The U.S. Family Planning Program (Title X): Translating Research into Practice

Presented at the International Family Planning Conference Dakar, Senegal 29 November, 2011

National Center for Chronic Disease Prevention and Health Promotion
Session Objectives

• Describe the process used to develop U.S. guidelines on family planning service delivery, as one model for translating research into practice

• Hear about others’ experience with developing, updating and using national guidelines on family planning service delivery
Relationship to global guidelines

1. Medical Eligibility Criteria for Contraceptive Use (MEC)
   • Safety of contraceptive practice

2. Selected Practice Recommendations (SPR)
   • Contraceptive management, e.g., exams needed, missed pills, etc.

3. Quality family planning services (Title X)
   • Focus on how to deliver services, e.g., counseling, outreach, QA/QI, special populations, other services
   • Platform to highlight key practice implications of MEC and SPR
Conceptual Framework

• Improved quality of care $\Rightarrow$ improved RH outcomes

• Quality care is safe, effective, client-centered, timely/accessible, efficient and equitable (IOM 2001)

• It also addresses choice of methods, information given to clients, technical competence, interpersonal relations, mechanisms to encourage continuity (Bruce 1990, Becker 2007)
An Overview of the Revision Process

1st Expert Work Group Meeting
04/2010

Develop Plan for Revision Process
05-08/2010

Gather Evidence
09/2010 - 05/2011

2nd Expert Work Group Meeting
08/2010

Convene 4 Technical Panels:
C & E; Adolescents; Community Outreach; QI/QA
05/2011

Convene Male Services Technical Panel
07/2011

Convene Clinical Services Technical Panel
07/2011

1st Draft Guidelines to Expert Work Group & Grantees for Review/Feedback
11/2011

3rd Expert Work Group Meeting:
Results of Tech Panels
09/2011

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Expanded 5th Work Group Meeting Focused on Dissemination 08-10/2012

Final Draft Guidelines 05-08/2012

2nd Draft Guidelines to Expert Work Group & Grantees for Final Comment 03/2012

Final Guidelines Released Fall 2012
Priority Topics
Identified by Expert Work Group

• Counseling & education
• Community outreach & education
• Adolescent services
• Quality assurance/quality improvement
• Women’s preventive health care
• Men’s reproductive health care
Why develop national recommendations?

• To support consistent application of quality care across settings and provider types

• To translate research into practice, so the most evidence-based approaches are used
Today’s Presentations

1. Overview of family planning in the U.S.
2. Counseling & education
3. Integrating family planning & other preventive services for women
4. Review of final guidelines & next steps
Speakers

• Susan Moskosky, Deputy Director, Office of Population Affairs, U.S. Department of Health and Human Services

• Lauren Zapata, Health Scientist, Division of Reproductive Health, US Centers for Disease Control & Prevention

• Lorrie Gavin, Senior Scientist, Division of Reproductive Health, US Centers for Disease Control & Prevention
The U.S. Family Planning Program
An Overview

by Susan Moskosky
Deputy Director, Office of Population Affairs
US Department of Health and Human Services
Need for Family Planning

• One-half of pregnancies are unintended
• Women who are young and poor had rates that are 2-3 times the national average
• Highest teen pregnancy rate in the developed world; > 700,000 teens 15-19 years get pregnant each year
• 7 million (11.8%) women have impaired ability to have children
Need for Family Planning (cont.)

• There were 66 million U.S. women of reproductive age (13–44) in 2008

• 36 million women were in need of contraceptive care in 2008; that is, they were sexually active and able to become pregnant, but were not pregnant and did not wish to become pregnant.

• Of the 36 million women in need of contraceptive care in 2008:
  – 71% (12.4 million) were poor or low-income adults
  – 29% (5 million) were younger than 20 years
  – Four in 10 poor women of reproductive age have no insurance coverage whatsoever
Overview of Title X Family Planning Program

Funding for Family Planning

Title X is a critical source of public funding for services, infrastructure and policy-setting, although Medicaid is the largest payer.

