

In Groundbreaking Initiative, Colorado Creates Public-Private Partnership to Ensure Access to Most Effective Contraception

Colorado's initiative made significant reductions in the state's teen birth rate, unintended pregnancy rate, and entitlement program costs.

In 2008, a private foundation approached Colorado to test strategies to reduce unintended pregnancies. The foundation was interested in determining how persistent unintended pregnancy rates could be reduced, and what steps would be needed in order to make the greatest impact. Passionate about reproductive health issues, the foundation was particularly interested in improving the quality of reproductive care and removing the cost barriers to the most effective methods, including long acting reversible contraceptives (LARCs), such as implants and IUDs. To implement a multi-pronged approach to this goal, the foundation approached a variety of partner organizations in the state, including the Colorado Department of Public Health and Environment (CDPHE) about applying for grants to implement aspects of the work.

Although the CDPHE Family Planning Program did not typically receive private funding, the CDPHE team was willing to work to develop this public-private partnership. The resulting program was a stunning success, nearly halving the state's teen pregnancy birth and abortion rates, cutting the unintended pregnancy rate by 40 percent, and allowing the state to avoid between \$66 and \$69.6 million in public program costs.

- From the start of the initiative in 2009 to 2016, Colorado's teen birth rate dropped 54 percent.
- The teen abortion rate fell by 63 percent.
- The reductions in teen and unintended births saved the state more than \$66-\$69 million in entitlement program costs.

Ultimately, CDPHE [received](#) nearly \$28 million from the foundation from 2008 to 2016, which it used to create the [Colorado Family Planning Initiative \(CFPI\)](#) in which [68 Title X clinics](#) provided free and low-cost LARCs to women throughout Colorado.

Result:

- Colorado's birth rate fell 54 percent for young women ages 15-19, and 30 percent among women ages 20-24 between 2009 and 2016.
- The number of repeat teen births (teens giving birth for the second or third time, etc.) dropped 63 percent between 2009 and 2016.
- The abortion rate fell 63 percent among women ages 15-19, and 41 percent among women ages 20-24 between 2009 and 2016. The average age of first birth increased by more than a year among all women between 2009 and 2016.
- The reductions in teen and unintended pregnancies saved the state between \$66,063,664 and \$69,625,751 in entitlement program costs.
- The initiative's remarkable success garnered significant national press, including in the [New York Times](#), [National Public Radio](#), [USA Today](#), and other major news outlets.

- CFPI inspired other states, including [Oklahoma](#) and [Delaware](#), to seek outside funding and private-public partnerships to promote LARC access.

Key Steps Taken:

- Wanting to meet the actual needs of the clinics rather than dictating them, the foundation asked CDPHE and its partner clinics to identify what was needed to create an effective initiative.
- While the foundation did not have a predetermined process, it was clear about wanting to make the financial commitment. This allowed CDPHE to use its existing relationships, processes (such as common grant forms), infrastructure and network of public health centers to initiate the e process.
- Because CDPHE receives Title X funds and allocates those and state funds to a network of public health clinics, bringing additive private funding was an efficient and effective mechanism for expanding the capacity of the clinic system already providing reproductive health care. Doing so proved to be key to the success of the project.
- During the grant period, CDPHE staff learned how to package information in their proposals and reports in a way that is useful to a broad audience. In particular, patient and provider stories, data, and how the project's phases would complement each other were useful in helping others understand the program.
- The CDPHE team learned to request the funding it needed in order to be comprehensive, including the costs of the devices themselves (between \$400-\$1000) and the insertion procedure. During the first year, clinics expanded staff and training, updated clinical spaces, and expanded hours. This led, CDPHE to doubled its grant funds to pay for staffing in year two. Encouraged by the progress in year one, the clarity provided about additional needs that could be met, and hopeful that the program might result in promising practices to assist others, the foundation upped CFPI's funding for its second year.
- While implementing the initiative, CDPHE realized that it needed to expand CFPI beyond simply paying for the implants and IUDs. Due to lack of prior experience, some physicians and nurse practitioners struggled with inserting these devices. A strong training component for practitioners was added in subsequent year proposals to ensure that providers could access training.
- One of CDPHE's goals throughout the project was to plan for sustainability of these efforts after the private funding ended. For example, following the passage of the Affordable Care Act, CDPHE developed an additional proposal focused on the business of providing the full range of contraceptive methods to all its patients, such as how to negotiate contracts and bill Medicaid and other payers and training front desk and billing staff.
- In addition to the foundation, staff working on CFPI cultivated champions throughout CDPHE with the goal of accessing new funding through other sources. They created an internal factsheet with high-level outcomes from CFPI, shared it with leadership, and requested meetings with CDPHE leaders until they were able to meet with CDPHE Executive Director and Chief Medical Officer Larry Wolk, who has a strong relationship with the governor.
- The Colorado governor requested data from the initiative, and the team responded with a two-minute presentation on CFPI's results. He was impressed, and his response encouraged CFPI staff to request an increase in family planning funding from the state legislature's General Fund. The governor was also impressed with CFPI's work and thought the project should be funded throughout the state.

