Take Control Birth Control Campaign Evaluation
Third Pilot Period — 2011

Prepared for:

The Prevention First Colorado Coalition
a coalition administered by the NARAL Pro-Choice Colorado Foundation
1905 Sherman Street, Suite 800
Denver CO 80203
(303) 394-1973
www.prochoicecolorado.org, choice@prochoicecolorado.org

Prepared by:

Annette Humm Keen
Principal
Keen Independent Research LLC
hummkeen@keenindependent.com

David Keen
Principal
Keen Independent Research LLC
dkeen@keenindependent.com

Evaluation Report
December 30, 2011
Table of Contents

Main Report
Take Control Birth Control Campaign................................................................. 1
Evaluation of Take Control Birth Control Campaign.............................................. 6

Appendices
A. NPCCF Letter........................................................................................................ A–1
B. Background on Data.............................................................................................. B–1
C. Definition of Terms............................................................................................... C–1
The Take Control Birth Control campaign began at the Park Hill Family Health Center (Park Hill clinic) in April 2009. The campaign seeks to increase the number of women seeking long-term contraceptive methods at the clinic, especially those within the target population. Evaluation reports that examined the campaign success for 2009 and again for 2010 identified initial success, including a five-fold increase in monthly patient volume among target groups.

Keen Independent Research LLC (Keen Independent) performed the evaluation of the campaign in 2011 (the Third Pilot Period). The authors of this research report, Annette Humm Keen and David Keen, have been involved in the project since 2009 and directed the previous evaluations.

- Previous evaluation reports, including a Preliminary Report for 2011 prepared in October, closely monitored campaign outputs at the Park Hill clinic in comparison to the baseline year (2008) and control clinics (Denver Health’s Montbello Family Health Center in northeast Denver and the Westwood Family Health Center in west Denver).

- The 2011 evaluation report takes a broader perspective on what was achieved by the end of the third year of the pilot — is the campaign now meeting the objectives established at its outset?

- When the answer is “yes,” the evaluation report attempts to answer “why?” With three years of history, what can we learn from the Take Control Birth Control campaign that can be applied elsewhere?

### Take Control Birth Control Campaign

From its beginning in 2009, Take Control Birth Control campaign has provided:

1. **Access to free or low-cost contraceptives.** Taking advantage of Title X funding, the campaign promotes access to available free or low-cost contraceptive methods.

2. **Health educator counseling.** The campaign provides easy access to contraceptive counseling through employment of a health educator at the Park Hill clinic. The health educator’s responsibilities include telephone and face-to-face contraceptive counseling, provider support, patient follow-up, pregnancy test administration and recordkeeping.

3. **Community outreach.** Based on early research with target audiences, communications and outdoor media were designed to create awareness and motivate women to call the Park Hill clinic for an appointment. These outreach efforts continued in 2011.

---

1 Park Hill clinic is a Denver Health Title X clinic. Clinics receiving Title X funds must ensure contraceptive support to qualified women of specified incomes for free on a sliding scale. Montbello clinic represents one of the two control clinics for this study. The other study control clinic, Westwood clinic, is a Title X clinic.
The target population for the *Take Control Birth Control* campaign is non-Hispanic white and African American women, 18-44, on Medicaid or at or below 200 percent of federal poverty level (FPL). The campaign benefits other women as well.

**Campaign sponsor.** The Prevention First Colorado Coalition (the Coalition), a coalition administered by the NARAL Pro-Choice Colorado Foundation (NPCCF), was established to emphasize prevention of unintended pregnancy in reproductive health care policy. The goals of the Coalition include efforts to reduce unintended pregnancies, empower women to make healthy choices, and ensure access to a full range of reproductive health services in Colorado. Appendix A of this report details NPCCF’s objectives for the *Take Control Birth Control* campaign.

NPCCF received funding in 2008 to develop and evaluate a social marketing campaign to increase consistent use of birth control, especially use of long-term contraceptive methods. NPCCF also supports the cost of the health educator position at Park Hill clinic. Denver Health began providing partial funding for the health educator position in the Second Pilot Period.

**Campaign design and implementation.** NPCCF prepared a logic model for the *Take Control Birth Control* campaign prior to implementation of the campaign (shown below). The model starts with planned inputs and activities, describes the target participants and explains desired outputs and outcomes.

Implementation of *Take Control Birth Control* began with campaign design, partners and financial resources (“inputs”). The social marketing campaign (the key “activity” in the figure) was intended to not only reach the target audience of women, but also key “advisors” to these women. Advisors include friends and family, health professionals and others. Together, target audience women and their advisors compose the “target participants.”

Desired outputs include increases in discussions with clients about contraception and increases in requests for contraceptive methods, especially those with long-term effectiveness. Directed outcomes include increased contraceptive use, especially for methods with long-term effectiveness. The
campaign began in 2009 with identification of sustainable institutional support and campaign development. NPCCF and Annette Humm Keen of Keen Independent worked with GBSM, Inc. to build the *Take Control Birth Control* social marketing platform.

**Institutional support.** The Coalition partnered with Denver Health,\(^2\) the public health system in the City and County of Denver, to implement the *Take Control Birth Control* campaign. Denver Health’s Park Hill Family Health Center (Park Hill), a Title X clinic, was selected as a pilot location based on its demographic profile, size and strong neighborhood identification among local residents.\(^3\) Two control clinics in the Denver Health system were also identified: (a) Westwood Family Health Center, a Title X clinic of similar demographic profile; and (b) Montbello Family Health Center,\(^4\) which is of similar size and neighborhood profile but not a Title X clinic.

**Social marketing platform.** Drawing from the principles of community-based social marketing, the *Take Control Birth Control* campaign incorporates rigorous research, testing and evaluation to identify barriers to consistent use of contraceptive methods, develop strategies to remove the barriers, test methods on a pilot basis and evaluate effectiveness for larger launch.

---

**Pre-launch.** Annette Humm Keen and NPCCF staff conducted pre-launch research to identify barriers to consistent contraceptive use, identify messages that resonated with the target audience and test creative materials.

**Barriers to consistent use.** From pre-launch focus groups and supporting research, Annette Humm Keen and NPCCF staff identified barriers to consistent use of birth control. Barriers included limited

---

\(^2\) Officially Denver Health and Hospital Authority.

\(^3\) Park Hill clinic moved into a new facility in the same neighborhood in January 2009.

\(^4\) In August of 2009, Montbello became a Denver Health Family Plan clinic. In January 2010 through September 2010, Montbello employed a half-time Denver Health Family Plan registered nurse (RN). The Plan covers long-term contraceptive methods for uninsured men and women of childbearing age (14–44) including IUDs, Implanon® and sterilization. Other contraceptive methods are covered for up to three months.
trust in obtaining desired support, cost, misconceptions about side effects, difficulties with consistent use and failure to make long-term commitments (including scheduling and attending follow-up visits with contraceptive health care providers).

Post-launch testing and evaluation. Data from Denver Health for 2008 established a baseline for the volume of prescriptions and insertions of contraceptives for Park Hill and the two control group clinics. Since campaign launch, Annette Humm Keen has examined monthly results from Denver Health and health educator records. As part of the First Pilot Period evaluation, she also conducted focus groups and clinic staff interviews to identify opportunities for improvements.

