The Nossal Institute for Global Health, Melbourne School of Population and Global Health, University of Melbourne

1800 My Options - Evaluation

Summary report

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Contents

Acknowledgements

Women's Health Victoria and the Nossal Institute for Global Health acknowledge and pay our respects to the Traditional Custodians of the land we work on, the peoples of the Kulin Nation. As a statewide organisation, Women's Health Victoria also acknowledge the Traditional Custodians of the lands and waters across Victoria. We pay our respects to them, their cultures and their Elders past, present and emerging. We recognise that sovereignty was never ceded and that we are beneficiaries of stolen land and dispossession, which began over 200 years ago and continues today.

The evaluation was commissioned by Women's Health Victoria and overseen by an Evaluation Working Group with the following members:

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- Mischa Barr, Policy and Health Promotion Manager, Women's Health Victoria
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This evaluation was conducted by Katherine Gilbert, Andrea Boudville and Chrissy Keenan at the Nossal Institute for Global Health. We thank all of those who participated in the evaluation.

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Note: Professor Keogh did not participate in the review of the tender of the Nossal Institute for Global Health to undertake this evaluation to avoid any conflict of interest.

1. Summary of findings

1800 My Options was established by Women's Health Victoria as a women's sexual and reproductive health (SRH) information service in 2018, with funding from the Victorian government. It includes both a telephone service and a website that aim to provide women with information regarding SRH services, and where they can access those services, based on a network of registered providers.

This report summarises the first external evaluation of the service, which encompassed both a process evaluation and a mid-term review of progress towards key outcomes, based on two and a half years of operation. The evaluation synthesised data from a document review, *1800 My Options* service records, survey responses from 68 service providers registered with *1800 My Options*, interviews with 22 SRH stakeholders and voice recordings from 11 telephone service users.

The major findings of the process evaluation are:

- Within a tight six-month design phase, *1800 My Options* was established with strong foundations - a freely available and non-judgemental service based on a clearly defined scope of practice, focussed on the provision of information - and effective tools to operationalise the service, including the geo-mapped provider database.
- The success of the *1800 My Options* model was founded upon its registering 372 SRH providers with its service, to which users could be directed over the phone and on the website. *1800 My Options'* success in establishing relationships with existing service providers and effectively engaging new providers, defied expectations within the sector.
- *1800 My Options´* effective implementation stemmed from its collaborative and responsive approach to partnerships with key stakeholders, its multi-skilled staff and its use of data that it has gathered on its users and providers.
- Areas of potential improvements in implementation, such as adjusting the operating hours of the phone line and its promotion amongst Victorian women, require additional funding.

The major findings of the mid-term review are:

- As of September 2020, *1800 My Options* has recorded 10,890 calls to its phone line (starting in March 2018) and 62,114 sessions on its website (starting in May 2018), with 89% of calls and 72% of sessions made within Victoria. Approximately 85% of all callers, and 96% of callers seeking a service referral, sought a pathway to service provision for abortion.
- 42% of callers hold a health care card, compared with 7.2% of Victorians, indicating that *1800 My Options* serves financially disadvantaged communities. However, greater progress could be made with respect to promoting access to *1800 My Options* for young people, areas outside greater Melbourne and culturally and linguistically diverse communities.
- Caller feedback suggests that utilisation of *1800 My Options* impacts key intended outcomes - users' knowledge and awareness of services, and visibility and access to services. SRH providers report referring women to *1800 My Options* with confidence, and that an average of 15% of their patients seeking SRH services originate from *1800 My Options*.
- Over four out of five registered providers surveyed reported that *1800 My Options* was integral to the Victorian SRH system (81%), and provided a unique and needed service (91%), to a moderate, great or significant extent. Interviewees described *1800 My Options* as playing an integral role in reducing stigma in the sector, managing demand to match supply, empowering clinical service providers and providing needed trend data for the sector.

1800 My Options has made a necessary and complex system easier for women to navigate, thereby making it stronger. The evidence indicates in particular that the *1800 My Options* phone line serves women from economically disadvantaged backgrounds, thereby making a significant contribution to improving access to essential SRH services with equity.

