

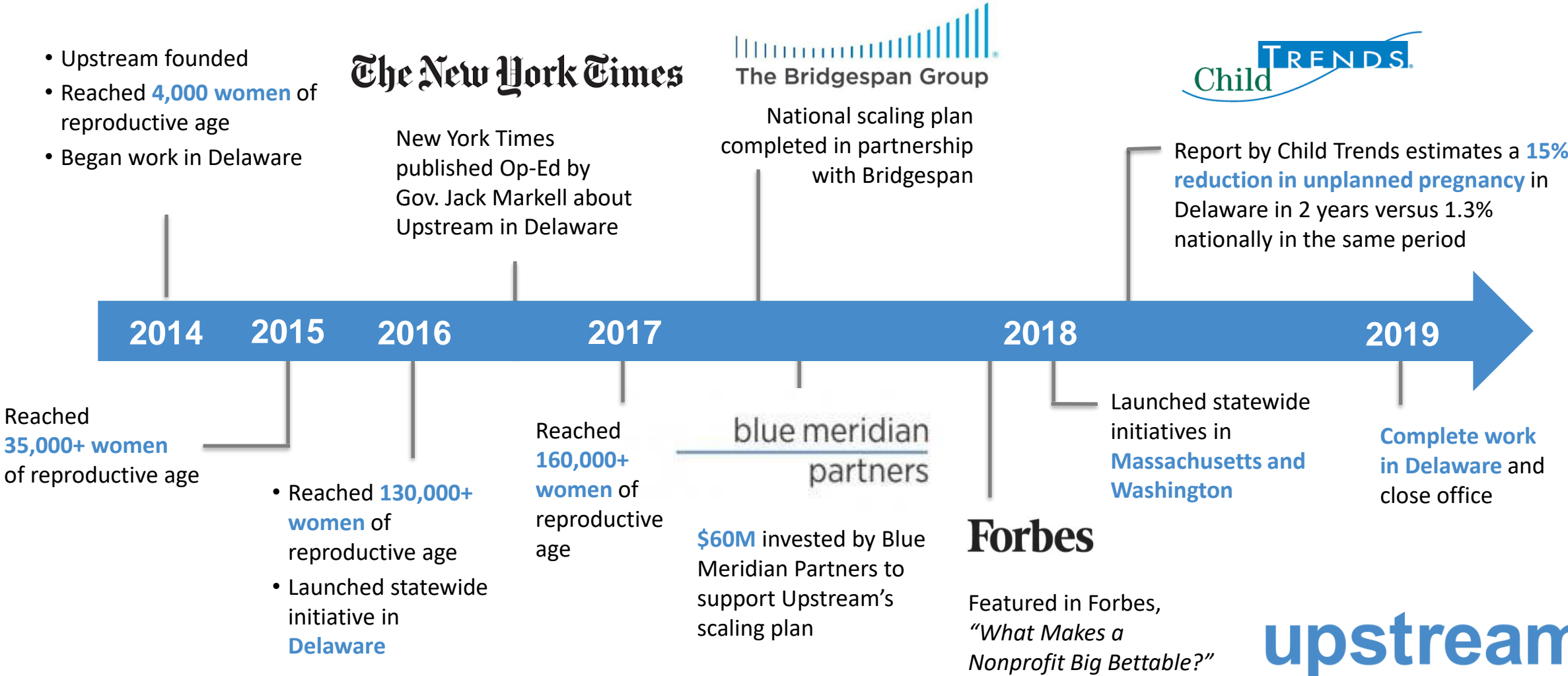
upstream USA

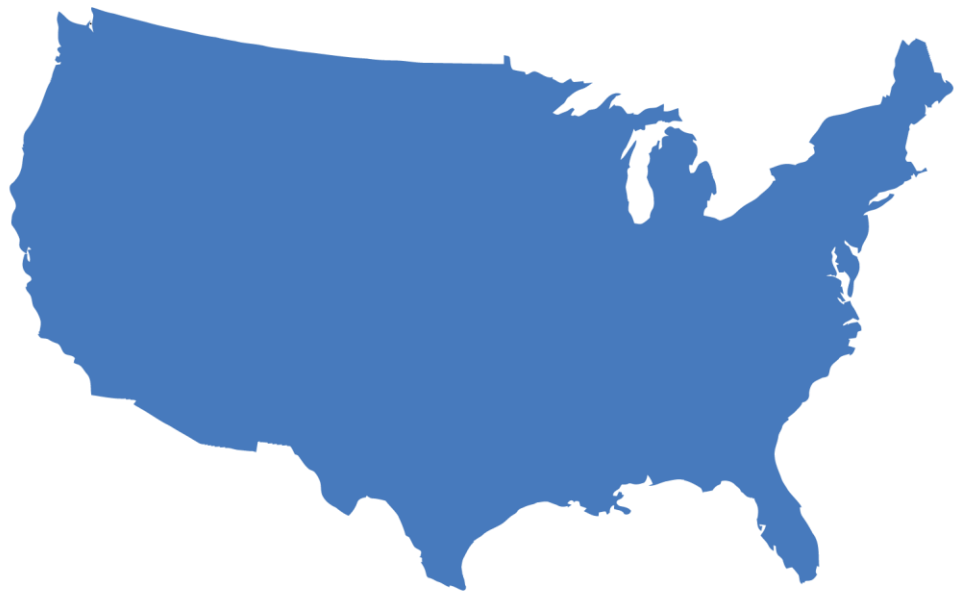
Secretaries' Innovation Group

June 2018

Upstream USA is a national nonprofit working to **expand economic opportunity and mobility** by reducing unplanned pregnancy, empowering women to decide when and if they want to become pregnant, and improving downstream outcomes for parents, children and society.

Founded in 2014, Upstream is already working at **scale** and seeing evidence of measurable **impact** that is **sustained** long after our intervention is delivered.





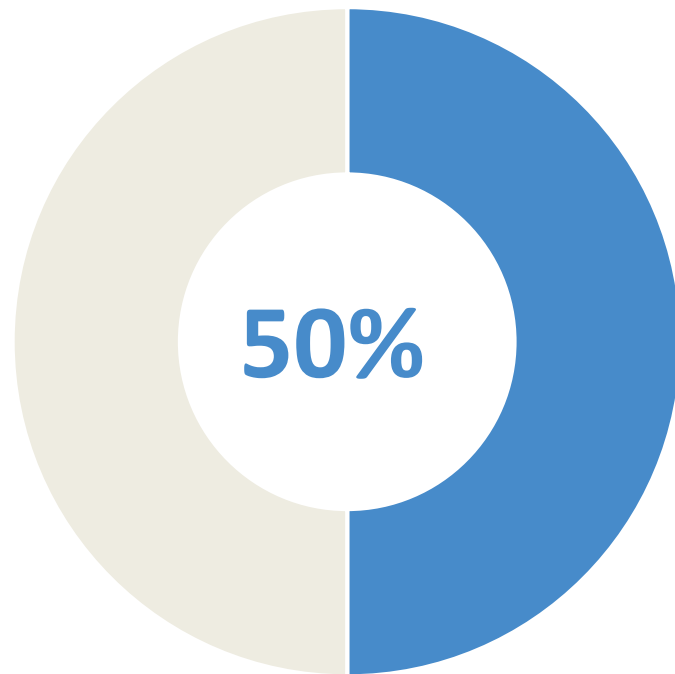
1.5 MILLION

unplanned births per year in the U.S.

