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LARC Pass Long-Acting Reversible Contraception for Public Transit Users

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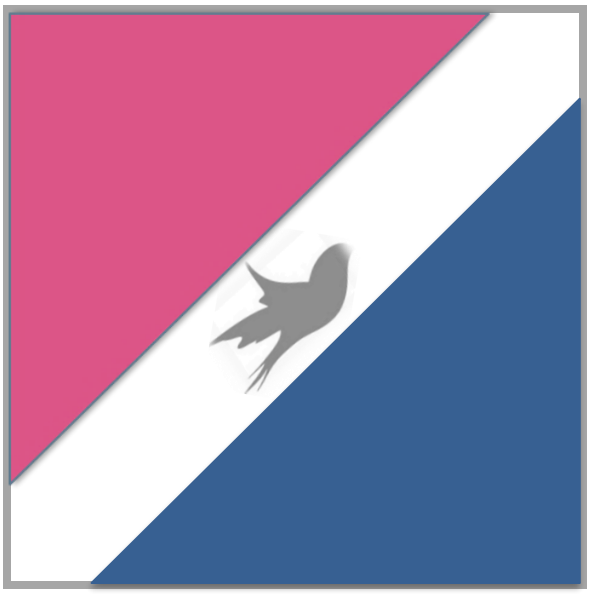

LARC Pass

Long-Acting Reversible Contraception for Public Transit Users

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LARC Pass 2

Table of Contents

Abstract

An individual's control over their reproductive future is essential. The creators of the LARC pass program were motivated to create an anti-poverty and anti-racist approach to providing the best methods of contraception after witnessing the many systemic inequities exposed by the tumult of 2020. Research has shown that many marginalized Americans, including teens and young adults, people of color, those living in poverty and those experiencing homelessness utilize government subsidized clinics to attempt to meet their health and reproductive needs. Promising research shows that when access to free or low-cost contraception (LARC) is provided, abortion and maternal mortality rates decline. As creators examined successful programs, they were inspired to design an intervention that would start small but have a framework that could be expanded. LARC pass is that program, designed to provide no-cost, LARC to a specific group whose socio-economic status causes them to be reliant on public transport and government subsidized medical care.

Needs Statement: Low-income individuals need increased reproductive autonomy.

Mission Statement: To support individuals in effectively planning their families and futures on their own terms and timeline.

Goal Statement: Individuals relying on public transportation will have access to free Long-Acting Reversible Contraception (LARC) to increase reproductive autonomy and decrease the effects of systemic poverty.

The Project has two **objectives**. 1) That individuals obtain no-cost LARC at their most accessible clinic and 2) to increase client education about LARC effectiveness and care. Indicators of success for objective one include clinic reporting increased appointments for LARC implantation and case records indicating successful LARC implantation. Objective two indicators include clinic staff reporting scheduled follow-up appointments, successful implantations, and a perceived increase in patient education through survey (see Appendix A). Increased patient knowledge and education of LARC effectiveness will be assessed through survey cards, texts, or phone calls (see Appendices B-D).

Introduction

For decades, young, low-income, and minority individuals have sought reproductive care at government funded and subsidized clinics with improved results (Physicians for Reproductive Health, n.d.). While this population has been adversely and overwhelmingly affected most recently by funding attacks on reproductive care clinics, societies in general benefit when individuals are supported in determining their ideal reproductive path, family size, and timing of that family. While time-consuming legislative battels rage in congress and on the presidential desk, this group continues to suffer in uncertainty and with poor access to care. With an innovative approach, LARC Pass seeks to reach an underserved population for whom glaring disparities in insurance coverage and socioeconomic status lead to poor health outcomes.

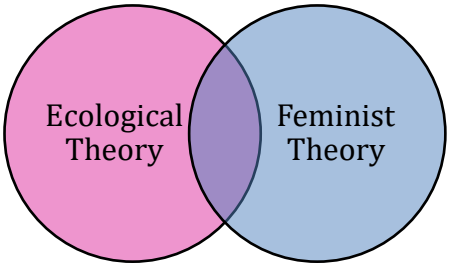
This intervention is specifically targeted to support individuals reliant on and qualifying for subsidized public transportation. Research shows that people of color, including black and indigenous (BIPOC) individuals in America experience higher rates of poverty and are the primary users of public transportation (Sohn, 2016 p. 182, Anderson, 2017). This link between, race, poverty and public transit usage has been recognized in King County, Washington. Here, individuals eligible for government subsidy programs like

Temporary Assistance for Needy Families (TANF), Refugee Cash Assistance (RCA) and Pregnant Women Assistance (PWA) automatically qualify for a subsidized transit pass and reduced fare options are available to anyone at or below 200% of the federal poverty level (King County Metro, n.d.). Another issue facing this population is frequent job and insurance loss. These factors cause BIPOC to depend on subsidized healthcare including reproductive care clinics. (Sohn, 2016 p.184-85).

