



Ensuring Access to Quality Family Planning Services for Vermonters

Overview and Context

- ❑ **Lifecourse approach**
- ❑ **Settings-** home, schools, community, health care settings
- ❑ **Priority populations-** youth, women of child bearing age, parents and other caregivers, health care providers, others
- ❑ Work takes place in **collaboration** with many state and community level partners, is **comprehensive** and aims to **meet people where they are**
- ❑ Family Planning recognized as one of the **top 10 greatest public health achievements** of the 20th century (and now 21st)

Data

- In 2016 5,756 babies born to Vermont residents
- Birth rate was 9.2 per 1,000 residents, down from 9.4 in 2015
- Vermont has relatively low teen pregnancy rate: 16.7 pregnancies per 1,000 women ages 15-19, decrease from 21.9 in 2013; birth rate was 10.3 per 1,000, decrease from 14.2 in 2014
- 347 pregnancies to Vermont teens aged 15-19, most in 18-19 age range

Data

- Rate of **intendedness** over past 5 years has increased.

PRAMS data:

- 50.3 in 2012

- 56.7 in 2017

- Overall birth rate has been declining, as well as teen pregnancy and birth rate; intendedness increasing

One Key Question- Pregnancy intention screening

Would you like to become pregnant in the next year? Yes; No; *Unsure; I'm ok either way*- **1/3 fall into Unsure and I'm ok either way**

Priorities

- Ensuring **access to quality family planning services** especially for lower income Vermonters and vulnerable populations
- **Increasing health care providers' capacity** in best practice approaches to pregnancy intention screening, contraceptive counselling and provision of contraceptive services
- Promoting the adoption of **evidence based, standardized tools**

Priorities

- Identifying and addressing barriers to accessing the **full range of contraceptive methods**, including long acting reversible contraceptives (IUD and implants); **emphasis on increasing use of highly effective methods**
- Strengthening **referral pathways** for family planning services through key partnerships with health and social service providers
- **Outreach and education**

Emphasis on highly effective methods

- Contraceptive methods are divided into 4 different categories: **highly effective, very effective, moderately effective and less effective methods.**
- Before Affordable Care Act highly effective long-acting reversible contraceptive methods (LARC) were not routinely covered by insurance companies.

Emphasis on highly effective methods

- **Long-acting reversible contraception methods are highly effective in preventing pregnancy.**
- LARC methods are safe and 20 times more effective than other moderately effective methods.
 - 1 in 100 women using an IUD or an implant will become pregnant per year.
 - 9 in 100 women using oral contraceptive will become pregnant per year.
- Current rates of LARC use in VT
 - PRAMS 33.3% post partum
 - BRFSS 24%
 - Title X 28%

Highlights of efforts

- Clinical services
- Provider training
- Strengthening referral pathways
- Outreach and Education

Title X

- Title X and other family planning services grants reach approximately **15,000 Vermonters each year**. Planned Parenthood of Northern New England has been our Title X provider in the state since the early 70s and has statewide reach through their 12 health centers, with a focus on reaching rural and low-income populations.
- Guttmacher Institute research has shown that for every dollar spent on publicly funded family planning services, \$7 are saved related to health, economic and social costs of unintended pregnancy

Blueprint Women's Health Initiative

- Women receive primary care and preventative care services in both Patient-Centered Medical Homes and obstetrics and gynecology practices/women's specialty practices
- Practices offer women enhanced health and psychosocial screening, comprehensive family planning counseling, and timely access to long acting reversible contraception (LARC)
- Help women be well, avoid unintended pregnancies, and build thriving families. Women who visit participating practices are screened for mental health and substance use conditions, interpersonal violence, and access to housing and food

Blueprint Women's Health Initiative

- If they are identified, they have **immediate access to a licensed mental health provider for brief intervention, counseling, and navigation to community-based** services and treatment as needed
- Participating practices also commit to offering **comprehensive family planning counseling** for their current patients and for women newly referred by partnering community-based organizations. Women who wish to become pregnant receive **services to support healthy pregnancy**. Women who wish to delay or avoid becoming pregnant have **access to the full range of birth control methods**, including same-day access to LARC

Blueprint Women's Health Initiative

- Launched in 2017; paid for by Medicaid only; privately insured may receive services
- **16,678 patients served** through participating women's specialty practices (20 of 30 practices)
- Now includes 16 Patient-Centered Medical Homes

Hub and Spoke

- Enhance providers' comfort and capacity with family planning referral and care coordination
- **Each Hub location (9 in total) hosted PPNNE for a training** on basic Reproductive Counseling and Referral
- **Hub staff trained** in pregnancy intention screening, contraceptive counselling and referral. Hub case management and counseling staff should make coordinated referrals
- Hubs test for pregnancy as part of their intake process and were encouraged to adopt “one key question” as part of the annual medical exam and to revisit this issue on an ongoing basis with patients who are engaged in long term care