The recommendations stemming from this review are discussed in Section 7.

2. Introduction

2.1 Background

In March 2017, the Victorian government commissioned the creation of the first state-wide information service as part of the Women's SRH 2017 – 2020, allocating $1.76 million to Women's Health Victoria over four years to set up what is now *1800 My Options*. Until this time, the Pregnancy Advice Service at the Royal Women's Hospital provided pathways to Victorian women to access abortion care, based on knowledge of a limited number of providers of medical or surgical termination.

1800 My Options was established in March 2018 with a dedicated phone line and website and provides women with information regarding contraception, pregnancy options and sexual health services and where they can access them. The service draws on a geo-mapped database of providers who have registered with 1800 My Options; website users can locate publicly registered services near them, and callers to the phone line are provided with three possible service pathways from both the private and publicly registered lists of providers. Key principles which informed the development and creation of the service, and continue to inform its operation today are: woman-centred, pro-choice, equitable, non-judgmental, coordinated and interconnected, accessible, evidence based, impartial, and feminist.

The Nossal Institute for Global Health at the University of Melbourne was commissioned by Women's Health Victoria in September 2020 to conduct the first evaluation of *1800 My Options*. The evaluation aimed to assess (i) the strengths and weaknesses of establishment of the service, and (ii) its impact to date against its key outcomes. This summary report focussed on the latter aspect, although the key findings from the process evaluation are described in the above summary.

2.2 Methodology

We retrospectively assessed the progress 1800 My Options has made towards its key outcomes described in its program logic. The evaluation was based on a synthesis of data gathered from:

- A review of project documentation;
- Analysis of user data from the website (Google analytics) and telephone analytics (1800 My Options caller user database);
- An online survey (via *Qualtrics*) completed by 17.5% (68) service providers within the *1800 My Options* network;
- Online interviews with 22 stakeholders including clinical SRH service providers and research, policy and advocacy organisations, and program staff; and
- Voice recordings from 11 service users. Women who have used the phone service were asked if they would like to be transferred to a voice recording to leave a recording sharing their perspective of the service.

Data from the above-mentioned sources were analysed using basic quantitative and qualitative techniques. Qualitative data was analysed using a thematic content approach, with the evaluation questions serving as a framework for the analysis, in Microsoft Word. Quantitative data was analysed in Microsoft Excel. We corroborated data across all sources to generate findings and recommendations. We aimed to ensure that all primary data collection complied with the National Statement of Ethical Conduct in Human Research. We received ethics approval from the University of Melbourne for the research seeking feedback from users (2020-20430-12425-3).

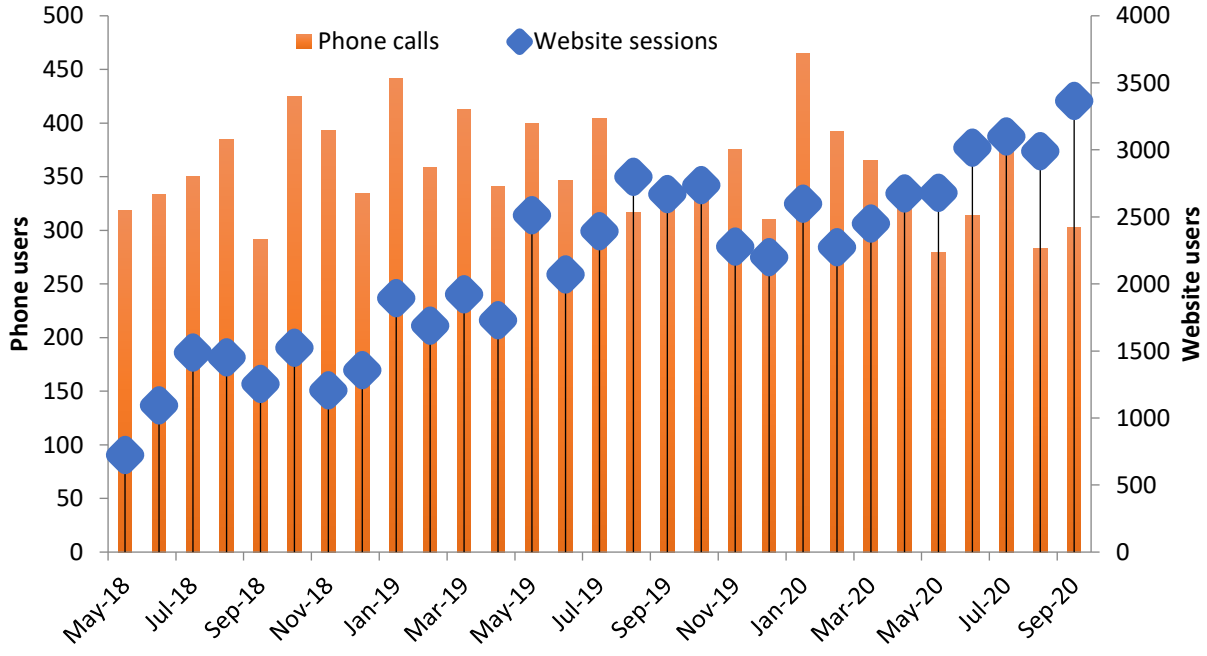
There were several limitations to the evaluation. First, there was no baseline or utilisation target set for the service, bringing more subjectivity to the assessment of impact; we attempted to negate this limitation by using data from a variety of sources. Second, the caller database is limited in the extent to which data are disaggregated, limiting the statistical analyses that could be conducted.

