A PLANNING PROJECT TO ADDRESS UNINTENDED PREGNANCY IN MECKLENBURG COUNTY, NORTH CAROLINA

INTRODUCTION

With the support of a collection of funders in Mecklenburg County including the Foundation for the Carolinas, The Duke Endowment, The Leon Levine Foundation, Winer Family Foundation, and the Mecklenburg County Health Department, the proposed project aims to examine the existing landscape in Mecklenburg County related to unintended pregnancy prevention, build local capacity to address this critical issue, and provide a detailed set of next steps for the assembled funders to undertake collectively to have an impact on unintended pregnancy rates in the target area.

This project is unique for a number of reasons. Namely, it will entail a true public-private partnership, will involve a large number of both local and national partners, and will exist in the framework of a larger effort to increase opportunity for all in Mecklenburg County. The commitment of the group of private funders along with the Mecklenburg County Health Department is notable, and a necessary component of a successful project. Building on this support, local partners and existing service providers will be expected to provide insight and expertise about the community and help to integrate the work of past/existing projects. National partners will be called on for their expertise with successful unplanned pregnancy prevention efforts and understanding of cutting edge research methods on this particular topic. An important part of the initial phase of the project is to build local capacity to be able to plan and implement meaningful, impactful prevention strategies over the long-term. In order for Charlotte-Mecklenburg to experience sustained success, strong institutional voice(s) advocating for this issue must emerge from within. The intersection of unplanned pregnancy prevention efforts with a larger community-based effort already in place around opportunity and social mobility is a frame that is gaining momentum nationally. Recent reports from the Urban Institute\(^2\) and The Bridgespan Group\(^3\) have linked preventing unintended pregnancy as a strategy for helping Americans move out of poverty and creating opportunity for every American, respectively.

This project acknowledges the complex and multi-faceted approaches required to address community-level and systemic poverty. The focus of the particular work to be undertaken is to

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1 Note that for the purposes of this proposal, unintended pregnancy and unplanned pregnancy are used interchangeably. Both are used to describe those pregnancies identified by women themselves to occur at a time when they did not want to become pregnant.


integrate conversations centered on the prevention of unintended pregnancy into the larger dialogue about opportunity in Charlotte-Mecklenburg, and in doing so create a well-defined path forward for organizations in the community – and those who fund them – to consider implementing.

BACKGROUND

North Carolina, much like the rest of the country, has made incredible progress reducing teen pregnancy and childbearing. Since 1991, the teen birth rate in the state has declined 63% and is now at the lowest level in recorded history. For perspective, in 1991 the teen birth rate (15-19 year olds) was 67.0 per 1,000 teens and in 2015 the rate was 29.9 per 1,000.4,5 Teen pregnancy rates have decreased in similar fashion.

A decline of this magnitude is remarkable, yet, historic declines in the teen birth rate statewide have masked the facts that 1) certain neighborhoods, zip codes, and counties still have teen and unintended pregnancy rates that are far too high and 2) other age groups, notably 18-29 year olds, have not seen similar progress reducing their rates of unintended pregnancy. For example, considering rates just among teens, pregnancy rates for young teens (<17) are more than three times lower than pregnancy rates among older teens (18-19), 15.5 per 1,000 and 56.5 per 1,000, respectively.3

With just over 1 million residents (1,034,070 as of 2015 Census estimate) the Charlotte-Mecklenburg area is the largest metropolitan area in the state of North Carolina. The residents of the area on average are slightly younger than those in the state (34.7 years vs 38.3 years). Nearly 11% of the county’s total population (10.7% male, 11.0% female) falls in the age range of 15-29 years, with 25-29 year olds making up the most populous age range in the county. By race, 48.8% of the residents are White, 30.9% African American, 12.7% Hispanic, and 7.3% other races.6

There were a total of 14,851 total births in Mecklenburg County in 2015. This total includes 195 lives births to mothers under age 18 (1.3% of total births in the county), 2,994 live births to mothers aged 18-24 (20.2% of total), and 4,036 births to women aged 25-29 (28.7% of total.) Women aged 20-29 represent 44% of total births in Mecklenburg County (see Table 1). Of note, as of 2015, the teen birth rate in Mecklenburg County is one of the lowest in the state.

<table>
<thead>
<tr>
<th>Age</th>
<th>Total Pregnancies</th>
<th>% of Births in TARGET Group (&lt;30)</th>
<th>% of TOTAL Births to All Ages</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;=17</td>
<td>195</td>
<td>2.7%</td>
<td>1.3%</td>
</tr>
<tr>
<td>18-24</td>
<td>2,994</td>
<td>41.4%</td>
<td>20.2%</td>
</tr>
<tr>
<td>25-29</td>
<td>4,036</td>
<td>56.2%</td>
<td>28.7%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>14,851</td>
<td>--</td>
<td>--</td>
</tr>
</tbody>
</table>

4 SHIFT NC. http://www.shiftnc.org/data/map/northcarolina
5 http://www.schs.state.nc.us/data/vital/pregnancies/2015/preg1519.pdf
7 North Carolina division of Public Health, State Center for Health Statistics
Sharp declines in the teen pregnancy rate over the last two decades, especially among younger teens, may suggest a focus on those aged 18-29 for this project. It is important to note that those under 18 are a group that deserves continued attention; despite declines North Carolina still has teen pregnancy rates that exceed other peer states, younger teens have very high rates of unintended pregnancy, and are indeed a population more easily accessed than those aged 18-29 given their (presumed) attendance in school. It’s important to recognize that the vast majority of effort and capital directed at reducing unintended pregnancy – or in this case teen pregnancy – has been directed at this age group. The results have been staggeringly successful, yet Figure 1 is a reminder that teen pregnancy, including all ages up to 19, remains an issue that needs attention in Mecklenburg County. Alternatively, Table 1 on the prior page clearly shows the current low volume of births to teens under 17. Preventing teen pregnancy among young teens therefore has been identified a necessary, but insufficient component of this project which aims to make a significant impact on the overall rate of unintended pregnancy in Mecklenburg County for all persons up to age 29. It is important, however, to gain a better understanding of the current landscape including policies related to school-based programming, environmental and system infrastructure such as the availability of after-school and community-based programs, and the general behavioral trends of young teens. This project will explore all of these factors in some detail and incorporate findings into the final report and associated recommendations.

As illustrated in Figure 2 and Figure 3 below, based on data from The Guttmacher Institute and the National Campaign to Prevent Teen and Unplanned Pregnancy, a large proportion of births among all ages in North Carolina are unintended (54%). The majority of these unintended pregnancies result in birth (58%), with a smaller but significant portion ending in abortion (27%) and the remaining 15% in a miscarriage. Given that unintended pregnancy rates are higher among younger age groups, it is safe to assume that data for 18-29 year olds paints an even grimmer picture (data not currently available.) At the state level, the rate of unintended pregnancy in North Carolina is 49.0 per 1,000 women aged 15-44, exceeding the national rate of 45.0 per 1,000. Additionally, almost 75% of all unintended births in North Carolina are publicly
funded, compared with 68% nationally, resulting in total public spending of $858 million on unintended pregnancy.⁸⁻⁹

While Pregnancy Risk Assessment Monitoring System (PRAMS) data from North Carolina suggest a smaller number of unintended pregnancies/births than national estimates, the data suggest similar trends related to demographic characteristics and the rate of unintended pregnancy (see Table 2). For example, both in North Carolina and nationally:

- Unintended pregnancy is highest among poor and low-income women, women aged 18–24, cohabiting women and minority women.
- Women without a high school education have the highest proportion of unintended pregnancy among women of all education levels.
- The proportion of pregnancies that are unintended generally decreases as age increases.

