

5/7/2018

Susan Thompson Buffett Foundation
222 Kiewit Plaza, Omaha, NE 68131

RE: Funding for the LARC Training Initiative for New York State SBHCs

To Members of the Susan Thompson Buffett Foundation:

The LARC Training Initiative for New York State SBHCs is pleased to present this proposal for your review. The Reproductive Health Access Project (RHAP) seeks to partner with you to provide a Long Acting Reversible Contraceptive (LARC) intervention program in School Based Health Centers (SBHCs) in Schenectady, New York. Schenectady has one of the highest pregnancy rates outside of New York City, partly due to lack of access to contraceptive options in the community.¹ We aim to target medically underserved communities to improve access to full spectrum reproductive health care, including LARC. Increasing access to LARC for youth in Schenectady is our program's top priority.

Our program will accomplish this by 1) training full spectrum contraception options counseling, 2) training providers in LARC insertion and removal, and 3) training Reproductive Health Care Champions to spread the knowledge and techniques of contraceptive provision to neighboring clinics. We will focus our program at the Hometown Health Center (HHC) SBHCs in Mount Pleasant Middle School and Schenectady High School. LARC devices have been shown to be a safe and effective contraceptive method for adolescents.² Our proposal requests \$122,598.24 in funding for our program. The Susan Thompson Buffett Foundation is one of the biggest private funders of global family planning.³ With a primary focus on pro-abortion advocacy and provision, and developments in contraceptive technology, we believe your foundation will find RHAP's mission timely and pertinent.⁴ We appreciate The Susan Thompson Buffett Foundation taking an interest in helping our adolescent girls make evidence-based reproductive health decisions through our program.

Please feel free to contact me at 212-206-5200 or lisa@reproductiveaccess.org if you require any further information or have any questions concerning this proposal.

Thank you,

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The LARC Training Initiative for New York State SBHCs

Submitted to: The Susan Thompson Buffett Foundation

Date: May 7, 2018

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Table of Contents
The LARC Training Initiative for New York State SBHCs

	Page
I. Executive summary	4
II. Narrative	5
a. Statement of need	5
b. Project description	7
i. Goals/objectives/methods	7
c. Evaluation	10
d. Sustainability	10
III. Organization information	11
IV. Conclusion	12
V. Budget	13
a. Spreadsheet	13
b. Justification	14
VI. Logic model	16
VII. Appendices & supporting materials	17
VIII. References	18

I. Executive Summary

Unplanned pregnancy among adolescents is a common problem in the U.S., with some of the highest rates in the developed world. Schenectady, NY is a prime example of this problem, with one of the highest rates of unplanned pregnancy among adolescents outside of New York City. Provision of high quality and effective contraception, including Long Acting Reversible Contraception (LARC), can lead to reduced unplanned pregnancies. Yet LARC provided to adolescents is frequently underutilized, due in part to limited access to LARC in primary care. School Based Health Centers (SBHCs), locations for primary care within public schools for underserved students, are an ideal access point to provide contraceptive care. The SBHC in Schenectady lacks robust contraceptive care provision. Through training it is an ideal location to close the gaps of LARC provision to adolescents and decrease rates of unintended pregnancy.

The LARC Training Initiative for New York State SBHCs, run by the Reproductive Health Project (RHAP), seeks to improve access to contraceptives for adolescents and decrease rates of unplanned pregnancy. Its objectives are to train SBHC providers in 1) non-coercive contraception options counseling 2) technical skills surrounding LARC placement and removal and 3) educating other providers at neighboring health clinics on contraception and LARC.

This ambitious program seeks the support of the Susan Thompson Buffett Foundation over the course of 24 months for a total of \$122,598.24. This funding will enable RHAP to initiate an innovative and comprehensive contraceptive options and LARC training program. Further, it is designed to integrate sustainability and diffusion of the program for Reproductive Health Champions to continue training within the SBHC as well as nearby clinics.

RHAP has been innovator in reproductive health care education and training since 2005. Through advocacy and research, training and support, and clinical tools and publications, RHAP is a strong leader in integrating reproductive health care with primary care.

