, should be used for process and outcome evaluation. This includes reviewing the work of other SCAI evaluators to inform measures, methods, and interpretation at the individual, clinic, and population levels and establishing the purpose for each measure.
 - Examples of more comprehensive measures that SCAI are using include individuals’ use of expanded services, individuals’ experience of the quality and person-centeredness of care, whether individuals are accessing the method of their choice, whether individuals have the information they need to make informed choices, and provider changes in knowledge and skill.
 - Enhance community engagement in measurement design and implementation by, for example, prioritizing and integrating feedback from diverse groups within the community (e.g., community advisory board, community-based organizations), piloting measures, and utilizing a variety of data collection methods to reach more people in the community.
 - Leverage the work of different SRH measurement experts, including research to improve measures and products developed by the [National Contraceptive Quality Measures Workgroup](#) to promote [patient-centered equity-focused contraceptive measures](#) and provide [guidance to implement contraceptive care performance measures](#).
- **Clarify measures, methods, and intended outcomes with partners** to establish shared values, build leadership support, and support capacity building. SCAI evaluators can:
 - Clearly convey upfront what the SCAI aims to achieve, how it would benefit the partner site, and what additional work it might require of staff.
 - Educate partner sites that are gathering data on how to report, use, and interpret their data appropriately, leveraging resources in the field, such as guidance from measure developers

and stewards (e.g., [Office of Population Affairs](#), [University of California San Francisco](#)).

- Test data collection approaches across partner sites with varying capacities for data reporting, ensure feasibility of these approaches, and communicate ongoingly with staff across partner sites.
- **Be responsible for and thoughtful about how SCAI findings are messaged.** SCAI evaluators can:
 - Describe evaluation conclusions alongside the initiative goals and principles of equity by, for example, determining whether contraceptive method mix changes align with improvements in people accessing the care and methods of their choice.
 - Provide context around findings by, for example, reporting contraceptive use rates with person-reported data, process indicators, and policy changes to contextualize findings in a more comprehensive assessment of people's experiences and the contraceptive access landscape within the state.
 - Continue to publish midline evaluations, which have helped other SCAI learn about the range of data and findings across initiatives, as well as methodologies and limitations of evaluation approaches (e.g., sampling, sample sizes).

4. Sustain the Work

Goal: Explore various approaches to sustain efforts to improve contraception access.

Priorities:

- View SCAI as a starting point to addressing access barriers and incorporate strategies to extend the work beyond the period of the funded project.
- Maximize support from diverse funding and payment sources.
- Identify aspects of the work that are scalable and leverage resources for expansion.

Rationale: SCAI can help expand access to contraceptive care across states, but given their fixed timelines and budgets, these projects alone are not a sufficient solution for ongoing advancement of contraceptive access and equity. It is necessary for SCAI leaders to prioritize and plan how to support continued efforts to:

- Change the culture around reproductive healthcare and contraceptive access.
- Strengthen the healthcare system and referral pathways.
- Improve the quality and affordability of contraceptive care.

Strategies must be considered for the different stakeholders of SCAI, including for service users and communities, providers and clinical organizations, payers, and policymakers. Examples of current approaches to sustainability across SCAI include:

- **Assessing what sustainability of expanding contraceptive access may look like in the state beyond the initial funded project period** by performing ongoing assessments of the landscape and opportunities, setting goals and expectations, and identifying threats and challenges (e.g., political changes, impact of COVID-19, staff turnover).

"We started as a 4-year project that became 6 years and then we decided to do it forever. From day 1, we have tried to get support from the legislature. We started getting money from the legislature and that has morphed into what we have now, which is an appropriation from the state and money from the Department of Health and Human Services. We had to think about how we sold and packaged what we are doing. For us, the muscle and tool was how we take the work, retain the value, but shift it so it can fit. We want it to easily fit into their strategic vision and plan."

- SCAI Representative

- **Gaining broad stakeholder support** by engaging coalitions of committed organizations and strategically sharing project “wins.”
- **Maximizing funding** by leveraging payers and coverage to reimburse services and fund activities.
- **Building program capacity** by training SCAI staff on sustainability strategies (e.g., how to integrate the latest evidence in care delivery, fundraising, advocacy, dissemination and outreach, partner engagement) and participating in learning communities/technical assistance opportunities that assist with learning about and implementing strategies.
- **Advocating for legislative and policy change** by introducing legislation/amendments that support expanded contraceptive access and ensuring programs include adequate budgets.