1 million of those are born into poverty

The rate of unplanned pregnancy is **5x** higher among lower income women.

Unplanned pregnancy is one of the **strongest predictors of future poverty** for women, children and families.



Half of these unplanned pregnancies occur to women **using contraception**, but the method they are using fails them.

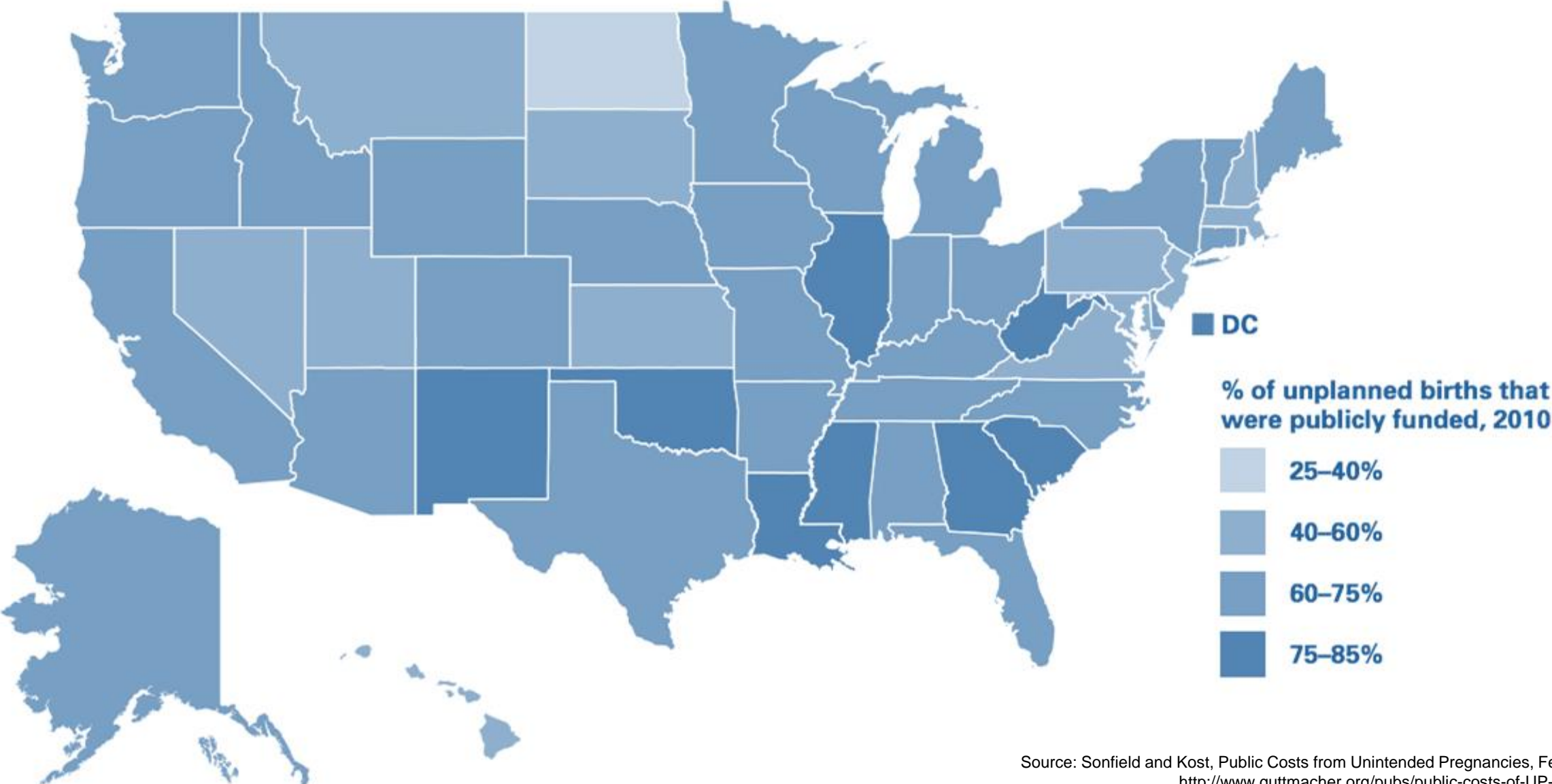
Unplanned pregnancy can cause women to drop out of school, disrupt their careers, and lead to poorer birth outcomes for children, all of which **limit economic and educational opportunity**.

Unplanned pregnancy is also **costly.**

States Represented Among this Group	2010 public costs for unintended pregnancy
Alabama	\$73 million
Arizona	\$162 million
Arkansas	\$62 million
Florida	\$427 million
Idaho	\$19 million
Indiana	\$91 million
Kansas	\$50 million
Kentucky	\$75 million
Michigan	\$177 million
Mississippi	\$40 million
Missouri	\$133 million
Nebraska	\$42 million
Nevada	\$37 million
Ohio	\$219 million
Texas	\$843 million
Utah	\$30 million
Wisconsin	\$92 million

