



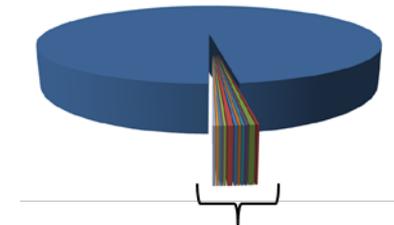




# *Who's Leading the Leading Health Indicators?*

- **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





# Reproductive and Sexual Health

- 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

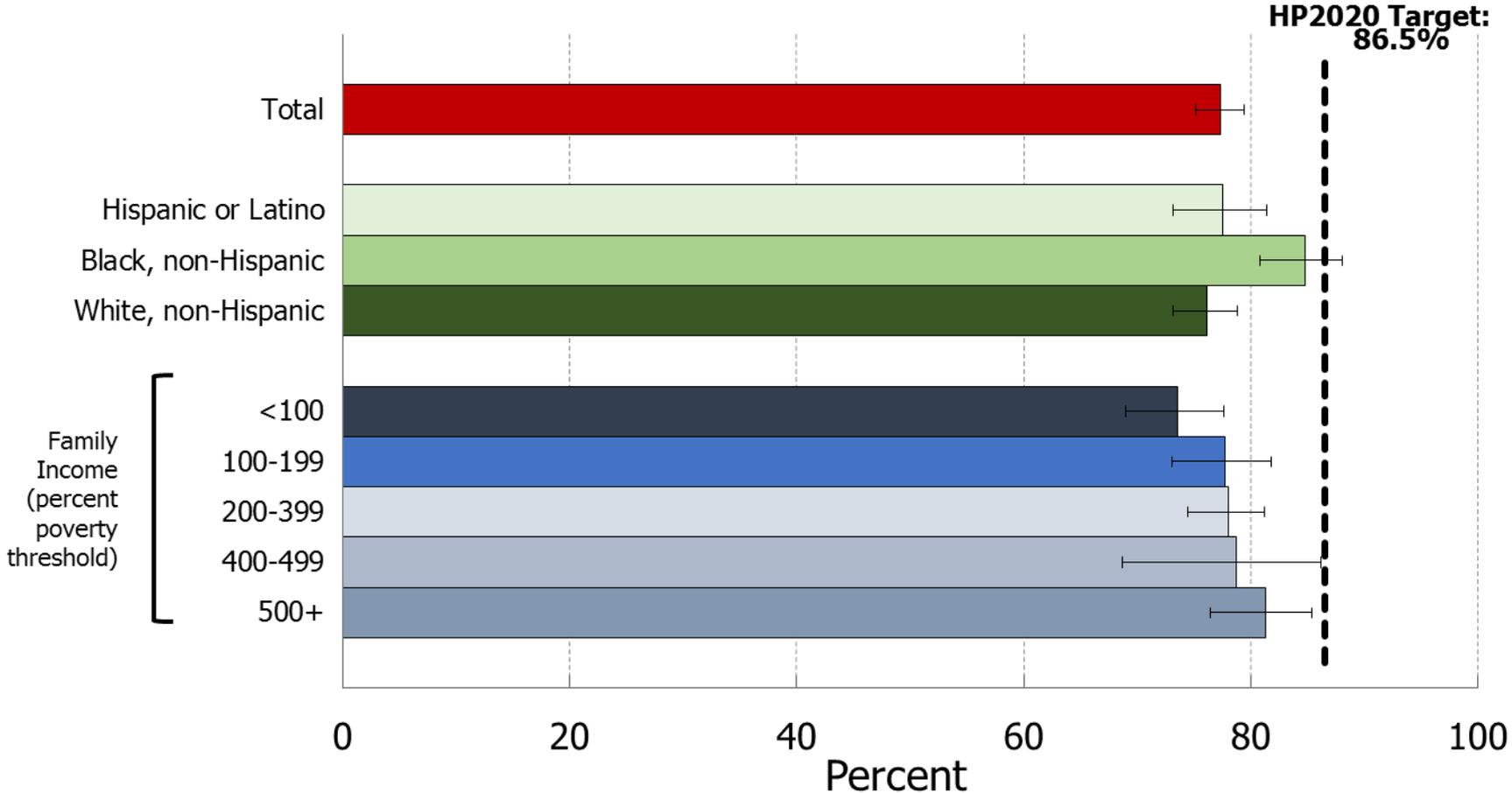


# Reproductive and Sexual Health - Leading Health Indicators

- Sexually active females receiving reproductive health services
- Knowledge of serostatus among HIV-positive persons