Source: Guttmacher, Facts on Publicly Funded Contraceptive Services in the U.S., February 2009
Title X

Family Planning Services and Population Research Act of 1970

PUBLIC LAW 91-572-DEC. 24, 1970

AN ACT
To promote public health and welfare by expanding, improving, and better coordinating the family planning services and population research activities of the Federal Government, and for other purposes.
History of Title X

• Title X was enacted in 1970 and first funded in 1971

• Title X amended the Public Health Service Act to provide grants for family planning services and related research, training, and informational and educational materials

• Context was concern over population issues and access to family planning for all

• Mission is to provide the necessary educational, comprehensive medical, and social services necessary to aid individuals to determine freely the number and spacing of children

• Title X is 40 years old and in 2010 provided family planning and related preventive health care to more than 5 million individuals, 90 percent of whom had family incomes at or below 200 percent of the Federal poverty level
Title X and Grants

• Authority under four of the five main provisions of the Act to award grants and/or contracts
  – Section 1001 - Services
  – Section 1003 - Training
  – Section 1004 - Research
  – Section 1005 - Information and Education

• All Grants are Discretionary (Competitive)
Title X and Grants

• All grants and other activities support service grants funded under Section 1001

• Section 1008 – Prohibition on Abortion
  – None of the funds shall be used in programs where abortion is a method of family planning
Title X Services Regulations

• 42 CFR part 59, subpart A

• **Project (grantee) must:**
  – Provide broad range of acceptable and effective family planning methods and services, including natural family planning methods, infertility services, and services for adolescents
  – Provide services without coercion (must be voluntary)
  – Provide services in a manner that protects dignity of individuals
  – Services must be confidential

• **Offer pregnant women the opportunity to be provided non-directive information and counseling regarding pregnancy options, including:**
  – Prenatal care and delivery
  – Infant care, foster care, or adoption
  – Pregnancy termination
Title X Services Regulations

• Provide services regardless of religion, race, color, national origin, handicapping condition, age, sex, number of pregnancies, marital status

• Not provide abortion as a method of family planning
Title X Services Regulations

• Provide priority in the provision of services to persons from low-income families
  – No charge for services to persons with family incomes ≤ 100% of the Federal Poverty Level (FPL)
  – Charges based on sliding fee schedule to persons with family incomes 101 – 250% of FPL
Title X Services – Section 1001

Title X Service Grantee Network:

- **92 Service Grantees**, including State, territorial, tribal, county or local health agencies, universities, faith-based and community-based not for profit agencies

- **4,389 Family Planning Clinics**, at least one in 75% of all US counties

- **5,224,862 Clients served in 2010** with family planning and related preventive health care services (8% males)
Overview of Title X Family Planning Program

Total Clients Served: 2006-2010
Overview of Title X Family Planning Program

Title X clients are disproportionately young
In 2010: 22% (1,156,376) of all Title X clients were teens; 51% (2,672,832) were 20-29
Primary Contraceptive Method Use (Females)*

- 2% Sterilization
- 5% IUD/IUS
- 1% Hormonal Implant
- 13% Hormonal Injection
- 35% Oral contraceptive
- 2% Contraceptive patch
- 4% Vaginal ring
- 2% Abstinence
- 5% Other method or method unknown
- 16% Male condom
- 13% No method (8% seeking pregnancy; 5% “other reason”)

*2010 FPAR
More Than Contraception

• Title X Family planning includes preventive health services such as cervical cancer screening, clinical breast exams, HIV & STD tests, and other services related to reproductive health and family planning

• For many, Title X is the entry point into the health care system, and more than half report it to be their usual source of health care
Essential Role of Title X and Publicly Funded Family Planning

- Publicly funded FP helps women each year avoid 1.94 million unintended pregnancies
- 6 in 10 women who go to a FP center consider it their usual source of medical care
- 1 in 3 women who have an HIV test or receive STI testing or treatment do so at a FP center

Source: Gold et al, Guttmacher Institute, “Next Steps for America’s Family Planning Program”, 2009
Barriers to Contraceptive Method Availability

• Funding Issues
  – Contraceptive costs
  – Competing priorities for funding
  – High percentage of low-income, uninsured clients

• Provider Issues
  – Provider attitudes
  – Provider training re: LARCs
    • Skills for insertion/placement of IUD/IUS and Implants
    • Current, evidence-based information regarding method safety
Title X & Standard of Care

• Another key role for Title X has been to set the standard of care for family planning service delivery

• Recent effort to update the Title X program guidelines led to current guidelines
Summary

• Medicaid covers the majority of family planning services for poor individuals, but Title X funds support the infrastructure needed to provide quality care.