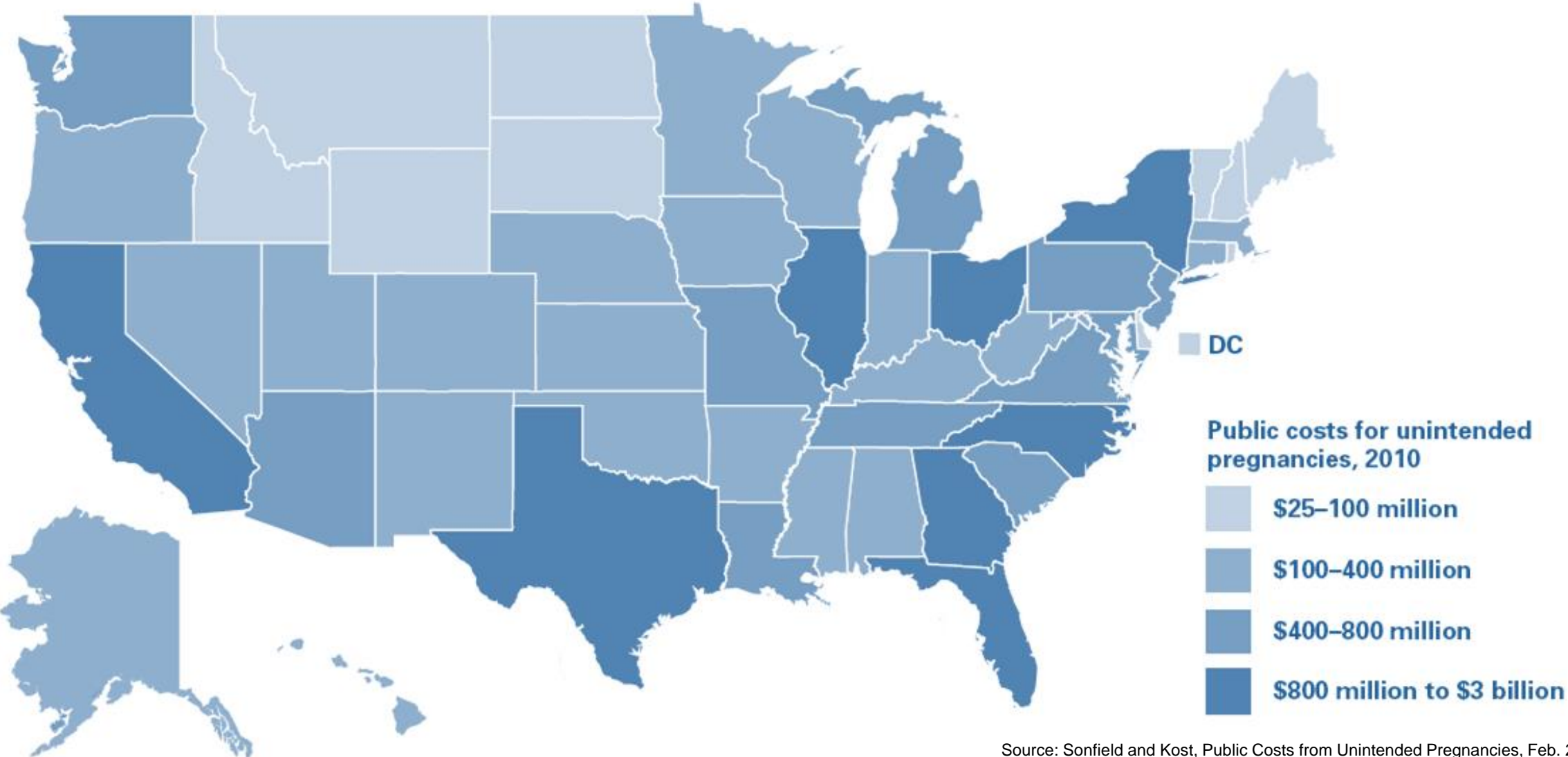
Source:
Guttmacher Institute

On average, **Medicaid paid for 68% of unplanned births**, and in 9 states, 75 – 85%.



Source: Sonfield and Kost, Public Costs from Unintended Pregnancies, Feb. 2015, <http://www.guttmacher.org/pubs/public-costs-of-UP-2010.pdf>

In 2010, the government spent **\$21 billion** on unplanned births. 19 states spent more than \$400 million.

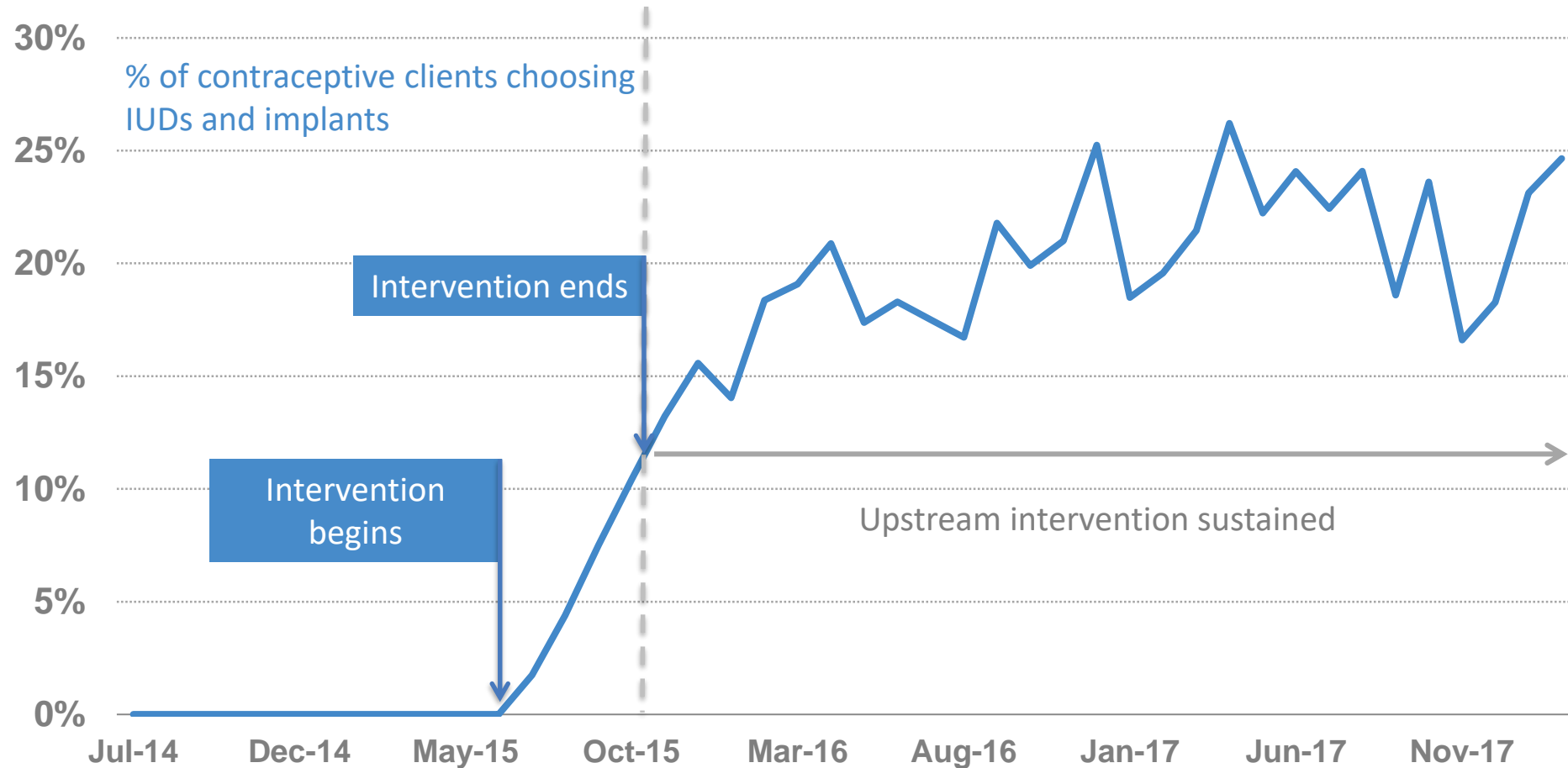


Source: Sonfield and Kost, Public Costs from Unintended Pregnancies, Feb. 2015, <http://www.gutmacher.org/pubs/public-costs-of-UP-2010.pdf>