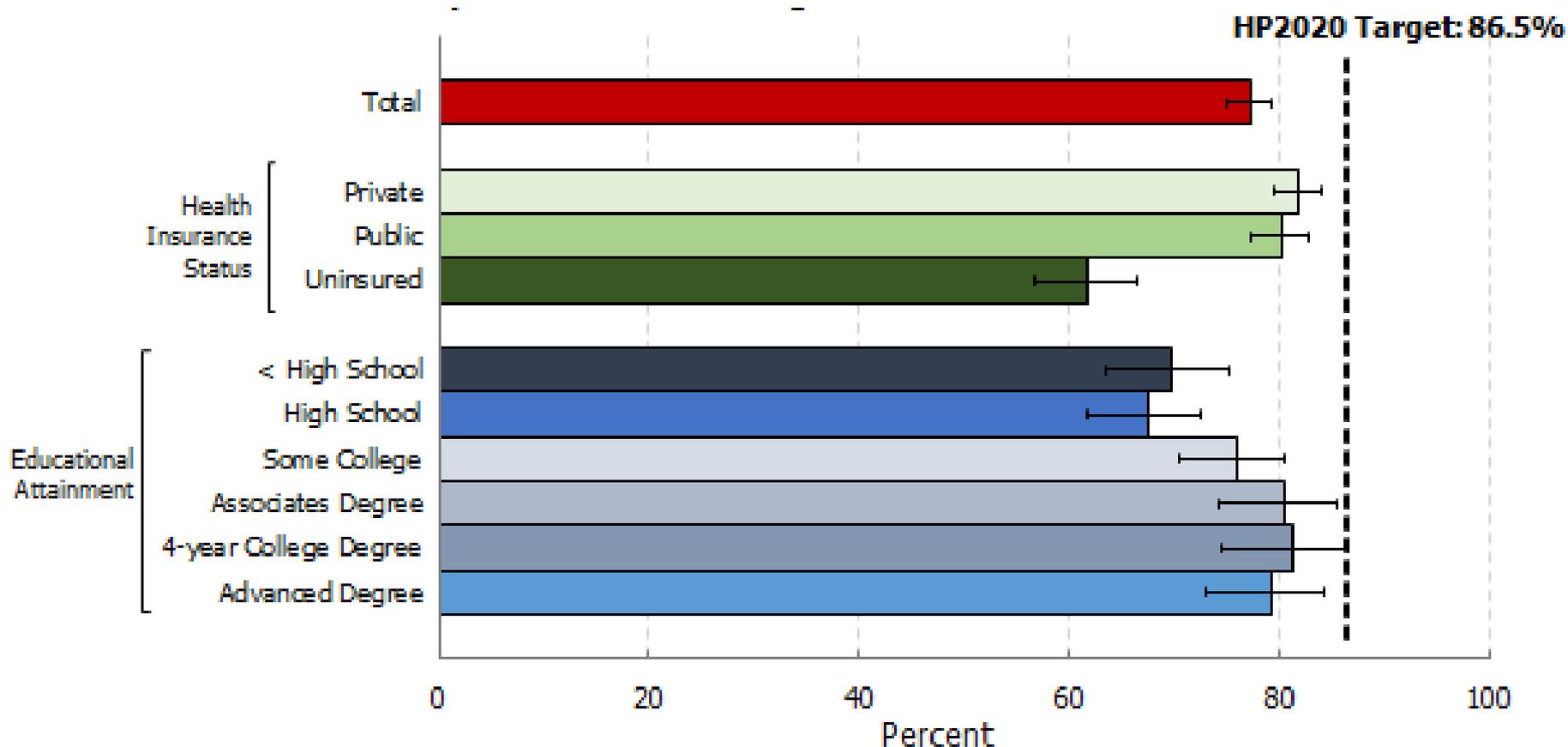
# Receipt of Reproductive Health Services in the Past 12 Months among Sexually Active Females Aged 15–44, 2011–2013