Ultimately, poverty affects how people access healthcare. For our target population barriers to care include travel to clinic visits on public transportation, taking time off work and the cost of childcare (De Luc, 2020). Monthly trips to different pharmacies depending on price and coverage to fill prescriptions for birth control pills that research shows are less effective than LARC and may need to be generic or heavily subsidized to be affordable are also challenging (Guttmacher Institute, n.d.). Creating, a two-step (appointment and implantation) process for obtaining free LARC for subsidized public transit users serves the target population, addressing poverty and systemic racism while avoiding engagement in procedures as politically divisive as abortion.

Theoretical Frameworks

Combined Feminist and Ecological theoretical orientations were used to develop this program. Ecological theory examines the affected population in its environment asking, what are the barriers this specific group faces? It is noteworthy that BIPOC individuals in America have higher rates of poverty (Sohn, 2017 p.182). Poverty uniquely affects the way BIPOC access healthcare. Clinic visits might require public transportation, unpaid leave and paying for childcare (De Luc, 2020). Finding a pharmacy that provides less expensive prescriptions is also challenging (Guttmacher Institute, n.d.). Thus, laws and programs that do not address context, climate and the person in their environment are ultimately ineffective.



Feminist Theory examines how gender systems work, and if gender arrangements are fair. The theory asks, if a program gives individuals control over not just their choices but also their lives and futures? At the center of reproductive justice work is combatting stigmatization and control of providers, clinics, and individuals through purity culture. Even allies can lose perspective. Whitten-Andrews (2018) explains that activists often

prioritize individual choice, “rather than seeing women as multilayered beings living within complex environments with both discursive and material realities” (p.150).

The factors of race, gender, income level, insurance coverage and access to medical care should be closely considered because deeply engrained habits of thought and norms shape public health outcomes for female, trans, non-binary and gender fluid individuals (Hoehn, 2014 p.49). Further, any productive examination of the issue must prioritize the experience and bodily autonomy of BIPOC using Ecological and Feminist theoretical perspectives. One clinic administrator interviewed during the research phase of project development explained, “Everything is offered under the umbrella of bodily autonomy because we believe people are the best decision makers in their own life.”

Description of the Program

Ease of access is crucial for LARC pass program participants and the benefits must be simply a call away. Through a designated phone line advertised in transit centers, on buses and trains and in reproductive clinics, this program hopes to bring attention to a better contraception option for the target population. An interested individual will call or text the phone line advertised to gain information about no-cost, LARC and, if interested, will be immediately scheduled for an appointment at the clinic nearest them. After implantation of their preferred LARC method and at their appointment, contact information will be obtained, a survey card, call or text will be given, and clients will be guaranteed a phone check-up by qualified medical staff within a week. Removal services at three, five or 10 years, according to their specific LARC method, will also be offered at no cost.

Our target population, which has identified cost as the main barrier to obtaining effective LARC methods like intrauterine devices (IUD) and hormone implants would now have access at no cost (Peipert, Madden, Allsworth, & Secura 2012 p.1295). The expiration dates on LARC methods of birth control range from three to 10 years, empowering this group to plan their family on a schedule that best fits with their life and

environment and lining up with our theoretical frameworks and program mission statement.

The program will eliminate other barriers like physician subjectivity or bias, trips on public transit to obtain or renew birth control prescriptions and frequent trips to local pharmacies for monthly birth control pills.

A broader societal benefit is the overall decrease in abortions that follows any program granting free or low-cost contraception to populations experiencing poverty. An added benefit of the program is its fiscal responsibility as the program streamlines the allocation of some government funds and ensures those funds have a more direct route to intended recipients.

It will be important for all program employees, administrators, volunteers and participating medical staff to understand the specific ways the program combats poverty and systemic racism and eradicates barriers to educate the people with whom they interact and inform possible donors. Trainings will be provided to meet this need.

Advertising

The socio-economic status of the target population means not all potential clients will have access to a cell phone or social media and so, traditional advertising methods will be employed. A minimum of two billboards placed in areas of concentrated poverty ascertained from county records as well as posters and ad wraps in transit centers, on trains, and buses will be needed. Brochures will also be placed in participating clinics.