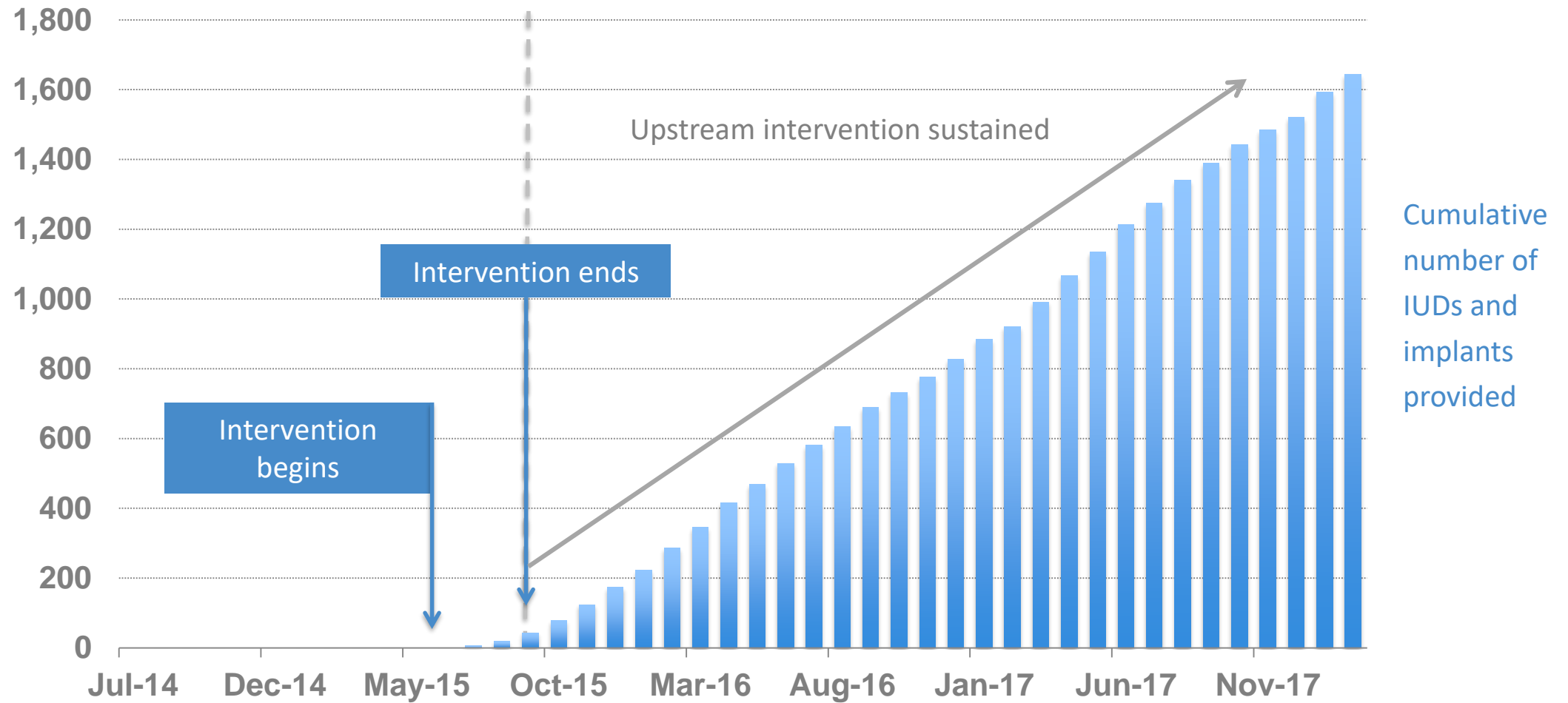
Today, the most effective methods of birth control
– **long-acting reversible contraceptives (LARCs) such as the IUD and the implant** – are considered best in class by the CDC, American Academy of Pediatrics, and by OB-GYNs who choose these methods for themselves more than any other.

Yet **fewer than 20%** of all clinics providing publicly funded family planning services even offer LARC methods to their patients.

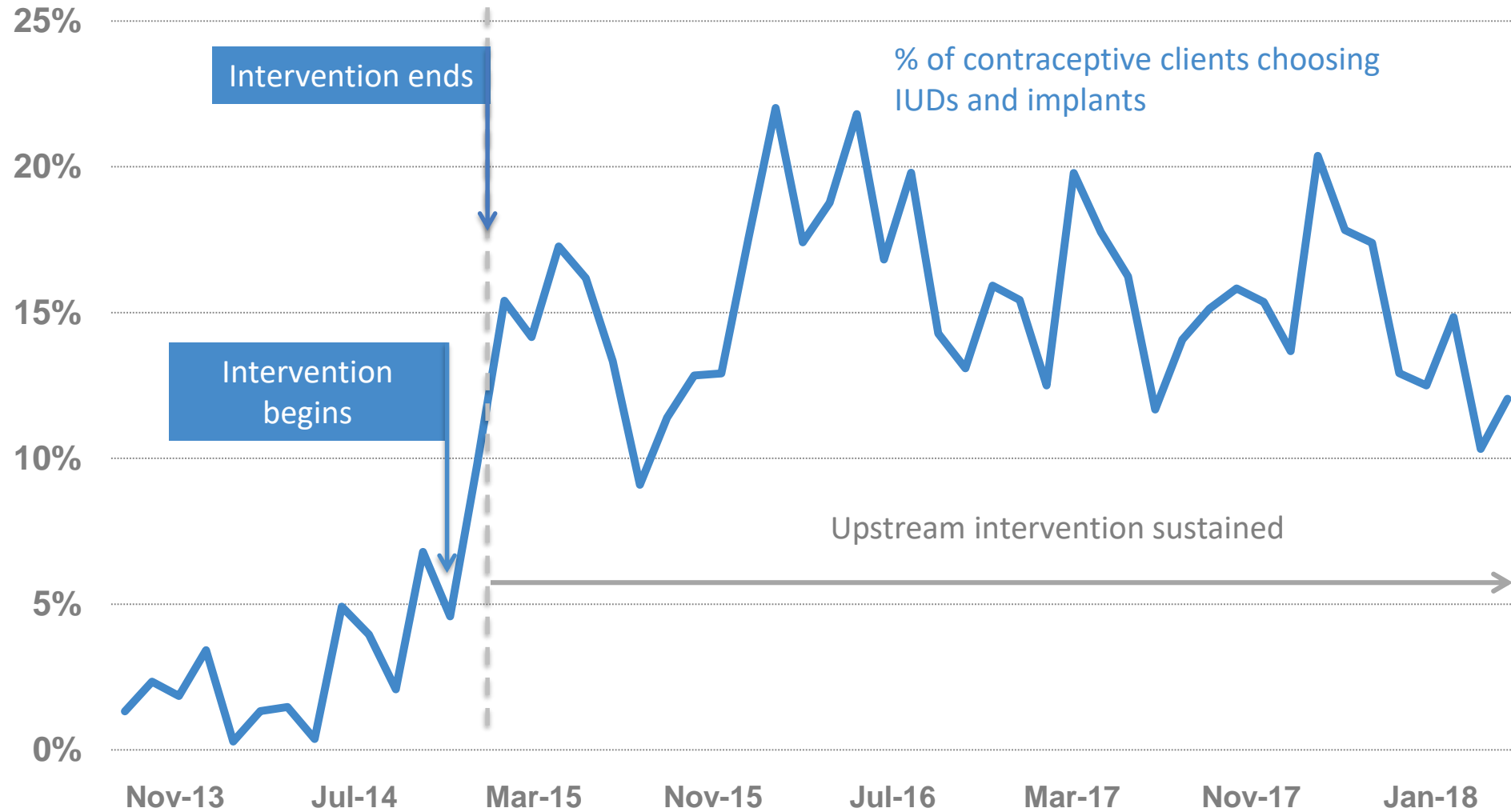
Prior to working with Upstream, The Door, an agency serving disconnected youth in New York City, did not offer LARC. Our intervention resulted in a sharp uptake in LARC, which has been sustained 2.5+ years after project completion.