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

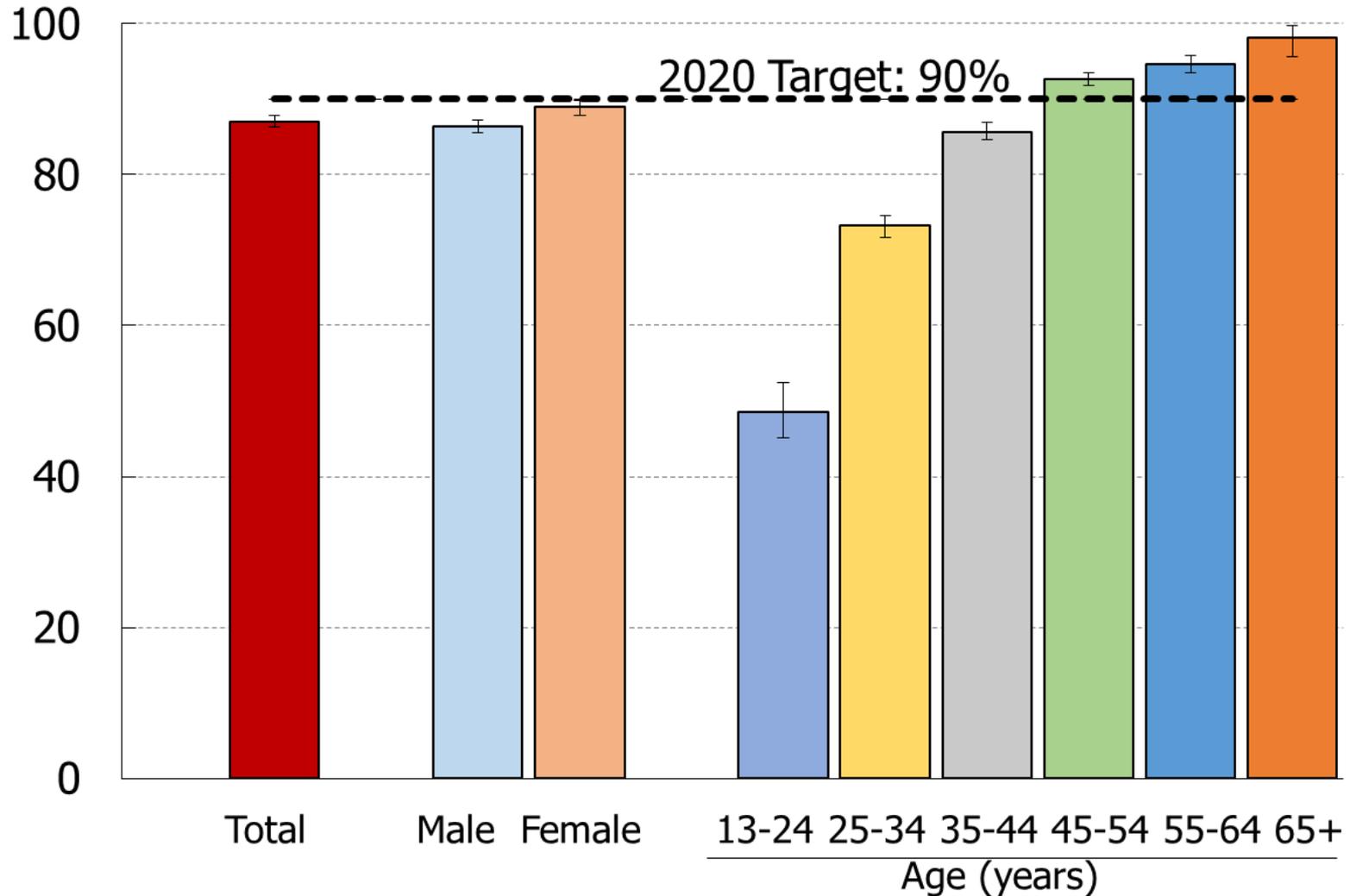


NOTES: — = 95% confidence interval. Data are for females aged 15 to 44 years who are sexually active (had sex in the past 3 months) and have received at least one of the following reproductive health services in the past 12 months: a birth control method; birth control counseling; birth control checkup 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.

