**Improving Contraceptive Options Now**

*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.

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>All U.S. pregnancies in 2011</td>
<td>45%</td>
</tr>
<tr>
<td>Below 100% of poverty line</td>
<td>60%</td>
</tr>
<tr>
<td>Above 200% of poverty line</td>
<td>30%</td>
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</tbody>
</table>

**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
- Physical health
- Income
- Mental well-being

**... AND TO CHILDREN**

- Birth weight
- Child development

**PUBLIC COSTS FROM UNINTENDED PREGNANCIES, 2010**

$21 billion

**How can LARC help?**

- 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

**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.

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.
- **FIRST OPERATIONAL PHASE (2017-2019)**: Additional clinics in pilot FQHCs and other FQHCs.
- **FUTURE FOLLOW-UP**: Additional clinics.

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?

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?

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?

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