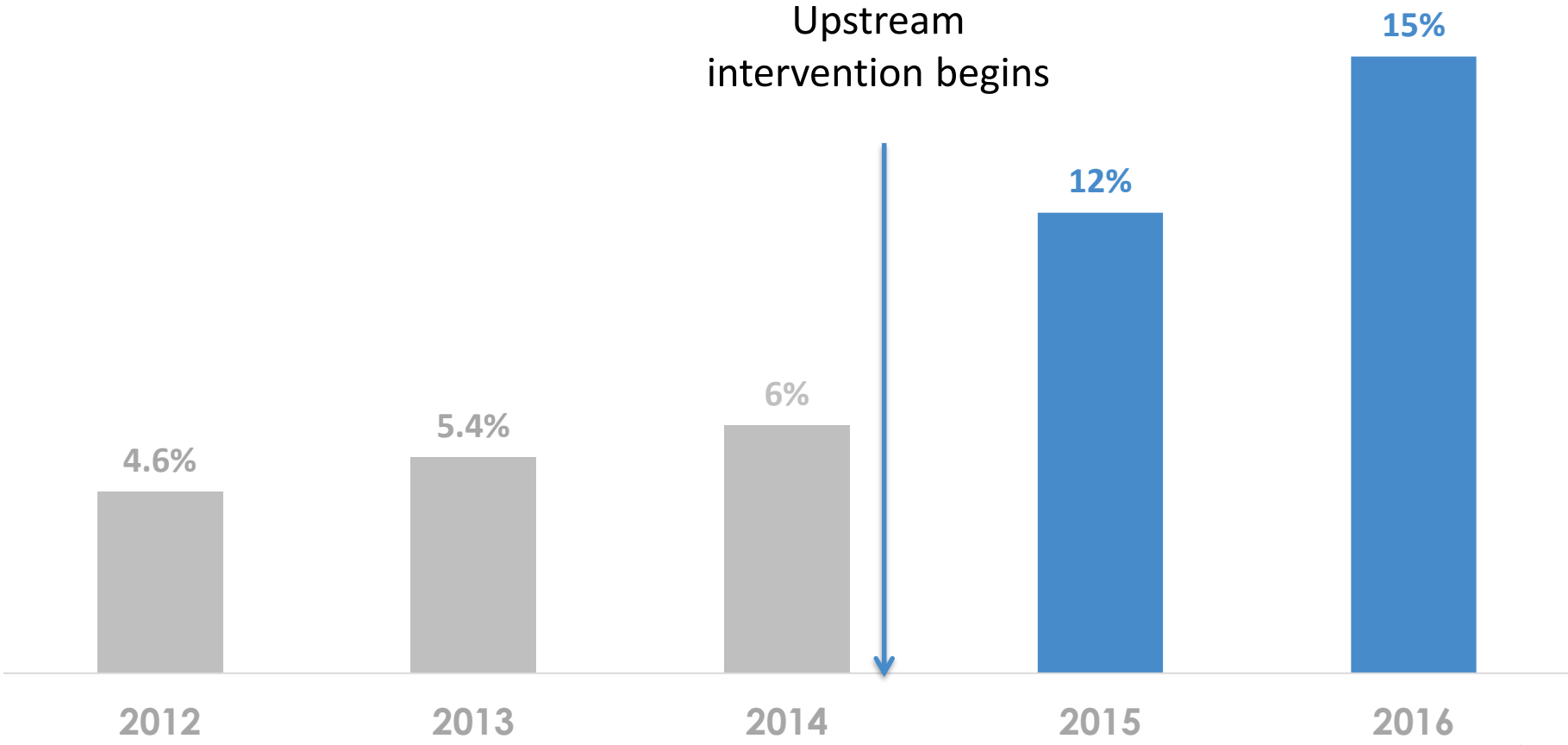
At the Door in New York City, our work continues to have impact 2.5+ years after completing the intervention.



At Haven Health, a health center in Amarillo, Texas, our work continues to have impact 3 years after completing the intervention.