**Obj. FP-7.1**  
Increase desired

# Persons Living with HIV Aged 13+ who Were Aware of Their HIV Infection, 2013

Percent

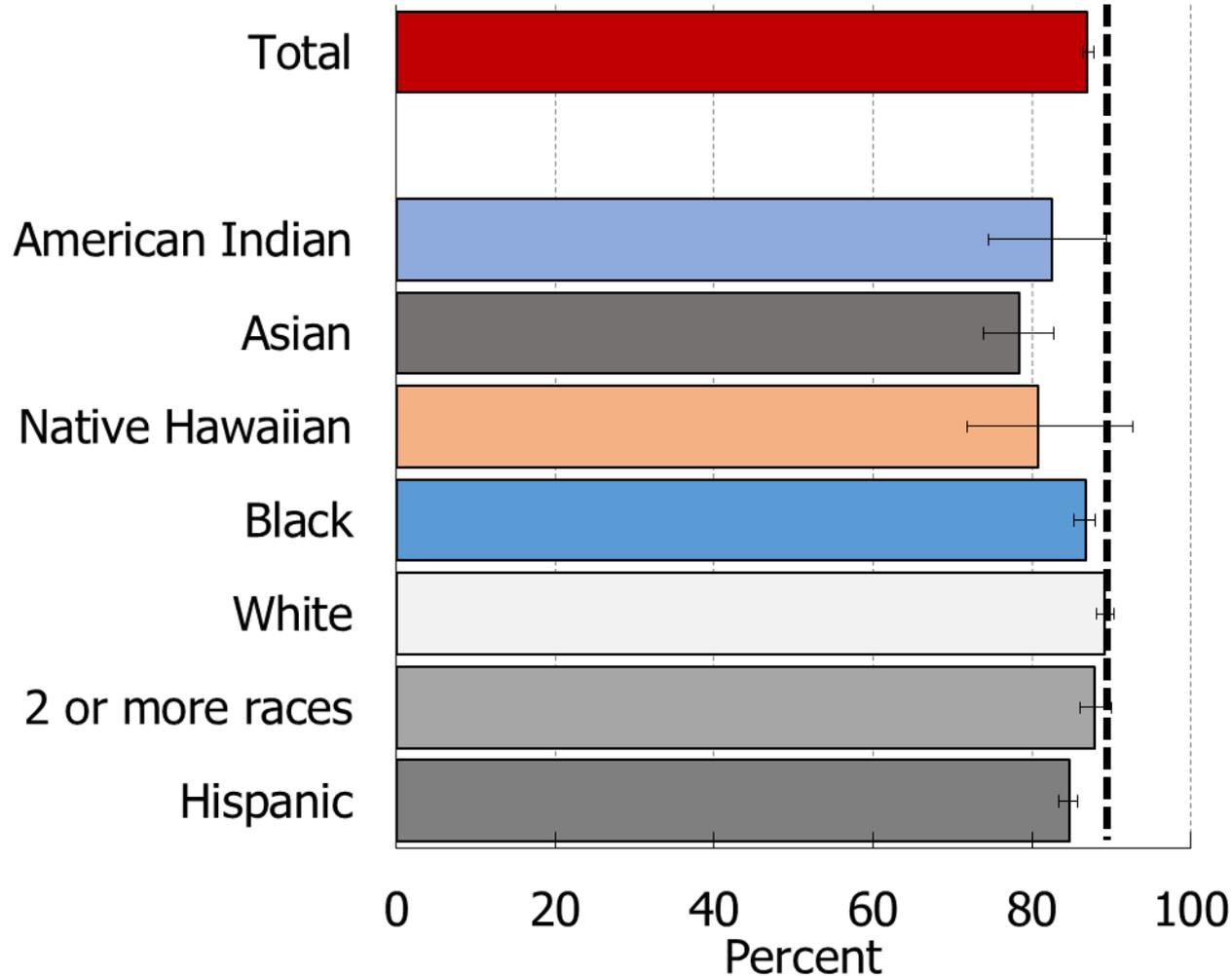


SOURCE: National HIV Surveillance System, CDC/NCHHSTP.

**Obj. HIV-13**  
Increase desired

# Persons Living with HIV Aged 13+ who Were Aware of Their HIV Infection, 2013

2020 Target: 90%



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.

**Obj. HIV-13**  
Increase desired





# Office of Population Affairs (OPA)

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.



# Title X Program

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.

**Find a Family Planning Clinic**  
OFFICE OF POPULATION AFFAIRS

Enter your address, city & state, or ZIP Code



# 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**

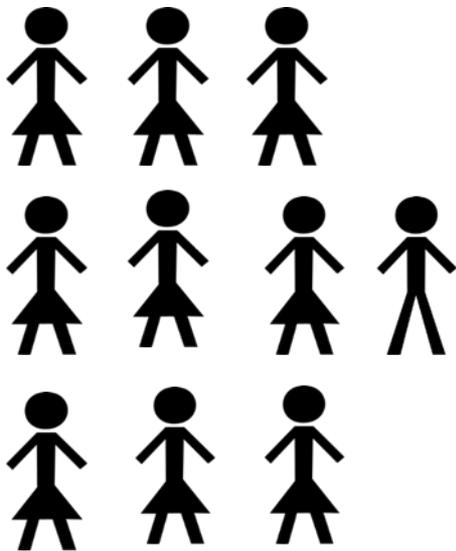
3,951 Service  
Delivery Sites

50+ States,  
Territories and DC

91 Service Grantees



# Patients Served - 2015



**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

In 2015, 9 in 10 patients were female.