Facility. Denver Health opened the Park Hill Family Health Center in 2009. It is a large facility with two pods of service providers on either side of a reception area. The health educator is located in one pod, but works closely with each of the eight providers (physicians, nurse practitioner and physician’s assistant) in the facility. She sees patients in the one exam room available to her. She also has a small office. The clinic has an on-site lab.

Health educator. The Park Hill clinic health educator position is a key component of the Take Control Birth Control campaign. The position was initially funded through the campaign. This full-time position was created as part of the campaign. Based largely on the results achieved in the First Pilot Period, Another gauge of campaign impact is that Denver Health has replicated aspects of the health educator position at Montbello and other clinics.

The health educator selected in 2009 continues to provide counseling at the Park Hill clinic. She offers counseling in both English and Spanish.

Daily activity. The day-to-day tasks performed by the health educator include directed, friendly discussions with patients, and on-going interaction with Park Hill clinic health care providers, clinic staff and community partners.

When not conducting counseling sessions, the health educator logs patient data, schedules future appointments, returns phone calls and responds to emails. The health educator listens to telephone messages at least twice a day and when possible returns phone calls and emails within a 24-hour time period. Schedules for patient counseling visits include:

Patient visits. Simple patient visits are 15 to 20 minute sessions limited to prescription refills, emergency contraceptives, follow-up Depo-Provera shots, and Implanon and IUD counseling. Patient vitals and nurse visits may be required. For women seeking IUD counseling, a urine sample is administered to test for pregnancy or STDs. A health care provider may consult with the Park Hill clinic health educator’s patients to ensure that they have no additional questions or concerns.
Some visits are more complex. Thirty-minute counseling sessions are required for patients being counseled for a new contraceptive method, having problems with an existing method or seeking tubal ligations.

The health educator offers pregnancy tests between 2:00 pm and 4:00 pm each day. The health educator conducts an average of one to two tests per day. Depending on the patient’s counseling needs, pregnancy test visits range from 10 to 30 minutes. For positive pregnancy tests, the Park Hill clinic health educator provides a proof of pregnancy letter and Medicaid enrollment information. Women with negative pregnancy tests not wanting to become pregnant are offered a contraceptive counseling session, a contraceptive method or a future appointment with the health educator. Women who are not interested in scheduling an appointment are provided Take Control Birth Control information.

<table>
<thead>
<tr>
<th>Time</th>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning</td>
<td></td>
</tr>
<tr>
<td>8:30 - 9:00</td>
<td>Counseling session</td>
</tr>
<tr>
<td>9:00 - 9:15</td>
<td>Charting/appointment overlap</td>
</tr>
<tr>
<td>9:15 - 9:45</td>
<td>Counseling session</td>
</tr>
<tr>
<td>9:45 - 10:00</td>
<td>Charting/appointment overlap</td>
</tr>
<tr>
<td>10:00 - 10:30</td>
<td>Counseling session</td>
</tr>
<tr>
<td>10:30 - 10:45</td>
<td>Charting/appointment overlap</td>
</tr>
<tr>
<td>10:45 - 11:15</td>
<td>Counseling session</td>
</tr>
<tr>
<td>11:15 - 12:30</td>
<td>Returning patient calls</td>
</tr>
<tr>
<td>Afternoon</td>
<td></td>
</tr>
<tr>
<td>1:30 - 2:00</td>
<td>Counseling session</td>
</tr>
<tr>
<td>2:00 - 2:15</td>
<td>Charting/appointment overlap</td>
</tr>
<tr>
<td>2:15 - 2:45</td>
<td>Counseling session</td>
</tr>
<tr>
<td>2:45 - 3:00</td>
<td>Charting/appointment overlap</td>
</tr>
<tr>
<td>3:00 - 3:30</td>
<td>Counseling session</td>
</tr>
<tr>
<td>3:30 - 3:45</td>
<td>Charting/appointment overlap</td>
</tr>
<tr>
<td>3:45 - 4:15</td>
<td>Counseling session</td>
</tr>
<tr>
<td>4:15 - 5:30</td>
<td>Charting/administrative work/returing patient calls</td>
</tr>
</tbody>
</table>

Typical monthly volume in 2011. Park Hill clinic sees patients Monday through Friday except for Wednesday mornings (reserved for clinic meetings) and holidays. The health educator follows this schedule except when she is in training (a few days a year) or has days off.

In an average month in 2011 the health educator saw 90 patients, conducted 17 pregnancy tests, and had 89 phone or email communications with current or potential patients.

The monthly volume for the health educator is affected by the number of new and returning patients scheduling appointments, the length of the appointments and her wait to receive any test results and, when necessary, go with the patient to a session with a another provider at the clinic.

A schedule for an efficiently-scheduled day is shown to the right. For both simple and complex counseling sessions, the patient and the Park Hill clinic health educator sometimes need to wait for test results or health care services that must be provided by a registered nurse or other health care provider. These waits affect the number of patients actually seen in a day.

Outreach campaign. To reach women in the target population, the social marketing campaign used Park Hill-focused outdoor media including billboards and bus boards, Web site promotions and direct mail. In the Second Pilot Period (November 2009 through December 2010), door-to-door canvassing replaced what proved to be less effective First Pilot Period direct mail promotions.

---

Take Control Birth Control direct mail was launched in the First Pilot Period only.
Starting in August 2011, Keen Independent restarted door-to-door canvassing to distribute campaign materials to Park Hill community households. This outreach used the same Take Control Birth Control communications materials as previous years (see example inserted on page 1).

Since the beginning of the campaign, outreach teams have also reached more than 300 retail venues and service providers, grocery stores, restaurants/bars, not-for-profit venues including women’s and family resource centers, banks, workforce centers and other locations. In 2011, partnerships and community support continued to include internal Park Hill clinic staff and providers, external health care professionals and other partners, and presence at community events. Beginning in August 2011, outreach included 80 or more field hours per month combining door-to-door and in-person agency visits.

**Evaluation of the Take Control Birth Control Campaign**

Analysis of the Third Pilot Period focuses on five key questions:

1. Desired outcomes at the outset of this campaign were (a) increased contraceptive use among target population women, and (b) increased use of long-term contraceptives among target population women. In the third year of the campaign, how well is the Take Control Birth Control campaign meeting these objectives?

2. What are other achievements of the campaign? Has the campaign had an impact on long-term contraceptive use among women outside the original target population?

3. To the extent that the campaign has been successful, what are some key reasons behind that success? What can be learned to apply elsewhere?

4. Is the Take Control Birth Control campaign now sustainable at Park Hill clinic?

5. What might be next for the Take Control Birth Control model?

The report uses quantitative and qualitative information to make this assessment.

**1. Is the campaign meeting desired outcomes?**

Park Hill clinic saw an average of 122 women per month in 2011 for contraceptive methods (not including condoms).

- However, how many patients are in the target population for the Take Control Birth Control campaign?

- In addition, how many 2011 target population patients received long-term methods?

- How does this compare with monthly volume before the Take Control Birth Control campaign launched?

