ASTHO Increasing Access to Contraception
Year 4 Virtual Learning Session #3

March 29, 2018
2:00- 3:30pm ET
For Audio: 866-740-1260, ext. 7428625#
Webinar Objectives

• Explore CDC resources and tools for adolescent reproductive health that can be utilized by learning community states

• Discuss key strategies implemented in the Zika Contraception Access Network (Z-CAN), and how Z-CAN leveraged partnerships with the Fellowship in Family Planning

• Identify strategies and opportunities to work with communications and media to disseminate successes in family planning and contraception
Agenda

2:00  Welcome and Introductions

2:10  CDC Division of Reproductive Health, Adolescent Reproductive Health

2:30  ZCAN

2:50  CO: Partnership with the Media

3:05  Report on States’ Accomplishments & Partnerships

3:25  Next Steps

3:30  Adjourn
Welcome and Introductions

Welcome from ASTHO

- Christi Mackie
  Community Health and Prevention, Chief
ASTHO Increasing Access to Contraception Learning Community

Learning Community Cohort 1 States
Learning Community Cohort 2 States
Learning Community Cohort 3 States

CNMI
DC
LA County
In Person Meeting

• May 15-16th, 2018, Rockville, MD
  • Start Time: May 15th, 10:00am ET
  • End Time: May 16th, 2:00pm ET

• Travel Logistics have been sent to attendees

• Contact contraceptionaccess@astho.org
Post-Assessment

• Please complete by Friday, April 20th

• One assessment per team
Adolescent Reproductive Health Tools and Resources

Anna Brittain
Project Officer/Health Communications Specialist
Division of Reproductive Health, CDC

Trisha Mueller
Epidemiologist
Division of Reproductive Health, CDC
Adolescent Reproductive Health Tools and Resources

New Supplemental Issue of the Journal of Adolescent Health
Supporting providers and clinics in the implementation of evidence-based practices for adolescent reproductive health care
Health Care Providers and Teen Pregnancy Prevention

Teen birth rates in the United States have declined to the lowest rates seen in seven decades, yet still rank highest among developed countries. Contributing to this decline are increases in the proportion of teens who have never had sex, combined with increases in contraceptive use among sexually active teens. As a health care provider, you play a critical role in further reducing teen pregnancy rates through the care you provide to your adolescent patients.

Teens need regular health care services to receive comprehensive sexual and reproductive health counseling about the importance of delaying the initiation of sexual activity and about their contraceptive options. They need counseling on which method would be best for them, and on how to use that method correctly and consistently. Parents and guardians also need guidance and information to help them talk with their teens about sex, pregnancy, and contraception.

What Health Care Providers Can Do

- **Make your clinic teen-friendly.** Provide your adolescent patients with confidential, private, respectful and culturally competent services, convenient office hours, and complete information. Learn more about the elements of a youth-friendly contraceptive and reproductive health services clinic.
- **Learn more about the tools and resources for serving teens, as well as detailed sexually transmitted diseases (STD) guidance.**
- **Follow professional guidelines that recommend all teens have their first reproductive health visit between ages 11 and 15 years, with regular reproductive health visits throughout the adolescent years.** Some discussions, such as sexual history taking and counseling, may best be had privately between the teen and the provider. Other times during the visit it may be important to include the teen’s parents or guardians. Learn more about adolescent reproductive health care—including talking with teen patients and their parents or guardians.
- **Recognize that healthy adolescents may safely use any form of highly effective contraceptives, including long acting reversible contraceptives (LARC).** Make sure teens who are having sex know about all methods of contraception. Learn more about the U.S. Medical Eligibility Criteria for Contraceptives (MEC).
- **Teen Pregnancy Prevention: Application of CDC’s Evidence-Based Contraceptive Method Guidance slide set.** This slide set provides an overview of the current trends in teen pregnancy as well as enhanced knowledge about CDC’s Evidence-Based Contraceptive Method Guidance and how the guidance can be applied in practice.
Provide evidence-based contraceptive care to women and teens who do not want to become pregnant.

Ensure patients have the knowledge and opportunity to be provided an FDA-approved contraceptive method on the day of their visit.

**CAP Birth Control Options Grid**

*English version*

*Spanish version*

This job aid will help staff discuss contraceptive options with clients to assist them in selecting a method that best meets their needs. The aid provides information about each birth control method's effectiveness, duration, starting and stopping directions, side effects, and how to properly use it.

**CAP Contraceptive Counseling Model [PDF – 564]**

This model provides an overview of the five steps for providing client-centered contraceptive counseling.

**E-Learning Modules:** These modules prepare health center staff (i.e., front desk staff, counselors, and clinicians) to provide same-day contraceptive services that include Long Acting Reversible Contraception (LARC). Each staff position has a training module. [Note: To access these tools you will need to complete a simple registration. CME credits are available.]

