

Building Partnerships to Support Long-Acting Reversible Contraception Programs

Strong partnerships are essential to successfully implementing long-acting reversible contraception (LARC) programs, particularly due to budget limitations with which many state and territorial health departments must work. As a health agency plans a LARC project, it needs to recruit both old and new partners to pool funds, connect with champions, and share their expertise. The following are examples and lessons from states on how to maximize existing partnerships and forge new ones to increase access to LARC.

Leveraging Existing Partnerships

Early in the planning process, state or territorial health department staff should consider how their existing partners could help advance a LARC initiative. This can entail evaluating partners' strengths and brainstorming innovative ways to implement them.

In Colorado, this meant tapping into the power of the state's [Title X clinic network](#). From 2008 to 2015, the Colorado Department of Public Health and Environment (CDPHE) [received](#) \$23 million for a LARC program from an anonymous donor. CDPHE used those funds to create the [Colorado Family Planning Initiative \(CFPI\)](#), which aims to reduce teen and unintended pregnancy rates by making LARC and other forms of contraception more affordable.

One of CDPHE's strengths was its excellent relationship with the state's Title X program. To leverage that relationship, CDPHE embedded CFPI into the Title X program and had the clinics provide free and low-cost LARC to women throughout Colorado. According to CDPHE staff, this approach was key to CFPI's ultimate success. From 2009 to 2014, Colorado's teen pregnancy rate [dropped](#) by 48 percent and the unintended pregnancy rate fell by 40 percent.

"Without that core, without that partnership, without really being able to utilize those experts, we wouldn't have been able to make the impact that we did," says Larry Wolk, CDPHE's executive director and chief medical officer.

The Arkansas Department of Health (ADOH) successfully [utilized](#) its long-time participation on the [Natural Wonders Partnership Council](#) (NWPC), a cross-sectoral board focused on children's health issues, to create a [legislative study](#) that identified evidence-based policies that could help reduce the state's teenage pregnancy and birth rates. The NWPC workgroup that conducted the study works on teen reproductive health issues and also includes representatives from the state pediatric association, minority health, state agencies, the children's hospital, state legislators, nonprofits, higher education, and pharmaceutical manufacturers.

ADOH's [leadership](#) on the NWPC workgroup was essential to it successfully completing the legislative study. ADOH Family Health Branch Chief Bradley Planey not only founded the workgroup, but also co-leads it, which allowed him to set the agenda. "You can't get it done without partnerships and collaboration," says Planey. "Getting action to take place is slow, so you have to be persistent, especially when it's not standard operating procedure and you're trying to change to something pretty different. You have to tackle it in as many areas as possible."

As a result of the study, Arkansas passed [legislation](#) requiring the Arkansas Higher Education Coordinating Board to collaborate with higher education institutions to develop an action plan to prevent teen pregnancies among unmarried college and university students.

“We were able to find synergies between organizations that enabled us to accomplish much more than what we could individually,” Planey says. “This seems to have a snowball effect with more partners wanting to be a part of the effort as momentum gathered.”

Finding New Partners

Initially, health department staff may be hesitant reaching out to unfamiliar organizations and trying to recruit them as new partners. However, Arkansas, New Mexico, and Delaware demonstrate two potential paths forward: (1) leveraging existing relationships to make new or deeper connections, or (2) approaching organizations where the department does not have a connection, but knows that leadership are committed to family planning, reproductive health, or another issue where a LARC project would have an impact, such as infant mortality, pre- and interconception health, and adequate birth spacing.

In Arkansas, Planey recommends identifying and reaching out to organizations where one already has connections to demonstrate how participating in a contraception initiative would advance their own missions. For NWPC’s project, members volunteered their contacts within organizations, set up meetings to discuss their ideas, and sought their buy-in.

“When they could see the benefit for them, enlisting their help was a matter of finding the right activity that would enhance LARC usage,” says Planey.

New Mexico undertook a similar approach to find nontraditional funding partners. LARC advocates in the state held an educational session on LARC and invited most of the granting organizations with which they were familiar. They then followed up with the attendees to determine if any would be interested in attending a second session to discuss establishing a state LARC project.

Four state-level foundations ultimately agreed to fund a LARC project for three years. Although none were specifically reproductive health foundations, the project resonated with each organization’s mission in a unique way. The key was determining their areas of interest to make a compelling pitch for a LARC initiative. For example, one of the funders was interested in policy and policy change, so its representatives were drawn to the fact that the LARC project hinged on enacting a Medicaid policy to cover LARC devices outside of the primary care bundle. Another funder worked on early childhood issues, and its staff understood that improving LARC access would mean that more pregnancies would be planned, a strategy which has been shown to improve childhood outcomes. A third was specifically interested in improving teen pregnancy rates in the county in which it is based, so the project’s local focus appealed to its leadership.