- How does volume at the Park Hill clinic compare with the Montbello and Westwood clinics, the two control clinics for the campaign?
Of the women seen for contraceptives at Park Hill clinic, how many are in the target population? The target population for the Take Control Birth Control campaign is African American and non-Hispanic white women between the ages of 18 and 44 who are on Medicaid or are living at or below 200% of FPL. Using this definition, 62 of the women seen per month in 2011 for contraceptive methods were in the target population. In other words, about one-half of all women seen at Park Hill clinic for contraceptives were in the target population.

Has the number of target population women receiving any birth control method at Park Hill clinic increased after introduction of the Take Control Birth Control campaign? Based upon Denver Health data, in 2008 an average of eight target population women per month received any type of contraceptive method at Park Hill clinic (not including condoms). An average of 36 patients per month received any type of contraceptive method in 2011, a four-fold increase.

What percentage of target population women receives long-term contraceptives at Park Hill clinic? For purposes of this analysis, long-term methods are IUDs, Implanon®, Depo-Provera® and NuvaRing®. Results for long-term methods do not include tubal ligations — few women at Park Hill clinic choose this method and it is categorized as a permanent method, not a long-term birth control method.

Keen Independent examined use of long-term methods in two ways: using Denver Health data for all women seen at Park Hill clinic and also based on health educator data for patients she personally saw in 2011.

**Long-term methods based on Denver Health data.** About 57 percent of target population women receiving contraceptives at Park Hill clinic in 2011 received long-term methods.

**Long-term methods based on health educator data.** About 54 percent of target population women seen by the health educator at Park Hill clinic in 2011 received an IUD, Implanon, NuvaRing or Depo-Provera. Women receiving oral contraceptives accounted for one-third of the methods.

**Figure 1.** Received contraceptive methods for target population women meeting with the Park Hill clinic health educator in 2011

Has the number of target population receiving long-term contraceptives grown at Park Hill clinic since launch of the Take Control Birth Control campaign? Keen Independent tracked changes in total volume of target population women receiving long-term methods at Park Hill clinic:

- Before the Take Control Birth Control campaign, Park Hill clinic saw an average of five to six women per month for long-term contraceptives (data for 2008).

- In 2011, 36 target population women per month received long-term contraceptives at Park Hill clinic. There was a six-fold increase in the number of target population women per month who receive long-term contraceptives at Park Hill clinic.

- On a 12-month basis, the net increase since 2008 appears to be about 360 more target population women per year who receive long-term contraceptive methods.

Would these additional target population women still have come to Park Hill clinic for long-term methods without the campaign? The number of women in the target population receiving long-term methods also increased since 2008 at the two control clinics, but this growth did not keep pace with increases at the Park Hill clinic.

Figure 2 on the following page portrays monthly volume at each clinic as a percentage of the “baseline” volume observed in 2008. Baseline volume at each clinic is depicted by a dashed line. A figure of 100% means no change from 2008. A value of 200% means volume doubled from 2008. “First Pilot Period” corresponds to most of 2009 and the “Second Pilot Period” is November 2009 through December 2010.

- An average of 12 target population women per month received long-term contraceptive methods at the Montbello clinic in 2011. This is more than the 4.4 average patients per month in 2008, but unchanged from the Second Pilot Period. On a percentage basis, growth in target population volume at the Montbello clinic since 2008 was less than one-half that of the Park Hill clinic over the same time period (was 278 percent of baseline in 2011 where 100 percent indicates no change).

- At the Westwood clinic, an average of four target population women per month received long-term contraceptives in 2011. This volume was 249 percent of 2008 baseline (up from 183 percent of baseline for the Second Pilot Period). Growth in target population patient volume at the Westwood clinic since 2008 lagged that for the Park Hill clinic (see Figure 1 on the following page).
Figure 2. Number of women within target population who received long-term contraceptives as a percentage of 2008 monthly average, based on Denver Health (DH) data (100% = no change from 2008)

Note: Baseline numbers for the 2008 monthly average of women receiving long-term contraceptive methods per month are:
- Park Hill, 5.5
- Montbello, 4.42
- Westwood, 1.75

Source: Keen Independent Research based on Denver Health data.
Does the campaign draw new target population patients to Park Hill clinic or are patients already at the clinic internally referred to the health educator? The health educator collects information from patients about how they learned of the campaign. Among the sources mentioned, internal referrals from health providers account for a small portion of total sources (19% in 2011). As shown below, community media continues to be the primary source of information mentioned by patients. Community media as a percentage of total sources mentioned increased from 65 percent in the Second Pilot Period to 69 percent in the Third Pilot Period.

Figure 3. Referral source for target population women who met with the Park Hill clinic health educator in 2011

Does the campaign simply shift target population patients from other Denver Health clinics?

There is little evidence that the Take Control Birth Control campaign shifts patients from other clinics.

- Contraceptive counseling is available at other clinics, and is free or low-cost, just like the Park Hill clinic. There is a health educator at the Montbello clinic.

- From past research David Keen has performed for Denver Health, most Denver Health clinics, including Park Hill clinic, traditionally draw patients from beyond the immediate neighborhoods where clinics are located.

- There has been little shift in patient origin for women coming to Park Hill clinic for contraceptives as volume has grown at the clinic. In 2011, more than half of the women receiving long-term methods at Park Hill clinic lived in the five ZIP codes that were the primary target for the social marketing campaign (80205, 80206, 80207, 80220, 80239). This figure includes women who did not come to the clinic because of the campaign, and was only slightly lower than what was found for the Second Pilot Period.

Are more target population women choosing long-term methods? The Take Control Birth Control campaign seeks to increase the share of women using long-term contraceptive methods. Keen Independent Research examined the potential impact of the campaign from several different perspectives.
Methods received at Park Hill clinic in 2011. As noted on page 7, between 54 and 57 percent of target population women seen for contraceptives at Park Hill clinic in the Third Pilot Period received long-term methods (based on Denver Health and on health educator data).

Using health educator data, 54 percent of target population women making initial visits received long-term methods in 2011. This percentage is about the same as for the First and the Second Pilot Periods.

Change in methods at Park Hill clinic from 2008 to 2011. Keen Independent analyzed whether there was an overall shift in methods at the Park Hill clinic since 2008. Comparisons of Denver Health data for specific methods between 2008 and 2011 must be made with some caution due to data issues in 2008. However, based on these data there was a large increase in the monthly volume of all women who received an IUD, NuvaRing and OCP from the Park Hill clinic in 2011 relative to the 2008 baseline.

The percentage increase in use of Implanon and the Patch could not be calculated as 2008 baseline data were not available for Implanon or the Patch. Implanon insertions began in January 2009. Earlier data for the Patch were also not available.

Figure 4. Number of target population women receiving specific contraceptive methods at Park Hill clinic in 2008 and 2011

<table>
<thead>
<tr>
<th>Method</th>
<th>Average per month (Jan-Dec 2008)</th>
<th>Average per month (Jan-Nov 2011)</th>
<th>Comparison with baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>IUD</td>
<td>0.8</td>
<td>9.2</td>
<td>1,108 %</td>
</tr>
<tr>
<td>Implanon</td>
<td>N/A</td>
<td>2.2</td>
<td>N/A</td>
</tr>
<tr>
<td>NuvaRing</td>
<td>0.7</td>
<td>4.8</td>
<td>727</td>
</tr>
<tr>
<td>Depo</td>
<td>4.0</td>
<td>19.4</td>
<td>485</td>
</tr>
<tr>
<td>OCP</td>
<td>2.6</td>
<td>25.9</td>
<td>1,004</td>
</tr>
<tr>
<td>Tubal</td>
<td>0.1</td>
<td>0.7</td>
<td>875</td>
</tr>
<tr>
<td>Patch</td>
<td>N/A</td>
<td>0.5</td>
<td>N/A</td>
</tr>
</tbody>
</table>


The health educator began recording methods received with the initiation of the Take Control Birth Control campaign in 2009. Analysis of trends since 2009 indicates shifts between types of long-term methods — a large move away from Implanon with a corresponding move toward NuvaRing — but no overall change between long-term methods and oral contraceptives.

