ACU POLICY AND PRACTICE SERIES

• Monday, August 10, 1-2 pm ET
  Using the Healthy Democracy Kit to Empower Your Patients, Colleagues, and Staff

• Thursday, August 27, 12-1 pm ET
  A Role for Providers in Promoting Voting and Census Participation Among the Underserved

In Era of Sickness, Doctors Prescribe Unusual Cure: Voting

As the pandemic curbs in-person voter registration, a growing number of doctors and nurses are registering their patients to vote.

Dr. Alistair Martin starting his commute to Massachusetts General Hospital in Boston, where he has created a booklet to register patients to vote. Tony Luong for The New York Times
WEBINAR HOUSEKEEPING

We are Recording

Ask Questions

Complete the Evaluation
THE HYDE AMENDMENT

Statutory provision included as part of annual HHS appropriations that bars the use of appropriated funds for abortions except in cases of rape or incest, or when the life of the pregnant person would be endangered.

<table>
<thead>
<tr>
<th>Programs Impacted</th>
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<tbody>
<tr>
<td>Health Centers</td>
</tr>
<tr>
<td>Medicaid &amp; Medicare</td>
</tr>
<tr>
<td>Indian Health Service</td>
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<tr>
<td>Children’s Health Insurance Program</td>
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<tr>
<td>Others</td>
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VOLUNTARY FAMILY PLANNING SERVICES

HRSA Definition: Voluntary family planning services are appropriate counseling on available reproductive options consistent with Federal, state, local laws and regulations. These services may include management/treatment and procedures for a patient's chosen method (e.g., vasectomy, subdermal contraceptive placement, IUD placement, tubal ligation).

Voluntary = non-coercive, non-directional

According to the HHS Office of Population Affairs, appropriate counseling is “neutral, factual information and nondirectional counseling”

The Hyde Amendment does not address referrals for abortion services.
Title X is a federal program specifically dedicated to supporting the delivery of family planning care.

- New regulations prohibit Title X sites from making referrals to abortion providers.

- Only a medical doctor or advanced practice provider (defined as including physician assistants and advanced practice registered nurses) is permitted to provide nondirective pregnancy options counseling.
Prohibited Activity: Providing abortion services or referrals for such services. Referrals for abortion services includes:

1. Scheduling or arranging for an abortion-related appointments
2. Providing or organizing transportation for patients to obtain an abortion
3. Accompanying or providing translation services for patients obtaining an abortion
4. Providing counseling or support before or during the procedure
5. Providing information such as the name, address, website, telephone number, or other relevant factual information (such as whether the provider accepts Medicaid, etc.) about an abortion provider.
6. Promoting or encouraging use of abortion as a method of family planning
POLICY & GUIDANCE RESOURCES

- States may have additional restrictions. Talk to your Primary Care Association.
- Women’s Reproductive Health Services: Sample Policy and Procedure. (for health centers, drafted by attorneys from Feldesman Tucker Leifer and Fidell)
- HHS Office of Populations Affairs. Title X Family Planning Program Website.
Addressing Stigma and Improving Referrals in Reproductive Health During COVID-19

Anna Pfaff, MPH, Trainer and Outreach Coordinator
Kara Hinkley, MPP, Regional Director
Who are we?

Anna Pfaff, MPH
Trainer & Outreach Coordinator

Kara Hinkley, MPP
Regional Director
Who is Provide?

Our Values

Worthiness

Together, building a stronger system of care.
Who is Provide?

We’re a nonprofit that works in partnership with health and social service providers to build a healthcare system that is equipped to respond to unintended pregnancy and abortion.
Who is Provide?

We’re a nonprofit that works in partnership with health and social service providers to build a healthcare system that is equipped to respond to unintended pregnancy and abortion.

We envision a system that cares for the whole person with dignity and respect, and where workers have the tools and support to offer the best care to their clients.
Who we work with
Who we work with

- Domestic Violence
- Sexual Assault
- Family Planning
- HIV
- Primary Care
- Substance Use
Who we work with

- Domestic Violence
- Sexual Assault
- Family Planning
- Primary Care
- HIV
- Substance Use
Who is in the room?

