ASTHO Increasing Access to Contraception
Learning Community
Virtual Learning Session #2

February 14, 2017
2:00-4:00p ET
For Audio: 866-740-1260, ext. 7428625#
Welcome and Introductions

Welcome from ASTHO

- Ellen Pliska, MPH
  Family and Child Health, Director
Webinar Objectives

- Describe how patient-centered performance measurements are important to creating better access to contraception.
  
  Focus Area 5: Consumer Awareness
  Focus Area 8: Data, Monitoring and Evaluation

- Examine different approaches to conducting consumer outreach and implementation of campaigns.
  
  Focus Area 5: Consumer Awareness

- Discuss state and territorial growth within the learning community based on a developmental growth chart.
Agenda

2:00  Welcome and Introductions
2:15  Patient-Centered Performance Measurement in Family Planning Care
2:35  Keep Calm and LARC On
2:55  From the “Maybe the IUD” Campaign to Now
3:15  State Updates: Indiana and North Carolina
3:30  ASTHO Website Updates
3:45  Next Steps
4:00  Adjourn
Learning Community Cohort 1 States
Learning Community Cohort 2 States
Learning Community Cohort 3 States
Partners: ACOG, AMCHP, AWHONN, NACCHO, NFPRHA
Agencies: CDC, CMS, OPA
Patient-Centered Performance Measurement in Family Planning Care

Christine Dehlendorf, MD, MAS
Associate Professor
University of California, San Francisco
Patient-Centered Care

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

- Institute of Medicine

• Associated with improved outcomes, including in family planning

• Recognized by IOM as a dimension of quality
Quality Improvement and Patient-Centered Care

• Performance measures can track and incentivize quality improvement around patient-centered care

• Can also incentivize non-patient centered care
  ▪ Transferring patients for non-compliance
  ▪ Testing for Chlamydia without consent

MacDonald, Ann Fam Med, 2009
Performance Measures in Family Planning

• Recent National Quality Forum endorsement of four family planning related measures:
  • Use of highly or moderately effective methods among 1) women of reproductive age and 2) post-partum women
  • Use of LARC methods among 1) women of reproductive age and 2) post-partum women

• What impact could these measures have on patient-centered care?
Access is Patient-Centered

• Goal of measures are to ensure women have access and are given information about all methods

• LARC-based measure is explicitly a floor measure, designed to ensure methods are at least available

• **But….MORE IS NOT BETTER**

• Potential for incentivizing non-patient centered counseling
Communication is a Key Aspect of PCC

- Quality, patient-centered interpersonal communication is central to patient-centered care
  - Allows patients to express needs and preferences
  - Ensures provision of appropriate education and counseling
Directive counseling

- Provides information and counseling designed to promote use of specific methods
  - Rooted in the provider’s preferences, or assumptions about the client’s priorities

- Examples:
  - Tiered effectiveness
  - Motivational interviewing

- Given contraceptive choice is preference-sensitive, directive counseling is not patient-centered
  - May be encouraged by new measures
Safeguarding Against Negative Effects

• Ensure LARC measure is appropriately understood

• Need to recognize that barrier methods are appropriate for some people
  • Goal on moderately/highly effective measure is not 100%

• Develop a performance measure of patient-centered counseling as a counterbalance
Responses to NQF Measures During Consideration

“The National Partnership for Women & Families strongly supports the committee’s recommendation to endorse this measure....It is extremely important to keep in mind that reproductive coercion has a troubling history, and remains an ongoing reality for many, including low-income women, women of color, young women, immigrant women, LGBT people, and incarcerated women. We hope this measure will be paired with a woman-reported “balancing measure” of experience of receiving contraceptive care. Such a measure can be expected to help identify and/or check inappropriate pressure from the health care system.”
“The National Partnership for Women & Families strongly supports the committee’s recommendation to endorse this measure....It is extremely important to keep in mind that reproductive coercion has a troubling history, and remains an ongoing reality for many, including low-income women, women of color, young women, immigrant women, LGBT people, and incarcerated women. We hope this measure will be paired with a woman-reported “balancing measure” of experience of receiving contraceptive care. Such a measure can be expected to help identify and/or check inappropriate pressure from the health care system.”
Patient-Centered Counseling Measure