• Title X has historically defined the standard of care for family planning services.

• The new guidelines will build on this history to set guidelines for all providers nationwide.
Improving the Delivery of Family Planning Services: Contraceptive Counseling

by Lauren Zapata, PhD
US Centers for Disease Control & Prevention
Overview of presentation

• The presentation will illustrate the process used to incorporate evidence and best practices into the guidelines. It will cover:

  – Rationale for review
  – Process of gathering evidence and key findings from systematic reviews
  – Experts’ feedback and proposed recommendations for revised guidelines
Rationale – Why these topics?

• Counseling is essential for determining and effectively meeting the unique needs of each client.

• Providing educational materials that clients can readily comprehend is essential for informed decision making.

• Counseling and education were selected by the Expert Work Group as areas of services that do not incorporate evidence-based standards of care and best practices.
Part I: Process of gathering evidence and key findings from systematic reviews
Definitions

• What do these terms mean? How do they differ? How are they currently being used?

• Current program guidelines:
  – Counseling: Interactive process in which a client is assisted in making an informed choice
  – Education: Presentation of relevant information and educational materials, based upon client needs and knowledge
Definitions

• To guide our systematic reviews:
  – **Counseling**: a process concerned with helping clients achieve a reproductive health goal
    » **CHANGING**
  – **Education**: a process concerned with helping clients increase their knowledge and make informed decisions about their reproductive health
    » **INFORMING**
Systematic review topics

• Education

• Counseling in family planning settings
  – General populations
  – Adolescents

• Use of reminder systems
Analytic framework example

Key Question #1: Is there a relationship between counseling and improved long-term outcomes of family planning services?

- Women of Reproductive Age Receiving Services in a Clinical Setting

- Counseling Intervention

- Quality/satisfaction with service
- Strengthen social norms
- Increase intentions to use contraception
- Increase knowledge
- Enhance other psychosocial determinants (e.g., self efficacy, perceived social norms, outcome expectations, risk perception)

- Short-Term Outcomes

- Increase contraceptive use
- Increase use of more effective contraception
- Increase correct use of contraception
- Increase continuation of contraception use
- Increase repeat/follow-up service use
- Increase dual-method contraceptive use

- Medium-Term Outcomes

- Decrease teen and/or unintended pregnancies
- Increase birth spacing
- Decrease abortion rates
- Decrease repeat teen pregnancy rates
- Increase in achieving desired family size

- Long-Term Outcomes

- Unintended negative consequences
Evolution of evidence base

**EDUCATION**
- 5,655 articles identified
- 105 retrieved
- 18 included

**COUNSELING**
- 12,327 articles identified
- 1,152 retrieved
- 23 included
  - 17 general pops.
  - 6 adolescents

**REMINDER SYSTEMS**
- 16,139 articles identified
- 462 retrieved
- 5 included
Education: Studies included

- Computerized tools providing clients with tailored information prior to consultation with a provider (2)

- Education materials without provider contact (14)
  - Written materials (7); Audio/Video (4); Computer Games (3)
  - Compared simpler and more complex messages (2)

- Provider delivered interventions (5)
  - Effect of provider not separated from other materials (2)
  - Compared effect of provider instead of, or in addition to, other educational materials (3)
Education: Summary of findings

