Caring for Colorado FOUNDATION

Promoting Health



WHAT IT TAKES

Lessons from a Decade of Reproductive Health Equity Work in Colorado

OCTOBER 2026

repro COLLAB | choose when | SOMOS



Caring *for* Colorado
FOUNDATION

Caring for Colorado is a health foundation that funds programs, organizations, and systems that help young people and their families successfully navigate the adolescent period. Through collaborative partnerships, shared knowledge, and grantmaking, we work with communities to address the root causes of health inequities. We implement strategies designed to unlock the potential within every young person in Colorado and offer them opportunities to live full and happy lives.

ON THE COVER

SOMOS Participants and Facilitators celebrate the end of a successful 10 weeks in Pueblo County.

Introduction

Over the past decade, Caring for Colorado has worked to advance sexual and reproductive health equity so every Coloradan—especially those most affected by economic injustice, racism, and discrimination—has the autonomy, information, and power to make decisions about their health, bodies, relationships, and futures.

This means ensuring people can access timely, trusted information and services, including sex education, contraception, and abortion care, no matter who they are or where they live.

Our work focuses on improving and expanding contraceptive access, comprehensive sex education, and progressive health policies grounded in reproductive justice, which affirms that all people have the human right to:

- **Not have children,** including the right to control one's reproductive life through access to birth control, abortion care, and comprehensive sex education.
- **Have children,** including the right to decide when and how to have children.
- **Parent the children they have,** including the right to raise children in safe, healthy, and sustainable environments.

The Purpose of this Report

This report tells the story of a decade of philanthropic and community partnerships to advance sexual and reproductive health equity in Colorado. It highlights ReproCollab—Caring for Colorado's initiative to improve sexual and reproductive health and rights in Colorado—and describes the investments and impact of this work, names the challenges that remain, and shares lessons to guide what comes next.



At Mountain Family Health Center's clinic in Gypsum, Chose When grant funding has increased access to person-centered contraceptive care.



Background

ReproCollab builds on Colorado's strong record of expanding access to family planning. A major milestone came in 2007, when a private funder invested $27.3 million to strengthen Title X family planning clinics statewide and reduce unintended pregnancy, launching the **Colorado Family Planning Initiative** in 2009 (Figure 1).[1]

The initiative funded contraceptive supplies—including long-acting reversible contraception (LARC), one of the most effective methods but also the most costly—along with provider training, equipment, staffing, community outreach, and the public education campaign *Beforeplay*.

The impacts of these efforts were swift and substantial.



A report on the Colorado Family Planning Initiative found that, from 2009 to 2014, the program contributed to:[2]

- A nearly 50% decline in the birth rate among teens ages 15–19 and a 20% decline among young women ages 20–24.
- A nearly 50% decline in the teen abortion rate.
- A 1.2-year increase in the average age of first birth.
- An estimated $66.1 million to $69.6 million in avoided federal and state public costs for Medicaid, the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and the Special Supplemental Nutrition Program for Women and Children (WIC) programs between 2010 and 2014 due to pregnancies and births averted.

These outcomes showed that system improvements that prioritize provider training, reduce financial barriers to care, and improve education can yield powerful results. However, translating this knowledge into lasting system and policy solutions for people in Colorado remains an ongoing challenge.

Colorado expanded Medicaid in 2013, which gave more people access to health insurance, and the Affordable Care Act increased insurance coverage and reduced the out-of-pocket costs associated with contraception. Many people, however, still experienced barriers to care because they were uninsured, underinsured, required confidential services, or lived in a community where family planning services were not readily available.

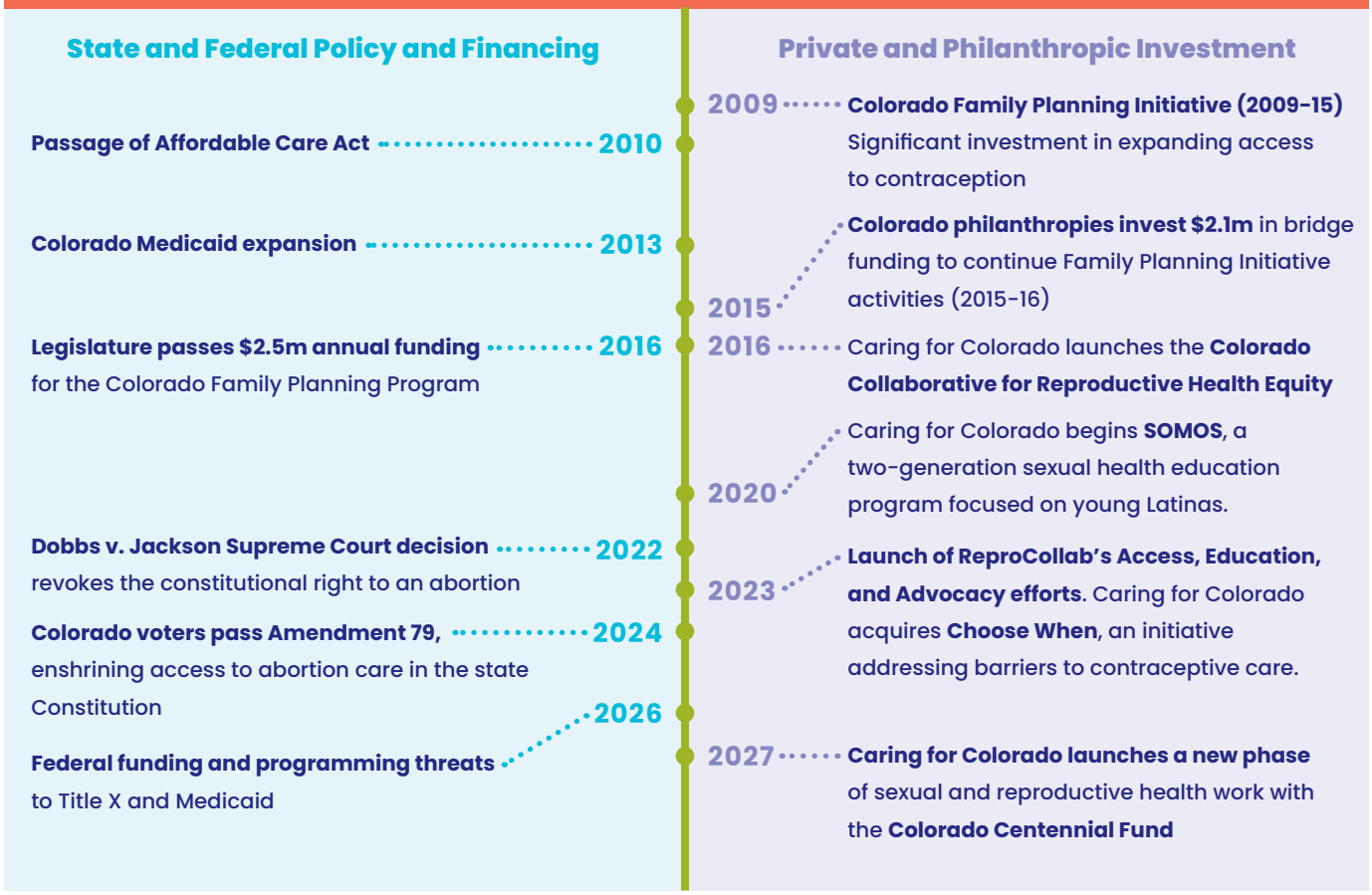
Inspired by the results of Colorado's Family Planning Program and wanting to continue to bring down barriers to care, several Colorado foundations pooled $2.1 million in bridge funding to sustain the state's family planning program in 2015 and 2016—amid state budget constraints—while advocating to secure a $2.5 million increase in state funding for the Colorado Department of Public Health and Environment's Family Planning Program. Approved by the Colorado legislature in 2016, this funding has increased over time and remains in the state budget today.