SCAI are continuing to identify innovative strategies to create lasting change, including, for example, shifting culture around contraceptive access and creating practice change among clinical and community partners despite staff turnover, engaging and empowering community members, and building strong and trustworthy community networks.

Sustainability depends on continued, diverse funding, from state government, philanthropic organizations focused on broader health and social issues, and third-party payers. Sustainability can also be supported by identifying aspects of the work that are replicable and scalable to expand where SCAI are working, how, and with whom. This includes identifying opportunities to leverage resources and partnerships to promote sustainability, reduce costs, and help integrate contraception into broader SRH and preventive care.

Priority Actions:



Funders – Can Sustain the Work

- **Recognize that sustainability is a necessary component of SCAI.** This includes actively engaging with SCAI to understand how to ensure advancements towards contraceptive access and equity continue long-term and how opportunities evolve with changing policy, programs, and research. Funders can:
 - Support SCAI teams at the outset of the initiative in strategizing approaches and funding opportunities that extend beyond the period of the initially funded project.
 - Support SCAI teams with designing, implementing, and modifying activities to be more sustainable (e.g., working with third-party payers for reimbursement as a funding strategy).
- **Fund efforts to support collaboration and idea sharing** across SCAI and in the SRH field more broadly to facilitate the synthesis and adoption of best practices and innovations for sustainability. Examples include learning communities and technical assistance opportunities.
- **Connect SCAI leaders to other funders** who have opportunities to sustain project efforts.



Implementers – Can Sustain the Work

- **Integrate sustainability from the start of the project and establish responsibility and accountability** among SCAI leaders/staff, partners, and key stakeholders. SCAI implementers can:
 - Determine the goal for sustainability and appropriate approaches and resources in the state, such as exploring funding opportunities to extending the project timeframe and integrating SCAI activities into state programs and funding sources.
 - Monitor how sustainability is evolving over time and proactively forecast opportunities and threats.
 - Create a strategic plan outlining the steps to sustainability, potential hurdles, and a transition plan should the project end.
 - Leverage opportunities to learn, share ideas, and receive technical assistance.

- **Continue to build healthcare system capacity, foster practice change, and increase the capacity of the workforce**, including:
 - Provide training and technical assistance that both enhances clinical and organizational proficiencies and changes the culture around contraception and sexual and reproductive healthcare (e.g., recognizing contraceptive care as routine healthcare, valuing person-centeredness and autonomy).
 - Engage clinical and community partner leadership to gain buy-in that supports embedding the work into the organization and broader SCAI advocacy.
- **Maximize all available funding and payment sources (public and private)**, with awareness of the opportunities and context within the state. SCAI implementers can leverage payers, coverage, and reimbursement options to, for example:
 - Support clinical organizations in maximizing revenue from contraceptive care services by accurately coding and billing payers.
 - Develop strong relationships with state and local funders to diversify funding. Fundraise around shared goals and make the case for flexible funding (e.g., funding that can be blended with other funding and used for various purposes).
 - Promote a shift in payer practices to normalize contraception as routine healthcare that should be reimbursed and reward providers for contraceptive care provision.
- **Leverage varied resources and opportunities to integrate SCAI activities into adjacent areas**, such as clinical specialties and government programs, where possible:
 - Identify areas where SCAI may be scaled, replicated, and/or integrated by, for example, highlighting synergies between SCAI goals and the strategic vision of partners in adjacent areas and partnering with new stakeholders working in adjacent areas, such as abortion, infertility, maternal and child health, pharmacy, and preventive care.
 - Explore available resources, including tools, programs, and funding, that can be leveraged to reduce costs and burden.
 - Engage coalitions of committed partners and SRH experts at the state and national level for support with making connections and identifying opportunities.
- **Advocate for contraceptive-friendly legislation and policy.** SCAI implementers can:
 - Cultivate relationships with policymakers, their staff, and other stakeholders who influence policymakers.
 - Support educational and storytelling efforts to promote comprehensive and equitable contraceptive access and help change policymaker perceptions around contraception.
 - Introduce improvements to existing legislation/amendments or new legislation related to reproductive healthcare and contraceptive access.
 - Stress the importance of ensuring government policies and programs include adequate budgets and plans for successful implementation, such as for Medicaid and Title X.



