South Carolina Initiative Six-Year Plan

Choose Well℠

A CONTRACEPTIVE ACCESS INITIATIVE OF NEW MORNING FOUNDATION

Revised on 8/20/2019

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Introduction

When New Morning Foundation (NMF) began investigating the high rate of unintended pregnancy in 2016, the Planning Year, over half of births in South Carolina (SC) were reported as unintended (Guttmacher Institute, 2014). Results of our needs assessment identified a number of issues that exacerbated the problem of unintended pregnancy. Some of the major issues associated with unintended pregnancy were: the shortage of health care professionals providing contraceptive services in alignment with Centers for Disease Control and Prevention (CDC) Quality Family Planning (QFP) guidelines; the high out-of-pocket cost for and unavailability of long-acting reversible contraceptive (LARC) devices; and poor coordination and communication among the state's health care delivery systems, which lacked systematization to prevent unintended pregnancies and births (Gavin, Pazol, & Ahrens, 2017). As a result, women in SC had a difficult time finding and receiving high-quality contraceptive services, which we believe should be within their means to obtain.

Armed with this information, NMF crafted a four-year plan to significantly reduce unintended pregnancy in SC using a collective impact approach (Kania & Kramer, 2011). This plan outlined the creation and advancement of the South Carolina Initiative (SCI), which is publicly branded as Choose Well. Unlike other projects created to address unintended pregnancy within the United States, the SCI framework was specifically designed to unite the state's disjointed public health care delivery systems as initiative Partners around a common agenda, language, goals, and strategic objectives that are measurable. In order to unite diverse Partners across the state, NMF was incorporated into this plan as the backbone and lead agency for the SCI. In this role, NMF coordinates and funds activities of participants within the initiative, dedicates staff that provides coaching and technical assistance, and employs methods to improve and promote the sustainability of contraceptive services across the state.

The SC Department of Health and Environmental Control (DHEC) is the sole Title X recipient in the state and, prior to SCI, was the only provider of consistent, cost-effective, high-quality contraceptive services in SC. The four-year plan outlined strategies to expand the provision of contraceptive services in SC to diverse health care settings where women aged 18–44 sought health care services. As such, NMF deemed it essential to meet the contraceptive needs of women where they sought care, which resulted in the targeted expansion of the initiative to include Federally Qualified Health Centers (FQHCs), rural health centers (RHCs), college campus health centers (CCHCs), hospitals, and safety-net clinics in an effort to reach the maximum amount of individuals with the benefits of SCI's collective activities.

In order to expand access within the Title X network, NMF worked with DHEC to conduct a needs assessment and develop a plan for increasing access to contraceptive services among their vast network of county-based public health departments. DHEC identified two main strategies that NMF could support with additional funding: hiring providers to bring the DHEC workforce to optimal levels, and subsidizing the cost of expensive methods to promote same day insertion and access for patients. These two strategies led to the development of DHEC's 4-year plan for participation in the SCI. This plan outlined how DHEC would achieve their priority objectives: increasing access to services through expansion of their APRN workforce and increasing access to a broader range of methods, including LARCs.

In 2017, SCI officially launched with 28 Partners (clinical and non-clinical) and was embedded in 105 clinical sites. These Partners, by participating in the initiative, agreed to work collaboratively with NMF to learn and apply best practices, have conversations with other agencies and groups

to improve service delivery, provide high-quality care to patients, collect data, be good stewards of funds provided to staff, and otherwise support the initiative. Because the provision of contraceptive services was new to 64% of the participating health systems, the first year was dedicated to introducing Partners to core initiative values for working together as a collective.

As the number of participating health systems and clinical sites grew and contraceptive services began to ramp up and roll out in many systems for the first time, it became apparent by mid-2018 that the original SCI end-date of December 2020 would not allow sufficient time for us to identify and address all the implementation and data quality issues, achieve the desired outcomes, and be able to acquire public and private funding commitments to sustain the initiative after the initial grant period. Several factors emerged during the first two years of implementation that could not have been anticipated and were therefore not included in the four-year plan, took longer to implement than expected, or did not go as planned. For example, clinics that began service provision in 2017–2018 were discovered to have serious issues with billing and coding, which in turn led to issues with data quality, collection, and our ability to report data with confidence. Also, some health system Partners were not receiving timely Medicaid payments for services rendered, which required our advocacy in 2017 and 2018 on their behalf with the SC Department of Health and Human Services (DHHS).

Further, by mid-2018 we had recognized that SCI had the potential to add Partners, reaching a total of 55 Partners and over 150 clinical sites within six to nine months; however, these additional Partners and sites would require extra time to fully and efficiently integrate contraceptive services and develop strategies to sustain these services. The need to reach special populations, which deserve careful and intentional assistance, also became apparent. Due to the high incidence of opioid addiction and the overlap of substance abuse disorders and unintended pregnancy, we targeted this population in 2019. NMF also identified the need to partner with agencies serving women who are incarcerated or in custody, who are at increased risk for unintended pregnancy.

Because of these and many other issues, in August 2018 NMF requested two additional years of funding support in order to maximize SCI's impact and enhance sustainability of the initiative. The following month, STBF informed us that SCI's two-year extension was approved.

The two-year extension and the complexity, size, and uniqueness of our initiative, as well as the requirements of its external evaluators, necessitated the creation of the SCI six-year plan. In this plan, we outline the progression of the project, the objectives of the Partners, backbone, and SCI as a whole, and we describe the intended path toward sustained provision of high-quality contraceptive services. Annual reports and proposals will provide objectives and data specific to the time period and additional detail about yearly implementation successes and challenges. In writing this six-year plan, we seek to provide a cohesive voice to explain how our collective efforts, with backbone energy and funding, will ultimately achieve the goal of the significant and sustainable reduction of unintended pregnancy in our state by 2023.

Core Components of Partner Participation

All agencies participating in the SCI are required to sign a legally binding contract with NMF. This agreement articulates our expectations and the obligations of Partners, which reflect the six core components of SCI from the Partners' perspective:

1. Demonstrated leadership support and organizational commitment to the initiative;
2. Dedicated time for trainings, interaction with the backbone support agency, and attendance at all-Partner meetings and workgroups;
3. Implementation of contraceptive services in line with CDC QFP recommendations;
4. Willingness to provide all eight methods of birth control to eligible patients, with IUDs and implants being subsidized through NMF;
5. Participation in initiative internal and external communications (marketing); and
6. Collection of data and reporting to NMF and the external evaluator.

Philanthropic Impact Areas of the Six-Year Plan

NMF articulates the collective work of the SCI through four Impact Areas (below). Not all of the Impact Areas directly relate to Partners; however, as a whole the Impact Areas summarize the core activities and functions of NMF as the backbone Partner.

IMPACT AREA 1: INFRASTRUCTURE AND WORKFORCE

We maintain attention to recruitment and retention of staff across Partner agencies and provide funding support to increase the workforce in SC competent to provide contraceptive services. Through improvements of facilities and equipment, we seek to provide better service and comfort to improve the patient experience.

IMPACT AREA 2: CAPACITY-BUILDING AND TRAINING

The Initiative provides training for clinical staff regarding LARC insertion and removal and best practices for contraceptive counseling to ensure competency, high-quality care, and efficiency for patients. Support staff are trained to strengthen contraceptive counseling and provide a positive patient experience. Additionally, we are committed to professional development and increased knowledge of billing, coding, and pharmacy and inventory procedures to lower cost barriers for patients and health systems.