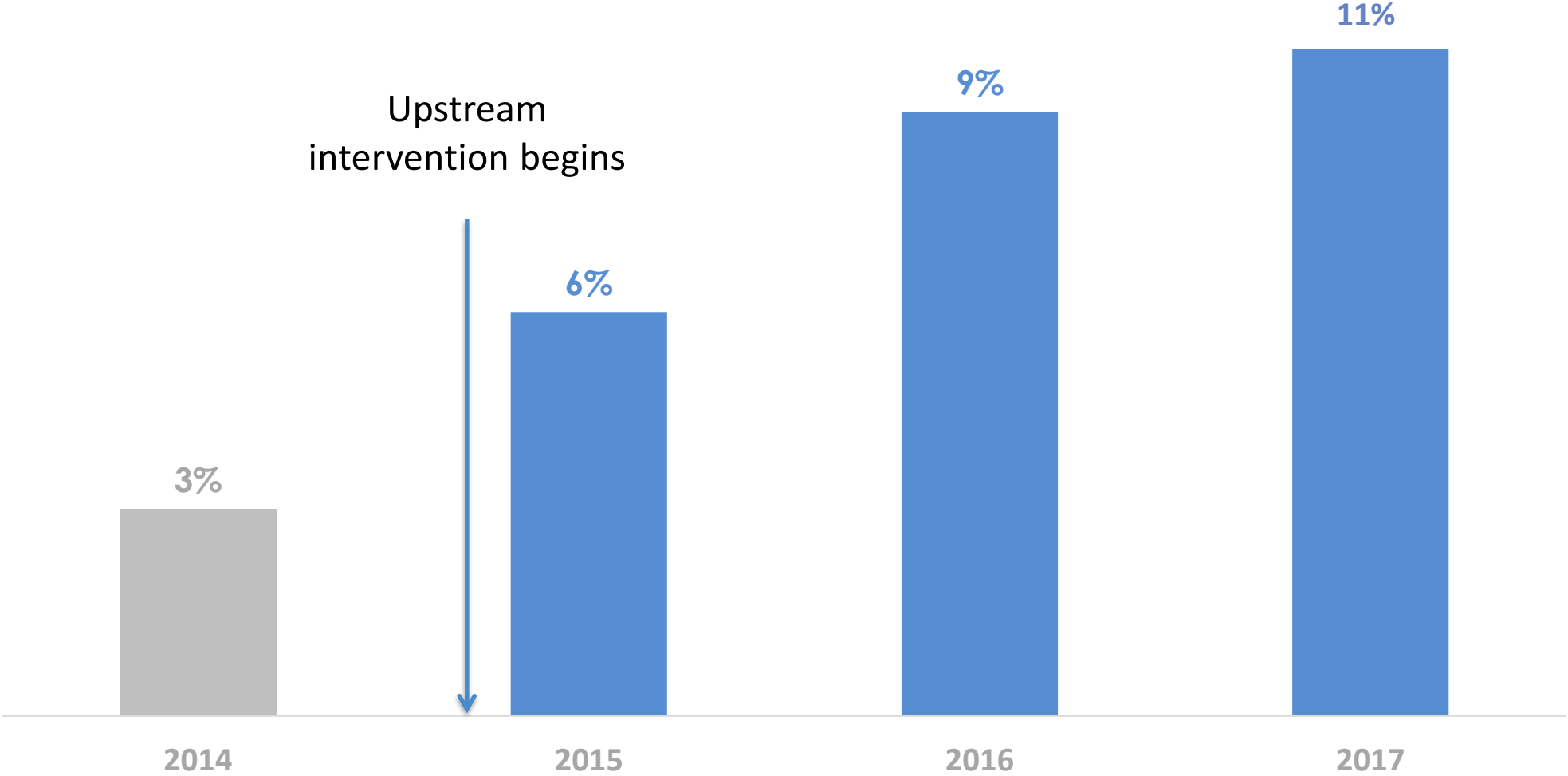


Across Delaware, **Title X sites** that provide care to low-income women who are at the highest risk for unplanned pregnancy have seen a massive increase in women leaving with an IUD or implant* since our work began.

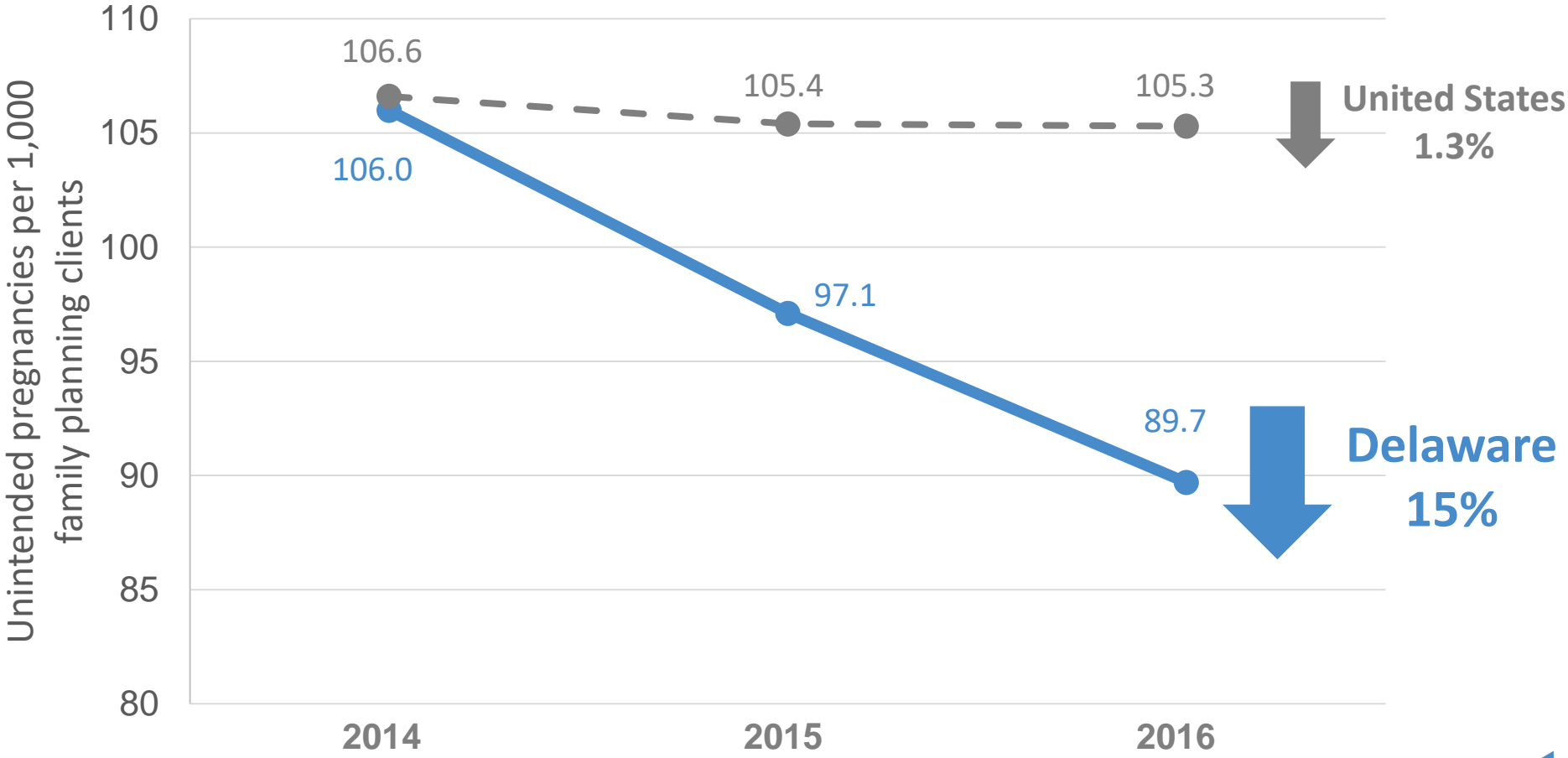


*excluding those seeking pregnancy

The percentage of women enrolled in **Medicaid** in Delaware who either received or continued a LARC method more than tripled from 2014 to 2017.



A 2018 report by Child Trends, a leading national research center, estimates a **15% decrease in unplanned pregnancies among Title X patients in Delaware** between 2014 and 2016 compared to a 1.3% decrease nationwide during the same period.