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⁹ The National Campaign to Prevent Teen and Unplanned Pregnancy. www.then.org
TABLE 2: North Carolina PRAMS Data, 2012\textsuperscript{10}

<table>
<thead>
<tr>
<th>North Carolina Pregnancy Intention by Demographics (% UN-intended)</th>
<th>TOTAL</th>
<th>35%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AGE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 20</td>
<td></td>
<td>70%</td>
</tr>
<tr>
<td>20-24</td>
<td></td>
<td>52%</td>
</tr>
<tr>
<td>25-34</td>
<td></td>
<td>23%</td>
</tr>
<tr>
<td>35+</td>
<td></td>
<td>25%</td>
</tr>
<tr>
<td><strong>RACE / ETHNICITY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td></td>
<td>28%</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td></td>
<td>49%</td>
</tr>
<tr>
<td>Non-Hispanic Other</td>
<td></td>
<td>36%</td>
</tr>
<tr>
<td>Hispanic</td>
<td></td>
<td>36%</td>
</tr>
<tr>
<td><strong>EDUCATION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than high school (HS) education</td>
<td></td>
<td>51%</td>
</tr>
<tr>
<td>HS diploma</td>
<td></td>
<td>40%</td>
</tr>
<tr>
<td>More than HS education</td>
<td></td>
<td>29%</td>
</tr>
<tr>
<td><strong>MARITAL STATUS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td></td>
<td>21%</td>
</tr>
<tr>
<td>Not Married (other)</td>
<td></td>
<td>53%</td>
</tr>
<tr>
<td><strong>MEDICAID STATUS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid – yes</td>
<td></td>
<td>47%</td>
</tr>
<tr>
<td>Medicaid – no</td>
<td></td>
<td>22%</td>
</tr>
</tbody>
</table>

* Chart shaded in areas of significant difference among subgroups.

High teen birth rates and high rates of unintended pregnancies among all age groups contribute to a rise in health complications for babies and mothers, children growing up in poverty and living in single parent homes, decreased educational attainment and huge societal and economic consequences for the entire state. Among young teens specifically, pregnancy and parenthood are leading causes of drop-out and further interruptions in educational attainment as only half (51%) of teen mothers get a high school diploma by age 22, and fewer than 2% finish college by age 30.\textsuperscript{11} Collectively, these related indicators serve as a reminder of how important it is to include discussion of unintended pregnancy prevention into larger community conversations about opportunity and mobility for all. Three indicators in particular have strong connection and correlation to rates of unintended pregnancy: **education, poverty, and access to health care,** specifically **contraception in this case.** Each of these factors are presented below with summary data for the Charlotte-Mecklenburg region, with an understanding that further exploration will be done as part of the planning period.

**Education** is an area of mixed success in Mecklenburg County. Graduation rates have improved for all racial groups over the past five years, and although disparities still exist, gaps are narrowing. In 2014 here were 15 high schools in the Charlotte-Mecklenburg School System with

\textsuperscript{10} North Carolina State Center for Health Statistics, PRAMS data (2012).

a four-year graduation rate of at least 90%. Despite high graduation numbers, still 46% of the community has only a high school degree or less as shown in Table 3.

<table>
<thead>
<tr>
<th>Educational Attainment</th>
<th>Charlotte</th>
<th>North Carolina</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not a HS graduate</td>
<td>11%</td>
<td>12%</td>
<td>10%</td>
</tr>
<tr>
<td>HS diploma or GED</td>
<td>35%</td>
<td>47%</td>
<td>47%</td>
</tr>
<tr>
<td>Associate’s degree</td>
<td>6%</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>Bachelor’s degree +</td>
<td>48%</td>
<td>32%</td>
<td>34%</td>
</tr>
<tr>
<td>Idle Persons Ages 16-19*</td>
<td>2%</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td>Idle Persons Ages 18-24*#</td>
<td>13%</td>
<td>15%</td>
<td>15%</td>
</tr>
</tbody>
</table>

* “Idle” defined as not attending school, not working, and no degree beyond high school.
# Data from 2014.

The number of families in poverty in the county (7.2% in 2008 vs. 13.2% in 2011) and children in poverty (14.7% in 2008 vs. 23.8% in 2011) have both increased significantly in recent years. A July 2016 article in the Charlotte Observer suggests that the rise of poverty in Charlotte over the last decade is among the largest in the nation. In addition, there are great disparities by race, with 5% of White, 36% African American, and 39% of Hispanic children currently living in poverty. Poverty and the confounding potential of homelessness have an especially chilling effect on children and young adults. According to the Urban Ministry Center, 1 out of every 5 homeless children in North Carolina lives within 8 miles of Uptown Charlotte. It should also be noted that the target population for this project (18-29) represents a growing segment of the homeless population in recent years. Given these statistics, understanding the relationship between poverty, homelessness, and access to care will become a major focal point of this initial project period.

Given high rates of teen and unintended pregnancy, it is not surprising that a significant number of women in North Carolina are in need of contraceptive services. The Guttmacher Institute estimates this number to be 1,120,510 or 53% of the total female population aged 13-44 (national average is 56%) as of 2013. Nearly 30% of those in need in North Carolina are currently uninsured and 13% are under the age of 20. Publicly supported family planning centers in North Carolina served 133,310 female contraceptive clients in 2014 with the vast majority of such services being provided at Title-X supported centers. Those centers met 23% of North

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12 Mecklenburg County Manager’s Office – Office of Management and Budget. “2015 Mecklenburg County: Community Pulse.”
15 http://www.urbanministrycenter.org/helping-the-homeless/ways-you-can-help/get-informed/
16 http://solvethepuzzlecharlotte.org/facts.html
Carolina women’s need for contraceptive services and supplies, compared with 36% met by family planning centers nationally.\textsuperscript{18}

Data from the North Carolina PRAMS survey suggest that of those women who wished they had waited longer to get pregnant 31.8% wish they had waited 1-2 years, 21.5% wish they had waited 2-3 years, and 28% wish they had waited 3-5 years.\textsuperscript{10} The duration indicated in these responses demonstrates that not only is contraceptive access important, so is an understanding of all available long-acting methods. According to a recent report from The Bridgespan Group, “the high rate of unintended pregnancies stems from a confluence of causes: poor knowledge about contraception options, a lack of high-quality counseling in the healthcare system about contraception, and uneven access to its safest and most effective forms.”\textsuperscript{3}

Unplanned pregnancy is strongly correlated with birth spacing. A recent study determined that unplanned pregnancy accounted for more than half of all births occurring within 18 months or less of a prior birth. The connection between unplanned pregnancy and inadequate birth spacing remained even after netting out the influence of mothers’ other characteristics.\textsuperscript{19} Birth spacing and birth intervals are a major health concern in Charlotte-Mecklenburg. Figure 4 shows geographical differences in birth intervals across the region, while Figure 5 outlines differences in the incidence of short pregnancy intervals across age groups.

