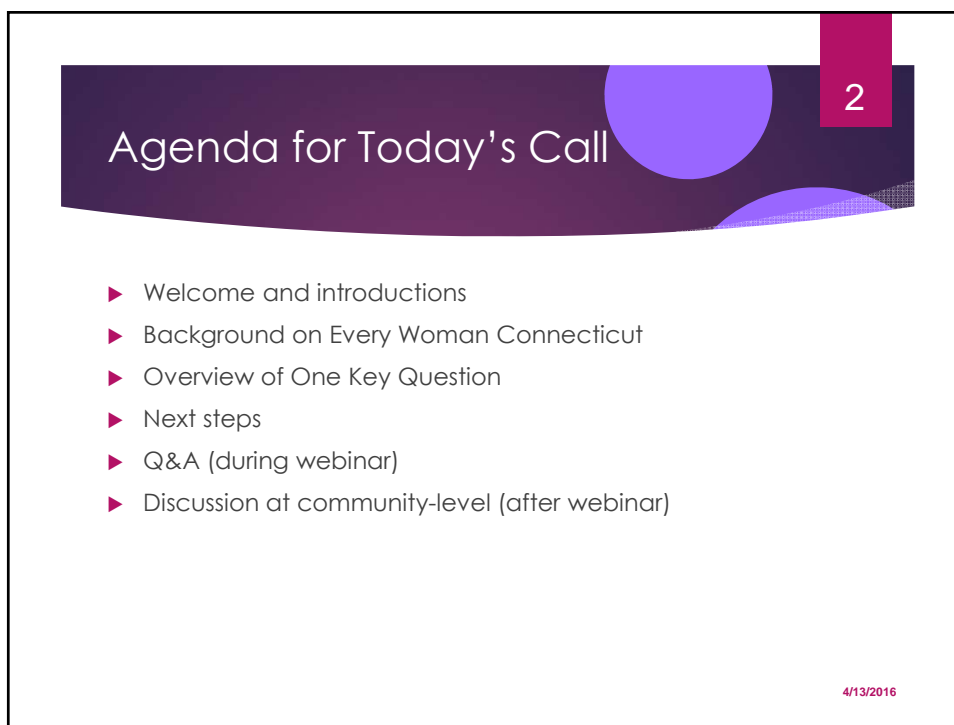


1

# Every Woman Connecticut

A PROJECT OF THE CONNECTICUT MATERNAL AND CHILD HEALTH COALITION, WITH SUPPORT FROM THE MARCH OF DIMES

4/13/2016

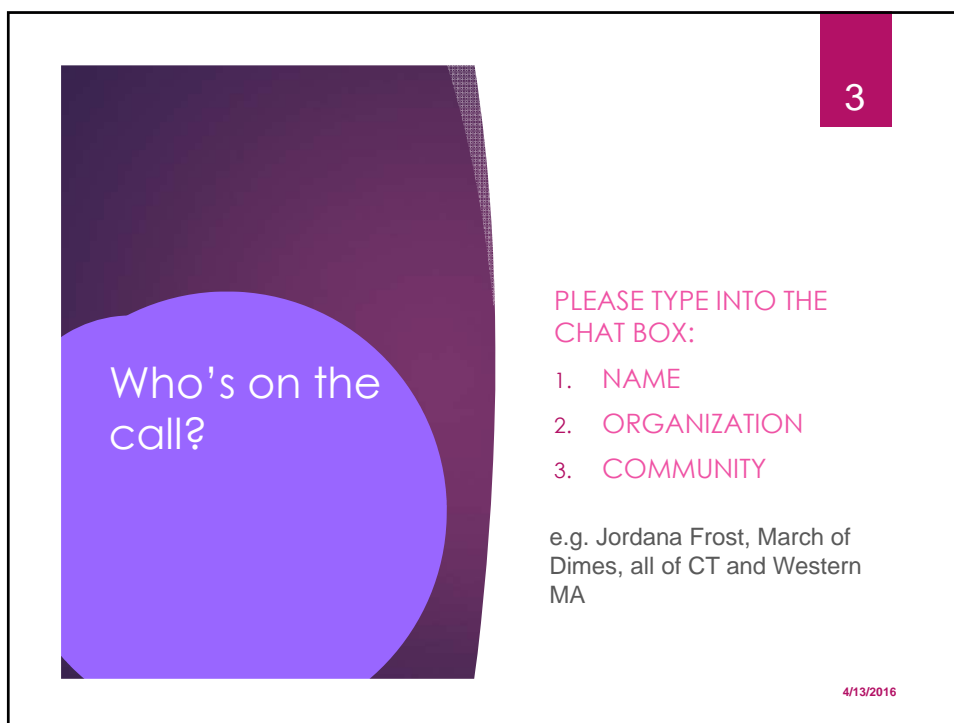


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## Agenda for Today's Call

- ▶ Welcome and introductions
- ▶ Background on Every Woman Connecticut
- ▶ Overview of One Key Question
- ▶ Next steps
- ▶ Q&A (during webinar)
- ▶ Discussion at community-level (after webinar)

