Healthy People 2020: Who’s Leading the Leading Health Indicators?
Leading Health Indicators are:

- Critical health issues that, if addressed appropriately, will dramatically reduce the leading causes of preventable deaths and illnesses
- Linked to specific Healthy People objectives
- Intended to motivate action to improve the health of the entire population

1200 Healthy People objectives

LHIs are a subset of Healthy People objectives
Who’s Leading the Leading Health Indicators?

Featured Speakers:

- Don Wright, MD, MPH – Deputy Assistant Secretary for Health; Director, Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services

- Susan B. Moskosky, MS, WHNP-BC – Acting Director, Office of Population Affairs, Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services

- Christine Dehlendorf, MD, MAS – Director, Program in Woman-Centered Contraception; Departments of Family & Community Medicine, Obstetrics, Gynecology & Reproductive Sciences, and Epidemiology & Biostatistics; Associate Professor in Residence, University of California, San Francisco
Don Wright, MD, MPH
Deputy Assistant Secretary for Health
Director, Office of Disease Prevention and Health Promotion
U.S. Department of Health and Human Services
Reproductive and sexual health covers a broad range of health needs from adolescence forward, including:

- Reproductive system
- Sexually transmitted diseases (STDs)
- HIV
- Fertility
Reproductive and Sexual Health

Reproductive and sexual health is a key component to the overall health and quality of life for both men and women.

Reproductive and sexual health services can help:
- Prevent unintended pregnancies
- Prevent adolescent pregnancies
- Detect health conditions early
- Increase the detection and treatment of STDs
- Decrease rates of infertility
- Slow the transmission of HIV through testing and treatment
Reproductive and Sexual Health

Many factors affect an individual's reproductive health decision-making, including:

- Access to medical care
- Social norms and stigma
- Educational attainment
- Age
- Income
- Geographic location
- Insurance status
- Sexual orientation
- Dependency on alcohol or drugs
Reproductive and Sexual Health - Leading Health Indicators

- Sexually active females receiving reproductive health services
- Knowledge of serostatus among HIV-positive persons
Receipt of Reproductive Health Services in the Past 12 Months among Sexually Active Females Aged 15–44, 2011–2013

NOTES: = 95% confidence interval. Data are for females aged 15 to 44 years who are sexually active (had sex in the past 3 months) and have received at least one of the following reproductive health services in the past 12 months: a birth control method; birth control counseling; birth control checkup or test; sterilization counseling; emergency contraception counseling; pelvic exam; pap smear; pregnancy test; and STD counseling, testing, or treatment. Persons of Hispanic origin may be any race. Single race categories are for persons who reported only one race group.

SOURCE: National Survey of Family Growth (NSFG), CDC/NCHS.

Obj. FP-7.1
Increase desired
Receipt of Reproductive Health Services in the Past 12 Months among Sexually Active Females Aged 15-44, 2011-2013

NOTES: — = 95% confidence interval. Data are for females aged 15 to 44 years who are sexually active (had sex in the past 3 months) and have received at least one of the following reproductive health services in the past 12 months: a birth control method; birth control counseling; birth control checkup or test; sterilization counseling; emergency contraception counseling; pelvic exam; pap smear; pregnancy test; and STD counseling, testing, or treatment. Educational attainment is for females 20 to 44 years of age.

SOURCE: National Survey of Family Growth (NSFG), CDC/NCHS.
Persons Living with HIV Aged 13+ who Were Aware of Their HIV Infection, 2013

Percent

Total | Male | Female | 13-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65+

---|---|---|---|---|---|---|---|---
80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80
90 | 90 | 90 | 90 | 90 | 90 | 90 | 90 | 90
100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100

2020 Target: 90%

SOURCE: National HIV Surveillance System, CDC/NCHHSTP.
Persons Living with HIV Aged 13+ who Were Aware of Their HIV Infection, 2013

Total

American Indian

Asian

Native Hawaiian

Black

White

2 or more races

Hispanic

NOTES: Persons of Hispanic origin may be any race. American Indian includes Alaska Native. Native Hawaiian includes Pacific Islander. The Asian category includes Asian/Pacific Islander legacy cases (cases that were diagnosed and reported under the old Office of Management and Budget race/ethnicity classification system). Respondents were asked to select one or more races. Single race categories are for persons who reported only one race group.

