choose when

A Caring for Colorado Initiative



# Addressing Barriers to Contraception

## Results and Lessons from 3-years of Grantmaking

OCTOBER 2026

Caring for Colorado FOUNDATION

*Promoting Health*

## Introduction

At Caring for Colorado, we believe that when people of reproductive age have the information, healthcare, and support they need to make decisions about their bodies and futures, they are better able to pursue their goals, care for their families, and thrive. Access to contraception is essential to that vision, yet too many people still face barriers that make timely, affordable, and confidential care difficult to obtain. In 2023, Caring for Colorado began implementing **Choose When**, a program designed to close the gap between the promise of contraceptive access, and the realities people face when trying to get care. Through grants to safety net clinics across Colorado, Choose When helps remove financial barriers, strengthen clinic capacity, and ensure that people who are uninsured, underinsured, or seeking confidential services can access the contraceptive method that works best for them. **From 2023 to 2026, Caring for Colorado awarded more than $3.2 million to safety net clinics across Colorado for Choose When.**

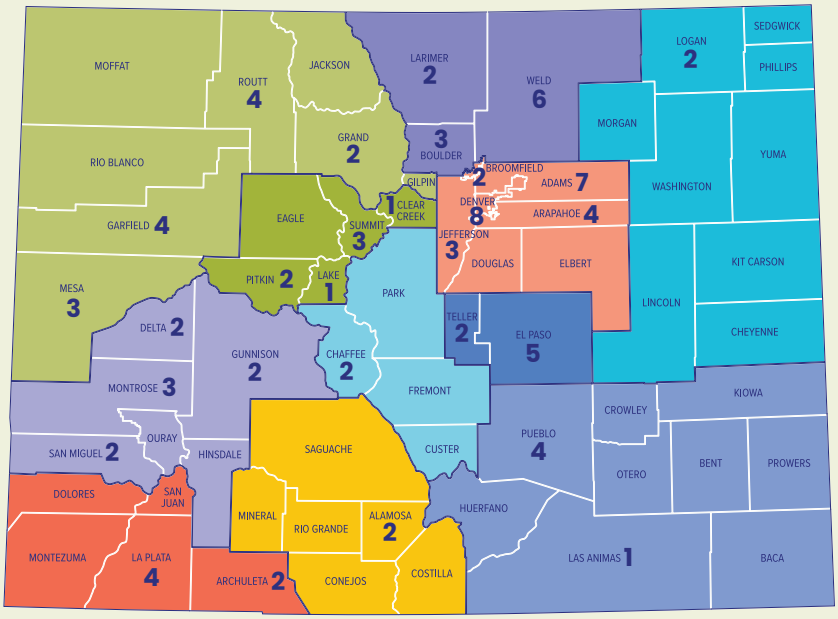
This report highlights how Choose When has increased access to person-centered contraceptive care, the strategies grantees used to expand access and meet local needs, the entrenched barriers in Colorado's healthcare system that continue to shape the patient experience, and the lessons that should guide future efforts to improve reproductive healthcare access across the state.



## Investment in Colorado's Safety Net Clinics

Since 2023, Choose When has supported public health agencies, community health centers, school-based health centers, and other safety net healthcare providers with grants ranging from $25,000 to $100,000, with the goal of reducing barriers to contraceptive care. You can find the complete list of organizations funded by Caring for Colorado for Choose When in the Appendix.

**FIGURE 1 | Choose When Funding by County and Region, 2023–2026**




47 UNIQUE GRANTEES FUNDED

**88** TOTAL GRANTS AWARDED

**$3,273,000** TOTAL FUNDS AWARDED

- 13 NORTHWEST
- 11 NORTH
- 2 NORTHEAST
- 7 HIGH COUNTRY
- 24 METRO
- 7 PIKES PEAK
- 2 CENTRAL PEAKS
- 9 SAN JUAN
- 6 SOUTHWEST
- 2 SAN LUIS VALLEY
- 5 SOUTHEAST

## Lessons from the Field

Over the past three years, Choose When has done more than help clinics expand access to person-centered contraceptive care. It has also surfaced clear, actionable lessons about what still stands between patients and the care they need. Three findings rise to the top: **cost remains a leading barrier; insurance coverage does not automatically translate into care; and flexible funding gives clinics the ability to respond when patient needs, public funding, and staffing capacity shift.** Together, these findings show that Choose When is both a direct access strategy and a practical learning model for longer-term systems change.