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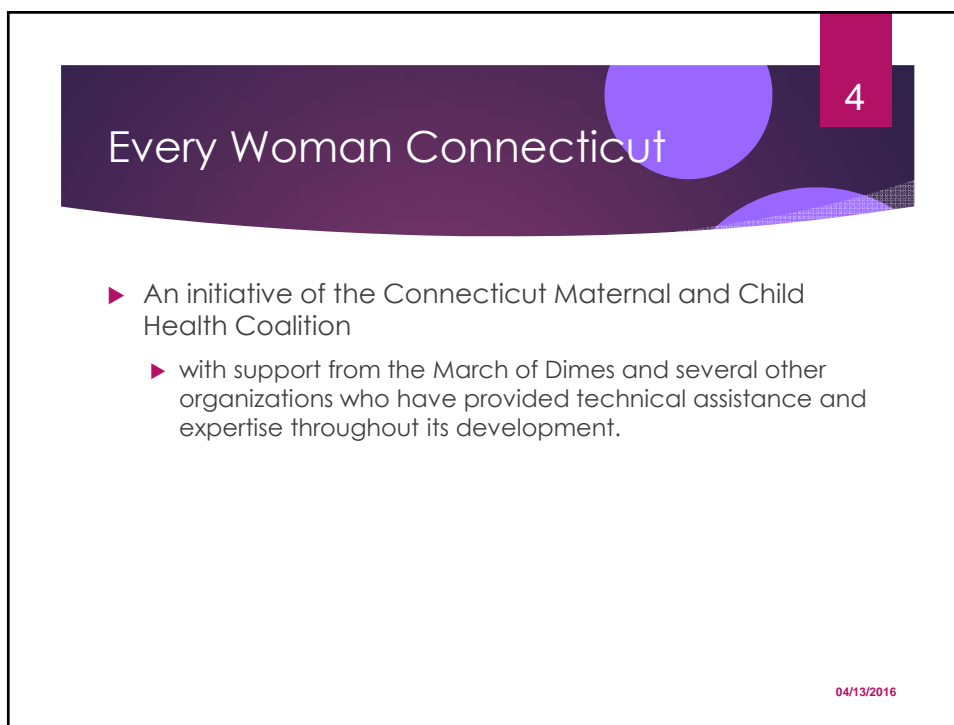
Who's on the call?

PLEASE TYPE INTO THE CHAT BOX:

1. NAME
2. ORGANIZATION
3. COMMUNITY

e.g. Jordana Frost, March of Dimes, all of CT and Western MA

4/13/2016



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## Every Woman Connecticut

- ▶ An initiative of the Connecticut Maternal and Child Health Coalition
  - ▶ with support from the March of Dimes and several other organizations who have provided technical assistance and expertise throughout its development.

04/13/2016

## Partners include, among others:

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- ▶ Connecticut Women's Consortium
- ▶ Connecticut Hospital Association
- ▶ CT Department of Public Health
- ▶ State Department of Education, Supporting Pregnant and Parenting Teens program
- ▶ Office of Early Childhood, Home Visiting programs
- ▶ Community Health Network of Connecticut
- ▶ Connecticut Dental Health Partnership
- ▶ Hartford Healthy Start
- ▶ Visiting Nurses Association of Southeastern Connecticut
- ▶ East Shore Health District
- ▶ New Haven Healthy Start
- ▶ Planned Parenthood of Southern New England, and...

04/13/2016

## Partners (cont'd)

6

- ▶ ...all of the **community leads** that have become champions of this initiative within several communities across the state.
  - ▶ You might be sitting in their office as we speak!
- ▶ THANK YOU!



04/13/2016

## Every Woman Connecticut (cont'd)

7

► **Goal:**

“To give babies in Connecticut a healthy start and ensure that all women and men are as healthy as they can possibly be throughout the course of their life, whether they want to start a family or not”

04/13/2016

## Every Woman Connecticut (cont'd)

8

► Born out of the **convergence of several statewide projects and plans** focused on improving women’s health and birth outcomes. Including:

- State Plan to Improve Birth Outcomes (PIBO)
- State Health Improvement Plan (SHIP)
- MCH Block Grant/Title V
- CoIIN IM (Collaborative Improvement for Innovation Network to Reduce Infant Mortality)



