Long-acting reversible contraceptive methods (LARC) are highly effective but are underused by low-income women in the US, who have disproportionately higher rates of unintended pregnancies. This study used community-based participatory research with New Haven Healthy Start (NHHS) to assess unintended pregnancy and LARC acceptance and use in one urban population. This research involved NHHS staff, community members, clinicians and mixed-methods researchers to complete four study components using a community-based research approach:

1) A survey on LARC knowledge, beliefs and practices and among medical providers of low-income women in New Haven, CT,

2) A survey of low-income women in New Haven about their perspectives on LARC.

3) In-depth interviews about social service workers’ perspectives on preventing unintended pregnancy and accessing family planning services.

4) Development and assessment of a comprehensive strategy to strengthen NHHS family planning efforts.

The major findings from this multi-phase project included: 1) There remain notable deficiencies in provider LARC training and use, particularly among primary care clinicians who are not trained in women’s health, 2) Awareness and interest in LARC methods remain low among low-income women, however those who have friends with LARC are more likely to demonstrate interest, 3) Social service workers including care coordinators and social workers regularly help low-income women cope with unintended pregnancy and are equipped to help high-risk women develop and execute reproductive life plans and gain access to family planning services.

Based upon the results of the surveys and in-depth interviews we have designed an interactive tool for social service workers to help women develop reproductive life plans and access family planning services including LARC methods. These tools are currently being piloted at sites across New Haven that serve low-income women.

We are currently sharing the findings of this study with community providers, social service workers and women in order to identify opportunities to reduce barriers to effective family planning for low-income women and strengthen the capacity of medical and social service professionals to meet the reproductive health care needs of women in this population.