3. How many people used *1800 My Options* and is it accessible to girls and women of different ages, geographic location socio-economic status, and cultural backgrounds?

3.1 Website utilisation

- 46,292 unique users visited the *1800 My Options* website between May 2018 and September 2020, and initiated 62,114 sessions, an average or 2,142 sessions per month.
- 72% of sessions were made by Victorians, equating to 276.1 sessions per 10,000 Victorian women aged 15-49 years.
- The number of sessions has grown over time, with monthly sessions increasing from 723 in May 2018 to 3,365 in September 2020 as shown in Figure 1.
- 53% of visits to the website occur on a mobile phone, 45% on a desktop computer, and 2% on a tablet. Ensuring adequate functionality of the website for mobile users, and specifically the bespoke map, is crucial, given the large number of views of the map.

Figure 1: Number of callers to 1800 My Options and sessions on 1800 My Options website per month, May 2018 – September 2020 (Sources: 1800 My Options caller database; Google website analytics)*



** excludes March and April 2018, as the website analytics were not yet established*

3.2 Phone service utilisation

- 10,890 calls were made to the *1800 My Options* service from 19 March 2018 to 30 September 2020, an average of 315 calls per month.
- 89% of calls were made in Victoria, equating to 59.72 calls per 10,000 Victorian women aged 15-49 years.
- The lowest number of calls across a six-month period was recorded between April-September 2020, likely associated with the COVID-19 public health measures in place at this time.

3.3 Equity in access to the phone service

- The evidence with respect to equity is summarised in Table 1.

Table 1: Evidence with respect to equity of access to the phone service by key population groups

	Data
Age	*Lower utilisation by girls aged under 18 years of age, comparing to national telephone survey*[1] 1800 My Options: 4% of callers aged less than 18 years Taft et al: 12% of women reporting an unintended pregnancy under 20 years of age
Geography	*Lower utilisation by women outside greater Melbourne, based on average calls every six months per 10,000 women aged 15-49 years* Greater Melbourne: 12.1 calls per 10,000 women aged 15-49 years every six months Rest of Victoria: 7.6 calls per 10,000 women aged 15-49 years every six months
Socio economic status	*Higher utilisation by women with a health care card* 42% of callers to *1800 My Options* reported holding a health care card between December 2018 and November 2020 7.9% of the population aged 0-64 years in Victoria held a health care card in 2017[2]
Aboriginal and Torres Strait Islanders	*Slightly higher utilisation by Aboriginal and Torres Strait Islanders* 2% of callers to *1800 My Options* identified as Aboriginal and Torres Strait Islander 0.7% of women aged between 15-49 years in Victoria[3] identify as Aboriginal and Torres Strait Islander
Cultural background	*Slightly higher utilisation by women born overseas in South and Central Asia, although lower utilisation by women needing an interpreter* Women born in South and Central Asia: 13% of callers, compared to 7% of Victorians aged 15-49 year Women needing an interpreter: 0.5% used an interpreter, versus 3% of the Victorian population aged 15-49 years who speak English not well (2.58%) or not at all (0.32%).[4]

