

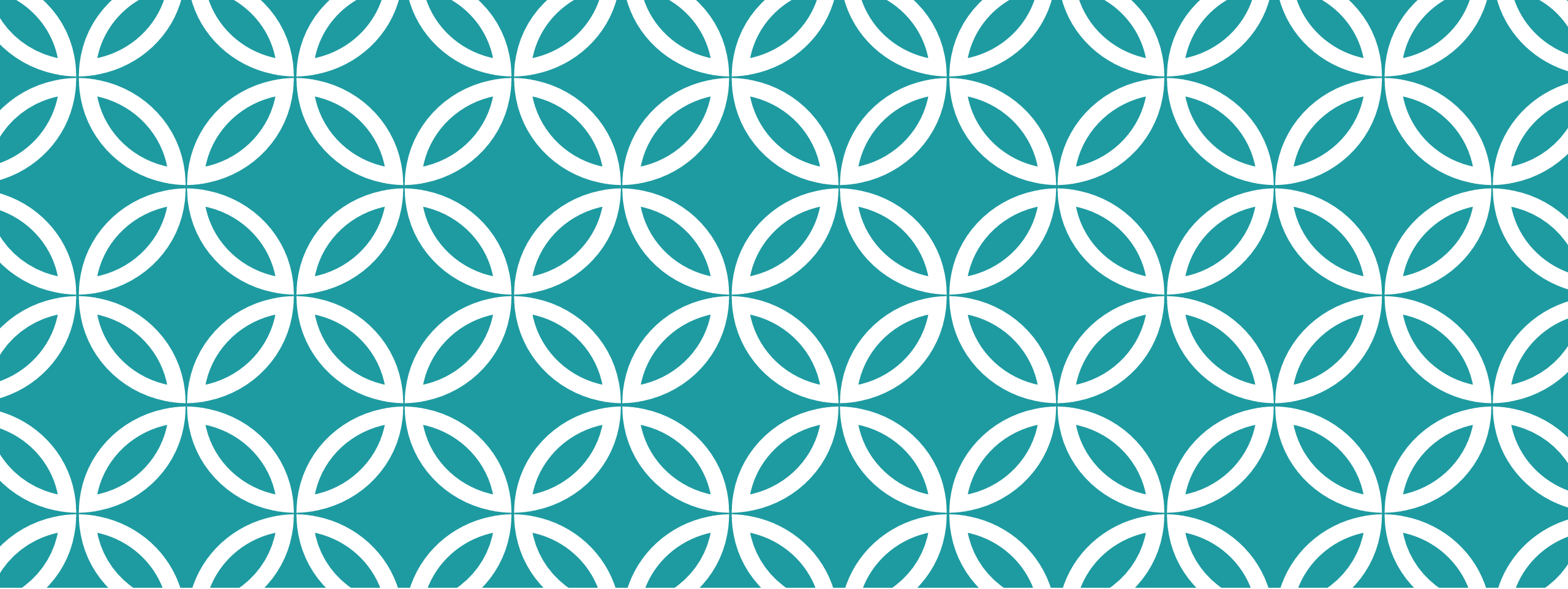


PERSON-CENTERED CONTRACEPTIVE CARE FRAMEWORK

Christine Dehlendorf, MD, MAS
Kelsey Holt, ScD, MA

OBJECTIVES

- Describe existing landscape of initiatives designed to enhance contraceptive access
- Define a framework for future person-centered contraceptive access initiatives
- Discuss how existing efforts can incorporate lessons learned



LANDSCAPE ANALYSIS

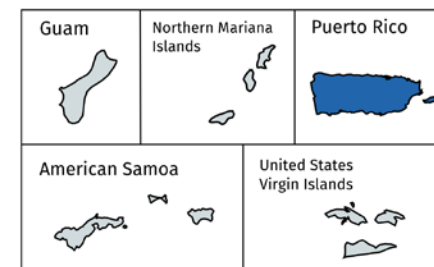
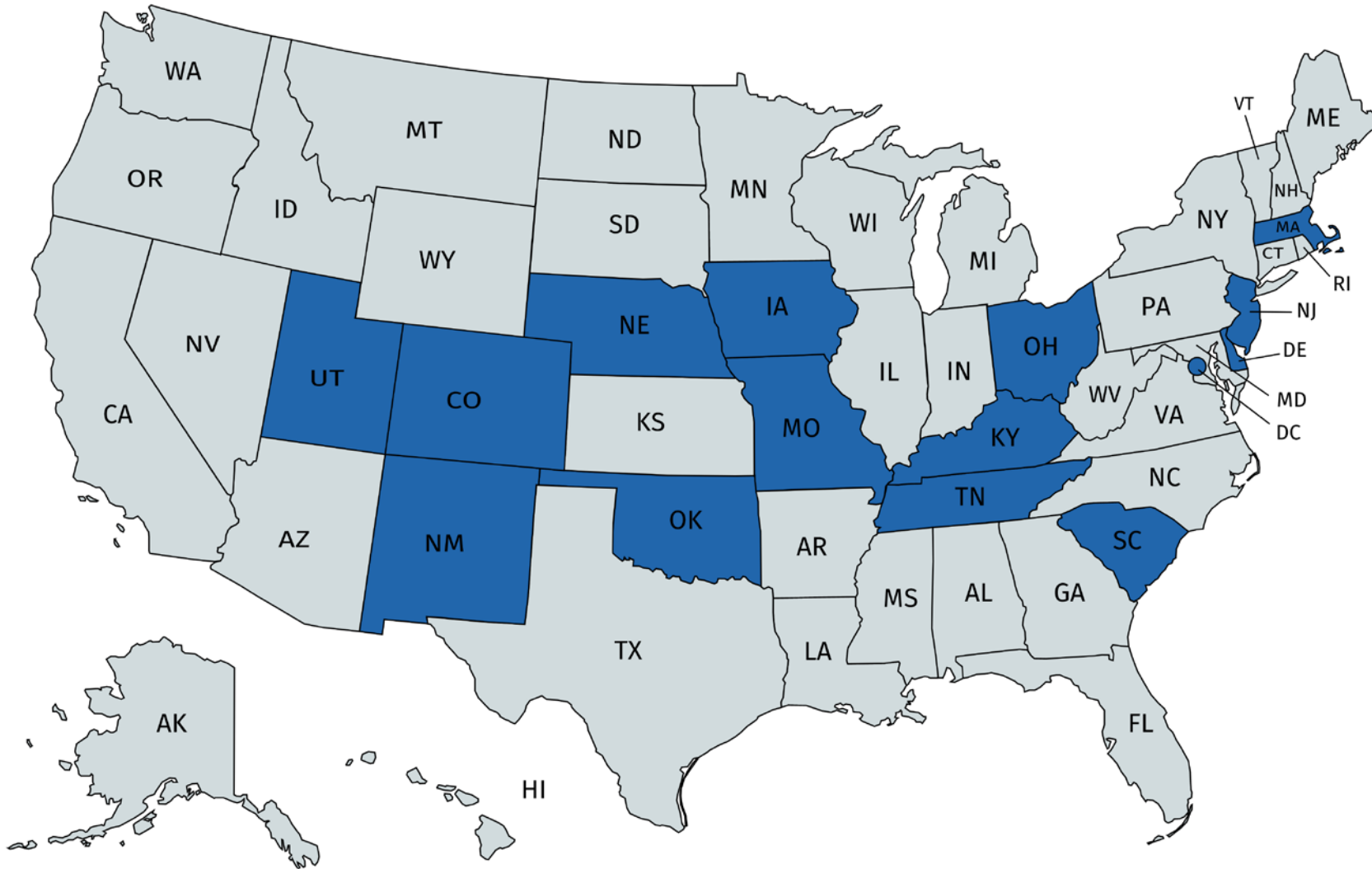


SOME HISTORICAL CONTEXT

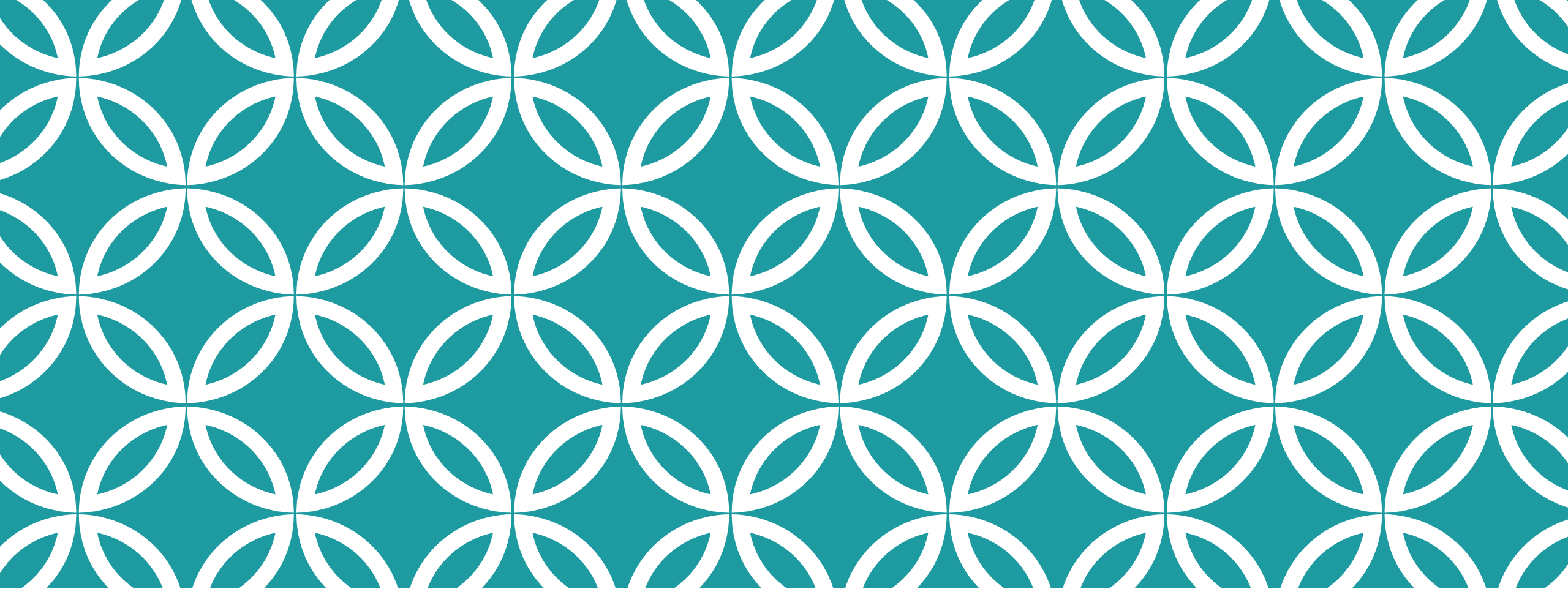
- In early 2000's, excitement about IUDs (and later, implants) fueled concern about lack of access to these methods
- Led to interest by funders and public health and clinical providers in contraceptive access initiatives
- Over the past decade, initiatives have been initiated in a range of geographies

SOME HISTORICAL CONTEXT

- At the same time, evolving understanding and focus on patient-centered and human rights principles in contraceptive care
- Experience of existing and past initiatives provides an opportunity to assess where we have come from and where we should go in advancing contraceptive access



18 externally-funded city or state initiatives reviewed



FOUNDATIONAL PRINCIPLES



PATIENT-CENTEREDNESS

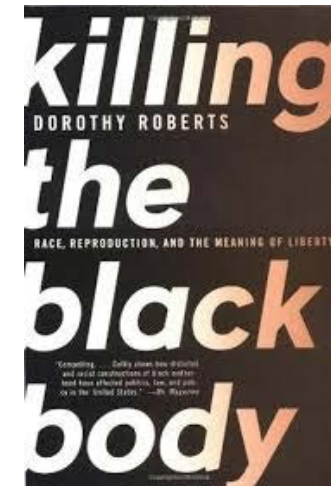
“Patient-centered care is care that is respectful of and responsive to individual patient preferences, needs, and values.”

- Institute of Medicine

RACE EQUITY

Use of reproduction as means of control of populations is endemic and long standing

- Nonconsensual sterilization of poor women and women of color throughout the 1900s
- Targeted marketing of Depo Provera
- 150 incarcerated women in California were coercively sterilized from 2006-2010



STRATIFIED REPRODUCTION

The fertility of some people is valued by those who dominate social discourse and the fertility of other people is not

Formal and informal policies to limit the reproduction of some or encourage the reproduction of others

“The thing about reproduction is that, more than anything else, it tells you how a society values people.”