Caring for Colorado and other Colorado funders also wanted to preserve and expand the successes of the Colorado Family Planning Initiative beyond Title X clinics. So, in 2016, Caring for Colorado launched the **Colorado Collaborative for Reproductive Health Equity** and led efforts in Colorado to:

- Expand access to person-centered contraceptive care
- Foster networks of reproductive health champions
- Strengthen advocacy and policy rooted in reproductive justice
- Develop a two-generation sexual and reproductive health education program designed by and for young Latinas and their caregivers.

This effort was supported by multiple Colorado funders and incubated within Caring for Colorado.

FIGURE 1 | Key Developments Influencing Reproductive Health Outcomes in Colorado



ReproCollab: What It Is, Our Strategies, and Who We Serve

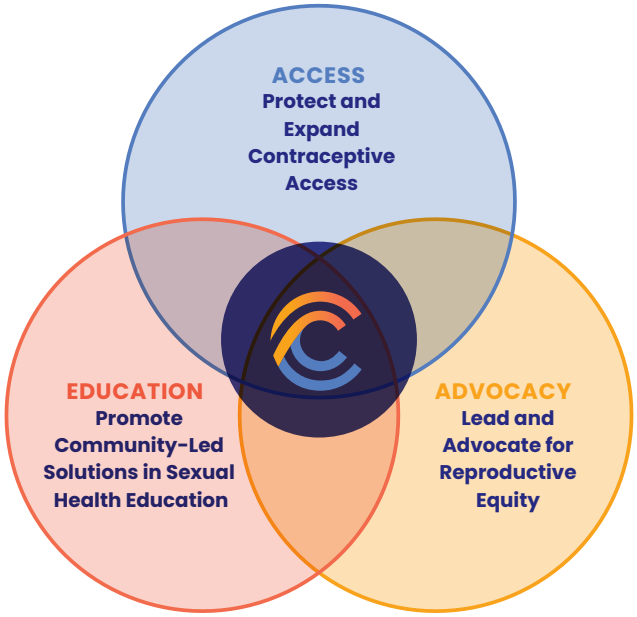
In 2021, after several years of work by the Colorado Collaborative, Caring for Colorado decided to pause and reassess the initiative's strategies. This strategy refresh was designed to address what was being learned through the Colorado Collaborative, specifically: that to meet the initiative's overall goals, there needed to be a stronger focus on health equity by funding more intentionally within priority populations, especially for those who disproportionally experience barriers to sexual and reproductive healthcare, education, and rights.

During this time, Caring for Colorado convened a community advisory board—named the Kitchen Table—to inform the initiative's new strategies. Foundation staff also conducted field research and commissioned a landscape analysis examining reproductive health outcomes across the state. From this work, Caring for Colorado launched ReproCollab in 2022—a 4-year, $8.4 million effort to improve reproductive health equity in Colorado. ReproCollab was designed to leverage foundation partnerships and funding, community partnerships, technical assistance providers, advocates, policy leaders, health educators, and communication specialists to improve sexual and reproductive health through three intersecting strategies.[3]



The Kitchen Table and Caring for Colorado Staff *(clockwise from top left)* **Patrece Hairston Peetz, Melody Morshed, Kay Ramachandran, Juana Rosa Cavero, Indra Lusero, Katherine Riley, Jack Teter** *(center)*

reproCOLLAB
Advancing Reproductive Equity in Colorado



REPROCOLLAB'S GOALS

- **Protect and Expand Contraceptive Access:** Improving access to person-centered contraceptive care within Colorado's healthcare safety net.
- **Promote Community-Led Solutions in Sexual Health Education:** Working with young people to design culturally-appropriate sexual and reproductive health education.
- **Lead and Advocate for Reproductive Equity:** Leveraging community, regulatory, legislative, and philanthropic expertise to create public policies that advance reproductive equity.