- 11 item Interpersonal Quality in Family Planning (IQFP) scale developed based on:
  - Domains of patient-centered communication
  - Patient preferences for contraceptive counseling
  - Factor analysis

- Associated with:
  - Continuation of chosen contraceptive methods
  - Audio recording derived measures of quality counseling
  - Other, less specific measures of satisfaction
IQFP Scale

Please rate your provider with respect to:

• Respecting me as a person
• Showing care and compassion
• Letting me say what mattered to me about my birth control method
• Giving me an opportunity to ask questions
• Taking my preferences about my birth control seriously
• Considering my personal situation when advising me about birth control
• Working out a plan for my birth control with me
• Giving me enough information to make the best decision about my birth control method
• Telling me how to take or use my birth control method most effectively
• Telling me the risks and benefits of the birth control method I chose
• Answering all my questions

Dehlendorf, AJOG, 2016
Adaptation to Patient-Reported Performance Measure

- Cooperative agreement with the Office of Population Affairs to adapt for submission to NQF
  - Reducing number of items
  - Testing face validity with patients, providers, administrators
  - Testing in the real world
- Preliminary final scale:

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<td>Giving me enough information to make the best decision about my birth control method</td>
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Next Steps

• Claims-based performance measures are a blunt tool
  ▪ Be aware of potential to negatively influence care

• Be sure your clinical site is correctly interpreting LARC-based measure

• Continue to work to promote access and eliminate barriers to contraceptive access

• Work to promote and track patient-centered care
  ▪ Watch for NQFP submission of patient-centered measure in 2019
Questions?
Questions?
Keep Calm and LARC On: Formative Audience Research to Design a Theory-based LARC Access Campaign

Deborah Billings, PhD
Director, Choose Well

Beth Sundstrom, PhD
Assistant Professor, Communications and Public Health
College of Charleston
Keep Calm and LARC On

Designing a theory-based long-acting reversible contraception (LARC) access campaign in South Carolina

Deborah Billings, PhD
Director
Choose Well Initiative
dbillings@newmorningfoundation.org

Beth L. Sundstrom, Ph.D., M.P.H.
Assistant Professor, Communication and Public Health
College of Charleston
BLS@cofc.edu
@bethsundstrom
Purpose

To raise awareness, increase knowledge and improve access to LARC methods among young women in Charleston, South Carolina.

**Goal 1:** To increase positive perceptions of LARC methods among young women, ages 18-24.

**Goal 2:** To increase discussions about LARC among young women and physicians through the campaign concept.
# Theoretical Framework: Strategies

## Health Belief Model

Messages aimed to:
- Increase perceived benefits
- Reduce perceived barriers by
- Dispelling rumors about LARC methods and
- Increasing self-efficacy

## Diffusion of Innovations Theory

- A key component of the initiative was to involve peer educators, innovators and early adopters of LARC
- Emphasize the relative advantage, compatibility, and observability of a LARC method
Methods

Content Analysis

Focus Groups

Interviews

Web-Based Survey
Qualitative Content Analysis

Method

- Top 25 U.S. women’s magazines by single-copy sales
- All articles relevant to LARC published within the last five years were identified
- 83 articles

Results

- The IUD was discussed more frequently than the implant.
- Myths and rumors surrounding LARC methods.
- Described the IUD as “the perfect low-maintenance birth control.”
- Statistics & effectiveness were used to dispel false beliefs about LARC.
# Focus Groups

## Method
- 3 peer-to-peer focus groups with 19 women ages 19-22
- Semi-structured focus group guide: current contraceptive behaviors, knowledge and opinions of contraception, and information-seeking behaviors
- Audio-recorded and transcribed

