

Colorado Department of Public Health and Environment's Family Planning Program

National Conference of State Legislatures Meeting

June 2019



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- Colorado's Family Planning Program Overview
- Expanded Access Program
- Outcomes
- Policy



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- Colorado's Family Planning Program Overview

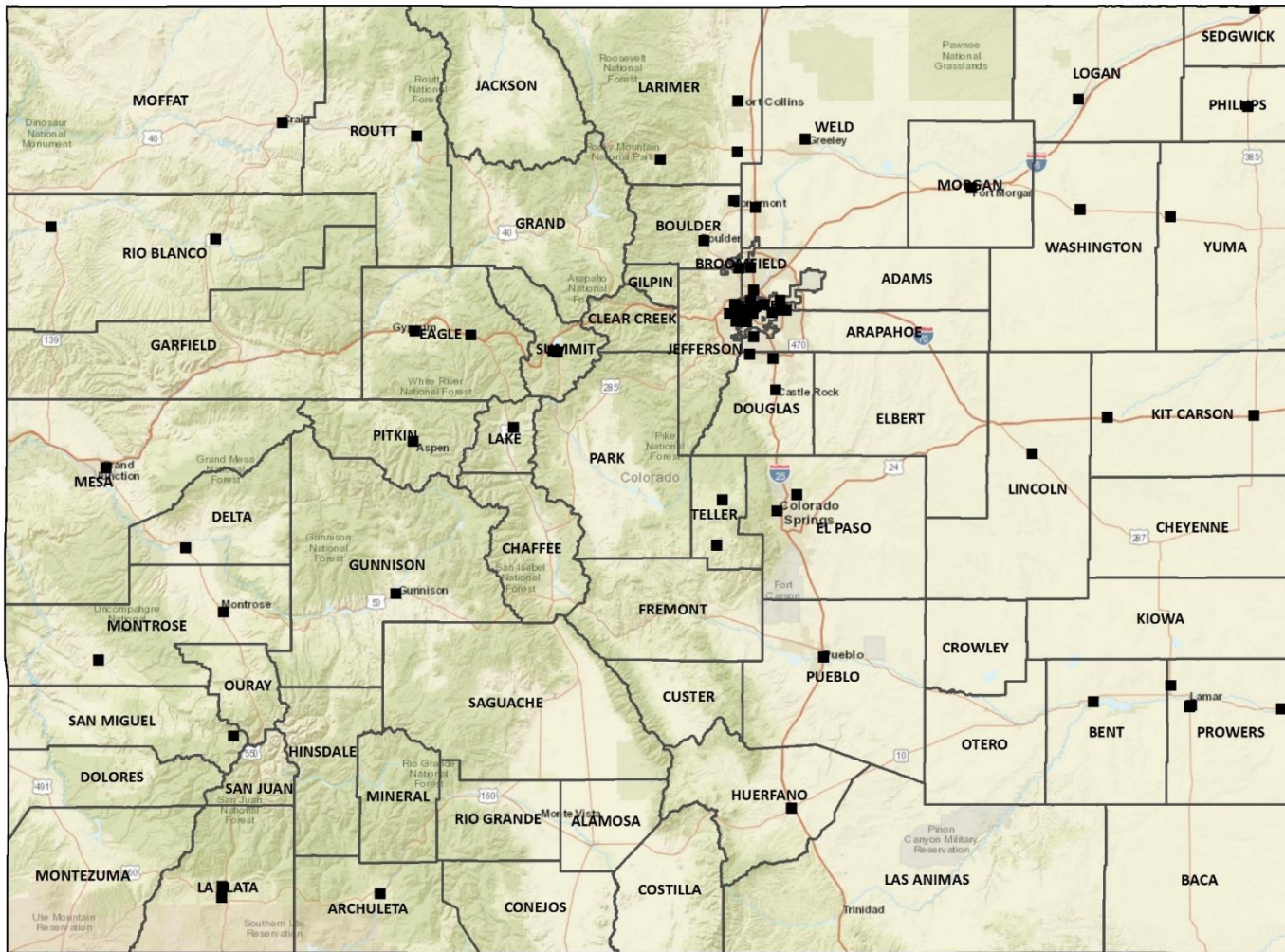


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- CDPHE has been grantee for Title X/ State General Funds for 48 years.
- Bi-partisan support.
- 45,000-50,000 clients a year.
- 25-30 contractors doing business in 60-70 clinics



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Family Planning Services Provided:

