

A Step Ahead Foundation of Middle Tennessee, Inc.

February 8, 2019

1. What services does your organization provide to the residents of Davidson County?

A Step Ahead (ASA) is a Nashville-based organization that provides free long-acting reversible contraception (LARC) to people who need assistance affording the birth control options they want. According to the Guttmacher Institute, the leading research organization on reproductive health, approximately 97,000 women in the Greater Nashville area need help obtaining birth control.¹ LARC methods – which are the most effective forms of birth control, but also tend to be the most expensive – are unaffordable for many women who would choose them if cost were not a factor.

ASA believes women should be able to access the contraceptive method that is best for them, without worrying about the price. To bring about this reality, we partner directly with clinics to remove every financial, logistical, and informational barrier that might prevent women from obtaining LARC. As the payer of last resort (covering costs not reimbursed by TennCare or a private insurer as well as all costs for uninsured individuals), ASA helps women obtain LARC and other benefits through a direct, easy-access model that includes the following:

- A 24-hour call center with a live, woman's voice on the other side;
- Free well-woman exams, including: pregnancy test, sexually-transmitted infection (STI) test, Pap test, HIV test, and contraception consultation;
- Free LARC insertion of patient's choice of: implant, or hormonal or nonhormonal intrauterine device (IUD);
- LARC device that lasts three, five, or 10 years (choice of the client, depending on the brand);
- Partnerships with local clinics;
- Free, as-needed private transportation to and from partner clinics using Lyft; and
- Free removal of the LARC device when a client is ready.

2. How many residents are your currently serving and how do they benefit?

Since 2016, we have served more than 600 women with the above LARC services. Given that our average client has more than one child by the time she seeks our services (about 40% of our clients have no children), ASAFMT estimates that we have touched the lives of at least 1,000 women and children in our short existence. In 2019, ASA projects that we will serve 360 women with direct healthcare services.

By providing LARC and accompanying healthcare services for free, ASA helps people who have limited resources better plan their futures. Avoiding an unwanted pregnancy can positively impact a woman's education, career, family, and economic security. In addition, by enabling access to the most effective forms of reversible contraception, we increase women's reproductive healthcare

¹ Daniels K., Daugherty J., & Jones J. (2014). Current contraceptive status among women aged 15–44: United States, 2011–2013. *NCHS data brief*, 173. National Center for Health Statistics.

Metro Nashville Direct Appropriations Application Questions
February 8, 2019



autonomy while removing the difficulties of relying on more traditional birth control methods (imperfect usage, scheduling doses, forgetting whether one has taken their pill, etc.).

ASA also knows that many women lack awareness of the full range of reproductive healthcare options. That's why we work with partners to do community education to increase knowledge of LARC. By educating community members, connecting a consistent stream of clients seeking LARC to our partner clinics, training providers, and covering all associated costs, we remove every barrier to providing LARC for both clients and clinicians.

We hope that expanding access to LARC will help women work toward future healthy pregnancies, academic achievement, and employment success. We plan to continue the gains of our sibling organization in Memphis, where providing free LARC decreased teen pregnancies 37% over seven years. There is the potential for similar impact in here Middle Tennessee, where we have seen LARC usage increase by 40% at our partner clinics over the past three years.

3. How much funding are you requesting from Metro?

ASA requests \$11,944 from Metro to support the direct costs of providing clinic-based LARC services for women in Davidson County – our largest single expense category. Every 30 days across our partner clinics, we help 30 clients access quality, reproductive healthcare at no cost. It is for this critical need that we ask for Metro's support.

An unsubsidized LARC device can cost more than \$1,000. Our partnership with clinics that have access to low reimbursement rates means that the lifetime of supportive and clinic-based services ASA offers averages about \$300-\$350 per client. The proposed funding request covers the following direct client expenses, which are projected to total \$119,440 in fiscal year 2019.

(Requested Metro funding is **bolded** in parentheses, representing 10% of each expense category.)

- Patient healthcare delivery: \$110,000 (**\$11,000**) – This includes costs related to pregnancy tests, STI tests, PAP tests, well-woman visits, the LARC device, the cost of LARC insertion, and the co-pay (only relevant if the client has insurance).
- LARC removal: \$4,240 (**\$424**) – Clients who obtained LARC devices through ASA will get them removed free of charge. Our partner clinics cover the cost of IUD removal, but ASA reimburses for the cost of implant removal.
- Transportation: \$1,000 (**\$100**) – Round-trip Lyft ride for clients, as needed.
- AppointmentQuest: \$600 (**\$60**)
- Client Software: \$600 (**\$60**)
- Call Center: \$3,000 (**\$300**) – Our 24-hour call center operates out of Memphis, and provides all appointment scheduling services for prospective clients.

Subtotal Direct Client Services (**Metro Funding**): \$119,440 (**\$11,944**)

4. If funding is awarded, how many additional residents will be served and how will they benefit?

In 2019, ASA anticipates serving 64% more clients with LARC than we served in 2018 (360 and 219, respectively). The amount of the projected increase is inflated partially due to our transition off of a three-year start-up grant, which decreased in the final year and limited our capacity to meet the demand for our services in 2018. Our projections constitute a more modest 14% increase over our peak annual number of clients served (317 in 2017). The projected increase is due to newly identified funding sources identified; Already to-date, ASA has raised more than a third of our income for 2019, which mostly covers indirect, and capacity building expenses.