**CONNECTICUT PLAN TO IMPROVE BIRTH OUTCOMES**  
MAY 2015

**BACKGROUND**  
In December 2012, Connecticut was one of four states selected to participate in the National Collaborative on Population (NCP) Learning Network on Improving Birth Outcomes. In the weeks after Connecticut's Department of Public Health (DPH) received the Department for State and Territorial Health Officers (DSTHO) Research Challenge to improve birth outcomes by reducing preterm birth (PTB) in Connecticut. The Commissioner also received a request to design the network work and deliver a report in early 2015. Both of these events set the stage for DPH to establish the State Plan to Improve Birth Outcomes (the Plan) in March 2015. The Connecticut Plan to Improve Birth Outcomes is centered on a family-centered, data-driven, and evidence-based approach to improve birth outcomes, and is a result of a multi-stakeholder and collaborative process that allowed over 100 stakeholders to voice insights and identify the interventions and strategies needed to have the greatest positive impact on birth and health. The Plan is made up of several strategies to reduce the overall risk and integration of these various efforts, needed to support a comprehensive and evidence-based approach to improve birth outcomes in our state.

04/13/2016

## Every Woman Connecticut (cont'd)

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### ► Components:

- Learning Collaborative made up of **clinical and non-clinical partners in selected communities across CT**
- Receiving **customized technical assistance, implementation toolkit, and materials** to help with a smooth implementation planning and pilot testing of pre-/inter-conception health intervention(s)
- Primary Intervention: **One Key Question (OKQ)**
- We will also be recruiting family medicine and pediatric practices to implement a companion intervention coming out of the IMPLICIT Network to be implemented during well child visits.
- **Regular opportunities for learning** in-depth preconception health topics **and sharing** of lessons learned with other members of the Collaborative
- **Patient/Client materials** to support providers (print and web)

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Integrating Pregnancy Intention Screening  
An initiative of the Oregon Foundation for Reproductive Health

## Oregon Foundation for Reproductive Health

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Non-profit advocacy organization based in Portland, Oregon

*Mission:*

We are dedicated to improving access to comprehensive reproductive health care, such as preventing unintended pregnancy and planning healthy families.

We are committed to advancing reproductive rights and advocating for reproductive health equity in all communities.

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## One Key Question®

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- ▶ An initiative born in Oregon to introduce pregnancy intention screening into a variety of health care settings
- ▶ Designed to support women in their own goals for if and/or when to have children
- ▶ Work to bring best-practice information on contraception & preconception care to a broader audience

"Would you like to become pregnant in the next year?"

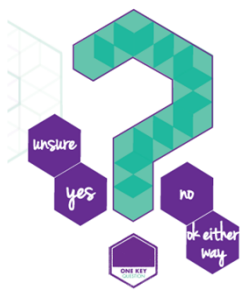
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## OFRH Support

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- ▶ Implementation Manual
  - ▶ Clinic and Staff inventory
  - ▶ Various algorithms for screening
- ▶ Custom Consultations
  - ▶ Clinic Flow, Data Collection
  - ▶ Additional trainings for providers and team
- ▶ OKQ patient brochures and posters

*Would you like to become pregnant in the next year?*



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## Context

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- ▶ Women's health care is episodic, inefficient, and uncoordinated
- ▶ Women are approached as pregnant or not pregnant with little effort to integrate care in-between
- ▶ There is evidence-based care for preventive reproductive health that can have greater impact when offered proactively & routinely

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## Fragmented Care

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- ▶ Women expect to have to go to 2 different providers for their care
- ▶ Health care delivery is separated into primary care and reproductive/sexual health
- ▶ To improve birth outcomes, we must promote optimal health of every woman; a significant proportion of women will become pregnant by choice or chance

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## Facts

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- ▶ By age 45, more than half of all American women will have experienced an unintended pregnancy
- ▶ In 2011, nearly half (45% or 2.8 million) of the 6.1 million pregnancies in the United States each year were unintended
- ▶ The average woman is fertile for 39 years and spends 3 decades trying to avoid an unintended pregnancy

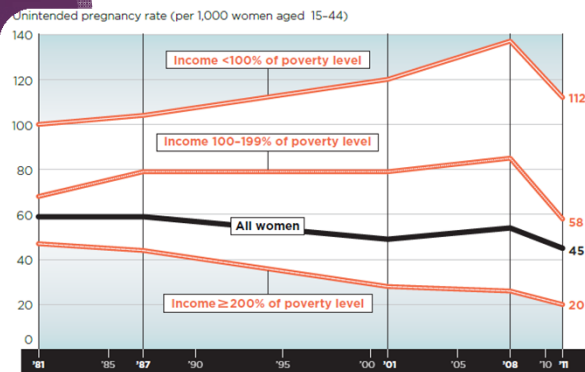
Guttmacher Institute- Unintended Pregnancy in the United States- Jan 2015

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Although the unintended pregnancy rate is declining, there are still large disparities by income