-Dorothy Roberts

Colen, “Like a mother to them,” 1995
Harris, *Curr Opin Obstet Gynecol* 2014

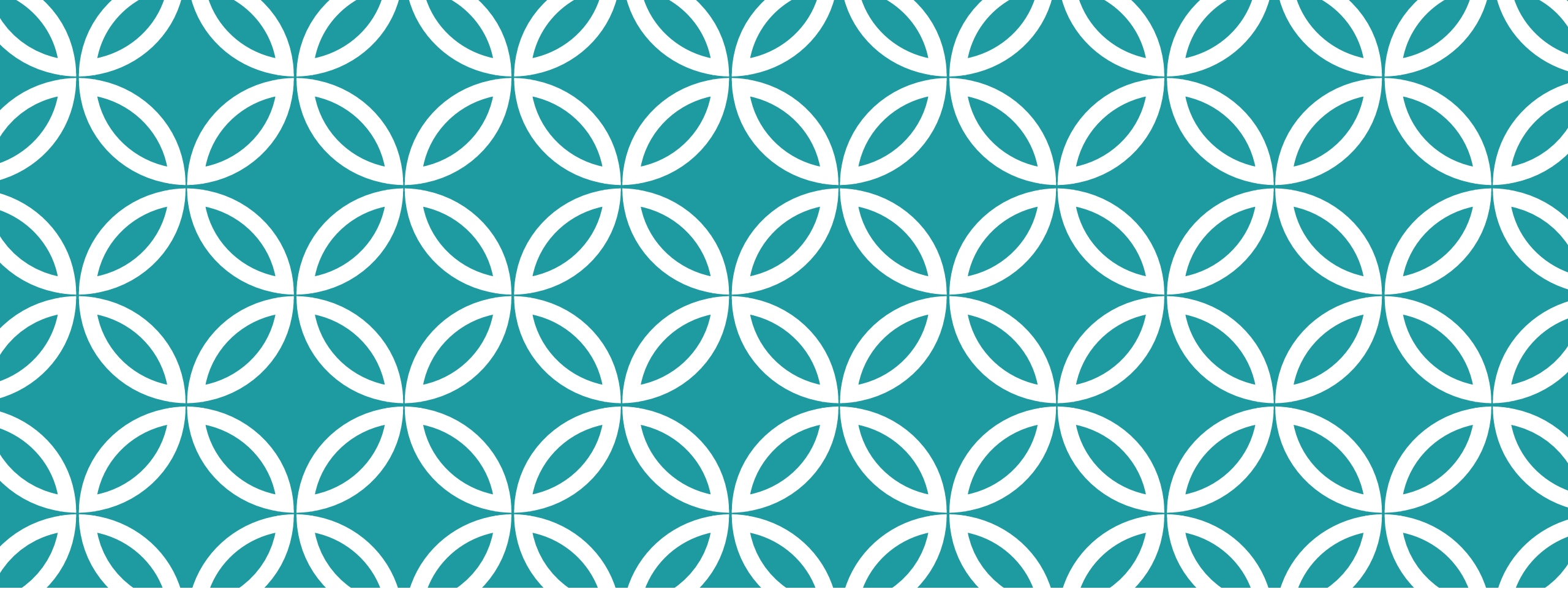
WHAT ABOUT REPRODUCTIVE JUSTICE?

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

- SisterSong



Image credit: Repeal Hyde Art Project



FINDINGS



PREDOMINANT APPROACHES

- Overcoming barriers to same-day LARC provision:
 - Stocking
 - Provider knowledge
 - Reimbursement
- Demand generation
- Tiered effectiveness counseling

SUCCESSSES

- Training providers and addressing bias and knowledge gaps around LARC
- Models for facilitating same-day and postpartum LARC access
- Increasing visibility of family planning
- Engagement of multiple sectors of the health care system
- In some states, positive impact on policy, including increased funding and changes in reimbursement for post-partum LARC

EVOLUTION OF CONTRACEPTIVE ACCESS INITIATIVES

- Increasing movement towards a focus on all methods (although primary focus on LARC methods has remained)
- More rigorous evaluation
 - Control geographies
 - External evaluators from beginning

AREAS FOR INNOVATION

1. Robust needs assessments
2. Community engagement
3. Focus on health equity
4. Rural access
5. Follow-up support for switching/removals
6. Integration with other areas of sexual and reproductive health
7. Patient-centered contraceptive counseling

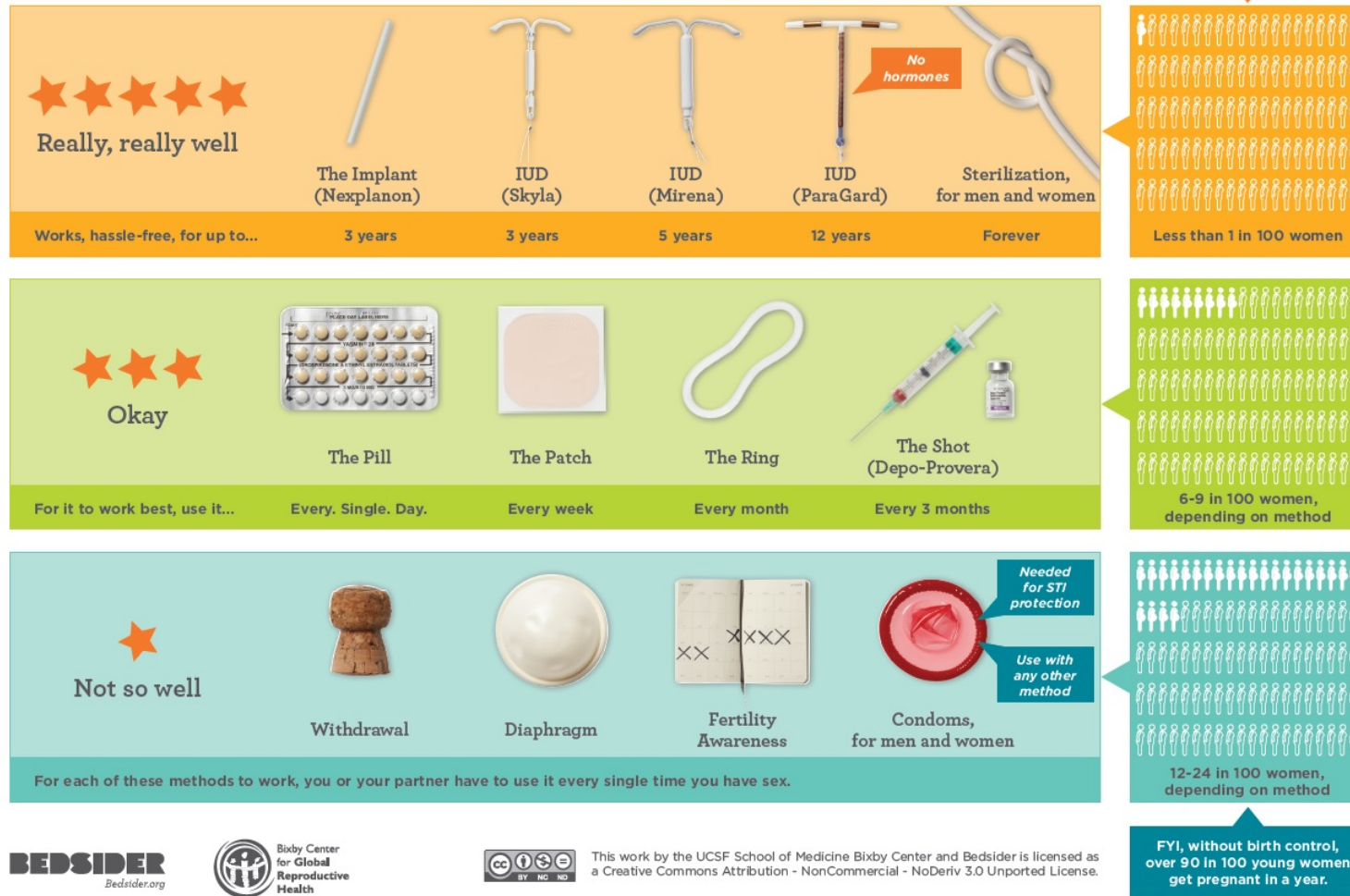
CHOICE PROJECT COUNSELING

Phone screening script: “One of our objectives is to be sure women are aware of all contraceptive options, especially the most effective, reversible, long-acting methods. These methods include intrauterine contraception (the IUD or IUC) and the subdermal implant called Implanon.”

Standardized contraceptive counseling script: providing information on effectiveness, advantages, and disadvantages, in order of effectiveness

TIERED EFFECTIVENESS COUNSELING

HOW WELL DOES BIRTH CONTROL WORK?



IS DIRECTIVE COUNSELING PATIENT-CENTERED?

- **Directive counseling** appropriate when there is one option that leads to better health outcomes
 - Smoking cessation
 - Diabetes control
- Providers can engage with patients' preferences in patient-centered manner, while having an agenda
- **Decision support** appropriate for preference-sensitive decisions, in which there is no one best option
 - Early breast cancer treatment
 - Early prostate cancer treatment
- Helps patient to consider tradeoffs among different outcomes of treatments

WHAT KIND OF DECISION IS CONTRACEPTIVE CHOICE?

- Different preferences relate to different assessments of potential outcomes, such as side effects
- Also relates to different assessments of the importance of avoiding an unintended pregnancy

PLANNING MAY NOT BE DESIRABLE

“I guess one of the reasons that I haven’t gotten an IUD yet is like, I don’t know, having one kid already and being in a long-term committed relationship, it takes the element of surprise out of when we would have our next kid, which I kind of want. I’m in that weird position. I just don’t want to put too much thought and planning into when I have my next kid.”

PROBLEMATIZING UNINTENDED PREGNANCY

- Not all unintended pregnancies are created equal
- Many women welcome unintended pregnancies
- Dimensions beyond intendedness seem to matter when thinking about the acceptability of their pregnancies: happiness, finances, social support, etc.

BUT SHOULDN'T WE GET WOMEN TO PLAN “FOR THEIR OWN GOOD”?

Is an unintended pregnancy a universally negative health outcome?

Little data to support this commonly held belief:

- Many studies show no association with social or health outcomes
- Some studies show associations with low birth weight and preterm birth
- However, generally not well-designed and well-controlled
- Most examine only retrospective intentions

CONCERNS WITH DIRECTIVE COUNSELING APPROACHES

Assuming women should want to use certain methods:

- Ignores variability in preferences, including around importance of avoiding unintended pregnancy
- Does not prioritize autonomy

Pressure to use specific methods can be counterproductive

- Perceived pressure increases risk of method discontinuation
- Perceiving provider as having a preference associated with lower satisfaction with method
- Negative experiences can impact longer term care seeking

Gomez; *Contraception*, 2017
Kalmuss, *Fam Plann Perspect*, 1996
Dehlendorf, *Contraception*, 2014

PATIENT EXPERIENCE OF DIRECTIVE COUNSELING
















They just keep promoting these long-term methods. It's like they're getting a commission or something. I always wondered that. They were really, really trying to push this product....It was like they were selling me.... Like, "You should try it." No. I don't want to.

SHARED DECISION MAKING

“A collaborative process that allows patients and their providers to make health care decisions together, taking into account the best scientific evidence available, as well as the patient’s values and preferences....This process provides patients with the support they need to make the best individualized care decisions.”

Informed Medical Decisions Foundation

Birth Control Method Options

	Most Effective									Least Effective					
	Female Sterilization 	Male Sterilization 	IUD 	Implant 	Injectables 	Pill 	Patch 	Ring 	Diaphragm 	Male Condom 	Female Condom 	Withdrawal 	Sponge 	Fertility Awareness Based Methods 	Spermicides 
Risk of pregnancy*	.5 out of 100	.15 out of 100	LNG: .2 out of 100 CopperT: .8 out of 100	.05 out of 100	6 out of 100	9 out of 100			12 out of 100	18 out of 100	21 out of 100	22 out of 100	12–24 out of 100	24 out of 100	28 out of 100
How the method is used	Surgical procedure		Placement inside uterus	Placement into upper arm	Shot in arm, hip or under the skin	Take a pill	Put a patch on skin	Put a ring in vagina	Use with spermicide and put in vagina	Put over penis	Put inside vagina	Pull penis out of the vagina before ejaculation	Put inside vagina	Monitor fertility signs. Abstain or use condoms on fertile days.	Put inside vagina
How often the method is used	Permanent		Lasts up to 3–12 years	Lasts up to 3 years	Every 3 months	Every day at the same time	Each week	Each month	Every time you have sex					Daily	Every time you have sex
Menstrual side effects	None		LNG: Spotting, lighter or no periods CopperT: Heavier periods	Spotting, lighter or no periods	Spotting, lighter or no periods	Can cause spotting for the first few months. Periods may become lighter.			None						
Other possible side effects to discuss	Pain, bleeding, infection		Some pain with placement		May cause appetite increase/weight gain	May have nausea and breast tenderness for the first few months.			Allergic reaction, irritation		None	Allergic reaction, irritation	None	Allergic reaction, irritation	
Other considerations	Provides permanent protection against an unintended pregnancy.		LNG: No estrogen. May reduce cramps. CopperT: No hormones. May cause more cramps.	No estrogen	No estrogen. May reduce menstrual cramps.	Some client's may report improvement in acne. May reduce menstrual cramps and anemia. Lowers risk of ovarian and uterine cancer.			No hormones	No hormones. No prescription necessary.		No hormones. Nothing to buy.	No hormones. No prescription necessary.	No hormones. Can increase awareness and understanding of a woman's fertility signs.	No hormones. No prescription necessary.
Counsel all clients about the use of condoms to reduce the risk of STDs, including HIV infection.															