To add to the goals of ReproCollab, in 2023, Caring for Colorado added **Choose When** to our body of work to provide grants to safety net clinics across Colorado so they could provide all methods of contraception for people with financial barriers to care.[4]

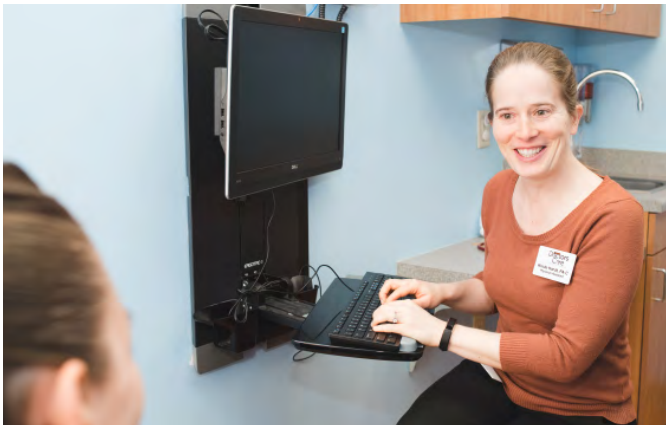


Together, Caring for Colorado's sexual and reproductive health strategies have resulted in a 10-year investment of over $25 million in sexual and reproductive health equity efforts in Colorado (Figure 2).

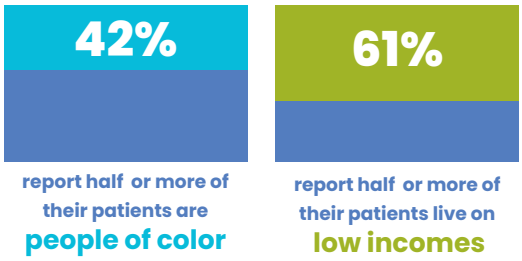
FIGURE 2 | Total Investment in Sexual and Reproductive Health Equity, 2016–2026

Colorado Collaborative for Reproductive Equity (2016–22)	
Colorado Collaborative Grantmaking*	$2,800,000
Implementation Partners*	$713,000
Administration and Staff	$985,000
Colorado Collaborative Subtotal	**$4,498,000**
ReproCollab (2023–26)	
ReproCollab Grantmaking*	$5,903,000
Implementation Partners*	$855,000
Administration and Staff	$1,629,000
ReproCollab subtotal	**$8,387,000**
Choose When (2023–26)	
Choose When Grantmaking*	$3,273,000
Total Philanthropic Investment	**$16,158,000**
Total Funding from Upstream USA**	**$9,500,000**
Total Investment	**$25,658,000**

*A full list of grantee partners and implementation partners is included in the Appendix.
**Upstream USA invested in Colorado as an implementation partner for ReproCollab. Includes funding for clinics and Upstream's staffing and administrative investment in Colorado.



Providers at Doctors Care ensure their patients receive the highest quality contraceptive care.



ReproCollab's Populations Served

The investments highlighted matter because they are ultimately about people — expanding access, choice, and dignity for Coloradans who continue to face the greatest barriers to sexual and reproductive healthcare. Informed by the **reproductive justice movement**, Caring for Colorado understands reproductive equity within the broader context of race, gender, structural inequities, social influences on health, and bodily autonomy.[5]

Many organizations do not collect or report data on the demographic groups ReproCollab prioritizes, displayed below. However, we know from grantee reports that our grantee partners serve a disproportionate share of patients who identify as a person of color or live on incomes below 260 percent of the Federal Poverty Level ($85,800 for a family of four; $41,496 for an individual). **Of our 66 grantee partners, 42% report having patient populations in which half or more identify as people of color; 61% report that half or more of their patients live on low incomes.**

ReproCollab and Choose When's grantmaking has reached every region of Colorado, with **156 grants totaling $9.2 million invested in communities.** The maps in Figure 3 represent ReproCollab and Choose When funding between 2023 and 2026 and *do not* include the Colorado Collaborative's grantmaking that preceded ReproCollab.

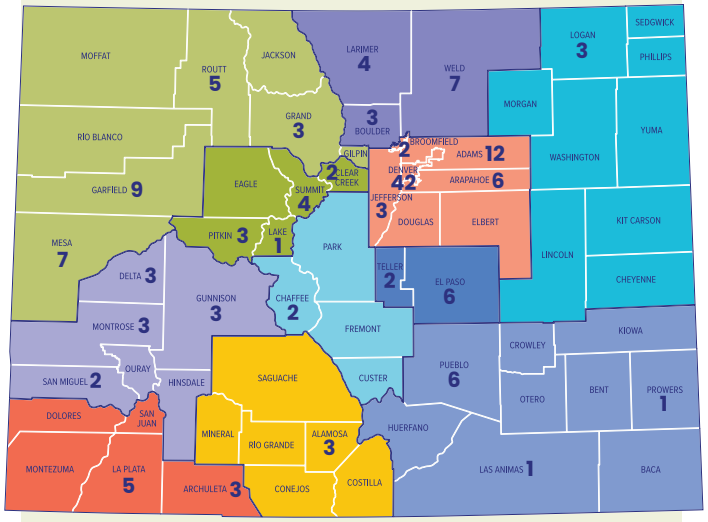
REPROCOLLAB'S PRIORITY POPULATIONS

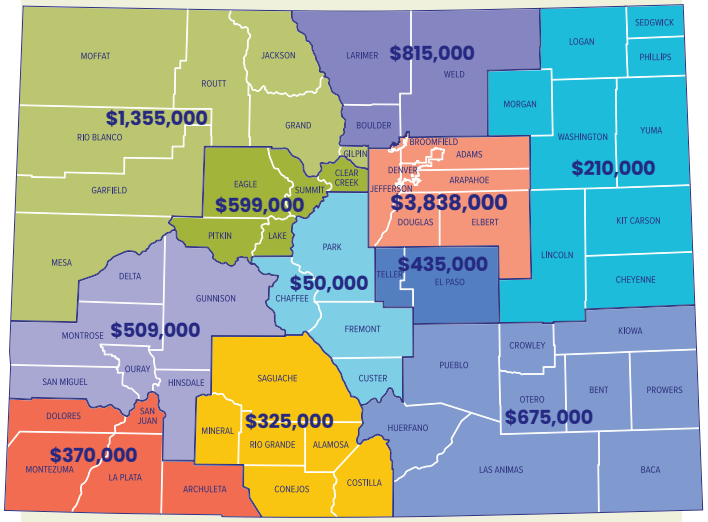
- Young people ages 9 to 25
- People of color, including individuals from various racial, ethnic, and cultural backgrounds not identified as white
- 2SLGBTQAI+ people (Two-Spirit, lesbian, gay, bisexual, transgender, queer or questioning, asexual, intersex, and other identities represented by the "+" sign)
- People in rural and frontier communities
- People who are undocumented, asylees, and/or refugees
- People living on low incomes and facing financial barriers to care