- Women from low socio-economic groups are well serviced by *1800 My Options*, as demonstrated by the health care card data above. Importantly, the number of callers reporting financial insecurity increased during COVID-19, from an average of 17% prior to February 2020, to 44% of callers between March 2020 and September 2020.
- Conversely data suggests women aged under 18 years and living outside greater Melbourne may under-utilise the service. While almost all local government areas in Victoria recorded at least one call to *1800 My Options*, the call rate was higher in greater Melbourne compared to the rest of Victoria. With respect to Local Government Areas with the lowest call rates, the bottom 18 were all outside of greater Melbourne.
- Notwithstanding the above, women outside of greater Melbourne make up a greater share of callers to the telephone service compared to visitors to the website. Users outside greater

[1] Taft, Angela J., et al. "Unintended and unwanted pregnancy in Australia: a cross-sectional, national random telephone survey of prevalence and outcomes." *Med J Aust* 209.9 (2018): 407-08. Note: The survey used a random sample of women aged 18-45 years, who were asked if they had an unintended pregnancy in the last 10 years. There are no published data on the extent to which the sample matches the age breakdown in the population, thus it is not possible to rule out bias in the sample.

[2] Social Health Atlases of Australia, available http://www.phidu.torrens.edu.au/social-health-atlases/data-archive/data-archive-social-health-atlases-of-australia#social-health-atlas-of-australia-data-released-february-june-october-2019-by-population-health-area-local-government-area-and-primary-health-network

[3] Ibid.

[4] Ibid

Melbourne (where 20% of the state's population of women aged 15-49 years resides) initiated 14% of calls to *1800 My Options* compared to 4% sessions on its website.

3.4 Perspectives of stakeholders on the utilisation and accessibility of *1800 My Options*

- Survey and interview participants noted that the service has done an immense amount of foundational work in 2.5 years, and suggested best steps to increase its utilisation are for *1800 My Options* to secure funding for more stakeholder engagement with partner organisations and service providers, as well as health promotion work with Victorian women themselves.
- Interviewees suggested that funding for advertising of the *1800 My Options* website on popular search engines should be prioritised, 53% of new website users originated from an organic search (i.e., from Google or another search engine) and an increasing proportion of phone callers learn about the service through Google (21% from June 2020 to November 2020) (in addition to the Royal Women's Hospital (25%) and General Practitioners (18%)). These data show clear evidence for the necessity of a dedicated marketing budget for both internet advertisements and targeted search algorithms to ensure that *1800 My Options* is one of the first results generated when searching for abortion and SRH information and services online.
- Interviewees suggest that the hours of operation for the telephone service be expanded as they may currently be a barrier to young people's service utilisation given that they coincide with school hours. Approximately 8% of calls to *1800 My Options* occur outside of business hours on weekdays. They also recommended that targeted, localised communication campaigns were essential to raising awareness of *1800 My Options* with young people.

4. Does *1800 My Options* help improve knowledge and awareness of SRH information and services so Victorian women can better understand their SRH needs and options?

4.1 Phone service users and their perspectives of impact on women's information and awareness

- 85% of all callers sought a pathway to service provision for surgical abortion (40%), medical abortion (29%) or both (16%). 71% of all callers were less than nine weeks pregnant (before which women may be eligible for a medical termination of pregnancy).
- 32% of all callers also sought information regarding abortion, with only 4% seeking pregnancy options counselling.
- 2.9% of all callers sought a service referral for Long Acting Reversible Contraception, with an increase from an average of 5 callers per month seeking a service referral in 2018, compared to 12.9 callers per month in 2019 and 13.9 callers per month in 2020.
- Callers reported an increased knowledge of the services available to them after their call. For example, abortion-seeking service users reported increased awareness of medical termination as a service available to them, intertwined with increased knowledge regarding the different aspects of care they would need to pursue (e.g. consultation, blood test and ultrasound).
- Callers also reported increased awareness of their rights around seeking SRH services and specifically abortion by being provided with up-to-date information and being corrected on misinformation around abortion, contraceptives, and other SRH services.
- Callers desired more information with respect to the cost of services.