- Family planning counseling, education and supplies
 - (recently a focus on long-acting, reversible contraceptive methods)
- STD screening and treatment
- Annual Exams
- Breast and cervical cancer screening
- Male services

Federally Qualified Health Centers, public health, hospitals and nonprofit organizations



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- Expanded Access Program – Colorado Family Planning Initiative (CFPI 2009-2015)



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Between 2008 and 2016 - Anonymous Donor invested in CDPHE family planning program. Called it “Colorado Family Planning Initiative (CFPI)”

- Directed funds toward LARC devices
- Statewide - within existing Title X network
- Provided over 40,000 LARCs to low-income women
- Improved business practices
- Identified “champions” in the field
- Trained providers, built confidence
- Watched data - researched and published
- Partnered with media outlets to help normalize the work



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Focus on expanding all methods with an emphasis on long-acting, reversible contraceptive methods

Intrauterine Device

Both types of **IUDs work** primarily by preventing sperm from fertilizing an egg.

The copper **IUD** releases copper into the uterus, which works as a spermicide. The hormonal IUDs release a form of the hormone progestin into the uterus. The progestin thickens the cervical mucus so that sperm can't reach the egg.

3-10 years



Implant

Hormones in birth control stop an egg from being released by your ovary and also prevent sperm from reaching the egg.

The contraceptive implant puts a steady, low dose of hormone into your bloodstream.

3 years



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Clinical

- Provider Training
- Build a larger Cadre of Champions
- NP, PA and front desk clinical training
- Best Trainers and Tools (Sim Models)
- Mentors and follow-up
- Focus on new providers: *SBHC, FQHCs, rural health, IPP, Pediatricians*



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Business Improvements

- Billing and Coding
- Cost Setting training
- Clinic Efficiencies
- Electronic Health Records
- Advocating with insurance
- Public Health has a place at the table



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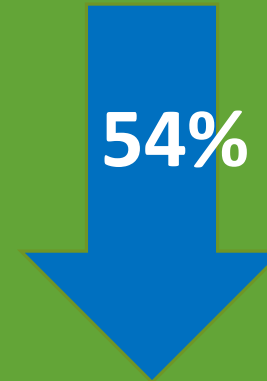
	Medicaid Reimbursement	Private Health Insurance Reimbursement
2011	\$464,699	\$52,832
2012	\$1,031,994	\$138,394
2013	\$1,137,395	\$273,005
2014	\$2,333,932	\$547,387
2015	\$3,187,623	\$884,157
2016	\$3,969,743	\$1,191,984
2017	\$3,534,950	\$1,351,523



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- Outcomes

Since the start of the LARC project, the birth rate for young women ages 15 to 19 was reduced by more than half, falling 54 percent between 2009 and 2016. The rate dropped from 37.5 births per 1,000 teens in 2009 to 17.1 in 2016.

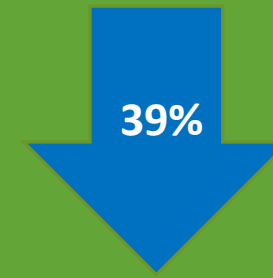


A similar downward trend was seen among women ages 20 to 24, with their birth rates dropping 30 percent between 2009 and 2016.

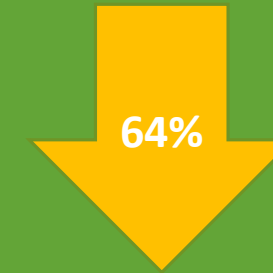


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The number of repeat teen births (teens < 18 years giving birth for the second or third time, etc.) dropped by 39% percent between 2009 and 2018 (9.3% to 5.7%).



The abortion rate among women ages 15 to 19 fell by 64 percent and among women ages 20 to 24 by 41 percent between 2009 and 2016.



The average age of first birth increased by 1.9 years among all women between 2009 and 2018, from 25.9 years to 27.8 years.



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Research

Game Change in Colorado: Widespread Use Of Long-Acting Reversible Contraceptives and Rapid Decline in Births Among Young, Low-Income Women

CONTEXT: Long-acting reversible contraceptive (LARC) methods are recommended for young women, but access is limited by cost and lack of knowledge among providers and consumers. The Colorado Family Planning Initiative (CFPI) sought to address these barriers by training providers, financing LARC method provision at Title X Family Planning clinics and increasing patient counseling.

METHODS: Beginning in 2009, 28 Title X Family Planning agencies in Colorado received private funding to support CFPI. Contraceptive and client LARC use were assessed over the following two years. Fertility rates among low-income women aged 15–24 were compared with expected trends. Abortion rates and birth among high-risk women were tracked, and the number of infant-receiving services through the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) were examined.