**Clinician Module**

This course gives clinicians the knowledge and skills needed to deliver contraceptive services and provide LARC methods (i.e., IUDs and implants) to their clients.

**Counselor Module**

This course provides counselors with key knowledge, skills, and resources that will help them provide client-centered contraceptive counseling.

**Front Line Staff Module**

This course reviews some general messages for questions about birth control for staff who conduct client intake or fiscal triage, make appointments, or answer phone calls.

**Patient Experience Survey**

*English version*

*Spanish version*

The CAP Patient Experience Survey was developed to examine how clients experience the contraceptive services they receive. The survey assesses the patient’s satisfaction level with the contraceptive care they received.

**LARC Costing Tool**

This tool allows providers to examine the "business case" for providing LARC on-site. It assesses whether costs associated with providing LARC will be covered, if it is profitable, or if losses are projected through activities associated with billing third-party payers for LARC services. Information can help health care providers in negotiations with third-party payers, particularly those with plans for which the costs of providing LARC are higher than the reimbursements received.

**Billing Codes to Monitor Performance [PDF – 324KB]**

Billing codes are one option for collecting the data necessary to monitor key aspects of delivering care and achieving patient outcomes. This resource was developed specifically to support health care providers in identifying billing codes for contraceptive care. Where available, it provides information about changes associated with the transition from ICD-9 to ICD-10.
# Your Body. Your Birth Control.

Use this chart to review all available methods and understand which one best meets your priorities & preferences.

<table>
<thead>
<tr>
<th>Method Options</th>
<th>IUD (Non-hormonal)</th>
<th>IUD (Hormonal)</th>
<th>Implant</th>
<th>Shot</th>
<th>Vaginal Ring</th>
<th>Patch</th>
<th>Pill</th>
<th>Condom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Typical Use Effectiveness</td>
<td>99% effective</td>
<td>99% effective</td>
<td>99% effective</td>
<td>94% effective</td>
<td>91% effective</td>
<td>91% effective</td>
<td>91% effective</td>
<td>82% effective</td>
</tr>
<tr>
<td>How Long Does it Last</td>
<td>Up to 10 years</td>
<td>Up to 3 or 5 years</td>
<td>Up to 3 years</td>
<td>Up to 3 months</td>
<td>Up to 1 month</td>
<td>Up to 1 week</td>
<td>For 1 day</td>
<td>For 1 sex act</td>
</tr>
<tr>
<td>How Do You Get Started</td>
<td>Inserted by your provider</td>
<td>Inserted by your provider</td>
<td>Inserted by your provider</td>
<td>Shot given by your provider</td>
<td>Prescription from provider</td>
<td>Prescription from provider</td>
<td>Prescription from provider</td>
<td>Buy over the counter</td>
</tr>
<tr>
<td>What Do You Need to Do</td>
<td>No action required</td>
<td>No action required</td>
<td>No action required</td>
<td>Get shot from provider every 3 months</td>
<td>You insert ring into vagina and replace every month</td>
<td>You place patch on body and replace every week</td>
<td>You take pill every day</td>
<td>You use condom for each sex act</td>
</tr>
<tr>
<td>Possible Bleeding Changes</td>
<td>Heavier periods that may return to normal after 3-6 months</td>
<td>Irregular, lighter, or no period at all</td>
<td>Infrequent, irregular, prolonged, or no period</td>
<td>Irregular or no period</td>
<td>Shorter, lighter, more predictable periods</td>
<td>Shorter, lighter, more predictable periods</td>
<td>Shorter, lighter, more predictable periods</td>
<td>None</td>
</tr>
<tr>
<td>Possible Side Effects</td>
<td>Cramping, that usually improves after 3-6 months, spotting</td>
<td>Cramping, during and after insertion, spotting</td>
<td>Insertion site pain</td>
<td>Weight changes</td>
<td>Nausea or breast tenderness</td>
<td>Nausea, breast tenderness, application site reaction</td>
<td>Nausea or breast tenderness</td>
<td>Allergic reaction to latex</td>
</tr>
<tr>
<td>If Stopped When Can you Get Pregnant</td>
<td>Immediately, schedule removal with provider</td>
<td>Immediately, schedule removal with provider</td>
<td>Immediately, schedule removal with provider</td>
<td>Immediately, but may have 6-12 month delay. No action required</td>
<td>Immediately, must remove ring from body</td>
<td>Immediately, must remove patch from body</td>
<td>Immediately, stop taking pills</td>
<td>Immediately, no action required</td>
</tr>
<tr>
<td>Step</td>
<td>Description</td>
<td>Key Questions &amp; Actions</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Identify the client's pregnancy intentions</td>
<td>- Do you want to be pregnant in the next 3 months or have a baby in the next year?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 2    | Explore pregnancy intentions & birth control experiences and preferences | - What would be hard about having a baby now?  
- Why is now a good time for you to have a baby?  
- What experience have you had with birth control?  
- What is important to you in a birth control method?  
- What does your mom/boyfriend/friends think about you using birth control? |
| 3    | Assist with selection of a birth control method | - If it's ok with you, I'd like to review the birth control methods that are available to make sure you have all the information you need to make a decision that is right for you. |
| 4    | Review method use and understanding | - How are you feeling about your decision?  
- What other questions or concerns do you have?  
- Let's develop a follow-up plan in case you experience side effects. |
| 5    | Provide birth control that same day | - You will see the clinician next who will take a medical history and make sure the method you chose is a safe option for you.  
- Would you like EC or condoms before you leave today? |
Health Care Providers and Teen Pregnancy Prevention