4.2 Perceptions of stakeholders of impact on women's information and awareness

- "A central fountain of knowledge" *(service provider):* stakeholders deemed *1800 My Options* essential to provide accurate, non-judgmental and timely information about SRH services to Victorian women and girls.

- Furthermore, participants described a crucial benefit for women's knowledge and awareness as normalizing both information and services regarding abortion for Victorian women and girls, which is an impact of both the phone line and bespoke map of providers.
- Numerous interviewees noted that a strong benefit of having the phone service in addition to the website is that *1800 My Options* staff can correct misinformation and provide education around both what services entail (e.g. MTOP) and where to access them.
- Stakeholders both in the survey and interviews commented on the quality and importance of the service's social media, for promoting information on SRH services obtaining relevant content to share on their own accounts as well as in their own health promotion activities. This is an unfunded aspect of the service.

5. Does *1800 My Options* help improve visibility and access to SRH services for women living in Victoria?

5.1 Numbers of providers registered

- Registering providers is the first step to promoting visibility and access. Since the service launched in March 2018, 389 providers have been registered and 372 providers (96%) are currently active, as shown in Table 2.
- 129 practitioners and 9 hospitals provide MTOP whereas 18 practitioners and 11 hospitals provide STOP. While no formal baseline was established for the service, there were 19 abortion service providers listed on the Better Health Channel in August 2017.
- Providers can register with *1800 My Options* publicly or privately, the latter means that they are not displayed on the website and only provided to callers. Out of active providers, 75 (20%) are privately listed, whereas 297 (80%) are publicly listed on the bespoke map.

Table 2: Number of active providers in the 1800 My Options database by type and visibility as of October 2020 (Source: 1800 My Options provider database)

	Public view		Private view		Total
	No.	%	No.	%	
Practitioners	254 *103 MTOP* *15 STOP*	82%	55 *26 MTOP* *3 STOP*	18%	309
Hospitals	7 *5 MTOP* *7 STOP*	54%	6 *4 MTOP* *4 STOP*	46%	13
Imaging	7	78%	2	22%	9
Pharmacists	16	89%	2	11%	18
Counselling	13	57%	10	43%	23
Total	297	80%	75	20%	372

- None of the 32 survey respondents who are publicly listed reported negative effects of the associated visibility. "Being publicly listed has increased the visibility of the SRH services for clients in [my region]" *(survey respondent).* One service provider who was interviewed reported they were initially unable to accept all the referrals that came through from *1800 My Options*, yet they also noted the referrals have slowed down over the past 12 months.

- 20% (75) of service providers are listed privately. Reasons for being privately listed provided by survey and interview respondents include individuals not wanting their service to be identified for providing medical abortion services and fear of negative publicity in the community or protesters targeting the service. The concerns of providers are respected by *1800 My Options* and highlight the ongoing need for a centralised phone service that has a state-wide view of alternative service options and pathways for women.

5.3 Providers by geography

- Analysing registered providers by geography helps understand the extent to which 1800 My Options has contributed to improving access to SRH services. With respect to all registered providers, 1800 My Options is aware of geographic gaps in service provision as measured by proximity to services, primarily in the north western and eastern regions of Victoria.
- There are 23 local government areas (LGAs),[5] 21 of which are outside greater Melbourne, that have no registered medical termination of pregnancy (MTOP) or surgical termination of pregnancy (STOP) providers on the 1800 My Options database. However, while there are gaps in proximity to access outside Melbourne, there are more providers per women aged 15-49 years registered outside greater Melbourne, than within it, as show in Table 3. This represents the successes of 1800 My Options in registering providers across the state, not just in greater Melbourne. However, the number of registered providers per capita is limited as a proxy for access and should not be interpreted as evidence that areas with more registered MTOP and STOP providers per capita are well-serviced or without the need for improvement. It is important to note that due to the number of rural LGAs without registered providers, many women will be travelling significant distances to reach rural SRH providers, even in areas with higher numbers of providers per women of reproductive age. The barrier of geographic distance is significant in those 23 LGAs without registered providers, as it often is within those rural LGAs that have providers.
- There are thus fewer registered providers per capita within greater Melbourne, compared to the rest of Victoria. The 23 LGAs with the highest ratio of women aged 15-49 years are all within greater Melbourne. Thus, this large population must cope with a smaller number of providers per capita which may affect access to services by increasing wait times or lack of appointment availability, which is particularly significant when attempting to access time sensitive services like abortion.