IMPACT AREA 3: INTEGRATED MARKETING & COMMUNICATIONS

Through management of both internal and external communications, we ensure that both Partners and potential patients are receiving consistent and clear messages about contraceptive service access. Through integrated marketing campaigns, we seek to increase interest in all methods of birth control and contraceptive services among communities and to make patients aware of free or low-cost access.

IMPACT AREA 4: STRATEGIC LEARNING AND SUSTAINABILITY

We facilitate data collection and evaluation to ensure the initiative's adaptation to changing social needs and growth. Partners are guided toward quality improvement and improvements in service delivery by examining the best approaches for maintaining contraceptive services beyond 2022.

Social Problem & Target Population

STATE OVERVIEW According to the World Population Review (2019), South Carolina has a population of 5.1 million, of which 51.5% are females and 48.5% are males. Predominant races are Black, African American or biracial (28%), Caucasian (67%), and Hispanic (5%). A significant portion of residents do not have a high school degree (13%) or have earned a high school degree only (29%). Approximately 33% of SC residents had household incomes at or below 200% of the Federal Poverty Level in 2017 (Kaiser Family Foundation, 2019a). As of 2017, 45 of the state's 46 counties were federally designated primary care Health Provider Shortage Areas (HPSAs) in full or in part (SC DHEC, 2017). Across the 46 counties in the state, the percentage of uninsured adults under age 65 ranges from 14% to 28% (U.S. Census Bureau, 2017). Among women ages 19–64 in SC, more than one-third are either uninsured (15%) or rely on publicly funded health plans (19%) (Kaiser Family Foundation, 2019b). Full-benefit membership in Medicaid remains around 1 million individuals year to year (SC HealthViz, 2018).

NEED FOR CONTRACEPTIVE SERVICES

There are approximately 1 million females of reproductive age in SC, with an estimated 320,000 women aged 18 to 44 in need of publicly funded contraceptives (Frost, Frohwirth, & Zolna, 2016). In 2014, 54% of births were reported as unintended (either unwanted or mistimed) (Guttmacher Institute, 2014). Additionally, over half of those unintended pregnancies were identified as repeat pregnancies with inter-pregnancy intervals of less than two years after a prior birth (SC PRAMS, 2015). Unintended pregnancies and births have documented associations with multiple facets of health and well-being, including associated negative health outcomes, a strong relation to poverty, and adverse social consequences (Parks & Peipert, 2016; Smith et al., 2016; Wise, Geronimus, & Smock, 2017). Research suggests that impoverished persons who experience an unintended pregnancy will increase their level of poverty while concurrently increasing their odds of subsequent unintended pregnancies and births (Iseyemi, Zhao, McNicholas, & Peipert, 2017).

The economically disadvantaged are particularly vulnerable to unintended pregnancy and are most likely to be affected by one or more adverse health and social outcomes (Hall, Kusunoki, Gatny, & Barber, 2015). These patients often seek care at the SC network of Federally Qualified Health Centers (FQHCs), where 62% of patients served in 2017 were either enrolled in Medicaid (35%) or were uninsured (27%) (HRSA, 2017). Additionally, due to the high out-of-pocket costs and deductibles, many SC residents are under-insured despite having continuous coverage from an employer or marketplace plan (Collins, Bhupal, & Doty, 2019). In SC, 11% of individuals have a high premium contribution relative to income and 7.5% have high out-of-pocket costs (Hayes, Collins, & Radley, 2019).

BARRIERS TO CONTRACEPTIVE CARE

SCDHHS has extended family planning services to an estimated 170,000 women and men with household incomes at or below 185% of the Federal Poverty Level (FPL); however, fewer than 25% of those eligible under the waiver had received family planning services as of 2017. Barriers to more eligible persons receiving services include a complicated family planning Medicaid application, delays in applications being processed, a lack of public information disseminated about the waiver, and the agency's slow payment to providers, which has been a disincentive for revenue-sensitive health care systems to serve Medicaid family planning patients (Moniz et al., 2016). We have emphasized the need for Partners to identify women eligible for the family planning waiver and assist them in their applications; however, there are no current processes to measure how many patients are enrolled in Medicaid as a result of the Initiative.

Another barrier to accessing contraceptive services is the limited number of health care professionals providing contraceptive services.

In 2015, there were 517 practicing physicians specializing in obstetrics-gynecology in a state with more than 1 million women of reproductive age—an overall OB-GYN-to-patient ratio of 1:1,900 (Frost et al., 2016; SCOHW, 2016). The ratio of OB-GYN practitioners to patients becomes even more problematic when examining rural areas of SC: only 60 OB-GYN practitioners are available to serve more than 500,000 females living in 18 rural counties, 55% of which have no OB-GYN or contraceptive services available (SCOHW, 2016). Research suggests that the lack of local OB-GYN or contraceptive services doubles the risk of unintended pregnancy (Wise et al., 2017). By simply having access to local contraceptive services, unintended pregnancies can be significantly reduced (Birgisson, Zhao, Secura, Madden, & Peipert, 2015).

PRIMARY & SECONDARY TARGET AUDIENCES SCI primarily targets low-income women between the ages of 18 and 44 who meet the following criteria: a) they are sexually active and desire to avoid pregnancy; b) they are not insured, or they are insured but have high deductibles or have gaps in coverage, or they have coverage that requires prior authorization; and c) they present for health care at a clinic participating in SCI. The secondary target audience is sexually active men between the ages of 18 and 44 who present at a clinic participating in SCI.

TERTIARY TARGET AUDIENCES Partnering agencies are the vehicle through which eligible patients, the primary and secondary target audiences, receive the benefits of the Initiative. Women and men seeking services from a clinical Partner are offered contraceptive services, while community Partners offer high-quality counseling and referrals to clinical Partners. Partners are provided funding support from NMF to hire new staff, with an emphasis on hiring APRNs to improve local access to contraceptive services. Additionally, Partners participate in marketing activities, receive training, and professional development to deliver high-quality services to eligible patients. NMF works directly with Partners from recruitment and engagement to moving toward strategic learning and sustainability.

Goals of the SCI

Conceptual Model

The primary goal of the SCI is to significantly reduce unintended pregnancy in SC. To achieve this goal, NMF developed a collective initiative to drive large-scale, sustainable social change focused on one overarching goal: to reduce unintended pregnancy. Collaborative efforts often involve multiple institutions, entities, and stakeholders that address complex and diverse health-related issues that negatively impact large portions of residents (Flood, Minkler, Lavery, Estrada, & Falba, 2015). Independently, each local organization often addresses health-related issues for a specific population based on characteristics such as socioeconomic status or geographical location, while concurrently maintaining a unique agenda, approach, and measure of success (Durovich & Roberts, 2018; Selin, Schuett, & Carr, 2000). Yet individual organizations struggle to achieve significant impact because they fail to collectively coordinate to address large-scale issues at a broader, universal level (Kania & Kramer, 2011). SCI's conceptual model is informed by collective impact (CI) principles as a means to describe the centralized coordination of independent public- and private-sector stakeholders to focus on the complex issue of unintended pregnancy, rather than in isolation and without external support.

