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.