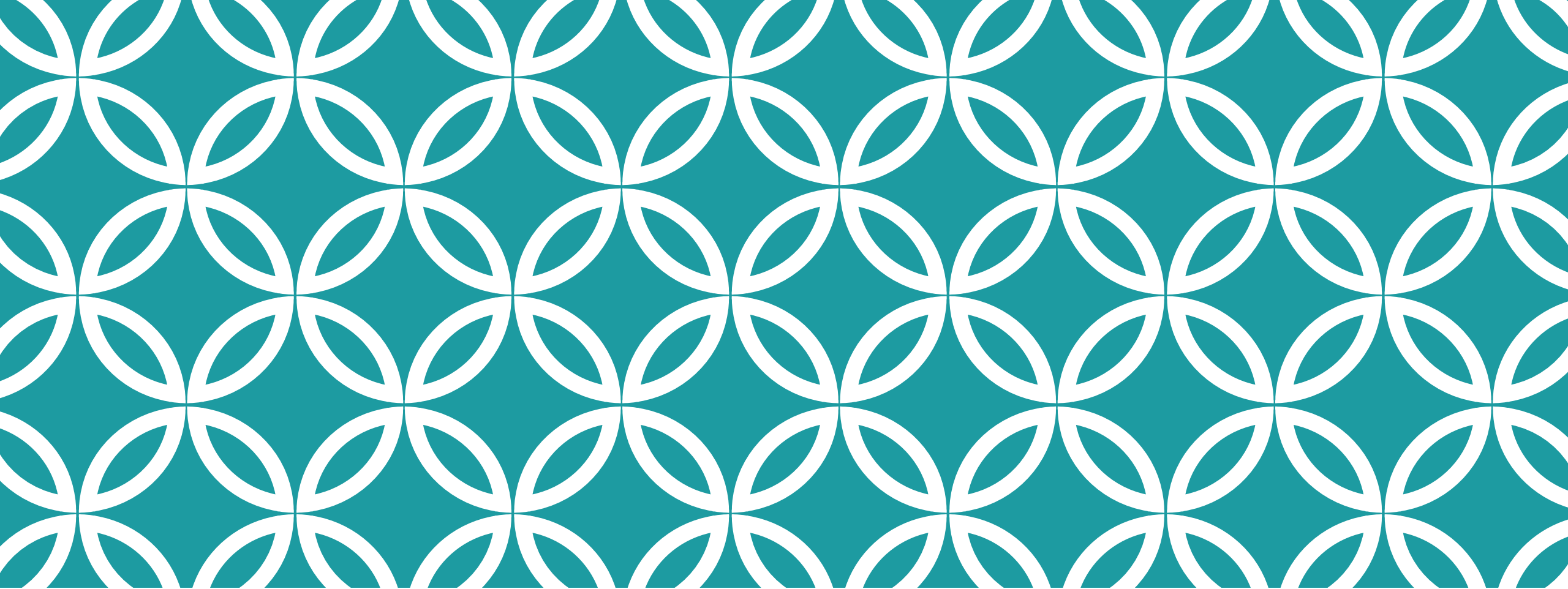
*The number of women out of every 100 who have an unintended pregnancy within the first year of typical use of each method.

Other Methods of Birth Control: (1) Lactational Amenorrhea Method (LAM) is a highly effective, temporary method of contraception; and (2) Emergency Contraception: emergency contraceptive pills or a copper IUD after unprotected intercourse substantially reduces risk of pregnancy. Reference for effectiveness rates: Trussell J. Contraceptive failure in the United States. Contraception 2011;83:397-404. Other references available on www.fpnrc.org.

NWHN-SisterSong Joint Statement of Principles on LARCs

We commit to ensuring that people are provided comprehensive, scientifically accurate information about the full range of contraceptive options in a medically ethical and culturally competent manner in order to ensure that each person is supported in identifying the method that best meets their needs.

<https://www.nwhn.org/wp-content/uploads/2017/02/LARCStatementofPrinciples.pdf>



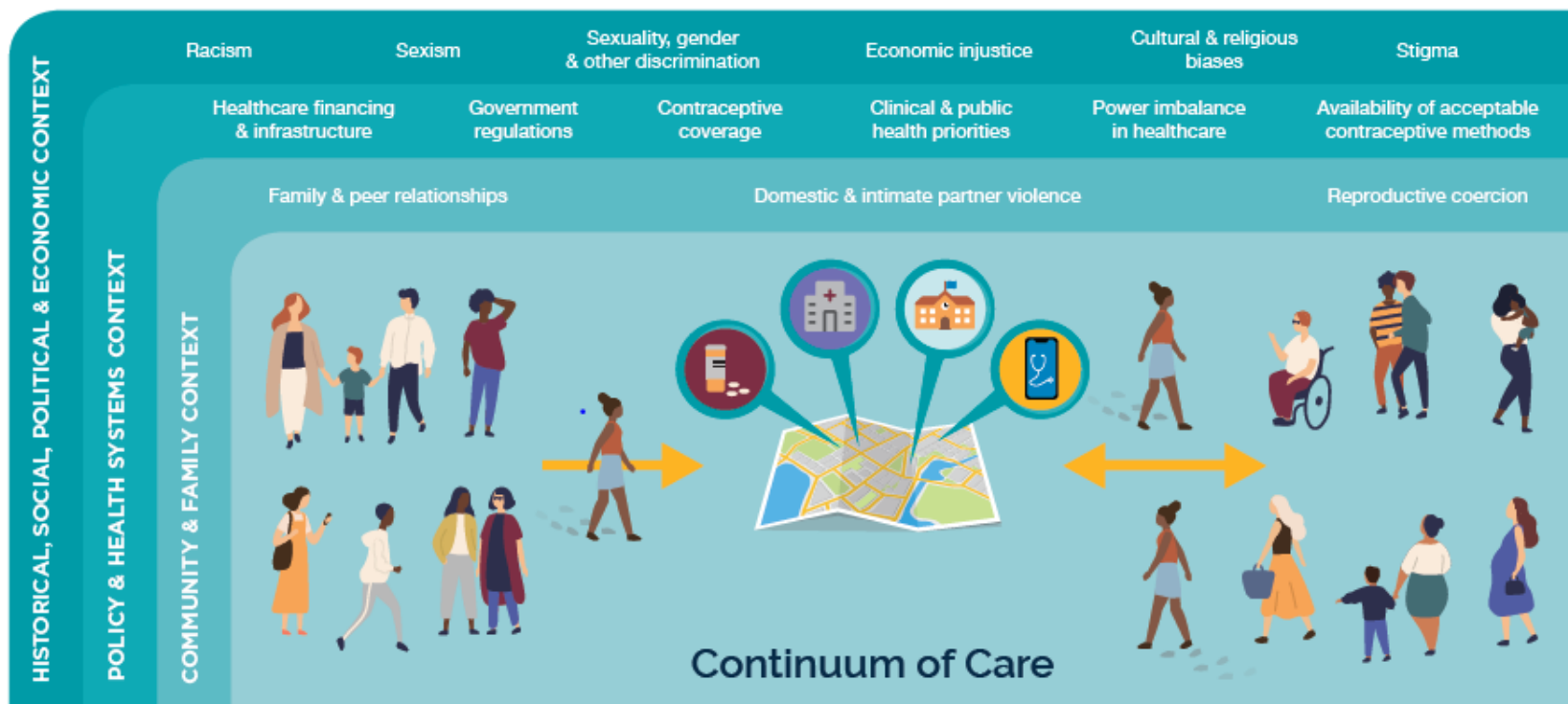
PERSON-CENTERED CONTRACEPTIVE CARE FRAMEWORK



FRAMEWORK DEVELOPMENT

Based on an evolving understanding of person-centeredness in contraceptive care, and racial and other inequities, what opportunities are there for innovation?

Person-Centered Contraceptive Care Framework



Outreach & Trust Building

- Sexual and reproductive health information and education
- Facilitation of dialogue between community and healthcare institutions
- Awareness raising around available services and right to high quality care
- Referral network and care coordination

Access

- Free/affordable services for all
- Flexible options for care delivery modalities
- Easy scheduling and extended hours
- Support for navigating barriers to services (e.g., via transportation and childcare)

Quality

- Patient-centered, non-coercive counseling
- Evidence-based contraceptive provision
- Implicit bias and structural competency training
- Same-day access to all methods, including emergency contraception
- Integration with other services, including referrals as needed
- Quality improvement systems that include measures of patient experience

Follow-up Support

- No cost, barrier-free LARC removal
- Facilitated method switching
- Support for side effect management
- Patient-centered pregnancy options counseling and referrals
- Protection of confidentiality in all follow-up communication
- Different formats of information delivery (app, call, text)

Community engagement in all efforts

Beyond same-day LARC access: A person-centered framework for advancing high quality, equitable contraceptive care

Kelsey HOLT, ScD^a, Ms. Reiley REED, MPH^a, Joia CREAM PERRY, MD^b, Ms. Cherisse

SCOTT^c, Ms. Sarah WULF, MPH^a, Christine DEHLENDORF, MD^{a,d,e}

^aDepartment of Family & Community Medicine, University of California, San Francisco

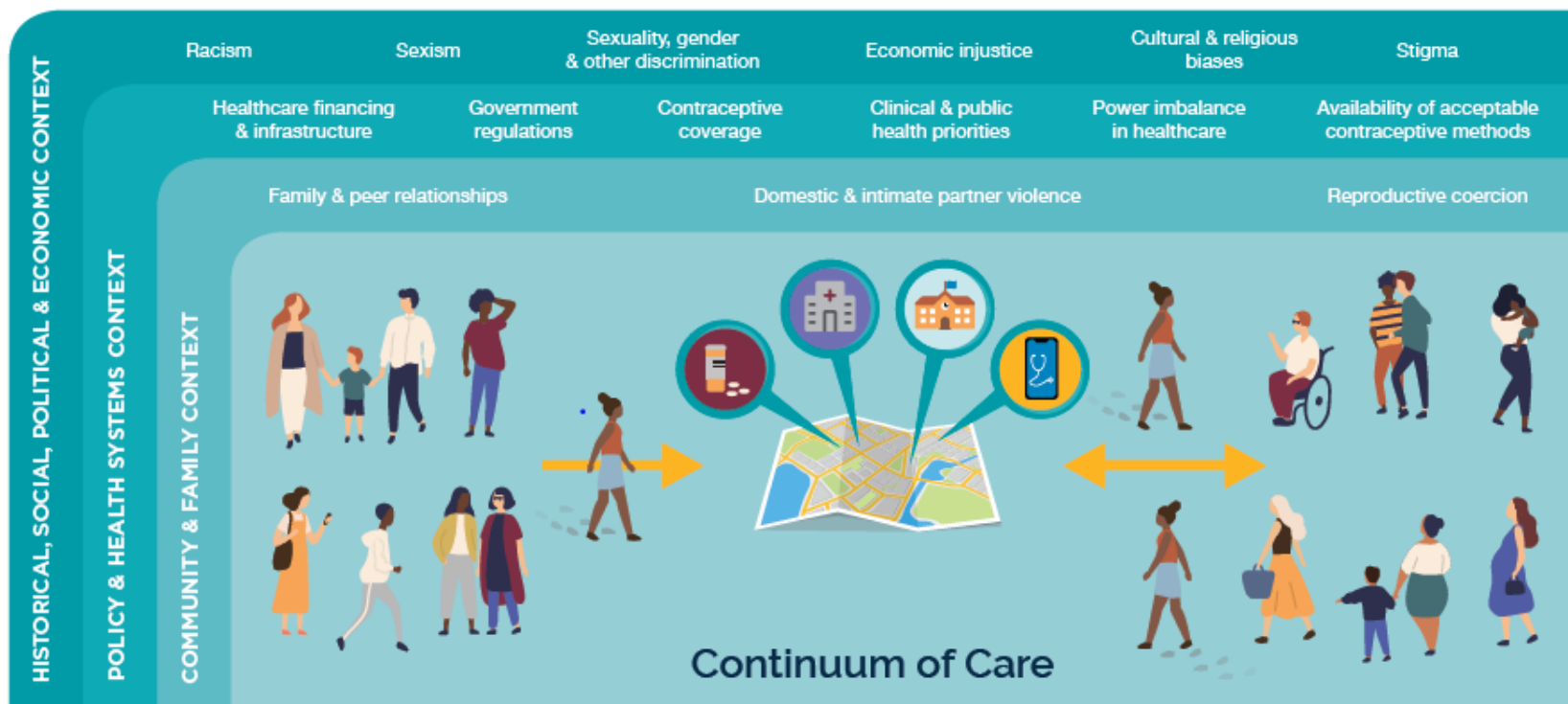
^bNational Birth Equity Collaborative

^cSisterReach

^dDepartment of Obstetrics, Gynecology & Reproductive Sciences, University of California, San Francisco

^eDepartment of Epidemiology & Biostatistics, University of California, San Francisco