## Results
- **The Importance of Effectiveness**
- **The “Ick” Factor**
  - “I don’t really like the idea of a foreign object floating around.”
- **Physician Resistance**
- **The Paradox of Inertia**
  - “People always take pills, it just seems so much more normal than having something put inside you.”
- **New Media**
## Interviews

### Method

- 30 minute interviews with 9 women who used a LARC method (ages 21-30)
- Semi-structured interview guide: knowledge, attitudes, and behaviors around contraception
- Video recorded and transcribed

### Results

- Participants were satisfied with their choice of birth control, citing ease of use and effectiveness.
- Doctors, family, and the Internet were important sources in decision-making.
- The main complaint about LARC methods was pain, specifically of insertion.
Positioning Statement: Emphasis that long-acting reversible contraceptive (LARC) methods are safe and effective at preventing pregnancy and offer benefits relative to concerns about LARC as foreign objects in women’s bodies.
Dissemination Strategies

New Media

Public Relations

Event
New Media

Facebook  Twitter  Instagram

#LARCon

Klout Score increased from 10 to 47
YouTube Vlogs (Video Blogs)

Scan the QR code with your smartphone to see YouTube testimonials from LARC users.

Go to your app store to download a QR code scanner.

https://www.youtube.com/user/TheSCYAN
Public Relations

- Media Kit and Outreach
  - Press release
  - Brochure
  - Feature release
  - Posters
  - Health education presentation
- Physician Outreach
- 200 buttons (initial), then 1000+
- On-campus events

Debbie Billings and Anthony (Tony) Keck, Director of Health and Human Services, S.C. (2014)
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<tr>
<th>Tactic</th>
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<tr>
<td>Brochures</td>
<td>Library Printer</td>
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Keep Calm and LARC On


- [http://dx.doi.org/10.1080/17538068.2016.1143165](http://dx.doi.org/10.1080/17538068.2016.1143165)
- Published online: 24 Feb 2016.
Questions?
From the “Maybe the IUD” Campaign to Now: Applying the Sexual and Reproductive Justice Framework to Public Awareness and Other Efforts to Increase Access to Contraception

Alzen Whitten, MPA
Director Sexual and Reproductive Health Unit
New York City Department of Health and Mental Hygiene
Sexual and Reproductive Justice (SRJ)

• Reproductive Justice Framework, articulated by black women in 1994, has been expanded to be inclusive of other sexual oppressions ➔ SRJ

• Reproductive Justice: Every individual has the right to:
  • Decide if and when they will have a child and the conditions under which they will give birth
  • Decide if the will not have a child and options for preventing or ending a pregnancy
  • Parent child(ren) with the necessary social supports in safe environments and healthy communities, and without threat of violence from individuals, organizations or institutions of the state

Source: Sistersong
Outline

• Maybe The IUD Campaign
  • Background, components and materials
  • Launch and media coverage
  • Social media activity (#MaybeTheIUD)
  • Post online survey results
  • Lessons learned

• Sexual and Reproductive Justice Community Engagement Group

• New/other campaigns
  • Doing it NYC Mobile App
  • Best Practices Guide & Clinical Assessment Survey
  • Quality Improvement in the Health Care System
Maybe the IUD Campaign

• Adapted a previous campaign by the National Institute for Reproductive Health (NIRH)

• Expanded campaign to feature all forms of birth control, not just the IUD

• Became first phase of 5-year public awareness and community engagement initiative
Development Timeline

• Jun 2014 – Focus groups
• Nov 2014 – Started working on campaign
• Dec 2014 – Mar 2015 – Community partners shared concerns about campaign related to the history of reproductive coercion in the U.S.
• Jan 2015 – Introduction to RJ Framework
• Mar 2015 – Notified campaign would be delayed
• Apr 2015 – Hired Reproductive Justice consultants, training, reviewing of projects
• Jun 2015 – Stakeholder engagement meeting
• Jul 2015 – Formed a SRJ Community Engagement Group
• Aug 2015 – Revised and re-printed some campaign materials
• Sep 2015 – Campaign Launch