\textsuperscript{18} https://www.guttmacher.org/fact-sheet/state-facts-publicly-funded-family-planning-services-north-carolina

PROJECT PLAN SUMMARY AND PURPOSE

In order to explore the underpinnings of unintended pregnancy and examine community context, a multi-method health assessment will be conducted. In collaboration with a number of local and national partners, the 1000 Feathers team will oversee the implementation of a series of health assessment and community engagement strategies. Community health assessments serve many purposes – not merely for the exercise of assessment and compiling data about a particular public health problem. Community health assessments, especially those like the one being proposed for this project, which involve multiple stakeholders and methods, can energize communities to acknowledge and own a public health problem and prompt increased awareness and interest in the solution.\(^{20,21,22,23,24}\) As described in this proposal, the assessment period will involve a series of activities based on research and best practices in community mobilization and engagement. Establishing close collaborations and relationships with state and federal agencies, local community-based organizations, schools and colleges, institutions of faith, health centers and clinics, and a variety of youth serving organizations is a necessary condition of success. We share the belief that “if the problems are in the community, then so are the solutions.”\(^{25}\)


\(^{25}\) Dr. Gil Friedell
While unintended pregnancy is a clear problem in the Charlotte-Mecklenburg County area, the solutions are likely present as well. A solution focused, data-driven approach to assessment begins with the commitment of the aforementioned funding organizations. This assessment process will help to uncover potential solutions, identify future partners in the effort, and engage key-leaders in the process by increasing their understanding of unintended pregnancy’s connection to poverty, opportunity, education, and other outcomes of interest. In addition, communication from the engaged funders has made it clear that community and key leader engagement is an important by-product of this planning phase. As such, the overall purpose of the health assessment is three-fold:

1) To increase awareness, build capacity, and identify opportunity for intervention(s) to reduce unintended pregnancy in Charlotte-Mecklenburg;
2) To examine the existing landscape of service provision in Charlotte-Mecklenburg with the specific goal of identifying and creating linkages between existing service providers, community organizations, and health care providers in Charlotte-Mecklenburg County; and,
3) To identify a feasible and appropriate path forward including a seamless set of next steps and detailed recommendations, delivered to the assembled funders in fall 2017, which will highlight and identify the appropriate interventions and efforts that will lead to success preventing unintended pregnancy in Charlotte-Mecklenburg.

PROJECT PARTNERS

To ensure the highest quality, this project will include strategically selected local and national partners. Involving both local and national partners will ensure an end product grounded in best practices and national trends, but also will create local ownership and buy-in. Involving local partners in the process is a necessary component of long-term sustainability. While several entities will be involved tangentially in data collection and/or analysis, the core team of partners engaged on this project will be limited to the following five entities. A detailed description of the expertise and role of each partner follows.

- **1000 Feathers, LLC**
- University of North Carolina Charlotte Urban Institute
- The National Campaign to Prevent Teen and Unplanned Pregnancy
- University of North Carolina Charlotte Academy for Population Health Innovation
- Upstream USA

**CORE TEAM**

**1000 Feathers, LLC (1000 Feathers):** 1000 Feathers was founded in 2016 to bring the nonprofit and philanthropic sectors closer together – in both vision and strategy – and to provide aggressive leadership development to help prepare organizations to better handle a changing landscape. The company’s leadership team brings more than 40 years of combined experience in nonprofit management, leadership, collaborative partnerships, communications, research, and evaluation.
Specific to this project the 1000 Feathers team, under Forrest Alton’s direction, will provide project coordination, oversight, guidance, and input on all assessment and engagement efforts. This includes direct assistance and responsibility for the design of all survey instruments (in-person interviews, random digit dial questions, site assessment tools, quantitative data gathering efforts) and input on all quantitative data measures to be collected to ensure that all methods are complementary and complete.

In addition, the 1000 Feathers team will ultimately be responsible for data synthesis and ensuring integration of results, to include pulling out major themes across data collection efforts, ensuring that any information missing is retrieved, and ultimately compiling all available data into digestible publications and products (i.e. usable reports, fact sheets, and presentation/sharing ready formats for funders to disseminate to key leaders in the community.) This work will include presentations made by the 1000 Feathers team to the boards and advisory groups of all involved funders and to other groups of influencers, as appropriate. All efforts will be meaningful and intensive, both “out front” and “behind the scenes.” Having a completely neutral party involved in this level of leadership and dissemination will help to remove biases inherent with local organizations being responsible.

The 1000 Feathers team assigned to this project will include:

Forrest L. Alton, President and Project Lead
Dr. Heather Brandt, Owner and Research Lead on project
Cayci Banks, Marketing and Communications Specialist
Research Specialist (to be hired, fall 2017)
Data and Research Associate (to be hired, fall 2017)

The National Campaign to Prevent Teen and Unplanned Pregnancy (National Campaign): Established in 1996, the mission of the National Campaign is to improve the lives and future prospects of children and families and, in particular, to help ensure that children are born into stable families that are committed to and ready for the demanding task of raising the next generation. Since its founding, the National Campaign has worked in a number of ways with over 250 national partner organizations across the country, including the National Foster Care Coalition, the National Council of Juvenile and Family Court Judges (NCJFCJ), the Child Welfare League of America, and many others. These partnerships enhance the National Campaign’s organizational capacity and increase our ability to reach diverse groups and sectors. The National Campaign has a strong track record of effectively managing financial resources. The organization has clear protocols in place to ensure that funds are carefully tracked and spent appropriately. Attracting, hiring, developing, and retaining employees is also a key priority.

The National Campaign has agreed to serve as the fiscal agent for this assessment period as indicated in the included cover letter and further outlined in the project management section of the proposal. Given their experience and expertise, The National Campaign will also provide input on data collection instruments and project strategy as well as share lessons learned and best practices from other states and communities undertaking similar initiatives. As a national leadership organization focused on this issue for two decades, The National Campaign is well
poised to work with the project team to increase local capacity to successfully address this challenge.

**University of North Carolina Charlotte Urban Institute (Urban Institute):** As a nonpartisan, applied research and community outreach unit at UNC Charlotte, the Urban Institute has been providing a wide range of services, including technical assistance and training, public opinion surveys, program evaluation, land-use and natural resources consulting, economic development research, and community planning to meet the needs of the Charlotte-Mecklenburg region and its citizens for nearly 50 years. The mission of the Urban Institute is to seek solutions to the social, economic, and environmental challenges facing our communities. The Urban Institute is a logical local partner for this project given their proximity and deep understanding of Mecklenburg County. Past clients of the Urban Institute include: the State of North Carolina, Mecklenburg County, City of Charlotte, and United Way of Central Carolinas.

The portion of the budget allocated to the Urban Institute will allow them to undertake a robust data collection effort focusing on all available quantitative data (e.g. teen birth, poverty, education, demographics) and play a substantive role in the conducting and analyzing of a random digit dial survey of registered voters in Mecklenburg County. Staff from the Urban Institute will also work on the preparation of an evaluation plan for future years of project and program implementation.

*NOTE: an ongoing role on this project for Michelle Reese is still being explored. As such a role becomes clearer, her involvement will be formally included into the work of the Urban Institute.*

**UNC Charlotte Academy for Public Health Innovation (APHI):** The Academy for Population Health Innovation exists to address the community health needs of the Charlotte Region through a unique, synergistic partnership between UNC Charlotte and the Mecklenburg County Public Health Team. The APHI Vision/Mission works within four key domains: Innovation, Education/Training, Engagement, and Data/Technology.

**Innovation** includes: (i) research and program evaluation, (ii) identification and dissemination of evidence-based practices; and (iii) strengthening the community health needs assessment.

**Education/Training** entails (i) creation of an inventory of existing educational programs, (ii) aligning educational programs and MCHD strategic initiatives, (iii) engaging MCHD staff in teaching and professional development, and (iv) building a workforce pipeline.

**Engagement:** includes (i) an executive oversight committee and advisory board, (ii) maintaining strong ties to UNCC Urban Institute and Data Sciences Initiative; (iii) development of communication and dissemination tools, and (iv) engagement of key stakeholders based on program needs.