II. Project Narrative

a. Statement of Need:

The United States has the highest adolescent pregnancy rate of any high-income country in the world.² However, over the past 20 years it has dropped by almost 50% due to many factors including improved access to family planning, an increase in the use of LARC and decreased sexual activity.⁵ In 2014, the American Academy of Pediatrics (AAP) recommended the use of LARC as a first line contraception option for teenagers. LARC devices have been shown to be a safe and effective contraceptive method for adolescents.²

Facilitating access to family planning is essential for empowering young women across the country in their own reproductive decisions. One way to aid in this empowerment is through SBHCs. In this model, schools partner with local health care institutions to provide on-site health education and primary care for students that is available within the schools.⁵ SBHCs provide adolescents with confidential care and autonomy to choose the right birth control method for themselves. There are 145 SBHCs in NY and part of their comprehensive care includes reproductive care which encompasses pregnancy testing, HIV and STD testing and treatment, reproductive health counseling, and contraception including LARC services.⁵ Compared to other clinics, teens express an ease when it comes to making their appointments at the SBHC. Logistically, it is an easier model for them to adhere to and does not require them to get their parents involved or doctors that may know their families. Additionally, there are no costs associated with the visit.⁵

RHAP is a national nonprofit organization that works directly with primary care providers, helping to integrate abortion, contraception, and miscarriage care into primary care practices so that everyone can receive care from their own primary care clinicians. RHAP is

building a national community of abortion, contraception, and miscarriage care providers.⁶ With The LARC Training Initiative for New York State SBHCs Program, RHAP seeks to increase the number of adolescent women in Schenectady County who have access to LARC by training more SBHC providers in this care. There is a dire need for this, as the teen pregnancy rate per 1,000 females aged 15-17 years in Schenectady is 28.7 percent, one of the highest rates in New York State.¹ RHAP will focus training at the Hometown Health Centers (HHC) SBHC in evidence-based contraceptive counseling, with a special emphasis on non-coercive contraceptive options counseling.⁷ In partnership with the local Planned Parenthood Mohawk Hudson Health Center, having high volume experience will further assist HHC SBHC providers in LARC provision.

While LARC training is a major focus of this proposal, RHAP is also mindful of the history of reproductive coercion associated with LARC. Historically, LARC has been pushed more on persons of color and/or low socioeconomic status.⁸ Reproductive coercion among white women has often been shown by forced or pressured sex, yet reproductive coercion regarding contraceptive options is more prevalent among African American and Latina adolescents.^{9,10} RHAP's contraceptive counseling will stress patient-centered care that focuses on shared decision making and informed consent between physicians and women so that coercion is minimized and women's autonomy is emphasized.⁸ Disparities in teen birth rates by race/ethnicity have decreased in recent years, but gaps still remain.¹¹ We will be mindful of both the risk among persons of color to unplanned pregnancy, but still provide full options for family planning in a reproductive justice framework.

b. Project Description: Goals, Objectives and Methods

Goal: To decrease rates of unintended pregnancy among teenagers in Schenectady, New York.

LARC provision is an effective method of birth control, but access remains a challenge due to limited provider knowledge of LARC options for adolescents and LARC placement. To increase access to LARC for adolescents, this program will train providers on: 1) non-coercive contraception options counseling 2) technical skills surrounding LARC placement and removal and 3) educating providers at neighboring health clinics on contraception and LARC provision. This training will take place throughout a 24 month period and include 7 visits by RHAP staff. Prior to introducing the training sessions (month 1-3), RHAP staff will visit the HHC SBHC in order to assess the current state of contraception knowledge, especially around LARC, and the preparedness of the clinic. This will enable RHAP to have a better understanding of the HHC SBHC in order to develop appropriate trainings. This assessment will include review of the providers' current knowledge of contraception counseling and LARC, as well as assess the systems in place to maintain medical supplies, bill for reimbursements adequately, and consent patients properly. By visiting the HHC SBHC prior to the training, it offers RHAP and the HHC SBHC's staff an opportunity to get to know each other and build a relationship with one another. This will help with creating buy-in from the staff and increase recruitment for the trainings.

Objective 1: To increase and improve knowledge on non-coercive contraception counseling among at least 80% of the medical staff over the 12 month intervention period (Phase 1).