Cost: $450,000
Campaign Components

September 28-December 20, 2015

• Subway ads
• Bus shelter ads
• Online ads
• Social media (#MaybeTheIUD)
• Website
• Print materials
• Promotional items (aka SWAG)
• Mailings to clinical and community providers

Pre-launch:
• E-blast started September 18, 2015
Campaign Materials (English/Spanish)

- Birth Control and Condoms
  - Brochures
  - Tear-off pads
  - Posters (Laminated)

- Maybe The IUD
  - Postcards
  - Posters (Laminated)
Launch

• **Press release**, press conference remarks, and many of 31 media hits covered:
  • Principles of the Sexual and Reproductive Justice (SRJ) Framework
  • Acknowledgement of the history of reproductive oppression
  • Importance of access to a full range of birth control

Media hit examples: [Politico NY](#), [NY1 Noticias](#), [Queens Latino](#), [The Atlantic’s CityLab](#), [Mashable](#), [#Sherights.com](#)
#MaybeTheIUD

- People shared their stories
- They asked questions about methods, the Medicaid Family Planning Benefit Program, and providers
- Dozens of people spotted and shared ads they saw on the subway

- **Facebook:**
  - ~1.2 million people reached
  - >6,500 shares, likes and comments

- **Twitter:**
  - ~11.5 million people reached, 759 mentions by 365 users
  - 7,000 re-tweets or faves on NYC Health Dept. tweets
  - 3 twitter chats (hosted 1, participated in 2)
1. 42% of 603 respondents reported seeing the ads (when prompted)
   - Those who saw ads were more likely to report familiarity with the IUD (70% vs 56% for all respondents)
   - 54% reported they learned something from the ads
   - 61% reported thinking about their own birth control due to ads
2. 47% of respondents answered ≥10 of 15 statements correctly
3. Discussion with providers in the past 12 months
   - About family planning and birth control - 36%
   - About IUDs – 16%
4. 10% reported feeling pressured by a provider to use or not use a specific birth control option
Lessons Learned

1. Acknowledge the history of and current sexual and reproductive oppression
2. Involve community partners from the beginning
3. Educate on full range of birth control options
4. Encourage dialogue between patients and providers
5. It takes time to build trusting relationships with community partners
SRJ Community Engagement Group

Building meaningful collaboration with SRJ Community Engagement Group

- Conducted community gatherings
- Developed SRJ video
- Co-planning years 3-5 of initiative on birth justice during pregnancy, birth and postpartum
- Shared leadership model
Special thanks to...

- National Institute for Reproductive Health
- Johnnie Ingram, Designer
- Lynn Roberts, Assistant Professor, CUNY School of Public Health
- Jasmine Burnett, Consultant - Writer - Activist
- Nicole Clark, Nicole Clark Consulting
- Monica Raye Simpson, SisterSong
- Dazon Dixon-Diallo, PhD, SisterLove
- Camino Public Relations
- Four Americas Consulting
- SRJ Community Engagement Group
- Center for Health Equity – NYC Dept. of Health
- Press Office – NYC Dept. of Health
- Bureau of Communications – NYC Dept. of Health
Doing It NYC Mobile App
(Coming soon!)

*Same preferred provider listing as in Teens in NYC*
Doing It NYC Mobile App
(Coming Soon!)

Why?
• 70% or more people own a mobile phone\(^1\)
  • 90% of them have internet access on this phone\(^1\)
  • 62% use their mobile phone for health info\(^2\)
• Info available on mobile phones is private

Highlights commitment to SRJ
• Present sexual health info in an inclusive way:
  • All ages
  • Sexual orientations
  • Gender identities

Cost: $120K for IPhone version, $60-80K to develop Android version, $100K or more for marketing

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Best Practices Guide & Clinical Assessment Survey

SEXUAL AND REPRODUCTIVE HEALTH CARE
BEST PRACTICES FOR ADOLESCENTS AND ADULTS

Focusing on contraception care and preventing, screening and testing for STIs and HIV

7 Be welcoming and attentive to the health needs of LGBTQ patients.

A. Be responsive to the health needs of patients who are LGBTQ, including men who have sex with men, women who have sex with women, same-gender-loving, transgender, genderqueer, gender fluid, intersex, asexual and/or any sexual or gender minority. 