Person-Centered Contraceptive Care Framework



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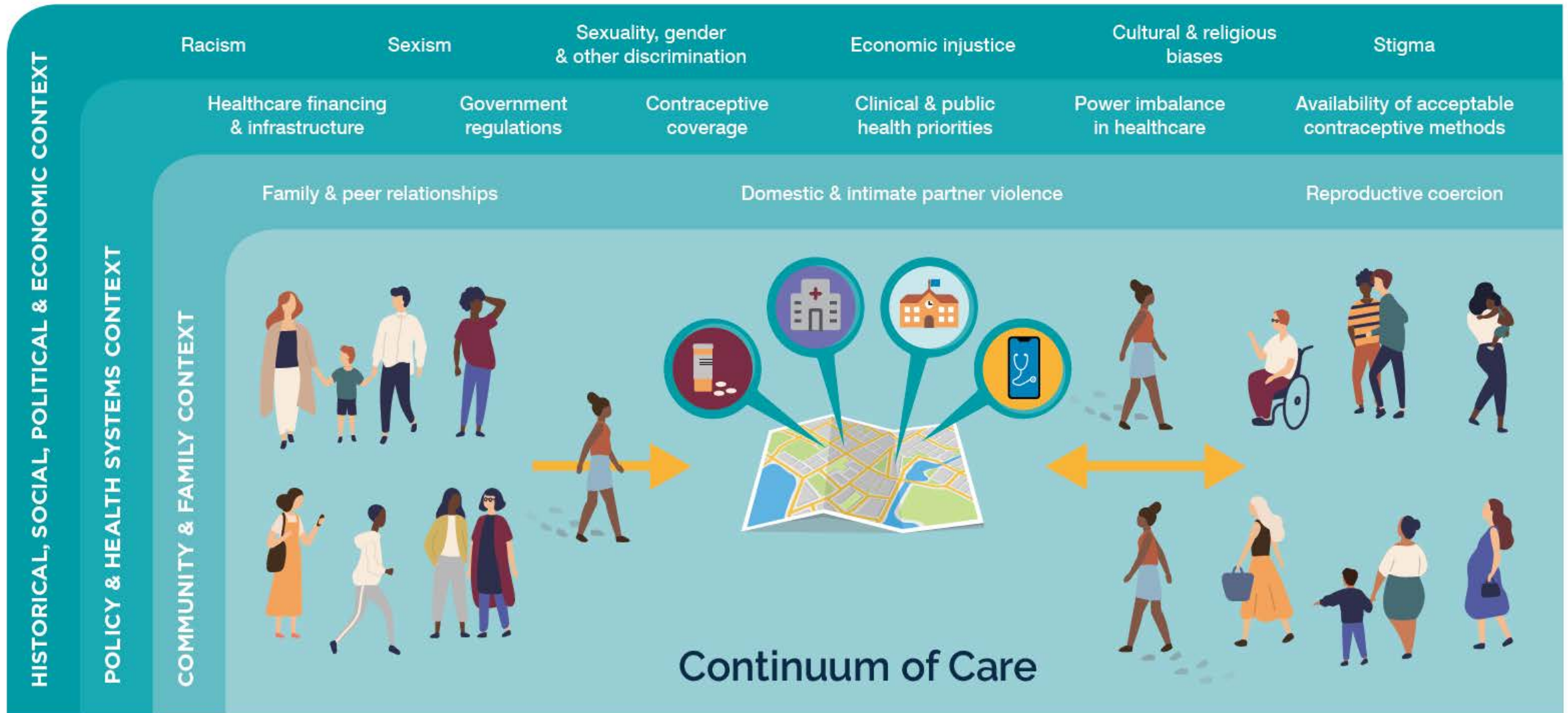
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Community engagement in all efforts

COMMUNITY ENGAGEMENT

- Authentic community engagement along the continuum of care
- Ensure programs responsive to people they serve and do no harm

Person-Centered Contraceptive Care Framework



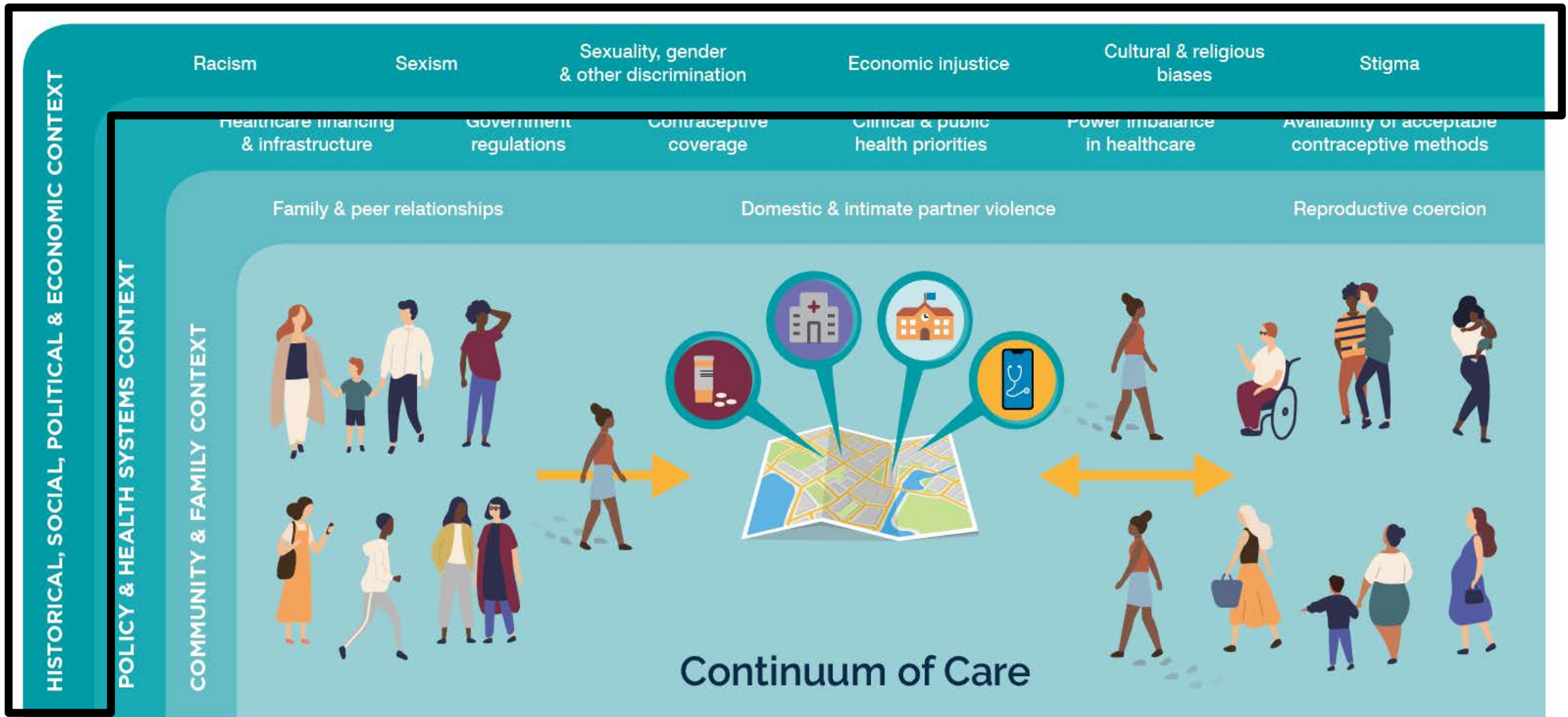
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Access

Quality

Follow-up Support

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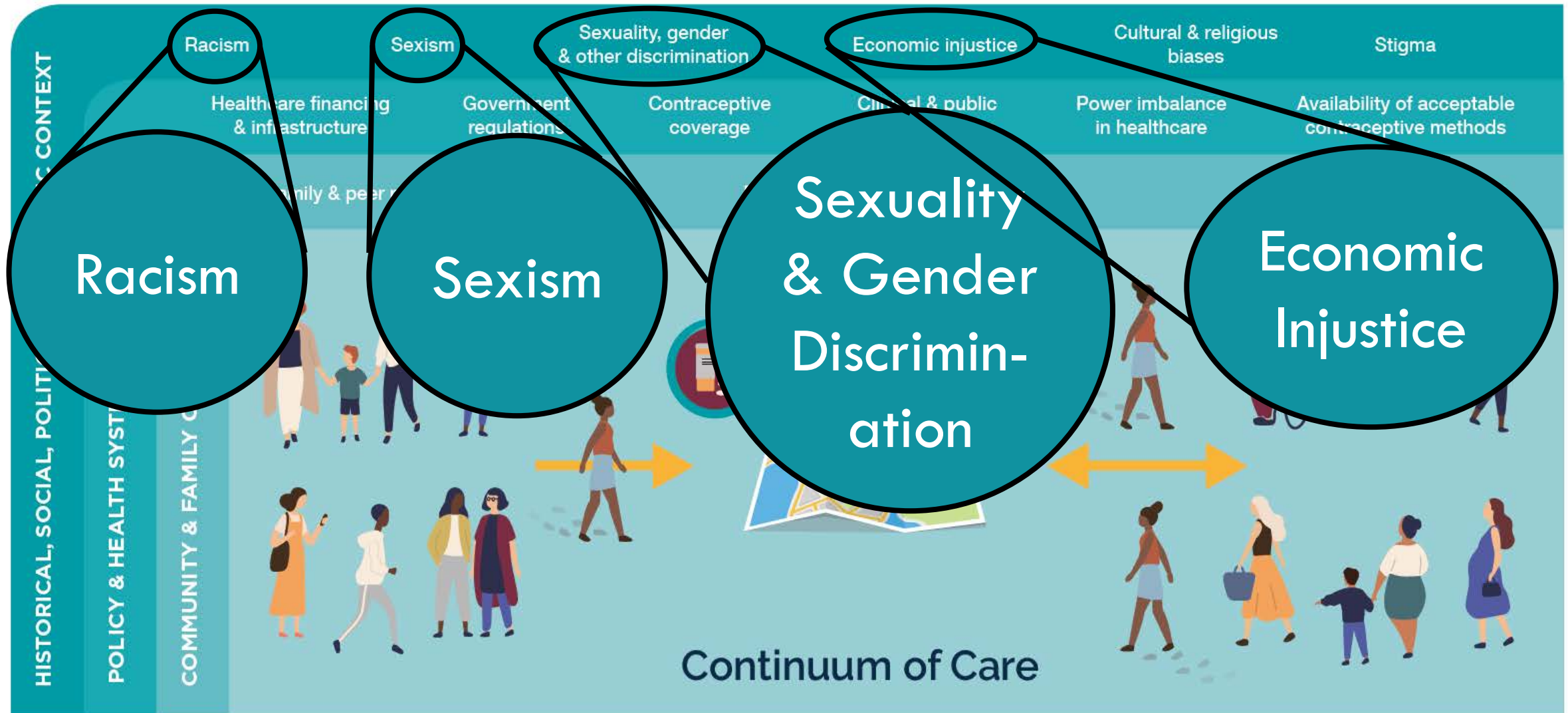
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Outreach and Trust Building

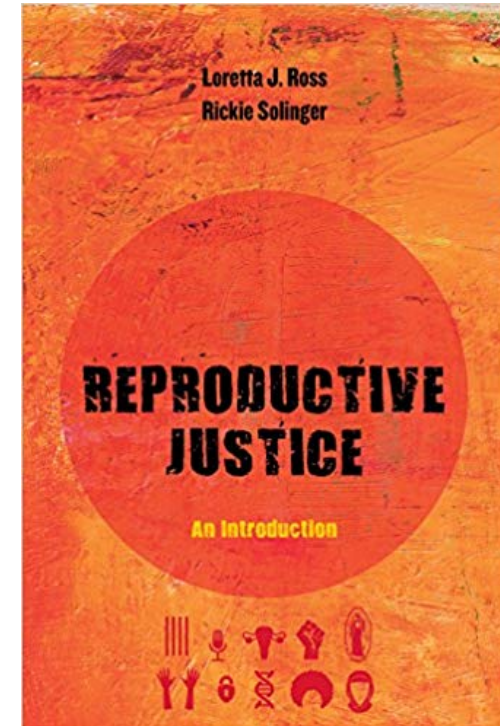
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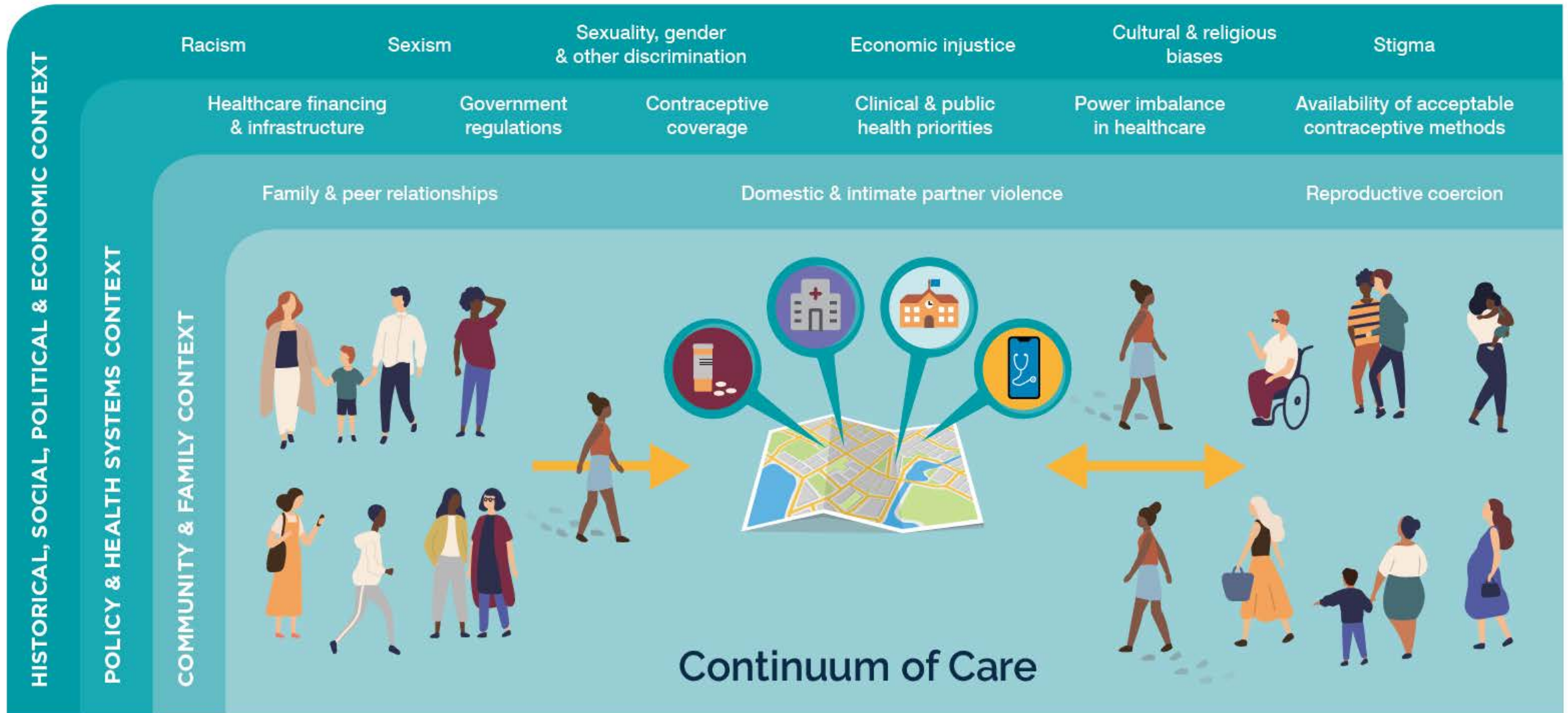
Follow-up Support