We guide the collective as a whole through a series of phases, as outlined in our conceptual model (Table 1). The phases and the model provide an overview of how we have and continue to apply the five core tenets of the CI framework—a common agenda, shared measurement, mutually reinforcing activities, continuous communication, and backbone support—over time and in our specific project (Kania & Kramer, 2011). This model serves to demonstrate how the entire CI-informed initiative will progress from our statewide assessment in 2016 to the conclusion of funding support in 2022. The model indicates a linear process; however, we understand that change may be fluid and the divisions of phases are meant as visual aids, are adaptable, and that there may be overlap between them (Table 1).

TABLE 1: Conceptual Model for the South Carolina Initiative (SCI) to Reduce Unintended Pregnancies in South Carolina.

<table>
<tr><th colspan="2">PHASE I</th><th>PHASE II</th><th>PHASE III</th></tr>
<tr><th>Development</th><th>Initiating Action</th><th>Organizing for Action</th><th>Sustaining Action & Impact</th></tr>
<tr><td>Conduct needs assessment (Backbone Support)</td><td>Provide technical assistance to Partners (Backbone Support)</td><td>Introduce new Partners to the initiative (Backbone Support)</td><td rowspan="4">Identify, incorporate, and refine strategies that promote sustainable service delivery (Shared Measurement & Backbone Support)</td></tr>
<tr><td>Identify Partners (Backbone Support)</td><td rowspan="3">Determine readiness with Partners (Backbone Support)</td><td>Facilitate networking and knowledge sharing between Partners (Mutually Reinforcing Activities)</td></tr>
<tr><td>Develop and adopt a communal language (Common Agenda)</td><td>Execute integrated marketing and communications (Continuous Communication)</td></tr>
</table>

PHASE I: DEVELOPMENT & INITIATING ACTION

In 2016, NMF conducted a series of needs assessments that investigated the high rate of unintended pregnancy across SC by examining the barriers to accessing contraceptive services. Interviews and surveys were conducted with providers of contraceptive services for the purpose of identifying logistical challenges and issues associated with providing contraceptive services to patients. This assessment revealed myriad problems related to unintended pregnancy, including lack of service providers trained to provide high-quality contraceptive services, high out-of-pocket costs for women seeking contraception, and lack of coordination and communication among health care systems in SC. The major findings of the needs assessments are detailed in Section I.

NMF also dedicated time to identifying potential initiative Partners, including agencies or groups that were either currently providing contraceptive services, or that could provide contraceptive services with appropriate staffing, training, and logistical support. After assessing the needs of the state, NMF concluded that the ideal mixture of initiative Partners would: 1) provide contraceptive services to patients, 2) develop sustainable educational programs that will produce competent medical providers of contraceptive services, 3) provide diverse trainings to increase the capacity of providers and systems, and 4) establish thorough referral networks between and among social service organizations and clinical sites. Therefore, NMF targeted and invited Federally Qualified Health Centers (FQHCs), hospitals, free clinics, colleges of nursing, the Title X-recipient network (DHEC), community organizations, and capacity-building organizations to participate in the SCI. Information gathered through the needs assessment and Partner organizations' funding proposals contributed to the creation of the four-year plan and subsequently the development and adoption of a communal language to understand unintended pregnancy in context. In CI this is referred to as the Common Agenda.

Data gathered during 2016 informed the activities conducted in 2017–2018, including the assessment of Partner readiness and the hiring of NMF staff to provide technical assistance and resources to assist Partners. The Initiating Action phase continued into 2017 with the engagement of Partner agencies and the provision of educational information about barriers to contraceptive services and information on how the initiative would collaborate, as well as establishment of Partner roles in the initiative. NMF also identified the needs of each Partner in order to provide high-quality contraceptive services to its patient community. Partners' needs varied from site to site, but included education for current staff and clinicians, physical upgrades to improve the patient experience (and in some cases destigmatize clinics in disrepair), increased workforce to deliver care, administrative support, and equipment and inventory to provide all contraceptive methods and counseling to patients. The latter half of Phase I focused on the initiation and provision of backbone support, a key part of any CI initiative (Kania & Kramer, 2011).

Phase I served to solidify the initiative's Common Agenda and develop NMF into the agency best suited to provide intensive assistance and coordination. On the ground, this stage looked like hosting all-Partner meetings, deploying liaisons to Partner sites to provide technical support in developing and implementing tailored work plans, and assessing readiness for adoption and delivery of contraceptive services for each Partner. Included in this assessment was a plan for hiring, training, and ensuring that there was sufficient staff dedicated to the initiative. Partner staff began attending trainings to strengthen their clinical and counseling skills.

These activities constituted the bulk of the work from planning in 2016 to development and implementation from 2017 to mid-2018, and this period is referred to in the model as Phase I.

PHASE II: ORGANIZING FOR ACTION

During Phase II, beginning mid-2018 and continuing to the present day, Partners began consistently providing contraceptive services and high-cost contraceptives to women across SC, collecting data about the services provided and the patient population served, and developing standard

procedures that promote more effective and efficient patient care. NMF's role during this Phase is vital for maintaining the momentum of the initiative to achieve strategic goals, to introduce new Partners to the initiative, and to continue support of the Common Agenda established in Phase I. Further, NMF also spearheads data-gathering and improvement that results in more effective, efficient contraceptive services at Partner sites, develops methods that result in sustainable services among clinical sites, and coordinates with educational institutions to prepare new, qualified providers to administer contraceptive services. Additionally, NMF continues to actively promote communication and knowledge-sharing among Partners by hosting regional and topic-specific multi-sector meetings and an annual all-Partner Summit.

During Phase II, NMF launched a targeted, consumer-facing integrated marketing campaign, "No Drama." The campaign includes a website linked to a call center and an online platform for patients to schedule contraceptive service visits at their nearest SCI Partner clinics. To further support continuous communication, NMF deployed an internal communication plan including a web-based platform called the Partner Hub, as well as a forum for ordering high-quality and medically accurate materials called the Storefront.

Learning and refinement of the initiative priorities led to the ongoing development of tools and resources for NMF and Partners to better understand how we will move toward sustainable outcomes and support mutually reinforcing Partner activities. The Partner Continuum was developed as a means to understand Partners' progression toward sustainable outcomes, and Implementation Models were built to facilitate communication between backbone liaisons and Partners about expectations of participating agencies throughout the whole initiative. NMF also adopted Impact Areas to communicate to initiative Partners and NMF's Board of Directors how we organize our strategic, intentional philanthropic giving to our Partners and how our work as the backbone is structured. (A discussion of Impact Areas appears under Core Components of Partner Participation.)

All of the activities in Phase II build on Phase I and promote mutually reinforcing activities and continuous communication while maintaining emphasis on the collective's Common Agenda with our consistent support. The remainder of Phase II, mid-2019 through the end of 2020, will focus on maintaining continuous communication and mutually reinforcing activities, training and capacity-building with emphasis on newer Partners, and resolving the data collection and quality issues that became apparent throughout Phase I and early Phase II.

PHASE III: SUSTAINING ACTION AND IMPACT

In order to progress toward sustainable outcomes and ultimately ensure that Partners are capable and willing to continue providing contraceptive services, in Phase III we intend to engage with Partners in quality improvement (QI) efforts and examine ways to diversify funding support to continue contraceptive service provision. Taking a QI approach throughout Phase III will require a shift in training and support from NMF, which will take significant effort over multiple years. NMF will serve as the leader for identifying foundations and other private sources of funding by developing and nurturing partnerships. Additionally, NMF will seek public funding of contraceptive services through the SC legislature. Training provided beginning in Phase II and continuing through Phase III will also make sustaining services more financially viable by improving billing, coding, and reimbursement for services. This will ensure that clinics that have institutionalized contraceptive services through integration in Phase I and II will be financially incentivized to continue the service beyond 2022.