<table>
<thead>
<tr>
<th></th>
<th>Reduced Pregnancy</th>
<th>Increased contraceptive use</th>
<th>Increased intention to use contraception</th>
<th>Increased knowledge</th>
<th>Increased satisfaction with choices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computerized tools</td>
<td>0/2</td>
<td>2/2</td>
<td>--</td>
<td>1/1</td>
<td>0/1</td>
</tr>
<tr>
<td>Provider Independent</td>
<td>--</td>
<td>0/2</td>
<td>1/3</td>
<td>12/13</td>
<td>3/6</td>
</tr>
<tr>
<td>Provider Enhanced</td>
<td>--</td>
<td>0/1</td>
<td>2/2</td>
<td>4/4</td>
<td>4/4</td>
</tr>
</tbody>
</table>

- Studies designed to promote client comprehension and informed decision making overwhelmingly improved knowledge measures.
- Among studies evaluating complexity of information:
  1 of 2 → simpler messages produce greater increase in knowledge.
- Among studies comparing provider independent vs. provider enhanced delivery:
  2 of 3 → opportunity to interact with a provider yields greater knowledge gains.
Counseling: General populations

• 17 studies included
  – Various study designs (10 RCTs, 1 controlled trial, 1 cohort, 3 pre-post, 2 cross sectional surveys)
  – Various outcomes (long-, medium-, or short-term)
  – Sample sizes ranged from 16-898; participants were aged 13-50 years
  – Participants recruited from 10 health clinics, 3 hospitals and 4 private practice offices
  – Each study used a different counseling model
Counseling: General populations

• Examples of counseling model components:
  – Motivational interviewing
  – Medical screening
  – Negotiation of risk-reduction steps
  – Consideration of barriers and self-efficacy
  – Use of individualized action plans
  – Follow-up phone calls or appointments
## Counseling: General populations

### RESULTS

<table>
<thead>
<tr>
<th>Outcomes</th>
<th># Studies with Positive Impact*</th>
<th>Overall Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decrease teen/unintended pregnancy</td>
<td>0/5</td>
<td>No evidence of (+) impact</td>
</tr>
<tr>
<td>Increase contraceptive use</td>
<td>4/10</td>
<td>Some evidence of (+) impact</td>
</tr>
<tr>
<td>Increase use of more effective methods</td>
<td>1/4</td>
<td>Some evidence of (+) impact</td>
</tr>
<tr>
<td>Increase dual-method use</td>
<td>2/3</td>
<td>Some evidence of (+) impact</td>
</tr>
<tr>
<td>Increase correct use</td>
<td>0/2</td>
<td>No evidence of (+) impact</td>
</tr>
<tr>
<td>Increase continuation of use</td>
<td>0/1</td>
<td>No evidence of (+) impact</td>
</tr>
<tr>
<td>Increase repeat/follow-up service use</td>
<td>0/1</td>
<td>No evidence of (+) impact</td>
</tr>
<tr>
<td>Increase quality/satisfaction with service</td>
<td>3/3</td>
<td>Evidence of (+) impact</td>
</tr>
<tr>
<td>Enhance other psychosocial determinants</td>
<td>1/1</td>
<td>Evidence of (+) impact</td>
</tr>
<tr>
<td>Increase knowledge</td>
<td>5/7</td>
<td>Some evidence of (+) impact</td>
</tr>
<tr>
<td>Increase intentions to use contraception</td>
<td>0/2</td>
<td>No evidence of (+) impact</td>
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*Statistically significant
Counseling: General populations

SUMMARY

• Range of counseling components included; unable to assess effect of single component separate from other components

• Evidence to support a positive impact of counseling programs on medium- and short-term outcomes
  – Medium-term: contraceptive use, use of more effective methods, dual-method use
  – Short-term: quality/satisfaction with service, knowledge, other psychosocial determinants
Counseling: Reminder systems

- 5 studies included
  - Various study designs (2 RCTs, 1 controlled trial, 1 cohort, 1 pre-post)
  - Medium-term outcomes (correct use, continuation)
  - Sample sizes ranged from 50-975; participants were aged 13-50 years
  - Participants recruited from health clinics, hospitals, private practices
Counseling: Reminder systems

• Variety of interventions
  – Daily reminder email messages sent ~8:30 am
  – Daily reminder text messages – “Please remember to take your birth control pill”
  – “Reminder card device” (credit-card size; emits daily audible beep)
  – Pre- follow-up appointment reminder letters or postcards
## Counseling: Reminder Systems