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Teens Access and Quality Initiative (TAQ) (DP15-1508)

The CDC Division of Reproductive Health is supporting three organizations in the 2015–2020 Teens Access and Quality Initiative (TAQ) cooperative agreement to 1) enhance publicly funded health centers’ capacity to provide youth-friendly sexual and reproductive health services and 2) improve the ability of young people to access sexual and reproductive health services if needed. To accomplish the latter, funded organizations work with youth-serving organizations (YSO) to screen and refer young people to care.

The TAQ Clinical Framework [PDF - 1 MB] depicts the overall structure and approach to supporting clinics to improve sexual and reproductive health services for young people.

The TAQ YSO Referral Framework [PDF - 791 KB] depicts the process that youth-serving organizations follow to refer young people to services.

Other important TAQ tools include the following:

- Health Center Organizational Assessment Form [PDF - 387 KB] to assess the needs of the health center.
- Health Center Provider Survey Form [PDF - 144 KB] to assess providers’ knowledge and attitudes about adolescent sexual and reproductive health.
- Health Center Youth Survey Form [PDF - 97 KB] to assess referral source(s) that young people receive for services and evaluate the satisfaction with their visit.
- Quarterly Health Center Performance Form [PDF - 85 KB] to assess partner clinics’ quarterly performance on selected sexual and reproductive health measures.
- Annual Health Center Performance Form [PDF - 126 KB] to assess partner clinics’ annual performance on selected sexual and reproductive health measures.
- YSO Assessment Form [PDF - 193 KB] to assess the needs of the partnering youth-serving organization.
- YSO Performance Measure Form [PDF - 99 KB] to assess quarterly and annual performance of the partnering youth-serving organization.
- Grantee Performance Measure Reporting Tool [PDF - 46 KB] to assess performance of the CDC-funded grantee.
Adolescent Reproductive Health
Patient Satisfaction Measures

- Referral source?
- Easy to make an appointment? Wait time?
- Did clinic staff treat you with respect? listen carefully? Use words you understood?
- Time alone without parent/guardian?
- Informed about right to sexual health care without needing permission? / about clinics keeping your information private?
- Talk about whether sexually active?
- Received information about preventing STIs?
Adolescent Reproductive Health
Patient Satisfaction Measures

- Received enough information about birth control options today
- Received information about dual protection
- Trust information received
- Patient freely choose method/ Who chose method?
- Informed they could call or come back to clinic for questions
- Would you return to clinic/ tell your friends to come to clinic?
- How can we make your next clinic visit better?
Adolescent Reproductive Health Clinics Measures Provider Assessment

- Tests conducted before providing contraception
- Routinely screen adolescents for sexual activity
- Provide time alone to adolescents
- Comprehensive, client-centered contraceptive counseling
- Trained in LARC insertion
- Comfort providing LARC to adolescents
Adolescent Reproductive Health Clinic Measures: Performance Measures

- How many females/males have been served?
- How many females/males have been screened for sexual activity?
- How many females receive contraception?
- What percent of females received contraception?
- How many received contraception same-day, including LARC?
Teens Access and Quality Initiative: Process Mapping

- Identify ways to integrate SRHS evidence-based practices (EBPs) into clinical workflow that will help clinics:
  - Consistently identify youth in need of SRHS
  - Provide them with same-day SRHS
1. Initial clinic walk-throughs by YAC members
2. Process Mapping with health center providers
3. Obtain YAC feedback on process map
4. Share YAC feedback with providers and revise
5. Pilot – test revised clinic workflows with YAC
6. Convene to finalize new workflows based on pilot

Teens Access and Quality Initiative: Process Mapping
Preventing Teen Pregnancy
Teen births in the US have declined, but still more than 273,000 infants were born to teens ages 15 to 19 in 2013.

