





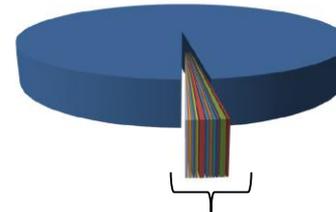


# ***Who's Leading the Leading Health Indicators?***

## **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 measures



LHIs are a subset  
of Healthy People  
measures



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

## Featured Speakers:

**Howard Koh, MD, MPH**

Assistant Secretary for Health, HHS

**Tasmeen Weik, DrPH, MPH**

Health Scientist, Office of Population Affairs, HHS

**Mark Hathaway, MD, MPH**

Medical Director, Title X/Family Planning Program,  
Unity Health Care





# Reproductive and Sexual Health

- Encompasses broad range of health needs for men and women
  - Reproductive system
  - Sexually transmitted infections (STIs)
  - Fertility
- Impacts other health outcomes by serving as entry point into medical system



# Reproductive and Sexual Health

- Two LHIs
  - Increase the proportion of sexually experienced females aged 15 to 44 years who received reproductive health services in the past 12 months (FP 7.1)
  - Increase the proportion of persons living with HIV who know their serostatus (HIV 13)

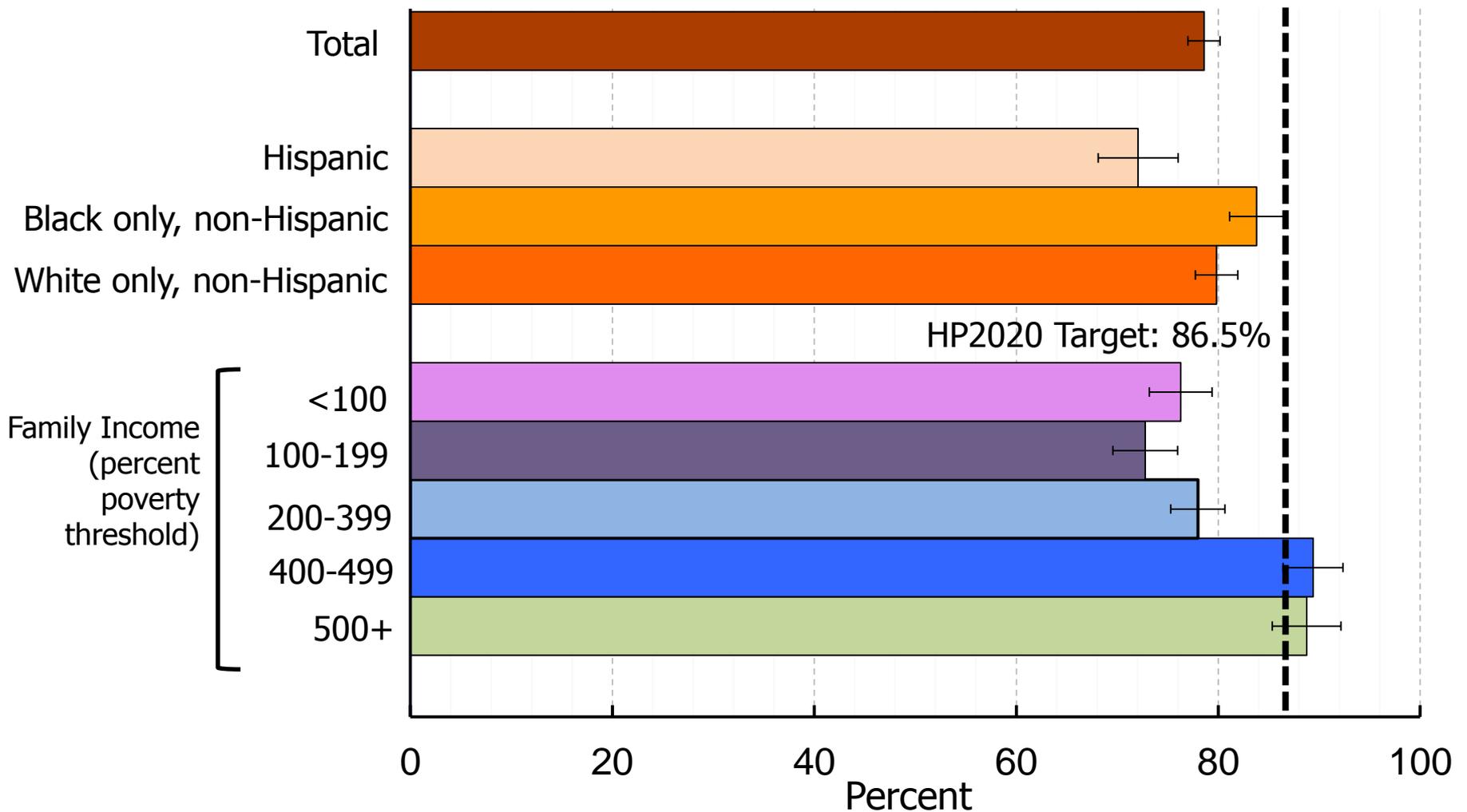


# Reproductive and Sexual Health

- Family planning as a public health achievement
  - Publicly funded clinics
    - ❖ Nearly 9 million women received contraceptive services in 2010
- Affordable Care Act Coverage
  - Preventive Services
    - ❖ HIV Screening
    - ❖ STI Counseling
    - ❖ Contraception



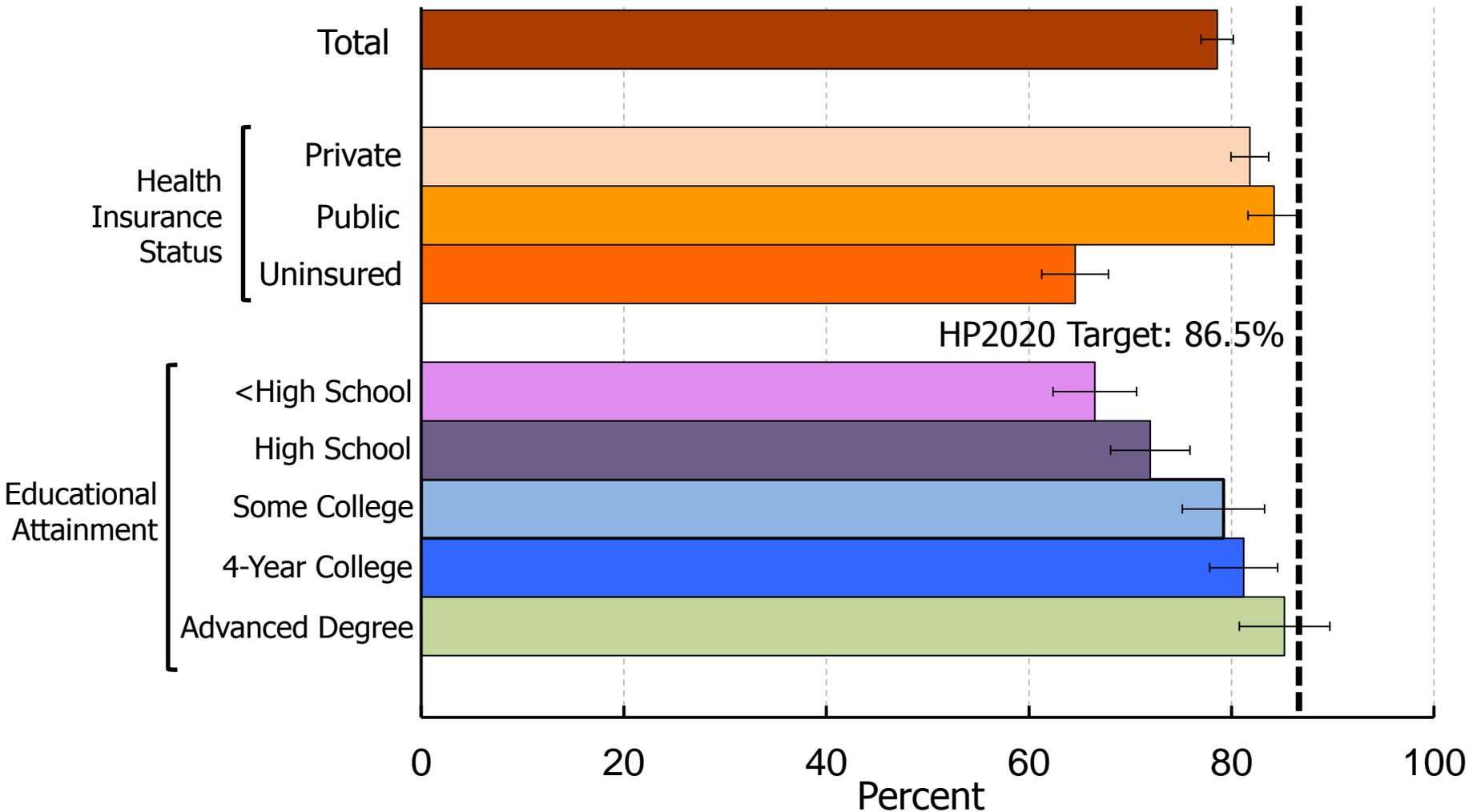
# Receipt of Reproductive Health Services among Sexually Experienced Females, 2006–2010