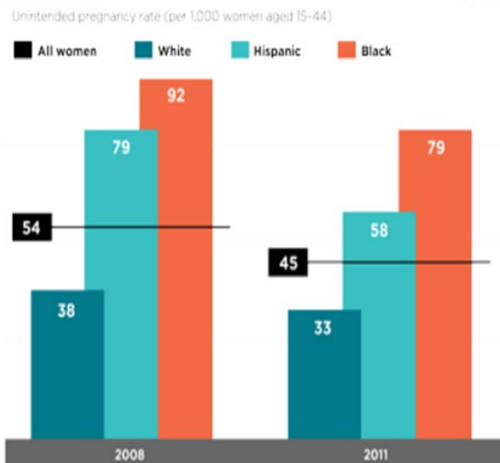


Note: The 2011 federal poverty level was \$22,350 for a family of four

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And there are still large disparities by race



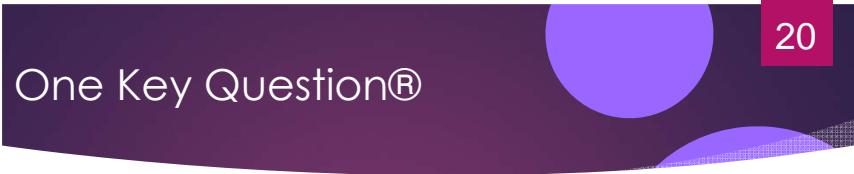
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## Unintended Pregnancy Is Associated With...

- ▶ Health problems for both mother and infant
- ▶ Preterm birth, low birth weight, increased infant mortality
- ▶ Delayed prenatal care
- ▶ Increased depression, anxiety and physical abuse for mother

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## One Key Question®

**“Would you like to become pregnant  
in the next year?”**

- ▶ A simple screening question to facilitate a conversation with your patient/client regarding her pregnancy intention
- ▶ Designed to help ID the preventive reproductive health care needs of patients

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## Screenings in Primary Care

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Established Indicators of High Quality Care include

- ▶ Depression screening (PSQ-2 and 9)
- ▶ Alcohol misuse (SBIRT)
- ▶ Cervical cancer screenings (Paps)
- ▶ Breast cancer screenings (exams, mammography)
- ▶ Blood pressure
- ▶ Diabetes screening (blood glucose and HgbA1c)

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## Lifetime Risk

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**Percent of women who**  
experiences this condition in  
their lifetime

Cervical Cancer	0.7%
Alcohol Misuse	10%
Breast Cancer	12%
Depression	27%
Hypertension	28.5%
Diabetes	35.5%
<b>Unintended Pregnancy</b>	<b>48%</b>

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## Need to Screen Pregnancy Intention

- ▶ Do not assume family planning clients do not want to become pregnant
- ▶ Do not assume primary care patients will ask about birth control methods
- ▶ Do not assume you instinctively know which women would like to become pregnant
- ▶ Ask at every visit as pregnancy intention changes

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## The OKQ approach to Maternal, Infant, Child Health is...

- ▶ Opportunistic
- ▶ Proactive
- ▶ Health promotion
- ▶ Disease prevention

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# Goals of OKQ

Routine conversations about pregnancy intention

Proactive contraceptive care instead of reactive

Increase uptake of contraception & preconception care

Quality improvement strategies (algorithms, metrics)

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# Algorithm

**ASK: Would you like to become pregnant in the next year?**

Yes

**Preconception Care**  
 • Recommend 400mcg of folic acid daily  
 • Review current medications  
 • Screen for health concerns that could impact pregnancy and treat as indicated  
 • Review immunization status  
 • Encourage early prenatal care

"Act pregnant before you become pregnant"  
 • Encourage smoking and alcohol cessation

Ok Either Way or Unsure

**ASK: Are you currently using a birth control method you are satisfied with?**

Yes

Recommend emergency contraception as a backup method

No

Provide comprehensive birth control counseling, including long-acting reversible contraceptives

Not at risk for pregnancy

Contraception not indicated

No

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## One Key Question®

- ▶ Framed as “Would you like..” to focus on patient's own goals for her health
- ▶ Offers four possible response categories
- ▶ Steps away from 'plan' which does not resonate with some women for cultural, religious, or socio-economic reasons
- ▶ Provide evidenced-based preconception and/or contraception care services or referrals based on woman's answer

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## If your patient answers... YES

*Preconception health* refers to the health of women and men during their reproductive years, which are the years they can have a child.

Preconception care includes taking steps now to protect the health of a baby they might have sometime in the future.