4/07/2015 12:00:00 PM

Preventing Pregnancies in Younger Teens
CDC Vital Signs links science, policy, and communications with the intent of communicating a call-to-action for the public. CDC Vital Signs provides the most recent, comprehensive data on key indicators of important health topics.

4/08/2014 12:00:00 PM

Preventing Repeat Teen Births
Although teen birth rates have been falling for the last two decades, more than 365,000 teens, ages 15-19, gave birth in 2010. Teen pregnancy and childbearing can carry high health, emotional, social, and financial costs for both teen mothers and their children.

4/02/2013 12:00:00 PM
Teen childbearing can carry health, economic, and social costs for mothers and their children. Teen births in the US have declined, but still more than 273,000 infants were born to teens ages 15 to 19 in 2013. The good news is that more teens are waiting to have sex, and for sexually active teens, nearly 90% used birth control the last time they had sex. However, teens most often use condoms and birth control pills, which are less effective at preventing pregnancy when not used consistently and correctly. Intrauterine devices (IUDs) and implants, known as Long-Acting Reversible Contraception (LARC), are the most effective types of birth control for teens. LARC is safe to use, does not require taking a pill each day or doing something each time before having sex, and can prevent pregnancy for 3 to 10 years, depending on the method. Less than 1% of LARC users would become pregnant during the first year of use.

Doctors, nurses, and other health care providers can:

- Encourage teens not to have sex.
- Recognize LARC as a safe and effective choice of birth control for teens.
- Offer a broad range of birth control options to teens, including LARC, and discuss the pros and cons of each.
- Seek training in LARC insertion and removal, have supplies of LARC available, and explore funding options to cover costs.
<table>
<thead>
<tr>
<th>Service Domain (reference)</th>
<th>Evidence-based Clinical Practice(s)</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contraceptive Access(^{1})</td>
<td>Offers same-day appointments, offers after-school hours appointments, offers appointments during the weekend, takes/updates sexual health history at every visit, offers a wide-range of contraception (via prescription and/or dispensed onsite), offers hormonal contraception or IUD at every visit to the clinical provider regardless of reason for visit (e.g., urgent, preventive, school health, sports physical, pregnancy testing, emergency contraception, sexually transmitted disease (STD) testing, HIV testing) to ensure that there are no missed opportunities, prescribes hormonal contraception without prerequisite exams or STI testing (i.e., without first requiring any of the following: Pap smear, pelvic examination, breast examination, or STD testing)</td>
<td>Preventive services should be offered/provided to adolescents at every visit to reduce rates of no-show follow-up visits and to minimize the risk of adolescents being lost to care. Clinic-level barriers (i.e., inconvenient hours, prerequisite screening) to providing preventive reproductive health services should be removed where feasible to facilitate timely provision of preventive services to adolescents.</td>
</tr>
<tr>
<td>Quick Start Provision of Hormonal Contraception/IUD(^{1})</td>
<td>Initiates hormonal contraception using the Quick Start method(^{1}), initiates hormonal contraception after the client has had a negative pregnancy test using Quick Start method, initiates hormonal contraception using the Quick Start method when an adolescent client is provided with emergency contraception where a pregnancy test is negative, offers Quick Start insertion of IUD</td>
<td>Clinic protocols that require young women to delay initiation of hormonal contraception until their next menses present a barrier to initiation of contraception. Delaying initiation of hormonal contraception may increase the risk of unintended pregnancy.</td>
</tr>
<tr>
<td>Emergency Contraception(^{1})</td>
<td>Ensures emergency contraception is available to females, provides emergency contraception to females for future use (advance provision), provides emergency contraception to males for future use (advance provision)</td>
<td>Evidence indicates that adolescents use EC more frequently when barriers to access are removed, and that EC use is increased when provided through advance provision than when provided in the clinic. EC is an effective supplement to regular contraceptive methods.</td>
</tr>
<tr>
<td>Cervical Cancer Screening(^{2})</td>
<td>Adheres to current cervical cancer screening (Pap Smear) guidelines (i.e., initiate pap screening at age 21)</td>
<td>Surveillance data show a very low incidence of cancer in women less than 21 years of age. There is the risk that screening at earlier ages (before age 21) may increase anxiety and morbidity. Cancer screening and follow-up procedures are costly.</td>
</tr>
<tr>
<td>STI/HIV Testing and Treatment(^{1})</td>
<td>Provides Chlamydia screening at least annually, or based on diagnostic criteria, consistent with USPSTF and CDC recommendations, offers Chlamydia screening for females using a urine or vaginal swab specimen, offers Chlamydia screening for males using a urine specimen, offers Gonorrhea screening for both females and males, offers HIV rapid testing for females and males as per CDC guidelines</td>
<td>Urine-based Chlamydia screening has comparable specificity to cervical and urethral specimens, while being less invasive. Data indicate patients with STIs have reduced risk for recurring infection when their sexual partners are treated in a timely manner or are treated at the same time as the patient.</td>
</tr>
</tbody>
</table>
A Teen-Friendly Reproductive Health Visit

Two teen-friendly reproductive health visits: one for a sexually active female, and one for a male not yet having sex.

