

## Indiana Contraceptive Use Metrics through PATH4YOU Program: Initial Review

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**Objective**—PATH4YOU is Indiana’s first state-wide contraceptive access project and provides contraceptive access via in-person and telehealth visits using a reproductive justice framework. Our objective was to evaluate outcomes of the PATH4YOU program to determine the distribution of contraceptive access among people in Indiana.

**Study Design**—We analyzed programmatic data of reproductive-age people who received care in the PATH4YOU program from September 2021 to June 2023. All participants received pregnancy intention screening, comprehensive contraceptive counseling and decision support, and no-cost contraceptive method access, including long-acting reversible contraception (LARC). We evaluated age, location (county), primary method of contraception received, partner site visited, and in-person vs telehealth visit type using descriptive statistics. Geographical mapping analysis was used to determine areas of Indiana most impacted by the PATH4YOU program.

**Results**—Between September 2021 and June 2023, 1,024 people received care at 1,231 visits through the PATH4YOU program. The average age of participants was 27.6 years old. A significant (49.3%) proportion of the participants live in Marion County. The most common primary methods of contraception were the implant (25.8%), contraceptive pills (20.5%), and intrauterine devices (16.0%). The most visited partner sites included People’s Health Center in Indianapolis (24.8%) and via telehealth (22.5%). Most people received contraceptive access in one in-person (66.0%) or telehealth (17.9%) visit.

**Conclusion**—The PATH4YOU state-wide contraceptive access project provided a range of contraceptive methods via both in-person and telehealth visits to a wide reach of people across multiple counties in Indiana.

**Implications**—The unique PATH4YOU model of care using both in-person and telehealth visits is a novel way to increase contraceptive access throughout a state with highly variable access to traditional in-person contraceptive care. Further research is necessary to evaluate direct impacts of the program on minoritized and traditionally excluded populations to evaluate long-term outcomes like maternal mortality.