NOTES: Data are for females aged 15 to 44 years who are sexually experienced (have ever had intercourse) 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 among Sexually Experienced Females, 2006–2010

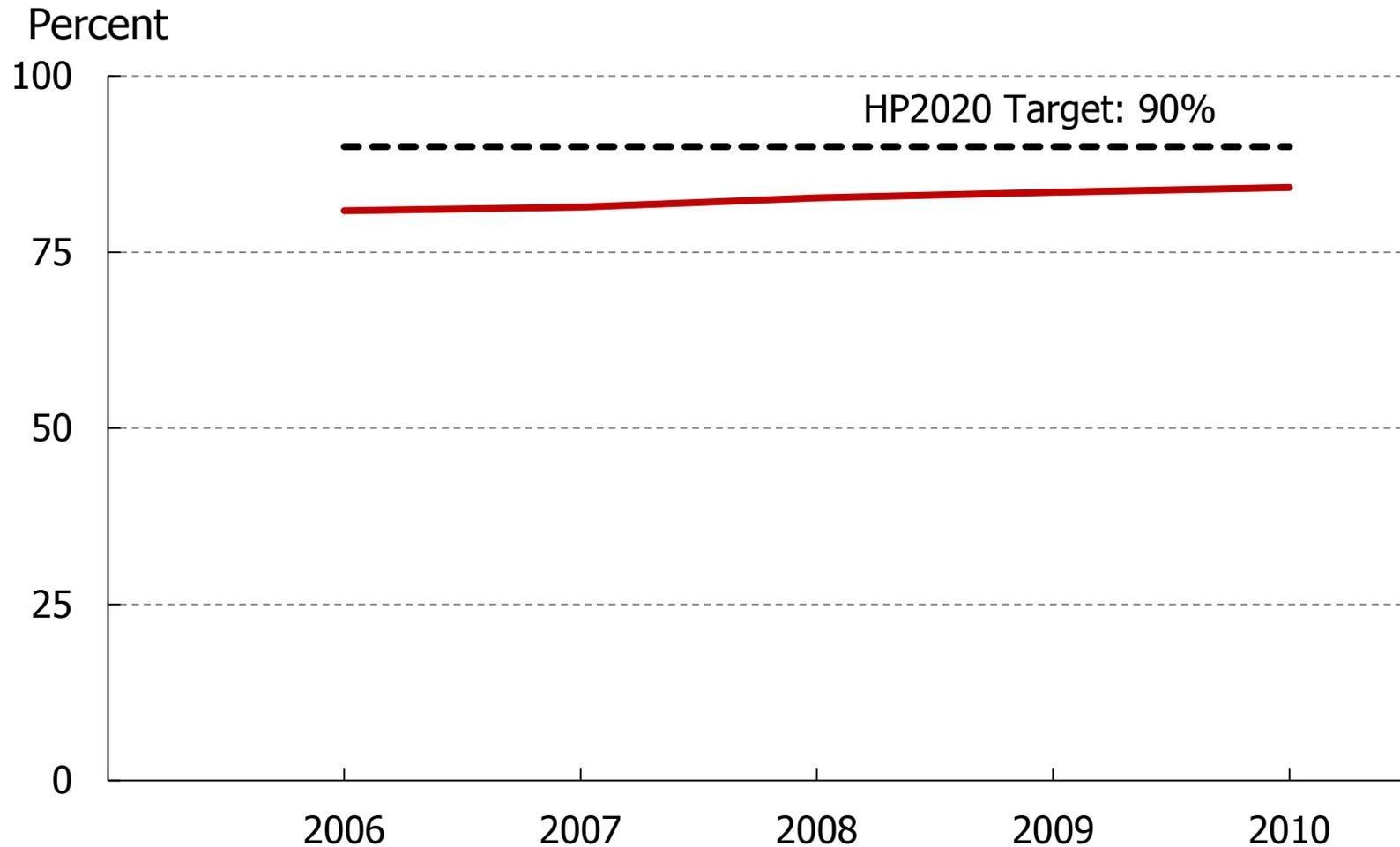


NOTES: Data are for females aged 15 to 44 years (20 to 44 years for data by educational attainment) who are sexually experienced (have ever had intercourse) and have received at least one of the following reproductive health services in the past 12 months: a birth control method; birth control counseling; birth control checkup or test; sterilization counseling; emergency contraception counseling; pelvic exam; pap smear; pregnancy test; and STD counseling, testing, or treatment.

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

**Obj. FP-7.1**  
Increase desired

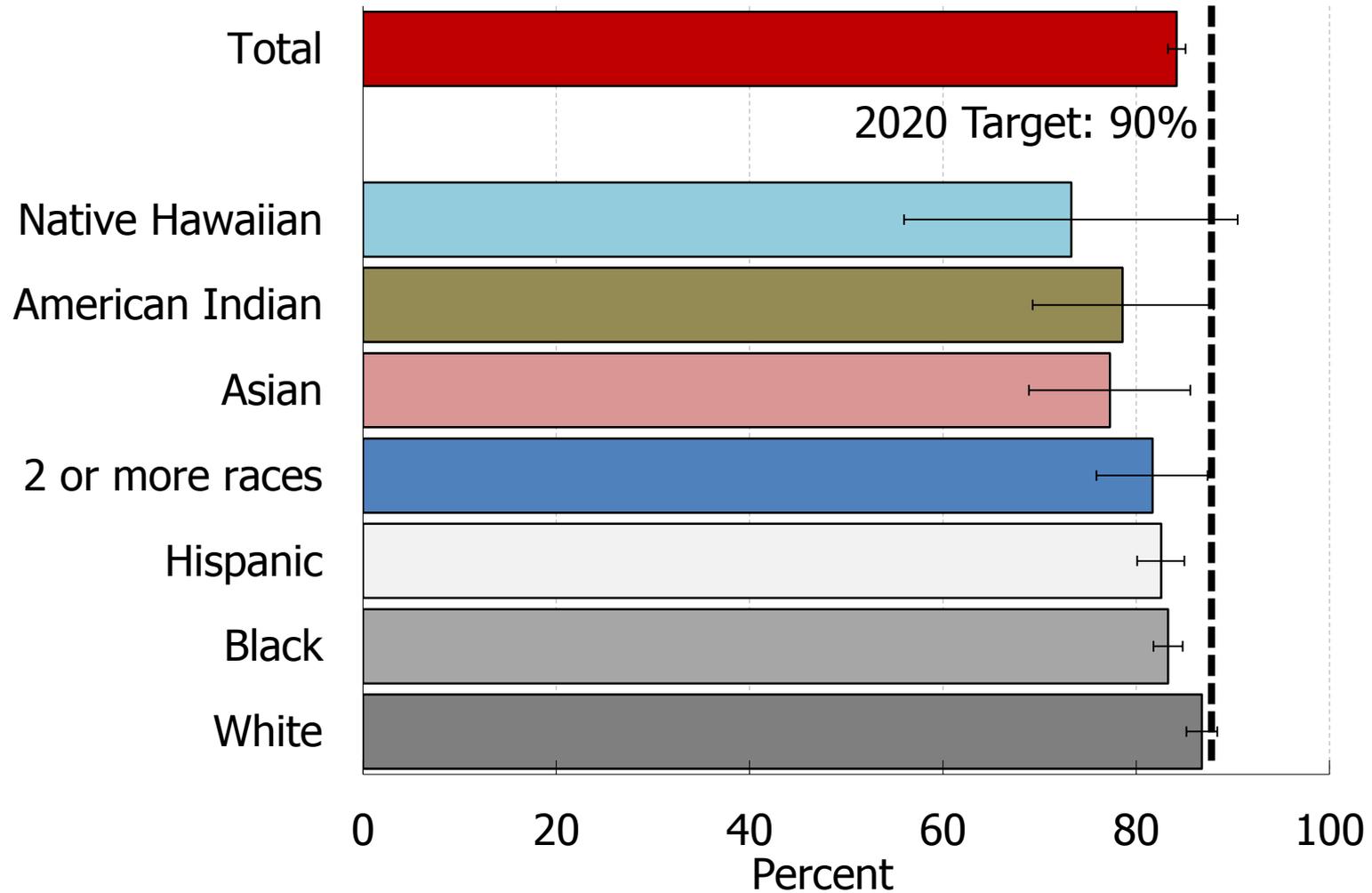
# People Living with HIV who Are Aware of Their HIV Infection, 2010