**Data / Technology Infrastructure** that (i) provides best public health practices for health information technology, data management, and analytics; (ii) leverages data to enhance programs and surveillance; (iii) develops secure databases to support research and evaluation; and (iv) improves overall efficiency.
**for the purposes of this proposal, and project, the Urban Institute and APHI will be referred to as a single entity under the umbrella of the University of North Carolina Charlotte (UNCC).**

**ADDITIONAL PARTNERS**

Partners below will participate on this project as contributors to, and sub-contractors of, the work of the 1000 Feathers team.

**Philliber Research and Evaluation (PRE):** PRE is an independent evaluation company founded in New York, committed to providing high quality research and evaluations by building lasting relationships with their clients, disseminating data quickly and efficiently, analyzing data using the highest standards, working effectively as teams and producing clear user-friendly reports. PRE has worked extensively, for more than a decade, with the National Campaign and with Forrest (during his time at the South Carolina Campaign to Prevent Teen Pregnancy), and has an unmatched knowledge of the content area.

**Nexsen Pruet Strategies (NP Strategy):** NP Strategy is a public relations ancillary focused on business strategies, crisis communications, stakeholder management, community relations, message development, and media communications. The firm’s team works with a variety of clients including major corporations, governmental entities, and non-profit organizations. NP Strategy is formally affiliated with the Nexsen Pruet law firm, a 200-attorney business law firm with eight offices throughout North and South Carolina giving them an unparalleled knowledge base of the Southeast and especially the Carolinas. The NP Strategy team based in the Charlotte, NC office will be specifically engaged on this project.

**Upstream USA:** As has been communicated throughout the process of developing this proposal, Upstream is involved in conversations about state level work in North Carolina. While communication and coordination with Upstream will continue to exist at a high level, they will not formally be involved in the assessment phase – expect to provide insight and expert counsel on the clinical assessment portion of the work. As such, they have been removed from the “core team” and from the line item budget associated with this proposal. Note that we fully expect Upstream to still be a player in this project and that role will be further defined over the course of the next several months, well before the beginning of training and implementation protocols.

**INCREASING AWARENESS and ENGAGEMENT THROUGH HEALTH ASSESSMENT**

The approach to conducting the health assessment will be iterative and interactive, i.e. involve substantial community input throughout the process in meaningful ways. The approach will encompass qualitative and quantitative methods guided by the input of local advisory groups and the guidance of national experts including staff at the National Campaign to Prevent Teen and Unplanned Pregnancy. The research methods for this project are grounded in strong science and based on best-practice research and community development methodologies. The data collected will be synthesized by the 1000 Feathers team with input from representatives of the community to provide a complete, contextually accurate picture of unintended pregnancy in...
Charlotte-Mecklenburg. This will allow for recommendations to be meaningful and timely, preparing the community for implementation of prevention strategies beginning in January 2018.

**Table 4** shows the intersection of selected research methods (i.e. representing best practices in community assessment and engagement) and emerging research and national momentum currently building related to increasing access to all birth control methods (i.e. best practices in the area of unintended pregnancy prevention). Referenced are six, interrelated domains that are part of a programmatic framework developed by the National Campaign to increase access to all birth control methods at the state and regional levels. The framework uses a multi-faceted, systems approach. The suggestion is that all six of the domains should be addressed as part of a community-level strategy to increase supply of and demand for the full range of birth control methods and reduce rates of unintended pregnancy, including:

1. **Infrastructure:** capacity building and contextual level factors that can influence access to contraception along with key partnerships and how to leverage those partnerships, that can support both supply of and demand for the full range of methods. The purpose of this domain is to ensure that the overall community-wide effort draws on key concepts of community engagement and sustainability from the beginning.

2. **Communications and education:** best practices for education, including communications and marketing, and includes broad consumer education as well as communication within a classroom or clinic location. It includes a focus both on digital and interpersonal communication.

3. **Cultural humility and health equity (at the individual and systems level):** best practices focused on ensuring that any work to address increased use of contraception is done in a culturally relevant and sensitive way.

4. **Delivery system policy and practice:** best practices for strategies at the clinic level that can improve access to the full range of contraceptive methods. This group includes a focus on financing at the clinic/provider level and stocking / supply of a full range of methods.

5. **Policy:** policy level (legislative, regulatory, and political) included to proactively address barriers that impede access to the full range of contraceptive methods.

6. **Provider training:** best practices for providing training and ensuring that providers are able to provide effective contraceptive counseling on the full range of contraceptive methods so that women are able to select the method that works best for them at the time of their provider visit.
The following is a more in-depth description of the various methods to be employed as part of the health assessment. The order in which the methods are presented bears no impact on the prioritization of the method or order in which the activities will occur. There are selected methods that will be conducted chronologically as noted below, but the majority of the proposed approach will occur simultaneously over the project period. In addition, the methods include primary data collection, examination of existing data, or both.

A particular focus of this project is identifying and building local capacity. To this end, a participatory framework will be instituted to ensure local participation, community buy-in, and an increased understanding of the issue among key groups and stakeholders. This participatory process will be led, in large part, by the UNCC team and will also involve existing community-based organizations and partners. The specific participatory portions of this project include the use of advisory groups, leading focus groups, conducting key leader interviews (*1000 Feathers* team) and hosting community forums.

1. **Establish and Convene Advisory Groups**

The active involvement and engagement of members of the community is critical to ensuring a valid assessment of unintended pregnancy. Two advisory groups will be convened to offer the opportunity for meaningful involvement in the assessment process and the ability to generate recommendations for intervention(s).

First, an already assembled advisory group consisting of the funders (*Funders Advisory Group*) will continue to serve as an important compass to aid in the navigation and completion of the
assessment. The collection of funders supporting this work have unique perspectives and have made a significant investment in learning more about unintended pregnancy through their time, effort, and resources. Mr. Forrest Alton will meet with the funders at least three times, in-person, over the life of the project: a kick-off meeting in December/January, an update and report out on data findings late April/early May, and a final report in fall 2017. In addition to these meetings, a monthly written update will be provided and shared electronically with the group, via primary contacts Carol Morris (Foundation for the Carolinas) and Tamika Williams (The Duke Endowment). As needed, other representatives from the assessment team will join to provide updates. Additional conference calls may be scheduled as necessary and appropriate.

Second, an advisory group consisting of 12-15 key stakeholders in the Charlotte-Mecklenburg County area will be convened (Community Advisory Group). The Funders Advisory Group will assist in identification of initial key stakeholders to join the Community Advisory Group including facilitating connections with existing advisory groups in the community (i.e. Opportunity Task Force.) Advisory board members will be selected based on their abilities to provide community insight, facilitate recruitment, influence care delivery systems, impact policy, or identify resources to support sustainability. This group will have access to the data collected and will plan and direct the project with the assistance of the implementation team. All meetings will be recorded and transcribed. Discussion themes and action items will be identified and disseminated to all partners and the project implementation teams. Individuals who participate in other aspects of the assessment may emerge as important voices to include. The estimated number of representatives (12-15) will represent the geographical, racial, age and experience diversity found in Mecklenburg County and will bring tremendous depth to ongoing discussions about the project. The Community Advisory Group will meet at least every other month in-person to provide updates on the status of the project and engage in discussions about the assessment process. In addition, the Community Advisory Group will assist with windshield tours, setting up and hosting town hall meetings, and technical tasks as necessary to advance the assessment phase.

Community Advisory Group meetings will be coordinated, facilitated, and managed by the UNCC team. Staff from 1000 Feathers will also attend each meeting.

(Note: Community Advisory Group is not yet established, and the goal is to establish this group by Month 3 of the project period – estimated four meetings.)