RESULTS: By 2011, contraceptive use had increased by 23%, and LARC use among 15–24-year-olds had grown from 5% to 7%. Contraceptive use among 15-year-olds had increased from 1% to 3%. Among 15–24-year-olds, the proportion of births that were high-risk declined by 43% between 2009 and 2011; abortion rates fell 14% and 7%, respectively, among women aged 15–19 and 20–24. Statewide, infant enrollment in WIC declined 23% between 2010 and 2011.

CONCLUSIONS: Programs that increase LARC use among young, low-income women may contribute to declines in fertility rates, abortion rates and births among high-risk women.

Perspectives on Sexual and Reproductive Health, 2014, 46(3):32–39, doi:10.1363/psrh.12174

The acceptance of IUDs and contraceptive implants as a number of barriers to LARC use among young women, especially those who have never given birth, is female monthly changing the landscape of reproductive health. Colorado's experience since 2009 in increasing the accessibility of effective long-acting reversible contraceptive (LARC) methods highlights a promising approach to reducing unintended pregnancy and associated health among young, low-income women.

BARRIERS TO LARC METHODS
LARC methods—implants and IUDs—have been shown to be effective in reducing rates of unintended pregnancy among adolescents, and their use in this population is endorsed by the American College of Obstetrics and Gynecology (ACOG).¹ A number of barriers to LARC use among young women have been described. Two barriers on the low level of awareness among consumers and providers of the availability, safety and appropriateness of LARC methods for both parents and multiparous young women and the time required for counseling about these methods.^{2,3} In addition, high initial costs pose a substantial barrier to greater utilization.⁴ In the longitudinal Contraceptive CHOICE Project in St. Louis, 70% of women aged 14–20 chose LARC methods when use was not a factor.⁵ However, in 2009 and 2010, the researchers observed declines in the abortion rate, the proportion of abortions that were repeat procedures and the teenage birth rate in the St. Louis area. Furthermore, these rates were lower than those in comparable areas without

By Sue Rickerts, Coon Ringle and Renee Schwelberg

See Rickerts in maternal and child health demography, epidemiology, planning and evaluation, Brook, Prevention Science Division, Colorado Department of Public Health and Environment, Denver, Coon Ringle in family planning operations, Colorado Department of Public Health and Environment, Renee Schwelberg in project director, maternal and child health epidemiology and statistics program, Abner Institute, Portland, ME.

September 2014 Game Change in Colorado: Widespread Use Of Long-Acting Reversible Contraceptives and Rapid Decline in Births Among Young, Low-Income Women

TAKING THE UNINTENDED OUT OF PREGNANCY:

COLORADO'S SUCCESS WITH LONG-ACTING REVERSIBLE CONTRACEPTION

January 2017 Cost Avoidance Research



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Section I: History
Section II: Impact
Section III: Costs Avoided
Section IV: Advocacy
Section V: The Future

www.colorado.gov/cdphe/cfpi-report

TAKING THE UNINTENDED OUT OF PREGNANCY:

COLORADO'S SUCCESS WITH
LONG-ACTING REVERSIBLE
CONTRACEPTION

Q: How many other public support costs were avoided for all of the unintended births that did not happen?

A: By estimating how many births did not occur and then by assigning a dollar amount for each birth



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Program	Costs (in millions)
Medicaid	\$52.3 to \$53.7
TANF	\$5.8 to \$7.0
SNAP	\$5.2 to \$5.5
WIC	\$2.7 to \$3.6
Total	\$66.1 to \$69.6

2010-2014
Ages 15-24

Ranges are based on the two different estimates of births averted



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- Policy

- Medicaid/ ASTHO Cohort 2016-2018
- Educate patient and clinics regarding the Affordable Care Act, Expanded Medicaid in Colorado
- Explanation of Benefits and confidentiality
- \$5 million legislative bill failed in 2015
- \$2.5 million Decision Item in 2016
- \$1,025,000 Decision Item 2019



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- **State Family Planning Amendment / Waivers (Medicaid to 263% of FPL):** <https://www.kff.org/medicaid/state-indicator/family-planning-services-waivers/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>
- **Pharmacist distribution:** <https://www.pharmacytimes.com/conferences/apha-2018/pharmacists-role-in-managing-contraceptive-care-continues-to-evolve>
- **ASTHO Coalition:** <http://www.astho.org/Programs/Maternal-and-Child-Health/Increasing-Access-to-Contraception/>



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