DC Family Planning Project

Improving Perinatal Health in the District Meeting October 23, 2018





- We mobilize our community to ensure that economically vulnerable women and girls have the resources they need to thrive.
- Economic security assets, jobs, education, health and well-being, and safety
- Research, Grant-making, and Advocacy
- Convening



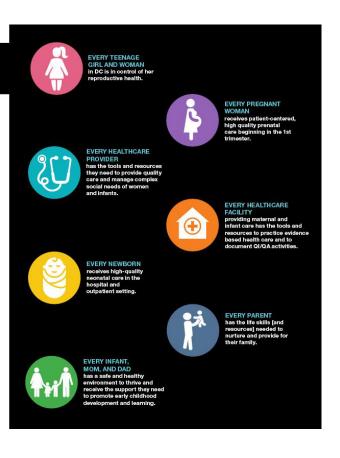


DCFPP is working to help address the first prong of DC Health's strategy to improve perinatal health outcomes in DC:

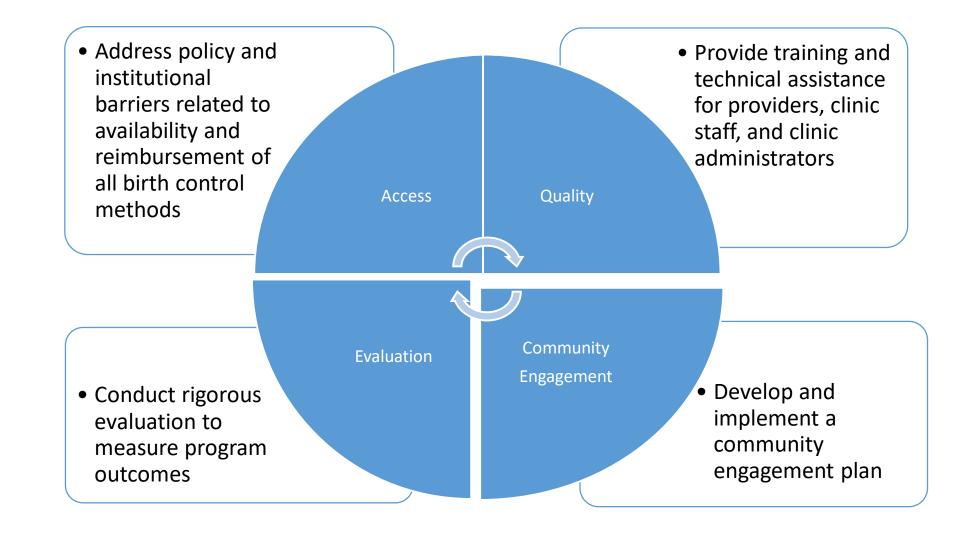
"Every teenage girl and woman in DC is in control of her reproductive health.

DC Health Strategy to Improve Perinatal Health Outcomes





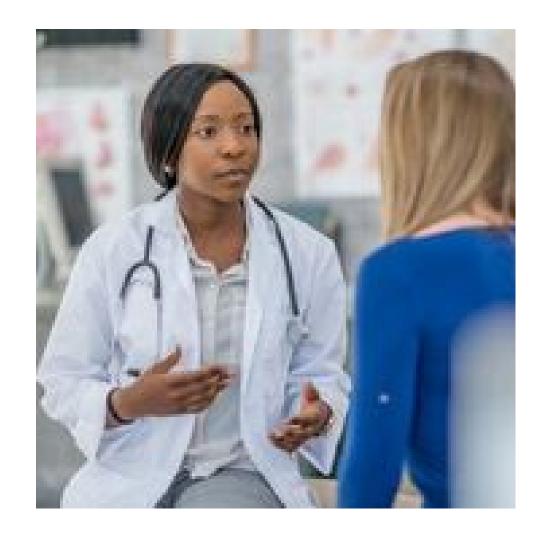






Unintended Pregnancy

- US unintended pregnancy rate is one of the highest in the world
- Low-income women experience health inequities resulting in higher rates of unintended pregnancy