To further diversify their partnerships, health departments should research unfamiliar organizations that have a history of supporting family planning, reproductive health, or LARC usage. One best practice is to look at the organizations’ websites to learn about their past work and interests, such as whether they

emphasize data or human impact stories. A health department can then use that information to craft a pitch tailored to the organization.

In Delaware, Gov. Jack Markell [contacted](#) Upstream USA, a nonprofit that helps health centers connect women with contraception, to discuss the state's unintended pregnancy rate. Upstream had previously helped five centers in other states increase access to LARC and other forms of contraception, so Markell encouraged Upstream to focus on statewide efforts in Delaware for three years.

As a result, the Delaware Division of Public Health (DPH) and Upstream created a public-private partnership and launched the [Delaware CAN \(Contraceptive Access Now\) initiative](#)—a comprehensive, statewide project designed to reduce unintended pregnancies. The initiative is currently working to train all public and private health centers and hospitals across the state to promote LARC. In July 2016, Upstream [announced](#) that DE CAN had already trained more than 550 clinicians and support staff in 42 different health centers—more than halfway to its goal of training 80 sites by the middle of 2017.

“This is truly a public-private partnership,” says Leah Woodall, chief of the DPH Family Health Systems Section. “It’s great to see the synergy and everyone’s commitment to this work. It’s vital for any state that takes on this work to have as many different players at the table. Bringing energy and new perspectives makes it more likely to succeed.”

Sustaining Partnerships

Once a health department has established partnerships to work on a LARC program, it needs to ensure that they remain strong to fully implement the project and facilitate its success. Maintaining effective communication and building up partners’ knowledge base help sustain partnerships.

In Colorado, CDPHE family planning staff try to visit each Title X clinic at least once every three years, and the staff host an annual contractor meeting where participants can share lessons learned and connect with one another, according to family planning unit section manager Jody Camp. Additionally, the family planning program pays for an extended National Family Planning and Reproductive Health Association membership for all of its contractors, which helps contractors stay up-to-date on latest trends and research, as well as attend events that deepen their professional ties. Finally, the family planning staff make it clear to contractors that they value their opinions and experiences. They constantly request feedback on programs, projects, and reports, and use contractors’ ideas to improve their work.

Identifying common goals early in the LARC project planning process is also important to supporting partnerships. In Arkansas, Planey says that the NWPC workgroup decided on common goals through discussions on the resources that each member could contribute, which helped the group determine the feasibility of its project. Once the group had its goals, the members who were directly involved met to discuss planning, next steps, and opportunities, but the group kept the structure somewhat fluid to allow members to engage on new project opportunities as they arose.

Similarly, New Mexico’s statewide LARC workgroup has been essential to strengthening the relationships between its partners. There, a reproductive justice organizing project called Young Women United convenes a workgroup that serves as a space for partners to share strategies for policy innovation and project implementation. The workgroup has proved essential to coordinating state,

clinical, and advocacy efforts, and the partners plan to use it to coordinate on funding opportunities in the future. Having a community-based organization lead the project has also bolstered its work because stakeholders view its efforts as collaborative across a broad spectrum of organizations, says Jane McGrath, director of the child healthcare initiative Envision NM and its LARC Mentoring Program (LMP).

“A multi-stakeholder working group is a critical source of support and feedback for our state partners in a time of great political and budgetary uncertainty,” agrees Abigail Reese, program director of the New Mexico Perinatal Collaborative and LMP.

Finally, the New Mexico team has found that tracking meaningful data is important to keeping funders, state agencies, and payers involved in its project. Data can be used to demonstrate results and keep momentum going. McGrath recommends to LARC project partners: “Get the word out about your work and successes.”

ASTHO’s Increasing Access to Contraception Learning Community

ASTHO, in partnership with the CDC, CMS Center for Maternal and Infant Health Improvement, and the Office of Population Affairs, convenes 27 states and territories in the [Increasing Access to Contraception Learning Community](#) to facilitate reducing unintended pregnancy and improving access to the full range of contraceptive methods. The learning community informs and guides public health and Medicaid programs and policies to increase access to contraceptives by promoting evidence-based guidance and developing collaborative partnerships among states and territories. One of the [nine focus areas for success](#), ASTHO provides guidance to states on engaging national and federal partners and identifies state partnerships that are essential for successfully increasing access to contraception.