This report draws directly from Choose When grantee reports collected since 2023. These sources include updates from clinics on what funding supported, who benefited, the barriers they observed in their communities, and the policy or systems issues that may affect future access to person-centered contraceptive care.

### Cost is a leading barrier to care.

**Patient demand for the full range of contraceptive options is strong, but the cost of care continues to determine whether many people can access the method they want.**

#### CLINIC-LEVEL FINDINGS

One of the clearest learnings from the past few years is that Choose When helped clinics maintain and expand access to the full range of contraceptive methods, especially long-acting reversible contraceptives (LARCs) such as intrauterine devices (IUDs) and contraceptive implants like Nexplanon. Without health insurance, these methods can cost more than $1,500 out of pocket, placing them out of reach for many patients who are also trying to cover groceries, rent, and other basic needs. Grantees reported using Choose When funding to purchase and stock a full range of contraceptive options, which allowed them to provide same-day access at no cost to patients. In many cases, Choose When made it possible for clinics to consistently offer methods they had previously struggled to keep in stock because of cost, particularly long-acting methods.

With the support of Choose When, grantees were able to serve the growing number of uninsured patients who came in seeking free birth control options. Many grantees reported serving individuals who lacked both legal documentation and health insurance, people who lost Medicaid coverage, or people who earn too much to qualify for Medicaid but cannot afford expensive private insurance options. Other populations served included Latine communities, adolescents, and newly arrived immigrants or refugees – groups who each encounter unique barriers to obtaining and navigating coverage.



**With Choose When, providers in rural Summit County can remove cost barriers so patients can access the contraceptive method that best meets their needs.**

#### HEALTH POLICY FINDINGS

Since Colorado began unwinding pandemic-era Medicaid continuous coverage in 2023, many Coloradans have lost Medicaid coverage, increasing pressure on safety net providers. That pressure is expected to grow as **H.R. 1 Medicaid changes** take effect, including new eligibility and work-reporting requirements beginning in 2027, while at the same time, the future of **federal Title X family planning funding remains uncertain**.[1, 2] For safety net clinics, these shifts raise serious concerns about their ability to provide affordable contraceptive care to people with limited financial resources. Coupled with rising contraceptive method costs, they underscore a persistent and growing gap between patient needs and the resources available to meet them.

## Insurance coverage does not automatically translate into care.

**Insurance coverage is necessary, but it is not enough: real access depends on whether care is available close to home, offered by trusted providers, delivered in a language people understand, supported by clear navigation, grounded in confidentiality, and responsive to each person's culture, circumstances, and needs.**

### CLINIC-LEVEL FINDINGS

A consistent theme across grantees is that formal insurance coverage does not always translate into care that people can use. Clinics described fear of immigration enforcement, confidentiality concerns for young people, language barriers, transportation challenges, and uncertainty about eligibility as persistent barriers to care. Several grantees noted that some patients who are undocumented avoid public programs even when they may qualify because they are afraid of exposure or unsure what enrollment could mean for their families. These experiences underscore that equitable access requires more than coverage on paper. Community health workers and bilingual staff are especially important in this environment because they help build relationships and connect people to care in ways that feel accessible and respectful.

School-based health centers emerged as another important access point for young people seeking contraceptive care. Grantees reported that many adolescents face barriers to accessing reproductive healthcare through traditional healthcare settings, including transportation challenges, concerns about confidentiality, and limited awareness of available services. By offering care where young people already spend much of their time, school-based health centers reduce these barriers and provide timely access to education, counseling, and contraceptive services. Their role highlights how access improves when care is delivered in settings that are convenient, trusted, and designed to meet the unique needs of young people.