From 2021 through 2022, Partners will continue to invest substantial time incorporating and refining a Shared Measurement system with continued support from NMF. Reliable data from Partners will be needed not only to report, but also to be in a position to make a compelling case to state agencies, the state legislature, the Office of the Governor, and private foundations to support the initiative financially. During Phase III, we will dedicate significant time and effort toward using data and other information gathered throughout Phases I, II, and III to launch a campaign to galvanize and mobilize initiative Partners as advocates and inspire the general public to vocalize support for sustaining high-quality contraceptive services.

SCI Outcomes & Logic Model

By 2022, NMF and the SCI will reduce 25% of unintended pregnancies in SC by pushing collective change framed within identified health, communications, and systems outcomes that produce sustainable outcomes. Health outcomes describe how Partners are working to increase high-quality service provision and access to costly devices through direct care. Communications outcomes outline how NMF manages the internal and external integrated marketing campaign on behalf of the initiative to promote organizational effectiveness among Partners and increase awareness about the initiative within the target population. Systems outcomes focus on the work of NMF as the backbone agency, which is responsible for guiding Partners and managing the work of the collective initiative as a whole. The activities and objectives that correspond to these goals will result in Partner systems that will continue to provide high-quality contraceptive services for residents of SC, while concurrently maintaining financial stability for contraceptive services, which will endure far beyond 2022.

Health Outcomes

In 2014, approximately 36,260 women in SC became pregnant but did not wish to do so. Based on various socioeconomic factors, an estimated 54% (545,890) of women aged 13–44 years in South Carolina need contraceptive services and supplies given they are sexually active, able to conceive, and are neither intentionally pregnant nor trying to become pregnant (Frost, Frohwirth, & Zolna, 2016). Among women needing contraceptive services and supplies in South Carolina, 59% (323,140) need publicly supported services to prevent unintended pregnancies (Frost et al., 2016). Only 31% (100,600) of women needing publicly supported contraceptive services and supplies in South Carolina receive public support either through publicly funded clinics or Medicaid-funded contraceptive services with private providers (Frost et al., 2016). The 323,140 women in need of publicly-funded contraceptive services constitute the primary population of this initiative and a significant subset of all patients in need of high-quality counseling and contraceptive care who will benefit from SCI Partners' services.

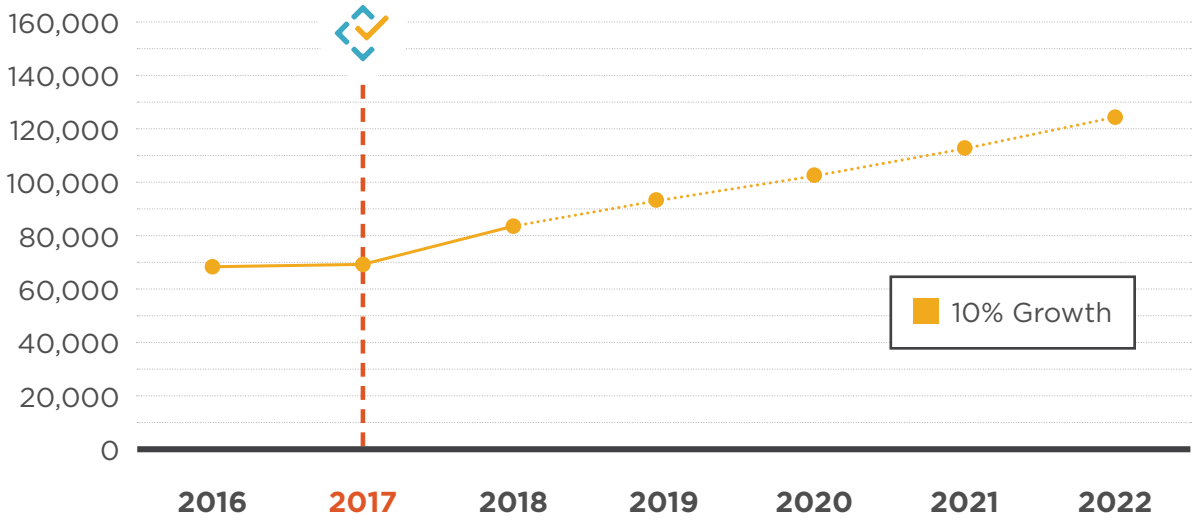
Based on a model of patient growth that averages 10% annually, we project the following health outcomes from 2017 through 2022: a) SCI Partners will have served a cumulative total of 350,000 women by the end of 2020 and a cumulative total of 588,000 women by the end of 2022; and b) by the end of 2022, Partner clinics will serve 124,000 women total annually—an 80% increase compared with the total number of women served during the year prior to the launch of SCI (69,000) (Table 2). Therefore, by the end of the SCI, Partner clinics will be serving an estimated number of women equivalent to 38% of the annual number of women in need of publicly funded contraceptive services in SC (Figure 1).[1]

TABLE 2: Women receiving contraceptive services at partnering clinical providers based upon 10% annual growth in the total number of women served.

	2016	2017	2018	2019	2020	2021	2022	TOTAL
10% GROWTH	69,830	70,020	84,857	93,343	102,677	112,945	124,239	588,080

1. The majority of Partner clinics receive public funding to offer free or reduced-cost services to their patient populations; however, the total numbers served may include women who have private insurance due to expanded eligibility through the initiative.

FIGURE 1: Increase in women receiving contraceptive services from 2017–2022



Research suggests that increases in evidence-based training for providers offering contraceptive services, while concurrently removing cost barriers, results in more women choosing highly reliable long-acting methods of contraception over less effective methods (Reeves, Zhao, Secura, & Peipert, 2016; Sanders, Myers, Gawron, Simmons, & Turok, 2018; Simmons et al., 2019). For example, results from the University of Utah Family Planning Research Group and Planned Parenthood Association of Utah contraceptive initiative, HER Salt Lake, suggest that with contraceptive education, effective marketing with targeted electronic outreach, and removal of cost barriers, women are 2.5 times more likely to choose an IUD (Sanders et al., 2018). Further, among women who switched methods of contraception as part of the study, 36.9% switched to a long-acting reversible method from a less effective method (Simmons et al., 2019). In Colorado, the removal of cost and reducing accessibility barriers led to an increase in the percentage of long-acting reversible contraceptives (LARC) users in accessing Title X clinics from 6.4% to 30.5%. Further, results from the CHOICE study in St. Louis suggest that this type of switch to highly effective long-term contraception, even if discontinued in less than three years, reduces unintended pregnancy at the population level compared with those who choose to use moderately effective methods (Reeves et al., 2016).

NMF provides subsidies to cover out-of-pocket costs for patients who otherwise would have a cost barrier to accessing an expensive device. In addition, clinical Partners are expected to offer all eight methods of birth control, preferably the same day patients seek services. By eliminating cost barriers, we anticipate that a high percentage of women receiving high-quality contraceptive services may choose more effective methods of contraception. In 2018, clinical Partners reported 59,382 women using highly and moderately effective methods of contraception. By 2022, we anticipate Partners providing contraceptive services to 124,000 women annually.