2. Focus Groups

Focus groups for this project will be conducted by PRE with support from the 1000 Feathers team, and with input from the Urban Institute. Using PRE is an expeditious solution given that they fully understand the content area and employ a permanent staff of evaluators, analysts, and support personnel allowing for a quick turn of analysis and results after focus groups are completed.

A minimum of 10-12 focus groups will be conducted as a part of this project with a number of audiences forming the target population (18-29 year olds), in-school and out-of-school, from a variety of neighborhoods, etc. The exact locations and recruitment strategies for focus groups
will be determined only after a thorough review of existing quantitative data and following a discussion with aforementioned advisory groups who will assuredly be asked to assist with recruitment of participants. While consultation with the advisory groups along with staff from *1000 Feathers* and the National Campaign will determine the ultimate script that will be used with the focus groups, it is likely that the focus groups will include discussions about:

- How young people decide to get pregnant: whether they do decide; what are the factors that go into that decision; what they do to prepare for a pregnancy;
- How young people feel about pregnancy: is it positive, negative, or just inevitable; what determines how they feel;
- What young people are doing about contraception: what they are using; how often they are using it; what they know about alternative methods; what barriers do they experience;
- What young people communicate about sexual intercourse: do they discuss sex with their potential partners; what is the content of those discussions; what barriers do they experience;
- How young people acquire contraception: what is their source; does their partner participate in the decision; what barriers do they experience.

Between six to 12 individuals are expected in each group. The majority of participants will be between 18-29 years old. The majority are expected to be female although some will be male, and some groups may also be conducted with existing youth serving providers. Utilizing a participatory framework and not being overly scripted on audience at the beginning of the project will allow for flexibility in conducting focus groups with emergent populations and sub-groups.

In addition to focus groups with the target audience, a to-be-determined number of focus groups will be conducted with existing service providers in the region. In all cases, the implementation of these groups will also be a mechanism for creating trusting relationships with the community, and all participants will receive information about the program and be asked to share their contact information to facilitate further engagement activities including participation in community forums. If and when conducted, the UNCC team will be highly engaged in this particular set of focus groups.

PRE will record all sessions and conduct full transcriptions for analysis. Transcription analysis will occur with two purposes in mind. First, the transcriptions will be analyzed to determine what can be learned from the information that is obtained. The participants should provide insights into how young people think about unintended pregnancy and how they approach the issue. Second, the transcriptions should provide insights into potential questions that might be included in a future, convenience survey of community residents in Mecklenburg County. Such a survey would allow quantification of ideas that arise out of the groups – how widespread feelings and behaviors are.

The UNCC team will support focus groups by providing assistance to the development of focus group guides, recruitment, location, and analysis. A UNCC staff member will attend several focus groups to help inform analysis and if there are any other additional quantitative data needs. The staff member can act as note taker as needed.
3. **Key Informant Interviews**

Effort will be given to ensure that interviews are conducted at all levels of the community, in a variety of neighborhoods, and with a diverse group of leaders and influencers. The main purpose of the interviews will be data collection, with the secondary purpose of engagement and information sharing with this group of identified stakeholders. The ultimate success of this project relies, at least in part, on local leaders, partners, and decision makers being equipped to effectively advocate for programs. The 1000 Feathers team will spend significant time educating local champions and decision makers about the need to include unintended pregnancy prevention efforts in conversations about opportunity, mobility, and educational attainment.

It is estimated that between 40 and 50 in-person interviews will be conducted with stakeholders and key informants in Mecklenburg County. Approximately half of the interviews will be conducted with county and community-level influencers (i.e. elected officials, potential funders, hospital administration, school district leadership) and half with “on the ground” providers (i.e. service providers from non-profits, nurses from health department, school teachers) Interviewers from the 1000 Feathers team (Forrest Alton and Heather Brandt) will use a “spider technique” to develop a comprehensive and diverse list of stakeholders to be interviewed. The Funders Advisory Group will be called on to provide an initial list of names, which will be further populated as interviews are conducted. Interviews will continue until a saturation point of key informants is reached.

In addition to relying on information from the Funders Advisory Group, the services of the NP Strategy group will also be retained to help make appropriate introductions and identify interviewees, specifically with the portion of interviews done with county and community influencers. Leadership from the National Campaign will assist with the creation of the question guide to be used for all interviews. Where possible, data collected from earlier stages of the project will be used as “prompts” during the interviews. If additional interviewers are needed, they will be recruited and trained as appropriate in using the question guide, sharing information about the project, and recording the results of the interviews.

4. **Community Forums and Participatory Data Analysis**

Recognizing there is currently a limited focus on preventing unintended pregnancy, efforts will be undertaken to mobilize large groups of individuals around the issue of interest. In direct consult and collaboration with the UNCC team, a number of strategies will be employed to build the support of unintended pregnancy prevention efforts in Mecklenburg County. Said activities are a mechanism to share information with the community but are also used to assist with community transparency, general communication, and data collection.

1) Community events for the general population will be designed to engage “normal citizens” and to increase awareness of the issue (i.e., town hall meetings). A minimum of three town hall / community forum style meetings will be conducted over the course of 2017 in the Charlotte-Mecklenburg County areas identified as “high priority.” The purpose of such gatherings is to obtain additional feedback from members of the community about
unintended pregnancy and to review health assessment results to date. Each event will be held within the facilities of an active community partner, as appropriate.

2) Organization specific, participatory data analysis (i.e., data parties) will be held to engage existing service providers and gather their feedback. Two data parties will occur during the data analysis and report draft phase. Stakeholders (in this case, providers serving the target market) will interact with the data and provide input into the final conclusions and recommendations. Materials such as data placemats, affinity diagramming cards, and infographics will be developed for these events. The UNCC team has implemented this strategy in Mecklenburg County previously with success and as such will be responsible for the logistics and facilitation of the sessions. Conversations will be compiled and shared.

3) Targeted meetings will be conducted with existing and potential partners to establish coordinated efforts for a county-wide plan (i.e., identifying potential grantees/implementers for future programs). Meetings will be held with the goal of establishing new partnerships with additional organizations to increase the level of support for unintended pregnancy prevention programming. Including this step in year one of the project will allow for a deeper network of service providers to be established and groomed. For example, existing providers in this space such as Teen Health Connection, Nurse Family Partnership, and Planned Parenthood will be engaged as well as other potential collaborators that are identified throughout the project.

Prior to the participatory process outlined above, there is a need to assess and understand the existing landscape of the Charlotte-Mecklenburg region. In order to do that effectively, a number of activities are required as outlined below. As a general rule, the activities in #5 and #6 will be conducted prior to the participatory process, but will also be ongoing through the life of the project.

5. **Review of Existing Quantitative Data and Additional Research Projects**

This project will include a thorough review of all existing national, regional, state, and Charlotte-Mecklenburg data relevant to unintended pregnancy trends. Data will be used to put together a detailed picture of the county and also will help to establish a baseline for measurement and evaluation in subsequent years.

The UNCC team will be involved at a high level in this process. We will intentionally and strategically overlay multiple types of data with unintended pregnancy in Charlotte-Mecklenburg. Both indicators that are predictors of high rates of unintended pregnancy (e.g., poverty, educational attainment, access to care, race, relationship status) and those that are outcomes/results (i.e. infant mortality). Utilizing existing data, and through the formulation of new research questions, a series of maps and graphs will be produced and used to depict Census tract areas in Charlotte-Mecklenburg showing the current status of unintended pregnancy rates and related indicators. These resources will be used to plan future strategy, but also to generate conversations in key leader interviews, focus groups, and community forums. As previously noted, particular attention will be paid to the following outcomes: education, poverty, and access to contraceptive services.
A centralized database will be created with the goal of integrating key data needed to determine family planning needs, inform program development, and assist with (future) program evaluation. The database will be designed and maintained within the APHI and will use a secured cloud-based solution (Amazon Web Services). The data will also be maintained in a format for creating maps using ArcGIS (ESRI, Redlands, CA). Clinical data will be derived for the clinical data repositories for the Mecklenburg County Health Department. Claims data will be captured from Medicaid (CCPGM). The Urban Institute will provide additional, existing data about key social determinants that influence access to and decisions about contraception usage: socio-economic status, housing density, neighborhood quality of life, access to transportation, built environment elements, race/ethnicity, and access to green spaces and food.