**Obj. HIV-13**  
Increase desired

NOTE: Data are for persons aged 13 years and older.  
SOURCE: National HIV Surveillance System, CDC/NCHHSTP.

# People Living with HIV who Are Aware of Their HIV Infection, 2010

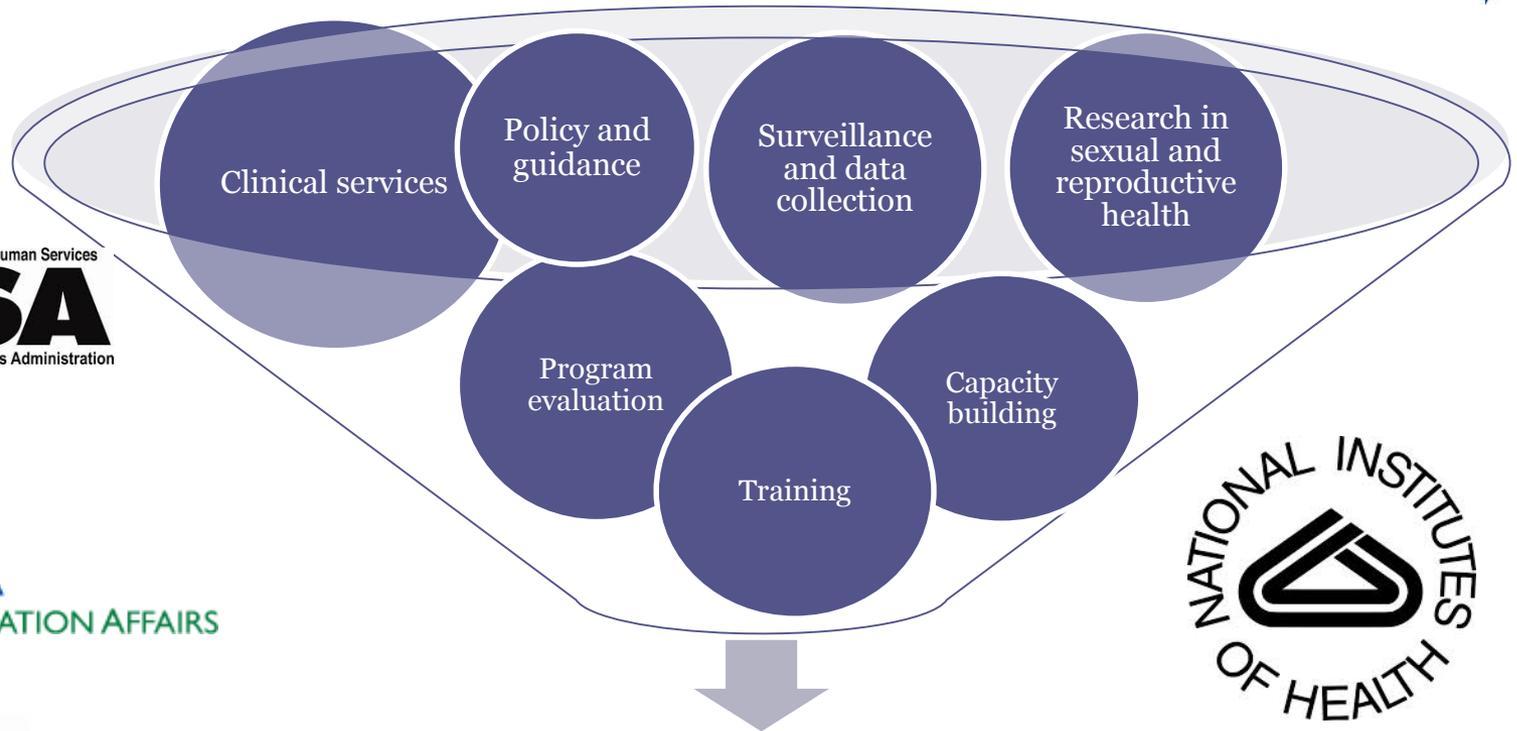


NOTES: Data are for persons aged 13 years and older. Persons of Hispanic origin may be any race. American Indian includes Alaska Native. Native Hawaiian includes Pacific Islander. Respondents were asked to select one or more races. Single race categories are for persons who reported only one race group.  
SOURCE: National HIV Surveillance System, CDC/NCHHSTP.

**Obj. HIV-13**  
Increase desired



# Federal Role in Family Planning



Improve pregnancy planning and spacing and prevent unintended pregnancy. (Healthy People FP1-FP15)





# Value of Publicly Funded Family Planning

## ■ Total funding:

- \$2.37 billion in FY2010<sup>1</sup>
  - ❖ 75% Medicaid
  - ❖ 12% State appropriations
  - ❖ 10% Title X funding (administered by the Office of Population Affairs)
  - ❖ 3% MCHB block grant, social services block grant, TANF

## ■ Effectiveness:

- prevented 2.2 million unintended pregnancies in 2010<sup>1</sup>

## ■ Cost-Effectiveness:

- every \$1.00 invested saved \$5.68 in Medicaid expenditures

1. Guttmacher Institute. Publicly Funded Contraceptive Services in the U.S. [http://www.guttmacher.org/pubs/fb\\_contraceptive\\_serv.pdf](http://www.guttmacher.org/pubs/fb_contraceptive_serv.pdf)



# Title X Program

- To provide individuals with services that enable them to determine freely the number and spacing of their children.

