For millions of people across the United States, access to publicly funded contraceptives is an essential healthcare service. An estimated 90% of women between the ages of 16-64 have used contraceptives at some point in their lives.¹ For people with low incomes, having access to publicly funded contraceptives through either state or federal programs is an essential healthcare service. Medicaid accounts for the majority of expenditures on family planning (75% in 2015 according to Guttmacher). Title X is the only federal program that is dedicated specifically to funding family planning services. While Title X’s expenditures are far less than that of Medicare (10%), it subsidizes services for people that fail to fulfill Medicaid’s narrow eligibility requirements. Another major source of funding is state-specific programs which make up slightly more of the public funding available for family planning services (13%).² In conjunction, these programs are essential to ensuring that contraceptives remain accessible for people of low incomes in the United States. This is especially true now that abortion is no longer protected under the Constitution. As of January 2023, 13 states have banned abortion with limited exceptions. Bans like these disproportionately affect people with low incomes who cannot afford to travel out of state to receive care, making access to publicly funded contraceptives more important than ever.

Wisconsin outlawed abortion in 2022 following the Supreme Court’s reversal of Roe Versus Wade over the summer. The state defaulted back to an 1849 law that bans the procedure except in some rare cases. Abortion legality is not the only dramatic reproductive health policy shift that Wisconsin has experienced in recent years. In 2019, Planned Parenthood Wisconsin was forced to pull out of the Title X program, meaning that they could no longer provide publicly funded contraceptives.³ The burden of providing this essential care fell on smaller clinics and local health departments. Wisconsin has also failed to take the Affordable Care Act’s Medicaid expansion, meaning that the program is less reliable in its coverage. These policies impact the over 321,830 Wisconsinites who qualify for publicly funded contraceptives.⁴

To meet the needs of those seeking publicly funded contraceptives in the state of Wisconsin, I propose the creation of an online patient guide. This guide would include information about the various state and federal programs that provide coverage for contraceptives in Wisconsin. By placing all of this information in one place, patients will be able to find a program that fits their needs. The guide will include information about coverage via Medicaid and Title X, as well as Wisconsin-specific programs like BadgerCare and the Family Planning Only Service (FPOS).

To create this guide, I will work with local health departments in three parts of the state. Each of these health departments is the recipient of Title X funds that provide their communities with access to publicly funded contraceptives. The first clinic I have selected is the Iron County Health Department in Hurley, WI which services Iron county. The county is rural and in the northernmost part of the state. The second is the Third Coast Clinic in the Cudahy Health Department which serves the Milwaukee area which represents the most urban part of the state. The last clinic I have chosen is the Pepin County Health Department in Neillsville, WI which services communities in central and western Wisconsin. I selected these three clinics because they each represent a different region in the state and are the primary provider of family planning services for their communities. These are clinics that have also demonstrated a willingness to work with low-income patients through their participation in the Title X grant program. It is essential that I understand exactly what needs to be done to make information about these programs accessible to patients. To get this information, I will interview at least three professionals at each health department. By collaborating with these clinics I will be able to create a guide that is both thorough and accessible to the patients they serve. These guides will be hosted on a website accessible by QR code. Patients will be able to input information like their location and what public insurance

---

⁴ “Contraceptive Deserts 2023 | Power to Decide,”/powertodecide.org/what-we-do/access/contraceptive-deserts.
program (if any) they currently belong to. The site will then direct them to the nearest clinic with a list of what methods of contraceptives that clinic provides. The guides will also include links to information about the different methods of contraceptives so that patients can decide what method is best for them. The duration of this project will be from June 2023 through August 2023. It is my intention to spend half of this time (about six weeks) on research and the other half on putting together the guides and the website that will host them as well as developing a strategy to promote them.

For the average working person, spending an extensive amount of time researching methods of contraception, finding a plan that works with their unique financial situation, and going to the clinic is an overly time-consuming endeavor. Access to care like this should be easy and accessible. A one-stop guide will cut back on the time it takes for someone to access publicly funded contraceptives and, ultimately, promote safe sex so that fewer Wisconsinites will be forced to seek out-of-state abortions or endure unwanted pregnancy.

This project was born at the intersection of two distinct parts of my life. I was born and raised in Wisconsin but chose to move to New York City for college. For a while, my life in Wisconsin and my life and my studies at Barnard were kept separate. But last year I discovered a passion for reproductive justice and healthcare which created a link between these two worlds. While I have believed in the importance of reproductive justice since high school, the Supreme Court’s decision to overturn Roe versus Wade made me determined to work in this area. It was my intention to work on promoting access to abortion at home until I started considering ways to work within existing laws to ease the burden of Wisconsinites who were affected most by the Supreme Court’s decision. Abortion may be prohibited in our state, but contraceptives remain legal and programs that promote access to family planning remain an incredibly popular policy across the board.

At the same time these events were unfolding in my home state, I was becoming increasingly interested in the intersection between public policy and grassroots activism. During the height of the Pandemic, I spent several months working as a Chamber Assistant on the floor of the United States Senate. As I spent hours each day watching as the Senate moved through the daily procedures, I could not help but wonder how the policy creation process could be linked to actual grassroots action. Understanding policy and applying it in a way that can promote social change is a powerful tool that is not used nearly enough. With this in mind, I began to research the ability of Wisconsinites to access publicly funded contraceptives through programs. I found that there is no guide for a person seeking this care. Instead, I was met with several programs each with its own set of eligibility requirements and confusing list of contraceptive methods available. When I considered what I could personally do to promote health equality in my home state, I landed on the creation of a resource that a person seeking coverage for contraceptives could easily use.

When the Dobbs versus. Jackson Women’s Health Organization decision came down from the Court, there was much talk of who would be most affected. People with low incomes and people of color have always been disproportionately affected by poor reproductive health policies. For these Wisconsinites access to essential care has always been important, but the illegality of abortion has made it essential. The ability to access contraceptives is an essential part of promoting gender equity, but it also has more immediate and tangible effects on society. According to the World Health Organization, having access to contraceptives lowers rates of mental illness and pregnancy-related deaths. True peace requires both mental and physical well-being for all genders. This means giving people the power to make essential healthcare decisions for themselves and their families. There are no major advocacy groups in Wisconsin that are focused specifically on promoting access to contraceptives for people of low incomes. This project is my attempt to rectify that discrepancy by spreading awareness about existing programs that provide access to contraceptives, exploring the intersection between grass-roots activism and public policy, and promoting peace and wellness in my home state.