

NFPRHA Comments in Response to Draft National Prevention Strategy – January 13, 2011

1. What are your suggestions on the Draft Vision, Goals, Strategic Directions, or Recommendations?

The National Family Planning & Reproductive Health Association (NFPRHA) is a national membership organization representing publicly supported family planning providers throughout the country, serving primarily the poor and low-income. Our systems offer a range of preventive health services including education and counseling about sexual health; breast and pelvic examinations; breast and cervical cancer screening according to nationally recognized standards of care; STD and HIV prevention education, counseling, testing and referral; and pregnancy diagnosis and counseling.

As an advocate for providers with expertise in providing preventive health services to underserved communities, we strongly believe that a greater federal investment and focus on preventive health services, including family planning services, is imperative to promoting good health, improving social determinates of health and reducing health care costs. We support the development of a National Prevention strategy that brings a focus on the prevention of disease and promotion of wellness.

Vision

NFPRHA supports the vision outlined in the strategy that shifts the focus of the current U.S. health system to one that emphasizes prevention. Family planning providers have enabled low-income women and men prevent unintended pregnancies and other health consequences for more than forty years.

Goals

NFPRHA supports the overarching goal of the draft National Prevention Strategy. Family planning is a critical component of improving life expectancy from birth to age 65. The high rate of unintended pregnancy adversely impacts maternal behavior and prenatal and perinatal outcomes, negatively affecting the physiological and social outcomes of individuals and communities.

NFPRHA also supports the three specific goals outlined in the draft National Prevention Strategy: (1) Healthy Communities, (2) Preventive Clinical and Community Efforts, and (3) Empowered Individuals. These goals are essential components of the work family planning providers do every day. As an integral part of the public health safety net, family planning providers have built strategic alliances with other community partners and will be helpful in establishing partnership for work in communities that have frequently lacked public health and other social services.

Strategic Directions and Recommendations

The draft Strategic Directions, and the four cross-cutting strategic directions in particular, are important for purposes of health promotion and preventive health. Family planning providers can be impactful in

reducing health disparities, promoting healthy social environments and delivering high-impact clinical preventive services.

(SD1) Healthy Physical, Social and Economic Environments: Publicly funded family planning providers have long understood the important role community and institutional conditions can have on an individual's health care, making her/him more susceptible to a particular illness or preventing her/him from accessing health care services. Creating healthy physical, social and economic environments is essential to enabling individuals to plan strong, healthy families.

NFPRHA urges the National Prevention Council to involve safety-net providers, including publicly supported family planning providers, in the planning required to promote healthy economic environments.

(SD2) Eliminate Health Disparities: The social costs of unintended pregnancy can be measured in reduced educational attainment and employment opportunity, greater welfare dependency and increased potential for child abuse and neglect. Family planning providers help reduce disparities in access to care for low-income women and women of color through breast and cervical cancer screening, counseling on contraceptive methods and information on and screening/treatment of sexually transmitted infections. Family planning patients are often empowered to make health decisions that are good for their health status and that improve the health of their communities.

NFPRHA urges the National Prevention Council to explicitly include the prevention of unintended pregnancy in Recommendation One under SD2, which would thus read as follows:

“(R) Expand opportunities for health within communities and populations at greatest risk. Address key issues that disproportionately affect sub-populations such as diabetes, HIV/AIDS, **unintended pregnancy**, Viral Hepatitis B and C, homicide, suicide and domestic violence.

(SD3) Prevention and Public Health Capacity: Publicly supported family planning providers are integral to the prevention capacity of state, Tribal, local and Territorial efforts to promote health and to prevent disability and disease.

Healthy People 2020 states, “For many women, a family planning clinic is their entry point into the health care system and is considered to be their usual source of care. This is especially true for women with incomes below 100 percent of the poverty level, women who are uninsured, Hispanic women, and black women. Each year, publicly funded family planning services prevent 1.94 million unintended pregnancies, including 400,000 teen pregnancies. These services are highly cost-effective, saving \$4 for every \$1 spent.”

