

Best Practices for Obtaining and Managing Private Funding for Long-Acting Reversible Contraception Programs

Funding is often tight at state and territorial health departments, so departments are increasingly looking to outside funders to help support innovative programs that increase women's access to long-acting reversible contraception (LARC). Colorado [pioneered](#) this model in 2009, when an anonymous donor approached the Colorado Department of Public Health and Environment (CDPHE) about providing a grant to deliver free or reduced-cost LARCs to low-income women and teenagers. In five years, the [Colorado Family Planning Initiative \(CFPI\)](#) [cut](#) the teen birth rate in half and allowed the state to avoid more than \$66.1 million in state program costs.

Inspired by Colorado's work, New Mexico and the [Oklahoma Health Care Authority](#) (OHCA) have also sought outside funding for LARC programs. The experiences of these three states offer valuable lessons for other health departments that are interested in seeking private funding to support their LARC projects. The following are best practices from their work.

Recruiting Initial Private Funding Sources

The first step in seeking outside funding is to identify a foundation whose mission and outlook complement the health department's vision for a LARC project. CDPHE Family Planning Unit Section Manager Jody Camp, who helped manage CDPHE's relationship with its anonymous donor, recommends researching foundations that support family planning and are comfortable working in the field.

To identify and prepare to approach a foundation, health department staff should evaluate the foundations' websites to determine their interests and craft a pitch that complements those interests. If the foundation emphasizes data, use available data to create a compelling argument for a proposed LARC project, and ask an internal data expert to package the information to present to the foundation. If the foundation seems more interested in narratives, the health department can work with partners to create a story bank from which staff can draw.

In 2015, OHCA leadership decided to pursue outside funding for LARC. During their internal discussions, they identified a local foundation as a potential funder due to its work on childhood poverty and community health issues. OHCA staff coordinated a meeting with foundation representatives, where they presented their vision: a statewide program that would use private funding to promote LARC use and engage all payers, health departments, tribal clinics, federally qualified health centers (FQHCs), and other agencies interested in issues related to unintended pregnancy. Several days after the meeting, a foundation representative called OHCA to report that the foundation was interested in supporting the LARC project.

"We're able to bring our infrastructure and Medicaid resources, and foundations are able to have a bigger impact than they would on their own," says Garth Splinter, deputy CEO for OHCA. "We've been figuring out how the relationship works, but it's been a win-win."

New Mexico took a different approach when it pursued private funding. According to Jane McGrath, director of the child healthcare initiative, [Envision NM](#), LARC advocates in the state held an educational session on LARCs and invited most of the granting organizations they knew, many of which attended.

The New Mexico partners then followed up with the attendees to determine if any would be interested in attending a second session to discuss a creating a state LARC project.

Most of the foundations that attended the first meeting chose not to participate in the second meeting, but four foundations did and ultimately agreed to fund a LARC project for three years. Although none of the foundations were specifically focused on reproductive health, the LARC project resonated with each organization's mission in a unique way. For example, one of the foundations works on early childhood issues, and its staff understood that improving LARC access would improve the lives of children in the state by ensuring that they were the results of wanted pregnancies.

Using its new funding, New Mexico is working to increase LARC usage and reduce unintended pregnancies in three counties through FQHCs, school-based health centers, and hospitals for immediate postpartum LARC. McGrath offers encouragement to other health departments that are considering seeking private funding for a LARC program, saying: "It is possible to do this in a low-resource environment. You don't need to have \$25 million. You can get started with whatever you have in your own state."

Fostering Champions in Foundations

Once a foundation is interested in funding a project, it can also help the health department connect with other likeminded nonprofits. When OHCA's initial donor called the department to say that it wanted to fund Oklahoma's LARC project, it also announced that it had shared OHCA's vision with two other foundations, and they both wanted to fund the project as well.

Similarly, after CDPHE's anonymous donor ended its funding for CFPI and the state senate rejected a [bill](#) to provide \$5 million to maintain the program, new funders stepped forward to save CFPI. Passionate about continuing the initiative, a foundation interested in women's issues rallied other foundations to create a new funding source. In total, 14 foundations [came together](#) and raised \$2.4 million in less than three months to save CFPI.

"Cultivate champions within foundations," says Camp at CDPHE. "Have them invite their foundation friends to lunch or coffee, and you're the guest speaker. Have them ask their friends to consider offering a grant. Get vocal, receptive champions to build interest."

Managing Outside Funds at a Health Department

Recruiting donors may be the biggest step in securing outside funding for LARC work, but successfully implementing a privately-funded LARC project also requires preparing internal systems at health departments to undertake a new funding model. Early in the process, one essential step is nurturing health department champions who will help create and maintain the momentum to be innovative.

In Colorado, staff working on CFPI cultivated champions throughout CDPHE to advance the program. They created an internal factsheet with high-level outcomes from CFPI, shared it with their bosses, and asked for meetings with other CDPHE leaders until they worked their way up to the CDPHE executive director and chief medical officer. They found that state decisionmakers, such as health department leadership and legislators, responded well to data on reductions in teen pregnancy, multi-births, abortion, and cost avoidance. Looking at the outcomes through the lens of preventing teen births was compelling to many decisionmakers.

Having support for a LARC project at all levels of a health department is essential when challenges emerge. For example, some health departments place restrictions on their divisions' ability to apply for certain grants, so a senior leader may need to exempt the LARC project from a rule to allow it to pursue funding opportunities. Similarly, state and territorial health departments may not have much experience cashing checks, so the health department should make sure that the foundation has the information it needs to write the check correctly, while also preparing the department's finance department to receive and cash the check.

Another potential challenge is that foundations are used to working on a faster timetable than state and territorial agencies. They want their funding recipients to respond quickly to their requests and for their funds to be spent on time. They expect acknowledgment and thank-you letters that include the amount of funding they've donated and the date on which the health department will submit a final report, which is generally 30 days after the grant closes. As health departments plan their projects, they may also want to plan ahead for fulfilling grant stipulations. At CDPHE, Camp recommends making sure that fiscal data can be pulled easily to facilitate writing the final report for the donor.

Conclusion

Although acquiring and managing private funding may initially seem daunting to health department staff, the results can be profound. From CFPI's start in 2009 to 2014, Colorado's teen pregnancy rate [dropped](#) by 48 percent, the teen abortion rate fell by 47.5 percent, and second and higher order teen births decreased by 57 percent. The unintended pregnancy rate also fell by 40 percent. Overall, the reductions in teen and unintended pregnancies saved the state between \$66,063,664 and \$69,625,751 in entitlement program costs.

Based on Colorado's experience, Camp encourages other health departments to be bold. "Our team was willing to take a risk," she says. "We said, 'we'll respond to this funding opportunity to the best of our ability. We may not know what it'll bring, but we'll use our best judgment and put a proposal together.' When opportunity knocks, open the door and respond to the best of your ability."