Therefore, the health outcomes that will result from the activities of the Partners to provide direct care for eligible patients are:

1. Increased number of women receiving contraceptive services aligned with CDC QFP guidelines.
2. Increased number of women using highly and moderately effective methods of contraception through the provision of high-quality contraceptive counseling and the removal of cost barriers.

By increasing the number of women who receive contraceptive services and highly and moderately effective methods, the number of unintended pregnancies in South Carolina will be significantly reduced. Providing high-quality counseling and removing cost barriers will allow women to make informed decisions about their contraceptive methods with expanded access to costly LARCs.

Communications Outcomes

As the backbone and in collaboration with Riggs Partners, NMF cultivates an integrated marketing and communications (IMC) program that holistically manages all internal and external messages, media, and activities marketed toward the target population for the purpose of achieving strategic objectives (Gould, 2004). The strategic communication objectives are divided into two specialized areas: internal communications to the Partner network and external communications to the community. Internal communications refer to an online network specifically developed as a resource for SCI Partners to relay information regarding the Initiative's priorities and progress and to access educational and branded materials. Conversely, external communications refer to the consumer brand developed to reach the target population, which includes in-clinic collateral materials, grassroots promotions, local/statewide marketing and advertising, and social media.

INTERNAL COMMUNICATIONS To achieve the goals of internal IMC and develop the core tenet of continuous communication among Partners, a private, cloud-based platform called the Partner Hub was launched in 2017 providing a variety of e-information, such as training opportunities, webinars, and initiative data, as well as an e-commerce area. NMF also developed the Partner Toolkit and Partner Handbook to orient Partners to the initiative goals, Partner network, and available resources. Through these materials, NMF has built an internal network that facilitates teamwork and continuous communication among Partners, while also providing a repository for critical information and resources for contraceptive services. The specific outcome associated with internal communication is:

» Increased organizational effectiveness of Partners through the provision of consistent, clear messages about the initiative using technology and non-digital communications

EXTERNAL COMMUNICATIONS To promote contraceptive services and effectively reduce unintended pregnancy, two marketing campaigns were developed to target specific at-risk populations. First, NMF promotes the brand in order to unify messaging across all marketing mediums that specifically target low-income women in SC ages 18 to 44. Second, Whoops Proof targets young women who attend colleges/universities that have SCI on-campus partnering health care centers. The primary purpose of these campaigns is to increase awareness of contraceptive services that are available at health care providers and bring the discussion of contraceptive services into the public sphere, tapping into a culture change in SC. The method used for these campaigns is "direct response marketing," which the Direct Marketing Association defines as an "interactive system of marketing which uses one or more advertising media to affect a measurable response and/or transaction" (Egan, 2015). The specific outcome associated with external communication is:

» Increased public awareness of contraceptive services through marketing a brand that unifies messaging across all marketing mediums.

System Outcomes

NMF serves as the catalyst and driver of change for the network of systems affected by and influencing the impact of the SCI. Change can originate from a variety of players, some within a Partner, such as a provider implementing contraceptive counseling, and some on a more global level, such as funders and legislators deciding whether to continue or devote funding to contraceptive services. We envision systems change occurring through multiple, coordinated efforts spearheaded by NMF. The common activities of a backbone organization guide our work as we push change throughout the complex system of Partners, stakeholders, politicians, funders, and community members who are vital to shift the state toward reducing unintended pregnancy (Turner, Merchant, Kania, & Martin, 2012).

To achieve these system outcomes, we have expanded the number of Partners and Partner sites to reach the maximum amount of people with the benefits of the SCI. Partners are increasingly communicating and working together to improve service delivery through workgroups, attending meetings, and using the Partner Hub. Similarly, we have explored new Partnerships to increase interest in the initiative and support alignment of their activities with the objectives of SCI. Further, through the guidance of NMF, Partners will work toward and understand the value of sharing data and make data-informed decisions to improve contraceptive service delivery.

NMF will also assist clinics to implement strategies designed to improve their revenue generation to incentivize maintenance of contraceptive services beyond NMF's grant-making capabilities. Additional public and private funding sources will be sought to continue support for staff who have been hired and trained by the initiative. Also, NMF will collaborate with lobbyists and legislators to build political support for contraceptive services through amending or passing legislation that aligns with the Initiative goals.

The outcomes of NMF's work as the backbone agency are:

1. A mobilized, aligned group of diverse initiative Partners and Partnerships.
2. A Partner-wide, established system of Shared Measurement.
3. Diversified financial resources supporting the delivery of quality contraceptive services.
4. Policy changes in support of access to contraceptive services.

Sustainability Outcomes

All coordinated efforts of Partners and NMF are designed to encourage sustainability of contraceptive services by focusing on the promotion of maintenance and institutionalization and intentional planning for financial viability. From 2017–2022, NMF will work with Partners to develop a shared understanding of sustainability along with strategies to collaboratively work through a process to increase the odds of sustaining the activities of SCI Partners. Some of the identified strategies involve engaging Partner leadership, determining short- and long-term funding needs, encouraging ongoing collaboration, and informing stakeholders of results and successes (Tamarack Institute, 2017). Through engaging leadership at clinical Partners and examining short-term funding needs, NMF identified the need to train Partners in improving billing and coding to increase clinic revenue. Examining long-term funding needs in collaboration with Partners has led to NMF beginning conversations with potential funders, including a state agency, to secure a range of financial support. Sharing results and successes with Partners has led to additional opportunities for collaboration through workgroups and the all-Partner annual meetings. The sustainability outcomes for the SCI are:

1. Strategic and diverse funding to support the delivery of quality contraceptive services; and
2. Institutionalized provision of contraceptive services among SCI Partners.

During Phase III of the initiative (2021–2022), NMF will evaluate the need for a backbone agency to continue coordinating the efforts of the SCI beyond the six-year funding period.

SCI Logic Model

The SCI logic model describes the inputs and activities that will achieve the expected outcomes of the SCI, as well as the interconnectedness of the components. The logic model begins with listing the two inputs, NMF and Partners, the activities of which will achieve the short-, intermediate-, and long-term outcomes of the SCI (Appendix 1).

ACTIVITIES Central to the success of the SCI is NMF support for the initiative. Several major activities conducted by NMF include providing leadership for the initiative through supporting mutually reinforcing activities and continuous communication, guiding marketing activities and building public will, monitoring the overall progress of the initiative, and providing constant logistical support and resources to Partners. Meanwhile, Partners continuously provide high-quality contraceptive services, integrate care, strengthen referral networks, hire and train staff and make necessary infrastructure improvements to improve service delivery, and develop and evaluate policies and procedures to integrate and provide standardized care.

IMPACT The initiative's short-term outcomes have already been met or will be met by 2020. NMF has supported the mobilization of Partners, sought additional funding, and supported policy changes, and it is working toward an established system of Shared Measurement. The integrated marketing campaign will demonstrate increases in organizational effectiveness among Partners and increased awareness about contraceptive services among the public. Lastly, Partners will work collaboratively to increase the number of women receiving contraceptive services and selecting a highly or moderately effective method.