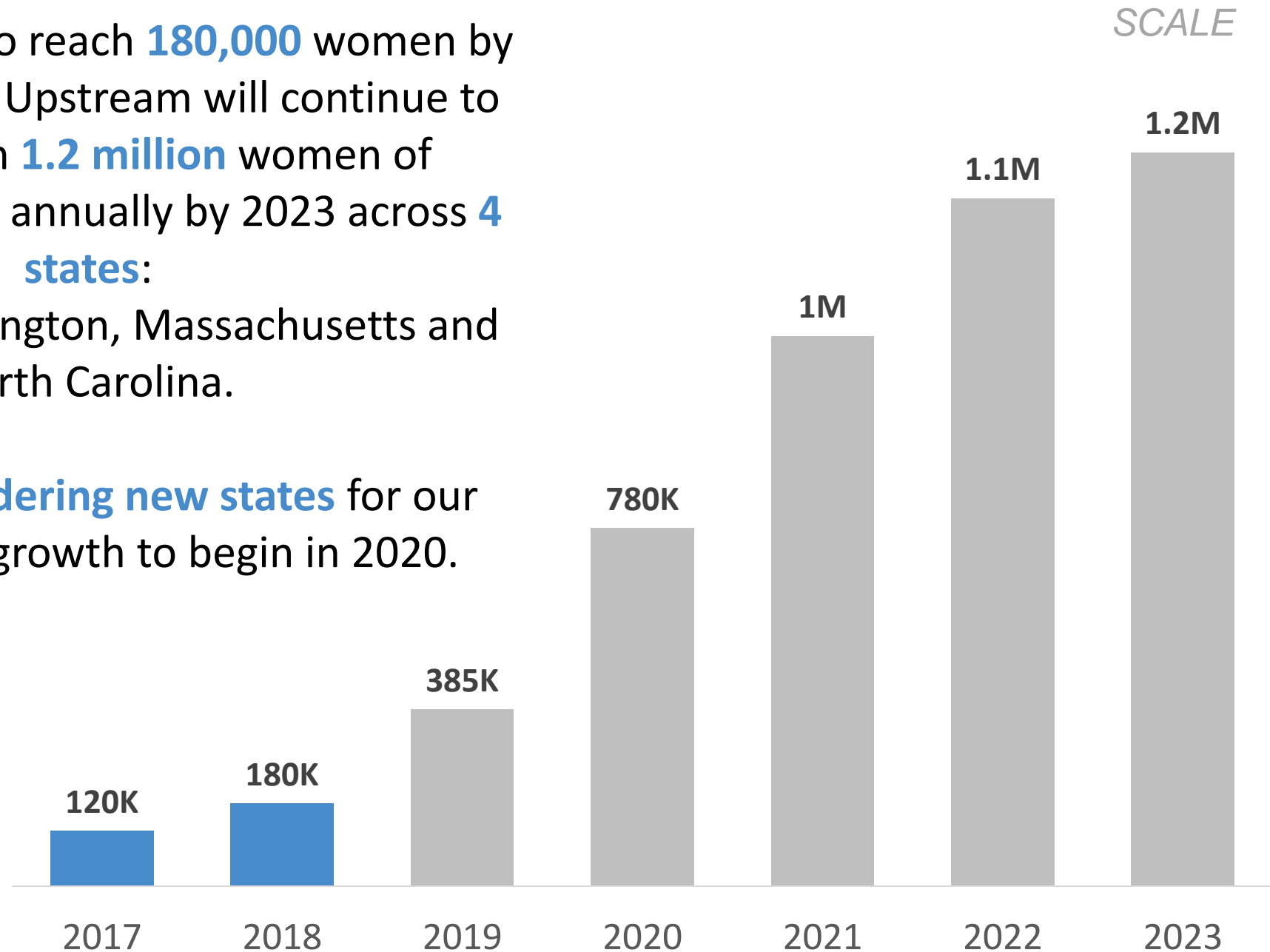
Upstream consistently surveys patients to ensure they are **making their own decisions** about choosing their birth control.



We are on track to reach **180,000** women by the end of 2018. Upstream will continue to grow to reach **1.2 million** women of reproductive age annually by 2023 across **4 states**:

Delaware, Washington, Massachusetts and North Carolina.

Currently **considering new states** for our next phase of growth to begin in 2020.

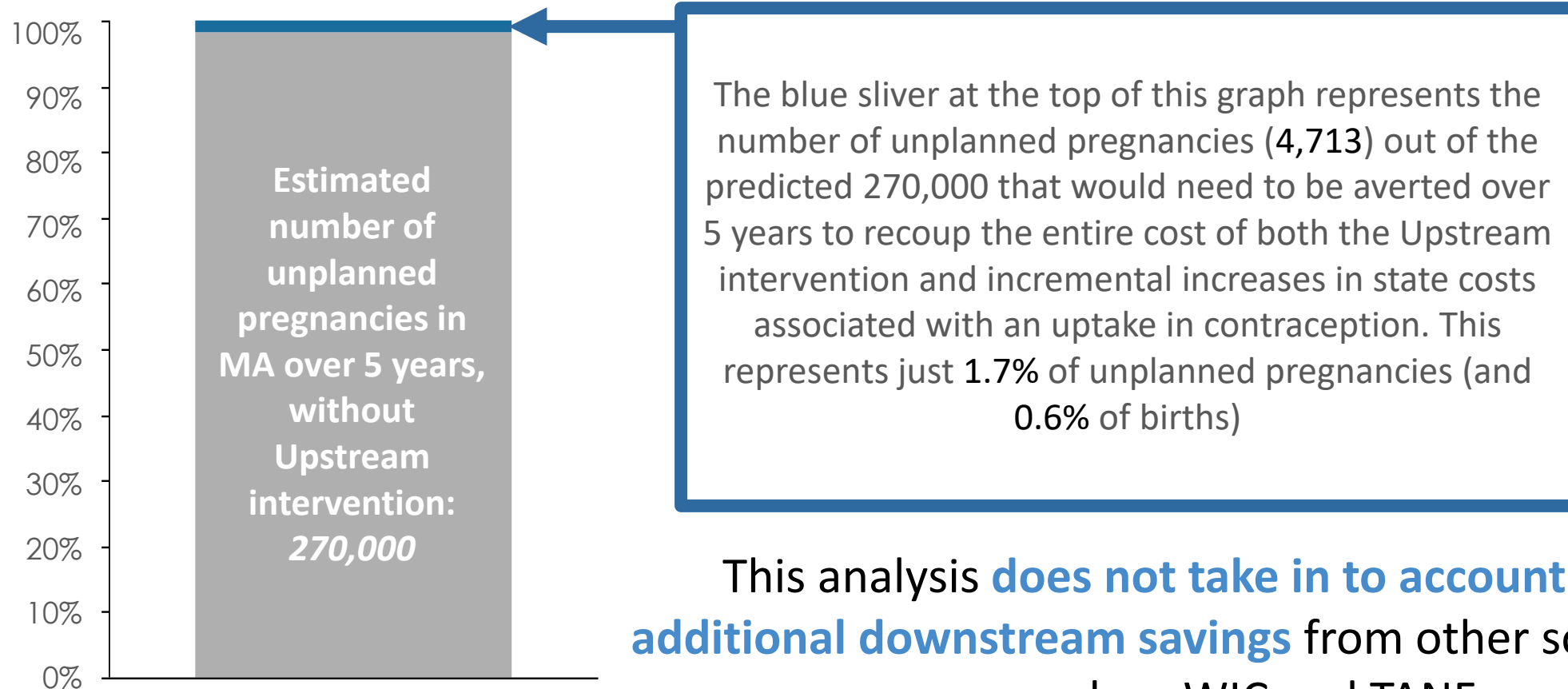


Funding Models

- Local and national philanthropy
 - *Upstream-raised funds pay for the intervention*
 - Massachusetts RFA
 - *State-issued competitive funding process for LARC initiative may contribute up to 15% of the Massachusetts project budget*
 - Pay for Success
 - *Public-private partnership based on predetermined measures of success*
-

Upstream is actively looking for partners for our next stage of growth and is interested in exploring new funding models

In Massachusetts, where Upstream launched an initiative in 2018, the **impact to break even on our project costs is imminently achievable**



This analysis **does not take in to account additional downstream savings** from other social programs such as WIC and TANF

Delaware



"I'm proud of many things I did as Governor over eight years, but Upstream's work will be the biggest legacy I'll leave the state."

