The Choose Well initiative aims to improve contraceptive access at partnered Federally Qualified Health Centers (FQHCs) in South Carolina. We conducted key informant interviews with FQHC clinical and administrative staff (N=45) to assess progress in achieving this aim during the first two years of program implementation (2017 and 2018). The interviews were recorded, transcribed and analyzed for emerging themes. Respondents highlighted facilitators of contraceptive access during Choose Well including: enhanced contraceptive counseling, funding for implants and IUDs, the availability of same-day implant and IUD placement procedures, and increased patients enrolling in Medicaid.

**FACILITATORS OF CONTRACEPTIVE ACCESS AT FQHC CLINICS IN SC DURING THE CHOOSE WELL INITIATIVE: FINDINGS FROM KEY INFORMANT INTERVIEWS**

**FUNDING FOR CONTRACEPTIVE IMPLANTS AND IUDS**
Overall, participants responded positively for the initiative’s impact on contraception provision. Funding for implants and IUDs expanded patient access, especially for uninsured and underserved patients.

"Choose Well offers to pay for certain long-term methods that our patients would never have been able to afford otherwise... If we take that barrier away, then our patients get the care that they need and deserve and the contraception that they would like..."

"Now with Choose Well we’re able to give these patients these free devices so now their barrier is non-existent technically because now we get those LARCs free for them."

**AVAILABILITY OF SAME-DAY IMPLANT AND IUD PLACEMENT**
FQHC respondents emphasized the availability of same-day implant and IUD placement as a key facilitator to access.

"When the product’s on-hand we’re able to offer it to them when they come in. We don’t have to defer them to another day or refer them to someone else, another facility that may have those products."

"...if you think about a patient who’s uninsured... that means the chance of them having... other barriers that go with them being uninsured, [such as] transportation issues and so forth... to be able to have to come back for a contraceptive method or a LARC to be inserted, versus when they come for that visit."

**ENHANCED CONTRACEPTIVE COUNSELING**
Comprehensive contraceptive counseling, which included providing education about method options and helping patients decide on a method that best fits their goals and lifestyle, was identified as a facilitator of contraceptive access.

"Our intent is to help people understand what their goal is in their intent of becoming pregnant. Do they want to become pregnant in the upcoming year. If not... These are your options..."

"We all are, contraceptive counselors... they are my team, but it is impressive, to be able to hear them, to be able to relate to a patient, to talk about menses and to talk about Reproductive Health goals, life goals and contraceptive choices."

**INCREASING NUMBER OF PATIENTS ENROLLING IN MEDICAID**
Uninsured patients are the most impacted by implant and IUD high upfront cost barrier which limits their choices for care. In conjunction, efforts have been made to assist patients with Family Planning Medicaid applications to receive coverage for implant and IUD methods and contraceptive care. FQHCs reported that increasing the number of patients enrolling in Medicaid facilitates sustainability.

"At the same time, all of these people who are uninsured, we are trying to sign up for health insurance... We are trying to provide them with some type of health insurance coverage."

"We have the highest uninsured population of all health centers in the state of South Carolina. It’s where we are in our growth, so I would definitely say our high uninsured rate. I think that’s the number one barrier."

**STOCKPILE OF DEVICES**
Respondents reported the ability to stockpile devices facilitates provision of implant and IUD methods.

"...it’s allowed us to stock the devices because of the grant money and that we can stock them and have them on hand, and boom, they’re in, we counsel them, and they decide, done... We’re not letting people walk away without it."

"...it also gave us the opportunity to be able to do on the spot because here... most teenagers don’t come back, so being able to offer and/or complete a service while they’re here... [funding for device stock] made that opportunity easier."

**CENTER for APPLIED RESEARCH and EVALUATION in WOMEN’S HEALTH**

EAST TENNESSE STATE UNIVERSITY

This issue brief was compiled by Savannah Wells, Liane Ventura, Jordan de Jong, and Dr. Kate Beatty. For more information on contraceptive access research or to learn more about other research from CARE Women’s Health, visit www.etsu.edu/cph/care-womens-health or call (423)439-4843.