Changes in methods among women seeing the health educator. Because the health educator records previous method, one can examine the number of women changing to long-term methods after a health educator counseling session.

It appears from these data that the health educator has the most significant impact on birth control method among women reporting no short- or long-term contraceptive method at time of initial visit:
of the 191 target population women making an initial visit with the health educator, 84 target women reported that they used no short-term or long-term contraceptive method (reporting “none,” “abstinence,” “condom,” “withdrawal” as the method).

Of these 84 women, 70 received a short- or long-term contraceptive method after meeting with the health educator. (This does not mean that 14 women did not receive contraceptive method, only that those methods were not recorded at the time the data were provided.)

Of the 50 target population women reporting that they used a short-term method (almost all using oral contraceptives, but some using diaphragm or Patch), eight of the women chose long-term methods after meeting with the health educator.

Nearly all of the target population women reporting long-term methods at time of initial visit received a long-term method at Denver Health.

Figure 5. Changes in contraceptive methods after target population women made an initial visit with the health educator, 2011

<table>
<thead>
<tr>
<th>Previous method</th>
<th>None</th>
<th>Method received at Park Hill clinic</th>
<th>Permanent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>14</td>
<td>23</td>
<td>45</td>
<td>2</td>
</tr>
<tr>
<td>Short-term</td>
<td>0</td>
<td>42</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Long-term</td>
<td>5</td>
<td>1</td>
<td>51</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>19</td>
<td>66</td>
<td>104</td>
<td>2</td>
</tr>
</tbody>
</table>

Are women continuing to return for follow-up visits? Keen Independent examined whether women coming to Park Hill clinic for contraceptives make follow-up visits.

- Based on January through November 2011 data collected by the Park Hill clinic health educator, almost two out of every three patient visits to the health educator in 2011 were follow-up visits.

- The overall growth in patient visits between 2010 and 2011 was follow-up visits (average of 37 per month in the Second Pilot Period and 57 per month in the Third Pilot Period).

Figure 6. Average monthly number of women who made initial and follow-up visits to the Park Hill clinic health educator in 2011

Note: The Third Period reflects data from Jan. through Nov. 2011. Source: Keen Independent Research based on health educator data.

2. What are other achievements of the campaign? Has the campaign had an impact on long-term contraceptive use among women outside the original target population?

Keen Independent examined these questions from a number of different perspectives. Other achievements may include:

- Serving women who do not meet the definition of the target population;

- A greater impact on younger women; and

- Early identification of other health issues.

Women served who do not meet the definition of the target population. On average, 26 of the 62 women per month receiving long-term methods at Park Hill clinic in 2011 did not fit the definition of the target population.
Change in monthly patient volume from 2008 to 2011. As with examining changes for the target population, the first way to examine the effect of the Take Control Birth Control campaign on women outside the definition of the target population is to track changes in total volume of women receiving long-term methods at Park Hill clinic:

The Park Hill clinic saw an average of 16 women per month for long-term contraceptives in 2008 (combining target and non-target women). Park Hill clinic volume for long-term contraceptives for all women grew to 63 patients per month in 2011, nearly four-times baseline volume.

Similar to Figure 2, Figure 7 on the following page compares monthly volume in 2011 with average monthly volume in the 2008 baseline period (the dashed line shown at “100 percent of baseline”).

Growth at Park Hill clinic compared with Montbello and Westwood clinics. The number of women receiving long-term methods also increased since 2008 at the two control clinics, but this growth did not keep pace with increases at the Park Hill clinic.

- The Montbello clinic averaged 45 patients per month for long-term contraceptives in 2011, double monthly volume in 2008. The volume of women seen for long-term contraceptives in 2011 was down slightly from the Second Pilot Period.

- The Westwood clinic saw an average of 61 women per month for long-term contraceptives in 2011, also double monthly volume in 2008. The Westwood clinic experienced growth in monthly patient volume during 2011, but not as much as at the Park Hill clinic.
Figure 7. Number of women who received long-term contraceptives as a percentage of 2008 monthly average, based on DH data (100% = no change from 2008)

Note: Baseline numbers for the 2008 monthly average of women seen each month for long-term contraceptive methods are: Park Hill, 16.0, Montbello, 22.5 and Westwood, 29.6.

Source: Keen Independent Research based on Denver Health data.
Who are the women outside the target population receiving long-term contraceptives at Park Hill clinic? Many patients receiving long-term methods were Latina, including women who met the income and age criteria for the target population. Others did not meet the income definition and a few were younger or older than the target age groups.

When designing the *Take Control Birth Control* campaign, NPCCF did not include Latinas in the target population because of concerns about delivering the campaign in both English and Spanish from its outset, and possible differences in cultural attitudes toward birth control. However, much of the local population served by Park Hill clinic is Hispanic. Prior to the campaign, the Park Hill clinic saw more Latina patients for long-term contraceptives than non-Latina patients (an average of 13.3 Latina patients per month in 2008 compared with 11.2 for all non-Latina patients).

If the target population served by the campaign also included Latinas meeting age and income guidelines, total impacts of the campaign would be higher. Based on health educator data, three-quarters of Latinas making initial visits met age and income guidelines.

The number of Latina patients receiving contraceptives at Park Hill clinic has grown with the introduction of the *Take Control Birth Control* campaign, but not as much as other groups. In 2011, an average of 51 Latinas per month received contraceptives at Park Hill clinic. On average, 35 African American women and 32 non-Hispanic white women received contraceptives at Park Hill clinic in 2011. In 2011, there was an average of seven patients per month who received contraceptives and identified as “other” race/ethnicity.


- There was little change in monthly volume of women identifying as “Latina” who received contraceptives at the Park Hill clinic.
- The numbers of women identifying as “other” decreased.
- Monthly volume of African American patients showed moderate growth.
- Monthly volume of non-Hispanic white patients increased from six times 2008 baseline for the Second Pilot Period to nearly ten times baseline for 2011.
A greater impact on younger women. The number of patients receiving long-term contraceptives at Park Hill clinic continued to grow among both younger and older women. However, the growth for younger patients continued to outpace the increases among older women in 2011. This may result in more long-term impact on community reproductive health than if the campaign had mostly served women in their 30s and 40s.

- Among the 1,368 women receiving a contraceptive method at the Park Hill clinic from January through November 2011, 64 percent were younger women (18-29) and 36 percent were older women (30-44) based on Denver Health data.