Anita is relieved she was able to come in the same day she made the appointment.

Anita is in a private room with a provider. She states that she has been having sex but only at times of the month when she "knows she can't get pregnant."

The provider explains that pregnancy can occur at any time of the month and that it's important to use both a condom and another form of birth control every time she has sex to reduce the risk of pregnancy and STDs. After describing all available methods of birth control from most to least effective, the provider and Anita agree on the method that will suit her best, and the provider gives her condoms, as well.

Anita calls a friend as she is leaving. She is happy to report she could get her new contraceptive implant that day and that it will last up to three years..."now I don't have to remember to take a pill every day!"

Learn more at www.cdc.gov/TeenPregnancy/TeenFriendlyHealthVisit.html
For Teens

Are you a teen having sex? Are you thinking about having sex?

It's your future. You can protect it!

This Web page is especially for teens and designed with input from teens. As a teenager, you have more power than anyone to prevent teen pregnancy and sexually transmitted diseases (STDs).

Find out what you need to know before you begin having sex. It doesn't matter what sex or gender your partner is, you both need to be protected. If you are having sex, you can protect yourself and your partner from pregnancy, STDs, and HIV (the human immunodeficiency virus). Even if you are not having sex yet, be prepared.

For information about waiting to have sex (abstinence), including how to talk to your partner about it—
- Planned Parenthood: Abstinence

For information about healthy relationships—
- MTV It's Your (Sex) Life: Relationships
- Sex, Etc.: Relationships

Talk with your parents

Talk with your parents, guardian, or another adult you trust about sex and relationships. They were teens once, too!

Not sure how to talk to your parents about sex?

Planned Parenthood: Tools for Teens

Talk with your health care provider

His Condom + Her Birth Control

Download Infographic

Know Your Condom DOs & DON'TS
It’s Your Future. You Can Protect It.

Always use a condom and another form of birth control.

Girls and Guys, if you are sexually active, protect yourself and your partner from pregnancy, HIV, and other STDs. Even if you or your partner is using another type of birth control, agree to use a condom EVERY TIME you have sex, to reduce the risk to both of you for HIV and most other STDs. Birth control (such as the pill, patch, ring, implant, shot, or an IUD) provides highly effective pregnancy prevention, but it does not protect you from HIV and other STDs. Condoms can reduce the risk to both of you for most STDs, including HIV, as well as the risk for pregnancy. Be prepared.

Talk to your partner. If you have sex, make sure you both agree to use a condom and a more effective type of birth control every time.

Condoms need to be used the right way, every time you have sex. So use both a condom AND a highly effective method of birth control every time you have sex.

And remember, when you get right down to it, the only sure way to prevent pregnancy, HIV, and other STDs is not to have sex.

www.cdc.gov/teenpregnancy/Teens.html

Get involved, make your voice heard! www.engage.findyouthin.org

Learn to use condoms the right way, every time. www.itsyoursexlife.com/gyu/condoms

Learn about all birth control methods.
It’s your future. You can protect it.
Parent and Guardian Resources

Help your teen make healthy choices about sex.

Sexual development is a normal part of the teen years. Your teen needs your help in understanding his or her feelings, peer pressure, and how to say no if he or she does not want to have sex. If your teen starts having sex, he or she needs to know how to prevent pregnancy and sexually transmitted diseases. Teens want to talk with their parents about sex and relationships.

Parents have a strong impact on whether a teenager makes healthy decisions for himself or herself. This goes for making healthy decisions about sex, as well. Research shows that teens who talk with their parents about sex, relationships, birth control and pregnancy—

- Begin to have sex at a later age.
- Use condoms and birth control more often if they do have sex.
- Have better communication with romantic partners.
- Have sex less often.

Resources

Here are some resources—specifically for parents—where you can find information and tips to help you talk with your teen about sex, birth control, relationships, pregnancy, and other related topics.

Office of Adolescent Health: Talking with Teens

Research confirms what young people already know—what their parents have to say matters to teens. That’s why parents play a powerful role in helping adolescents make healthy decisions about sex, sexuality, and relationships. But if you think talking to your son or daughter about sex is tough, or it makes you nervous, know that you’re not alone. Lots of other parents feel the same way.

CDC’s Parent Portal

Information from across all of CDC for parents, covering everything from safety at home and in the community to immunization schedules and developmental milestones for ages 0–19 years.
Thank you!

