Healthy People 2020: Who’s Leading the Leading Health Indicators?
Don Wright, MD, MPH
Director
Office of Disease Prevention and Health Promotion
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
Howard Koh, MD, MPH
Assistant Secretary for Health
U.S. Department of Health and Human Services
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.
People Living with HIV who Are Aware of Their HIV Infection, 2010

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

Obj. HIV-13
Increase desired
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
Supporting Reproductive and Sexual Health: The Federal Perspective

Tasmeen Weik, DrPH, MPH
Health Scientist
Office of Population Affairs
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
    - 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

- **Cost-Effectiveness:**
  - every $1.00 invested saved $5.68 in Medicaid expenditures

Title X Program

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

- $286 million in Congressional appropriations in FY14

- Services generally include:
  - Contraceptive services to prevent pregnancy
  - Pregnancy testing & counseling
  - Preconception health counseling & services
  - Basic infertility services to achieve pregnancy
  - STD/HIV screening, diagnosis & treatment
  - Related preventive health services

- 4.8 million clients annually
- 8.6 million encounters annually
- 4189 Service delivery sites and
- 1138 Sub recipients in
- 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

Recommendations for Providing Quality FP Services

- Provider training
- Performance measurement
- Research
- Surveillance summary
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)

CDC

Office of Population Affairs (OPA)
Effective Contraception

FIGURE 3. The effectiveness of FDA-approved contraceptive methods

- Implant
- Intrauterine Device (IUD)
- Male Sterilization (Vasectomy)
- Female Sterilization (Abdominal, Laparoscopic, Hysteroscopic)

**Most Effective**
- Implant: 0.05%* success rate
- LNG - 0.2% Copper T - 0.5% success rate

**Reversible**
- Injectable
- Pill: 6% success rate
- Ring: 12% success rate

**Permanent**
- Male sterilization: 0.15% success rate
- Female sterilization: 0.5% success rate

**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.

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**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.

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

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%
  - Unintended births: 23%
  - Elective abortions: 21%
  - Fetal losses: 5%

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

Unity Health Care, Inc. – Washington, DC

About Unity

• One of the nation’s 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

<table>
<thead>
<tr>
<th>Year</th>
<th>No. of FP Users</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>8,000</td>
</tr>
<tr>
<td>2008</td>
<td>10,000</td>
</tr>
<tr>
<td>2009</td>
<td>9,000</td>
</tr>
<tr>
<td>2010</td>
<td>12,000</td>
</tr>
<tr>
<td>2011</td>
<td>20,000</td>
</tr>
<tr>
<td>2012</td>
<td>25,000</td>
</tr>
<tr>
<td>2013</td>
<td>27,000</td>
</tr>
</tbody>
</table>
Long Acting Reversible Contraceptive (LARC) Users at Unity (2009-2013)

<table>
<thead>
<tr>
<th>Program Year</th>
<th>IUD Users</th>
<th>Implant Users</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>694</td>
<td>219</td>
</tr>
<tr>
<td>2010</td>
<td>924</td>
<td>320</td>
</tr>
<tr>
<td>2011</td>
<td>949</td>
<td>571</td>
</tr>
<tr>
<td>2012</td>
<td>1221</td>
<td>858</td>
</tr>
<tr>
<td>2013</td>
<td>1450</td>
<td>1067</td>
</tr>
</tbody>
</table>

- **IUD Users**: 694 to 1450 (2009-2013)
- **Implant Users**: 219 to 1067 (2009-2013)

- **IUD**: 23.7% of Contraceptors (2009-2013)
- **Implant**: 12.3% of Contraceptors (2009-2013)
Female Contraceptive Primary Method Use – Unity Health Care 2009 and 2013

### 2009
- **Male Condom** (25%)
- **Injectable** (34%)
- **LARC** (12%)
- **Pills** (19%)

### 2013
- **LARC** (24%)
- **Injectable** (35%)
- **Pills** (27%)
- **Male Condom** (7%)
- **Other**

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Unity Health Care, Inc. Electronic Medical Record Data
Program Goals and Strategies

Goal: Increase uptake of LARC to decrease unintended pregnancies

Increase access to IUDs and Implants

Improve clinical efficiencies

Affect patient/provider/staff knowledge and attitudes

Increase number of providers placing LARC

System Changes

Staff Development

Patient Education
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

- Sterile gloves
- Betadine
- Coban wrap 3”
- Large OB cotton swabs
- Lidocaine 1%
- Non-sterile gloves
- Sterile 4x4s
- Alcohol Prep pad
- Implant
- 20G, 1” needle
- 21 G, 1.5” needle
- 2-5cc Syringe
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)

<table>
<thead>
<tr>
<th>UNITY Provider Type</th>
<th>2009</th>
<th>2012</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total LARC inserted</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Family/Internal Med Physicians</strong></td>
<td>40</td>
<td>230</td>
<td>475%</td>
</tr>
<tr>
<td><strong>Nurse Practitioners and Physician Assistants</strong></td>
<td>61</td>
<td>172</td>
<td>182%</td>
</tr>
<tr>
<td>OBGyn</td>
<td>134</td>
<td>333</td>
<td>149%</td>
</tr>
<tr>
<td>Certified Nurse Midwives</td>
<td>174</td>
<td>424</td>
<td>144%</td>
</tr>
<tr>
<td>Pediatricians</td>
<td>2</td>
<td>6</td>
<td>200%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>411</td>
<td>1,165</td>
<td>183%</td>
</tr>
</tbody>
</table>
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, stayteen.org, larcfirst.org, arhp.org

Discuss Benefits
• Educate patients on new contraceptive provisions under ACA
HOW WELL DOES BIRTH CONTROL WORK?

Really, really well
- The Implant
- 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 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

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Family Planning Nurse Coordinator
Jennifer Vollett-Krech, BSN/RN, MPH

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Roundtable Discussion

Please take a moment to fill out our brief survey.
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
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
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Healthy People in Action - Sharing Library
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