(SD4) Quality Clinical Preventive Services: In 1999, the U.S. Centers for Disease Control and Prevention (CDC) called family planning one of the ten great public health achievements of the twentieth century. The list was compiled “based on the opportunity for prevention and the impact on death, illness, and disability in the United States.” In the April 2, 1999, Morbidity and Mortality Weekly Report, CDC stated: “Access to family planning and contraceptive services has altered social and economic roles of women. Family planning has provided health benefits such

as smaller family size and longer interval between the birth of children; increased opportunities for preconceptional counseling and screening; fewer infant, child, and maternal deaths; and the use of barrier contraceptives to prevent pregnancy and transmission of human immunodeficiency virus and other STDs.”

NFPRHA urges the National Prevention Council to explicitly include family planning services and supplies in SD4, which would thus read as follows:

(SD4) Quality Clinical Preventive Services: Increase use of the most effective and highest impact/priority evidence-based clinical preventive services and medications, such as the preventive use of aspirin; screening and treatment for high blood pressure and cholesterol; **family planning services and supplies**; cancer screening; screening and treatment for HIV, chronic viral hepatitis, and STDs; and immunizations, among others.

2. What evidence-based actions should the federal government take to address the Draft Recommendations?

As stated in Healthy People 2020, unintended pregnancies have negative health and economic outcomes. The direct medical costs associated with unintended pregnancies in 2002 were \$5 billion, or an average of \$1,609 for each unintended pregnancy. Medically, unintended pregnancies reduce the opportunity to prepare for optimal pregnancy, increase the likelihood of infant and maternal illness and the likelihood of abortion.

Many publicly supported family planning providers receive government funding through Medicaid, the Title X family planning program, or through other federal or state resources. Greater federal investment in publicly funded family planning is essential to the continued success of programs in helping individuals take control of their reproductive lives, helping them to plan the number and spacing of births, which in turn promotes positive birth outcomes and healthy families. The federal government should also implement policies designed to improve access to family planning providers, services and supplies, such as eliminating cost-sharing (co-pays and deductibles) in insurance plans for family planning services and supplies, and expanding access to federal programs designed to improve workforce shortages, such as the National Health Service Corps.

3. What evidence-based actions should partners (national, state, Tribal, local, and Territorial governments, non-profit, and private) take to address the Draft Recommendations?

Public and private partners at the national, state and local levels are well- positioned to help bring about the change in attitudes necessary for the Draft Recommendations to impact behaviors. Clearly communicating the goals of the Draft Recommendations and supporting that communications package with evidenced-based information demonstrating how the recommendations lead to positive outcomes will be required for the National Prevention Strategy’s success. Partners should leverage their use of existing social networks to advance the goals of the Draft Recommendations, including supplying information and frameworks for campaigns and outreach.

4. What measures should be used to monitor progress on implementation of the National Prevention Strategy's Vision, Goals, and Recommendations?

Progress should ultimately be monitored by a reduction in the incidence of preventable diseases and conditions. In order to reduce the morbidity and mortality associated with pregnancy-related conditions, reducing the number of unintended pregnancies is key. Evidence shows that incidences of pregnancy-related morbidity and mortality elevate when pregnancies are not properly spaced or women do not access the appropriate prenatal and post-natal care.

Other intermediate measures of progress could include a reduction in the incidence of sexually transmitted infections and reproductive system cancers through increased use of screening (i.e. Pap smears, breast exams, etc) and vaccinations. Lastly, self-reported measures of behavior can also indicate successful prevention strategies. These behaviors may be harder to define but are equally important, and may include decreased frequency of unprotected sex, increased consistent and correct use of contraceptive methods, and increased frequency of preventive clinic visits.

5. Additional Comments or Suggestions:

NFPRHA urges the National Prevention Council to explicitly recommend work to reduce unintended pregnancy by promoting greater access to publicly supported family planning care and the inclusion of family planning services and supplies in the Affordable Care Act's essential benefits package with no cost-sharing.