Table 3: Number of and per capita registered providers in greater Melbourne and the rest of Victoria (Sources: 1800 My Options provider database and ABS)

	Greater Melbourne		Rest of Victoria		Total	
	No.	**Per 10,000 women aged 15-49**	**No.**	**Per 10,000 women aged 15-49**	**No.**	**Per 10,000 women aged 15-49**
Providers (active)	255	1.98	117	3.55	372	2.30
Publicly available providers	202	1.57	95	2.88	297	1.84
MTOP providers	100	0.78	38	1.15	138	0.85
STOP providers	14	0.11	15	0.45	29	0.18

[5] Buloke, Central Goldfields, Corangamite, East Gippsland, Gannawarra, Glenelg, Golden Plains, Hindmarsh, Indigo, Loddon, Mitchell, Moira, Moonee Valley (GM), Moyne, Murrindindi, Nillumbik (GM), Northern Grampians, Pyrenees, Queenscliff, Southern Grampians, Towong, West Wimmera and Yarriambiack

5.3 Data on the outcomes of referrals to providers

- All callers to *1800 My Options* are provided with the details of three different service providers to seek the services that they desire as appropriate. The pathways provided by *1800 My Options* contribute to actual service utilisation, with registered providers estimating that, on average a minimum of 15% of their SRH patients find their service via 1800 My Options, as shown in Table 4.

Table 4: Estimates from registered providers on the proportion of SRH patients who find their service via 1800 My Options

	Estimate of contribution of the proportion of SRH patients who find their service via 1800 My Options
All survey respondents	15% (range from 0-90%)
Survey respondents who are MTOP and STOP providers	19% (range from 5-30%)
Public Hospital	60% of patients to the Abortion and Contraceptive clinic (based on data gathered in December 2020)
SRH Hub	22% of MTOP patients

5.4 Perceptions of service users of impact on visibility and accessibility of SRH services

- Data from user feedback reveals positive impacts of *1800 My Options* on increasing the visibility and accessibility of SRH services. Users expressed relief and gratitude for both the service itself and for receiving accessible, timely options for SRH services in their locality, "really your service answered the questions that I was most concerned about. Which was where can I get a termination done quickly and easily" *(service user).*
- Service users also noted the benefits of being given multiple pathways to service provision that were tailored to their specific needs or circumstances, namely their geographic location. This increases both their ability to access local SRH services and their agency in having choices or options of which provider they will pursue. One service user even commented on how the phone number itself (1 8 0 0 M Y O P T I O N S) was both relevant and easy to access.

5.5 Perceptions of stakeholders of impact on visibility and accessibility of SRH services

- Multiple informants used the phrase "one stop shop" to describe the service, and believed that both access to and visibility of SRH services has improved because of *1800 My Options* acting as a centralised source of up-to-date information regarding service provision, helping Victorian women and girls navigate the SRH service system.
- Furthermore, participants in both the interviews and the survey commented on the value of giving women agency and choice in their SRH by providing them with multiple options of service provision that are accessible through one platform. This observation is validated by feedback from service users themselves, as noted in the previous subsection.
- Numerous stakeholders noted the benefits of the geomapped database in improving visibility of services while reducing stigma around SRH services and normalising conversations specifically regarding abortion. Speaking to improving access, both the map and the full list of providers (public and private) improve access by providing options for service provision across the state, not just in metropolitan areas.
- Stakeholders also stressed the importance of the phone line in ensuring SRH information and services are accessible. The ability to speak to someone directly and be given personalized

pathways to services based on an individual's specific, possibly complex context was deemed invaluable by interviewees in improving access to information and services.