- The number of women in the younger age group receiving a contraceptive method was nearly seven times 2008 baseline (674%). The number of women in the older group also grew, but by only half as much as for younger women (see Figure 4).
Keen Independent also examined age differences in the method received among women receiving a contraceptive method at Park Hill clinic. More than half (54%) of the women in the younger group received long-term contraceptives as compared with 44 percent in the older group.

**Early identification of other health issues when patients make initial or return visit.** Based upon interviews with the Park Hill clinic health educator, contraceptive counseling sessions and testing have revealed other health issues that might not have been identified as quickly without drawing women into Park Hill clinic because of the campaign. The campaign also drew some men in for STD testing and vasectomy counseling.

**Demonstration of the effectiveness of the health educator model, which led to expansion within Denver Health.** Based in part on the success at Park Hill clinic, Denver Health has introduced the health educator position at some of its other clinics.

3. **To the extent that the campaign has been successful, what are some key reasons behind that success that can be applied elsewhere? What might be done differently?**

**Key factors for success.** There appear to be a number of factors that contributed to the success of the *Take Control Birth Control* campaign.

1. **Know the market and design the campaign around it.** The *Take Control Birth Control* campaign was created after conducting research and testing messages with target audiences. The ultimate delivery model and social marketing campaign were designed based on what women in the target population wanted for contraceptive counseling, and avoided what they found frustrating about existing options.
2. Get buy-in from the clinic partner and its staff. Senior leadership from Denver Health and from Park Hill clinic were behind the Take Control Birth Control campaign from the beginning.

3. Hire a full-time health educator who has the personality, drive and training for the job. The health educator position at Park Hill clinic is full-time, which contributes to continuity of the service, increases capacity, better integrates with clinic staff, and helps to foster longevity in the position.

The campaign was then fortunate to hire a woman whom patients could easily identify with — a Spanish-speaking African American woman of an age similar to her patients. She had extensive experience working in reproductive health with Planned Parenthood, and has an open, frank and non-judgmental demeanor. She also garnered respect from staff within the clinic, an essential element for success. The current health educator has been with the campaign from its launch in 2009.

With the success at Park Hill clinic, Denver Health has created health educator positions at some of its other clinics. Denver Health has not had the same success with longevity of staff in those positions. The part-time nature of some of these positions may be one reason.

4. Understand all the components of service delivery that provide capacity. It appears from analysis of potential patient capacity of the health educator at Park Hill clinic (up to eight counseling sessions per day), that she could accommodate a somewhat greater patient load. There is a short backlog of appointments, with patients usually able to easily schedule a counseling session.

In practice, no health care provider can achieve maximum efficiency on a routine basis (due to cancellations, required training, etc.). Even so, the health educator could see more patients if volume continues to increase.

One lesson for the future at Park Hill clinic and other settings is how much other factors affect the capacity to see patients. The health educator reports that she sometimes needs to extend sessions because of waits on tests or waits to have a patient see a nurse or physician at the clinic (she does not write prescriptions). She also typically has access to only one exam room, which also limits capacity. Although these are not significant issues at the current time at Park Hill clinic, they could be if patient volume continues to grow.

The lesson learned is that factors beyond available clinic hours by a health educator affect the capacity to see patients for contraceptive services.

5. Make a long-term commitment to the campaign. The campaign appeared to benefit from a long-term commitment. The program was allowed to grow and develop over several years. A long-term view of the campaign may have also helped in the recruitment and retention of the Park Hill clinic health educator.

This multi-year commitment may be necessary if the campaign is launched in other communities.

6. Include sustained social marketing. A health educator alone does not appear to be sufficient for program success — a campaign also needs a social marketing component. Park Hill clinic continued to have more growth in the number of women served compared to the Montbello clinic even after Denver Health created a health educator position at Montbello.
The impact of the social marketing effort can also be seen in monthly variation in phone calls to the Park Hill clinic.

- Social marketing in the *Take Control Birth Control* campaign is designed to generate phone calls to the health educator. These phone calls then lead to visits to Park Hill clinic. One measure of the impact of social media is to track phone calls during months when outdoor media and outreach are in place.

- In 2011, the social media efforts occurred in the last half of the year. From January through May, the health educator at Park Hill clinic received an average of 33 calls per month. Some of these calls early in the year may have been carryover from outreach conducted at the end of 2010. In May 2011, the estimated call volume was 17 calls.\(^6\)

- Beginning in June 2011, the health educator received an average of 53 calls per month, an increase of 36 calls per month over May 2011, the last month when no social media efforts were in place. Volume of calls grew after August when door-to-door canvassing commenced.

**Figure 10. Number of calls into Park Hill health educator by month**

![Bar chart showing monthly call volumes](image)

Source: Keen Independent Research from health educator data.

\(^6\) The actual number for May was lower, but the estimate of 17 reflects an adjustment for one week of phone messages not received by the health educator.
7. **Potential patients should have direct line to health educator.** The health educator is the primary contact for potential patients. She does not have other staff screen calls.

8. **As much as possible, make service free to the patient.** Based upon insights from the health educator, many patients are attracted to the campaign because it is free or low-cost.

9. **Track key performance measures, address any barriers and take advantage of opportunities that emerge.** Generating pre-campaign and post-campaign data on patients, choices of methods and other metrics such as call volume are critical to understanding whether a campaign has been successfully launched and whether it continues to operate effectively. Denver Health and the health educator have invested time and effort into continuously collecting and providing these data (on a monthly basis on the part of Denver Health). Campaigns working with other partners would be well-served by achieving the same level of commitment to data collection and reporting.

One of the advantages of close monitoring of a campaign is the ability to shift strategies when warranted. For example, it appeared that the direct mail portion of the social marketing campaign was not effective in generating calls. NPCCF moved to door-to-door canvassing, which appears to have been more successful for this particular market.

10. **[Unconfirmed but likely] Deliver services in an attractive, welcoming location.** The *Take Control Birth Control* campaign likely benefited from starting at Park Hill clinic after it opened an attractive, new facility. This may need to be a consideration for future campaigns depending upon the target audiences for the campaigns.

**Lessons learned that might lead to different approaches in the future.** The *Take Control Birth Control* campaign appears to have successfully demonstrated the value of this program model. NPCCF might be able to further improve the program, and there are lessons learned before transporting this model to other settings.

1. **Need to learn more about “gateway” to contraceptive methods.** NPCCF might further explore whether promoting long-term methods over methods such as oral contraceptives is the most beneficial element of the campaign. It may be that a commitment to using any form of reliable contraception, including oral contraceptives, is the key campaign component.

The data on prior methods for women first coming to Park Hill clinic as well as observations of the health educator indicate that women who are finding success with oral contraceptives as a method are reluctant to change from this method. However, the *Take Control Birth Control* campaign is demonstrating success in having women who are using condoms or no method move to using oral contraceptives or a long-term method.

This issue merits further discussion.
2. **Include Latinas and into the campaign design from the beginning.** When designing the *Take Control Birth Control* campaign, NPCCF chose to focus on non-Hispanic white women, later adding African American women. Because it was a new program, NPCCF was concerned about also launching a campaign in Spanish that would also fit within cultural norms.

Given the experience gained with the pilot, a new campaign elsewhere might include Latinas within the target population from the outset.