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## Preconception Advice

- ▶ Prevention/intervention to reduce high-risk pregnancies
  - Medication Review
  - Screen for chronic conditions
  - Folic Acid
  
- ▶ We have a Preconception Care checklist for women & men with best-practice recommendations

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## Resources



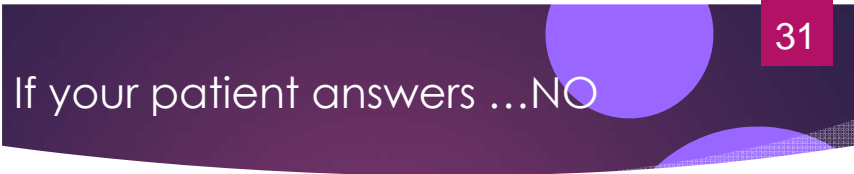
### Show Your LOVE!

#### Steps to a Healthier me and baby-to-be!

You have thought about your goals for school, for your job or career and for your health. You have also thought about how having children fits in with those goals, and you have decided that you want to become pregnant. Your preconception (before pregnancy) health is very important and can affect the health of your future baby. By making a plan before getting pregnant and taking the time to get healthy, you can take the steps to a healthier you and baby-to-be. This is a tool to help you do that.

Start by choosing your goals for this year. It is easier to focus on 2 – 3 goals. Then use the checklist below to set your plan into motion.

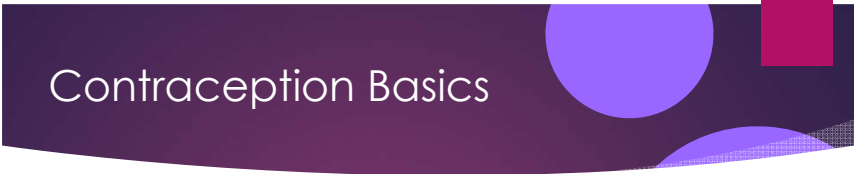
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## If your patient answers ...NO

- ▶ The best way to reduce the risk of unintended pregnancy is to use effective birth control correctly and consistently.
- ▶ Patients need the correct information on HOW to use methods and what to do if a mistake w/use is made
- ▶ Many women indicate they did not have enough education from a provider on their method

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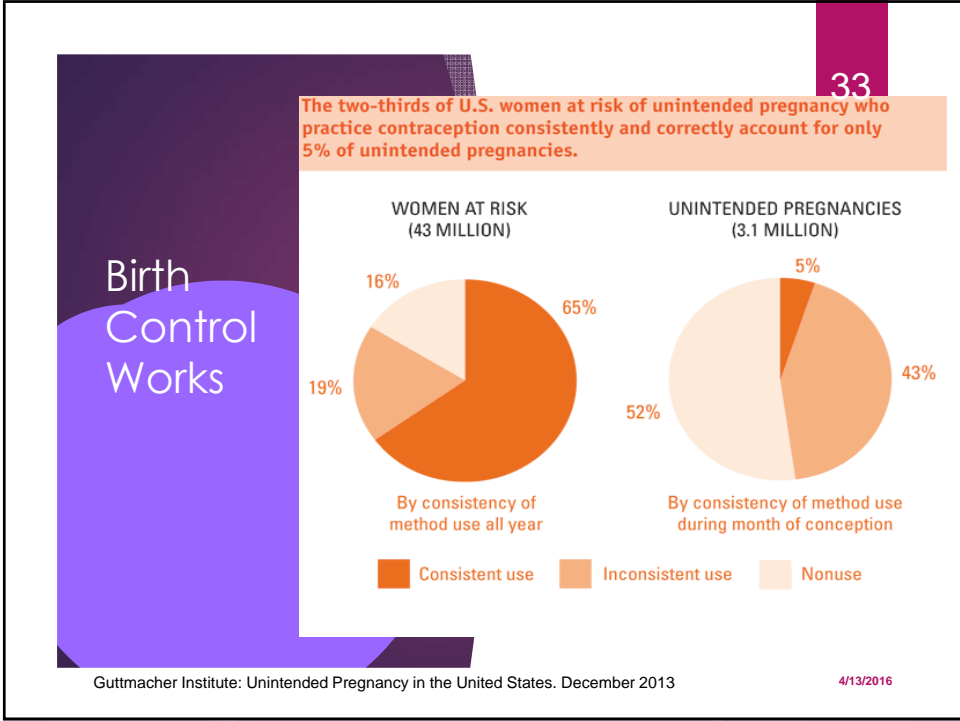


## Contraception Basics

- ▶ Many women use short-term or less reliable contraception because that is what they are used to
- ▶ The best method for women usually changes with time or with pregnancy/birth
- ▶ There are GREAT long-acting, reversible methods of contraception that would be ideal for many women