4.8 million clients annually

- \$286 million in Congressional appropriations in FY14

8.6 million encounters annually

- Services generally include:

4189 Service delivery sites and

- Contraceptive services to prevent pregnancy
- Pregnancy testing & counseling
- Preconception health counseling & services
- Basic infertility services to achieve pregnancy

1138 Sub recipients in

- STD/HIV screening, diagnosis & treatment
- Related preventive health services

50+ States, territories, DC monitored by

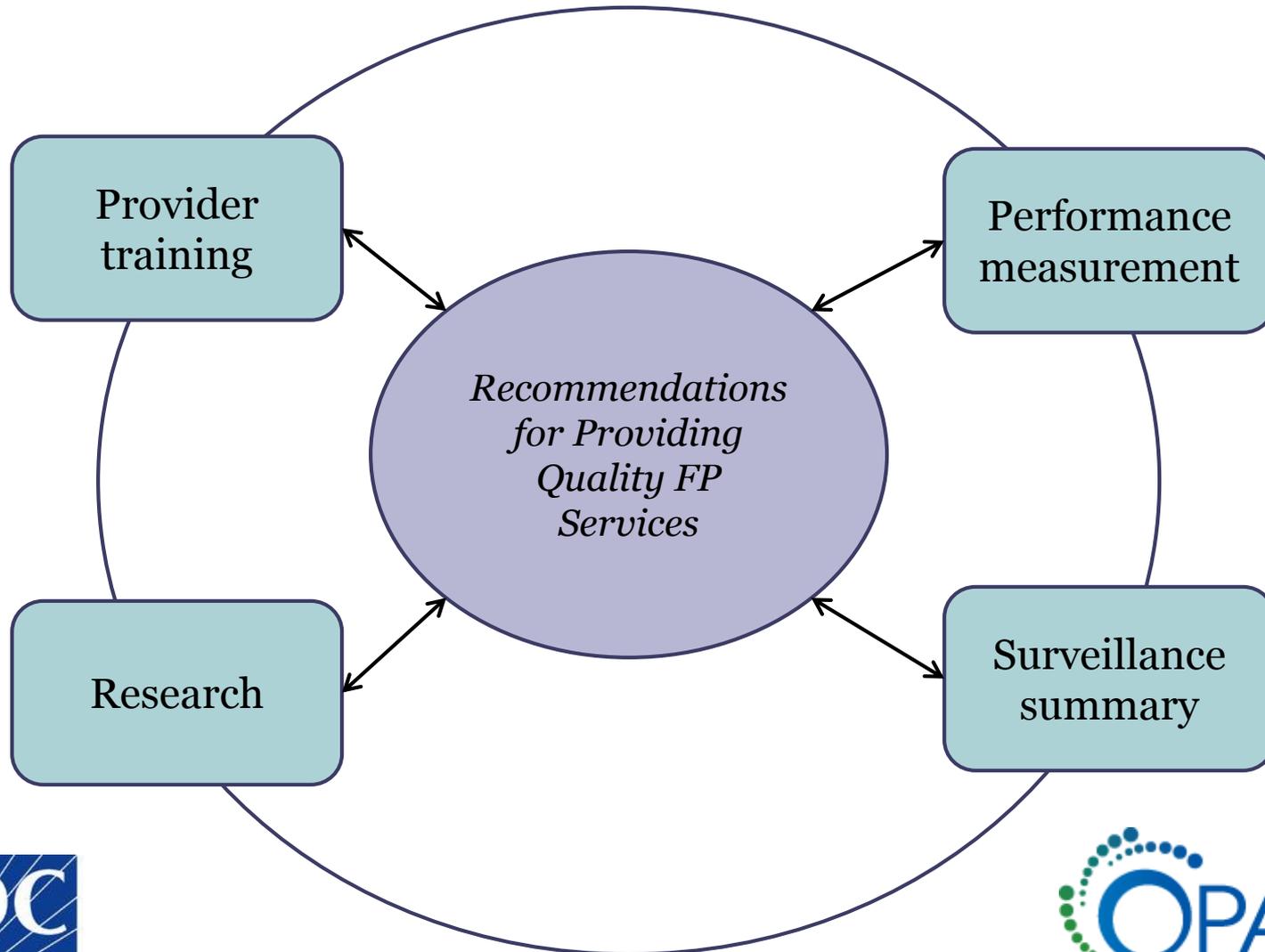
93 Service grantees



# Recommendations for Quality Family Planning

- Purpose:
  - 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.
  - Provide evidence based approaches to providers.
- Intended audience:
  - Reproductive health and primary care providers.
- Publication
  - April 2014
  - CDC Morbidity and Mortality Weekly Review (MMWR)

# A Multi-Pronged Effort

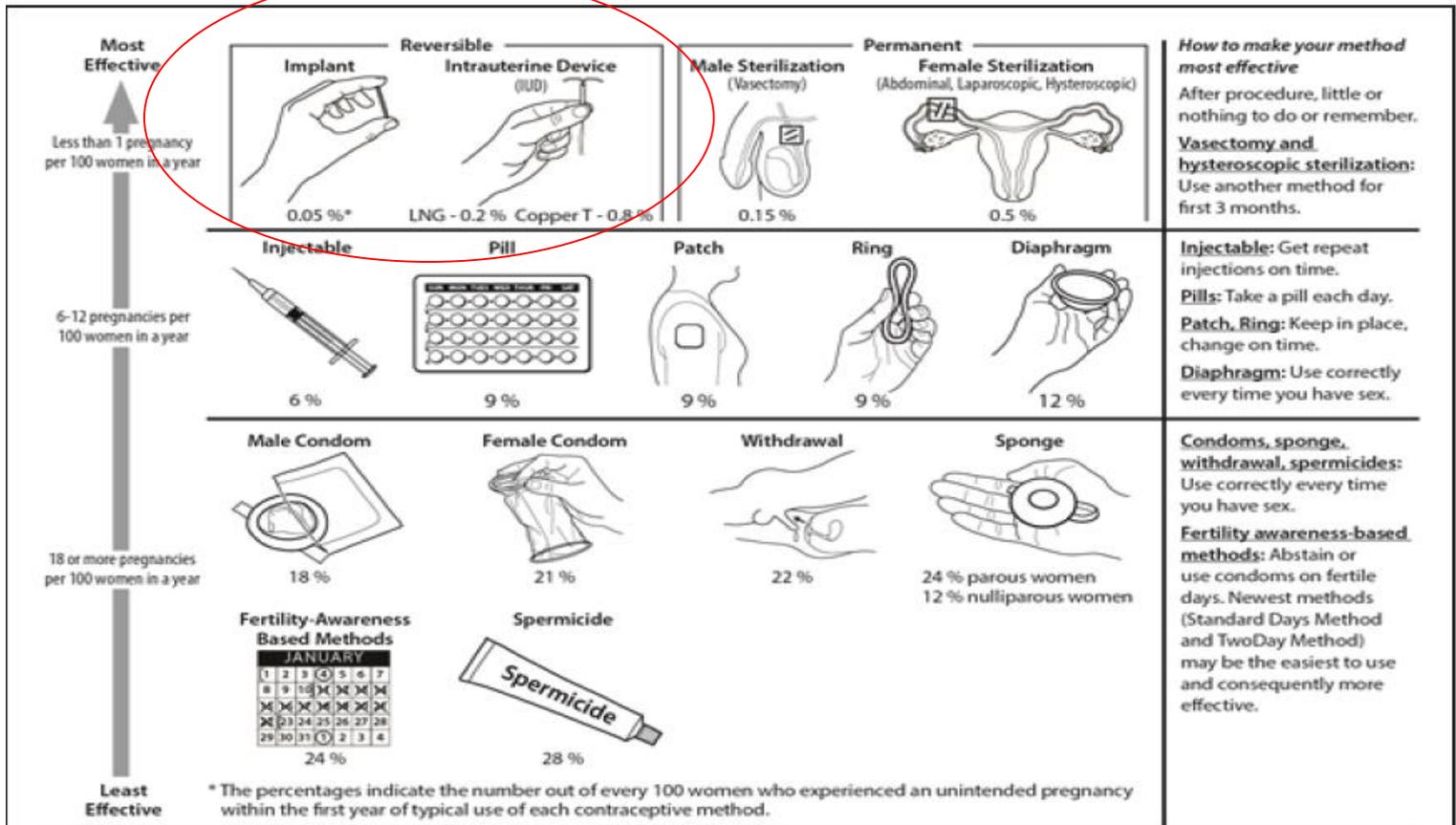


# Framework for Family Planning, Related and Other Preventive Services



# Effective Contraception

FIGURE 3. The effectiveness of FDA-approved contraceptive methods



**How to make your method most effective**  
After procedure, little or nothing to do or remember.  
**Vasectomy and hysteroscopic sterilization:** Use another method for first 3 months.