B. Create a welcoming and inclusive environment. This includes:
   i. Requiring ongoing training for front-line, security and clinical staff and volunteers on LGBTQ cultural responsiveness
   ii. Prominently displaying nondiscrimination policies and patient bill of rights documents in waiting rooms and examination rooms
   iii. Ensuring that medical records and forms are inclusive of LGBTQ patients’ sexual orientation and gender identities

C. Be familiar with relevant terminology, such as sex, gender identity, gender-affirming care, gender expression, transgender, transwoman/transman, genderqueer and gender nonconforming. For additional terms and definitions see Box 3 in the City Health Information document Providing Primary Care to Transgender Adults, available on the New York City Health Department website.

D. Discuss contraception and fertility goals with all patients, regardless of sexual orientation and gender identity and expression, while being mindful of patients’ identities and lived experiences. Conversations regarding contraception should ideally serve as an opportunity for further discussions regarding condons and PrEP as tools to prevent STIs and HIV.

E. For transgender patients, be familiar with clinical standards of a third-party payer coverage for gender-affirming care, including nonmedical changes in gender expression, hormone therapy and surgical treatment.

   i. Offer gender-affirming services on site or provide referrals to health care settings better equipped to provide these services. When referring patients to another provider, follow up to ensure timely provision of services.

F. LGBTQ people, especially youth and those with unstable housing, experience disproportionately high rates of sexual coercion compared to the general population. Ensure that information on LGBTQ-specific resources for victims of interpersonal and for relationship violence are made available to patients immediately (e.g., by displaying posters and brochures in waiting areas and patient visit rooms) and by referral.
Best Practices Guide & Clinical Assessment Survey

Current progress

- Self-assessment by providers, n=90
- Conducting outreach to non-responsive providers
- Scoring submitted surveys

Cost: $10K

Highlights commitment to SRJ

- All reproductive ages
- Inclusive of all sexual orientations & gender identities
- Primary care, post-abortion and postpartum settings
Quality Improvement within Health Care System

Address systems-level barriers to contraceptive access in the post-abortion, immediate postpartum, and primary care settings

1. Quality Improvement Network for Contraception Access (QINCA)
   • 3-year learning collaborative using the Institute for Healthcare Improvement Breakthrough Series Collaborative Model

2. Post-Abortion Contraception Access Sustainability Initiative (PACASI)
   • Collaboration with high volume private abortion provider

Highlights commitment to SRJ

• Emphasis on increasing access to all FDA-approved birth control methods, not prioritizing particular methods
• Emphasizing services are provided free of coercion
• Educating providers on SRJ and history of reproductive coercion
• Training providers on patient-centered counseling
Elements for Success

- Adaptive leadership
- Humility
- Self-Reflexive
- Accept Criticism
- Have the end in mind
- Stay the Course
- Collaborate /Engage Community partners from the start
- Funding- Obtaining and sharing resources
- Build capacity
  - Current staff
  - Hire Consultants
- Transparency
Thank You
Sexual and Reproductive Justice Resources

- **SRJ Website** *(Search “SRJ” at nyc.gov)*
  - Video featuring SRJ Community Engagement Group members and NYC Health Dept. Commissioner
- **Resource List** with foundational readings
- **Reproductive Health... Rights... Justice... How Do They Compare?**
- **SRJ Tumblr Series** with posts like Strategies for Achieving Sexual and Reproductive Justice

- **SisterSong Women of Color Reproductive Justice Network** and the National Women’s Health Network **LARC Statement of Principles**
  - Important guidance for initiatives
  - Opportunity to sign on
Questions?
State Updates

Indiana and North Carolina
State/Territory Growth Chart Update

Newborn: 0

Infant: AL, FL, KY

Toddler: LA, MS, WY

Pre-school: AK, CT

Kindergarten: CA, CNMI, MD, NC, OK

Elementary school: CT, DE, IA, MT

Middle school: GA, IN, MA, NM, TX

High school: CO, NY, WA, WV

College-age: SC
State/Territory Growth Chart Update

- **Infant**: We are exploring how to grow connections in a new political environment.