- Numerous service providers commented on how critical it is for them to be able to refer patients to *1800 My Options*. The service has developed strong relationships with both publicly and privately listed providers, so they are confident in directing women to the website or phone line. The proportion of callers learning about *1800 My Options* from General Practitioners increased from 14% (December 2018 to May 2019) to 18% (June 2020 to November 2020). Access to SRH service provision is improved by providers themselves being able to send women to an information and referral service if they are unable to provide the necessary SRH services and information themselves. This is especially significant with time-sensitive health care needs regarding abortion. As mentioned in the previous section, this point also speaks to increases in women's knowledge and awareness of SRH information and services.
- While outside of the *1800 My Options*' brief, there is also evidence from the interviews and survey that through establishing the database, raising awareness of MTOP and encouraging providers to offer the service, General Practitioners completed the specialised training to become MTOP providers, thereby improving access, with five survey respondents reporting this.

6. Do SRH providers and key stakeholders see *1800 My Options* as an integral part of Victoria's SRH service system?

- Over four out of five (81%) survey respondents reported that *1800 My Options* was integral to the Victorian SRH system to a moderate, great or significant extent, as shown in Table 5.
- 91% of survey respondents noted that *1800 My Options* provides a unique and needed service to a moderate, great or significant extent.

Table 5: Survey respondents' perceptions on the degree to which 1800 My Options is integral, and a unique and needed service

	Don't know	Not at all	Little extent	Moder-ate extent	Great extent	Signific-ant extent	Moderate, great or significant extent
To what extent do you think *1800 My Options* is integral to the Victorian SRH system?	5	4	5	10	3	25	38/47 81%
To what extent do you think *1800 My Options* provides a unique and needed service?	7	2	2	9	6	26	41/45 91%

- Interviewees strongly agreed that *1800 My Options* was integral to the system, commonly pointing to its role in improving access to MTOP, and highlighted four additional ways in which the service had established its central role in the system:

  1. Reducing stigma associated with the SRH service system: a broader effect of the establishment of the service has been to reduce the stigma of the sector, particularly with respect to abortion provision, for both women seeking services, as well as service providers. Interviewees were proud of their association with *1800 My Options* and the progress that has been achieved over

the past 2-3 years, giving the sector a sense of progress and improvement in the accessibility and quality of services.

2. Managing *demand to match supply and changes in supply capacity, and advocating for changes in supply where necessary:* service providers are also in regular communication with *1800 My Options* regarding changes to supply capacity, enabling *1800 My Options* to channel demand towards supply, which is particularly important given the time sensitive nature of abortion care. Examples of this include managing demand to take account of the closure of services provided by a major public hospital when they were transitioning from paper based to electronic records. Interviewees also shared examples of where *1800 My Options* has been key to advocating for changes in supply to match increased demand. An example of this is when *1800 My Options* identified increased calls from international students at the start of the COVID-19 pandemic, and helped facilitate access to the provision of free services to this population.

3. Providing an independent, quality one stop shop that has given clinical service providers greater clarity of their roles and responsibilities: service providers hold a high degree of confidence in referring patients for whom they may not be able to provide services to *1800 My Options*, particularly the phone line, knowing that women will receive timely, consistent and reliable information and will be given appropriate SRH service pathways as well as referrals to family violence or housing support services. This gives service providers greater scope to focus on their clinical responsibilities as they are not having to keep track of fluctuations of service provision or capacity in the SRH system. The establishment of *1800 My Options* also called on some public hospitals to clarify the nature of their services and criteria for accessing services.

4. Capturing key data which can be used to improve services and policy advocacy: 1800 My Options now serves as a key information source on service utilisation trends within the sector, which is highly valued by both service providers and other SRH stakeholders, and are presented regularly at SRH sector meetings. These data have enabled the sector to provide definitive data on the gestational age of women who seek termination services, debunking myths that pregnant women do not present early enough to access MTOP and that most women want pregnancy counselling, rather than knowing that they want a termination. These data have also enabled the sector to better respond to changes in demand, as per the example of international students provided above, and identify areas in which increased service providers are needed. Providers also raised the possibility of making the deidentified data publicly available on a monthly basis although this would require additional resources.