- Health Administration – Management & Non-Management
- Social Workers
- Counselors / Case Workers
- Client Educators / Advocates
- Physicians
- Advanced Practice Clinicians
- Registered Nurses
- Medical Assistants
Where we work

On-site Training Available
Virtual Training Available
Where are we?
What we will cover
What we will cover
What we will cover
What we will cover
What we will cover
What we will cover
Research
What do we know about...
Birth Control Use
99% of sexually active women have used birth control in their lives.
In 2020, over 19 million in need of publicly funded family planning live in contraception deserts.
Unplanned pregnancies
Unintended pregnancies

45% of pregnancies are reported as unplanned, which includes mistimed and unwanted pregnancies.
Populations with higher rates of unintended pregnancy tend to be
Young adults (18-24)

Populations with higher rates of unintended pregnancy tend to be...
Populations with higher rates of unintended pregnancy tend to be Young adults (18-24) Living in south or southeast
Young adults (18-24) living in south or southeast cohabitating populations with higher rates of unintended pregnancy tend to be.
Young adults (18-24) living in southern or southeastern populations with higher rates of unintended pregnancy tend to be cohabitating non-Hispanic Black.
Populations with higher rates of unintended pregnancy tend to be:
- Young adults (18-24)
- Living in south or southeast
- Cohabitating
- Non-Hispanic Black
- Poor or low income
Unintended pregnancy is increasingly concentrated among low-income people.
COVID-19
COVID-19

1/3 of U.S. women wish to delay pregnancy or have fewer children due to COVID-19 and financial, job and social insecurity.
COVID-19

% of women reporting wanting to delay childbearing or have fewer children in response to COVID-19

| Race/ethnicity      | % Reporting
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Non-Hispanic White</td>
<td>28</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>44*</td>
</tr>
<tr>
<td>Hispanic</td>
<td>48*</td>
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<table>
<thead>
<tr>
<th>Household income</th>
<th>% Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥200% of federal poverty level</td>
<td>32</td>
</tr>
<tr>
<td>&lt;200% of federal poverty level</td>
<td>37*</td>
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</table>
One in three women had to delay or cancel visiting a provider for reproductive health care needs or had trouble getting their birth control.
COVID-19

<table>
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<tr>
<th>Race/ethnicity</th>
<th>% of women reporting pandemic-related delays or cancelations for contraceptive or other reproductive health care</th>
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<tr>
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<tr>
<td>Non-Hispanic Black</td>
<td>38*</td>
</tr>
<tr>
<td>Hispanic</td>
<td>45*</td>
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<td>&lt;200% of federal poverty level</td>
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Case study: Sam

Aunt tested positive for COVID-19, comes in for a test. Symptoms include vomiting, fatigue, and irregular periods. Positive pregnancy confirmed. Patient congratulated.
Best practices
Best practices
Goals as provider:

- Inform patient of all options
Goals as provider:

- Inform patient of all options
- **Respect** patient preferences, needs, and values
Goals as provider:

- Inform patient of all options
- Respect patient preferences, needs, and values
- Allow individual preferences to guide all clinical decision-making
Goals as provider:

- Inform patient of **all options**
- Respect patient preferences, needs, and values
- Allow **individual preferences** to guide all clinical decision-making
- Play an active role, but **refrain** from imposing beliefs
Goals as providers:

- Inform patient of all options
- Respect patient preferences, needs, and values
- Allow individual preferences to guide all clinical decision-making
- Play an active role, but refrain from imposing beliefs
- Proactively offer referrals
Help them to ACT:

A
C
T
Help them to ACT:

- Adoption
- Continue the pregnancy to parent
- Termination
Use supportive words

Adoption
Use supportive words

Adoption

Plan an adoption for your child
Use supportive words

Plan an adoption for your child

Choose an adoptive family
Use supportive words

Adoption

Planning an adoption for your child

Choose an adoptive family

Birth mother
Birth father
Birth parent
Use supportive words

Planning an adoption for your child

Choose an adoptive family

Decide to parent the child

Birth mother
Birth father
Birth parent
Explore needs

Continue the pregnancy to parent
Explore needs

Continue the pregnancy to parent

Prenatal care
Explore needs

Continue the pregnancy to parent

Prenatal care

Behavioral health
Explore needs

Continue the pregnancy to parent

Prenatal care

Chronic illness management

Behavioral health
Explore needs

Continue the pregnancy to parent

Chronic illness management

Prenatal care

Behavioral health

Substance use
Explore needs

Continue the pregnancy to parent

Prenatal care

Chronic illness management

Behavioral health

Substance use

Birthing options
Reduce stigma

Termination
Reduce stigma

Termination

Mirror the patient’s language
Reduce stigma

Termination

Mirror the patient’s language

Let the patient name their feelings
Reduce stigma

Termination

Mirror the patient’s language

Let the patient name their feelings

Dispel myths and misinformation
Reduce stigma

**Termination**

Mirror the patient’s language

Let the patient name their feelings

Dispel myths and misinformation

Encourage the patient to find support, if possible
Supportive

Active

Thorough

Referral

Quality

Referral Quality
I know my role in the face of my patient’s need. Supporting my patient’s decision is the best way I can do my job helping them.
Thorough

I have the correct information about the service they need.