A data scientist from Carolinas Healthcare System (Dr. Yhenneko Taylor) will assist the data collection and management process. Carolinas Healthcare System is the largest provider in the region and provides family planning services to the majority of uninsured and Medicaid patients.

The APHI team in collaboration with national experts from the National Campaign and 1000 Feathers will use these existing data and best evidence to choose data elements to identify neighborhoods with education, poverty, and contraceptive access indicators that would suggest they are priority areas for the project. The approach will be vetted and approved by the advisory board. Once variables are agreed upon, the data team will geocode the data and create composite maps that can be used to better understand the neighborhood context. An example of prior work from the UNCC team is shown in Figure 6 for context.

**Figure 6: Sample Mapping Technique**

![Example of Final results of the mapping process in a prior project looking at primary care needs for Mecklenburg County. This composite map allows users to quickly identify areas in need of increased access to primary care services based on inappropriate ED use, insurance rates, and utilization of a primary care clinic. The process will be recreated to identify neighborhoods in need to better access to contraceptive services.](image)

6. **Random-digit Dial Survey**

A series of questions relevant to this topic will be included in the Charlotte-Mecklenburg Annual Survey conducted by the University of North Carolina Charlotte’s Urban Institute. The Charlotte-Mecklenburg Annual Survey is an affordable means of gauging public opinion on a wide range of community issues. By sharing the cost of survey research, agencies and organizations can obtain high quality, scientific information on topics of their choice. This collaborative approach allows survey sponsors to obtain customized information on attitudes, preferences, and interests for a fraction of the usual cost of an individual survey project.
Question development will be done collaboratively with staff from 1000 Feathers, the Urban Institute, and the National Campaign. Involving staff from the National Campaign will help to ensure that questions are included that are similar to those previously used on nationally representative surveys such that some comparisons can be made between opinions and beliefs present in Mecklenburg County vis-à-vis those nationally.

The Annual Survey is a representative sample of 400 adult residents of Mecklenburg County. The survey contacts both landlines and cell phones (50/50) and the results are weighted to reflect the population of Mecklenburg County. Frequencies of all responses and demographics will be presented in cross-tabs. The demographic questions included are the following: gender, years in Mecklenburg, age range, homeownership, education, employment, race/ethnicity, income, and marital status. Zip code is also collected and grouped into north, south, east, and west Mecklenburg.

Ten questions specific to this project will be included in January’s Annual Survey. Results should be available late February to early March 2017.

Many community-planning projects would be content with the above described activities. However, given the sensitivity of the unplanned pregnancy prevention topic, and the desire of the assembled funders to gain a true sense of the “existing landscape” of this issue in Charlotte-Mecklenburg, a series of additional activities are proposed.

7. **Policy Analysis**

1000 Feathers team members in partnership with NP Strategies, and with guidance from the National Campaign will conduct a thorough assessment of existing policies in North Carolina (statewide) and Mecklenburg County (locally) that may either support, or be a barrier to, this work. For example, reviewing the existing Medicaid reimbursement rates and enrollment policies; examining the current distribution and usage of Title X funding in the state; and, current provider practice related to serving the uninsured are all important factors in whether or not a comprehensive reproductive healthcare delivery system exists. School-based policies around sex education including current implementation of the North Carolina Healthy Youth Act (passed in 2009) will also be examined.

The purpose of this assessment is not to change policy, per se, rather to understand the complexity of the existing landscape and how policy either supports or inhibits contraceptive access. That said, it may be the case that there are policy change recommendations included in the final report provided to the funders. Policy changes have the greatest potential to create large-scale, meaningful change for large numbers of people. Developing a concrete approach to policy and system level change in the final set of recommendations will broaden the impact of this effort beyond what can be expected with targeted programs.

Policy is one of the six domains in the previously discussed National Campaign framework. A series of policy indicators and questions has been developed to guide this section of the framework which will also be used here to inform the policy analysis.
8. **Social and Physical Environment Analysis**

Availability and accessibility, physical structures, social structures, social contexts, social practices, and cultural and media messages have been identified as contextual and environmental factors influencing health behavior.\[^{26-29}\] The proposed project will contribute knowledge regarding the context in which interventions to address unintended pregnancy will be implemented. This project proposes to examine the contextual factors that impact unintended pregnancy, such as systems level factors (e.g., access to care, health insurance, resources) and environmental factors including an individual’s social and physical environment, as well as social norms within that person’s social network. If situational and contextual factors underlying program implementation are not well understood, the ability to effectively implement programs is limited. To increase the understanding of intervention strategies designed to achieve improvements in health status, this project will describe the elements considered in site selection processes, measure such elements of context, and examine how these elements may have contributed to achieving the desired outcomes. This will allow the intervention and its surrounding context to be better understood, more realistically replicated, and more likely to positively impact disease outcomes. Advisory Groups will be engaged to assist with a detailed social, physical, and environmental assessment of the community. This will be enhanced by the policy analysis, clinical assessments, and a media penetration study.

Utilizing existing tools to assess the social and physical environment, an analysis will be conducted to examine facilitating factors and barriers to preventing unintended pregnancies that are currently present in the community. This process will include a combination of a thorough review of past projects and mapping that has already been done by the UNCC team, a series of “windshield tours”, and follow-up analysis conducted by the 1000 Feathers team. The process will purposefully and strategically identify and map schools, colleges, clinics, transportation options, health care facilities, partner locations, etc.

This process will include a combination of a thorough review of past projects and mapping that has already been done by the UNCC team, a series of “windshield tours”, and follow-up analysis conducted by the 1000 Feathers team. The process will purposefully and strategically identify and map schools, colleges, clinics, transportation options, health facilities, partner locations, etc.

The Urban Institute has expertise in secondary data collection and mapping and will provide relevant data, maps, and data visualizations to support this section of the project. Secondary data collection will include national, regional, state, and local data relevant to unintended pregnancy. In addition, overlay of demographic and other pertinent data (e.g. race and ethnicity, poverty,


educational attainment) that already exists within the Urban Institute's Regional Indicators project will be completed as appropriate in Mecklenburg County.

The 1000 Feathers and Urban Institute teams will pay special attention to data visualization and readability by wide-audiences in the production and creation of materials resulting from this process. Data will be presented in tables, maps, executive summaries, and infographics for use by the advisory groups, the town halls, and data parties.

9. **Clinical Assessments**

A major focus of this project will be ensuring that the target market has access to the full range of contraceptive methods. As a first step, an in-depth assessment will be conducted at the system and individual clinic level to determine the existing level of capacity and formalize strategies to address barriers to implementing best practices. Ultimately this assessment – in consultation with Upstream – will lead to the development and offering of training and technical assistance specific to clinical best practices.