3. **Learn more about how to use free pregnancy tests as an entry into counseling on contraceptive methods.** Data from the health educator consistently show that relatively few women receiving pregnancy tests were encouraged to schedule a counseling session. The Park Hill clinic health educator reported that many women who received walk-in pregnancy tests were unwilling to wait for or schedule a visit with the health educator. Some women took campaign literature; however, few followed through with counseling.

4. **Learn more about how to serve teenagers under 18 years of age.** Young women under 18 were not in the target population for the *Take Control Birth Control* campaign, although the health educator saw four patients per month of this age in 2011.

There may be more opportunities to serve this population in the future.

5. **Streamlined month-to-month monitoring and evaluation.** It is time-consuming for the health educator to collect and report data on patient visits. She has not always been able to provide results on a timely basis.

There may be an opportunity to develop simple software that would streamline data recording and reporting. This should be a focus for NPCCF in the future, and a key issue in any new campaign setting.

6. **Consider performing an economic evaluation.** The focus of the evaluations to date has been assessing whether the campaign was successfully launched (the evaluation of the First Pilot Period) and whether it continued to effectively operate (the evaluation of the Second Pilot Period). The evaluation presented here presents a broader review of whether original campaign objectives were met.

In the future, NPCCF could conduct a different type of assessment that would compare the cost of the campaign with economic benefits from preventing unintended pregnancies (each may have a high value), identifying other health problems early, delivering care in a cost-efficient manner (through health educator, not physicians), and other program benefits. This type of assessment may prove useful to discuss with potential sponsors and partners if NPCCF seeks to introduce the campaign in other communities. Additional quantitative and qualitative research with campaign participants might be needed to perform such an evaluation.
7. **Build a more comprehensive social marketing campaign package.** NPCCF might explore how to develop a package of social marketing materials that could be used elsewhere. Also, future success of the social marketing campaign in Denver might need to include periodic changes to the message, graphic materials and media choices. For example, it may be opportune to mix in a specific time-sensitive call to action with the ongoing *Freaked you’ll get pregnant?* materials.

The social marketing campaign would also look different (and be more efficient) in a situation where the campaign had a community-wide launch.

8. **Consider more outreach/education outside the clinic by the health educator.** The model for the *Take Control Birth Control* campaign is for the health educator to provide counseling within a clinic setting. There may be more opportunities for community education efforts by the health educator, and promotion of the campaign, outside clinic walls. These efforts could include talks at events, interviews with local media and more use of social media.

4. **Is the Take Control Birth Control Campaign now sustainable at Park Hill clinic?**

Patient volume for the *Take Control Birth Control* campaign continued to grow through 2011. As shown in Figure 1 earlier in this report, the 2011 monthly volume of 36 target population patients exceeded the average of 26 per month in the Second Pilot Period (November 2009 through December 2010). The monthly volume of target population patients receiving long-term contraceptives grew by more than one-third from the Second Pilot Period to 2011.

Only a small portion of the increase in target population women receiving long-term methods in 2011 was due to overall growth in the total number of target population women coming to Park Hill clinic. Figure 1 also demonstrates that overall volume of target population women receiving long-term contraceptives grew rapidly at the Park Hill clinic between 2010 and 2011, grew slowly at Westwood clinic and was flat at Montbello clinic.

The question of sustainability only comes because of the success of the campaign with Denver Health at Park Hill clinic. The campaign was designed from the beginning to test the *Take Control Birth Control* concept. Its success or failure would provide insights that would be useful in designing future models.

That said, it appears that full funding of the health educator position by Denver Health or another sponsor, plus funding of some level of continued social marketing and evaluation, would be the ingredients for the campaign to be sustainable without additional support. Denver Health partially funds the Park Hill health educator position at the current time, and has created and funded at least part-time positions at some of its other clinics.

NPCCF and Denver Health would benefit from some form of continued partnership. NPCCF should continue to monitor what works and what might be improved about the *Take Control Birth Control* model as applied at Denver Health. Ongoing compilation and analysis of patient data might be very valuable to NPCCF even if it eventually withdraws from its current leadership of the pilot.

---

7 From January through November 2011, the Park Hill clinic saw a total of 205 women per month (for all reasons) who met the age, race/ethnicity and income definitions of the target population. This volume of target population women was 11 percent higher than the average for 2010.
5. What might be next for the Take Control Birth Control model?

It is also opportune to highlight key questions concerning next steps for the Take Control Birth Control model:

- What is it that NPCCF has created, and what is the role of NPCCF in promoting it in the future? Has a portable campaign model been developed through the Park Hill pilot?

- How can NPCCF or others promote the model in other communities in Colorado? In other states?

- What will full implementation of the Affordable Care Act mean for campaigns like Take Control Birth Control? What will occur if the U.S. Supreme Court strikes down key portions of the Act?

- Can the model be marketed to for-profit health systems? Especially with more health coverage for lower income Americans coming with the Affordable Care Act, could promotion of contraceptive counseling be one way for health systems to tap this market? Could NPCCF and similar organizations play an important role in ensuring that these efforts meet broader social goals?

- Can the campaign promote contraceptive counseling at alternative venues with new types of health providers (e.g., in Kmart, Safeway or Walgreens?).

These are just examples of the questions NPCCF might start to ask with the apparent success of the Take Control Birth Control campaign. Acting quickly on the success of the campaign may be in NPCCF’s interest.
APPENDIX A.
NPCCF Letter

Appendix A provides a letter from NPCCF detailing its objectives for the *Take Control Birth Control* campaign.

**NARAL Pro-Choice Colorado Foundation**

**The *Take Control Birth Control* Campaign Background**

**Transition from BBC Research & Consulting**

2011 saw the continuing evolution in the management of the *Take Control Birth Control* social marketing campaign (*Take Control Birth Control*). The year began as it had in the prior pilot period with the cooperative management of BBC Research & Consulting (BBC) and the NPCCF. It was their combined responsibility to manage all tasks and personnel associated with *Take Control Birth Control* for the remaining portion of the second pilot period. This relationship continued into the early months of the third pilot period, when Annette H. Keen left BBC to start her own firm, Keen Independent Research LLC (Keen Independent), and Amy Krupinski, Research and Education Associate at NPCCF left that role to continue her education at law school. NPCCF made two decisions to maintain cohesion in the campaign: a replacement was hired for Amy Krupinski, Meredith Roberts, and the campaign continued with the well informed and experienced co-management of Keen Independent Research LLC. The co-management model had worked well throughout the pilot periods to date and we believed the model would work well as we finished the third and final pilot period in 2012.

**Collaboration with Keen Independent Research, LLC**

NPCCF was confident that the further collaboration with Annette H. Keen (Annette) would produce successful results since Annette has extensive experience in a spectrum of research projects, marketing and management consulting, and social marketing campaign development, management and implementation. Throughout 2011 the NPCCF staff coordinated with Annette in all campaign management responsibilities including playing a larger role in refining, enhancing and managing the work of the health educator; monitoring the advertising; refining, building and implementing outreach and coordinating with Betty Maxwell-Holmes, the outreach worker; and also maintaining ongoing communications with the Park Hill clinic staff. NPCCF and Keen Independent maintained their previous work of coalition building, campaign and data management and data analysis. After NPCCF staff negotiated a new contract with Keen Independent to share responsibilities of the community outreach program, they immediately launched a new and ultimately successful effort: a door-to-door canvass of the Park Hill neighborhood. Combining NPCCF expertise in canvass-management — keeping in mind additional benefits to and interests of NPCCF and Keen Independent’s personnel resources and ability to move quickly, the two entities ran a successful canvass through periodically throughout the year.
The collaboration between the two entities goes further than the community outreach management. NPCCF staff plays an intricate and elaborate role in the development and layout of the report that Keen Independent ultimately produced based on Denver Health data and data supplied by the health educator. The NPCCF staff also supplied contextual information, information from coalition partners and technical refinements of the social research and social marketing methods, in addition to providing comments necessary to enhance the report and provide a complete picture of the project and the role of NPCCF in it. The role that NPCCF staff has as a clearinghouse for information for this project throughout the year is integral in ensuring the data is fully and relevantly reported.