Evaluators – Can Sustain the Work

- **Integrate questions related to sustainability in evaluation plans.** SCAI evaluators can:
 - Gather feedback from individual service users, broader community members, and clinical and community partners on what is needed to sustain progress when the project is done.
 - Include research questions to understand if and how the initiatives have sustained change after the initiatives have ended.

- **Share the impact of SCAI to help gain broad interest and support.** SCAI evaluators can:
 - Strategically leverage findings, data, research, and storytelling to support implementers in building the case for the value of SCAI and sustained efforts by sharing project “wins.”
 - Identify measures and relevant findings for advocacy and sustainability that capture the value of SCAI, link data to SCAI’s primary goals, and provide context.
 - Develop briefs for external/public dissemination and advocacy efforts and conduct outreach to coalitions of committed organizations to support advocacy.

The Role of National Organizations and Conveners

Organizations and conveners, like CECA, play a role in supporting SCAI through idea sharing, connection building, and documenting practices and findings. For example, the Association of State and Territorial Health Officials (ASTHO), a national nonprofit organization representing public health agencies and the professionals they employ, has formed learning communities to assist states and territories in increasing access to contraception. Similarly, Power to Decide, a nonprofit organization committed to sexual and reproductive wellbeing for all, convened a shared learning collaborative with representatives of state and regional contraceptive access projects to support research, share learnings and best practices across organizations, reduce inefficiencies, and measure impact across regions and initiatives.

To help advance the four recommendations described above, national organizations and conveners can continue to identify the aspects of the work that are scalable, and opportunities to collaborate/leverage resources. Findings can be integrated into stakeholder convenings, trainings, patient engagement strategies, evaluation support, how to guides, and other innovations. Specific examples include the following:

- **Develop a sustainability guide** outlining effective strategies for SCAI.
- **Outline funding options for contraception in each state**, including mapping out no-cost scenarios.
- **Document and share learnings from SCAI** broadly to gain stakeholder support.
- **Convene and proactively connect stakeholders, innovations, and lessons learned** between the national, state, and local levels.
- **Develop job aids and other materials** to help SCAI gain buy-in and fundraise.

MOVING FORWARD

SCAI share a commitment to a vision “that all people can access comprehensive contraceptive information, products, methods, and/or services that work best for them—when, how, and where they want it, free of barriers and bias.” They seek to expand access to contraception by bringing together key partners committed to advancing access, increasing health center capacity to provide services, and removing structural barriers to contraceptive access. The AJPH supplement, listening sessions, environmental scan, and summit convenings all indicate that SCAI can advance the provision of person-centered care, expand contraceptive access, and improve health outcomes. To help ensure that this vision can be achieved, the work of CECA and RISE to identify lessons learned and opportunities across SCAI therefore serves two key purposes:

1. **Inform the implementation and evaluation of current and future projects** – to help SCAI and their funders/supporters build upon successes and avoid the pitfalls of previous projects.
2. **Identify opportunities to generate and disseminate evidence on SCAI** – to document processes as well as short- and long-term outcomes, offer critical insights and reflections on achieving equity and person-centeredness, and demonstrate impact.

Informing and Strengthening Current and Future Projects

Disseminating SCAI Project Findings: The key findings, vision, and recommendations derived from this process can serve as a resource to current and future SCAI leaders and partners. CECA has developed a [dedicated webpage](#) and will disseminate this information publicly, as well as to SCAI leaders, implementers, evaluators, researchers, and funders to amplify the reach of this effort to new and existing partners. In partnership with RISE, SCAI representatives, and other key stakeholders, CECA will develop additional supporting materials identified from this process, including slide decks and brief overviews. Specific dissemination activities may include webinars and conference presentations; tailored outreach to funders, including federal entities and philanthropic organizations; and circulating the recommendations to state public health associations, Title X grantees, and other relevant state and local bodies.