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**Resources**

**HOW WELL DOES BIRTH CONTROL WORK?**

**FACE SHEET: THE PILL**

**Medical Eligibility for Initiating Contraception: Absolute and Relative Contraindications**

Contraindication	Category	Progestin Only Pills (POP)	Combined Oral Contraceptives (COC)	Vaginal Ring	Transdermal Patch	Injectable (IUD)	Implant (IUD)	Diaphragm	Vaginal Spermicide	Condom	Withdrawal	Other
Age												
Smoking												
Medical History												
Breastfeeding												
Blood Pressure												
Diabetes												
Heart Disease												
Hypertension												
Seizures												
Stomach Issues												
Substance Use												
Weight												
Other												

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## 'Unsure' or 'Ok Either Way'

**OKQ is the only algorithm that includes more than just a yes/no response!**

- ▶ Unsure & OK Either Way are common and real answers to a complicated question
- ▶ Providers should offer a combination of contraception & preconception care based on patients' needs and goals

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## OKQ Identifies Ambivalence

- ▶ One Key Question identified 20% more women who were at risk of unintended pregnancy than 'do you plan...' and other phrased pregnancy intention screening questions

Pregnancy ambivalent women exhibited similar contraceptive use rates to those women who were seeking pregnancy at the time of the survey

Women who are pregnancy ambivalent are at an increased risk for unintended pregnancy due to low contraceptive rates

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## Understanding Women's Pregnancy Intentions

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- ▶ Meaning of “intention” - “Plan” does not fit in many cultural or religious world views
- ▶ Difficult to measure; traditional studies collect data after a child is born.
- ▶ According to one national survey, 32% of contraception failures are retrospectively classified as *intended* pregnancies.

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## Emerging Research

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- ▶ Latest research on the complexity of pregnancy intentions
- ▶ In another large survey, 23% of women reported feeling “**okay either way**” when asked about pregnancy intentions
- ▶ Continuum of intentions and feelings
  - Planned vs unplanned
  - Happy vs upset
  - Wanted vs. unwanted
  - Timed vs. bad timing

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## Using OKQ Language

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FQHC Research, Milken Institute School of Public Health,  
George Washington University revealed:

- ▶ 70% women identified as not wanting to become pregnant
  - Of these, 30% were not using birth control
- ▶ 23% of women identified as Unsure or OK Either way

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## Endorsing Organizations

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- ▶ 30 professional associations/organizations have endorsed OKQ in Oregon
- ▶ This includes all primary care associations



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National Endorsements
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- ▶ American Public Health Association
- ▶ Physicians for Reproductive Health
- ▶ American Academy of Family Physicians *(adopted a resolution to endorse pregnancy intention screening)*
- ▶ National Association of Nurse Practitioners of Women's Health
- ▶ **Committee Opinion** developed by the American College of Obstetricians and Gynecologists'

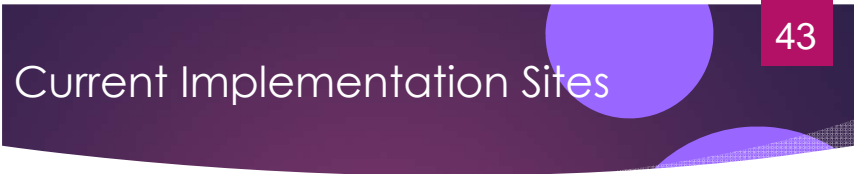
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COIIN & OKQ
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Increase use of One Key Question®- integration of pregnancy intention screening beyond the Well-Woman and Family Planning/ OBGYN appointment. Integrate preconception and contraception care as routine part of primary care.

PD 01 Improved health equity and social determinants of pre and interconception health (cont)	Include public health, providers and clinicians, Office of Minority Affairs, Title V, Department of Education, Departments of Health and Medicaid in coordinated efforts to create better health equity and reduce structural racism	1. Develop and use consumer driven risk identification and mitigation strategies. 2. <b>Ensure routine and proactive pregnancy intention screening with One Key Question® to reduce provider stigma/ assumption for who should receive preconception or contraception care.</b>
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## Current Implementation Sites

OKQ is integrated in a variety of settings:

- ▶ Primary Care
- ▶ Family Planning
- ▶ WIC
- ▶ Immunizations
- ▶ STI/HIV screening
- ▶ Home Visiting
- ▶ Early head start
- ▶ Dental

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## To meet a variety of goals:

- ▶ Decreasing infant mortality
- ▶ Prevention of unintended pregnancy
- ▶ Substance abuse treatment centers screen for pregnancy intention
- ▶ Increase preconception care
- ▶ Improve birth spacing
- ▶ Improve birth outcomes (i.e. preterm birth)
- ▶ Increase in LARC use