I am knowledgeable about the care they are seeking.
I actively help my patient locate and schedule the care they need.

I actively assess their needs for, and help connect them to, supportive services such as childcare or transportation—to help them to utilize the referral they are seeking.
Referral Quality

I follow up, asking about their experience accessing this provider and if there is anything else they need.

I use the experience to better help the next patient seeking a referral.
Research shows that supportive and effective recommendations from a provider can help prevent delays in accessing care, and the subsequent health outcomes.
Case study: Sam

Sam’s COVID-19 test is negative. The phone nurse makes a referral for prenatal care and quickly reviews healthy pregnancy information.
Barriers
Barriers
Barriers
Transportation
Legal barriers
Language
Finances
Privacy
Age
Lack of knowledge
Health conditions
Discomfort
with provider
Stigma
Transportation
Legal barriers
Language
Finances
Privacy
Age

Lack of knowledge
Health conditions
Discomfort
with provider
Stigma
- Lack of knowledge
- Legal barriers
- Finances
- Stigma
- Age
What are the barriers?

- Lack of knowledge
- Legal barriers
- Finances
- Stigma
- Age
What are the barriers?

- Adoption
- Continue the pregnancy to parent
- Termination

☐ Lack of knowledge
☐ Legal barriers
☐ Finances
☐ Stigma
☐ Age
Case study: Sam

Does not contact the prenatal office, instead returns call to the clinic and speaks with a different nurse. Requests information about abortion.
Stereotypes or negative views attributed to a person or groups of people when their characteristics or behaviors are viewed as different from or inferior to societal norms.
Levels of stigma:

- Structural (Policies and Procedures)
- Environmental (Setting)
- Individual (Information for staff and clients)
Levels of stigma: Individual

- Individual
  - (Information for staff and clients)
Levels of stigma: Environmental
Levels of stigma: Structural

Structural (Policies and Procedures)

 providecare.org
Address stigma:
Tools
Tools
Counseling scripts
Patient education
Referrals lists
Referrals lists
Referrals lists

www.providereferrals.org
Case study: Sam

Googled information about abortion and is confused about waiting periods and locations. Lives in Wise, Virginia, zip code 24293.
Website materials
EMR prompts
Posters
You are pregnant. Now what?
Knowing your options can help you decide.

Parenting
Prenatal care is important for you and your developing baby.

Adoption
Open, closed, and in-family adoption are options if you decide to continue your pregnancy, but choose not to parent.

Ending the Pregnancy
Abortion is a legal and safe procedure performed by experienced health professionals.

FOCUS ON
Choosing a doctor you trust
Finding information on birth options that are available in your area (including, health centers, hospitals, birth centers, etc.)
Connecting to pregnancy and parenting resources in your community
Talking to your doctor about family planning and birth control options after delivery

Talk to us about any of these options. We'll support your choice with resources and information.

Posters
Standardized forms
Policy clarification
Chart review
Virtual modules

www.providecare.org/virtual-training
August 6 Pregnancy options counseling: professional ethics and personal autonomy
August 6 Pregnancy options

August 14 Supervising staff that make referrals? What you should know about policies and protocols
August 6 Pregnancy options

August 14 Supervising staff

August 19 What’s stigma got to do with it?
Join our mailing list
Questions
Questions
Birth Control Use

**Centers for Disease Control and Prevention** - [https://www.cdc.gov/nchs/data/nhsr/nhsr086.pdf](https://www.cdc.gov/nchs/data/nhsr/nhsr086.pdf)

**Power To Decide** - [https://powertodecide.org/what-we-do/access/birth-control-access](https://powertodecide.org/what-we-do/access/birth-control-access)

Unintended Pregnancy


COVID-19


Best Practices


Thank you

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Kara Hinkley, MPP
kh@providecare.org
Questions?
THANK YOU!

Join us for our next Policy and Practice Series webinar:
Using the Healthy Democracy Kit to Empower Your Patients, Colleagues, and Staff
Monday, August 10, 1:00 PM ET

Register online at clinicians.org