Supporting Ongoing Conversations and Collective Action: SCAI representatives reported during the listening sessions and the summit that they value opportunities to cross-share experiences and approaches and collectively discuss best practices. Funders, national SRH organizations, like CECA, ASTHO, and Power to Decide, and the broader field can support existing and future SCAI teams in a variety of ways, including the following:

- **Identify, document, and share learnings, best practices, and innovations from SCAI** – to support community engagement, implementation, evaluation, and sustainability. Broad sharing can assist current and future SCAI leaders and help generate additional support.
- **Develop resources to support different aspects of SCAI** – to provide a roadmap for improving SCAI measures and a guide that links global and national best practices to state and local efforts.
- **Convene stakeholders in diverse forums** – to facilitate continuous learning and knowledge sharing, develop a common definition of equity, identify a suite of existing and new measures for SCAI, and synthesize best practices and future opportunities.
- **Support SCAI in making the case for the value of these initiatives** – to help gain buy-in, align values and priorities across key stakeholders, and amplify the efforts of project teams. This might include developing resources, discussing SCAI among broad stakeholder groups, and connecting partners.
- **Promote the cultural shift in SRH** – to support efforts to move the broader field toward principles of equity, reproductive agency and autonomy, and person-centeredness.

Building Capacity to Overcome Barriers: CECA’s environmental scan and listening sessions with SCAI leaders found that additional resources are necessary to overcome barriers and continue advancing the work of SCAI with a focus on SRHE. Support is needed for:

- **Implementation** – to perform needs assessments, conduct training, engage communities and multidisciplinary stakeholders, address organizational and structural factors across partner sites, identify additional funding and payment approaches for low/no-cost contraceptives, and develop educational and outreach materials.
- **Evaluation** – to build program capacity for data reporting and quality improvement, support data acquisition, collect person-reported outcome measures, perform process monitoring, conduct post-implementation evaluations, and publish findings.
- **Broader contextual factors** – to address barriers to achieving the vision, including state laws and funding restrictions, competing funding priorities, future pandemics, and political and social division.

Identifying Opportunities to Generate and Disseminate Evidence on SCAI

According to the current body of evidence and participant insights, several research gaps remain in understanding SCAI. This initial scoping project can help set the stage for a range of follow-on, research-focused projects to support the implementation of the report recommendations, which could include:

- **Work toward a Community Preventive Services Task Force (CPSTF) Community Guide Recommendation on SCAI** – to advance coordinated, population-based approaches to expand contraceptive access and promote evidence-based, multilevel systems change interventions with applicability to a broader group of individuals and communities.
- **Conduct rigorous SCAI-focused studies, informed by implementation science** – to explore effectiveness, including whether the variances between programs result in differences in outcomes; impact on autonomy, equity, and meeting patient needs; and opportunities for scaling up SCAI.
- **Conduct contextual and policy-focused studies to provide current data** – to explore current barriers at the state level, including the impact of state policy changes on SCAI and their sustainability, and what is on the horizon for contraception, particularly as the landscape continues to change post-Roe.
- **Develop and implement more comprehensive measures related to contraceptive access and use** – to explore individual contraceptive use and method changes over time, SCAI ability to expand access to the full range of methods, and where patients receive care, given the new pathways to contraception accessibility and care delivery created by startups.
- **Conduct a comparative analysis of contraceptive access efforts in other countries** – to draw parallels around the globe and identify what lessons can be learned from other countries to shape the conversations and activities happening across the U.S.

A Call to Action

SCAI can help ensure that all people can access comprehensive contraceptive information, products, methods, and/or services that work best for them—if, when, how, and where they want it, free of barriers and bias. The work of SCAI can change how people think about and prioritize statewide contraceptive access, and direct contraceptive access policy, practice, and narrative. This project reiterates both the need and opportunity for all work on contraceptive access to be committed to:

- **Integrating equity**, reproductive autonomy and agency, and wellbeing, and upholding principles of reproductive justice – and not exacerbating inequitable constraints to access or coercion and discrimination.
- **Removing barriers** across the system, provider, community, and patient levels to sustainably increase access to and provision of high-quality, nonjudgmental, and person-centered care.
- **Adopting and tailoring/adapting best practices**, responding to local and community needs, and pursuing innovative approaches.

“I will continue to leverage relationships around the state to elevate our importance and be a voice for the importance of more equitable access and measures as we interact internally and with funders.”

- SCAI Representative

“As states, we need a place to come and talk to one another. SRH is going to be managed on the state level instead of through federal protections. We now have state by state initiatives. The work conveners are doing to bring voices of states together is very important.”