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## OKQ Sites: National

Public Health	National Partnerships	Behavioral Health	Primary Care & Community Health Clinics	Maternal & Child Health
<ul style="list-style-type: none"> <li>• Vermont Department of Health</li> <li>• King County Public Health, WA</li> <li>• Washington DC Department of Health</li> <li>• Clay County Public Health Center, Missouri</li> <li>• Riley County Health Department, Kansas</li> <li>• Boston Public Health Commission, Massachusetts</li> </ul>	<ul style="list-style-type: none"> <li>• Upstream USA</li> <li>• Indian Health Services</li> <li>• Infant Mortality Collaboration Innovation and Improvement Network (CollIN)</li> <li>• National Preconception Health and Health Care Initiative</li> </ul>	<ul style="list-style-type: none"> <li>• BHS Baltimore, Maryland</li> </ul> <div style="background-color: #800040; color: white; text-align: center; padding: 2px; margin: 10px 0;">Family Planning</div> <ul style="list-style-type: none"> <li>• Planned Parenthood of Wisconsin</li> <li>• Family Planning Program, Rhode Island</li> </ul>	<ul style="list-style-type: none"> <li>• Canalside Family Medicine, New York</li> <li>• Metro Community Provider Network, Colorado</li> <li>• Clinic Ole, Napa Valley, California</li> <li>• Community Health Center of Buffalo, Inc., NY</li> <li>• First Choice Community Health Belen Center, New Mexico (6 month Trial)</li> </ul>	<ul style="list-style-type: none"> <li>• Campaign to Prevent Teen Pregnancy, South Carolina</li> <li>• Maternal and Child Health, Utah</li> <li>• March of Dimes, Washington</li> </ul>

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## OKQ Sites: Oregon

Community Health Programs:	Champion Health Centers:	Health Care Coalition of Southern Oregon:	Oregon Health and Science University (OHSU):
<ul style="list-style-type: none"> <li>• 211 Info</li> <li>• Oregon Maternal, Infant and Early Childhood Home Visiting (MIECHV)</li> <li>• Immigrant and Refugee Organization (IRCO)</li> </ul>	<ul style="list-style-type: none"> <li>• Outside In Health Center</li> <li>• North Central Public Health District</li> <li>• Hood River Public Health</li> <li>• Columbia Gorge Family Medicine</li> <li>• Wallace Medical Concern</li> <li>• Kaiser- pilot</li> </ul>	<ul style="list-style-type: none"> <li>• Josephine County WIC</li> <li>• Jackson County WIC</li> <li>• Birchgrove La Clinica</li> <li>• Jackson Co Family Planning</li> <li>• Siskiyou Primary Care &amp; Outreach Program</li> <li>• Advantage Dental</li> <li>• Early Head Start</li> </ul>	<ul style="list-style-type: none"> <li>• Family Medicine Richmond Clinic</li> <li>• Family Medicine at Gabriel Park</li> </ul>

**Eastern Oregon CCO**  
Lakeview Health Center

**InterCommunity Health Network CCO**  
Good Samaritan Family Medicine Resident Clinic

**Pacific Source CCO**  
Weeks Family Medicine

**Columbia Pacific CCO**  
Coos Health & Wellness

**Willamette Valley Community Health CCO**  
WVP Authority  
Willamette Valley Medical Center  
Salem Clinic-5 Health Centers  
Yakima Valley Farmworkers- 3 FQHCs  
Northwest Human Services  
Santiam Hospital

**FamilyCare**

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## One Key Question® Outcomes

Community Health Clinic:

- ▶ 30% of women needed follow-up with contraception or preconception care
- ▶ 70% did not require any follow-up services

Family Planning Clinic:

- ▶ 60% of women were happy with their current method of contraception
- ▶ 23% received new contraception services
- ▶ 12% were given preconception care and advised to start folic acid

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## OKQ Outcomes

WIC: Connect women with better referrals, based on her needs

- ▶ 29% of women who indicated "no" were not using birth control
- ▶ 9% of women who were using a birth control method were not satisfied with it

Would you like to become pregnant in the next year?

Response	Count	Percentage
Yes	68	6.1%
No	584	52.4%
I'm OK either way or Unsure	70	6.3%
Not applicable	391	35.1%
Decline to Answer	2	0.2%

Jackson County Total: 1,115

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## Clinical Research

- ▶ University of Colorado, Denver
- ▶ University of California, San Francisco (UCSF)
- ▶ University of Chicago

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## Before, Between & Beyond

“The Reproductive Life Plan is a useful community engagement tool for public health, but is too complicated for a clinical setting. OKQ is a tool for the clinical setting to triage what the right services are for the right women at the right time”


Merry-K Moos, BSN, FNP, MPH

4/13/2016

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## Implementation

- ▶ Screening w/ OKQ is acceptable to patients
- ▶ Providers find it improves the quality of visit, is feasible in a busy practice, and does not disrupt clinic work flow.



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## How do you start?