### SYSTEM-LEVEL FINDINGS

Workforce and capacity challenges also continue to shape access, especially in rural communities. Grantees reported provider shortages, difficulty recruiting and retaining staff, and limited provider training in contraceptive care as significant obstacles in providing services. These realities make it harder to sustain person-centered care, even when funding is available, and point to the need for sustained system investments in the people and systems that patients rely on.



### A COORDINATED NETWORK STRENGTHENS CONTRACEPTIVE ACCESS

In Pueblo County, a strong network of partners is working together to strengthen access to reproductive healthcare. Through long-term investments from Caring for Colorado, grantees are building a more connected system of care that reaches people through multiple trusted access points.

The Pueblo Department of Public Health and Environment and Pueblo Community Health Center are central to this effort. Each organization provides contraceptive care and education in a setting that best serves their patient population. For example, The Pueblo Department of Public Health and Environment is working with local schools and school districts to reach young people and provide comprehensive sexual health education. At Pueblo Community Health Center, the team is screening all patients of reproductive age for pregnancy intention, ensuring that contraceptive care is integrated into all primary care visits.

Choose When has provided flexible funding to support these goals by removing cost barriers, and increasing the availability of contraceptive care at health clinics across Pueblo. These efforts demonstrate that multiple access points working in partnership can build a more responsive, equitable system—one where people have greater choice, fewer barriers, and more consistent access to reproductive healthcare.

## Flexible funding gives clinics the ability to respond when patient needs, public funding, and staffing capacity shifts.

**Flexible funding is essential because clinics need resources that can move with changing community needs.**

### CLINIC-LEVEL FINDINGS

Over the course of the program, Caring for Colorado has adjusted Choose When funding to respond to what grantees are experiencing in their communities. Grantmaking in 2026 was adapted to provide flexible support that organizations could use not only to purchase contraceptive methods but also to cover office visits, staff time, health educators, provider training, outreach, and vasectomy services. Grantees emphasized that this flexibility is especially valuable during uncertain times because it allows them to respond to changes in patient insurance status, federal and state funding, and staffing or capacity constraints.

**The lessons are clear: access improves when clinics can combine financial support with education, outreach, trust-building, and practical navigation.**



Members of the Vuela for Health team with a birth control decision guide.



Members of the Grand County Public Health Team established contraceptive care in their community.

### INNOVATION IN RURAL COMMUNITIES SUPPORTED BY CHOOSE WHEN

Caring for Colorado helped Grand County Public Health establish a new contraceptive care access point in a rural community that had gone more than a decade without free or low-cost reproductive health services. With Choose When funding, the clinic opened in January 2025, stocked a broad range of contraceptive methods, and provided over 100 visits its first year.

Initially, the clinic in Hot Sulphur Springs was seeing mostly male individuals looking for STI/STD testing and treatment. As the clinic and team became a recognized and trusted source of care in the community, the clinic began reaching more residents who faced significant barriers to care, including uninsured, low-income, Spanish-speaking, and 2SLGBTQIA+ patients.

Now, Grand County Public Health is opening a location in Granby in an effort to expand services across the county. Grand County's model shows how flexible funding can help rural providers move quickly from identifying a gap to building trusted, local access to person-centered contraceptive care.

## Looking Ahead

Contraceptive access cannot depend on insurance coverage alone. Real access requires affordable methods, trusted providers, confidential and culturally responsive care, local availability, healthcare navigation, and flexible resources so clinics can respond as patient needs, community conditions, and public funding change.

The results point to the need for sustained systems change through continued investment in safety net clinic capacity, workforce development and training, Medicaid enrollment and navigation, culturally responsive and bilingual care, comprehensive sexual health education, school-based health centers, and community health workers. These strategies create a web of care that help people with barriers to care meet their contraceptive care goals and improve overall health – for both the patient and the community as a whole.

Colorado has made important progress, but that progress is not guaranteed. As Medicaid changes take effect and federal family planning funding remains uncertain, sustained investment will be essential to protect and expand access to person-centered reproductive healthcare for people across Colorado, regardless of insurance status, geography, language, immigration status, or income.