# 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





# Recommendations for Quality Family Planning Services (QFP)

Centers for Disease Control and Prevention

**MMWR**

Morbidity and Mortality Weekly Report

Recommendations and Reports / Vol. 63 / No. 4

April 25, 2014

## Providing Quality Family Planning Services

Recommendations of CDC and the U.S. Office of Population Affairs



Continuing Education Examination available at <http://www.cdc.gov/mmwr/cma/conted.html>.



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

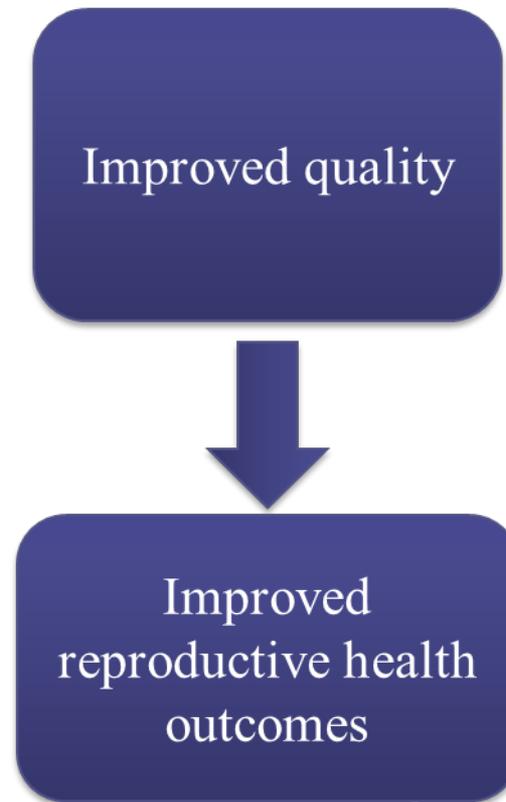




# Development of the QFP Recommendations

Based on the IOM's definition of "quality:"

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



IOM (2001). Crossing the quality chasm: a new health system for the 21<sup>st</sup> century. National Academies of Science, Washington DC.