- ▶ JOIN the Every Woman Connecticut Learning Collaborative and
- ▶ SIGN UP to participate in May 18<sup>th</sup> Training and Implementation Workshop event to be held in Wallingford, CT.
- ▶ Where will you get the most buy-in?
- ▶ Recruit champions and pilot in 1-2 programs for 3 months or 100 women screened
- ▶ Use OFRH custom tailored TA services and OKQ Implementation Manual

**Internal Steps**

- ▶ ID goals and objectives
- ▶ Inventory readiness through assessment of staff and services
- ▶ Develop Implementation Action Plan
- ▶ Develop workflow mapping with each site

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## Challenges to Anticipate

Attitudes:

- ▶ *I do that already*
- ▶ *Don't ask me to do one more thing*
- ▶ *We don't have the time to address that*

Technical:

- ▶ Data collection and tracking
- ▶ Staff training

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## Address in Plan Implementation


Attitudes

- ▶ Generate buy-in at all levels
- ▶ Create understanding of why this screening and follow-up care is critical

Technical

- ▶ Need to make implementation as easy as possible for direct service providers
- ▶ Don't over burden with reporting and data, just enough to show effectiveness
- ▶ Evaluate progress toward outcome

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## Next Steps

- ▶ Decide if you would like to become a part of your local Every Woman Connecticut team
  - ▶ Jordana Frost, Marijane Carey, and your community leads will be available to help you gather additional information that may be needed to make this decision
- ▶ Lookout for the registration link that will be coming to you via email after this webinar
- ▶ Attend the May 18<sup>th</sup> in-person training and education event sponsored by the Connecticut Maternal and Child Health Coalition
  - ▶ CEU/CME's will be issued by our partners at CHA

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## One Key Question® is designed to...

1. Start a conversation about preventive reproductive health in primary care
2. Prevent pregnancies that are unwanted or mistimed
3. Increase the proportion of pregnancies that are better prepared for

*"Would you like to become pregnant in the next year?"*

4/13/2016

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Q&A

4/13/2016

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## Contact Us

Michele Stranger Hunter- Executive Director  
Sharon Meieran, MD, JD- Medical Director  
Hannah Rosenau- Director of Policy & Quality Improvement

► [info@onekeyquestion.org](mailto:info@onekeyquestion.org)

Follow us on Facebook and Twitter: Oregon RH  
[www.onekeyquestion.org](http://www.onekeyquestion.org)



4/13/2016

# Every Woman Connecticut



Join the “EVERY WOMAN CONNECTICUT” Learning Collaborative to give babies in your community a healthy start and ensure that all women and men are as healthy as they can possibly be throughout the course of their life, whether they want to start a family or not.

## 1 The Facts

- Nearly 3 out of 10 pregnancies in Connecticut in 2013 were unplanned.
  - Only 56.6% of women who were not trying to get pregnant at the time, were using some form of birth control at the time they got pregnant.
- 40.7% of postpartum women using birth control, were using less or least effective methods of birth control
- Only 27.4% of women reported having a “preconception health” discussion with their health care provider prior to becoming pregnant, to help them prepare for a healthy pregnancy.
  - 48.5% of women were overweight or obese prior to becoming pregnant.
  - 19.8% of women were taking medication other than birth control prior to becoming pregnant.
- 12.8% of mothers received late or no prenatal care, while 22.9% received inadequate prenatal care.
- Non-Hispanic Blacks, Hispanics, younger women (<20 and 20-24 years), and women who were on Medicaid or uninsured were disproportionately affected by poor health status before, during, and after a pregnancy, unintended pregnancies, and poor birth outcomes.

## 2 The Challenge

Although preconception care guidelines exist, there is no standardized model for delivering pre-/inter-conception care. As a result, the consequences of current practice include:

- delayed prenatal care; missed opportunities for best practice in prenatal care
- women at increased risk of untreated chronic diseases, depression, anxiety and physical abuse
- disparities in preterm birth, low birth weight, and infant mortality rates
- immediate and long term health problems for both mother and infant

In order for pre-/inter-conception health care to become an integral part of routine care within different health care settings and in non-clinical interactions, new tools, structures, and processes need to be created, disseminated, and institutionally supported. **Contact Every Woman CT at (203) 850-7724 or [everywomanCT@gmail.com](mailto:everywomanCT@gmail.com) to learn more!**

### WHAT COULD WE DO DIFFERENTLY?

Screen for pregnancy the way we screen for other preventable conditions, BUT in this case we want to know about *intention*.

### “WOULD YOU LIKE TO BECOME PREGNANT IN THE NEXT YEAR?”

One Key Question (OKQ) is a screening tool to identify each woman’s need for reproductive health care. It opens the door to appropriate care, depending on whether she responds yes, no, or maybe/I’m OK either way.