RACISM AND OTHER DIMENSIONS OF OPPRESSION

- Multiple intersecting oppressions (racism, sexism, economic injustice)
- De-valuing reproduction of women of color, low-income women, and others
- Affects all aspects of reproduction and interactions with reproductive health care providers



Person-Centered Contraceptive Care Framework



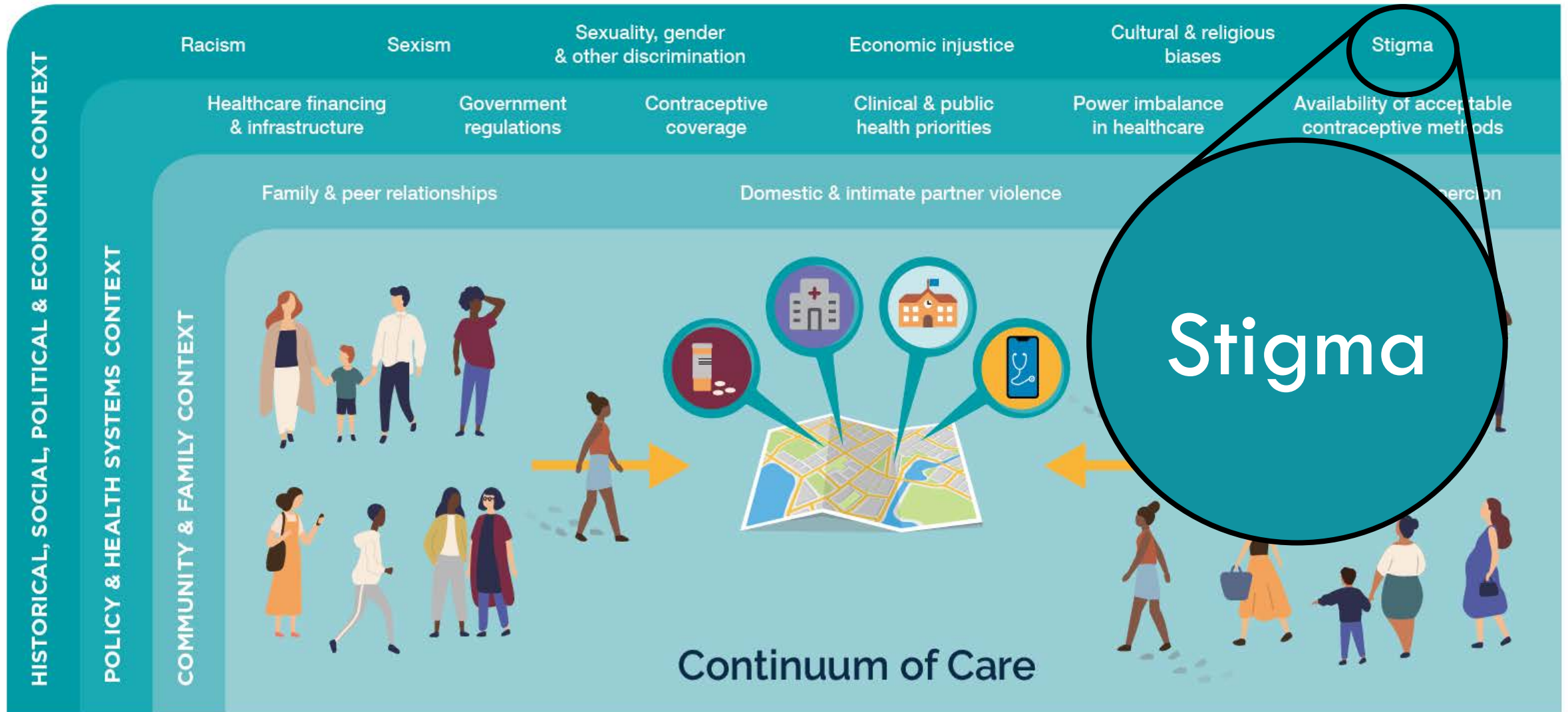
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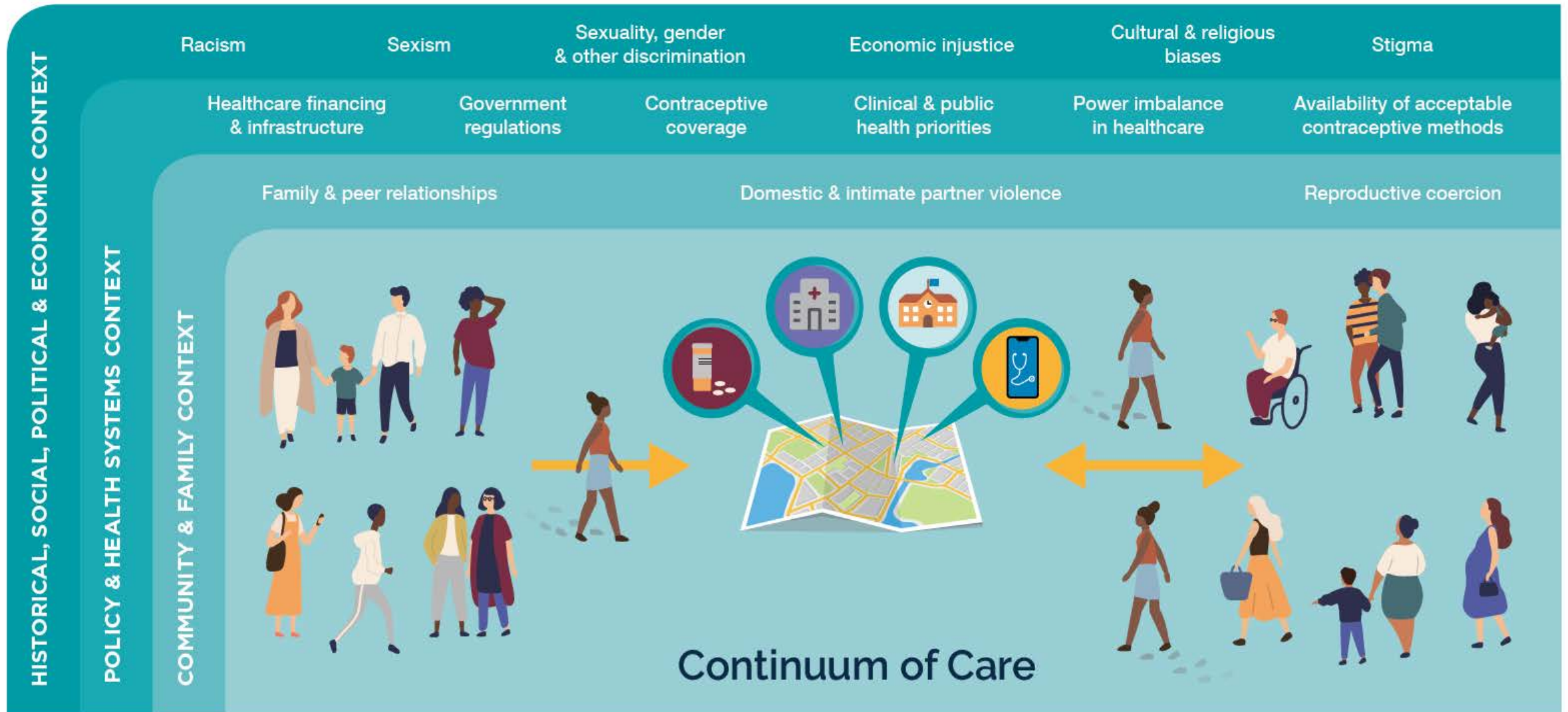