It is imperative that HHC SBHC providers (including physicians, physician assistants, nurse practitioners, medical assistants, and health educators) be trained in non-coercive, unbiased, patient-centered and evidence-based contraceptive options counseling. This training will educate participants on *all* methods of contraception, including both LARC and non-LARC

methods. RHAP's medical director, Dr. Linda Prine and/or the Reproductive Health LARC Training Fellow will lead seven educational breakfast sessions to all HHC SBHC staff. Incentives for participation will include breakfast provision during the sessions. Initial educational sessions will include discussions surrounding the history of contraceptive coercion and reproductive justice. A "values clarification" workshop will be held to further assess provider and staff opinions and misconceptions regarding contraception use in adolescents. Further educational sessions will utilize interactive case-based learning regarding non-coercive contraceptive options counseling techniques. The objective is to have 80% of all HHC SBHC staff participate in 5 of the 7 breakfast workshops offered over the 12 month period.

Objective 2: To train 3 full time medical providers to competency at the HHC SBHC in independent insertion and removal of LARC over a 12 month period (Phase 1).

The HHC SBHC does not currently offer LARC insertion or removal as it is likely that the majority of the 18 of full time health care providers have not been trained in these procedures. The Reproductive Health LARC Training Fellow, in partnership with neighboring Planned Parenthood Mohawk Hudson Health Center, will help fill this gap and train 3 HHC SBHC providers in LARC provision. This training will focus on the technical skills needed to provide safe and effective care when inserting or removing LARC. The initial curriculum (months 3-12) will include lectures and simulations on LARC equipment setup, placement and removal using pelvic (for IUD) and arm (for implant) models. Participants will then obtain further real-life experience at a partnering Planned Parenthood site with high-volume LARC placement and removal, supervised by the Reproductive Health LARC Training Fellow.

Concurrently, RHAP will provide administrative consultation and assistance in ordering, obtaining, and maintaining equipment and logistical support for this throughout the intervention

so that LARC services can be set up and maintained. During the second half of the intervention, months 13-21, the HHC SBHC will be prepared to offer LARC on-site one time per week. Each trainee will work 1-2 times per month during these sessions. The objective is for each trainee to have had at least 20 IUD insertions, 10 IUD removals, 10 Nexplanon insertions, and 15 Nexplanon removals and be evaluated for competency by the Reproductive Health LARC Training Fellow, prior to independence of procedures. By the end of this training program, 3 full-time SBHC providers will be able to independently perform IUD and contraceptive implant insertions and removals.

Objective 3: To elect and train 3 Reproductive Health Care Champions to continue education to other providers at the HHC SBHC site, as well as disseminate knowledge and practices to 3 neighboring SBHCs/FQHCs on reproductive options counseling and LARC provision by the end of month 24 (Phase 2).

One primary care provider and 2 medical staff will be identified as Reproductive Health Care Champions by month 6 of the intervention to undergo more intensive educational training. These three providers will be expected to continue the program after the 12-month period by training future clinic staff and medical providers at the HHC SBHC on contraceptive options counseling and LARC provision (month 17 – 22). Furthermore, they will be supported to continue training outside their own SBHC to neighboring SHBCs and FQHCs. Within year two of the conclusion of the training program conducted by RHAP, at least three other nearby SBHCs/FQHCs will be trained in LARC procedures. Peer-training about contraception options counseling and LARC services has been shown to be successful at RHAP's partner IFH clinics in New York City. Their clinics have seen an increase in external referrals for reproductive health services, with the majority of referrals being for LARC services.¹²

c. Evaluation

Objective 1 Evaluation Plan: Conduct pre- and post-program tests among medical staff on attitudes, behavior and knowledge of non-coercive contraception usage, options and effective patient counseling. Track staff attendance of workshops and participation rates in sessions throughout intervention period. Conduct focus groups on pros and cons of education sessions.

Objective 2 Evaluation Plan: Track each participating medical staff member's attendance of LARC-run simulations and lectures. For medical providers, assess scores and progression of competency checklists administered by LARC Training Fellow. Track medical providers' rates of IUD insertions and removals, Nexplanon insertions and removals.