SOURCE: National HIV Surveillance System, CDC/NCHHSTP.
The Office of Population Affairs (OPA) administers the Title X family planning program and serves as the focal point to advise the Secretary and the Assistant Secretary for Health on a wide range of reproductive health topics, including family planning, adolescent pregnancy, sterilization and other population issues.
The Title X Family Planning program was enacted in 1970 as Title X of the Public Health Service Act.

Title X is the only federal grant program dedicated solely to providing individuals with comprehensive family planning and related preventive health services.
Title X Mission

To assist individuals in determining the number and spacing of their children through the provision of voluntary, confidential and low-cost education, comprehensive medical, and social services to all individuals requesting services.
The Need for Family Planning Services

Family planning services help individuals achieve the number and spacing of children they desire, and increase the likelihood that those children are born healthy.

Over the course of a lifetime, most individuals will make decisions related to childbearing.
Title X Services

Services generally include:

» Contraceptive services to prevent pregnancy
» Pregnancy testing & counseling
» Preconception health counseling & services
» Services related to achieving pregnancy
» Basic infertility services
» STD/HIV screening, diagnosis & treatment
» Related preventive health services

4.0 Million Clients Annually

3,951 Service Delivery Sites
50+ States, Territories and DC
91 Service Grantees
In 2015, 9 in 10 patients were female.

4.0 Million Clients

- 67% of clients were under 30 years old
- 66% of clients had family incomes at/or below 100% of Federal Poverty Level
Essential Role of Title X

- Sets the standards for publicly-funded family planning services in the U.S.
- Subsidizes family planning services for low-income clients.
- Supports clinic operations, contraceptive supplies, equipment, training, salaries, and rent.
Core Tenets of Title X

- Confidential
- Broad range of FDA-approved contraceptive methods
- Client-centered counseling
- Evidence-based clinical services
Providing Quality Family Planning Services
Recommendations of CDC and the U.S. Office of Population Affairs


U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Healthy People 2020

Office Of Population Affairs
Development of the QFP Recommendations

Based on the IOM’s definition of “quality:”

» Safe
» Effective
» Client-centered
» Timely
» Efficient
» Accessible
» Equitable
» Value

Purpose of QFP

Key purposes are to:

- Define *what* services should be offered in a family planning visit, and describe *how* to do so.

- Support consistent application of quality care across settings and provider types.

- Translate research into practice, so the most evidence-based approaches are used.
Framework for Family Planning, Related and Other Preventive Services

Family planning services
- Contraceptive services
- Pregnancy testing and counseling
- Achieving pregnancy
- Basic infertility services
- Preconception health
- Sexually transmitted disease services

Related preventive health services
(e.g., screening for breast and cervical cancer)

Other preventive health services
(e.g., lipid disorders)
• The percentage of women at risk of unintended pregnancy provided a most or moderately effective method of contraception.
• The percentage of women at risk of unintended pregnancy provided a long-acting reversible contraceptive (LARC) method.
• Postpartum Measure - the percentage of women (15-44 yrs.) who had a live birth and adopted or continued use of a:
  • Most or moderately effective contraceptive method in the 3 days and 60 days within delivery
  • LARC method in the 3 days and 60 days within delivery
Females at Risk of Unintended Pregnancy Using a Most or Moderately Effective Method of Contraception Aged 20-44

HP2020 Target: 69.3

- Total
- Hispanic or Latino
- Black, non-Hispanic
- White, non-Hispanic
- <100
- 100-199
- 200-399
- 400-499
- 500+
- Private
- Public
- Uninsured
- 20-24 years
- 25-44 years

SOURCE: National Survey of Family Growth (NSFG), CDC/NCHS.

Obj. FP-16.1
Increased desired
Client-Centered Approach

Care that is respectful of, and responsive to, individual client preferences, needs, and values.

Individuals accessing reproductive health services that are appropriate for them and their goals.
Resources

Our website
http://www.hhs.gov/opa/

Clinic Locator →
Follow us on @OPA1
The Program in Woman-Centered Contraception

Christine Dehlendorf, MD
MAS

Associate Professor
Department of Family and Community Medicine and Obstetrics, Gynecology and Reproductive Sciences
Statement of Purpose

The Program in Woman-Centered Contraception (PWCC) is dedicated to the idea that women should be at the heart of all family planning efforts. Through listening to what women want in contraception and contraceptive care, we can best meet their reproductive needs and ensure their reproductive autonomy. To accomplish this goal, we engage in activities designed to develop, evaluate and disseminate innovative family planning interventions, as well as conduct formative research to deepen our understanding of women’s preferences and experiences around contraception.
Patient-Centered Care

“Patient-centered care is care that is respectful of and responsive to individual patient preferences, needs, and values.”