- **Toddler**: We can run instead of crawl and timing AND location is everything (lesson learned from potty-training).

- **Preschool**: Learning to play nice!

- **Kindergarten**: We are still testing our boundaries at this stage.

- **Elementary School**: We are establishing our peer group.

- **Middle School**: We are very concerned about what our peers in other states are doing.

- **High School**: We narrowed our focus to a “few close friends” (champions at the teaching hospitals) to start dating/courting.

- **College**: We have continued to grow in process knowledge and in utilization rate.
Tips

- There is never a need to completely reinvent the wheel. Look at what others are doing and borrow or purchase to adapt it.

- Continue to meet with your ASTHO team. Debriefing after the webinars is a good time to reconnect and touch base if your team is not meeting on a regular basis.

- Educate state legislators on the importance and implications of our work.

- Develop good working relationships with clinics, insurance carrier, associations and health systems.

- Foster clinical champions and have in place administrative support and infrastructure.

- Document utilization of LARC- Use this data for proof of your quality improvement efforts and patient/provider satisfaction.
State Reports:

IN

NC
Our project would best be defined as being in middle school because we have worked through the elementary years of establishing the foundational elements of LARC implementation. In our early teen years, we are now seeking peer groups throughout the state to partner with towards ensuring LARCs are utilized in their community so we can collectively have an impact at the individual level.

Advice: This is a marathon, not a sprint....keep reaching for success and we will achieve it together!
It is like the first day of school! We are jumping into a new transition, ready to go and excited for kindergarten!

We learned a lot of things in pre-school, but we are at a new school with a new teacher and it is like starting over in some ways. We are figuring out how to navigate the kindergarten environment and exploring along the way.

We are curious and eager to learn.

Repetition is key for learning... and keep it short.

We are making sure that we are making friends and playing nicely. We are able to maintain self-control. We share with others.

We can express our needs and wants and are working more on our expressive language.

We negotiate solutions.

We handle frustration well, but we miss nap time.
Questions for other states:

Have other states expanded provider training to include other “providers” interacting with potential consumers? Other settings outside of hospital or clinic?
Questions?

IN

NC
ASTHO Website Updates

Ellen Pliska
Director, Family and Child Health
ASTHO
Increasing Access to Contraception

ASTHO is identifying state opportunities, challenges, and technical assistance needs through a multi-state learning community to improve their capacity to increase access to contraception.

State Initiatives to Increase Access to Contraception

This clickable map contains resources for U.S. state and territorial health agencies for increasing access to contraception to promote better health outcomes. See map »

Nine Focus Areas of Success

Nine areas identified by the Increasing Access to Contraception Learning Community to increase access to contraception. Read more »

Increasing Access to Contraception Learning Community (2016-Present) Background

In 2016, ASTHO, with support from CDC, the Centers for Medicare and Medicaid Services (CMS), and the Office of Population Affairs (OPA), convened an Increasing Access to Contraception Learning Community with 27 states and territories. The expanded learning community aims to disseminate strategies and best practices to implement policies and programs that increase access to the full range of contraceptive options. Read more »

LARC Immediately Postpartum Learning Community (2014-2016) Background

ASTHO launched the Long Acting Reversible Contraception (LARC) Learning Community, a collaborative of six states, in August 2014 to assist state health
INCREASING ACCESS TO CONTRACEPTION

Nine Focus Areas for Success

The learning community has identified nine focus areas with strategies that can be implemented to increase access to contraception and may warrant additional resources to achieve the greatest impact.