Objective 3 Evaluation Plan: Track distribution of reproductive options-related educational materials to neighboring health centers. Conduct pre- and post-program testing and evaluation of Reproductive Health Care Champions to determine efficacy of training and ability to continue training. Assessments to be performed on secondary training recipients through months 17 - 22.

d. Sustainability

Continued funding for the program will be supported in multiple ways. One, through RHAP's regular fiscal procedure; given RHAP's strong history of reproductive health provision through primary care, numerous philanthropic organizations continue to support RHAP's operations. Financial donations are made via private individuals and public funders as well as contributions in-kind from partner organizations. RHAP will also train the SBHCs in proper billing and cost-effective funding so in the future the SBHC will independently operate their contraceptive provision. State and federal funding for the SBHCs will also continue to support the reproductive programming within the SBHCs. The major goal of this program is to allow the SBHCs to operate without RHAP oversight; once the LARC Training Fellows have done their

job and post-program evaluation indicates that the staff members highlighted as Reproductive Health Care Champions are prepared to do *their* work at further health centers, the SBHC/FQHC budgets should be equipped to sustain implementation of LARC methods for clinics under their purview. Required staff members and supplies will be supplied through SBHC/FQHC operating costs.

III. Organization Information

The Reproductive Health Access Project (RHAP) is a non-profit organization founded in 2005 based in New York City with the mission of providing universal access to safe and quality contraceptive, abortion, and miscarriage care. RHAP works directly with primary care providers to integrate these practices and principles of non-coercive contraception and reproductive justice into their offices, allowing for quality reproductive services to be accessed right from a patient's primary care office. Through three tiers of work—advocacy & research, training & support and clinical tools & publications—RHAP makes use of grant programs and philanthropic donations to carry out this mission.

RHAP is staffed by an executive director and medical director, fellowship director, education director, program manager, operations associate and development officer as well as a crew of volunteers. Its board of directors consists of twelve members made up of physicians, health educators, attorneys and licensed social workers as well as an eleven member advisory board.

From creative uses of materials such as teaching vacuum aspiration using papaya fruit to distributing updated protocols on medical abortions to primary care offices, creating and handing out birth control fact sheets and making available algorithms for miscarriage to providers and information on miscarriage treatment options for patients, the RHAP is regularly putting out

high-quality and relevant materials to further their mission. RHAP also releases a monthly reproductive justice blog, with plans to be compiled into a book at the end of 2018. Primarily aimed toward providers, they also release the monthly Contraceptive Pearls newsletter covering evidence-based practice updates on contraception options.

IV. Conclusion

The LARC Training Initiative for New York State SBHCs proposal ventures to decrease the rate of unintended pregnancies for adolescents attending the HHC SBHC of Schenectady, NY. By increasing access to a full range of contraceptive options, including LARCs, through training of health care providers, unplanned pregnancy rates will decline. With a financial contribution of \$122,598.24, we at RHAP hope to employ the Susan Thompson Buffett Foundation grant to assist us with a robust program that will make substantial progress towards achieving this goal.

With financial support provided by the grant, we will disseminate educational materials, provide contraceptive devices and training education, and work with medical providers and staff to create a sustainable training program to expand contraceptive access on their own without continued foundation oversight. RHAP has significant past experience in planning and implementing these types of programs successfully in other venues, making us an excellent choice to carry out this project and a deserving recipient of the Susan Thompson Buffett Foundation funding.