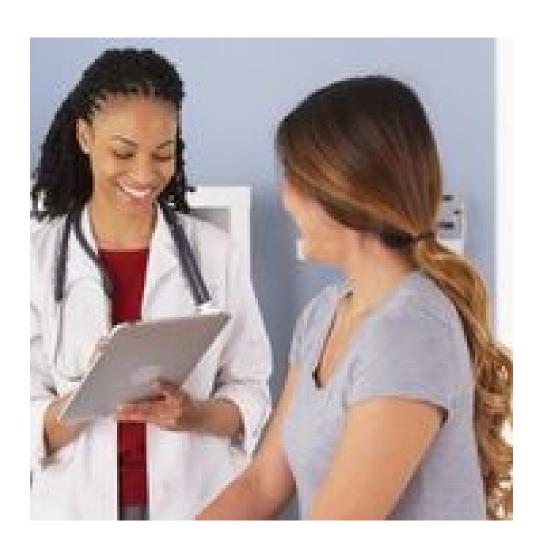
In DC in 2010:

- 62% of all pregnancies
 were unintended
- Unintended
 pregnancy rates
 are higher in
 Wards 5,7, and 8

Outcomes of unintended pregnancies can include:

- Increased risk of adverse health outcomes for woman and child
- Short- and long-term educational and economic consequences



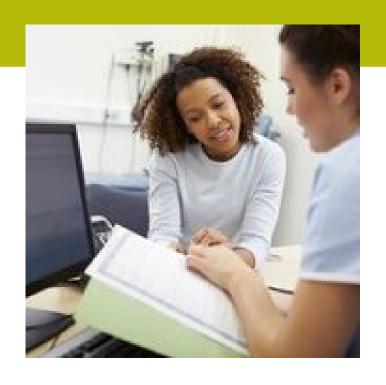


High-quality family planning services:

- Help ensure all women & families have the ability to plan if and when to have a child
- Can help improve perinatal outcomes
- Can positively impact education, workforce participation, economic security, family well-being, mental health and happiness.



DC Family Planning Needs Assessment

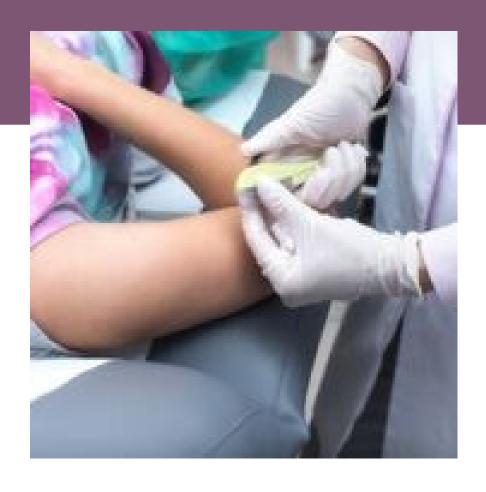




Study Components

- Confidential online clinic survey of family planning sites
- In-depth individual interviews of family planning providers
- Quantitative survey of adolescents and women 15-29
- Focus groups with adolescents and women 15-29

Key Findings from Needs Assessment



- Disconnect between availability and utilization of services
- Sexually active adolescents/young women not in care
- Limited availability of adolescent-friendly services
- Confidentiality concerns for adolescents
- Lack of knowledge about LARC methods
- Negative perceptions, suspicions, safety concerns about birth control methods
- Clinical time constraints are a barrier to comprehensive care
- Family planning-specific visits highly correlated with use of LARC or other hormonal methods





"Teens said—and this really stuck with me—when you're doing something new you need to have all of your courage because you don't know what's going to happen. And sometimes you have your courage and then a small thing happens and ruins it—[for example] at the check-in desk they ask to confirm parent's address and phone number and then the teen thinks 'oh no, my parents are going to find out'."

- Reproductive Health Program Coordinator



"I heard that Depo gives you cancer."

- Teen participant



"I heard that even with the shot, you have to be a certain age... it can do something to your ability to have kids."

- Teen participant

"I heard that you shouldn't start too young because you don't want to be on birth control for too long."

- Teen participant





"I would say more generally... but just in general the biggest barrier to effective family planning in the broader context of health care is that we don't have enough time to counsel patients. Providers are on this treadmill to get them in, get them out, get them in, get them out, especially as reimbursements have fallen. So we don't have 20 minutes to really talk about benefits and risks and really understand what their reproductive priorities are, and what kind of adverse effects profile is going to be something that they can live with, and go through the entire consent form and make sure they get every piece of it."