- Institute of Medicine (IOM)

- Recognized by IOM as a dimension of quality
- Associated with improved outcomes
Woman-Centered Contraception

• Acknowledges social and medical context of family planning, including need for explicit attention to reproductive autonomy.
  ▪ Take into consideration history of coercion

• Engages both inside and outside the clinical context.

• Appreciates life course perspective on need for family planning services.
  ▪ Experiences with family planning care have potential to affect access to and comfort with services for decades
Providing Quality Family Planning Services
Recommendations of CDC and the U.S. Office of Population Affairs


U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
PWCC Study of Patient-Centered Communication

- Cohort study of 342 women followed for six months after family planning visit.
- Patient-centered communication associated with contraceptive continuation (46% vs. 36%) and use of a highly or moderate effective method (66% vs. 56%).
- Provider “eliciting the patient perspective” about contraception associated with contraceptive continuation (49% vs. 38%).

Dehlendorf, AJOG, 2016
PWCC Projects

• Qualitative work to understand women’s preferences for contraceptive care.

• Development and evaluation of a contraceptive decision support tool to promote shared decision making.

• Validation of a performance measure for client-centered contraceptive counseling.

• Social network intervention to disseminate information about IUDs and implants.

• Zika-related work with OPA.
Performance Measure for Patient-Centered Counseling

- Quality, patient-centered interpersonal communication is central to patient-centered care.

- Measurement of patient-centered communication can enable feedback and quality improvement.

- Using patient experience measure, in addition to contraceptive choice measure, can safeguard autonomy.
Validation of Performance Measure

• Previously developed 11-item scale for patient-centered contraceptive counseling.

• Score on this scale associated with continuation of chosen contraceptive method.

• With funding from OPA, will refine this scale in collaboration with patients, providers and clinic administrators.

• Test refined scale as a performance measure in clinics across the country.
SpeakOut:
Empowering Teen to Teen Communication about Highly Effective Contraception
Rationale for *SpeakOut*

- Teens have less knowledge and more misconceptions about highly effective contraceptive methods.
- Incorrect information can be a barrier to accessing appropriate care.
- Teens known to be highly influenced by peer and social norms.

Craig, PSRH, 2014
Steinberg, Dev Psychol, 2007
SpeakOut Formative Research

• Learning contraceptive information and experiences from peers was highly valued.

• Teens had positive feelings about sharing own contraceptive experiences with friends.

• Informal, in-person communication or texting about birth control (as opposed to sharing on social media) was preferred.

“Seeing somebody get the implant made it more real. It opened me up to the idea of maybe one day getting the implant if I needed or wanted it, whereas before I would not have considered it.”
Components of Intervention

- Brochures to be handed to IUD and implant users in clinic
  - For user
  - To share with friends

- Text messages for two months

- Website with:
  - Information from brochures
  - Links to additional resources, including clinic locator

PWCC
Program in Woman-Centered Contraception
Evaluation of *SpeakOut*

- Funded by the Office of Adolescent Health, we are launching randomized control trial of intervention in San Francisco Bay Area, Central Valley, and Southern California.

- Will assess effect on contraceptive attitudes and practices, including access to clinic services.

- If proven to be effective, will be appropriate for widespread dissemination.
Providing Family Planning Care for Non-Pregnant Women and Men of Reproductive Age in the Context of Zika

A Toolkit for Healthcare Providers

This toolkit will be updated on an ongoing basis, as new research findings and clinical recommendations are published. We encourage providers to check the U.S. Office of Population Affairs website (www.hhs.gov/opa) to ensure they are using the latest version.

July 1, 2016

Office of Population Affairs
Future Directions

• Expand work to understand and act on women’s preferences and needs related to family planning.

• Integrate a reproductive justice perspective into our work, which includes considerations related to race/ethnicity, care of LGBT individuals, and enabling healthy pregnancies.

• Continue to proactively engage with community organizations and patient stakeholders to inform our work.
Roundtable Discussion

Please take a moment to fill out our brief survey.
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