FIGURE 3 | ReproCollab and Choose When Grants and Funding by County and Region, 2023–2026

ORGANIZATIONS FUNDED & TOTAL FUNDING BY REGION

24	NORTHWEST	$1,355,000
14	NORTH	$815,000
3	NORTHEAST	$210,000
10	HIGH COUNTRY	$599,000
65	METRO	$3,838,000
8	PIKES PEAK	$435,000
2	CENTRAL PEAKS	$50,000
11	SAN JUAN	$509,000
8	SOUTHWEST	$370,000
3	SAN LUIS VALLEY	$325,000
8	SOUTHEAST	$675,000
156	TOTAL GRANTS AWARDED	$9,181,000 TOTAL FUNDS AWARDED







The Caring for Colorado and Upstream Team

From Investment to Impact

This section traces how Caring for Colorado's investment moved from strategy to impact through three connected approaches: expanded access to person-centered contraceptive care, community-led sexual health education, and reproductive equity advocacy. Together, these efforts show how sustained funding, trusted partnerships, and community leadership helped advance sexual and reproductive health equity across Colorado.

Protecting and Expanding Contraceptive Access

Since 2023, Caring for Colorado has invested more than $8 million to expand person-centered contraceptive care at safety net clinics across Colorado through two complementary funding strategies. The goal is to ensure care is available, affordable, confidential, timely, and culturally responsive in high-need and underserved communities.

Caring for Colorado views contraception as a fundamental human right: when people of reproductive age can access the method of their choice, they are better able to pursue their goals and support healthier futures for themselves, their families, and their communities. ReproCollab and Choose When advance this work in distinct but connected ways.

ReproCollab partners with **Upstream USA** and **Community Centered Reproductive Health (CORE)**, whose clinical quality improvement specialists work directly with safety net clinics to strengthen systems, policies, provider training, data tracking, and workflows so high-quality contraceptive care is fully integrated and delivered in culturally responsive, non-coercive, confidential, affordable, and timely ways.

Caring for Colorado and Upstream USA partnered with 19 safety net healthcare clinics—mostly federally-qualified community health centers—to strengthen person-centered contraceptive care through coaching, training, and technical assistance. Upstream provided high-quality technical assistance, training, and some limited funding, while Caring for Colorado offered significant grants to ensure that clinics could invest the staff time needed to work on the team-based, clinical quality improvement strategies taught by Upstream USA. Results from ReproCollab's partnership with Upstream USA include:

- 100,872 patients of reproductive age were served by the 19 grantees.
- Clinics that collected training data reported a 23% average increase in knowledge across clinical roles.
- In aggregate, clinics reported 96% confidence among providers in carrying out person-centered contraceptive care. This increased from a baseline of 83%.
- 69% of patients had a family planning or contraceptive needs screening in the previous 12 months, compared to no patients receiving the screening at most clinics prior to the Upstream USA partnership.[6]

Caring for Colorado and CORE partnered with 11 safety net clinics—primarily public health departments and independent safety net providers in rural areas of Colorado. These clinics generally serve a high proportion of young people under 25, immigrant populations, and people living on low incomes, where free and confidential care is essential to ensure access. CORE combines community engagement with an equity-centered approach to tailor technical assistance to improve contraceptive care. Clinics are improving workflows so that patients are screened for family planning needs, expanding capacity through nurse-led care, strengthening billing and reimbursement, and training providers in evidence-based contraceptive care. Caring for Colorado funding helped to ensure staff had time to work on these clinical care improvements with CORE.

Together, Caring for Colorado's partnerships with Upstream USA and CORE have reached 30 safety net organizations, representing 130 clinic sites across Colorado.

choose when

Choose When began in 2017 after Northwest Colorado community members and healthcare professionals identified gaps in reproductive healthcare, including the high cost of long-acting contraceptive methods for uninsured patients or those needing confidential care. Its local clinic-funding model proved successful and was expanded statewide as a program of Caring for Colorado in 2023. Caring for Colorado funds clinics through Choose When to purchase and stock all contraceptive methods, reducing financial barriers—especially for the most expensive options—so patients can choose the method that works best for them.

When we surveyed all past and present ReproCollab and Choose When grantees in July 2026, we asked what they saw as the greatest impact of CFC grants. The top results include:

- Expanding access to contraceptive care and choice of methods.
- Addressing the high cost of contraceptive methods.
- Focusing on the needs of specific communities and populations, especially people lacking insurance, adolescents, young adults, and residents of rural areas.
- Supporting the financial sustainability of an organization's reproductive health efforts.
- Training and learning among clinic staff.
- Convening, coalition-building, and supporting advocacy efforts.

Together, Choose When and ReproCollab's Access strategies are expanding person-centered contraceptive care across Colorado so every person can make informed choices for themselves and their families.[7]



Promoting Community-Led Solutions in Sexual Health Education

SOMOS (Spanish for "we are") grew from Caring for Colorado's effort to understand why some communities continued to experience high rates of unintended pregnancy among young people even as rates were declining statewide. Beginning in 2018, the foundation worked with Tri-County Health Department and identified persistently high fertility rates among adolescent Latinas in Pueblo and Commerce City.

