**Collaborative Model**
The overall goal of the LARC Integration Toolkit is to help local public health departments assure access to LARC services in their communities. Local Public Health Departments have a dual role when it comes to assuring access to LARC:

1. Some LARC services are provided in the local public health setting
2. Local public health plays a lead role in creating the partnerships needed within the provider community

The “Collaborative Model” portion of the Toolkit should serve as a resource for engaging the needed parties for increased LARC accessibility.

**Collective Impact**
Translating evidence to practice involves cross-sector coordination. Researchers studying the success and failure of systems change efforts found initiatives more likely to be effective when five conditions are present. These are the five conditions of Collective Impact:

1. **Common Agenda**

   *All participants share a vision for change that includes a common understanding of the problem and a joint approach to solving the problem through agreed-upon actions.*

   Local partners must agree that unintended pregnancy is a public health issue because it is a risk factor for poor health outcomes, financial instability and family violence. Partners should agree that a solution to unintended pregnancy (and increased interconception periods) is increased reproductive life plan counseling including access to long-acting reversible contraceptives. If partners in the collaborative aren’t able to find this common ground, efforts to increase LARC accessibility may not be successful.

2. **Shared Measurement**

   *All participating organizations agree on the ways success will be measured and reported, with a short list of common indicators identified and used for learning and improvement.*

   Local partners need to be in agreement about how increased LARC accessibility should be measured for collective improvement. Here are a few examples:

   - Measure decrease in the number of days between determining a woman is a candidate for LARC and insertion
   - Measure increase in the number of providers that offer same-day LARC

---

• Measure decreased barriers to LARC

Choosing a metric, a goal, and a means of measurement is difficult work but necessary for collective impact. The measures help communities evaluate strategies and celebrate successes.

3. Mutually Reinforcing Activities

A diverse set of stakeholders, typically across sectors, coordinate a set of differentiated activities through a mutually reinforcing plan of action.

The stakeholders needed for increased LARC availability include 1) those that provide or support access to LARC, 2) those that are needed for the promotion of LARC, and 3) those able to provide financial support for LARC.

ACCESS

- **Local Health Departments**: Even if a LHD doesn’t provide insertion or removal services, they have ample opportunity to provide pregnancy intention screening, reproductive life plan counseling and referral.
- **Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) and safety net clinics**: Community Health Centers are the largest provider of primary health care for low-income women of childbearing age.² If they are not providing LARC insertion or removal services, their partnership will certainly be needed to reduce the number of days before insertion.
- **Hospitals**: Birth centers are important partners for making immediate post-partum LARC available.
- **Private practice clinics**: Clinics that provide LARC are important partners for those in the community who need to refer out for insertion and removal services. They may also be mentors and preceptors for those who initiate insertion and removal services on-site. Clinics that don’t provide LARC are important partners for making effective referrals to partners in the system that do.

PROMOTION

- **Justice System**: Incarcerated women are at high risk for unintended pregnancy. Successful programs offer LARC to women in the last months of incarceration. Facilities need partners to access reimbursement and family planning/contraception services. County sheriff’s offices may also be able to provide transportation to partner clinics that provide the device.
- **Community-based organizations** that serve women who may be underserved include: homeless shelters, substance treatment centers, domestic violence shelters and juvenile services. General promotion of LARC can be done in partnership with a variety of community-based organizations including churches, social service agencies, nonprofits and even retail establishments like hair salons. Be inclusive when thinking about partners needed for the success of collective impact.
- **Pharmaceutical Companies**: LARC vendors are a good source of training for insertion and removal and a source for fact sheets and literature for patients, health professionals and policy makers. Pharmaceutical companies may also offer discount programs for low-income or uninsured individuals. See the Training Resources section of the toolkit for more information.

FINANCE

- **Managed Care Organizations (MCOs)**: Under KanCare, the state contracts with three national, for-profit plans: Aetna Better Health of Kansas, Sunflower Health Plan and United Healthcare. Kansas requires that contracted MCOs demonstrate sufficient access to family planning within their provider networks and allow members to access family planning services provided by any qualified medical provider without prior authorizations. Aetna’s PROMISE Pregnancy Program includes a gift card incentive system for frequent prenatal and postnatal visits including visits for family planning and LARC.
- **Entities with Pharmaceutical Discounts**: The 340b Drug Pricing Program may be a source for discounting the price of LARC. “Covered entities” can include certain hospitals, safety-net clinics and

Title X family planning clinics\(^3\). Participants are able to access lower cost pharmaceuticals. While the law prohibits transfer of discounted pharmaceuticals to outside patients, there is a process for handling referrals for consultations and services outside of their agency. For complete information about the 340B Program and referrals, see the 340B Policy to Practice Guide available within the Integration Toolkit.

4. Continuous Communication

All players engage in frequent and structured open communication to build trust, assure mutual objectives, and create common motivation.

For efforts aimed at increasing LARC accessibility, a particularly important method of communication is the memorandum of agreement (MOA). An MOA can establish expectations, roles and responsibilities between parties in a referral process, between parties cooperating on a project, or between parties sharing data. Have a plan for communicating frequently about the common agenda and shared measurement.

5. Backbone Support

An independent, funded staff dedicated to the initiative provides ongoing support by guiding the initiative’s vision and strategy, supporting aligned activities, establishing shared measurement practices, building public will, advancing policy, and mobilizing resources.

An essential function of a public health agency is to provide leadership needed to organize the partners and community action needed to assure access to care.\(^4\) When Local Public Health Departments lend backbone support to an initiative, they are providing one of the five conditions for effective collective impact. Local leadership is key to customize local solutions. Local Public Health Departments create systems that assure access by facilitating communication, building public will, and advancing policy.

\(^3\) [https://www.340bhealth.org/members/340b-program/overview/](https://www.340bhealth.org/members/340b-program/overview/)

\(^4\) American Public Health Association, The Role of Public Health in Ensuring Healthy Communities. Policy Number 9521(PP)