– Former Delaware Governor Jack Markell

Join us

- Meet with us to learn more and make introductions to others
- Recommendations on how to work with Medicaid at the Federal level
- Advice in accessing data across different states
- Introductions to funding sources – philanthropic, government, others – who may be interested in supporting our work
- Learn more about our approach

Contact:

Mark Edwards

Co-CEO, Upstream

50 Milk Street, Boston MA

mark@upstream.org

APPENDIX

Our mission is to change how healthcare is delivered so that **all women** can conveniently access the full range of contraceptive methods, including the **most effective**, IUDs and implants.

Upstream's model has been delivered in more than **180 health centers** across seven states. Upstream is now focused on saturating entire healthcare infrastructures across states.

Our first statewide project launched in Delaware in 2014 and brought our intervention to every corner of the state. We are already seeing measurable **impact** at **scale** that will be **sustained** on-the-ground, in health centers, long after we have finished our work.

Upstream's intervention is delivered in a **single** engagement with a health center lasting **6 – 9 months** resulting in **sustained practice change**.

Upstream
Intervention
BEGINS

Month 1

Upstream LEAVES
& Work ENDS

Month 9

Intervention
sustained after
Upstream leaves

Data collection begins 1 year prior to intervention delivery to set baseline

Our **systems-change approach** works with the entire team of a health center – front desk staff, billing, schedulers, clinicians, medical assistants, health educators – to ensure that practice change is embedded in workflows and our **impact sustained** long after our intervention is delivered.

Data collection continues 2-year post-intervention to monitor outcomes

Currently, women face multiple barriers in accessing the most effective contraceptive methods:

Billing & Coding

Device Inventory

Workflows

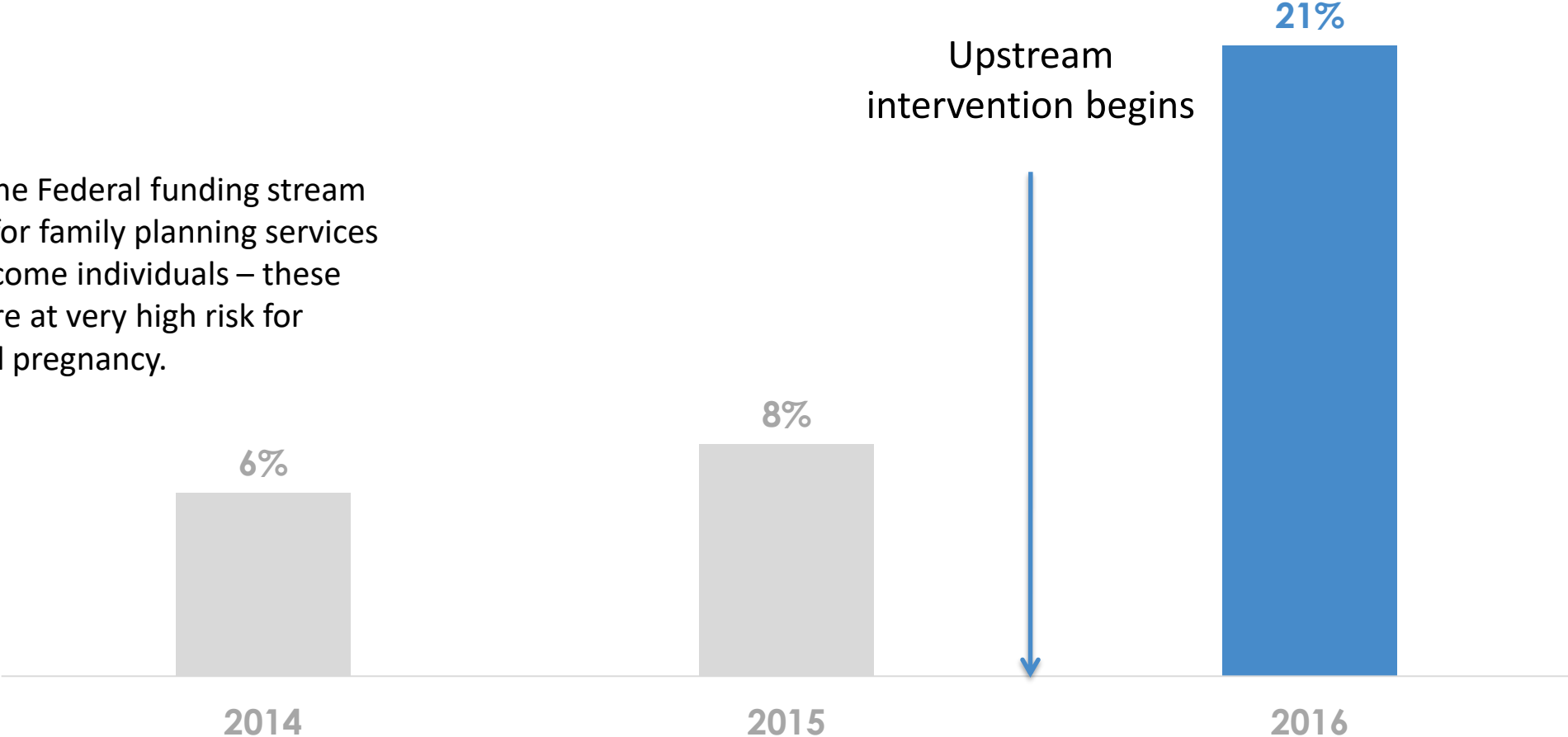
Clinical Skills

To achieve our mission, Upstream provides health centers with **customized, comprehensive, evidence-based training and technical assistance** that eliminates these barriers.

The result of our work is that all women are able to access the full range of contraceptive methods in a **single visit** at low or no cost, leading to reduced unplanned pregnancies.

Planned Parenthood of Delaware is an Upstream client. As a result of the training and technical assistance we provided, the number of their **Title X** patients leaving with an IUD or implant has grown by 150%.*

Title X is the Federal funding stream that pays for family planning services for low-income individuals – these patients are at very high risk for unplanned pregnancy.



*excluding those seeking pregnancy

“In all my years as a medical professional, I’ve never encountered a public health initiative that has made such a dramatic impact on practice change in such a short period of time.”

– *Dr. Karyl Rattay, Director, Delaware Division of Public Health*