- SCAI Representative

APPENDIX A: CROSSWALK OF PRIORITY ACTIONS FOR SCAI BY AUDIENCE

1. Center Communities		
Funders	Implementers	Evaluators
<ul style="list-style-type: none"> • Create funding opportunities that support SCAI to center equity- and justice-informed approaches across all aspects of the initiative: <ul style="list-style-type: none"> ○ Allow the purchase of the full range of contraceptive methods, and not impose restrictions on the purchase of specific contraceptive products. ○ Prioritize equitable access for all people, including adolescents and young people. • Include flexible grant funding that advances community engagement strategies: <ul style="list-style-type: none"> ○ Support having dedicated staff designated to community engagement, and education and outreach coordinators to connect with existing tables and groups within the community. • Avoid perpetuating stigma by not promoting discourse that endorses the prevention of unintended pregnancies and increased contraceptive access as a strategy to reduce poverty. 	<ul style="list-style-type: none"> • Integrate a range of community engagement strategies across project activities: <ul style="list-style-type: none"> ○ Create a community advisory board and partner with local community-based organizations, ambassadors, and education/outreach coordinators. ○ Elevate and address community needs and priorities, and regularly provide feedback on project activities. ○ Compensate people for their engagement, and support offboarding. • Center equity- and justice-informed programming that aligns with the values and priorities of local communities: <ul style="list-style-type: none"> ○ Ensure information, products, methods, and person-centered services are accessible to all people. ○ Prioritize messaging and action that promotes equity, autonomy, and agency, and avoid perpetuating stigma associated with unintended and adolescent pregnancies. ○ Incorporate equity and bias training for internal project staff. 	<ul style="list-style-type: none"> • Integrate a range of community engagement activities into evaluation plans: <ul style="list-style-type: none"> ○ Develop a comprehensive, mixed-methods evaluation that incorporates equity-informed principles, prioritizes expansive community engagement and data collection from diverse groups, and includes a range of outcomes. ○ Gather and integrate feedback on the evaluation approach from the community. ○ Avoid perpetuating stigma associated with unintended and adolescent pregnancies in evaluation planning and dissemination. • Integrate patient-reported and other related measures into evaluation plans: <ul style="list-style-type: none"> ○ Collect more comprehensive and qualitative data on the experiences, perceptions, and needs of people for both program monitoring and outcome evaluation.

2. Foster Flexibility and Responsiveness

Funders	Implementers	Evaluators
<ul style="list-style-type: none"> • Create funding opportunities that allow for flexibility in SCAI implementation: <ul style="list-style-type: none"> ○ Support planning periods, flexible funding distribution, and tailoring of activities around evolving local and community needs and policy changes. ○ Support innovation and testing new strategies, as well as helping SCAI address the reality, nuances, and limitations of policy change and implementation. • Create funding opportunities that appropriately support responsive evaluation approaches: <ul style="list-style-type: none"> ○ Include resources to support site-level capacity building. ○ Allow funds to be used equally across project years and extend beyond the implementation period. ○ Recognize that not all activities will be evaluated due to priorities and the effort to minimize burden. 	<ul style="list-style-type: none"> • Tailor SCAI activities to local contexts while building on documented best practices, particularly for activities commonly implemented across SCAI projects. • Explore innovative strategies to expand SCAI reach by, for example, partnering with new community groups, providers, and partners working in adjacent areas. • Value and build on the existing work of clinical and community partners: <ul style="list-style-type: none"> ○ Build activities around the successes, needs, and gaps of partners. ○ Conduct an initial assessment of partners' capacity and readiness to tailor activities. ○ Communicate transparently about timelines, goals, and changing priorities throughout the project. 	<ul style="list-style-type: none"> • Tailor engagement approaches across different clinical partners to support the collection of consistent and comparable data: <ul style="list-style-type: none"> ○ Explore incentives to increase partner engagement, such as making early learnings accessible to partners and introducing partners to strategies and tools for data collection and analysis. • Explore opportunities to streamline data collection to reduce additional burden on community and clinical partners, including harnessing available data from partners and/or the SCAI implementation team. • Remain flexible and responsive to evaluation needs that may emerge as the evaluation is underway, based on community needs, adapted implementation approaches, or changing political landscapes, for example.