Provider training and referrals

- Conducted **health care provider survey** of knowledge, attitudes and practices related to approaches to contraceptive counseling and LARC access; developed **provider training** which included both key content and **skills-based practice, and clinical training in implant insertion**
- Worked with statewide partners to create and test a **contraceptive counselling referral form**, which has statewide reach
- Promotion of One Key Question- pregnancy intention screening, leads to better preconception health counselling and birth control counselling

HOW WELL DOES BIRTH CONTROL WORK?

What is your chance of getting pregnant?

Really, really well

Works, hassle-free, for up to...

The Implant (Nexplanon)	IUD (Skyla)	IUD (Mirena)	IUD (ParaGard)	Sterilization, for men and women
3 years	3 years	5 years	12 years	Forever

No hormones

Less than 1 in 100 women

O.K.

For it to work best, use it...

The Pill	The Patch	The Ring	The Shot (Depo-Provera)
Every. Single. Day.	Every week	Every month	Every 3 months

6-9 in 100 women, depending on method

Not as well

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

Pulling Out	Fertility Awareness	Diaphragm	Condoms, for men or women
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Needed for STD protection!

Use with any other method

12-24 in 100 women, depending on method

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

Outreach and Education- PREP

- **PREP-** 11 youth serving organizations deliver evidence-based curricula proven to change behavior to approximately 450 youth each year in community-based settings (such as Lund, Boys and Girls Clubs, Parent Child Centers, Association of Africans Living in VT) with a focus on teen pregnancy prevention and adolescent sexual health promotion and healthy relationships. The curricula we use, targeted toward youth ages 10-19, teaches young people about:
 - Delaying sexual activity,
 - Increasing condom and contraceptive use for sexually active youth,
 - Reducing the number of partners
- In Vermont, PREP classes are targeted toward runaway and homeless teens, New American youth, youth currently in or transitioning out of foster care, and teens who identify as LGBTQ+.

Outreach and Education- Sexual violence prevention

- **CDC Sexual Violence Prevention-** in conjunction with the statewide DV/SV coalition, support use of evidence informed approaches to healthy relationships education, consent education, “askable adults”, aimed at better preparing adults in the lives of youth to have informed conversations with youth about relationships and healthy sexuality

Outreach and Education- Corrections

Women's Health in Chittenden Regional Correctional Facility

- Planned Parenthood of Northern New England works with Corrections to offer a Women's Health class; up to 7 women participate each week. Six topics that are covered: sexual and reproductive anatomy, reproductive life planning and contraception, sexually transmitted infections, IPV, LGBTQ+ Inclusivity, and healthy decision making. The goal is to work with inmates to develop the skills and knowledge needed to make informed decisions about their sexual and reproductive lives.

Outreach and Education- Sex ed in schools

- **Sex education as part of health education-** Collaborate with AOE to support existing health education statute and regulations. The Agency of Education recently concluded a five-year grant award called “Promoting Adolescent Health Through School-Based HIV/STD Prevention”. From 2013-2018 AOE worked with 15 Supervisory Unions and School Districts throughout Vermont to assist them in improving sexual health and education for middle and high school students
- **School nurses:** provide direct health education; work with health educators; identify risk and protective factors to determine appropriate resources, skill-building, and support needs; assist the student and family in navigating appropriate referrals to access care

Outreach and Education- Interpregnancy intervals

- WIC, home visiting, parent child centers and others focus on interpregnancy spacing; birth control counselling and referrals
- Short Interpregnancy Interval (IPI), is defined as an interpregnancy interval of less than 18 months from the date of a live birth to the conception of the subsequent pregnancy. Important due to the adverse maternal and infant health outcomes that have been associated with short Interpregnancy Intervals (IPIs).
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Outreach and Education- Offices of Local Health

- Maternal and Child Health Coordinators in 12 district health offices throughout state
 - Critical role at local level in disseminating key messages and materials related to birth control, contraceptive counselling, making referrals etc. through their collaborations with health and social service providers in their communities.

Conclusion

- Family Planning recognized as one of the **top 10 greatest public health achievements** of the 20th century (and now 21st)
- Data show that Vermont is moving in the right direction in ensuring the full range of contraceptive methods and access to family planning
 - ▣ While we cannot draw a causal conclusion, there is an association of these efforts with increased rates of intendedness and lower teen pregnancy rates
- We have a strong foundation supporting: clinical services, provider training, and outreach and education

Thank you!