The assessment will focus on components necessary to access to the full range of contraceptive methods. In particular, three areas: (1) provider training, (2) financing at the clinic/provider level, and (3) stocking and supply for the full range of methods. The assessment will be driven by the Centers for Disease Control and Prevention’s Quality Family Planning guidelines and will be done by staff of 1000 Feathers, UNCC, and the National Campaign collaboratively. Some areas of interest will include the following:

- Practice settings collect and report key measures related to provision of contraception.
  - Key measures examine access to and experience of care associated with best practices and are used for ongoing quality improvement
- Pregnancy intention, along with contraceptive use, is a standard practice to be assessed at every visit as a vital sign.
- High quality contraception counseling using an evidence-based or -informed framework is provided to all patients interested in avoiding pregnancy right now.
- There is same-day access, onsite, to all FDA-approved contraceptive methods.
- High quality and immediate referrals to other facilities for family planning are available if a particular method or procedure can’t be done onsite.
- When working with adolescents, staff and providers do the following:
  - Inform adolescents of their rights to confidentiality and consent for care/treatment.
    - When confidentiality cannot be ensured, explain to the adolescent patient their options (i.e. different payment options).
  - Ensure privacy in counseling and examination rooms.
    - Provider should have alone time with the adolescent patient to discuss sensitive topics.
- Basic clinic structures allow for onsite inventory of all FDA-approved contraceptive methods and equipment.
• All available financial supports for Family Planning services are leveraged. (foundation funding, waivers, 340b pricing, maximize 3rd party payers)
• Robust referral networks (for other medical and social issues) and onsite teams help address social determinants of health.
• Language access for limited English proficiency patients is available (per executive order 131-66) (HE domain)
• All staff have specific qualifications and skills to ensure patient access to all contraceptive methods.
• New staff receive training and professional development opportunities to develop or enhance required qualifications/skills.
• All staff are in alignment about the clinic’s family planning services offered and their role in supporting access to contraception.
• There is a clear plan for mentoring/proctoring and skills practice for IUD/implant insertion and removal.
• All clinic staff have ongoing access to technical assistance and expertise to support/augment training.

10. Media Penetration Study

In collaboration with the Academy and staff from the UNCC School of Public Health, the 1000 Feathers team will conduct a media penetration study to understand relevant messaging related to unintended pregnancies in the Charlotte-Mecklenburg County area. This includes a comprehensive review of both traditional and social media strategies to assess saturation over the recent past to get a better sense of what people in Mecklenburg County – both the target market and the general public – are talking about, what’s “top of mind,” and how we might better craft messages in the future to achieve saturation. Through interactions with the advisory groups and other key stakeholders, prominent media outlets will be identified and data gathered for a media penetration study. Traditional and social media will be analyzed for key words associated with unintended pregnancy and content examined for tone and accuracy. This information will be used in combination with other environmental assessments.

DATA SYNTHESIS AND DISSEMINATION

It is possible, even likely, that each of the above strategies will have their own reports, summaries, and distribution strategies. In addition, there will be a major undertaking to synthesize across each of the 10 collection mechanisms discussed above. This will be done with the 1000 Feathers team, and staff from both the National Campaign and UNCC. Data will be assessed, analyzed, and merged across methods. Multiple data collection results will be compared and contrasted to put together a more broadly formed understanding of the community and their reactions towards the issue of unintended pregnancy.

Specifically, this process will look to reveal the intersection points of three major categories of information below and in Figure 7:

1) What the community says (focus groups, interviews, community forums, etc.)
2) What the data say (quantitative data review, policy analysis, environmental analysis, etc.)
3) What best practices and research suggest to be most effective

FIGURE 7: Data Synthesis Strategy

As noted by the star in **Figure 7**, where these three broad categories of data collection intersect is where we will find the most meaningful and impactful recommendations. Using objective data analysis strategies and a more subjective “eye test” the *1000 Feathers* team and its partners will spend time looking across data sets and will pay close attention to the intersection described. All three “voices” are important to the process. As previously noted a number of individual reports, publications, and fact sheets that can used in future marketing/communications efforts are likely to emerge.

Of note, this process does not just happen at the end of the timeline. Throughout the health assessment, data will be regularly reviewed, shared with Advisory Committees, and used to inform improvements and enhancements to the proposed approach. For example, it is likely that something we hear during interviews will be used to update the focus group guides, or that something we hear in focus groups helps to inform the policy analysis, etc.

For the final report, the *1000 Feathers* team in collaboration with UNCC will produce a series of data tables, executive summaries, and infographics for use in explaining the state of the public health problem to advisory groups, to the boards of the assembled funders, and as part of other health assessment activities. Particular attention will be paid to describing the suggested frame of this issue moving forward (i.e. Framing as a public health and access to care issue vs. framing within the larger opportunity task force work). This frame will help to inform communications efforts as well as community outreach and mobilization strategies. In other words, what
messages are people in Charlotte-Mecklenburg, specifically those 18-29, most likely to pay attention to.

In addition to communications and message development, the presentation of recommendations and action steps for moving forward will be summarized over three domains of importance: **Policy, System/Environment, Health Behavior**. Best practices in this field and in general public health theory would suggest that making an impact across all three of these domains is necessary to achieve lasting community change.

The main point of emphasis for the final product is action. This will not be a billeted list of stagnant recommendations, rather tangible steps that can be taken to achieve the desired outcomes. Recommendations and action steps will exist across the three domains above and also speak to a number of audiences including funders, healthcare providers, community organizations, and individuals. Over the course of the project the UNCC team will be also be paying close attention to evaluation metrics and outcome measures to be included in the plan.

**TIMELINE**

The timeline on the following page(s) is presented as a guide and snapshot of the work to be completed. Not all dates will be exact as it is impossible to predict all the barriers and challenges that may arise along the way. That said, any major changes to this timeline or set of proposed activities will be submitted to the funders, in advance, for their review and comment. The timeline for this project is ambitious, but realistic.

**BUDGET AND PROJECT MANAGEMENT**

Following the project timeline is a detailed budget and accompanying narrative. As previously mentioned, the National Campaign will serve as the fiscal agent and will defer general leadership responsibilities to *1000 Feathers*. 
### PROJECT TIMELINE:

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* Meeting to be held in Washington, DC with 1000 Feathers team and entire research/evaluation staff from the National Campaign. Results of discussion will identify what questions are still unanswered and plan for the next 5-6 months of work.

** Early May meeting with funders to review data and set stage for rest of project, September/October meetings for final presentation which may be to a large group, to individual foundations, or both.

*** Presumably the Community Advisory Group will continue meeting beyond the timeline of this project.
BUDGET NARRATIVE:

The total funding requested for this project is $501,684. A breakdown of these expenditures by Core Team member is below. The payment schedule and reporting schedule will be based on the delivery of in-person reports at key points during the project year as detailed below. Subsequently, the National Campaign will develop contracts specifically with the Core Team members including 1000 Feathers and UNC-Charlotte. A more detailed line item budget follows the summary below.

1000 Feathers: $236,684

Budget includes overall project direction, management, and completion of activities outlined throughout this proposal. Forrest Alton will serve as the project director and will coordinate all activities of the Core Team and associated subcontracts, working closely with the National Campaign who is serving as the fiscal agent for the project. Specifically:

- Staff time (including 40% FTE (16 hours) of Forrest Alton; 4-5 hours/week from Dr. Heather Brandt, Cayci Banks, and a to-be-hired project associate)
- Travel costs including 25 trips to Charlotte (estimated 2x per month for two days per trip) and out-of-state travel associated with conferences, trainings, meetings with National Campaign, etc.
- Equipment costs include iPads for the project team to ensure linkages of data and project materials, upgraded computer and IT system, and ongoing costs associated with the project including telephone, internet, etc.
- Supplies needed for this project include general office supplies, educational/training materials as needed for community outreach and associated training as necessary, meeting meals (for key leader interviews, etc), and the printing/dissemination costs associated with materials produced at the end of the project.
- In addition, 1000 Feathers team will manage sub-contracts with PRE ($30,000 for conducting of focus groups) and NP Strategies ($25,000 to assist with policy analysis, key leader interviews, and general community landscape work). The costs of these contracts are incorporated into the existing budget number above.