From 2020–2022, NMF and Partners will continue to meet short-term outcomes while working toward intermediate outcomes that will be achieved by 2022. At the conclusion of the initiative in 2022, Partners will institutionalize the provision of contraceptive care in their agencies, and funding support for the continuation of these services will be strategic and diversified. Achievement of the short and intermediate outcomes will lead to the long-term outcome of significantly decreasing unintended pregnancy.

Implementation Plan & Objectives

Impact Areas 1 & 2: Infrastructure & Workforce; Capacity-Building & Training

NMF seeks to increase participation in the SCI by pursuing additional Partners through 2020 and expanding to additional sites within healthy system Partners. Recruitment for participation in the SCI began in 2016 and will continue through 2020 with an emphasis on expanding reach to clinical Partners in order to increase the number of patients receiving contraceptive services (Table 3). Participating Partners, both clinical and non-clinical, are provided with grant funding to hire staff for service provision, to attend trainings, and to participate in professional development in addition to funding support for the purchase of LARCs.

TABLE 3: Eligible and targeted growth of clinical Partners[2]

PARTNER	# ELIGIBLE PARTNERS IN SC	CW PARTNERS IN 2020	CW PARTNERS IN 2022
DHEC	1	**1**	**1**
DHEC sites	58	58	58
FQHCs	25	**20**	**20**
FQHC sites	201	80	80
RHC sites	87	**19**	**19**
Hospitals	42	**10**	**10**
Outpatient Sites	–	**8**	**8**
Safety Net systems[3]	–	**6**	**6**
Safety Net sites	–	10	10
CCHCs	29	**5**	**5**

Additionally, Partners are provided free access to SCI trainings, professional development, and materials that are tailored to increase the ability of Partners to provide high-quality counseling and the provision of all eight methods. For example, clinical staff members, such as Advanced Practice Registered Nurses (APRNs), are provided with training to insert and remove LARC devices in accordance to the most effective and efficient method possible. To expand reach and increase accessibility for Partners, face-to-face and web-based platforms are used to conduct trainings for participants. Providing Partners with free, evidence-based training ensures that all attendees have the knowledge necessary to provide high-quality and efficient care while maintaining a positive patient experience.

Partners are supported in initiating, implementing, and maintaining contraceptive services through the use of in-house tools developed by NMF, such as a sector-specific Partner Continuum. The Continuum serves as a guide for all to understand Partner progress within the initiative, as well as for communicating and understanding the five steps that each Partner will take to ensure the outlined sustainable outcomes by 2022. Most of the systems participating in the initiative were not providing consistent, high-quality contraceptive services before becoming a Partner. Thus, the stages are designed to outline the necessary steps each Partner must complete, with the assistance of NMF staff, that lead toward the development and integration of contraceptive services into their system.

2. Bold items are Partners that progress through the Partner Continuum as outlined in Table 4.
3. Safety net clinics include free clinics, which serve only low-income patients

These steps are framed within NMF's four Impact Areas. Table 4 describes the estimated Partner progression along the Continuum for the six-year plan.

TABLE 4: Partner progression through the Continuum[4]

CLINICAL

	2017	2018	2019	2020	2021	2022
Stage 1	18	24	2	0	0	0
Stage 2	15	12	2	6	0	0
Stage 3	3	25	50	41	24	20
Stage 4	0	1	9	20	29	18
Stage 5	0	0	0	2	16	31
TOTALS	**36**	**62**	**63**	**69**	**69**	**69**

NON-CLINICAL

	2017	2018	2019	2020	2021	2022
Stage 1	8	2	0	0	0	0
Stage 2	4	2	0	0	0	0
Stage 3	2	7	8	3	2	2
Stage 4	0	4	6	3	3	3
Stage 5	0	0	0	8	9	9
TOTALS	**14**	**15**	**14**	**14**	**14**	**14**

The key activities for each phase of the Continuum are listed in order below. Note, when the Partner completes all the activities within a designated step, the Partner advances to the next step of the Continuum.

1. **ENGAGING** Partners acknowledge the needs of their community and submit a request for funding to NMF. Next, Partners demonstrate commitment to the Initiative's common agenda through a formal, legal relationship with NMF and engagement with their organization's leadership. All Partners agree to complete activities in a work plan.
2. **ONBOARDING** The Partner identifies a team and begins to implement work plan activities. The team develops a plan for implementing contraceptive services at clinical sites and identifies priority areas to conduct procedures. Next, the team evaluates current processes and educational materials by examining the training needs of their staff, and assessing infrastructure capacity such as current EHR templates used to report service delivery. During this stage, the Partner is connected with Riggs for marketing and communications needs, and ETSU for the external evaluation.
3. **OPERATIONALIZING** Partners begin to roll out services in their priority sites and evaluate other sites within their system for expansion. Their work plans are updated as needed, and procedures are refined to support the

4. Capacity-Building Organizations (CBOs) are not assessed on the continuum and Partners with dual roles (e.g., hospital inpatient, hospital outpatient clinics, etc.) are represented more than once.

implementation of services. Clinical Partners work with community Partners to establish standard processes for referrals. The Partners' staff will attend contraceptive service-related trainings, and also monitor the educational needs of staff in order to achieve the goals and outcomes of the initiative. The Partner will also increase the use of SCI resources, which includes the Partner Hub, as well as marketing and communications materials that include patient education resources. Additionally, Partners participate in sector and cross-sector meetings. Partners are also responsible for submitting data and using data to inform decision-making and changes, including evaluating their revenue cycle and improving procedures for private payer enrollment.

4. **LEARNING & ADAPTING** Partners build on what they have done in the past three stages and explore innovative approaches to contraceptive service delivery that includes expanding contraceptive services to all appropriate clinical sites within their system while also engaging in continuous quality improvement. Each Partner adopts and reports on Shared Measures to improve service delivery. Partners also share successes through professional presentations and publications utilizing local, statewide, regional, and national platforms.

5. **SUSTAINABILITY** Partners will institutionalize contraceptive services as evidenced by the continual maintenance of the changes generated through the activities in the previous stages. Additionally, Partners continue to communicate and coordinate with NMF and other Partners and continue to use Shared Measures to make improvements in service delivery. As a result of the sustained changes created by the steps within the Continuum, Partners will achieve an increased flow of revenue that will support the ongoing delivery of high-quality contraceptive services.

THE FOLLOWING OBJECTIVES APPLY TO IMPACT AREA 1 & 2:

Impact Area 1

1. By December 31, 2020, the SCI will partner with 69 clinical and 14 non-clinical Partner organizations.[5]
2. By December 31, 2020, the SCI's clinical Partners will be providing contraceptive services through Choose Well at 190 clinical sites.[6]
3. Between January 1 and December 31, 2022, the number of women who receive quality contraceptive services at clinical sites will meet or exceed 124,000. This represents an average of 10% annual growth following the baseline year in 2016.[7]

Impact Area 2

1. By December 31, 2020, 70% of women referred for a contraceptive method from Community Reaching Organization (CRO) partner will receive services from an outpatient clinical Partner.[8]
2. By December 31, 2019, 100% of College of Nursing (CON) Partners will implement curriculum changes within both didactic and clinical practicums focused on contraceptive service provision.
3. By December 31, 2022, 1,200 advanced nursing students will have received a reproductive health practicum at a CON Partner.
4. By December 31, 2020, Capacity-Building Organization (CBO) consultants will have provided Choose Well-approved trainings in LARC provision, contraceptive counseling, and/or systems and sustainability to 1,500 unique clinical and non-clinical professionals.
5. By December 31, 2020, CBO consultants will have provided trainings in LARC provision to 300 unique clinicians (MD/DO, APRN, PA).
6. By December 31, 2022, 100% of Partners will implement contraceptive services in alignment with stage three through five of the Partner Continuum.