Rather than fund an existing pregnancy prevention program or create one independently, Caring for Colorado partnered with the Curious Company and Latina leaders in Pueblo and Commerce City to listen directly to young Latinas and their families about their perceptions, experiences, needs, and ideas for improving sexual and reproductive health outcomes in their communities. Through nearly a year of activities guided by **human-centered design**—a problem-solving approach that puts people at the center of the development process—SOMOS emerged as a youth-designed, Latina-led, two-generation program that helps young Latinas and trusted adults strengthen relationships and communicate about subjects that are often difficult to discuss.[8]



SOMOS Facilitators with a birth control decision guide.

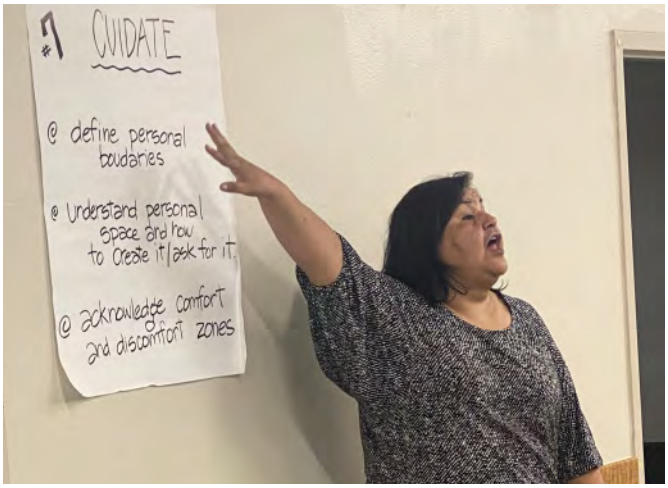
SOMOS

THE PROMISE OF SOMOS

Findings from the Colorado School of Public Health's **evaluation** of SOMOS found that "...SOMOS positively influenced participants' understanding of critical topics such as sexual and reproductive health, consent, and autonomy, while fostering more confident and empowered communication within Latine families. The involvement of community partners and designers was crucial in broadening its reach and impact."[9]



SOMOS is a two generational approach, focusing on young Latinas and their caregivers.



SOMOS facilitator and Design Fellow, Theresa Trujillo, discusses boundaries at a SOMOS session in Pueblo.

Through structured dialogue between a young person and their caregiver, SOMOS builds knowledge and personal agency to support bodily autonomy, consent, boundaries, self-advocacy, and medically accurate sexual and reproductive health information while also discussing what healthy relationships look like, family values and expectations, and the goals of the young person.



2018 THROUGH AUGUST 2026

655 participated in **29**

young people and adults

SOMOS sessions across Colorado

The curriculum is delivered over 10 sessions by trained community facilitators who bring participants together in safe, welcoming spaces to build practical skills for navigating the teenage years.

In 2023, ReproCollab partnered with Vuela for Health, a respected community-based organization, to serve as a long-term implementation partner for SOMOS and scale the program across Colorado. SOMOS continues in Pueblo and Commerce City and has expanded to Aurora, Glenwood Springs, Rocky Ford, and Denver. The vision is to continue expanding SOMOS to reach more Latina youth and families and help close gaps in culturally responsive, community-led sexual health education.

To date, Caring for Colorado has invested more than $2 million in SOMOS's development and implementation, reaching 289 youth and 366 adult participants (Figure 4).

FIGURE 4 | Total Investment and Participants in SOMOS, 2018–2026

PHASE	COMMUNITY ENGAGEMENT	PARTICIPANTS	INVESTMENT
Development Phase			**$1,353,097**
Human-centered design process led by the Curious Company and trusted Latina Leaders in Pueblo and Commerce City	Youth & Adult Focus Groups	595	
Community outreach and focus groups	Youth and Adult Interviews	103	
Two pilot programs to refine the model	Youth and Adult Participants in Pilots	121	
	Total	**819**	
Implementation Phase			**$757,000**
Vuela for Health adapts the model to community needs	Youth Participants	289	
Facilitators trained in SOMOS sessions and in participant recruitment	Adult Participants	366	
Expansion to new communities	Facilitators Trained	32	
29 SOMOS sessions held statewide as of August 2026	**Total**	**687**	
Total Investment			**$2,110,097**

Caring for Colorado plans to continue supporting the work of SOMOS across Colorado with a $400,000 grant to Vuela for Health in FY2027.

Leading and Advocating for Reproductive Equity in Colorado



From 2021 to 2025, ReproCollab awarded $1.8 million to 17 organizations to advance reproductive health, rights, and justice through movement building, community engagement, and policy advocacy. The Lead and Advocate for Reproductive Equity funding opportunity supported nonprofits using community, regulatory, and legislative expertise to promote policy change, mobilize communities, and advance reproductive equity in Colorado.

Because public policy advocacy shapes people's ability to make reproductive health decisions, ReproCollab's funding strategies included supporting coalition building, policy implementation, and emerging leadership. This approach invested in reproductive justice leaders and statewide policy experts who advanced major efforts, including a landmark constitutional amendment that enshrined access to abortion care into Colorado's constitution, community-led and culturally responsive advocacy, and key legislative wins, such as expanding family planning services for individuals who lack documentation (SB21-009) and shielding reproductive healthcare patients and providers from legal threats (SB23-188).[10]

Across grantee reports, partners described the work as contributing to several areas of progress:

- Strengthening a statewide reproductive justice movement rooted in community power and intersectionality.
- Securing protections for family planning access for communities historically denied health opportunities, including young people, people who are undocumented, and people facing financial barriers.
- Using research, targeted messaging, and other organizing tools to engage diverse communities around issues such as contraceptive care and sexual health education.



The Caring for Colorado and Upstream USA Teams during a visit to meet with the Governor's staff at the State Capitol

Overall, ReproCollab's multi-layered advocacy strategy advanced policy goals while strengthening partner organizations' expertise, leadership, networks, and community-rooted values.