**Injectable:** Get repeat injections on time.  
**Pills:** Take a pill each day.  
**Patch, Ring:** Keep in place, change on time.  
**Diaphragm:** Use correctly every time you have sex.

**Condoms, sponge, withdrawal, spermicides:** Use correctly every time you have sex.  
**Fertility awareness-based methods:** Abstain or use condoms on fertile days. Newest methods (Standard Days Method and TwoDay Method) may be the easiest to use and consequently more effective.

**CONDOMS SHOULD ALWAYS BE USED TO REDUCE THE RISK OF SEXUALLY TRANSMITTED INFECTIONS.**

**Other Methods of Contraception**  
**Lactational Amenorrhea Method:** LAM is a highly effective, temporary method of contraception.  
**Emergency Contraception:** Emergency contraceptive pills or a copper IUD after unprotected intercourse substantially reduces risk of pregnancy.  
Adapted from WHO's Family Planning: A Global Handbook for Providers (2001) and Trussell et al (2011).



# Future Outlook

- Reduce unintended pregnancies by:
  - Increasing the proportion of females at risk of unintended pregnancy or their partners who used contraception at the most recent sexual encounter (HP2020 FP 6)
    - ❖ Baseline: 83.3% (2006-2010 data)
    - ❖ 2020 Target: 91.6%
- Encourage the use of highly effective methods of contraception
- Encourage the adoption of the recommendations for quality family planning amongst all providers



# INCREASING HIGHLY EFFECTIVE CONTRACEPTIVE UPTAKE IN AN URBAN, UNDERSERVED, PRIMARY CARE SETTING

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Dr. Mark Hathaway MD, MPH  
Medical Director, Title X Family Planning Program  
Unity Health Care, Inc.  
Washington, DC

March 20, 2014

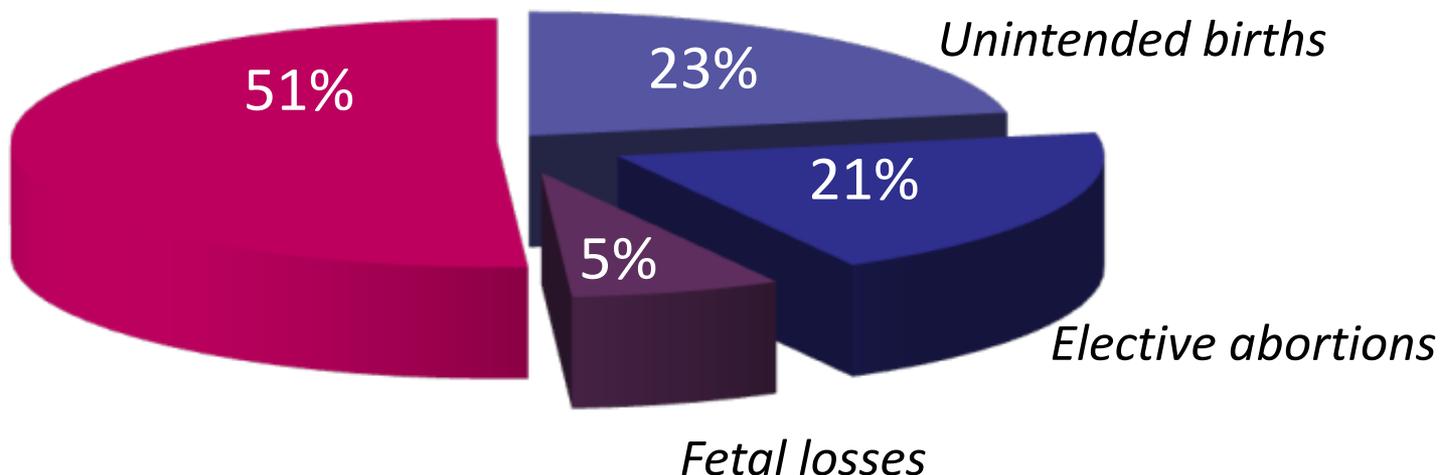
# Unintended Pregnancy Data: US

**6.7 MILLION PREGNANCIES**

*over one year*

**Intended: 51%**

**Unintended 49%**



Finer, Zolna. *Contraception*. 2011.

# District of Columbia (DC)

- Estimated 59% of all pregnancies unintended
  - compared to 49% nationally
- Highest teen pregnancy rate
  - 112/1,000 girls
- Births in 2008 resulting from unintended pregnancies resulted in:
  - \$18 million in federal costs
  - \$8 million in DC costs



- Finer, L.B. & Zolna, M.R. (2011). Unintended pregnancy in the United States: incidence and disparities, 2006. *Contraception* (84), 478-485.
- Guttmacher Institute. (2010). *U.S. teenage pregnancies, births and abortions: National and state trends and trends by race and ethnicity*. Washington, DC: Guttmacher Institute (2008 data)
- Guttmacher Institute. State Reproductive Health Profile: District of Columbia. Accessed at: <http://www.guttmacher.org/datacenter/profiles/DC.jsp>

# Unity Health Care, Inc. – Washington, DC

## About Unity

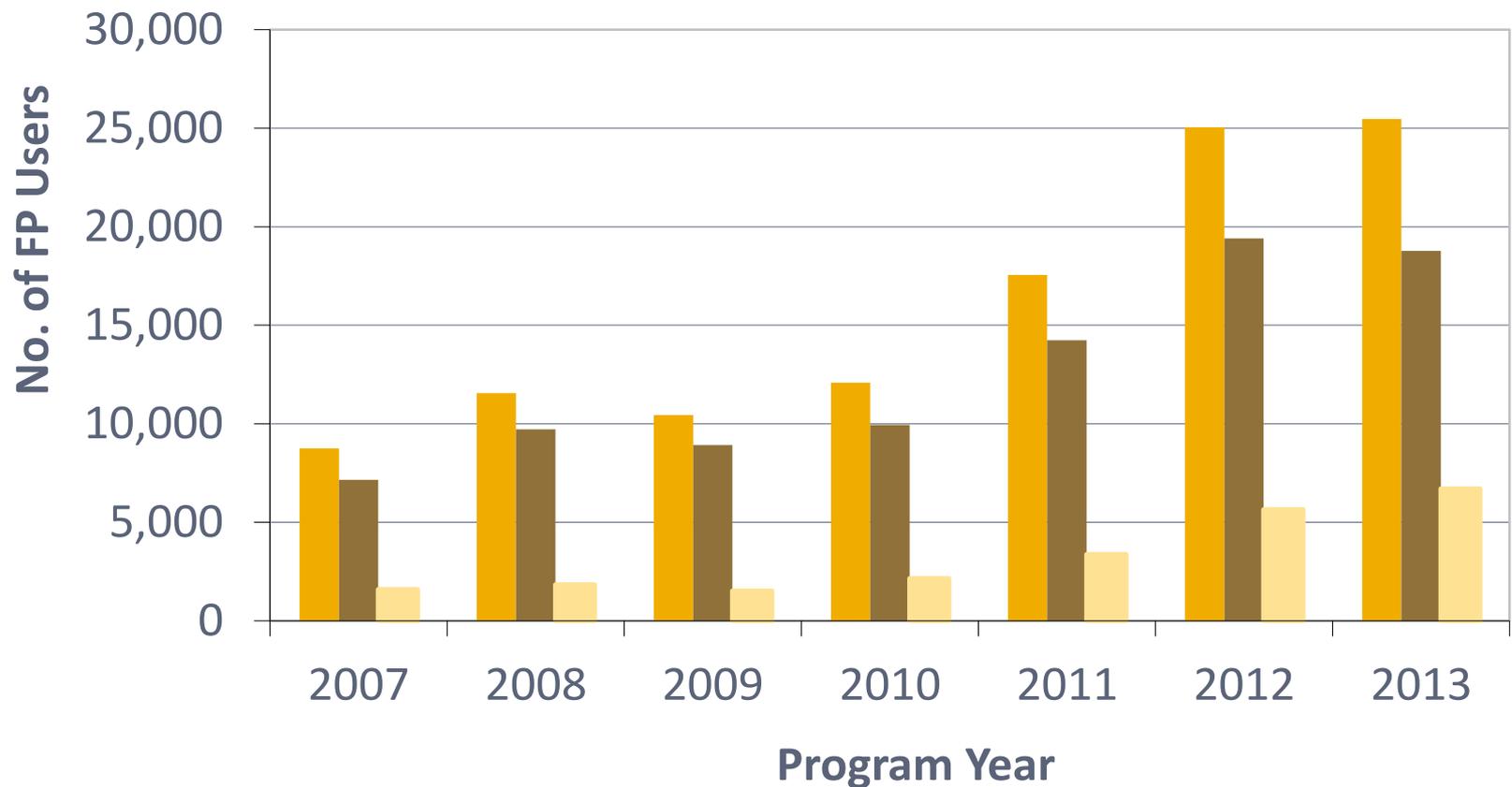
- One of the nations largest federally qualified health centers (FQHC) in the U.S.
- 29 health centers
- Over 200 clinicians
- Title X grantee for the District of Columbia