## Thank You

We are deeply grateful to the visionaries and dedicated community members who started Choose When in Northwest Colorado in 2017, as well as our funding partners and donors who supported Caring for Colorado's statewide expansion of Choose When.

The Colorado Health Foundation™

CSFF | Colorado Gives Foundation | Rose Community Foundation

Colorado Access Foundation

The Rowan Foundation | Rocky Mountain Health Foundation

And thank you to the grantee partners who serve communities every day. Choose When would not be possible without you.

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**Learn more at bit.ly/choosewhen**


### RESOURCES AND WORKS CITED


[1] Colorado Department of Health Care Policy & Financing. *H.R. 1: Key Changes.* Accessed October 2, 2026.
[2] NPR. *Reproductive Health Clinics Scramble as Title X Funding Cliff Approaches.* Accessed October 2, 2026.



APPENDIX

## Choose When Grant Recipients, 2023–2026

| Organization | County Location of Primary Clinic Site | Total Funding |
|---|---|---|
| Arapahoe County Public Health | Arapahoe | $75,000 |
| Archuleta County Public Health | Archuleta | $75,000 |
| Axis Health System | La Plata | $25,000 |
| Boulder Valley Health Center | Boulder | $100,000 |
| Broomfield Public Health & Environment | Broomfield | $50,000 |
| Chaffee County Public Health | Chaffee | $50,000 |
| Clear Creek County Public Health & Environmental Health | Clear Creek | $30,000 |
| Colorado Alliance for Health Equity and Practice (CAHEP) | Denver | $25,000 |
| Community Health Services, Inc. | Pitkin | $75,000 |
| Corvida Health Clinic | Adams | $75,000 |
| Delta County Public Health | Delta | $50,000 |
| Denver Health and Hospital Authority | Denver | $200,000 |
| Denver Sexual Health Clinic | Denver | $50,000 |
| Doctors Care | Arapahoe | $75,000 |
| Dream Centers | El Paso | $75,000 |
| Elevated Community Health | Summit | $125,000 |
| Every Child Pediatrics | Adams | $100,000 |
| Fort Lewis College Foundation | La Plata | $25,000 |
| Grand County Public Health | Grand | $55,200 |
| Gunnison County Department of Health and Human Services | Gunnison | $60,000 |
| Health Solutions | Pueblo | $50,000 |
| Jefferson County Public Health | Jefferson | $25,000 |
| Kids First Health Care | Adams | $75,000 |
| La Clinica del Pueblo | Garfield | $75,000 |
| La Plata County Public Health Department | La Plata | $40,000 |

| Organization *(continued)* | County Location of Primary Clinic Site | Total Funding |
|---|---|---|
| Larimer County Department of Health and Environment | Larimer | $75,000 |
| Mountain Family Health Centers | Garfield | $75,000 |
| Mt. San Rafael Hospital | Las Animas | $25,000 |
| Northeast Colorado Health Department | Logan | $85,000 |
| Northwest Colorado Health | Routt | $89,500 |
| Peak Vista Community Health Centers | El Paso | $125,000 |
| PrimeHealth+ | Mesa | $100,000 |
| Pueblo Community Health Center | Pueblo | $100,000 |
| Pueblo Department of Public Health and Environment | Pueblo | $25,000 |
| River Valley Family Health Center | Montrose | $110,000 |
| Salud Family Health | Weld | $100,000 |
| Sheridan Health Services | Denver | $25,000 |
| South Routt Medical Center | Routt | $30,000 |
| Southern Ute Indian Tribe | La Plata | $50,000 |
| St. Vincent Hospital | Lake | $24,000 |
| STRIDE Community Health Center | Jefferson | $75,000 |
| Sunrise Community Health | Weld | $125,000 |
| Teller County Public Health & Environment | Teller | $35,000 |
| Telluride Medical Center Foundation | San Miguel | $25,000 |
| Tepeyac Community Health Center | Denver | $125,000 |
| Uncompahgre Combined Clinics | San Miguel | $14,000 |
| Valley-Wide Health Systems | Alamosa | $125,000 |
| Weld County Department of Public Health and Environment | Weld | $50,000 |



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