# 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



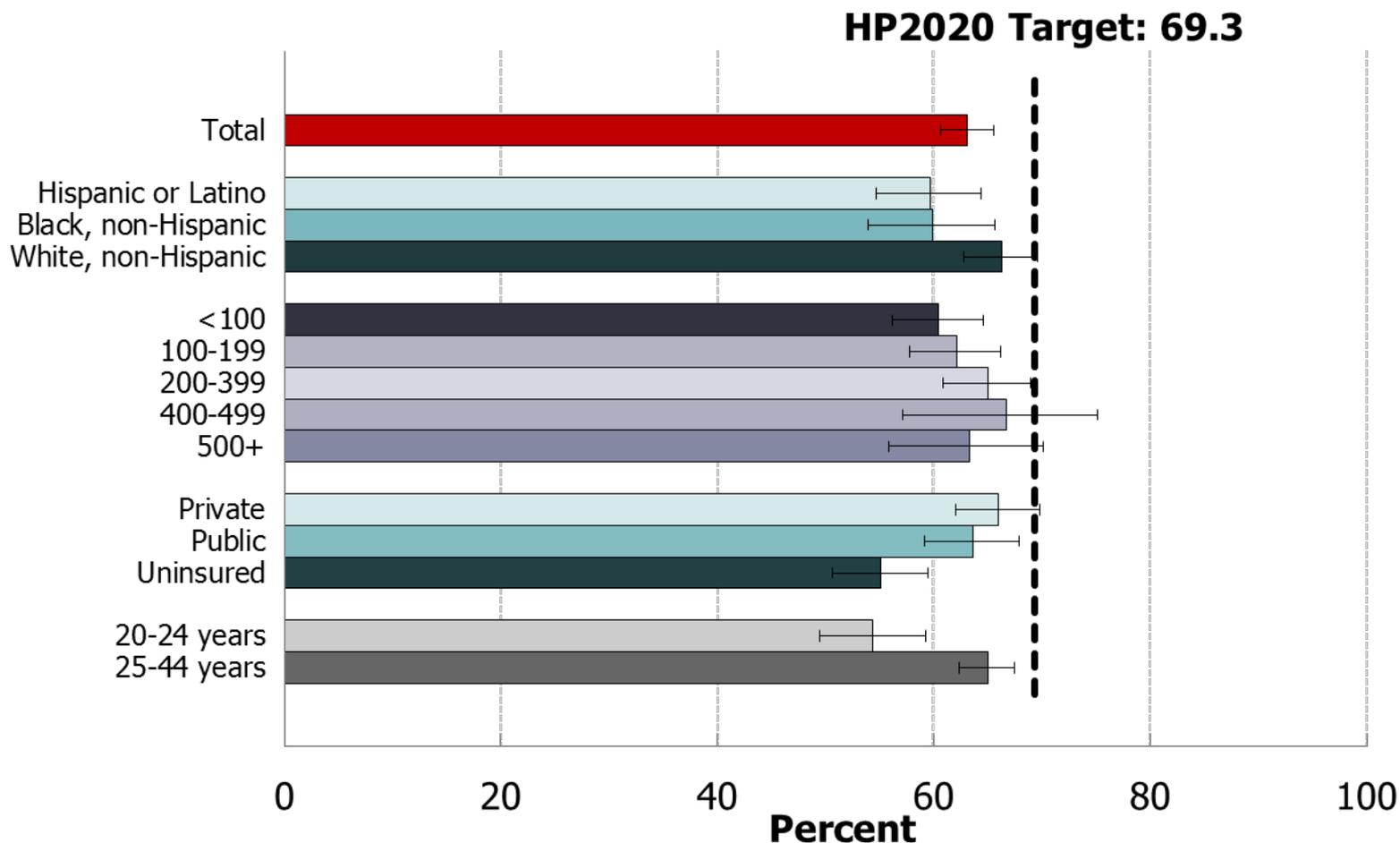


# Contraceptive Care Measures Submitted for NQF Endorsement

- 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



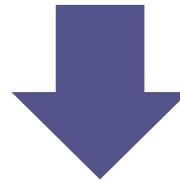
SOURCE: National Survey of Family Growth (NSFG), CDC/NCHS.

**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

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**UCSF**

University of California  
San Francisco  
*advancing health worldwide*

*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



Continuing Education Examination available at <http://www.cdc.gov/mmwr/cma/conted.html>.



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%).

# 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.

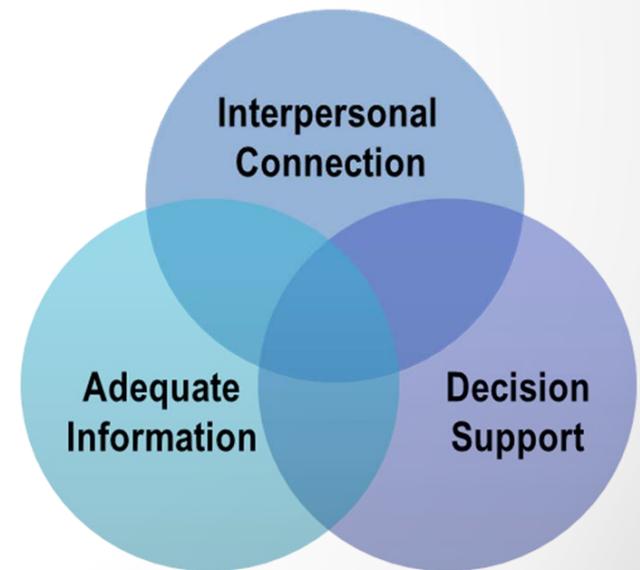
# Performance Measure for Patient-Centered Counseling

- 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



**FIND OUT IF THE  
IMPLANT IS THE  
RIGHT METHOD  
FOR YOU!**

**SPEAKOUTIMPLANT.ORG**

# 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/](http://www.hhs.gov/opa/)) to ensure they are using the latest version.

July 1, 2016



# 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.







# Stay Connected

- Visit **healthypeople.gov** to learn more about the Healthy People 2020 Leading Health Indicators
- To receive the latest information about Healthy People 2020 and related events, visit our website to:
  - Join the Healthy People 2020 Consortium
  - Share how your organization is working to achieve Healthy People goals



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