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<td></td>
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<tr>
<td>Increase correct use</td>
<td>1/2</td>
<td>Some evidence of (+) impact</td>
</tr>
<tr>
<td>Reminder card device</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase correct use</td>
<td>1/1</td>
<td>Evidence of (+) impact</td>
</tr>
<tr>
<td>Pre-follow-up reminder letter/postcard</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase continuation of use</td>
<td>1/2</td>
<td>Some evidence of (+) impact</td>
</tr>
</tbody>
</table>

*Statistically significant
Counseling: Reminder Systems

SUMMARY

• Evidence to support:
  – Daily email reminders increase correct OC use
  – Electronic devices that emit a beep increase correct OC use
  – Sending pre-follow-up appointment reminder postcards improves DMPA continuation
Part II: Experts feedback and proposed recommendations for revised guidelines
Counseling definition

• Counseling in a Family Planning Clinic Setting:

  *A process through which providers help clients make and follow through on decisions about their reproductive health*

  – We have proposed 6 key principles for providing quality counseling in a family planning clinic setting

  – Potentially these principles might be applied to the wide range of topics to be addressed

  – Education is defined as one component of counseling
Principles of counseling

1. Establish rapport with the client
2. Assess client’s needs to individualize the encounter
3. Work with client interactively to develop a plan
4. Deliver medically accurate, non-judgmental information and educational materials that can be understood and retained
5. Confirm client understanding
6. Work with client to establish a plan for follow-up
Scope of Proposed Recommendations

Based on Six Key Counseling Principles

- Help Prevent Unintended Pregnancy
- Pregnancy Diagnosis & Counseling
- Support for Achieving Pregnancy
- Address Other Healthcare Needs

Recommended Strategies

- Guidance for operationalizing each of the six counseling principles
- Many strategies will apply to the full range of services

Recommended Strategies

Specific to helping to prevent unintended pregnancy

Resources and Tools

Most are specific to helping to prevent unintended pregnancy
Evidence for principles/strategies

• Principles and strategies based on:
  – Systematic review of family planning literature
  – Literature recommended by Technical Panel members
  – Review articles from HIV/AIDS, pharmacy and chronic disease management literature
  – Expert opinions of the Technical Panel members
Special Considerations for Adolescents

• Counseling model applies to adults and adolescents

• Guidance will include section on “special considerations for adolescents”
  – Example topics that might be included:
    • Unique needs and characteristics
    • Increased emphasis on confidentiality
    • Increased emphasis on dual method use
    • Importance of discussing self care and positive messaging
    • Teen satisfaction rates with LARCs
Strengthening Clinical Aspects of Care

Presented by
Susan Moskosky
Deputy Director, Office of Population Affairs
U.S. Department of Health and Human Services
Objectives

• Describe framework of clinical services for women
  – Family planning services
  – Other related services

• Describe core family planning services

• Describe other related services offered at the time of a family planning visit
Why integrate other services into the family planning platform?

• Almost 2/3 of Title X clients report their family planning provider is their primary source of care.

• Family planning visits are an opportunity to identify chronic and infectious disease among women of reproductive age and promote healthy pregnancies:
  - Provide essential preventive services for women (IOM 2011)
  - Consistent with CDC recommendations on preconception health (2006)
## Risk Factors of Chronic Disease
### U.S. Women of Reproductive Age, 2009

<table>
<thead>
<tr>
<th>Risk factor</th>
<th>Prevalence</th>
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</thead>
<tbody>
<tr>
<td>Obesity</td>
<td>24.7%</td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>23.0%</td>
</tr>
<tr>
<td>Smoking</td>
<td>18.8%</td>
</tr>
<tr>
<td>Heavy drinking</td>
<td>4.9%</td>
</tr>
</tbody>
</table>

### Chronic Conditions Among U.S. Women of Reproductive Age, 2009

<table>
<thead>
<tr>
<th>Condition</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>16.2%</td>
</tr>
<tr>
<td>High cholesterol</td>
<td>13.6%</td>
</tr>
<tr>
<td>Chronic diabetes</td>
<td>2.9%</td>
</tr>
<tr>
<td>Chronic high blood pressure</td>
<td>10.1%</td>
</tr>
</tbody>
</table>