## Services

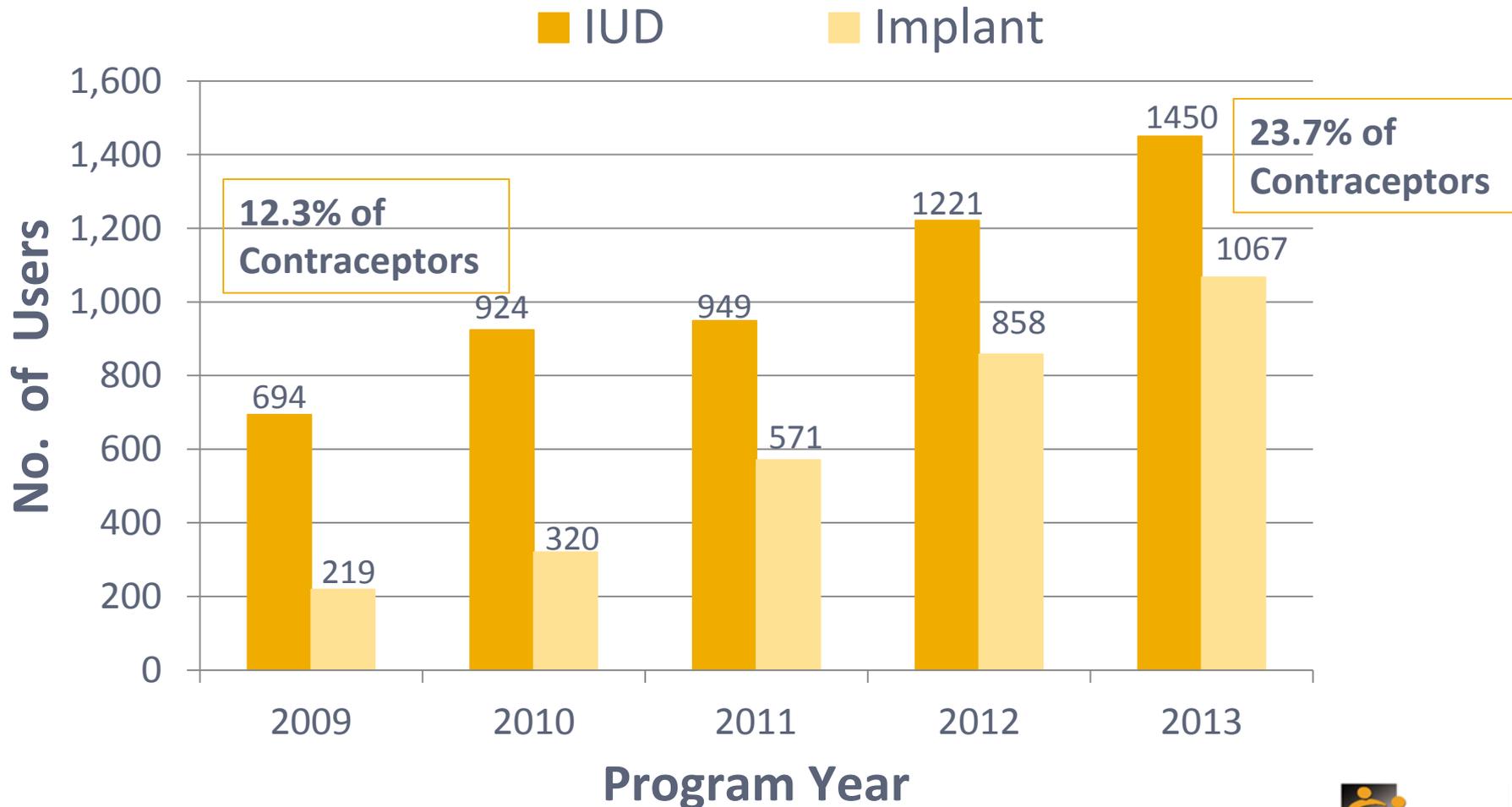
- Over 100,000 patients and greater than 500,000 visits annually
- Comprehensive primary care services
  - Integrated family planning
- Specialty care & social services
  - (OB/GYN, infectious disease, cardiology, dental, mental health, WIC, etc.)