Anna Brittain: abrittain@cdc.gov
Trish Mueller: tmueller@cdc.gov
General questions: drhinfo@cdc.gov

The findings and conclusions in this report are those of the author(s) and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
Increasing Access to Contraception by Building Partnerships to Leverage Training Resources and Expertise: An Example in the context of Zika Virus

Lisa Romero
Health Scientist
Division of Reproductive Health, CDC
Increasing Access to Contraception by Building Partnerships to Leverage Training Resources and Expertise: An Example in the context of Zika Virus

Lisa Romero, DrPH, MPH
Health Scientist
Division of Reproductive Health

ASTHO Increasing Access to Contraception
Virtual Learning Session #3
March 29, 2018
Overview

- Describe the Zika Contraception Access Network (Z-CAN)
- Review of the training strategy used in Z-CAN
- Describe the Fellowship in Family Planning
- Describe how Z-CAN partnered with the Fellowship in Family Planning
  - Training
  - Post-training proctoring
- Describe Ryan Program
- Lessons Learned
An Example: Zika Contraception Access Network

- Prevention of unintended pregnancy is a **primary strategy** to reduce adverse Zika-related birth outcomes.

- The threat of adverse reproductive outcomes associated with the Zika virus intensifies the need for **access to contraception among women who choose to prevent pregnancy**.

- Z-CAN established to offer **same-day and no-cost services**
  - client-centered counseling
  - full range of reversible contraceptive methods

- Between May 2016 to September 2017, approximately 28,000 women were served in Puerto Rico.
Key Strategies

1. Increase physician awareness of the need to screen reproductive-aged women at every encounter about their pregnancy plans during the Zika outbreak and provide access to contraceptive methods if they desire to delay or avoid pregnancy.

2. Increase the supply of the full range of reversible contraceptive methods to physicians and clinics in Puerto Rico, including IUDs, implants, injections, pills, patches, vaginal rings, and condoms.

3. Increase education of physicians and clinic support staff (e.g., nurse, health educator) on client-centered contraceptive counseling.


5. Increase awareness among women and families of availability of contraception.
Built a Network of Trained Physicians and Clinics

**Evidence-based Training**
- 177 physicians and 311 staff trained
  - Zika 101
  - Client-centered contraceptive counseling
  - IUD and implant insertion
  - Z-CAN policies and procedures

**Proctoring**
- Direct observation of counseling
- Direct observation of IUD placement
- IUD and implant simulation
- Z-CAN procedures, toolkit
- Clinic infrastructure assessment
- Ongoing support and mentorship

**Physician/Clinic Readiness Certification**
- 153 physicians approved and agreed to participate in Z-CAN
- Clinic ready to receive contraceptive supplies to provide Z-CAN services
Reach of the Z-CAN Network
Contraceptive Method Use Before and After Initial Z-CAN Visit

- **Most Effective**: Before initial Z-CAN visit (4%) vs. After Z-CAN visit (70%)
- **Moderately Effective**: Before initial Z-CAN visit (20%) vs. After Z-CAN visit (23%)
- **Least Effective**: Before initial Z-CAN visit (30%) vs. After Z-CAN visit (3%)
- **No Method**: Before initial Z-CAN visit (4%) vs. After Z-CAN visit (44%)

* Proportions may not add to 100% due to rounding.
† Data Entered as of February 8, 2018
The Fellowship in Family Planning, based in 30 leading departments of ob-gyn, is the only fellowship in the nation that provides the opportunity to develop high-level research and clinical skills in contraception and abortion.

- Advanced clinical and research training
- Generous funding package, including Master's degree tuition and meeting attendance
- Research funding
- Fully funded global health opportunity
- Post-fellowship academic career opportunities and funding support
- Connection to a national network of over 300 family planning specialists

For more information and to apply online, please visit www.familyplanningfellowship.org
FELLOWSHIP IN FAMILY PLANNING PROGRAM SITES

30 programs in departments of Obstetrics & Gynecology in 17 states, DC & 1 Canadian province

03/2018
Z-CAN partnered with the Fellowship in Family Planning

- Through established partnerships between CDC, CDC Foundation, Emory, and the Fellowship in Family Planning program
  - Z-CAN leveraged training resources and expertise
- Utilized the Fellowship in Family Planning network to recruit family planning experts trained through the Family Planning Fellowship
  - Training
  - Proctoring
Training: Z-CAN and Family Planning Fellowship

• Training
  » Contraception Overview
  » CDC’s Evidence-based Contraceptive Guidance
  » Contraception Management
  » Client Centered Contraception Counseling
  » Contraception Myths and Misperceptions
  » Postpartum Contraception

• Supervise hands-on simulation and assess competency of trainee
  » Client-centered counseling practicum
  » IUD insertion/removal practicum
  » Implant insertion/removal (certified Merck training)
Proctoring

• Training is only one part of increasing knowledge and capacity to deliver high-quality services