V. Budget

a. Spreadsheet

LARCS TRAINING ACCESS PROJECT

	Salary	COST	FRINGE	TOTAL
Personnel Services				
Linda Prine, MD	\$143,000.00	\$21,450.00	7%	\$22,951.50
Lisa Maldonado	\$125,000.00	\$6,250.00	3%	\$6,437.50
RHAP Medical Training Fellow	\$70,632.00	\$35,316.00	15%	\$40,613.40
Project Grant Manager	\$67,229.00	\$2,016.87	4%	\$2,097.54
Other Personnel				
SBHC Site Coordinator	\$35,000.00	\$3,500.00	10%	\$3,850.00
			PERSONNEL TOTAL	\$75,949.94
LARC Training				
Contraceptive Training		\$1,340.00		\$1,340.00
LARC Placement/Removal Training		\$1,870.00		\$1,870.00
Reproductive Health Champion Training		\$96.00		\$96.00
Administrative Assistance				
LARC Educational Materials/ Worksheets		\$167.00		\$167.00
Travel				
		\$25,200.00		\$25,200.00
On-Site Services				
LARC Services		\$6,670.00		\$6,670.00
Educational Material		\$160.00		\$160.00
			TOTAL DIRECT COSTS	\$111,452.94
			INDIRECT COSTS @ 10%	\$11,145.29
			TOTAL NEEDED	\$122,598.24
			TOTAL REQUESTED	\$122,598.24

b. Budget Justification

Project Personnel

Medical Director: Linda Prine, MD (7% FTE) will oversee the project and lead 7 educational breakfast sessions to all HHC SBHC staff. Dr. Prine is a family medicine provider, with expertise in women's health and reproductive health care. She has won numerous awards for teaching and reproductive health, including the 2014 New York State Academy of Family Physicians Educator of the Year.

RHAP LARC Training Fellow: TBD, MD/DO (15% FTE) will assist the medical director in providing the 7 educational breakfast sessions. The fellow will also lead training in the LARC placement/removal training and the Reproductive Health Champion training. The fellow will also evaluate the medical professionals' progress in trainings with pre/post tests and competency checklists. The RHAP LARC Training Fellow will be selected based upon interest, background and drive to providing and spreading reproductive health care to underserved communities.

Project Grant Manager: TBD (4% FTE) will manage the project's expenses and financial records. The manager will also report to project funder and assist with the project evaluation.

Other Personnel

Project RHAP Administrator: Lisa Maldonado, MA, MPH (3% FTE) will visit the HHC SBHC for a contraceptive knowledge assessment prior to training. She will also provide administrative and technical support to assist with administrative issues related to billing, supplies management. Ms. Maldonado is a leader in reproductive health care training and advocacy, as the founder and leader of RHAP since 2005.

SBHC Site Coordinator: TBD (10% FTE) will be the liaison between the SBCH site, RHAP and other neighboring SBCHs/FQHCs partners working with the 3 reproductive Health Care Champions.

Other Direct Costs

Training: Contraceptive training: Educational Materials will include printed contraceptive options handouts and non-coercive curriculum education. It is budgeted at \$220 for a workshop and seven sessions. The training will also include \$1,120 for breakfast (20 people x \$8 per meal x 7 sessions).

LARC placement/removal training: The LARC simulation training will include a pelvic model (\$500) a model arm (\$200). IUD Insertion/Removal instrument packs will cost \$1,170 (390 x 3 medical providers). \$167 will be budgeted for LARC technical assistance materials. Partnering Planned Parenthood sites have generously offered to provide training free of charge to trainees as

the RHAP Training Fellow will donate their time and expertise while training, and also providing LARC services to Planned Parenthood clients.

Reproductive Health Champion Training: The additional training for 3 medical providers will include \$96 for educational materials on contraceptive options training and is associated with indirect costs.

Travel: The Medical Director will travel to the SBHC in Schenectady, NY for seven sessions and stay for two nights budgeting at \$4,911 (7 x \$355) + (7x \$359). The round-trip is budgeted at \$355 per person based on Priceline transportation and \$179 per night for hotel fares. The RHAP Project administrator will travel to make assessments and also visit two additional times for support and is budgeted for \$1,065 (3 X \$355). The RHAP Training Fellow will make 2-4 overnight trips per month over 9 months to the HHC SBHC for onsite and Planned Parenthood Training, budgeted for \$19,224 (36 x \$355) + (36 x \$179).

On Site LARC Provision: The SBHC will provide LARC services once a week for nine months. The budget for the SBHC On-site LARC services will be 6,670 (\$230 x 29 IUD insertion kits). The providers will distribute \$160 of printed Contraceptive and LARC Educational Materials for patients

Indirect Costs: Indirect cost budgeted at 10% of total costs

Total Budget Cost Requested: \$122,598.24

Expanding Reproductive Health Contraceptive Options in School Based Health Centers: Logic Model

VI. Logic Model

- 1) To increase and improve knowledge on non-coercive f over the 12 month intervention period.
- 2) To train 3 full time medical providers to competency at the SBHC in independent insertion and removal of LARC over a 12 month period.
- 3) To elect and train 3 Reproductive Health Care Champions to continue education to future providers at the SBHC site, as well as disseminate knowledge and practices to three neighboring SBHCs/FQHCs on reproductive options counseling and LARC provision by the end of month 24.