Process used to identify core clinical services

• Compiled & synthesized existing professional recommendations on women’s care
  – More than 35 organizations
  – Frequent inconsistencies
  – Considered IOM (2011) recommendations on ‘trustworthy’ clinical guidelines

• Convened expert panel to review:
  – Synthesis of recommendations
  – National recommendations on core preventive services for women (IOM 2011)
Criteria used when synthesizing clinical recommendations

Criteria used to select organizations:

- Federal agency or major professional medical organization that represents established medical disciplines
- Recommendations are based on an independent review of the evidence and/or expert opinion, and are considered primary sources
- The recommendations were developed in and for the United States

Criteria used when considering inconsistent recommendations:

- Quality of evidence and strength of the recommendations
- Other processes used to develop the recommendations (transparent, conflicts of interest, broad range of stakeholders)
- External review and updated
- Relevant to reproductive health
- Feasible to implement in the context of family planning service delivery
Framework of Clinical Services for Women

Other Primary Health Care

Expanded Reproductive Health Care

Family Planning Services
- Contraceptive services
- Pregnancy diagnosis & counseling
  - How to get pregnant
- Basic infertility services
- Preconception health
  - Prevent STIs
As needed, also provide these services:

- STI screening to prevent tubal infertility
- Preconception health care
- Other reproductive health care
- Non-reproductive primary care
Family Planning Services

A constellation of services that include:

- Contraceptive services
- Pregnancy diagnosis & counseling
- How to get pregnant
- Basic infertility services
- Preconception health
- Prevent STIs
Contraceptive Services

• Remove medical barriers to contraceptive use!!!

• Offer a full range of FDA-approved methods

• Use a tiered approach to counseling, with the most effective methods mentioned first & embedded within counseling framework described earlier

• Consider whether client is at low or high risk of unintended pregnancy
  – Low: using long-acting reversible methods or more effective methods with an established history of continuation
  – High: using a less effective method and/or has a history of poor rates of continuation
Pregnancy Diagnosis & Counseling

• Pregnancy testing a common reason for a first visit to a family planning clinic
• Pregnancy diagnosis include history, pregnancy test & physical assessment
• Counseling depends on pregnancy status, but nondirective options counseling should include:
  – Prenatal care and delivery
  – Adoption
  – Pregnancy termination
How to get pregnant

• Addresses the needs of clients who have been trying to get pregnant for less than 12 months (ASRM 2004)
• Screening includes medical history, current IPV/SV, alcohol & other drug use, tobacco use
• Counseling should include fertility awareness & techniques to predict ovulation, lifestyle influences
Basic infertility services

• Addresses needs of clients who have failed to achieve pregnancy after 12 months or more of regular unprotected intercourse (ASRM 2004)

• Screening includes medical history, alcohol & drug use, tobacco use, blood pressure, BMI, thyroid enlargement, breast secretions, signs of androgen excess, pelvic exam

• Services include…
Preconception health

• Interventions that aim to identify risks to a woman’s health or pregnancy outcome (CDC 2006):
  – Chronic conditions (e.g., cancer, hypertension, diabetes)
  – Infectious disease (e.g., immunizations, STDs, TB)
  – Behavioral risks (e.g., tobacco use, poor diet, social risks (e.g., depression, intimate partner violence)
Prevent STIs

• *Chlamydia trachomatis* and *Neisseria gonorrhoeae* major causes of tubal infertility

• Routine annual screening for chlamydia recommended for:
  
  *Sexually active females < age 25*

• Routine annual screening for gonorrhea recommended for:
  
  *Sexually active women with risk factors for GC*  
  (under age 25, previous GC, other STDs, new or multiple partners, inconsistent condom use, drug use)
Other Reproductive Health

• Screening for conditions that address the reproductive system but do not directly influence ability to conceive or have a healthy birth outcome:
  – Clinical breast exam
  – External genital exam
  – Mammography
Non-Reproductive Primary Care