5. See Table 4. Partner progression through the Continuum
6. See Table 3. Eligible and targeted growth of clinical Partners
7. See Table 2. Women receiving contraceptive services at partnering clinical providers based upon 10% annual growth.
8. CRO Partners provide high-quality counseling to eligible women and refer them to a clinical Partner to receive contraceptive services.

Impact Area 3: Integrated Marketing & Communications

(See page 11 for Communication Outcomes)

INTERNAL COMMUNICATION Connecting participants to the network through the Partner Hub is critical to the success of establishing internal communications that are both continuous and sustainable. As such, two elements are tracked to monitor the progress of Partner Hub participation: the number of sessions and the number of users participating. Sessions track the frequency that a user with a unique IP address spends on the Partner Hub, while the number of users is simply the amount of Partners accessing the site. Thus, NMF has created two specific tasks associated with the Partner Hub that are repeated yearly:

1. By the end of each calendar year, the number of sessions hosted per month on the Partner Hub for Partners will have increased by 100; and
2. By the end of the calendar year, the number of Partner Hub users will increase by 50 unique users.

EXTERNAL COMMUNICATION Prior to 2019, several tasks were completed that reached the identified target populations through external IMC. These tasks included the creation, implementation, and testing of several marketing tools that developed specific campaign messages, social media sites, and campaign-specific websites. Further, traditional marketing strategies such as billboards and radio ads were developed and instituted for additional market saturation. A call center manages patient referrals through **www.nodrama.org** that are generated by the marketing campaign. The planned external communication objectives, which will be achieved by 2022, are:

3. Post more than 140 billboards across SC, delivering 30 million impressions per month to adults 18 and older.
4. Reach more than 50,000 women 18–34 per month through more than 500 radio spots per month.
5. Surpass 1,500,000 cumulative website visits by more than 1,000,000 visitors, with at least 1% (17,000) requesting an appointment.
6. Surpass 12,000 cumulative visits to the "Whoops Proof" website by more than 10,000 visitors.

Impact Area 4: Strategic Learning & Sustainability (Program Monitoring & Evaluation)

STRATEGIC LEARNING NMF is committed to the rigorous and ongoing collection of qualitative and quantitative data related to the SCI. Partners' required cooperation with reporting to NMF and to the external evaluator is mandated in every SCI grant agreement, and NMF staff monitor compliance with the requirement as both a funding agency supported by legally binding grant contracts and as a backbone agency committed to fulfilling SCI's goals and objectives. The following discusses our data collection, monitoring, and developmental assessment processes for implementation of contraceptive services among Partners.

QUANTITATIVE DATA COLLECTION Appendix 2 provides a comprehensive overview of measures collected.

TABLE 5: Quantitative Data Collection Overview

PARTNER TYPE	DATA ELEMENTS	FREQUENCY	PURPOSE
Clinical	Total patients served; pregnancy intention and counseling; and contraceptive provision	Quarterly	Assess provision of contraceptive services
Community	Women receiving counseling/education; and completed referrals	Quarterly	Assess clinical-community linkages
Colleges of Nursing	Nursing students completing a reproductive health practicum; and trained in LARC insertion and removal	Biannually	Assess statewide workforce preparation to deliver high-quality contraceptive services
Capacity-Building	Providers trained by topic, site, and credential	Quarterly	Assess training provision; and target providers for specific trainings, to meet health system need

QUALITATIVE DATA COLLECTION Staff conducts monthly site visits to evaluate the Partners' progress along the Continuum. The outcomes of the evaluation are documented and discussed internally in the interest of each Partner's continuous improvement. Partners are required to submit biannual narrative reports that document progress and actual or anticipated changes affecting contraceptive service delivery and/or other issues related to implementation of SCI, e.g., policy changes, management changes, technical assistance or training needs, and financial resource needs.

SHARED MEASUREMENT & STRATEGIC LEARNING Shared Measurement is a critical component in the monitoring and evaluation of collective impact work. Shared Measurement happens when multiple organizations use a common set of measures to evaluate performance and track progress toward goals (Kania & Kramer, 2011). NMF has convened a cross-sector workgroup consisting of key stakeholders in order to align measure definition and data collection across Partner sectors and achieve a common language for outcome measurement. The workgroup reviews and monitors a set of common metrics for tracking progress toward a common agenda across organizations and to continuously improve the SCI. This advances Partners as a collective to meet the SCI's goals and objectives and achieve a system of shared measurement—a system that is crucial in order to move toward sustainable outcomes.

QUALITY IMPROVEMENT QFP guidelines recommend that programs should have a system for quality improvement (QI) that is designed to review and strengthen the quality of services on an ongoing basis (Gavin et al., 2017). Family planning programs should select, measure, and assess at least one outcome measure on an ongoing basis for which the service site can be accountable (Gavin et al., 2017). The SCI engages in strategic learning by using knowledge gathered to drive impact. Monitoring and understanding how complex social change happens requires an iterative process of knowledge generation and reflection to shift course as needed (Brown & Wyatt, 2010). Strategic learning is a process of evaluating shared measures and making adaptations to strengthen activity in problem areas (Preskill & Mack, 2013). Through strategic learning and shared measurement, NMF plans to deploy a QI plan to: 1) provide meaningful and timely performance

data to each Partner; 2) identify indicators of quality for all Partners; 3) identify trends in contraceptive service delivery; 4) assess the compliance and participation of Partners in the initiativ; and 5) use the information gathered, in collaboration with the Partner, to improve delivery of contraceptive services.

COLLABORATION WITH ETSU In 2017, Eastern Tennessee State University (ETSU) launched five separate external evaluation research projects in order to understand the impact of the SCI regarding access to contraception and reproductive health outcomes, as well as to assess the implementation of key components of the SCI. ETSU conducts these studies independently from NMF; however, the two organizations meet monthly and share information that supports each organization's logistical efforts. NMF provides updates to ETSU on its activities, allowing ETSU to understand how the initiative is adapting over time or to understand particular challenges the initiative is encountering. NMF facilitates access to and collaboration with Partners to conduct the evaluation research projects.

Sustainability

The vision for NMF and all Partners is to sustain the network of contraceptive service providers across SC, which was created through SCI and will continue to function collectively to fulfill the mission of reducing unintended pregnancy post-2022 through the provision of high-quality contraceptive services. Sustainability will require the execution of both programmatic strategies, which are Partner-focused, and strategies to diversify funding now through 2022, which are primarily the responsibility of NMF as the backbone.

PROGRAMMATIC SUSTAINABILITY As the backbone, NMF provides a dedicated, trained staff that plans, manages, and supports SCI and its Partners through ongoing monitoring, training and technical assistance, technology and communications support, and data collection and reporting, as well as the handling of myriad administrative details that would be unmanageable for a collective of 50–100 independent organizations to sustain without an effective backbone. Program implementation staff are required to keep in near-constant contact with their assigned Partners: They monitor Partners' progress; provide or steer Partners toward resources; engage in real-time and anticipatory problem-solving that is both disciplined and adaptive; and ensure that each health system Partner develops a plan to sustain contraceptive services within its system as reflected in the final stage of the Partner Continuum. We believe that the one-on-one work with each Partner to integrate contraceptive services into the care and to incorporate the core best practices of pregnancy intention screening and contraceptive counseling will lead ultimately to the sustainability of contraceptive services within the majority, if not all, of SCI's health system Partners.