Urban Institute and Academy: $150,000 (+ $15,000 to assist with clinical assessment)

A single contract will be issued to UNCC covering the costs of both the Urban Institute and the Academy for Public Health Innovation. Mike Dulin and Diane Gavarkavich will jointly manage the project for UNCC. They will be supported by a Program Coordinator (10% time) to help with overall administration of the APHI and UI components of the project and ensure alignment with 1000 Feathers and other key partners. The contract will be a flat-fee agreement that includes the staff time and resources necessary for UNCC to participate actively, and in some cases lead, the following activities:

- Work with existing community-based organizations and partners to develop the infrastructure needed to conduct this project using participatory principles of implementation.
Recruitment, facilitation, and sustainability of project advisory group.
- Four community forums will be held to assist with community transparency, communication, and data collection. Each event will be held in the community within the facilities of an active community partner.
- The Urban Institute will support focus groups with recruitment, location, developing the focus group guides, and analysis.
- Note: incentives will be provided to participants in the form of food, travel reimbursement, and/or a small gift card to reimburse for time spent assisting with project implementation for each of the above. The cost of such incentives is included in the UNCC budget.

- The UNCC team will host and have responsibility for community data parties including developing data placemats, and other appropriate tools (e.g. affinity diagramming materials, maps, infographics) to facilitate a conversation which will lead to stakeholder input on final analyses that should be done as well as the final conclusions and recommendations.
- A centralized database will be created with the goal integrating key data needed to determine family planning needs, inform program development, and assist with program evaluation. Data will be collected at both the community level and at neighborhood levels. The database will designed and maintained within the Academy for Population Health Innovation used a secured cloud-based solution (Amazon Web Services).
  - A data scientist from Carolinas Healthcare System (Dr. Yhenneko Taylor) will assist the data collection and management process.
- The data team will geocode neighborhood data and create composite maps that can be used to better understand the neighborhood context.
- The Urban Institute will include up to 10 questions on the Charlotte-Mecklenburg Annual Survey for this project.
- The Urban Institute has expertise in secondary data collection and mapping and will provide relevant data, maps, and data visualizations to this project. Secondary data collection will include national, regional, state, and local data relevant to unintended pregnancy.
- The Urban Institute and APHI will provide additional support in the social and physical environment analysis, specifically in engaging advisory group members and mapping findings.

**National Campaign: $100,000**

The National Campaign will serve as the fiscal agent for this project. To that end, the National Campaign team will initiate and monitor contracts with 1000 Feathers, UNCC, and Upstream. In addition to serving as fiscal agent, The National Campaign will provide national content expertise on the project overall and specifically on data collection instruments and tools, data reporting, community engagement, and best practices for increasing access to the full range of contraceptive methods. They will pay particular attention to increasing the capacity of local organizations to undertake this work. The budget includes 10% of a program director for more frequent interaction with the project team and capacity building support along with other time from experts in policy, communications, and implementation. It also includes travel costs for three trips for two team members. Specific activities include:
• Fiscal management and responsibility;
• Recommendations for data collection topics and specific questions/tools;
• Review of needs assessment data;
• Assistance with clinical assessment;
• Input on communications and reports; and
• Participation in advisory and other community group meetings as appropriate.
### 2017 Project Budget for Mecklenburg County

#### Expenses

<table>
<thead>
<tr>
<th>Personnel</th>
<th>1000 Feathers, LLC</th>
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</thead>
<tbody>
<tr>
<td><strong>Personnel</strong></td>
<td><strong>Annual</strong></td>
<td><strong>Time</strong></td>
</tr>
<tr>
<td>President / Project Director (Forrest L. Alton, MSPH)</td>
<td>$175,000.00</td>
<td>40%</td>
</tr>
<tr>
<td>Owner / Research Director (Heather Brandt, PhD)</td>
<td>$135,000.00</td>
<td>10%</td>
</tr>
<tr>
<td>Sr. Advisor Comms/Marketing (Cayci S. Banks)</td>
<td>Rate = $100/hour</td>
<td>--</td>
</tr>
<tr>
<td>Research Specialist for Clinical Assessment (TO BE HIRED)</td>
<td>Rate = $90/hour</td>
<td>--</td>
</tr>
<tr>
<td>Project Assistant(s) (TO BE HIRED)</td>
<td>Contractual/project specific basis</td>
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<tr>
<td><strong>TOTAL PERSONNEL</strong></td>
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#### TRAVEL

<table>
<thead>
<tr>
<th></th>
<th><strong>Amount Requested</strong></th>
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<tbody>
<tr>
<td>Charlotte specific</td>
<td>(195 * .545 * 25) + (20 * $250)</td>
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<tr>
<td>Additional Charlotte specific (related to clinical assessments)</td>
<td>(195 * .545 * 15) + (5 * $250)</td>
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<tr>
<td>Out-of-state</td>
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<td><strong>TOTAL TRAVEL</strong></td>
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#### EQUIPMENT

<table>
<thead>
<tr>
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<th><strong>Amount Requested</strong></th>
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<tbody>
<tr>
<td>Computers/iPads for project team</td>
<td></td>
</tr>
<tr>
<td>Ongoing costs (quickbooks, email, internet, phone, etc)</td>
<td></td>
</tr>
<tr>
<td>Software and system upgrades</td>
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</tr>
<tr>
<td><strong>TOTAL EQUIPMENT</strong></td>
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#### SUPPLIES

<table>
<thead>
<tr>
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<th><strong>Amount Requested</strong></th>
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<tbody>
<tr>
<td>General office supplies</td>
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<tr>
<td>Educational / training materials</td>
<td></td>
</tr>
<tr>
<td>Meeting meals</td>
<td></td>
</tr>
<tr>
<td>Dissemination of research/pubs</td>
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<tr>
<td><strong>TOTAL SUPPLIES</strong></td>
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#### CONTRACTUAL COSTS

<table>
<thead>
<tr>
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<th><strong>Amount Requested</strong></th>
</tr>
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<tbody>
<tr>
<td>Philliber Research</td>
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</tr>
<tr>
<td>Nexsen Pruett Strategies</td>
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<tr>
<td><strong>TOTAL CONTRACTUAL</strong></td>
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**TOTAL 1000 FEATHERS, LLC COST** $236,684.33
### Additional Contractors and Core Team Members

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
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<tbody>
<tr>
<td>Urban Institute / APHI</td>
<td>$150,000.00</td>
</tr>
<tr>
<td>APHI Addendum (clinical assessment)</td>
<td>$15,000.00</td>
</tr>
<tr>
<td>National Campaign</td>
<td>$100,000.00</td>
</tr>
<tr>
<td><strong>TOTAL CORE TEAM MEMBERS</strong></td>
<td><strong>$265,000.00</strong></td>
</tr>
</tbody>
</table>

- **TOTAL DIRECT** $501,684.33
- **INDIRECT COSTS** incorporated into sub-contract budgets $0.00
- **TOTAL BUDGET** $501,684.33

*Highlighted in yellow are costs added to the budget related to the clinical assessment. This is a reallocation of funds originally set aside for Upstream. The overall budget now is $25,000 lower than initially projected, leaving funds that may be necessary to facilitate the engagement of Upstream at a later phase of this work.*