Because the initial client contact point for LARC pass will be these forms of advertising, the program has allocated a large portion of the budget to consult with and hire an outside advertising firm. This firm will create materials that are, inclusive, eye-catching, simple to understand and center and highlight the program phone line. Because advertising is crucial to program success expert help though costly, will be essential.

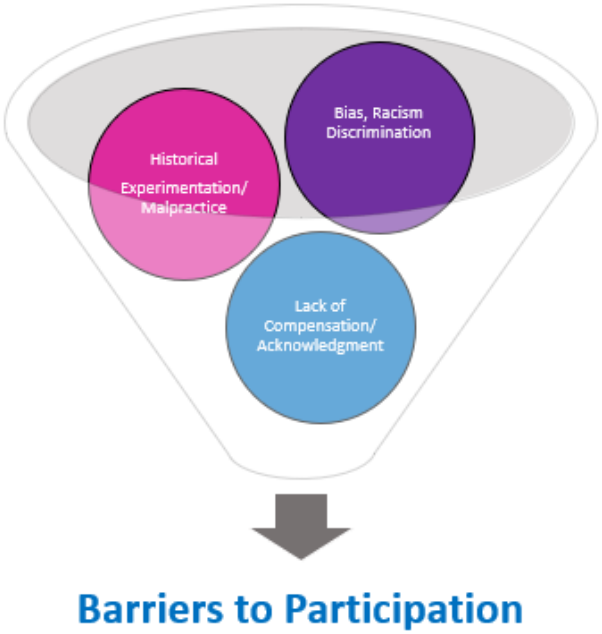
Training

Two groups will need training to effectively execute LARC pass: program employees and participating clinicians. Employee trainings will take place on-site at the program office (see Appendix E). Clinician trainings will be offered monthly at participating clinics and lunch will be provided (see Appendix F). Attracting clinicians to trainings will be important for success and so incentives like catered lunch and the convenience of a variety of locations and dates will be offered and necessary monies allocated.

In addition to the dos and don'ts of client interaction, effective ways to approach donors and, program specifics, all individuals proximate to the program will need a basic understanding of the motivation for program development and the barriers the target population faces as explained previously in the **Introduction** and **Theoretical Framework** sections.

Employees and clinicians will also need to approach the target population with humility and sensitivity to culture and history. As a result, the following topics will be covered in greater depth in all trainings. Because this population is not typically in regular contact with medical facilities, getting them correct information about the program and its benefits may be difficult. This difficulty may be exacerbated by fear and suspicion on

the part of BIPOC individuals in America regarding medical procedures. An informed approach will be necessary. The infamous Tuskegee syphilis study and widespread forced sterilization of Fannie Lou Hamer and many other Black women in the 1950's and 60's certainly speaks to the valid reluctance of Black men and women to submit to medical research and procedures. There is also a perception that research conducted is only for the benefit of others, specifically, White Americans. This perception has been reinforced by the mistreatment of Henrietta Lacks and her descendants, whose famous HELA cells have been integral to medical advances but who were never financially compensated and only recently acknowledged for their contribution (Wolinetz & Collins, 2020 p.1027)



Currently, occasions of perceived or real racism or discrimination foster mistrust in marginalized populations and an unwillingness to be viewed as "guinea pigs." Differences in treatment indicate that racial disparities and discrimination, conscious and unconscious are the culprits (Scharff, Mathews, Jackson, Hoffsuemmer, Martin & Edwards, 2010 p.896).

Conclusion

While there are certainly challenges ahead for LARC pass, the possible, overall benefit to the target population and the local community in general far outweigh the inconveniences of advertising, educating and implementation. It is the hope of program creators that all attempts to implement anti-racist, anti-poverty and gender affirming programs will contribute to a changing American consciousness. One that supports and elevates all individuals living here and instills hope for what humans can do when they see and help to meet each other's needs.

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Appendix A

Data Collection Form

[LARC Pass_Data Collection Form_Printable.pdf]

LARC Pass Data Collection

Please complete form monthly and email to LARC_Pass@medline.com
For questions please call Leota Mansion (333) 555-5785

Month/Year

Indicators	Numeric Figure	Administered by Reception or Medical Staff	Estimated Work Time	Date (optional)	Notes
Program Inquiries					
Appointments Scheduled					
Appointments Cancelled					
Appointments Kept					
Orca Card/ Other qualifying I.D.					
Successful Implantation					
Patient Declines Implantation					
Post-op check-in calls					
In-person Survey administered					
Phone Survey Administered					
Text Survey Administered					
Clinician Survey Taken					
Clinicians Trained					
Clinc Name (write in)					

Appendix B

Survey Form and Text Survey Link

Long-Acting Reversible Contraception for Public Transit Users

Thank you for taking time to complete this survey as we are always trying to improve the program.