Resources/Inputs	Activities	Outputs	Outcomes/Impact		
<ul style="list-style-type: none"> • People <ul style="list-style-type: none"> ○ RHAP staff and medical providers ○ SBHC staff Medical staff and medical providers ○ Planned Parenthood ○ DOE support ○ DOH support ○ PTA/parent support ○ Community Board support • LARC Equipment <ul style="list-style-type: none"> ○ IUD and Implant devices ○ Training equipment (pelvic and arm models, LARC training devices) ○ Medical instruments (surgical trays, speculum, sounds, lidocaine, etc) • Educational Materials <ul style="list-style-type: none"> ○ Repro justice and coercion curriculum, pre/post tests ○ LARC competency checklists ○ Contraceptive options materials for patients developed by RHAP 	<ul style="list-style-type: none"> • Contraception options training <ul style="list-style-type: none"> ○ 5 breakfast sessions for all staff and medical providers ○ History of reproductive coercion and justice ○ Values clarification workshop ○ Case based contraceptive options learning session • LARC placement/removal training <ul style="list-style-type: none"> ○ Simulated training sessions ○ High volume clinic practice ○ On site SBHC implementation, competency evaluation • Repro Health Champions train others <ul style="list-style-type: none"> ○ 2 medical staff continue contraceptive options curriculum ○ 1 medical provider trains other providers in LARC at neighboring sites 	<ul style="list-style-type: none"> • Participation rates for staff in training sessions • Pre/post-test changes on knowledge, attitudes, behavior for options counseling and reproductive justice • LARC fellow observes non-coercive repro health counseling by staff and medical providers • LARC fellow provides demonstration, hands on assistance, close observation and then independence for trainees with LARC placement and removals at PP and SBHC sites • LARC fellow evaluates trainee using competency checklists • Repro Health Champions selected and trained to provide contraceptive options education and LARC training to neighboring sites. 	<p>Short term (Phase 1)</p> <ul style="list-style-type: none"> • Increase knowledge of reproductive coercion and justice history • Increase staff understandings of teens right to full options of contraception • Staff have full ability to provide basic contraceptive options counseling to SBHC teens • Progressive improvement to competency and independence of placing LARC at PP and then SBHC site • Participants able to work independently at SBHC • RH champions learn about training other staff and providers in curriculum and LARC management 	<p>Intermediate Term (Phase 2)</p> <ul style="list-style-type: none"> • LARC provision occurs 3/5 days per week in SBHC • SBHC becomes a reproductive health friendly access site • Repro Health champions continue to expand and train neighboring clinics, cycle continues 	<p>Long Term/Impact</p> <ul style="list-style-type: none"> • Decrease unintended pregnancy rate by 15 percent in Schenectady, NY within 5 years of program implementation • All reproductive health options counseling non-coercive • Make LARC provision a routine part of SBHC and FQHC care for all of New York

VII. Appendices and Supporting Materials

Appendix A: Timeline for LARC Training Initiative for New York State SBHCs

Activity	Phase 1												Phase 2								
	Y1Q1			Y1Q2			Y1Q3			Y1Q4			Y2Q1		Y2Q2		Y2Q3		Y2Q4		
Visit SBHC to conduct assessment, meet with staff, & conduct pre-test																					
Adjust training program according to assessment																					
Order supplies (IUDs, insertion equipment) & print educational materials																					
Train 80% of medical staff on non-coercive contraception counseling																					
Train 3 medical providers on insertion & removal of LARC																					
Elect 3 Reproductive Care Champions to receive additional training																					
Roll-out LARC services at SBHC																					
Reproductive Care Champions train providers on LARC in neighboring SBHC/FQHCs																					
Evaluate and share findings																					

VIII. References

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