# Family Planning Users (2007-2013)

■ Total FP Users   ■ Total Female Users   ■ Total Male Users

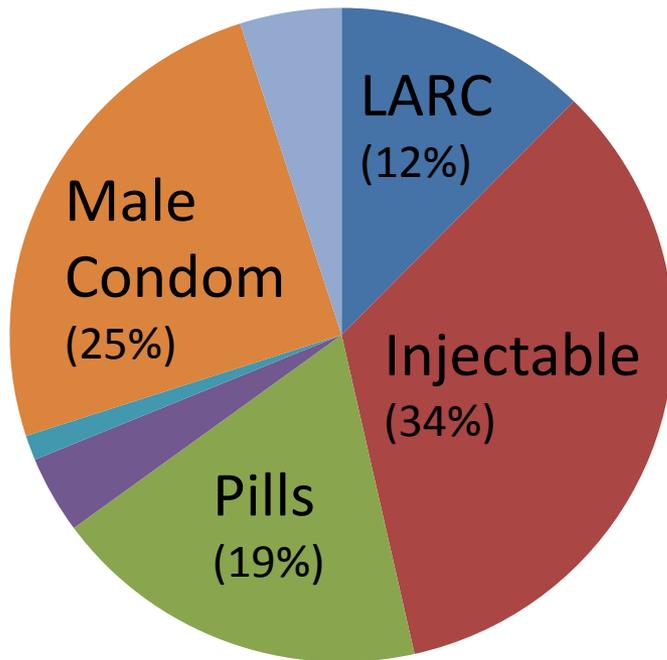


# Long Acting Reversible Contraceptive (LARC) Users at Unity (2009-2013)

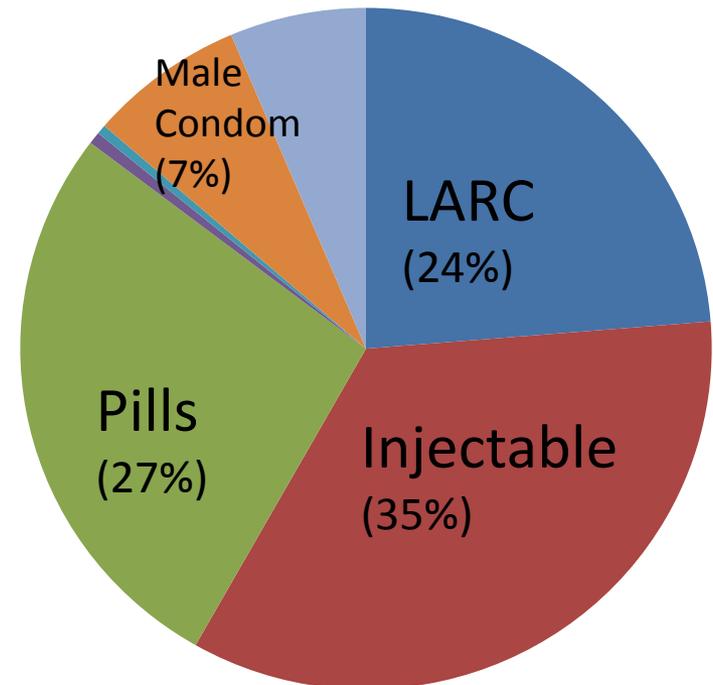


# Female Contraceptive Primary Method Use – Unity Health Care 2009 and 2013

2009

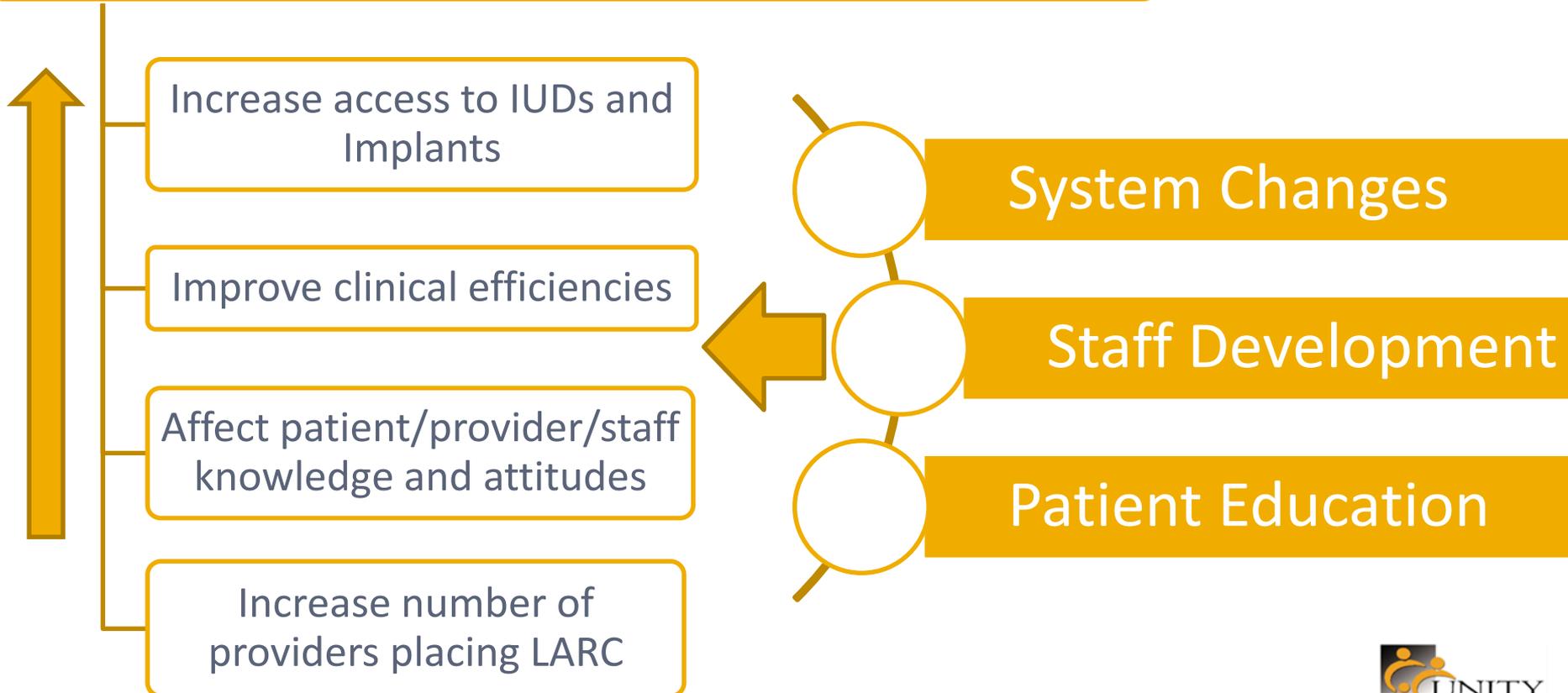


2013



# Program Goals and Strategies

Goal: Increase uptake of LARC to decrease unintended pregnancies



# Strategy 1: System Changes

## Obtain Management Buy-In

- Highlight cost-effectiveness of LARC
- Address coding and reimbursement issues

## Standardize Protocols Across Sites

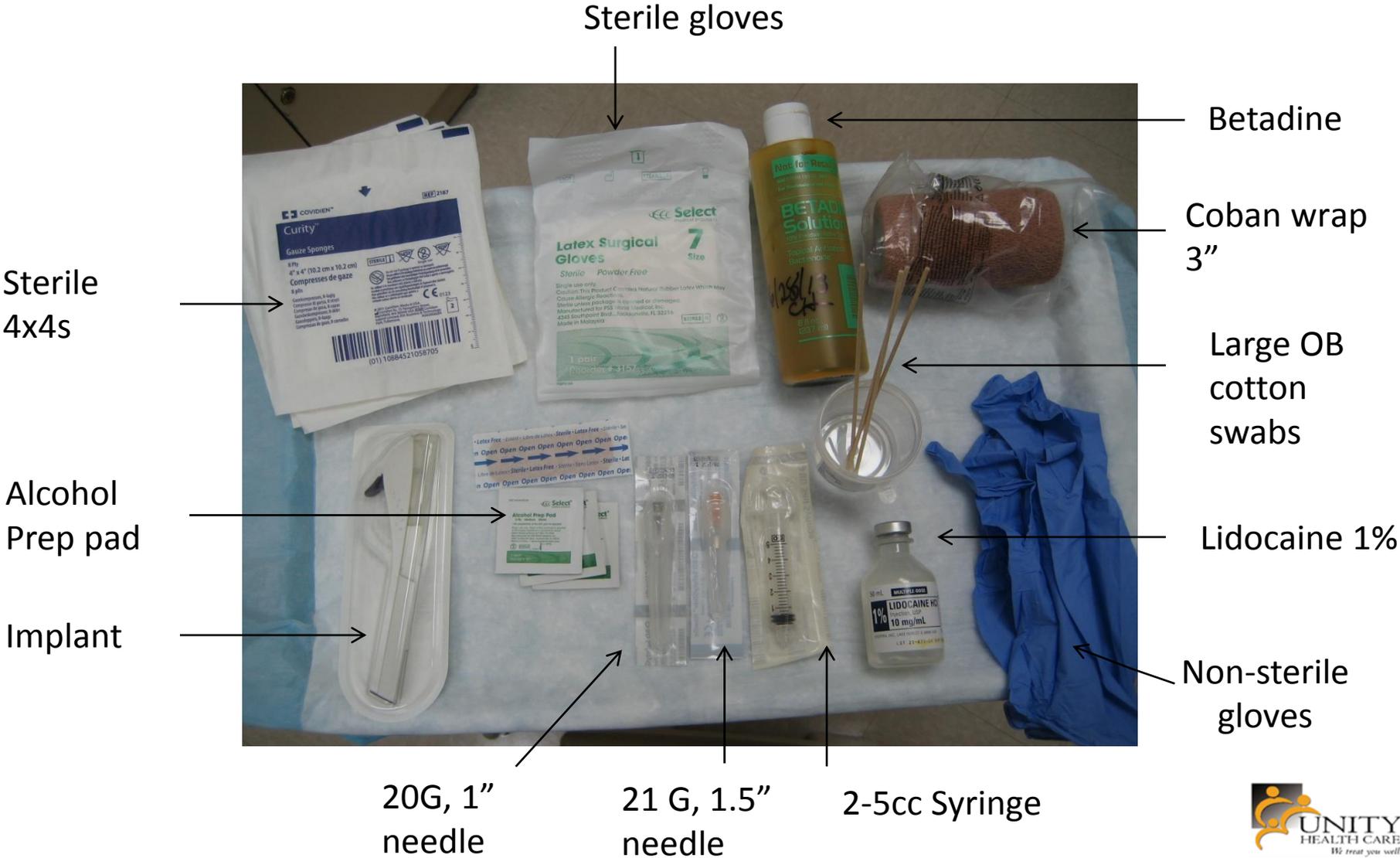
- Provide LARC at all sites, at all times
- Establish MA insertion set-up instructions