* This form will record your name, please fill your name.

1. How did you arrive at the clinic for your appointment?

- ○ Public Transit
- ○ Walk
- ○ Private Vehicle
- ○ Other

2. How would you rate your experience at the clinic on a scale from 10 to 0, with 10 being excellent and 0 being terrible

0	1	2	3	4	5	6	7	8	9	10

Terrible Excellent

Appendix B (continued)

3. Would you please rate your level of understanding of contraception or birth control before your appointment on a scale of 10 to 0, with 10 being excellent and 0 being none.

0	1	2	3	4	5	6	7	8	9	10

None Excellent

4. Please rate your understanding of Long-acting reversible contraception (LARC) after your clinic appointment on a scale from 10 to 0, with10 being excellent and 0 being none.

0	1	2	3	4	5	6	7	8	9	10

None Excellent

5. How would you rate the clinic staff's ability to answer all your questions before, during and after the appointment on a scale from 10 to 0, with 10 being excellent and 0 being terrible?

0	1	2	3	4	5	6	7	8	9	10

Terrible Excellent

6. How would you rate the likelihood you will recommend the LARC Pass program to a friend on a scale from 10 to 0, with 10 being "definitely would" and 0 being "definitely would not"?

0	1	2	3	4	5	6	7	8	9	10

Definitely would Definitely would not

Appendix B (continued)

7. Do you have any questions or additional comments?

The above Survey Form will be offered as a patient schedules a post-op call or check-in. If possible, please have the patient fill out their survey before leaving the clinic.

The link below is to a version of the Survey Form that has been converted to a digital format, The Text Survey Link. The link content is the same and will be sent via text to patients who choose this option and give their phone number for a follow-up call.

https://forms.office.com/r/UK8t8rRDQs

Appendix C

Phone Survey Transcript and Answer Card

Hello this is "name" from "clinic" where you received "LARC Method" "Date of Appointment" is this a good time to ask a few questions about your experience?

1. How did you arrive at the clinic for your appointment?

   Transit, Walk, Private Vehicle or other
2. How would you rate your experience at the clinic on a scale from 10 to 0, with 10 being excellent and 0 being terrible?
3. Would you please rate your level of understanding of contraception or birth control before your appointment on a scale of 10 to 0, with 10 being excellent and 0 being none.
4. Please rate your understanding of Long-acting reversible contraception (LARC) after your clinic appointment on a scale from 10 to 0, with 10 being excellent and 0 being none.
5. How would you rate the clinic staff's ability to answer all your questions before, during and after the appointment on a scale from 10 to 0, with 10 being excellent and 0 being terrible?

Appendix C (continued)

6. How would you rate the likelihood you will recommend the LARC Pass program to a friend on a scale from 10 to 0, with 10 being “definitely would” and 0 being "definitely would not”?
7. Do you have any questions or additional comments?

Survey Score Card

1. Circle One: Transit, Walk, Private Vehicle, Other
2. Circle One: 5 4 3 2 1
3. Circle One: 5 4 3 2 1
4. Circle One: 5 4 3 2 1
5. Circle One: 5 4 3 2 1
6. Circle One: 5 4 3 2 1
7. Comments:

Appendix D

Clinician Survey

https://forms.office.com/r/hBunhwJGmN

Long-Acting Reversible Contraception for Public Transit Users

Thank you for taking time to complete this survey as we are always trying to improve the program.

* This form will record your name, please fill your name.

1. How would you rate time spent on LARC program tasks on a scale from 10 to 0, with 10 being "a great deal" and 0 being "none"?

0	1	2	3	4	5	6	7	8	9	10

None A Great Deal

2. How would you rate patient's general understanding of contraception prior to speaking with clinic staff on a scale from 10 to 0, with 10 being "excellent" and 0 being "none"?

0	1	2	3	4	5	6	7	8	9	10

None Excellent

3. Regardless of whether patient received a LARC device, how would you rate their general understanding level after leaving the clinic appointment on a scale from 10 to 0 with 10 being "excellent" and 0 being "none"?