Key Insights from Our Strategies

Caring for Colorado is committed to learning alongside partners about current challenges, emerging solutions, and future opportunities. This section includes four key insights to sustain momentum and keep learning and adapting strategies rooted in community experience. The insights are based on grantee reports, check-in calls, formal evaluation results, and survey data.

INSIGHT 1: Success is found in partnership, and partnership takes many forms.

Across ReproCollab's strategies, grantees consistently identify partnership as essential to sexual and reproductive health equity. Coalitions, schools, community health workers, clinics, technical assistance providers, community organizations, and funders each contribute distinct expertise and relationships. Progress comes through trust, shared purpose, and coordination — not one organization acting alone.

Partnership is especially necessary in efforts to protect and expand person-centered contraceptive care. Clinics bring leadership, staff buy-in, practice-change capacity, and commitment to patient autonomy. Caring for Colorado's implementation partners—**Upstream USA** and **Community Centered Reproductive Health**, or CORE—bring technical assistance, clinical and operational expertise.[11, 12]

The SOMOS evaluation similarly underscored the importance of trusted relationships with schools, project facilitators, community health workers, and community organizations in recruiting participants and supporting family engagement.[12]

Among advocacy grantees, partners describe coalitions as essential infrastructure for policy and systems change. **Legislative and ballot victories** require organizations to bring varied expertise, relationships, and community credibility to a shared table. For example, grantee partners garnered 61% voter support for the successful ballot campaign to pass Amendment 79 in 2024, enshrining access to abortion care in the Colorado constitution.[13]

Caring for Colorado was able to leverage its relationships with Colorado's philanthropic sector and individual donors to bring substantial resources to the Colorado Collaborative, ReproCollab, and Choose When. The ability to build and maintain funder collaboratives is essential for creating well-funded, long-term, system change initiatives.

Together, these examples show that partnership is not a single strategy but a way of working. It requires time, flexibility, and attention to relationships, and is the essential ingredient in creating a movement that results in real improvements for our health system, and for the people in our state.

INSIGHT 2: Person-centered contraceptive care takes hold when clinics have the support to change practice.

ReproCollab's Protect and Expand Access grantee partners repeatedly cite the importance ensuring that patients in a primary care or public health setting are provided with contraceptive care that aligns with their personal needs and desires—a concept known as person-centered contraceptive care.

IN THEIR OWN WORDS

"The Contraceptive Access initiative, including the funding and training resources provided by Caring for Colorado and Upstream, has enabled [us] to build standardized workflows regarding pregnancy intention screenings, enhance [the] care team's ability to meaningfully engage with and educate patients served, and directly provide equitable access to contraceptives. The collaboration, intentionality, and follow-through from Upstream played a crucial role in the success of implementation and navigation as we executed the Contraceptive Access program."

— Protect and Expand Access grantee

Grantees emphasized that person-centered contraceptive care takes hold when clinics have time and resources to change their practices—not just adding a tool or providing a simple solution. Critical success factors include:

- **Adding routine, respectful health screening questions** at the clinic identifies needs that might otherwise be missed and connects patients to care aligned with their goals and circumstances. This requires changes to workflows, data systems, scheduling, billing, staff roles, counseling, and service delivery, supported by time, technical expertise, leadership, and staff buy-in. The addition of a pregnancy intention screening question was reported as a powerful development in clinical protocols, resulting in changes to the services offered and to the nature of the conversation between the provider and the patient.
- **Receiving expert technical assistance** to help clinics standardize screening, strengthen counseling, train providers, improve documentation, and navigate Medicaid and insurance billing.
- **Receiving flexible and adequate funding** that provides the time and resources needed for complex clinical systems to adapt and improve their way of delivering care, so that people can receive the care they need, in a way that works for the patient.

Patients are the ultimate beneficiary of this recipe for success. Kids First Health Care, a grantee partner serving the north Denver metro area, shared that:

"By adding these solutions, we have been able to assist many of our patients with reproductive health needs that may not have been addressed without this change. One patient in particular came into one of our school-based health clinics for an acute visit and vaccinations. After administering the [pregnancy intention] screening, she responded that she was interested in contraceptives. From here, we made her a reproductive appointment for that day. During the appointment, we were able to provide her robust and patient-centered reproductive health counseling. That day, we were able to get her the method of choice. This would not have occurred without adding those screeners and our comprehensive counseling training."

The Kids First story shows why implementation support matters: a screening question creates access only when paired with trained staff, same-day workflows, patient-centered counseling, and resources to offer the full range of contraceptive methods.

These results suggest clinics can strengthen person-centered contraceptive care at scale when they receive practical, relationship-based implementation support. The work is operational, but its purpose is human: ensuring patients have information and services that support autonomy, health, and future goals.



Providers at Kids First Health Care, a ReproCollab and Choose When grantee located in Commerce City

INSIGHT 3: Despite these successes, many clinics face an uphill battle.

Caring for Colorado's grantee partners are expanding access to care amid increasingly difficult conditions. They named staffing shortages and turnover, limited provider capacity, short visits, uneven workflows, data challenges, and difficulty sustaining same-day or procedural contraceptive services—barriers that make consistent access harder to achieve.

Financial and health policy uncertainty compounds those operational challenges. Rising costs, uncompensated care, complex billing and reimbursement, and uncertainty tied to Medicaid, Title X, private insurance, and the 340B pharmacy program strain safety net clinics and patients—especially those who are uninsured, underinsured, self-pay, or enrolled in Medicaid. Rural and smaller clinics face even greater pressure to consistently provide person-centered care due to staff shortages, shortages in bilingual providers, higher uninsured rates of patients, and cultural norms within some communities that prohibit or restrict access, especially for young people.

Partners also named growing fear and mistrust among immigrant and mixed-status communities, along with transportation, work schedules, language access, health literacy, stigma, and misinformation as ongoing barriers to care. Access depends not only on whether care is offered, but whether patients can afford it, reach it, trust it, understand it, and receive it in time.