3. Align Goals with Comprehensive Measures

Funders	Implementers	Evaluators
<ul style="list-style-type: none"> • Support the promotion of a cultural shift in SRH toward equity, reproductive agency and autonomy, and person-centeredness: <ul style="list-style-type: none"> ○ Ensure funder and SCAI leaders' views align with the shared vision for SCAI. ○ Clarify expectations around SCAI missions and potential impact. ○ Draw from published evidence, the vision for SCAI, principles of equity, and lessons learned from projects to support messaging. • Create funding opportunities to support SCAI goals, such as expanding equitable access: <ul style="list-style-type: none"> ○ Fund efforts to improve existing and develop/test new measures ○ Support adequate planning time, longer-term research, and dissemination of SCAI findings. • Promote a catalog of comprehensive measures and best practices: <ul style="list-style-type: none"> ○ Help make equity-centered measures a standard, and foster awareness and use of these available measures. ○ Allow communities to choose and adapt approaches for their context. 	<ul style="list-style-type: none"> • Set and communicate realistic expectations to key stakeholders about the initiative's primary goal(s) and how activities and measures align: <ul style="list-style-type: none"> ○ Clarify decision-making and rationale for specific goals and measures. ○ Leverage evidence and storytelling to communicate a more reliable and complete story of contraception in people's lives. ○ Acknowledge the reality, nuances, and limitations of contraceptive access measurement. • Support evaluators in understanding and conveying what equity, as well as person-centeredness and autonomy, mean in SCAI: <ul style="list-style-type: none"> ○ Gather individuals' stories and leverage program monitoring data to complement other evaluation data. 	<ul style="list-style-type: none"> • Prioritize measures of equity, person-centeredness, and autonomy, particularly patient-reported measures, to effectively use and interpret the full range of measures: <ul style="list-style-type: none"> ○ Thoughtfully identify which measures, existing and new, should be used for process and outcome evaluation, leveraging existing work. ○ Enhance community engagement in measurement design and implementation and utilize a variety of data collection methods. • Clarify the measures, methods, and intended outcomes with partners to establish shared values, build leadership support, and support capacity building. • Be responsible for and thoughtful about how SCAI findings are messaged: <ul style="list-style-type: none"> ○ Describe evaluation conclusions alongside initiative goals and principles of equity and provide context around findings. ○ Publish midline evaluation findings.

4. Sustain the Work

Funders	Implementers	Evaluators
<ul style="list-style-type: none"> • Recognize that sustainability is a necessary component of SCAI: <ul style="list-style-type: none"> ○ Actively engage in understanding how advancements in contraceptive access and equity can continue long-term and how opportunities evolve with changing policy, programs, and research. ○ Support SCAI to strategize approaches, and design, implement, and modify activities to be more sustainable, including funding and payment options. • Fund efforts to support collaboration and idea sharing across SCAI and in the SRH field more broadly to facilitate the synthesis and adoption of best practices and innovations for sustainability: <ul style="list-style-type: none"> ○ Support SCAI participation in learning communities and technical assistance opportunities, for example. • Connect SCAI leaders to other funders who have opportunities to sustain project efforts. 	<ul style="list-style-type: none"> • Integrate sustainability from the start of the project and establish responsibility and accountability among SCAI key stakeholders. • Continue to build healthcare system capacity, foster practice change, and increase the capacity of the workforce by building technical skill and changing the culture around contraception and SRH. • Maximize all available funding and payment sources (public and private), including payers, coverage, and reimbursement options. • Leverage varied resources and opportunities to integrate SCAI activities into adjacent areas, such as clinical specialties and government programs, where possible. • Advocate for contraceptive-friendly legislation and policy by cultivating relationships with policymakers and staff, supporting educational and storytelling opportunities, and introducing new or improvements to existing legislation. 	<ul style="list-style-type: none"> • Integrate questions related to sustainability in evaluation plans: <ul style="list-style-type: none"> ○ Gather patient, community, and partner feedback on what they need to sustain progress. ○ Include research questions to understand if and how initiatives have sustained change after they end. • Share the impact of SCAI to help gain broad interest and support: <ul style="list-style-type: none"> ○ Strategically leverage findings, data, research, and storytelling to share project “wins” and help implementers build the case for the value of SCAI and sustained efforts. ○ Identify measures and findings for advocacy and sustainability that capture the value of SCAI. ○ Develop briefs for external/public dissemination and advocacy efforts and conduct outreach to coalitions of committed partners.

APPENDIX B: REFERENCES

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