• Onsite physician/clinic mentorship and program readiness assessment are essential to quality assurance
  » Readiness assessment evaluates whether a site currently has the capacity to provide the program services to the community
  » Onsite physician/clinic mentorship allows an expert to share knowledge and experience one-on-one with those who will provide services
  » Adding onsite mentorship can:
    • Enhance new learning
    • Strengthen procedural skills
    • Acknowledge changes to existing practice
    • Create opportunities to discuss additions to the practice scope
    • Identify new roles
Proctoring: Z-CAN and Fellowship in Family Planning

- Z-CAN recruited from the Fellowship in Family Planning for experts to serve as proctors/mentors
- Successfully recruited 12 OB/GYNs
  - Directors of Fellowship in Family Planning sites
  - Graduates of Fellowship in Family Planning program
  - Current 2nd year Fellows (OB/GYN trained physicians, residence training in comprehensive family planning)
- Fellowship in Family Planning granted exception to the required 1 month international experience to include US territories due to the Zika virus emergency response
- Win-Win for Z-CAN and the Fellowship in Family Planning
  - Z-CAN limited resources, need for family planning experts, committed to provide high-quality services
  - Opportunity for Fellows to gain experience working in rapid implementation public health emergency, apply expertise, enhance own skill set
Proctoring: Z-CAN and Fellowship in Family Planning

- Before program implementation, a Fellowship in Family Planning physician and Z-CAN program staff conducted an onsite mentorship visit with each Z-CAN trained physician and clinic to ensure their readiness.
- Time-consuming step—mentored over 150 physicians
  - Critical to ensure high-quality services would be provided during this rapid implementation and scale-up of a new service across the island during a public health emergency.
- Z-CAN physician and clinic readiness criteria included:
  - Client-centered counseling through direct observation of care by staff or health care providers
  - Understanding and use of contraception eligibility criteria and use of job aides to provide evidence-based care
  - Provision of short-acting methods
  - Insertion and removal of various LARC methods (direct observation of at least one IUD insertion)
  - Direct observation of staff interaction with patients
  - Review of data collection, inventory tracking, and billing procedures
  - Clinic audit to ensure that supplies, space, equipment, and security were sufficient for Z-CAN program implementation
  - Overall clinic readiness to participate in the program
The Ryan Program provides resources and technical expertise to help departments of ob-gyn improve resident training in abortion and contraception.

THE FOLLOWING SUPPORT AND RESOURCES ARE OFFERED:

- Start up funds for faculty, staff and equipment
- Technical support to establish an opt-out rotation
- Didactic curriculum focused on evidence-based practice
- Annual meetings, workshops and webinars

RESIDENTS AT A RYAN PROGRAM SITE CAN EXPECT:

- A formal, required clinical curriculum in abortion and contraception
- Extensive training in all methods of contraception (including LARC insertion) and managing the contraceptive needs of medically complex patients
- Comprehensive training in outpatient first trimester surgical and medication abortion, with the opportunity to learn D&E procedures
- Complete exposure to options counseling, procedure counseling and early gestational ultrasound training

info@ryanprogram.org
RYAN PROGRAM SITES

90 PROGRAMS IN 32 STATES

info@ryanprogram.org

03/2018
Lessons Learned

• In resource limited settings, partnerships are critical to leverage resources and expertise
• Adapting and tailoring evidenced-based materials to meet specific project needs during planning and implementation can save time and resources
  » Using existing resources allows a program to build on lessons learned from other partners and projects
• Pre-training knowledge assessment can determine how many experts will be needed to supervise hands-on simulation
• Partners with specific clinical and technical expertise can assist with specific clinical needs such as training and mentoring
• Training is only one part of increasing knowledge and capacity to deliver high-quality services
• Building clinic capacity takes time
  » Introducing methods that were previously unavailable requires a shift in clinical practice
  » Introducing same-day provision of methods required a shift in clinic visit protocol
  » Clinic and physician proctoring was essential
THANK YOU!

Lisa Romero
eon1@cdc.gov
Questions?
Colorado: Partnership with the Media

Jody Camp
Family Planning Unit Manager
Colorado Department of Public Health and Environment
Colorado Department of Public Health and Environment
Title X Program

Media Success

ASTHO Virtual Learning Session
March 2018
Bernard Cohen (1963) stated:

“The press may not be successful much of the time in telling people what to think, but it is stunningly successful in telling its readers what to think about.”
Collaborate with CDPHE Media people

Tell them the story, ask for help

- They are former journalist
- Excited about public health impact
- Know the media outlets and connections
- How to pitch a story
- Find out what is “newsy”
- Vet requests and refer to you or leadership
What’s Newsy in Colorado?