In summer 2026, Caring for Colorado surveyed past and present ReproCollab and Choose When grantee partners about challenges and opportunities that should remain on the foundation's radar. Partners identified several areas needing continued attention to sustain access and protect hard-won gains.

- **Policy and coverage instability:** Medicaid changes, Title X uncertainty, insurance instability, and broader federal shifts are creating risk for both patient access and clinic sustainability.
- **The true cost of care:** Rising costs for LARCs, contraceptive supplies, visits, procedures, and related services continue to outpace what many patients and safety-net providers can absorb.
- **Workforce and training capacity:** Provider shortages, staff turnover, limited precepting opportunities, and the need for ongoing training make it difficult to sustain reproductive health services.
- **Rural and geographic barriers:** Transportation, distance, limited provider coverage, and reproductive health deserts continue to constrain access in rural and frontier communities.

- **Equity barriers for priority populations:** Uninsured and underinsured patients, immigrant and mixed-status communities, young people, people with low incomes, and patients needing culturally and linguistically responsive care continue to face disproportionate barriers to care.
- **Misinformation, stigma, and education gaps:** Partners named the need for better comprehensive sexual health education, trauma-informed outreach, and strategies to counter misinformation and disinformation about contraception and reproductive health.

These compounded challenges carry a big risk for the health status of people in our state. Colorado's unintended pregnancy rate has declined over the past decade, reflecting public investment, clinic infrastructure improvements, public policy attention, and philanthropic resources. Yet the trend is uneven, and growing pressure from funding instability, workforce strain, coverage barriers, and patient needs poses the risk of losing ground. Monitoring that risk is harder because, after 2024, the Centers for Disease Control and Prevention no longer collects the data shown in Figure 5.

In this context, ReproCollab grantee data are more than implementation updates. They are an early warning system, showing where access is strained and where continued investment in workforce, flexible funding, coverage stability, data infrastructure, and technical assistance is needed.

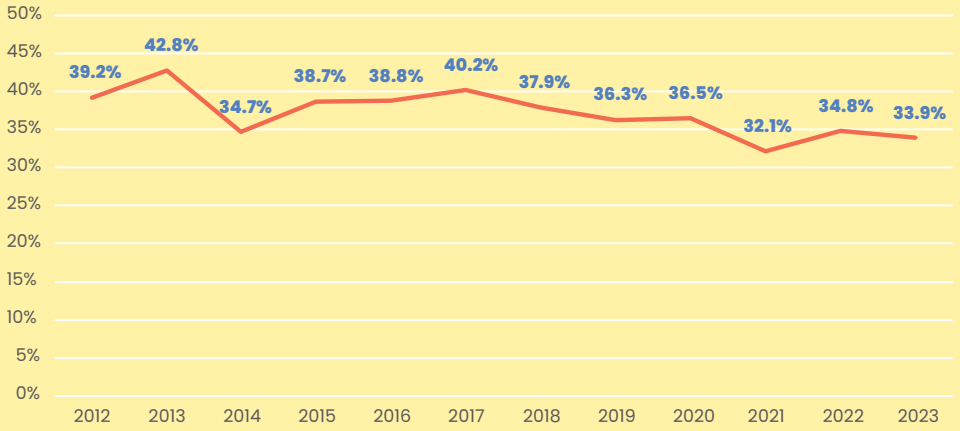
INSIGHT 4: Despite the challenges—or perhaps because of them—grantees continue to innovate and reach new communities.

Clinical and policy-focused grantee partners are not standing still. In their reports, partners describe the next phase as moving from implementation to sustainability by embedding reproductive health workflows into routine care, continuing staff training and onboarding, strengthening electronic health record and data systems, improving billing and reimbursement, and expanding access across more sites and communities. Several are also testing or scaling innovative delivery models—including mobile contraceptive care, harm reduction partnerships, school-based access points, rural site expansion, food pantry distribution of over-the-counter contraception, and community-based outreach — to reach people who may not otherwise engage with traditional healthcare settings.

Policy and advocacy partners are also looking ahead by deepening community power, strengthening coalitions, and using policy implementation as a path to broader systems change. Their next steps include supporting the implementation of reproductive rights protections, addressing deceptive or restrictive practices, expanding voter and civic engagement, building local partnerships in rural and underserved communities, and centering the voices of people most affected by inequitable access. Across both clinical and policy work, partners describe innovation as practical and relational: adapting services to local context, building trusted partnerships, and creating new pathways for people to access information, counseling, contraception, abortion care, and broader reproductive health supports.

The next phase of reproductive health equity work in Colorado will require both scale and flexibility to reach new communities. It requires sustaining and expanding durable systems and supporting partnerships that can respond to changing conditions while also designing systems for the future.

FIGURE 5 | Unintended Pregnancies, Colorado, 2012–2023



*Source: Colorado Department of Public Health and Environment. **Pregnancy Risk Assessment Monitoring System (PRAMS)**. Data are statistically weighted to be representative of all live births to Colorado residents ages 15 and over.*[14]



Conclusion: A Call to Sustain Colorado's Progress

The past decade offers a lesson in what sustained change requires. Caring for Colorado's investment was never simply a series of grants; it was a long-term commitment to building the relationships, capacity, infrastructure, and learning needed for reproductive health equity work to take root and evolve. In the process, Colorado has become a national leader and our progress in sexual and reproductive health equity is real, but its future is not guaranteed. The gains described in this report were built through sustained public investment, flexible philanthropy, trusted partnerships, community leadership, and practical support for providers working closest to people's needs. Today, those same conditions must be protected and strengthened as clinics and community-based organizations navigate tremendous headwinds.

The Call to Action is Clear

In order for Colorado to maintain its national leadership in sexual and reproductive health and rights, we must continue to invest, adapt and work to eliminate the entrenched health disparities that still exist in our state. It will take all of us—clinicians, elected leaders, health policy experts, community coalition, the voice of young people, patients, and Colorado philanthropy to continue the long work of reproductive justice.

