

# Statewide Contraceptive Access Initiatives: Documenting Lessons Learned and Discovering Opportunities

Recommendations Report Overview June 2024

# Understanding the Context: Rationale and Project Approach



# What is an SCAI?

**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.

Malcolm N, Danaux J, Parikh A, et al. Statewide Contraceptive Access Initiatives: Updated Environmental Scan Report. Coalition to Expand Contraceptive Access; 2024.



### How have SCAI evolved?

- Since the early 2000s, more than 30 SCAI have been implemented in the U.S
- State and funder interest in the outcomes of the Contraceptive CHOICE Project, implemented in St. Louis, Missouri in 2006, prompted the implementation of several contraceptive access initiatives focused on addressing barriers specific to LARC access, including cost and logistical barriers
- The reproductive health, rights, and justice community voiced concern that LARC-first or LARC-centered approaches ignore the:
  - O Many factors beyond method effectiveness that may shape a person's contraceptive preferences and decision-making across the lifespan
  - Long history of reproductive coercion in the US
- Based on these concerns, initiatives have generally shifted over time. The majority of SCAI implemented in the past ten years:
  - O Focus on access to all contraceptive methods
  - Employ strategies to ensure that all methods are available for individuals to choose the method that will work best for them



# What is the purpose of this project?

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).

The work of CECA and RISE to identify lessons learned and opportunities across SCAI serves two initial key purposes:

- 1. Inform the implementation and evaluation of current and future projects
- 2. Identify opportunities to generate and disseminate evidence on SCAI

This project reiterates both the need and opportunity for <u>all</u> work on contraceptive access to be committed to:

- Integrating equity, reproductive autonomy and agency, and wellbeing
- Removing barriers across all levels and sustainably increasing access
- Adopting and tailoring/adapting best practices to adapt to local and community needs



# What is SRHE?

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.

This includes self-determining and achieving their reproductive goals.

Government policy, healthcare systems, and other structures must value and support everyone fairly.

Hart J, Stern L. Why CECA Focuses on SRHW and SRHE. Coalition to Expand Contraceptive Access. Published December 26, 2021. Accessed February 5, 2024. https://www.contraceptionaccess.org/blog/whyceca-focuses-on-srhw-and-srhe



# How did CECA gather input and develop 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. (Developed in partnership with the Association of State and Territorial Health Officials)	
Hosted <u>listening sessions</u> 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. (Developed in partnership with RISE)	
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 <u>SCAI Recommendations</u> <u>Report</u>	Document and share the vision for SCAI, priority recommendations to move SCAI toward the vision, and ideas for fostering action. (Developed in partnership with RISE)	



# Translating Opportunities into Action: The Recommendations



#### What is the vision of SCAI?

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.



# How do SCAI help achieve this vision?

- 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.



### How can SCAI translate this vision into action?

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.

Center Communities	Foster Flexibility and Responsiveness	Align Goals and Outcomes	Sustain The Work
Center community voice in all aspects of SCAI	Create space and flexibility for SCAI to adapt best practices, respond to local needs, and pursue innovative approaches	Contextualize the goals and intended outcomes of SCAI, with an eye toward documenting SCAI impact on equity	Explore various approaches to sustain efforts to improve contraceptive access

## **Center Community Voice**

#### What?

• Center community voice in all aspects of SCAI

#### Why?

Prioritizing and integrating community engagement strategies throughout planning, implementation, and
evaluation activities helps SCAI center the needs, values, and priorities of local communities, yet doing so in
an equitable way can be resource intensive, requiring dedicated time, staffing, and funding

- 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 once the project ends



# **Foster Flexibility and Responsiveness**

#### What?

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

#### Why?

 Evolving state and local contexts 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

- Enable more flexible timelines and use of funds
- Prioritize approaches that provide benefit to clinical and community partners
- Create explicit opportunities for SCAI to test innovative approaches



# **Align Goals with Comprehensive Measures**

#### What?

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

#### Why?

 Misalignment among key SCAI stakeholders between goals and measures creates discordance and confusion around how success is defined and assessed, and can, for example, hamper progress toward equity-centered goals

- 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



#### **Sustain the Work**

#### What?

• Explore various approaches to sustain efforts to improve contraception access

#### Why?

 SCAI are necessary efforts to 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

- 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





# What can funders do?

- Create funding opportunities that support:
  - SCAI's work to center equity- and justice-informed approaches
  - A range of comprehensive measures and best practices and allow communities to choose and adapt approaches for their context
- Work collaboratively to ensure alignment between funder and SCAI leaders' views, expectations, and approaches
- Support collaboration and idea sharing to facilitate the synthesis and adoption of best practices and innovations
- Build understanding of what sustainability means for each SCAI and help identify and support sustainable funding and payment options

"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."





# What can implementers do?

- Tailor SCAI activities to local contexts while building on documented best practices to, for example, center equity- and justice-informed programming and explore innovative strategies to expand SCAI reach
- Value and build on work of clinical and community partners by assessing and integrating their strengths, needs, and gaps into the project design
- Set and communicate realistic expectations to key stakeholders about the initiative's primary goal(s) and how activities and corresponding measures align
- Continue to build healthcare system capacity, foster practice change, and increase the workforce, by building technical skill and changing the way partners value contraception
- Integrate sustainability from the start of the project, establish responsibility and accountability among key stakeholders, and maximize all available public and private funding and payment sources

"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."





# What can evaluators do?

- Develop comprehensive, mixed-methods evaluations that incorporate equity-informed principles, prioritize expansive community engagement and data collection, and include a range of outcomes
- Tailor engagement approaches across different clinical partners to both support the collection of consistent and comparable data and reduce burden
- Remain flexible and responsive to evaluation needs that may emerge, based on community needs, adapted implementation approaches, or changing political landscapes
- Share the impact of SCAI to help gain broad support by aligning evaluation conclusions with initiative goals and principles of equity, providing context around findings, and being responsible for and thoughtful about when and how findings are shared

"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."





# What can <u>national partners</u> do?

- Identify the aspects of the work that are scalable, and opportunities to collaborate and leverage resources
- Integrate SCAI findings into their work, including stakeholder convenings, trainings, patient engagement strategies, evaluation support, funding and sustainability resources, and other innovations
- Convene and proactively connect stakeholders, innovations, and lessons learned between the national, state, and local levels

"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."



# **Moving Forward: Potential Next Steps**



# What are some potential next steps?

Funders, SCAI implementers and evaluators, national organizations and conveners, and the broader field can:

#### Inform and Strengthen Contraceptive Access Initiatives\*

- Disseminate project findings to amplify the reach of this effort to new and existing partners
- Support ongoing conversations and collective action
  - o Identify, document, and share learnings, best practices, and innovations
  - Develop resources to support implementation and evaluation activities
  - Support leaders in making the case for the value of contraceptive access initiatives
  - Promote the culture shift in the SRH field toward principles of equity, reproductive agency and autonomy, and patient-centeredness
- Build SCAI capacity to overcome barriers related to implementation, evaluation, and broader contextual factors



# What are some potential next steps?

Funders, SCAI implementers and evaluators, national organizations and conveners, and the broader field can:

#### **Generate and Disseminate Evidence on Contraceptive Access Initiatives\***

- Work toward developing a Community Preventive Services Task Force (CPSTF) Community Guide Recommendation on SCAI
- Conduct a range of studies, including:
  - Rigorous SCAI-focused studies, informed by implementation science and with an eye toward SRHE
  - Contextual and policy-focused studies to provide current data
  - A comparative analysis of contraceptive access efforts in other countries
- Develop, test, and implement more comprehensive measures related to contraceptive access and use





# Thank you.