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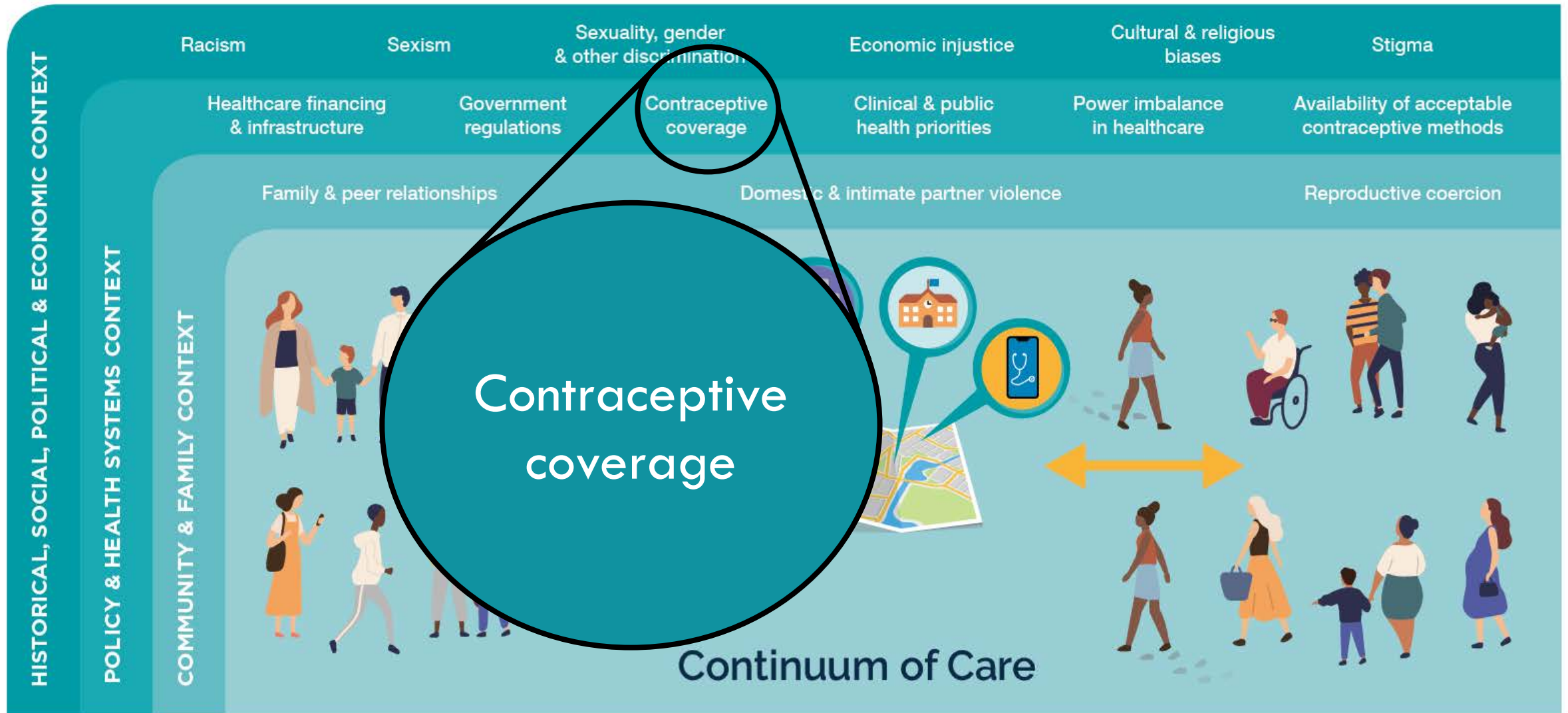
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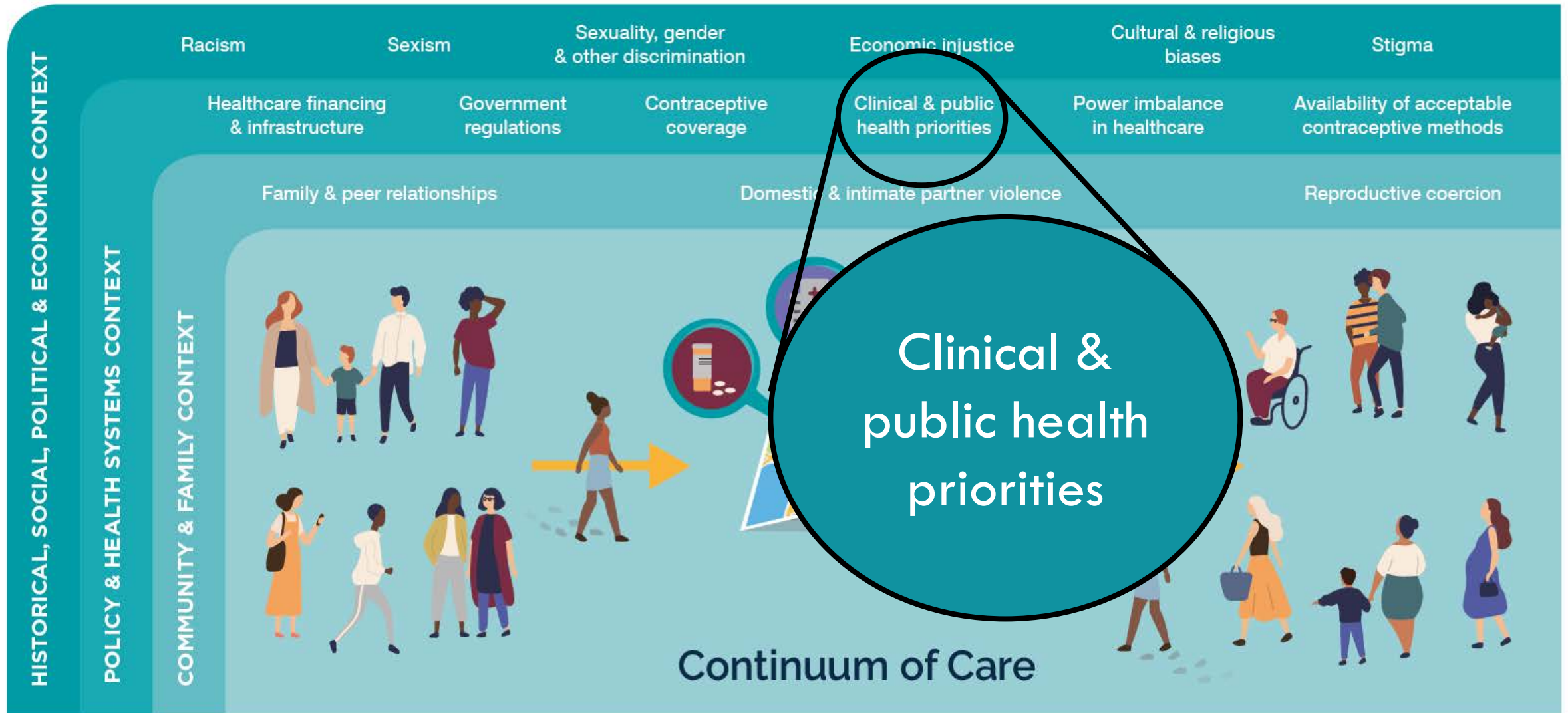
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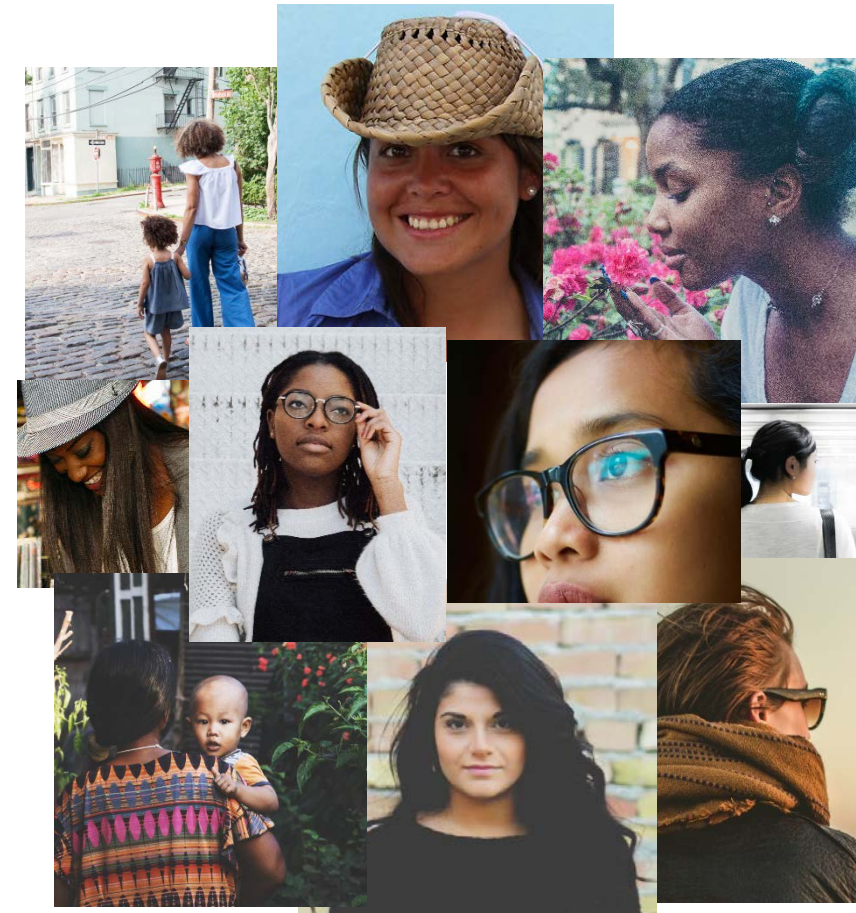
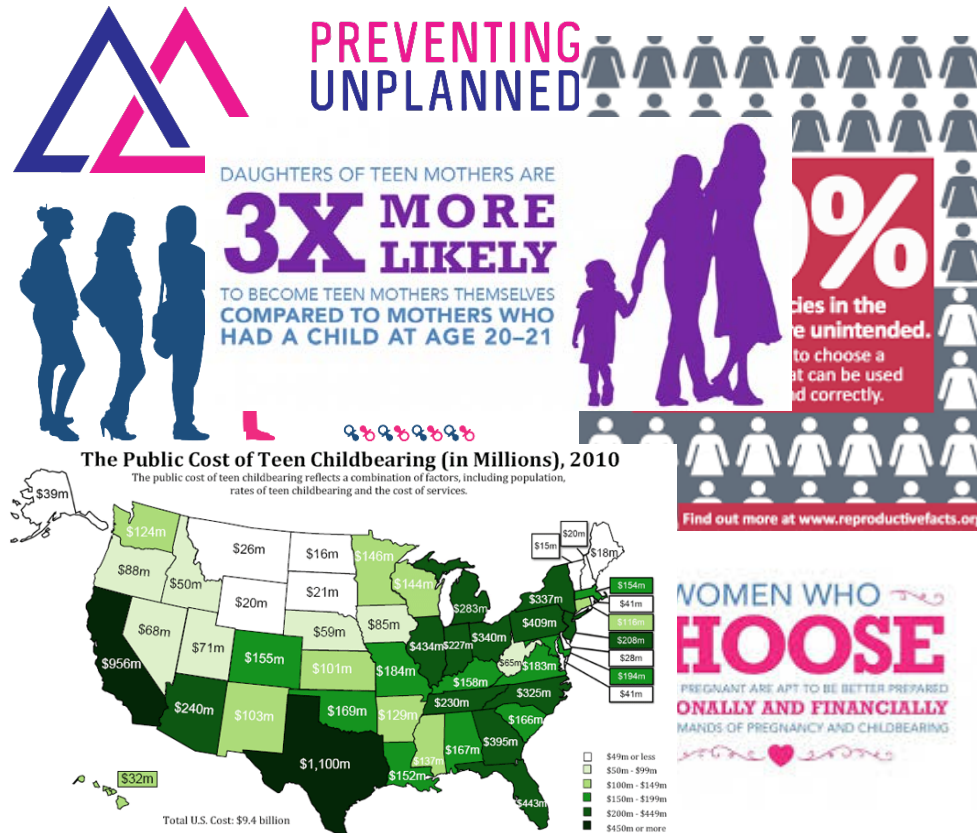
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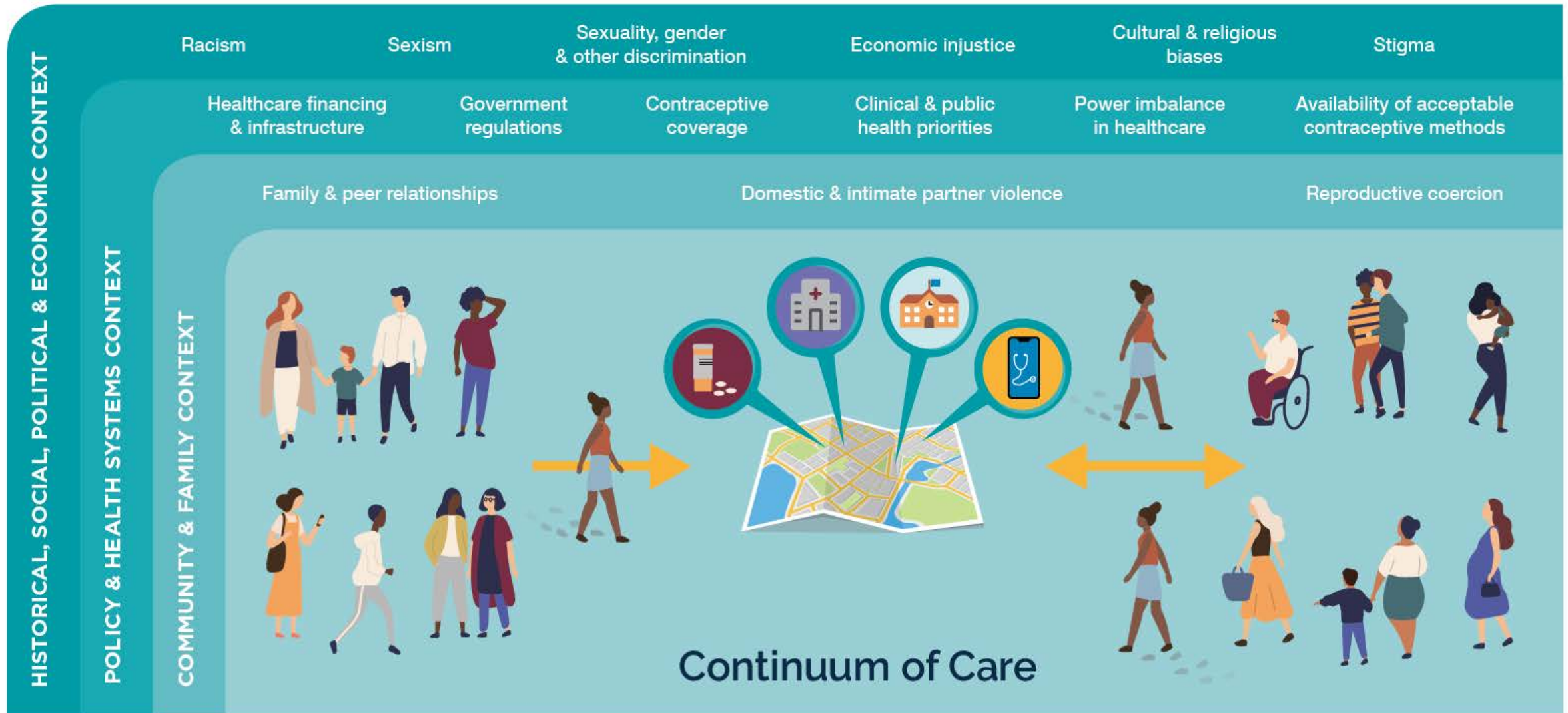
WHAT IS THE GOAL OF CONTRACEPTIVE CARE?