September 2014 Pages 125 - 132
Game Change in Colorado: Widespread Use Of Long-Acting Reversible Contraceptives and Rapid Decline in Births Among Young, Low-Income Women
*Sue Ricketts, Greta Klingler, Renee Schwalberg*

January 2017
Cost Avoidance Research
Process

Communications Team
• We fed the data, they write the press release
• Crafted the stories
• Trained staff to work with media (subject matter experts)
• Vetted all inquires
• Followed-up

Program People
• Found clinics willing to tell their stories
• Patient quotes, if at all possible
• Data
• Scenarios
2014 Press Conference
Media has helped us normalize Colorado’s LARC work.
Colorado’s Effort Against Teenage Pregnancies Is a Startling Success

By SABRINA TAVERNISE JULY 5, 2015
An IUD is not an ongoing abortion in your body Dr. Stephanie Teal, of the University of Colorado Denver School of Medicine, helps Rachel Maddow in the man cave explain to people, like Colorado Republican gubernatorial candidate Bob Beauprez, why an IUD is not an ongoing abortion in a woman's body.
Winning the Campaign to Curb Teen Pregnancy
Tina Rosenberg
JULY 19, 2016
New York Times opinion page
Generated over 300 media hits
Helped us “normalize” the work.
Patrick And Granholm Find What Works In America, Like A Birth Control Program For Teens

Moving Forward

• Continue to ask and be asked
• Update fact sheet
• Feed stories to communications team
• Find “newsy” angles like Public Health week
• Catalog media hits (Google search)
• Send thank you to authors
Ask again.
Thank you

Jody Camp
CDPHE Family Planning Section Manager
Jody.camp@state.co.us
Questions?
Learning Community Team Accomplishments
LARC Summit May 2018.

Ongoing immediate postpartum LARC education at a military installation and in Nome.

Funding identified for inpatient contraceptive supplies.

Draft policy for immediate postpartum family planning services expected to be completed by May 2018.

Wrote a report with recommendations to address contraceptive access deserts.

Launched the FAMILIA campaign.
LARC activities transitioned to the Maternal and Child Health unit at DPH.

Conducting 4 provider trainings by Family Planning National Training Center.

Developed an internal use only tip sheet on reimbursement of LARCs for the inpatient setting.

Created a LARC myths fact sheet.

LARC carve-out for RHC and FQHC payments.
LARC use among public health clinic patients increased 12% in FY2017.

Launched a campaign to increase awareness of contraceptive services in 5 rural public health districts (61 counties).
IPQIC created a task force whose priority is to promote LARCs.

INSDH mobile app updated to include a list of comprehensive birth control options.
LARC placed increased from 44 in 2013 to 202 in 2016.

6 FQHCs are providing Title X services.

Incorporated birth spacing and reproductive justice message into LARC Toolkit.

Created a list serve and team drive for resource and data sharing.

Presented on hospital implementation of LARC immediately postpartum at the MPQI Network Spring Summit.
Submitted 1115 waiver with provision to support LARC stocking.

Developed/began a training/mentoring model led by regionally based DOH clinicians.

New DRGs for Immediate Postpartum LARC took effect 10/2017.

Rate methodology successfully changed for all Physician Drug Program contraceptives.

Working on round 2 of LARC Provider Skills Training.

Improving supply of LARC devices to clients in need.
Additional APRNs to broaden contraceptive access

Campaign “No Drama” public on social media. TV/radio launch in April.

Commissioner’s Statewide Opioid Response Team.

Provider survey will be administered during Annual Title X Spring Update.

TIPQC launched postpartum LARC toolkit with participating hospitals.
TX HHSC drafting 5 yr LARC plan and updating LARC Toolkit.

Hosted webinar and TA calls with MCOs on Immediate Postpartum LARC policy change.

Working on making contraceptive services available in needle exchange programs.

3 hospitals are implementing Immediate Postpartum LARC.

Billing/reimbursement document for Immediate Postpartum LARC.

4 new facilities begin IPP LARC via webinar with facilities that have been successful.

Opioid affected pregnancies decreasing
Share your documents with us!

Please share your toolkits, fact sheets, stakeholder meeting agendas, policies, training manuals with us!

ContraceptiveAccess@astho.org
Next Steps

- **VLS #4**: May 8\(^{th}\), 2-3pm ET
- **In-Person Meeting**: May 15-16\(^{th}\)
Federal Partners

- Charlan Kroelinger
  - Acting Chief, Field Support Branch
  - Division of Reproductive Health, CDC
Evaluation

Please fill out our evaluation!

http://astho.az1.qualtrics.com/jfe/form/SV_1Oj7xPu5bheqTU9
Thank You!

Additional tools, materials and recordings available on the ASTHO Increasing Access to Contraception page, NEW library, and Team Map:

Main Page: http://www.astho.org/Increasing-Access-to-Contraception/