**Relevant Details of the Take Control Birth Control Social Marketing Campaign**

**Sustainability and Partnerships with “Grasstops” Organizations**
NPCCF enhanced and promoted further work with Denver Health and the Colorado Department of Public Health and Environment (CDPHE) throughout the year on several collaborative opportunities. For example NPCCF participates in many roundtable discussions and coalitions. NPCCF has collaborated with Healthy Women Healthy Babies Family Planning Task Force in the development and dissemination of the clinical contraceptive guidelines that were drafted by a subcommittee of the group. NPCCF sent the guidelines to members of the Prevention First Colorado Coalition and several other contacts and also gave the guidelines to the health educator to use in the Park Hill clinic. For example, NPCCF shares its expertise in public awareness campaigns and also the comprehensive research into attitudes held by women who experience the highest rates of unintended pregnancy in Colorado. Having the most up-to-date information on this subject also informs the work for *Take Control Birth Control*. Recently, the tool kit, lessons learned and research of *Take Control Birth Control* were used by CDPHE in providing the foundation for their efforts to build an advertising campaign. NPCCF also collaborates with Denver Health in four major ways: 1) by a partnership with Dr. Lucy Loomis as the principal investigator of *Take Control Birth Control*; 2) through collaboration with Park Hill clinic staff in working to accept the health educator and make clinic operations smooth and seamless; 3) in communications with Tara Thomas-Gale, the director of the Denver Health Family Plan; and 4) in lending the name of the Prevention First Program to the newly conceived and soon to be implemented Denver Health campaign to promote free vasectomy services. Those open and regular exchanges of information often yield important updates and improvements to the *Take Control Birth Control* campaign, while also opening the door to potential cooperative activities in the future.

**Medicaid Waiver and Title X**
Because the campaign takes place in a Title X clinic and uses Title X funding for the health educator and contraception the NPCCF strives to stay informed of the fate of Title X in the hands of an anti-choice majority in the House of Representatives in Washington, DC.

**Timing of Outdoor Media**
Due to timing vagaries, budget constraints and the nature of outdoor media location selection, the outdoor advertising has been up for a total of six months in each pilot period (for a total of 18 months between April 2009 and April 2012). The posting of the outdoor advertising is the single most important factor in the number of calls and appointments from first-time patients for the health educator (65 percent of women in the target audience reported that community media, including outdoor advertising, was their initial source for information about *Take Control Birth Control*) therefore, it is essential to have outdoor advertising posted on a consistent basis.

**Outreach Activities**
**Event Attendance**
Presence at coordinated events is an integral component of the outreach program. It is estimated that the outreach program reaches hundreds of women in the target audience through distribution of *Take Control Birth Control* collateral at coordinated events. In addition to attending events such as health fairs,
neighborhood block parties and community festivals including Jazz Festival in Five Points, Juneteenth Festival and others, the outreach team visits 150 to 225 venues monthly to promote distribution of materials to women in the target audience.

Door-to-Door Canvass
NPCCF assisted Keen Independent with the implementation of a door-to-door canvass program that lasted for almost six months in the third pilot period. NPCCF expertise in canvass management assisted Keen Independent with setting up a low-cost and volunteer canvass team to knock on doors. NPCCF staff also joined in this effort. From July through November 2011 about eighty hours of canvassing were conducted monthly, resulting in 400 to 600 monthly door-to-door events. There was a noticeable increase in the number of contacts made with the health educator during those months and NPCCF and Keen Independent anticipate that it will translate into more appointments in the future. Maintaining the door-to-door canvass will be a core outreach component in future implementation because it produces positive results while being personal and sustainable.

Collateral Materials
Materials including bar cards, informational cards, brochures and posters are distributed to all neighborhood businesses, associations, and formal and informal institutions visited throughout the course of the year. They are also distributed at all events that outreach workers attend. The bar cards and info cards are also given while door-to-door canvassing. They are a simple, readable and functional means of spreading the word, i.e. promoting word of mouth about this campaign. The volume of collateral materials distributed (combined distribution totals for pilot period three are over 25,000 pieces and nearly 75,000 pieces for all pilot periods) indicates regular flow of those materials from where they are displayed at designated locations because the outreach workers have found the need to replenish the supplies on a monthly basis. Each month the outreach workers added new locations and attended new and relevant events where women in the target audience would probably circulate.

Policy Landscape

NARAL Pro-Choice Colorado’s Policy Program
NPCCF in collaboration with its sister organization NARAL Pro-Choice Colorado (NPCC) carries on a full-time policy recommendation implementation program. The policy recommendations were another of the products of the Prevention First research along with the social marketing campaign and the work of the health educator. The goals of this program are three-fold: 1) to ensure that the Prevention First Colorado policy recommendations are implemented through legislation or regulation change; 2) to promote progress in research and education about the full spectrum of reproductive health care services and their provision in Colorado; and 3) to guarantee reproductive health care services access, including the increased reduction of unintended pregnancy and the continued access to safe, legal abortion. NPCCF works to ensure funding for contraceptives, gather public support for pro-active reproductive health care policies, and put Prevention First Colorado policy into statewide law. In brief, NPCCF policy work strives to inform and be inclusive of the information gathered through Take Control Birth Control and works to set policies that make Take Control Birth Control viable in the regions anticipated in the research.

Because of the experience and information gained through the work of the health educator, the input of the community in the outreach program, the data analysis of Keen Independent of the health educator data and Denver Health data, NPCCF has been active in projects under the Prevention First Colorado program outside of Take Control Birth Control. NPCCF has built on the foundation of the campaign by gathering state-wide research on emergency contraception in pharmacies, contacting pharmacies with information on state-wide policies regarding emergency contraception, and updating the reproductive health care databases for each of the congressional districts for the use of health care professionals, policy makers, instructors, etc.
With the growth of those programs and other, the value of the dollars spent on the Prevention First program and *Take Control Birth Control* multiply and work more ubiquitously to solve many of the complications of receiving reproductive health care services and products in the state.

**The State of Colorado and Nationally**
Currently, NPCCF works in a semi-hostile political environment in Colorado as a result of the outcomes of the 2010 election cycle. In addition, the staff of NPCCF performs daily operations in and responds to the often changing national landscape as is relevant. *Take Control Birth Control* offers NPCCF a common ground, common sense way to perform reproductive rights advocacy, including creating access to contraceptives and contraceptive coverage in order to reduce unintended pregnancies and thereby reduce the need for abortion. Those strategies have opened doors to partnerships and conversations that would have been politically impossible given that NPCCF is historically known for abortion-rights advocacy only.