- Hospital-affiliated and SBHC CNM/NP



Provider/Clinician Recommendations

- Innovative clinic/provider outreach to the community
- New reproductive health counseling strategies
- More adolescent-friendly & adolescent-specific programs
- Confidentiality and adolescent reproductive health best practices
- Provider mentorship programs



Community-Related Recommendations



- Innovative education and outreach campaigns
- Community coalition on racism, implicit bias, mistrust



Policy/Advocacy Recommendations

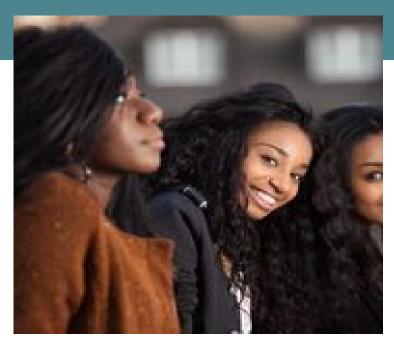
- Expand access/utilization of schoolbased health centers
- Expand comprehensive sexual health education in schools
- Expand Medicaid reimbursement levels
- In-depth reproductive health training for medical professionals in residency programs





Research & Evaluation Recommendations

- Research on young women's reproductive goals and behaviors
- Rigorous evaluation of outcomes of interventions



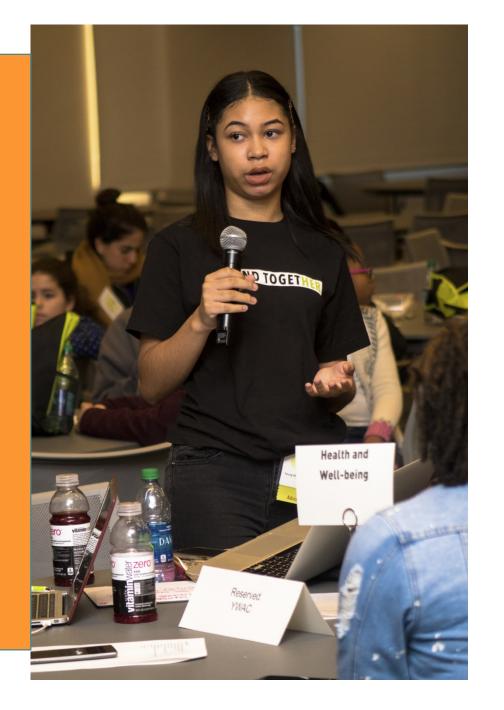


Racial Equity/Reproductive Justice Framework

- project driven by needs and wants of our community
- patient-centered strategies and interventions

"Reproductive Justice is the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities."

-SisterSona





DC Family Planning Project Goals & Priority Strategies





Goal 1: To reduce barriers that affect access to reproductive health care and to improve the quality of DC residents' sexual health care experience and outcomes

- New model(s) for patient-centered, culturally-sensitive counseling
- Non-clinician counseling by racially/ethnically diverse paraprofessionals and/or peer counselors
- Innovative clinic/provider outreach programs including at SBHCs
- Implicit Bias/Racial Equity Training and Technical Assistance Program (including Respectful Care Toolkit)



Goal 2: To improve the sexual health literacy of DC residents, and increase their awareness, knowledge and understanding of birth control methods and where/how to access them.

- Culturally-sensitive, tablet-based educational and decision-making support tool available in clinical and non-clinical settings (e.g. hair and nail salons)
- Incentivized health education/support programs for teens in non-clinical settings
- Media/advertising campaign (including social media)

Goal 3: To center affected communities and build community trust in the medical system by ensuring that DCFPP interventions are guided and informed by the insight and input of those who experience reproductive health inequities.

- Design and test a community-based, trust building initiative to explore, acknowledge and address the role of racism, reproductive rights abuses, implicit bias, myths, misperceptions, and mistrust of the medical community on reproductive health decision making
- Expand upon current research (through focus groups, data walks, patient surveys, etc.) to better understand DC adolescents'/young women's attitudes, concerns, perceptions, wants and needs regarding sexual and reproductive health and contraception



Goal 4: To address policy barriers to quality sexual and reproductive health education, comprehensive contraceptive counseling, and desired FDA-approved birth control methods for all DC residents.

- Expanded access to and utilization of SBHCs
- Full implementation of DC Sexual Health Standards
- Reimbursement of non-clinician sexual and reproductive health counseling
- Improved Medicaid/MCO reimbursement policies/rates/levels for reproductive health services

Questions, Thoughts, Suggestions?

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