- CDPHE went through the legislative process and advocated for including a [decision item](#)—a “request for an increase in spending and/or funds in the budget request year beyond the base operating request”—in the state budget for 2015-2016. This was particularly important as the private funding was scheduled to come to an end in 2015.
- To help garner support for the bill, CFPI staff wrote a series of [factsheets](#) from different perspectives that were designed to appeal to various audiences and the approaches that resonated with them (e.g., factsheets that focused on data, abortion avoidance, and long-term economic success and self-sufficiency).
- Bolstered by the media coverage about the success, statewide polling indicated that 68% of people supported increasing public funding for family planning.
- Despite support from the governor, many legislators, Dr. Wolk, and a range of advocacy/health organizations, the state senate rejected a [bill](#) to provide \$5 million to CFPI.
- Although CDPHE staff were disappointed with the legislative loss, the foundation, as well as new group of Colorado-based funders stepped forward to provide bridge funding for one year while the case was continued to be made to policy makers that public funding should be increased. In total, 14 foundations [came together](#) and raised \$2.6 million in less than three months to keep CFPI running.
- With the new opportunity came new adjustments. For example, although the 14 foundations graciously provided CDPHE with one grant application for the funds, staff had to navigate 14 online systems and usher 14 contracts through the state system.
- Additionally, the new funders tended to be more interested in CFPI’s human impact. As a result, CDPHE transitioned from focusing on data factsheets to providing anecdotal factsheets.
- To create a bank of compelling stories, staff asked CFPI funding recipients who treated patients face-to-face if they knew potential teen spokespeople who might be willing to share their stories. When that wasn’t possible, some of the Title X clinics created portraits based on types of clients they treated.
- Due to the media attention generated by CFPI, individuals began approaching CDPHE to donate smaller amounts, such as \$50 or \$100. To process these individual donations, CDPHE created a donor-advised fund at local foundation. Now, if individual donors approach CDPHE, staff thank them for their interest, and then direct them to support a local clinic where their funds will go further.
- Continuing to look for new phases and projects that would complement the initiative’s overall goals, CDPHE decided in 2015 to hire health economists to perform a cost avoidance analysis. The department released a request for proposals and awarded the contract to a team of economists at the University of Colorado.
- The health economists analyzed seven entitlement programs to calculate cost avoidance amounts due to CFPI, and [found](#) that the initiative had avoided the state between \$66,063,664 and \$69,625,751 in costs, including more than \$52 million in Medicaid alone.
- With cost avoidance data in hand, CDPHE again pursued funding from the General Fund, this time [requesting](#) a \$2.5 million increase to the family planning budget line through the joint budget committee process for 2016-2017. Seeing that the additional \$2.5 million could potentially save the state tens of millions of dollars in birth-related costs, the legislature [passed](#) the decision item and the governor [signed](#) it in May 2016.

Lessons Learned:

- Approach donors and/or foundations that support women's health, family well-being, family planning, and removing cost barriers to implant and IUD access. Make a strong case and recruit a vocal, receptive champion there.
- Help your champion cultivate interest in your program at other foundations. For example, your foundation champion could host their friends and colleagues from other nonprofits at a coffee or lunch and then invite you to present on implants and IUDs and their impact.
- Conduct research on foundations' websites to learn about their interests and preferred grant application format. Then use existing tools in your community to write a tailored proposal.
- Bring non-clinical partners to the table who can assist with public awareness, policy, or other program needs.
- Know your worth and what your program costs, and don't be afraid to ask for it. State and territorial health departments are used to getting by with suboptimal funding, but you should recoup your cost and get the resources that you need to make your initiative successful.
- Ask the donor for at least six months to plan your initiative. Rolling out a public health campaign is complex, so request the planning time you need to do it well. This time can be used to ascertain what clinics will need in order to expand access, including internal systems change.
- Ask the donor for a multi-year commitment. A one-year contraceptive access program won't give you enough time to demonstrate significant results.
- When you're starting to generate interest in your program, be prepared to respond to the foundation quickly and nimbly. Title X clinics understand that projects take time, but foundations expect you to complete reports on time and spend their funds fully and promptly. Be prepared with your internal structures to respond in a timely manner. For example, state and territorial health departments are not always accustomed to cashing foundation checks, so make sure that the foundation has the information it needs to write the check correctly, and prepare the department's finance department to receive and cash the check.
- Learn foundation norms. For example, health departments often are not used to sending acknowledgment letters or thank-you notes to foundations. These documents need to include how much the foundation gave and when the department will submit a final report, which are typically due 30 days after grant closing. To facilitate writing the final report, make sure fiscal data can be pulled easily.
- Donors like to see personal stories from the people their funds impact, so create a story bank that you can draw from as needed. If necessary, enlist the help of funding recipients.
- Build champions at your department. Present your evidence to managers and ask them to help you book meetings with department leadership. The state health official needs to champion your project and grant the permissions necessary to go through the foundation grant process.
- CDPHE found that state decision-makers, 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 is compelling to legislators across the political spectrum, including those who are traditionally more skeptical of contraceptive access projects.
- Use the data that you have on hand to make your arguments. Ask an internal data expert to package the information for you. Examples of helpful data include vital statistics, family planning data through Title X, and data from the Guttmacher Institute.
- Ensure that clinics are prepared to seek public and private insurance reimbursement for providing this care.

- As the public learns about your contraceptive access initiative, create a place where individual donors can show their support.

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