**Research and Developing Innovative New Programs**

**Public Education and Research**
The future holds many opportunities for the *Take Control Birth Control* campaign of the Prevention First program. The original concepts resulting from the research suggested that in years following the initial pilot period, all program elements be adapted for use in rural settings and be adapted for a rural population. Because of limitations of funding, the campaign was not recreated in total in a rural setting, but the possibility arises after three pilot periods of refinement.

The program remained in its original urban setting in a Denver Health clinic in a neighborhood that reflected the target population: women 18-44 years of age, white non-Hispanic, and African American, all Medicaid eligible. The NPCCF was able to enhance elements of the social marketing program that proved most successful and discontinue those elements that were not, thus not changing significant variables and damaging the study, but expanding the study with strategies as we learned of their efficacy. Those opportunities were successful as the campaign weathered multiple changes in management personnel, changing financial circumstances and as anomalies in the sample population responses were revealed and considered significant and worthy of further study. Many future opportunities are envisioned.

NPCCF has successfully maintained its relationship with Denver Health and is looking for funding to maintain the social marketing campaign that undergirds the campaign’s success, while ceding the responsibility and costs of the health educator to Denver Health (they are already paying one half of all of her expenses). NPCCF is also looking for new partners in areas in which the anomalies in sample population responses can be tested: those include a disparity in response rate between those women in the 18-30 year old cohort from those in the 31-44 year old cohort; the significantly high response from second generation Latinas to the social marketing campaign, which we had been led to believe would not be the case; and the introduction into the health care system in general that is possible through the gateway of contraceptive counseling and subsequent OB/GYN visits by a woman and her family. That entry into the system coincides with the implementation of the Affordable Care Act and can enhance the effects that new set of programs and rule changes will have on citizens entering the health care system for the first time. That theory would be an opportunity to test the foundational elements of personal responsibility in health care and better treatment and treatment outcomes in addition to reductions in unintended pregnancy in at risk populations.
Appendix B provides additional background about the Denver Health and the health educator data used in this evaluation report.

Background about Denver Health and Health Educator Data

Data used to evaluate the *Take Control Birth Control* campaign were collected from two sources:

- Denver Health reported data; and
- Park Hill clinic health educator reported data.

Each data set captured different information to answer separate evaluation questions. Denver Health was able to provide aggregate data for the Park Hill Family Health Center and the two control clinics — Montbello Family Health Center and Westwood Family Health Center. Data collected by the health educator provided more detailed information on patients seen by the health educator, including follow-up information.

**Denver Health data.** Denver Health provided demographic information for women receiving contraceptive methods at each clinic. There are several challenges in interpreting these data:

- Patient level data on condom distribution are not collected. No condom data are available.
- Oral Contraceptive Pill (OCP) and NuvaRing® data should be interpreted with some caution. Paper encounter forms are utilized at Park Hill clinic for some patient reports and visits, and electronic reporting is not always consistent.
- Data on IUDs, Implanon®, tubal ligations and Depo-Provera® are based on a charge code or diagnosis code noting insertion or administration and are reliable.

The Denver Health data show the number of women seen by a specific clinic for a specific type of contraceptive at least once in a month. If a woman made multiple visits to a clinic in a single month related to the same contraceptive method, Denver Health counted that patient only once for that month. If a woman received multiple contraceptive methods in the same month, the patient was counted for each method.

**Health educator data.** Information collected by the health educator employed as part of the campaign provide a more detailed picture of patients participating in the campaign including previous contraceptive methods, the actual method received, the impact of the media campaign and information from follow-up attempts. Because collection of this information was initiated at the Park Hill clinic as part of the campaign, comparable data for the pre-campaign period and for control clinics are not available.
APPENDIX C.
Definition of Terms

This appendix provides definitions and explanations useful to understanding the *Take Control Birth Control* campaign report.

**Child Health Plan (CHP).** Child Health Plan provides health insurance coverage for low-income children and pregnant women who are Colorado residents.

**Colorado Indigent Care Program (CICP).** Colorado Indigent Care Program provides assistance for individuals who do not qualify for Medicaid or CHP by offering discounts for health services.

**Community Health Services (CHS).** Community Health Services is a Denver Health program that helps individuals who are not eligible for Medicaid, CHP or CICP to pay for health services. Family size, income and resources determined an individual’s eligibility.

**Denver Financial Assistance Plan (DFAP).** The Denver Financial Assistance Plan is a Denver Health program that helps individuals pay for health services who are not eligible for Medicaid, CHP or CICP. Family size, income and resources determine an individual’s eligibility.

**Depo-Provera.** Depo Provera is an injection of a hormone that prevents pregnancy. It is 99 percent effective when taken every 12 weeks.

**Federal Poverty Level (FPL).** Financial guidelines set to determine eligibility for federal programs. Based on household income level, for example, the group 100 to 150 percent of FPL includes single women with one child who have incomes from $14,570 to $21,855.

**First Pilot Period.** The First Pilot Period of the *Take Control Birth Control* campaign extended from April 2009 through October 2009.

**Follow-up visit.** A follow-up visit includes any patient seen by the health educator who returns to the Park Hill clinic for a successive visit with the health educator.

**Implanon.** Implanon is a matchstick-sized rod that is inserted in the arm to prevent pregnancy for up to three years. It is 99 percent effective when inserted correctly.

**Initial patient visit.** An initial patient visit is the first visit that a patient makes to the Park Hill clinic health educator. This patient could be a new or existing Denver Health patient.

**IUD.** An IUD is a small device that is inserted into the uterus to prevent pregnancy. It may last for between five and ten years. IUDs are 99 percent effective in preventing pregnancy.

**Long-term contraceptive.** Long-term contraceptive methods include IUD, Implanon, Depo-Provera and NuvaRing.
**Medicaid.** Medicaid is a federally- and state-funded program that provides health care services for low-income individuals and families. Eligibility requirements vary by state, but generally are based on income level, age, pregnancy status, disability status and other assets.

**New patient.** A new patient includes those patients who have never been seen at the Park Hill clinic and those who are returning after an absence of at least three years.

**NuvaRing.** NuvaRing is a vaginal ring that is inserted once a month for three weeks to prevent pregnancy. NuvaRing is 99 percent effective when used correctly.

**Oral Contraceptive Pills (OCP).** Oral contraceptive pills are taken once a day at the same time of day to prevent pregnancy. OCP are 99 percent effective if taken as directed.

**Patch.** The birth control patch is a small adhesive patch that is placed on the skin once a week for three weeks to prevent pregnancy. The patch is 99 percent effective when used correctly.

**Second Pilot Period.** The Second Pilot Period of the *Take Control Birth Control* campaign extended from November 2009 through December 2010.

**Target population.** The target population for the *Take Control Birth Control* campaign is African American and non-Hispanic white women ages 18 to 44 who are on Medicaid or at or below 200 percent of the FPL.

**Third Pilot Period.** The Third Pilot Period of the *Take Control Birth Control* campaign was calendar year 2011, however, most Denver Health and health educator data are for the January through November 2011 time period.

**Title X.** Title X is a federal family-planning program focused on low-income individuals and families. Benefits include information and access to contraceptives.