BUT ISN'T FOCUSING ON UNINTENDED PREGNANCY ALSO FOCUSING ON WOMEN?

- Dominant public health paradigm that an unintended pregnancy = a bad pregnancy
- How do women think about pregnancy in the context of their own lives?
- How can clinical services and contraceptive initiatives meet their needs within the existing context?

Person-Centered Contraceptive Care Framework



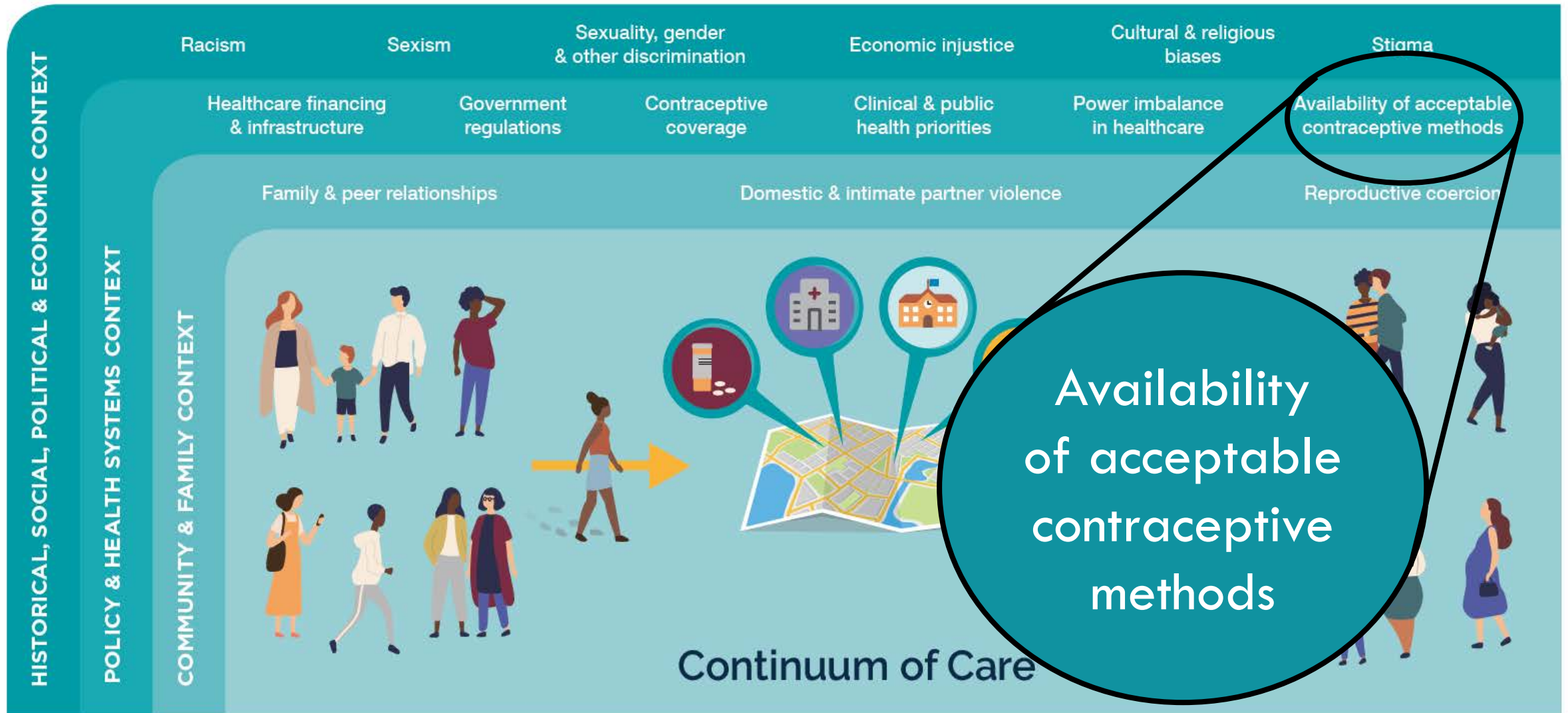
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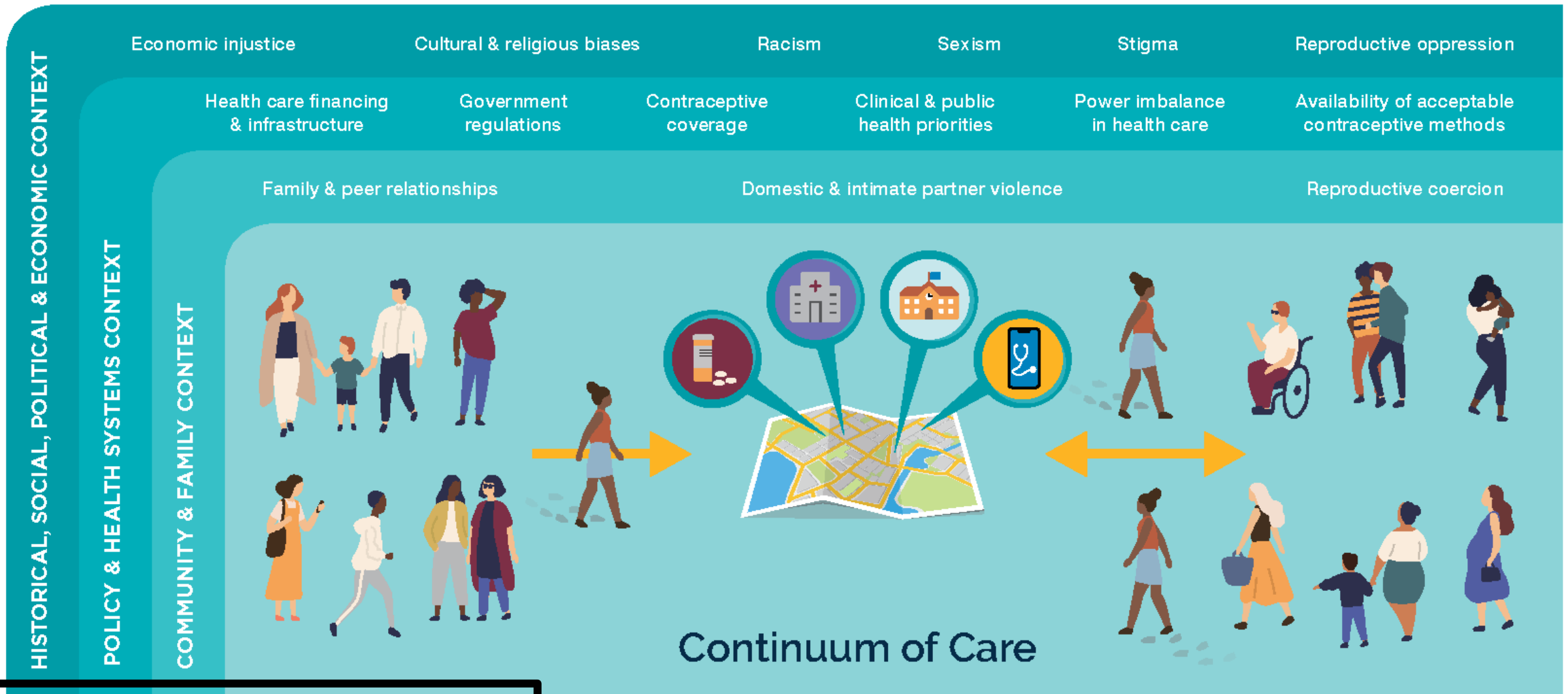
Outreach and Trust Building

Access

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Follow-up Support

Person-Centered Contraceptive Care Framework



Outreach and Trust Building

Access

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MOVING BEYOND DEMAND GENERATION



Public messaging has potential to enhance mistrust and contribute to stigma

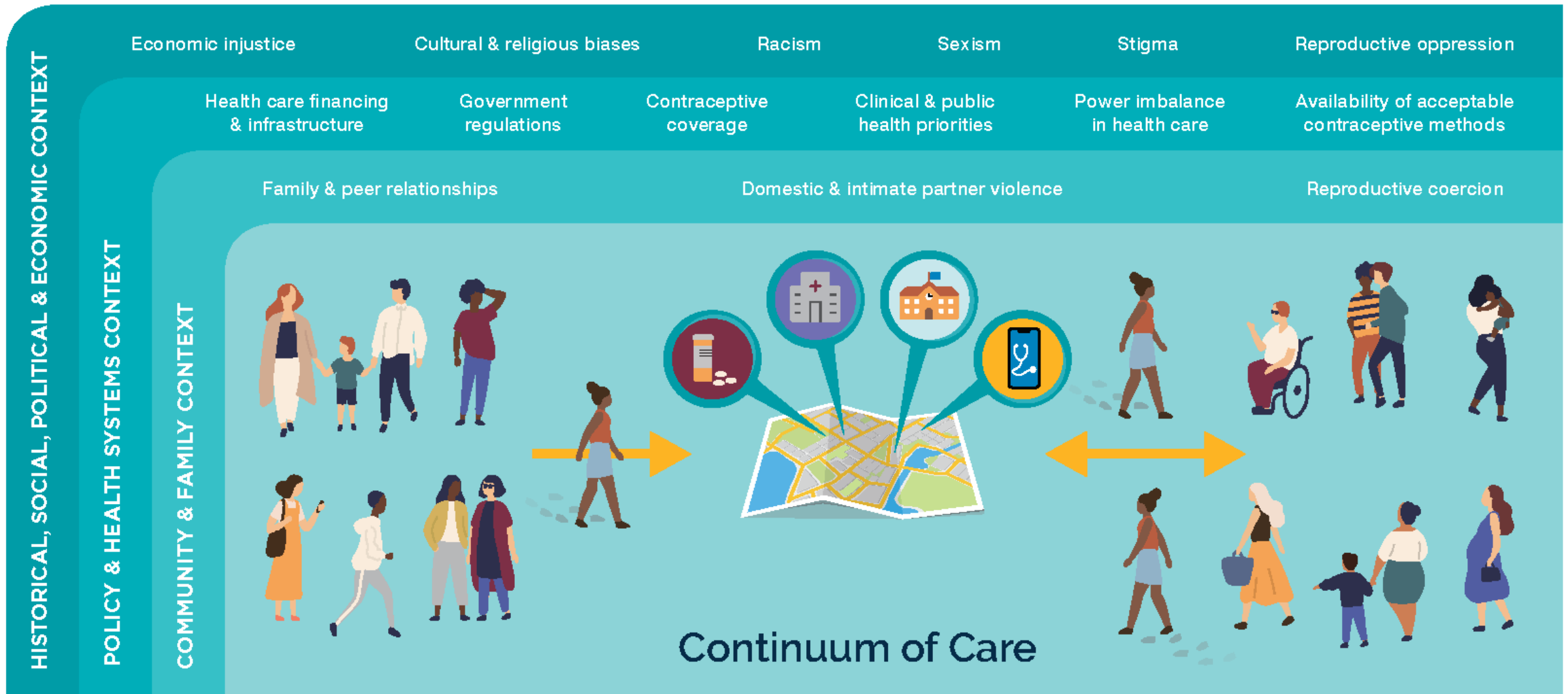
Or it can engage community and facilitate relationships

Successful messaging that engages community depends on initial engagement

OUTREACH AND TRUST BUILDING

1. Sexual and reproductive health information and education
2. Awareness-raising around available services
3. Awareness-raising of the right to high quality care
4. Facilitation of dialogue between communities and healthcare institutions
5. Referral network drawing on diverse organizations

Person-Centered Contraceptive Care Framework



Outreach and Trust Building

Access

Quality

Follow-up Support

ACCESS

1. Free / affordable services for all
2. Easy scheduling and extended hours
3. Support for navigating barriers to services (e.g., through transportation and childcare)
4. Flexible options for care delivery modalities

Person-Centered Contraceptive Care Framework



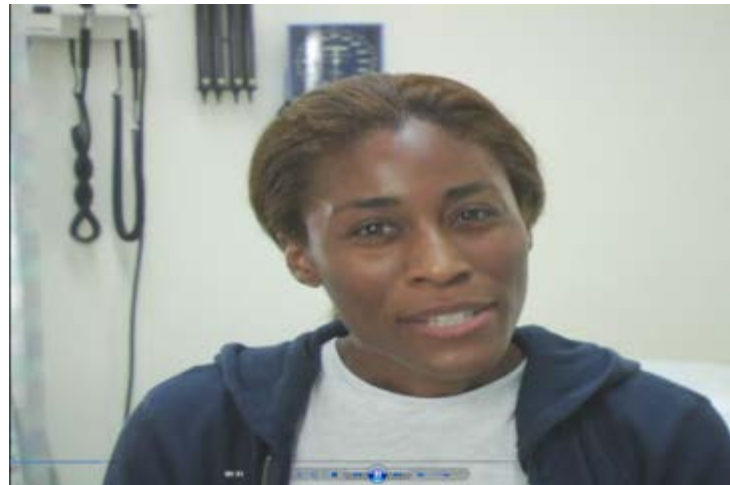
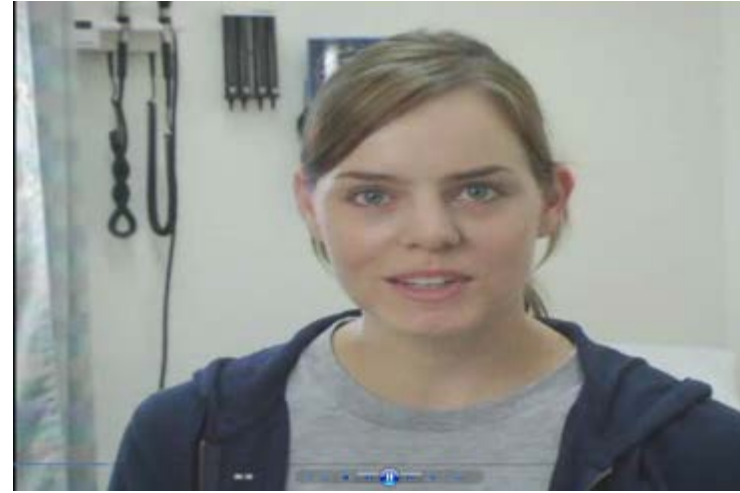
QUALITY