## Promote Patient Follow-Up

- Schedule a re-check visit
- Address primary care issues and STI counseling



# Example Implant Set-Up Training Webinar



# Strategy 2: Staff Development

## Teach Effective LARC Counseling

- TIERED COUNSELING
- Teach-back methods and anticipatory guidance for side effects

## Use Clinical reference tools

- CDC Medical Eligibility Criteria (MEC) and CDC US Select Practice Recommendations
- Quick reference guides: coding, side effect management, and counseling sheets

## Provide Opportunities for Training

- Educate all staff that most patients are LARC candidates
- Establish teen-friendly approaches with all staff
- Insertion training/preceptorship for providers

# LARC (IUD and Implants) placed by Provider type (2009 and 2012)

|   | 2009                | 2012                | Change      |
|---|---------------------|---------------------|-------------|
| UNITY Provider Type                                 | Total LARC inserted | Total LARC inserted | % Increase  |
| <i>Family /Internal Med Physicians</i>              | 40                  | 230                 | 475%        |
| <i>Nurse Practitioners and Physician Assistants</i> | 61                  | 172                 | 182%        |
| OBGyn   | 134                 | 333                 | 149%        |
| Certified Nurse Midwives                            | 174                 | 424                 | 144%        |
| Pediatricians                                       | 2                   | 6                   | 200%        |
| <b>Total</b>  | <b>411</b>          | <b>1,165</b>        | <b>183%</b> |

# Strategy 3: Patient Education

## Establish Sexual and Reproductive Health Resource Centers

- Standardize education materials and provider counselling tools across all sites

## Utilize Various Educational Tools

- Brochures, videos, demo models etc.
- [bedsider.org](http://bedsider.org), [stayteen.org](http://stayteen.org), [larcfirst.org](http://larcfirst.org), [arhp.org](http://arhp.org)

## Discuss Benefits

- Educate patients on new contraceptive provisions under ACA



# HOW WELL DOES BIRTH CONTROL WORK?

What is your chance of getting pregnant?



Really, really well



The Implant

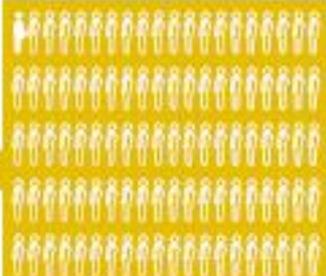
IUD

IUD

IUD

Sterilization, for men and women

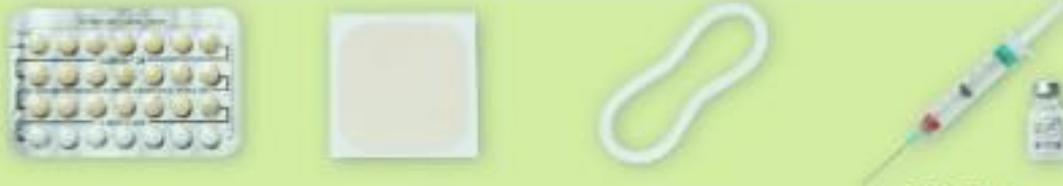
Work, hassle-free, without needing to remember to do anything.



Less than 1 in 100 women



O.K.



The Pill

The Patch

The Ring

The Shot

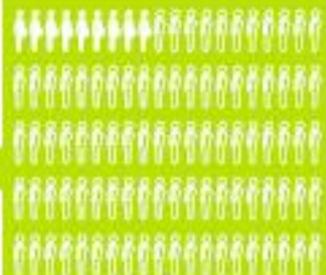
For it to work best, use it...

Every. Single. Day.

Every week

Every month

Every 3 months



6-9 in 100 women, depending on method



Not as well



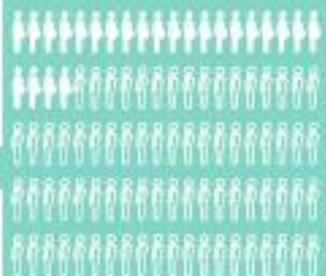
Withdrawal

Fertility Awareness

Diaphragm

Condoms, for men or women

For these methods to work, you or your partner have to use it every single time you have sex.



12-24 in 100 women, depending on method

FYI, without birth control, over 90 in 100 young women get pregnant in a year.

# Lessons Learned

## Establish a dedicated Family Planning Team

- Centralized operations and standard-setting
- Internal and external advocacy
- Quality improvement at all levels

## Integrate Family Planning into Staff Development Initiatives

- New hire orientation
- Annual or semi-annual staff training



# Lessons Learned Continued...

## **Integrate Family Planning at all Levels of Care**

- Primary care visit intake
- Prenatal care visit (determine postpartum contraceptive plan before delivery)
- HIV/STI/Pregnancy test visit
- School-based health center visit

## **Integration of LARC services into primary care works!**

- When barriers to LARC are removed, women choose them
- Primary care providers can be LARC champions



# Unity Next Steps and Opportunities

- Continue advocacy for LARC reimbursement
- Expand family planning champions to target areas
- Pursue marketing and media campaign promoting LARC
- Work with local and US partners to establish LARC training sites
- Advocate with national coalitions to establish a family planning metric (eg. National Quality Forum)
- Further develop and share EHR lessons learned with OPA and other community health centers

# Thank you from the Unity Family Planning Team

## **Title X Medical Director**

Mark Hathaway, MD, MPH

## **Family Planning Clinical Coordinator**

Karen Klaus, CNM

## **Title X Grants Management Specialist**

Camille Dixon, MPH

## **Family Planning Nurse Coordinator**

Jennifer Vollett-Krech, BSN/RN, MPH

[familyplanning@unityhealthcare.org](mailto:familyplanning@unityhealthcare.org)







# Healthy People 2020 Progress Review Webinar

Please join us as we review select Healthy People 2020 objectives in the Physical Activity and Nutrition and Weight Status topic areas.

**May 2014**

Hear from a community-based organization that is working to improve outcomes in the community.

*To register, visit:  
[www.healthypeople.gov](http://www.healthypeople.gov)*





# Leading Health Indicators Webinar: Progress to Date

## *The State of the Leading Health Indicators*

**April 8 | 2:00pm ET**

Please join HHS and APHA as we review the progress being made with the Leading Health Indicators.

*To register, visit:  
[www.healthypeople.gov](http://www.healthypeople.gov)*





# Continuing Education Credits Available

- 1 credit hour available from APHA in Medicine, Nursing, or Health Education
- Must complete online evaluation
  - Will receive via email within 48 hours
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# Healthy People 2020 Sharing Library

*A library of stories highlighting ways organizations across the country are implementing Healthy People 2020*

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Home > Implement > Healthy People in Action > Sharing Library: Map View

**In This Section:**

- Evidence-Based Resources
- Healthy People in Action
  - Sharing Library
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- MAP-IT
  - Mobilize
  - Assess
  - Plan
  - Implement
  - Track
- Planning Resources
- Funding Resources
- Tools For Professionals\*

**Sharing Library: Map View**

Find stories highlighting how communities across the country are implementing Healthy People 2020—or [share your own!](#) Stories featured here have been submitted by communities ("Story from the Field") or developed as part of the Healthy People 2020 *Who's Leading the Leading Health Indicators?* series. [Learn more about the Leading Health Indicators.](#)

Use the **Map View** to see where stories are taking place across the country. Click on a pin on the map to get more details on the story, including organization name and zip code and Healthy People 2020 Topic Area addressed. Click on the story title to view the full story.

Map View List View

Map Satellite

United States

Healthy People 2020 in Action

- Who's Leading the Leading Health Indicators? series
- Stories from the Field

Healthy People in Action - Sharing Library

<http://healthypeople.gov/2020/implement/MapSharingLibrary.aspx>



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