Sustainability also is supported through efforts to build peer relationships among Partners across the state. Intra-sector meetings take place quarterly at which time Partners and staff respond to operational and emergent issues related to contraceptive service delivery within a sector. Cross-sector workgroups are convened to respond to operational or emergent issues that concern a majority of SCI Partners, some of which relate directly to sustainability. For example, a workgroup was established specifically to negotiate state-level policy improvements regarding in-patient postpartum LARC reimbursements to providers. Another workgroup was formed to develop a common patient-referral process, standardized forms, and a referral resource directory. Intra-sector and cross-sector collaborative discussions such as these were uncommon prior to SCI, and we maintain that these discussions and relationship-building, coupled with capacity-building, are helping to achieve the cultural shifts within health care systems that will be sustained by the Partners.

Funding Diversification

One of the six responsibilities of a backbone agency is to mobilize funding on behalf of the collective; therefore, NMF continues to invest in developing potential new sources of revenue, which will sustain the initiative beyond the six-year grant period and well into the future (Turner et al., 2012). However, to achieve this outcome, NMF and SCI will first need to add other strategic partnerships and secure bipartisan political support (Schell et al., 2013). We are doing this by building a stronger and more influential statewide presence, developing statewide public will in support of publicly funded contraceptive services, and advancing state policies that support SCI's mission and goals. Thus, NMF prioritizes locating and securing sustainable sources of funding that will support SCI beyond the initial funding period by cultivating bipartisan political support and developing strategic partnerships with private and public institutions.

POLITICAL SUPPORT NMF will advocate for state funding support for initiative Partners during every legislative session. In 2019–2020, we intend to meet with the Office of the Governor in addition to meeting with legislators. In collaboration with participating state agencies (see Partnerships

below), lobbyists will develop bipartisan legislative support in both chambers to secure a recurring, annual state appropriation of $5 million–$10 million by state fiscal year 2023. This appropriation will be restricted to sustaining contraceptive care in SCI health systems and will be appropriated to a state agency to be determined.

NMF will continue to advocate for policy changes that will not only directly support SCI's mission and its sustainability, but also will help build a stronger and more influential statewide presence and develop public will in support of contraceptive services. Having achieved amendment of the state's Nurse Practice Act in 2018, in 2020–2022 we will shift our legislative focus to securing contraceptive prescriptive authority for pharmacists and to securing coverage of contraceptives for dependents of insureds by the SC Public Employee Benefit Authority.

PARTNERSHIPS NMF has developed specific tasks associated with securing strategic partnerships to provide financial stability for SCI beyond the initial grant period. Between 2017 and 2021, NMF and SCI representatives will meet with at least ten (10) foundations that provide grants in SC in support of women's reproductive health, STI prevention, contraceptive care, family health, or children's well-being for the purpose of developing positive relationships between the foundations and SCI. In addition, NMF will determine how best to link SCI Partners with organizations within their communities in order to build collaboration locally for potential funding opportunities.

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Appendices

Appendix 1: SCI Logic Model

Logic Model for Reducing Unintended Pregnancy in South Carolina

<table>
<tr><th>INPUTS</th><th>ACTIVITIES</th><th>OUTCOMES</th></tr>
<tr>
<td rowspan="2">New Morning Foundation
» Funding
» Staff support
» Integrated Marketing and Communications (IMC)
» Policy & Advocacy
» Other partnerships</td>
<td rowspan="2">» Drive shared vision
» Support mutually reinforced activities & continuous communication
» Manage all logistical support for the SCI
» Implement Shared Measures and monitor progress
» Build public will and guide marketing and communications
» Seek additional public and private funding streams</td>
<td>Short-Term
» Increased # of women receiving contraceptive services
» Increased # of women selecting a highly or moderately effective method
» Increased organizational effectiveness
» Increased public awareness
» Mobilized collective of Partners
» Established system of Shared Measurement
» Diversified financial resources
» Policy changes supporting contraceptive access
» Increased number of public clinics offering contraceptive care
» Increased number of clinics offering all approved methods of contraception</td>
</tr>
<tr>
<td>Intermediate
» Strategic and diverse funding support
» Institutionalized provision of contraceptive services</td>
</tr>
<tr>
<td>Partners
» CROs
» CBOs
» Clinical
» Higher Education</td>
<td>» Participate in training and professional development for contraceptive service provision
» Integrate contraceptive services into all aspects of care
» Strengthen referral networks
» Hire and maintain staff
» Prepare the workforce through evidence-based curriculum and hands-on learning
» Design contraceptive services template into EHRs</td>
<td>Long-Term
» Decreased unintended pregnancy</td>
</tr>
</table>

Appendices

Appendix 2: SCI Quantitative Measures

SCI Quantitative Measures

PATIENTS SERVED
of female patients ages 15–44 served at partner sites
of male patients ages 15–44 served at partner sites
PREGNANCY INTENTION
#% of female patients ages 15–44 screened for pregnancy intention
#% of female patients ages 15–44 who respond: » yes » no » unsure » ok either way » n/a (to be used for those who are currently pregnant, have had a hysterectomy, are peri or post-menopausal, or are sterile or otherwise infertile)
#% of male patients screened for pregnancy intention
#% of male patients ages 15–44 who respond: » yes » no » unsure » ok either way » n/a (to be used for those who are currently pregnant, have had a hysterectomy, are peri or post-menopausal, or are sterile or otherwise infertile)
COUNSELING & METHOD PROVISION
#% of females responding no, unsure, ok either way who receive contraceptive counseling
#% of males responding no, unsure, ok either way who receive contraceptive counseling
#% of women 15–44 using a method, by type of method
#% of partners offering all FDA approved methods of contraception
#% of partners offering same-day highly reliable contraceptives (IUD/implant)
#% of partners offering permanent contraception for males
#% of partners offering permanent contraception for females
#% of partners referring permanent contraception for males
#% of partners referring permanent contraception for females
CLINICAL-COMMUNITY LINKAGES
of females receiving counseling/education at community reaching organizations
of males receiving counseling/education at community reaching organizations
completed referrals for contraceptive services
WORKFORCE CAPACITY & TRAINING
#% of partner staff trained in QFP contraceptive services » # trained in LARC insertion and removal » # trained in contraceptive counseling » # trained in billing and coding for contraceptive services

#% of partner staff achieving family planning health worker certification
of APRN and RN nursing students completing a reproductive health practicum
of APRN nursing students trained in LARC insertion and removal
CLINICAL QUALITY MEASURES
% of female patients ages 15–44 at risk of unintended pregnancy that were provided a most effective or moderately effective FDA-approved method of contraception[1]
% of females patients ages 15–44 at risk of unintended pregnancy receiving a highly effective method (LARC)[2]
#% Partners using a patient reported outcome measure (that covers the three domains of client experience of counseling: interpersonal connection, adequate information and decision support)
PARTNER REACH MEASURES
of Partner organizations
Clinical Partner organizations
#% of clinical sites implementing QFP contraceptive services

1. Measure Steward: US Office of Population Affairs
2. Measure Steward: US Office of Population Affairs