• Screening that promotes overall health but do not have direct implications for reproductive health:
  • Suicide risk
  • Physical activity
  • Extremities
  • Skin (skin cancer)
  • Hepatitis C
  • Cholesterol/lipids
  • Colorectal cancer
Summary

• Family planning is a constellation of services that span prevention of unintended pregnancy and birth spacing, to helping women achieve a healthy pregnancy

• Many women of reproductive age use their family planning provider as their primary source of care

• Using the FP platform to screen for chronic and infectious risks and health conditions can promote women’s health and improve birth outcomes

• Future operational research is needed to assess how best to integrate and deliver these services efficiently
Research to Practice: The Revised Title X Program Guidelines

by Lorrie Gavin

US Centers for Disease Control & Prevention
Objectives

• Describe the overall guidelines revision process
• Summarize key recommendations in other priority areas
• Describe next steps in finalizing, disseminating, evaluating and updating the guidelines
An Overview of the Revision Process

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Final Guidelines Released Fall 2012
Gathering of the Evidence

• Several systematic reviews & syntheses:

  **Adolescents:** confidentiality, parent involvement, youth-friendly services, repeat teen pregnancy

  **Community outreach & participation:** community engagement, community education, accessibility of services, care coordination

  **Quality Assurance/Quality Improvement:** assessed existing measures

  **Male clinical services:** synthesis of professional recommendations, condom demonstration
Technical Panels of Experts

• One technical panel for each priority topic (6 total, approximately 12 individuals on each)

• Panel members selected for their expertise in the topic:
  – Researchers
  – Clinicians
  – Program administrators

• Experts reviewed the evidence & helped interpret it

• Gave individual feedback about how to use that to make recommendations
Highlights:
Community Outreach & Participation

• Establish and maintain community engagement [give examples]
• Educate communities about services [give examples]
• Make services accessible [give examples]
• Care coordination [give examples]
• Welcoming clinic environment [give examples]
Highlights: Adolescent Services

- Provide confidential while still respecting state reporting laws on child abuse
- Engage parents in clinic and community settings
- Youth friendly services
- Deliver evidence-based sexual health education in community settings
- Safe and effective methods of birth control for teens
Highlights: QA/QI

• Focus on steps clinic staff can take to improve quality of care

• Recommend ongoing & quarterly monitoring of 1-2 intermediate outcomes, e.g.:
  – Contraceptive use at exit from encounter
  – Contraceptive use at most recent sexual intercourse

• Encourage periodic monitoring of other measures as needed
  – Structure: availability of wide range of methods, wait time to appointment, language assistance, expanded hours
  – Process: patient-provider communication, respectful office staff
Highlights:
Male Clinical Services

Text to be added
Dissemination Plans

• Guidance document, as official U.S. publication

• Journal supplement, detailing evidence and rationale for the recommendations

• Resource toolkit
Dissemination, cont.

• Work with key federal agencies
  – Title X providers, 4400 clinics serving 5 million low income clients/year
  – Community Health Centers, 1100 clinics serving 19 million low income clients/year

• Work with major professional organizations, such as:
  – American Academy of Pediatrics, 60,000 pediatricians
  – American College of Ob/Gyns, 40,000 providers
  – American College of Family Medicine, 100,000 family medicine doctors
Evaluation

• Baseline survey of providers & clinics scheduled for summer 2012

• Two-year follow up

• Assess impact on:
  – Provider knowledge, attitudes, practices
  – Characteristics of the service delivery infrastructure
Updating

• Intent to update every 4 years

• More frequent updates on an as-needed basis, e.g., if important new clinical recommendations are released

• Next revision may identify additional priority areas
Summary

The new Title X program guidelines:

- Should improve the quality of family planning services
- Provide a platform to expand other essential preventive services to women and men
- Acknowledge the need to address the provider and the service delivery infrastructure
Questions & Discussion

• To review and comment on the draft guidelines, go to: [insert webpage]

• What suggestions do you have for strengthening the guidelines?

• What suggestions do you have for increasing their use by providers?
For further information

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