- Increasing Access to Contraception Learning Community Nine Focus Areas for Success describes the nine focus areas, which represent a broad spectrum of strategies, ranging from a provider-level focus to a systems-level change approach.

Please check back for updates.

UPCOMING EVENTS

HRSA Infant Mortality ColIn Learning Session 5
Feb 12-14, 2017
Westin Galleria Hotel in Houston, TX

Health at Home: Adult Smoking, Adverse Childhood Experiences
Feb 17, 2017
2:30 p.m. - 4:00 p.m. ET (webinar)

Improving Diabetes Screening, Hosted by ODPHP
Feb 21, 2017
12:30 p.m. - 2:00 p.m. ET (webinar)

View All Events
IOWA

Vision Statement

Iowa joined the Increasing Access to Contraception Learning Community in August of 2014 as part of Cohort 1. As a member of Cohort 1, Iowa seeks to improve access to the full range of all family planning services including access to the most and moderately effective methods for all women of reproductive age, to include those that are privately insured. Through stronger stakeholder engagement and participation there will be open, honest, professional conversations about family planning, even if personal beliefs do not support it. Iowa will accomplish these activities through four goals:

1. Increase the number of delivering providers trained in immediate postpartum IUD insertion.
2. Create a venue to present and disseminate data related to increased access to LARC.
3. Continue to expand the number of birthing hospitals with capacity to do immediate postpartum LARC.
4. Increase the capacity of Iowa FQHCs to provide the full range of most and moderately effective methods.

Key Successes

Iowa has developed code to calculate immediate post-partum LARC insertion and provided educational seminars to 4 hospitals and provided billing support to 2 high-volume hospitals. The state has seen unintended pregnancies fall by 6% from 2006-2015. At least 2 MCOs within Iowa have agreed to honor the immediate postpartum LARC unbundling, and in April 2016 at a Statewide Perinatal Conference the Iowa learning community team provided a training for both nurse practitioners and physicians on insertion of immediate post-partum IUDs.

ASTHO Learning Community Resources
Interactive Tool to Assess Impact of Increased Use of Highly Effective Reversible Contraception Among Medicaid Beneficiaries

CAVEATS:
This is a BETA TEST version and is not considered a finished product. The materials embodied in this tool/program are "as-is" and without warranty of any kind, express, implied or otherwise, including without limitation, any warranty of fitness for a particular purpose.

DISCLAIMER:
The findings and conclusions in this work are those of the authors and do not necessarily represent the official position of the Center of Disease Control and Prevention (CDC).

TIPS:
1. If you use this for the first time, please select "enable macro" if prompted to do so
2. To control buttons with keyboard, press ALT + hot key. Hot key is the underscored letter (e.g., 'S' in Start)
3. Adjust the size to better fit your screen
4. When you see '?', click it for additional information

For questions and comments, please contact drhinfo@cdc.gov

Version 1.0
Last updated: 1-18-17
Increasing Access to Contraception Learning Community
Next Steps

Ellen Pliska
Director, Family and Child Health
Association of State and Territorial Health Officials
Next Steps

February:
- Pre-Assessment – Due Friday, February 24th
- Scheduling TA & Key Informant Interview calls

Late February – March
- Cohorts 1-2: Technical Assistance Calls
  – 30-60 minutes
- Cohort 3: Technical Assistance and Key Informant Interview Calls
  – 90-120 minutes

April 25, 2:00-4:00p ET
- 3rd Virtual Learning Session
Closing

Shanna Cox
Division of Reproductive Health, CDC

Lekisha Daniel-Robinson
CMCS Maternal and Infant Health, CMS

Lorrie Gavin
Office of Population Affairs
Evaluation

Please take our evaluation survey so we can improve for future calls:

http://astho.az1.qualtrics.com/jfe/form/SV_6mzwVWWqkpPX0SV
Thank you!!

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

http://www.astho.org/Programs/Maternal-and-Child-Health/Long-Acting-Reversible-Contraception-LARC/

State map: