



Ensuring Access to Quality Family Planning Services for Vermonters

January 2020

Work since July

The Agency of Education and Department of Health held two stakeholder meetings to gather input on outreach efforts

A packet for schools is being finalized now, it includes:

- A letter from the Education Secretary outlining the current statutory and regulatory requirements surrounding sexual health education in Vermont
- A memo encouraging schools to implement comprehensive sexual health education and condom availability policies
- A guidance document orienting school personnel to the resources available for training, content orientation, policy development, and curriculum selection/development

Plan for this year

- 1) Survey the field to establish baseline understanding of implementation of sexual health education, gaps and needs
- 2) Small state team to meet quarterly for next year to:
 - Develop a communications plan to schools on sexual health education resources and efforts
 - Create a professional development plan
 - Partner with interested organizations
 - Continue to convene stakeholders when needed
- 3) Participate in the Leadership Exchange for Adolescent Health Promotion (LEAHP)
Build our capacity to develop actionable strategies and make research-informed policy decisions to address adolescent health in three priority areas: sexual health education, sexual health services, and safe and supportive environments (carrying forward the VSHEP work)
- 4) Leverage AOE's existing Education Quality Review process to report on implementation of sexual health as part of comprehensive health education to:
 - Identify state-wide recommendations and commendations
 - Clarify areas and opportunities for technical assistance and support

Data

- In 2018 5,432 babies born to Vermont residents (5655 in 2017)
- Birth rate was 8.7 per 1,000 residents (9.1 in 2017, down from 9.4 in 2015)
- Vermont has relatively low teen pregnancy rate: 12.9 pregnancies per 1,000 women ages 15-19 (14.4 in 2017, and 21.9 in 2013); birth rate was 8.8 per 1,000 (10.1 in 2017)
- In 2018, 266 pregnancies to Vermont teens aged 15-19, most in 18-19 age range (207); down from 347 in 2016 and 294 in 2017

Data

Rate of **intendedness** over past 5 years has increased:

- 50.3 in 2012
- 56.7 in 2017
- 55.9 in 2018

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**

Emphasis on highly effective methods

Long-acting reversible contraception (LARCs) ~ Methods that are highly effective in preventing pregnancy:

LARC methods (IUD and implant) are safe and 20 times more effective than other moderately effective methods.

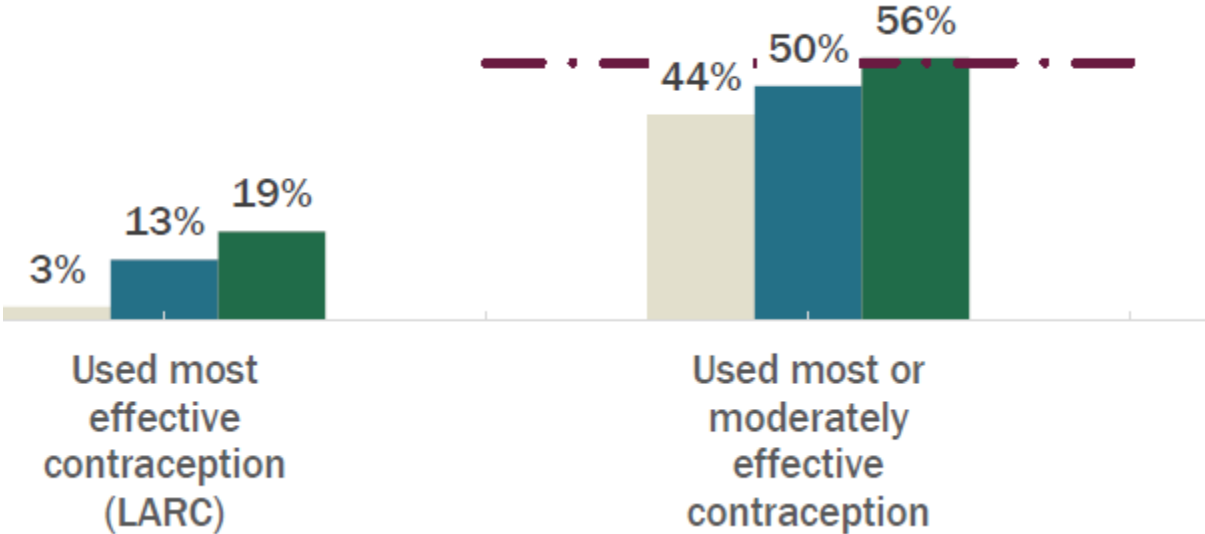
- 1 in 100 women using an IUD or an implant will become pregnant per year
- 9 in 100 women using an oral contraceptive will become pregnant per year

Current rates of LARC use in VT :

- 24% of women ages 18-44 used a LARC the last time they had sex (BRFSS, 2016) up from 17% in 2013

Highly effective methods use among VT high school students

Significantly more high school students, among those who are sexually active, report using a most and most or moderately effective form of contraception from 2013 to 2019 (YRBS, 2019)



Family Planning Services

The Health Department oversees family planning services grants that reach approximately **15,000 Vermonters each year.**

Planned Parenthood of Northern New England has been our 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.

Includes support for outreach and education.

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

- Launched in 2017; paid for by Medicaid only; privately insured may receive services
- **16,229 patients served** through 25 (out of 30) participating women's specialty practices
- Now includes 18 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 counseling and referral.

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**

Worked with statewide partners to create and test a **contraceptive counseling referral form**, which has statewide reach

Promotion of One Key Question- pregnancy intention screening, leads to better preconception health counseling 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- Teen Sexual Health through PREP

9 youth serving organizations deliver evidence-based curricula proven to change sexual risk behavior to approximately 325 youth each year in community-based settings (such as Lund, Boys and Girls Clubs, Association of Africans Living in VT) with a focus on teen pregnancy prevention and adolescent sexual health promotion and healthy relationships.

Curricula 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 sexual 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+.

Other efforts and opportunities

Sexual health education as key strategy for sexual violence prevention- CDC Sexual Violence Prevention grants in conjunction with the statewide DV/SV coalition, support 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

WIC, home visiting, parent child centers and others focus on interpregnancy spacing; birth control counselling and referrals

Maternal and Child Health Coordinators in 12 district health offices throughout state

In 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, lower teen pregnancy rates, and more people using the most effective contraceptive methods

We have a strong foundation supporting clinical services, provider training, and outreach and education