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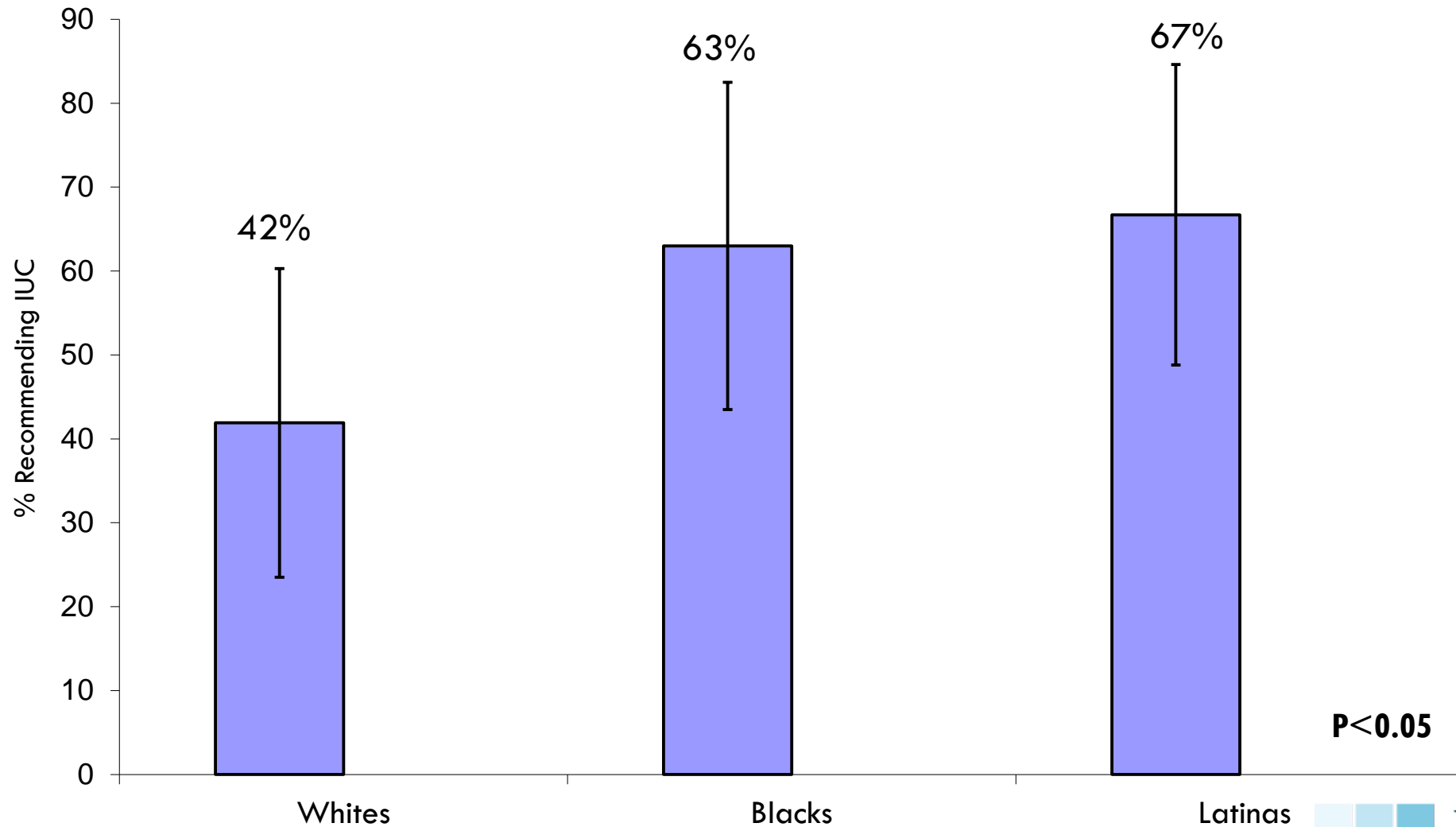
PROVIDER BIAS

- Low-income women of color more likely to report being advised to limit their childbearing than White women
- In a survey of Black women, 28% reported being pressured to start one type of method when they preferred another and 67% reported race-based discrimination
- Black patients were more likely than White patients to report having been pressured by a clinician to use contraception

THE “PATIENTS”



Percent of Providers Recommending IUC to Low SES Women, by Race/Ethnicity (n=173)



Dehlendorf, et al., AJOG, 2010

UNDERSTANDABLE MISTRUST

- Communities of color have higher levels of distrust of medical system generally
- In family planning, this is amplified by history of coercive practices
 - Greater than 40% of Blacks and Latinas thinks that government promotes birth control to limit minorities
 - 35% agreed that medical/public institutions use poor and minority people as guinea pigs to try new birth control methods
- Women of color are more likely to have a preference for a methods that are not provider controlled



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Structural competency: Theorizing a new medical engagement with stigma and inequality



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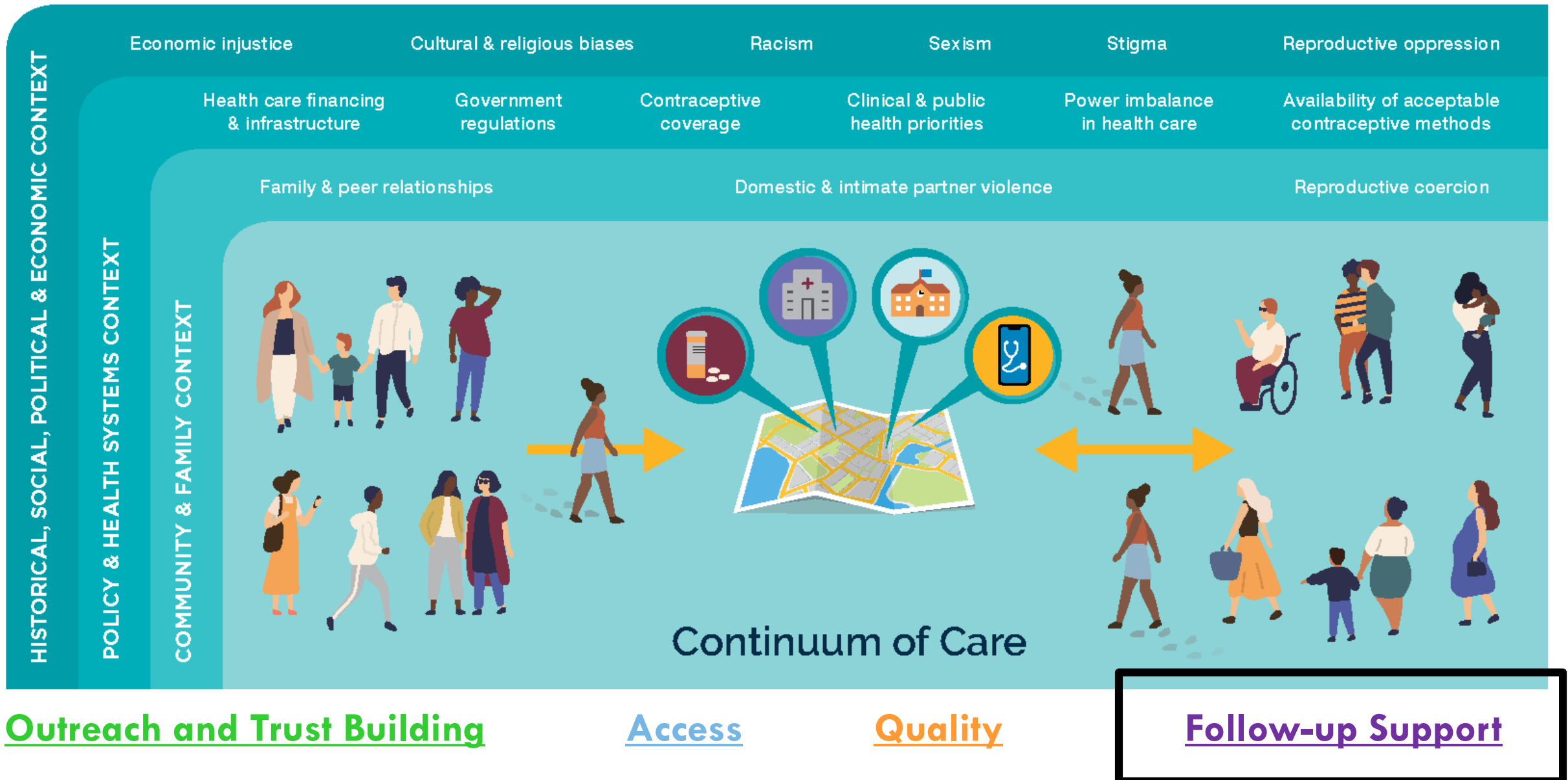
ABSTRACT

This paper describes a shift in medical education away from pedagogic approaches to stigma and inequalities that emphasize cross-cultural understandings of individual patients, toward attention to forces that influence health outcomes at levels above individual interactions. It reviews existing structural

QUALITY

1. Evidence-based contraceptive provision
2. Same-day access to all methods, including emergency contraception
3. Patient-centered, non-coercive counseling
4. Implicit bias and structural competency training for all staff
5. Integration with other services, including referrals as needed
6. Quality improvement systems that include measures of patient experience

Person-Centered Contraceptive Care Framework



FOLLOW-UP

1. No cost and barrier-free LARC removal
2. Facilitated method switching

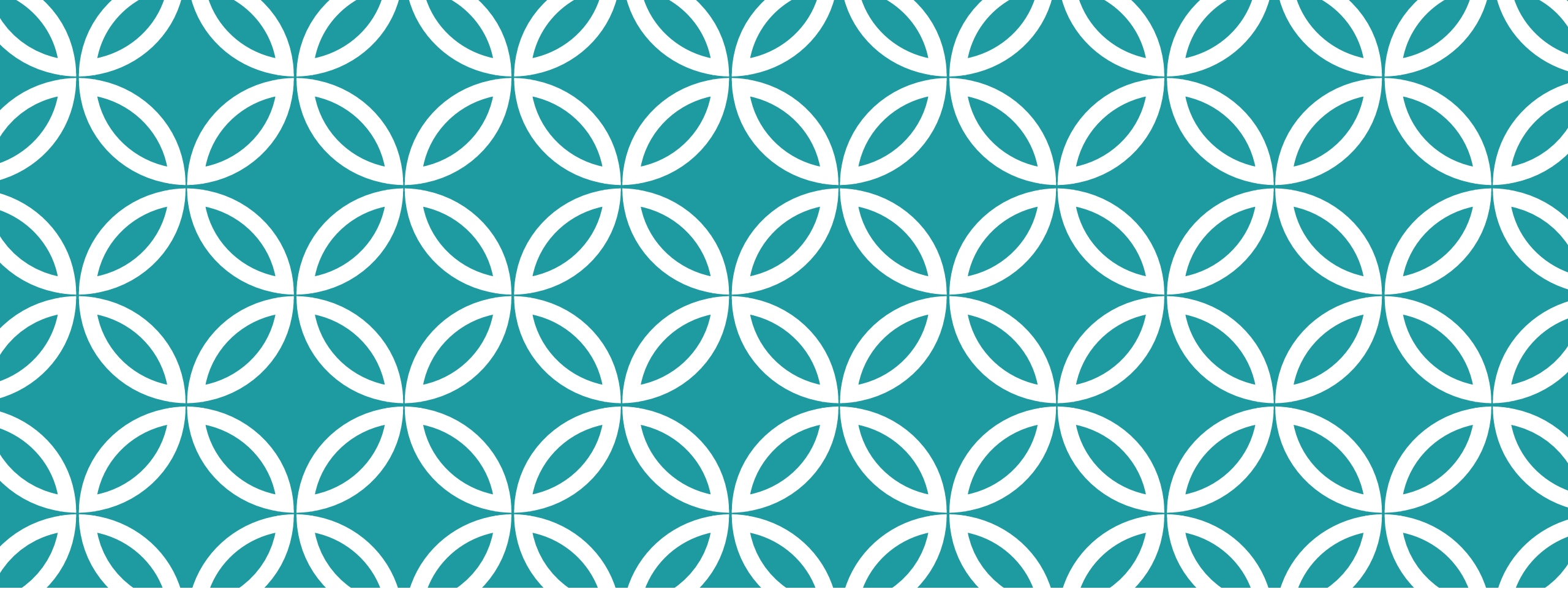
BARRIERS TO IUD REMOVALS

I was telling the nurse how I been on my period for like 3 weeks now, and I'm having bad cramps, and I'm even having them in my back, which I never had before. And she was saying, "Just give it another month or so and see how it goes." . . . I was mad.

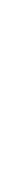
I don't know if it makes them [providers] look bad if you have an IUD removed and they're the one who placed it, or I don't know if they have some stat chart somewhere, like a contest board in the breakroom.

FOLLOW-UP

1. No cost and barrier-free LARC removal
2. Facilitated method switching
3. Support for side effect management
4. Patient-centered pregnancy options counseling and referrals
5. Protection of confidentiality in all follow-up communication
6. Different formats of information delivery (text, phone, app)



EVALUATION



HEALTH EQUITY AND REPRODUCTIVE JUSTICE- INFORMED FAMILY PLANNING PROGRAMS

“The quality of contraceptive programs should be based not on how many LARC methods they distribute, how many adolescent pregnancies they prevent, or how much money taxpayers save, but by how many people feel **truly respected and cared for** when it comes to childbearing and family formation.”

PERSON-CENTERED, EQUITY-FOCUSED EVALUATION

- Suite of outcomes
 - Conventional public health measures
 - Patient experience
 - Norms related to trust and engagement with health system
 - Reproductive autonomy / well-being
- Mixed methods research focused on process and outcome
- Stratification of findings by race and other socio-demographic variables to examine differential impact



PATIENT REPORTED PERFORMANCE MEASURE FOR CONTRACEPTIVE COUNSELING

Think about your visit with [provider] at [site] on [date of visit]. How do you think they did? Please rate them on each of the following by circling a number.	Poor	Fair	Good	Very good	Excellent
Respecting me as a person	1	2	3	4	5
Letting me say what mattered to me about my birth control method	1	2	3	4	5
Taking my preferences about my birth control seriously	1	2	3	4	5
Giving me enough information to make the best decision about my birth control method	1	2	3	4	5

THOSE LEADING THE WAY

- The DC Family Planning Project and EverThrive Illinois are pioneering intensive, intentional community engagement processes to inform initiative development
 - Both have integrated explicit attention to issues of racial justice and equity
- More work integrating services, including with primary care and STI related care, in states such as Mississippi (Converge MS) and Nebraska
- Person-centered contraceptive counseling training increasingly discussed
- Converge is convening stakeholders to discuss best practices for person-centered and equity-focused evaluation

APPLYING THE FRAMEWORK

- Applying all aspects of the framework will not always be feasible
 - Resources
 - Lack of evidence-based practices
- Foregrounding principles of racial equity and person-centeredness should guide selection of areas of focus and intervention components
- Recognize that there is potential for doing harm

APPLYING THE FRAMEWORK

- New initiatives should prioritize community engagement and centering equity to develop novel approaches to implementing services
- Established programs can consider which components of initiatives are most and least aligned with framework and foundational principles, and prioritize those with most potential for improvement
 - Community engagement can inform this assessment
- Essential to generate new evidence about approaches to achieving goals laid out by framework

QUESTION AND ANSWER PERIOD

Thank you!

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