We believe that investing in sexual and reproductive health equity is an investment in our state's future, and essential for ensuring health and well-being for young people, today and in the future. Collective, continued commitment is required if we hope to solve the issues outlined in this report. We invite you to join us, as we continue the journey of ensuring that every Coloradan has the right to:

- **Not have children,** including the right to control one's reproductive life through access to birth control, abortion care, and comprehensive sex education.
- **Have children,** including the right to decide when and how to have children.
- **Parent the children they have,** including the right to raise children in safe, healthy, and sustainable environments.



SOMOS Caregiver Participants celebrate at their 10-week graduation in Adams County.



Thank You to Our Partners

The team at Caring for Colorado expresses deep gratitude for the many grantee partners, individual donors, and organizational partners who have made this work successful.

Organizations Funded through the Protect and Expand Contraceptive Access Strategy

Adams County Health Department
Arapahoe County Public Health
Archuleta County Public Health
Clear Creek County Public Health & Environmental Health
Colorado Coalition for the Homeless
Community Health Services, Inc.
Corvida Health Clinic
Delta County Public Health
Doctors Care
Elevated Community Health
Every Child Pediatrics
Grand County Public Health
Gunnison County Department of Health and Human Services
High Plains Community Health Center
Inner City Health Center
Kids First Health Care
La Clinica del Pueblo
La Plata County Public Health Department
Larimer County Department of Health and Environment
Mountain Family Health Centers
Northeast Colorado Health Department
Northwest Colorado Health
Peak Vista Community Health Centers
PrimeHealth+
Pueblo Community Health Center
Pueblo Department of Public Health and Environment
Sheridan Health Services
Sunrise Community Health
Tepeyac Community Health Center
Valley-Wide Health Systems

Organizations Funded through Choose When

Arapahoe County Public Health
Archuleta County Public Health
Axis Health System
Boulder Valley Health Center
Broomfield Public Health & Environment
Chaffee County Public Health
Clear Creek County Public Health & Environmental Health
Colorado Alliance for Health Equity and Practice (CAHEP)
Community Health Services, Inc.
Corvida Health Clinic
Delta County Public Health
Denver Health and Hospital Authority
Denver Sexual Health Clinic
Doctors Care
Dream Centers
Elevated Community Health
Every Child Pediatrics

Fort Lewis College Foundation
Grand County Public Health
Gunnison County Department of Health and Human Services
Health Solutions
Jefferson County Public Health
Kids First Health Care
La Clinica del Pueblo
La Plata County Public Health Department
Larimer County Department of Health and Environment
Mountain Family Health Centers
Mt. San Rafael Hospital
Northeast Colorado Health Department
Northwest Colorado Health
Peak Vista Community Health Centers
PrimeHealth+
Pueblo Community Health Center
Pueblo Department of Public Health and Environment
River Valley Family Health Center
Salud Family Health
Sheridan Health Services
South Routt Medical Center
Southern Ute Indian Tribe
St. Vincent Hospital
STRIDE Community Health Center
Sunrise Community Health
Teller County Public Health & Environment
Telluride Medical Center Foundation
Tepeyac Community Health Center
Uncompahgre Combined Clinics
Valley-Wide Health Systems
Weld County Department of Public Health and Environment

Organizations Funded through the Promoting Community-Led Solutions in Sexual Health Education Strategy

Valley Settlement
Vuela for Health
Communities that participated in the SOMOS program
Colorado State University

Organizations Funded through the Lead and Advocate for Reproductive Equity Strategy

Clayton Early Learning
Cobalt Foundation
Colorado Children's Campaign
Colorado Health Network, Inc.
Colorado Organization for Latina Opportunity and Reproductive Rights
Elephant Circle
Interfaith Alliance of Colorado
New Era Colorado Foundation
Planned Parenthood of the Rocky Mountains
ProgressNow Colorado Education
Soul 2 Soul Sisters
The ACLU of Colorado
Voces Unidas de las Montañas

Organizations Funded through the Colorado Collaborative for Reproductive Equity

Advocates for Youth
Axis Health System
Boulder Valley Health Center
Children's Hospital Colorado Foundation
Cobalt Foundation
Colorado Community Health Network
Colorado Health Network, Inc.
Colorado Organization for Latina Opportunity and Reproductive Rights
Colorado Rural Health Center
Colorado Safety Net Collaborative
Denver Health Foundation
Doctors Care
Elephant Circle
Every Child Pediatrics
Juniper Southern Colorado
Kids First Health Care
Mountain Family Health Centers
Peak Vista Community Health Centers
Planned Parenthood of the Rocky Mountains
PrimeHealth+
River Valley Family Health Center
Soul 2 Soul Sisters
STRIDE Community Health Center
Telluride Medical Center Foundation
Tepeyac Community Health Center
Trailhead Institute
University of Colorado Anschutz Medical Campus
Vuela for Health

Implementation Partners

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Cicatelli Associates, Inc. (CAI)
Colorado Community Health Network
Community Centered Reproductive Health (CORE)
Curious Company
Dimension Strategies, LLC
Health Management Associates, Inc.
Hopeful Consulting
JAL Consulting
Luminary Lab LLC
Point b(e) Strategies
Rapport Studios
ResultsLab
Liz Romer
SOMOS Design Fellows: Yesenia Beascochea, Melanie Bravo, Mirna Ramirez-Castro, Kristi Roque, Theresa Trujillo, Maria Zubia
Upstream USA
Vuela for Health

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The Caring for Colorado and Colorado Centennial Fund Boards of Directors

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Kay Ramachandran
Katherine Riley
Jack Teter

ReproCollab and Choose When Funding Partners

The Colorado Health Foundation
Craig-Scheckman Family Foundation
The Colorado Trust
Rose Community Foundation
Chambers Initiative
The Colorado Gives Foundation
The Colorado Access Foundation
The Rowan Foundation
Rocky Mountain Health Foundation

Thank you to the hundreds of individual donors, donor-advised funds, and family foundations that have supported Choose When.

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