Metro funding will only go to direct, client-facing programs and will support the cost of serving 37 clients (about 10% of our total clients). This amount is equivalent to 10% of our direct client services budget line, and it would constitute roughly 3.4% of our 2019 organizational budget.

About 88% of the clients ASA serves are residents of Davidson County (we also serve the six surrounding counties—Cheatham, Robertson, Rutherford, Sumner, Williamson, and Wilson). With access to six Neighborhood Health network clinics – all located in Davidson County – ASA services are provided in a patient-centered, geographically-reachable manner, ensuring all clients are able to obtain the services they need as easily and seamlessly as possible.

5. In addition to serving more residents, are there other community benefits Metro funding would help you achieve?

ASA believes that investing in preventive healthcare – such as effective contraception – enables women and young families to fully participate in our community and economy. But this type of care is not yet widely available, and the results are discouraging. According to the Campaign to Prevent Unplanned Pregnancy, Tennessee’s teen pregnancy rate is 49%, ranking 41st out of 50 U.S. states. The unplanned pregnancy rate for all women is 56%, well above the national average of 45%. In 2010 alone, unplanned pregnancies cost Tennessee roughly \$531 million in direct and related costs.² This situation is unsustainable for the state and for individual citizens: people who are marginalized in terms of income level, race, employment status, citizenship status, and level of education are disproportionately negatively affected by unintended pregnancy.

ASA works to ensure the Nashville area is making smart investments in citizens’ potential. Effective contraception has been proven to save money for both the women who use it to delay their first pregnancies (by avoiding healthcare and other costs, and increasing their earning potential), and for society at large. In 2010, every \$1.00 invested in helping women avoid pregnancies they did not want saved \$7.09 in Medicaid expenditures that would otherwise have been needed to cover the costs of pregnancy, delivery, and early childhood care.³

² “Tennessee data”. (2018). The campaign to prevent unplanned pregnancy. <https://powertodecide.org/what-we-do/information/national-state-data/tennessee>

³ Frost, J. J., Sonfield, A., Zolna, M. R., & Finer, L. B. (2014). Return on investment: a fuller assessment of the benefits and cost savings of the U.S. publicly funded family planning program. *The Milbank quarterly*, 92(4), 696–749.

In working toward greater contraceptive choice and access, ASA believes that we are helping people focus their initiative and hard-earned money away from expensive and inefficient birth control methods and toward their own goals. We invite Metro to join us by investing in women's educational, economic, and healthcare futures.

6. How would you use this funding to help create a more equitable Nashville, where all residents have an opportunity to participate in the city's success?

ASA funds LARC for many reasons, all of which enable a more inclusive, equitable, and compassionate economy for women in Nashville.

We fund LARC because it is more expensive than other birth control methods, unequally burdening low-wealth women. Many women in TN are on healthcare plans that don't fully cover LARC, while many others require confidentiality, are unable to afford their copays or deductibles, or are simply uninsured (11% of Tennesseans have no health insurance). In too many cases, the steep financial barrier to LARC limits women's abilities to plan for their families' futures.

ASA funds LARC because national data show that unplanned pregnancy can be devastating to women's high school and college graduation chances. National Conference of State Legislatures data show just 38% of women who have a child before age 18 obtain a high school diploma by age 22, while 90% of women who delay having their first child until after high school will graduate on-time.⁴ This disparity in educational achievement between teen mothers and women who are able to plan their first pregnancies results in decreased economic opportunities and depressed earnings that can last entire careers.

Another reason we fund LARC is because it helps women advance in their jobs. A 2017 paper from the National Bureau of Economic Research suggests that women pay a "motherhood penalty" for having children in the form of lost wages, which men do not.⁵ Thus, for many of ASA's clients, delaying pregnancy is a crucial opportunity – unique to women – that can be the difference between a living wage and poverty. Their assuming control over family planning by deciding to obtain LARC effectively means increasing their chances of achieving academic and professional success.

Finally, we fund LARC because we measure success in terms of personal efficacy. We will be successful if the women we serve lead happy, healthy lives. A major part of this is ensuring that women can access the contraceptive care they want, based on what is best for their bodies and family planning goals. Eliminating cost as a barrier to women's reproductive healthcare autonomy means more women can access the care they want, more women are happier with their care, and more women are happier with their family planning outcomes, able to finish school, and able to succeed in their careers.

⁴ "Teen pregnancy prevention". (2018). National conference of state legislatures.
<http://www.ncsl.org/research/health/teen-pregnancy-prevention.aspx>

⁵ Hotz, V. J., Johansson, P., & Karimi, A. (2017). Parenthood, Family Friendly Workplaces, and the Gender Gaps in Early Work Careers. National bureau of economic research. Working Paper Series, 24173.
<http://www.nber.org/papers/w24173>