0	1	2	3	4	5	6	7	8	9	10

None Excellent

4. How would you rate perceived patient level of understanding of their personal LARC device, including effectiveness and expiration date on a scale from 10 to 0, with 10 being "excellent" and 0 being "none"?

0	1	2	3	4	5	6	7	8	9	10

None Excellent

5. How would you rate patient understanding of LARC care and removal on a scale from 10 to 0, with 10 being "excellent" and 0 being "none"?

0	1	2	3	4	5	6	7	8	9	10

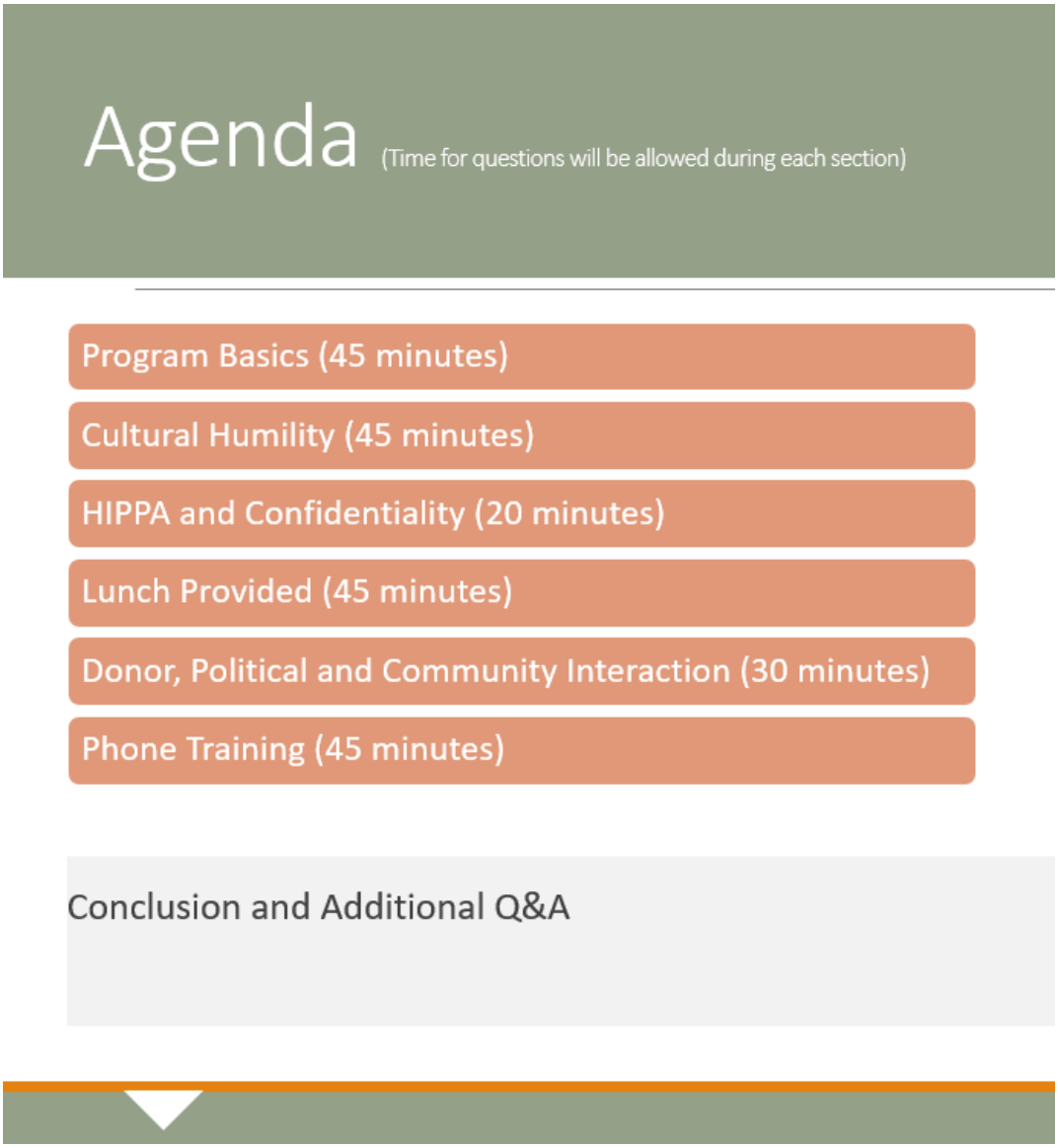
None Excellent

6. Additional Comments:

Appendix E

Employee Training

Employee Training_LARC Pass.pptx



Appendix F

Clinician Training

Clinician Training_LARC Pass.pptx