Improving Contraceptive Options Now

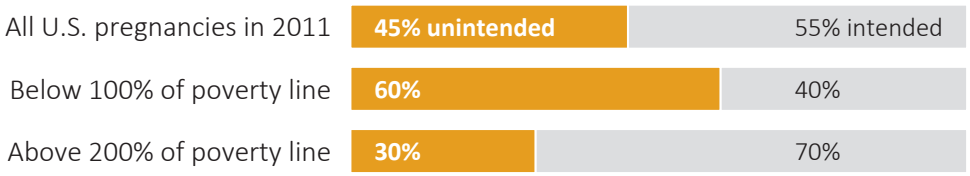
A demonstration to evaluate what works in expanding contraceptive choices for low-income women, and the difference this makes.

BUILD CAPACITY of clinics serving low-income women to provide long-acting reversible contraception (LARC), along with other contraceptive methods, to all women who seek them.

BUILD EVIDENCE on effects of improved counseling and expansion of contraceptive options on choice of methods and long-term outcomes.

What issue is ICON addressing?

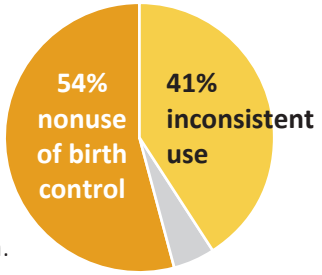
Nearly half of U.S. pregnancies are unintended. The rate is higher for poor women.



TOTAL NUMBER OF UNINTENDED PREGNANCIES, 2011

2.8 million

Most unintended pregnancies are caused by nonuse or inconsistent use of contraception, signaling the need for better information.



POTENTIAL COSTS OF UNINTENDED PREGNANCIES TO WOMEN...

- Workforce participation
- Income
- Physical health
- Mental well-being

... AND TO CHILDREN

- Birth weight
- Child development

PUBLIC COSTS FROM UNINTENDED PREGNANCIES, 2010

$21 billion

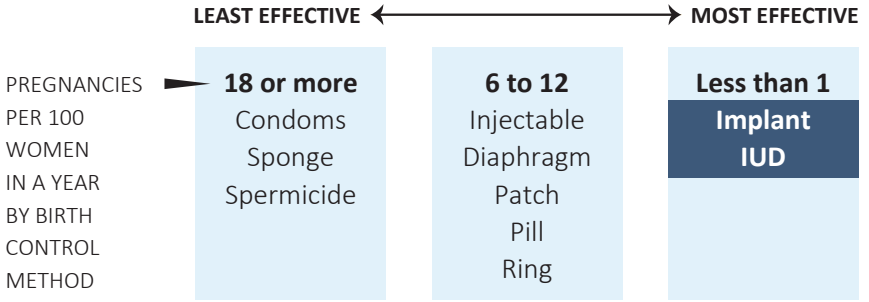
How can LARC help?

LARC devices are the most effective reversible contraceptive methods, yet their use in the United States is relatively low.

- Highly effective and lasts for years
- "Get it and forget it." No regular activity or maintenance required, minimizing user error
- Can be removed when pregnancy is desired

Implant inserted under skin in upper arm

Intrauterine device (IUD) inserted in uterus



FACT: While the use of LARC methods has grown consistently in recent years, only 7 percent of U.S. women of reproductive age used them in 2013.

Sources: The Guttmacher Institute (statistics on unintended pregnancies and their costs); Centers for Disease Control and Prevention (effectiveness of contraceptive methods)

How will ICON build capacity for improved contraception options?

ICON will provide funding, training, and technical assistance to clinics to remove barriers to contraceptive use, especially LARC devices.

Improve knowledge among patients and providers

Train providers to have the skills and knowledge to:

Engage women in conversations about family planning.

Provide reliable information on the effectiveness of contraceptive methods, especially LARC methods, while giving priority and respect to a woman's own preferences.

Improve access to LARC devices for women who want them

Help keep a consistent stock of LARC devices on hand: provide funds for initial supply and training on billing procedures to sustain stock.

Allow for same-day insertion of LARC devices upon request: provide technical assistance on scheduling procedures.

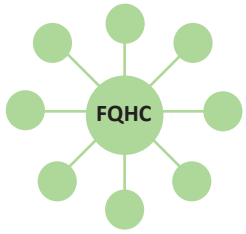
Increase the supply of providers trained in LARC procedures.

The program will serve 15- to 44-year-old women who are patients at participating Federally Qualified Health Center (FQHC) clinics and who do not want to get pregnant within a year.

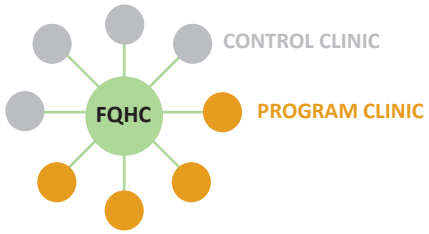
How will ICON build evidence?

The MDRC study builds on pioneering work to increase LARC use by the Contraceptive CHOICE Project at Washington University in St. Louis and by the Bixby Center at the University of California, San Francisco, with the goal of producing more generalizable evidence.

Use a cluster random assignment research design



FQHCs participating in ICON have clinics in many locations.



ICON will randomly select individual clinics within an FQHC: Half will implement the ICON model; the other half will continue their usual practices.

Use a staged approach to build knowledge before large-scale implementation

PILOT PHASE (2016)
16 clinics at 4 FQHCs in Maine, Connecticut, New York, and Arizona

FEASIBILITY

Q: Is it feasible to implement the ICON model and the research design? What are the operational lessons?

Q: Can the program recruit interested participants?

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FIRST OPERATIONAL PHASE (2017-2019)
Additional clinics in pilot FQHCs and other FQHCs

LARGE-SCALE IMPLEMENTATION + SHORT-TERM OUTCOMES

Q: What is ICON's impact on LARC take-up and on unintended pregnancies?

Q: What are the lessons from implementation on a larger scale?

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FUTURE FOLLOW-UP
Additional clinics

LONG-TERM OUTCOMES

Q: If ICON increases LARC take-up, what impact does it have on other outcomes, including outcomes related to women's health, education, and employment, as well as child well-being?

mdrc
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