7. Recommendations

In its two and a half years of operation, *1800 My Options* has made a significant contribution to the Victorian SRH service system, particularly with respect to improving women's awareness and visibility of, and accessibility to MTOP and STOP. Survey and interview respondents were frank that the consequence of closing *1800 My Options* would be an increase in unwanted pregnancies.

The evaluation recommends continued funding of the service, without any changes to the *1800 My Options* model. Its key aspects - being publicly funded, managed by a respected non-clinical provider, with a tightly defined service model – are the foundation of its successes. In particular, the evidence shows that the dedicated phone line is strongly valued by users and SRH service providers as a source of accurate, non-judgemental information for women, who may find themselves in a difficult situation with the added stress of attempting to access a time sensitive, costly, and difficult to find service that they may know little about.

However, *1800 My Options* is underfunded in relation to its hours of operation and other key areas, such as promoting the service, managing relationships with providers and utilisation of its data, and these areas could be strengthened with additional funding which would ultimately serve to increase its utilisation, accessibility for users to services and its broader contribution to the sector.

The 10 recommendations to WHV stemming from the findings of this evaluation are listed below. These recommendations focus upon the design and associated funding of the service; one additional recommendation on the internal management of the service has been made to 1800 My Options. All of the recommendations below relate to each of the SRH services, particularly LARC, within the remit of *1800 My Options*.

1. Seek funding for the continued operation of *1800 My Options*, retaining the existing service model – an information service focused on a range of SRH issues operationalised through the phone and website.
2. Explore different models for establishing a brokerage fund to enable *1800 My Options* to assist highly vulnerable or financially insecure callers to access pregnancy options counselling and other SRH services that are hard to access from publicly funded providers.
3. Extend the hours of phone line operation, initially for a period of two hours per day, allowing for pilot testing to assess the most effective timing of these additional hours, and assess whether this has an impact on the utilisation of the service by girls and younger women.
4. Seek an ongoing and dedicated budget for health promotion and marketing, including both online marketing (i.e., Google) and engagement targeting specific communities (i.e., young people and girls and women living outside of greater Melbourne).
5. Seek an ongoing and dedicated budget for a Stakeholder Engagement Officer to expand the network of registered providers and, encourage privately registered providers to change to publicly listing and validate all provider details in the database.
6. Continue to engage through Women's Health Victoria's leadership in advocating for SRH related policy reform, drawing on the organisation's strong track record in this area, and data and insights on the SRH service system generated by *1800 My Options.*
7. Optimise the compatibility of the website and the bespoke map across different mobile devices.
8. Review the information provided to callers and website users with respect to costs, with a focus on providing as much detailed information as possible. The inability of the service to provide concrete costs of services to callers and website users reflects a broader systemic issue: the fluctuation, uncertainty, and lack of consistency of costs of SRH services and information across providers. In order to provide accurate, specific, and up to date information regarding the cost of each SRH service across both the private and public sectors, *1800 My Options* would need a dedicated staff member to consistently check in and validate service information with all 372 active providers. It is also noted that the difference in public vs. private costs, along with each service user's individual profile (e.g. Medicare eligible, health care card holder) adds to the complexity of providing accurate ranges of costs. In view of the above, the service could enact the following changes, if funded to do so:
    a. On the geomap, provide a clear range of possible costs of SRH services via dollar signs.
    b. On the phone line, provide callers with clear likely costs within a range, and empower them with the specific knowledge needed to ensure ask questions regarding costs to providers. Cost ranges are currently routinely provided to phone users; *1800 My Options* is encouraged to review the information that is provided and how it is communicated.
9. Seek an ongoing budget for refining and publishing deidentified data on callers (using Australian standard classifications so data are comparable) which could be published on a regular basis.
10. Conduct further research on the need for translation of the website, or whether auto translation by Google and other browsers is sufficient.

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