

PA Healthy Start Regional Meeting: Eliminating Disparities in Perinatal Health Rockville, MD August 22-23, 2017

PDPH Healthy Start

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Philadelphia Department of Public Health



Public Health

Healthy People 2020

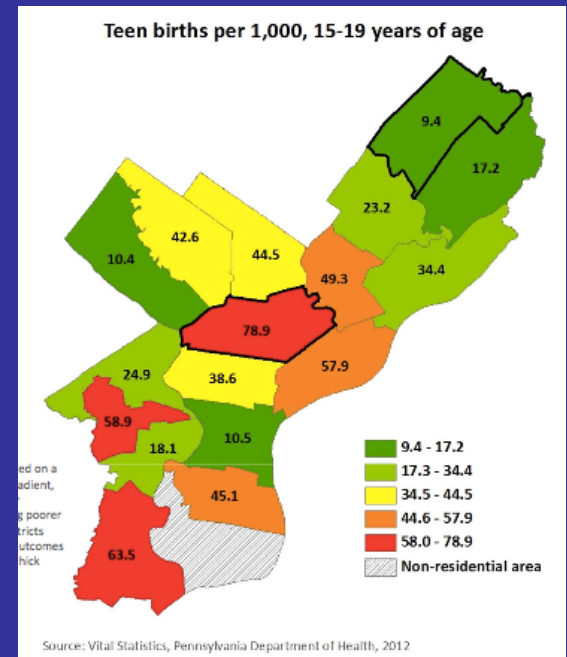
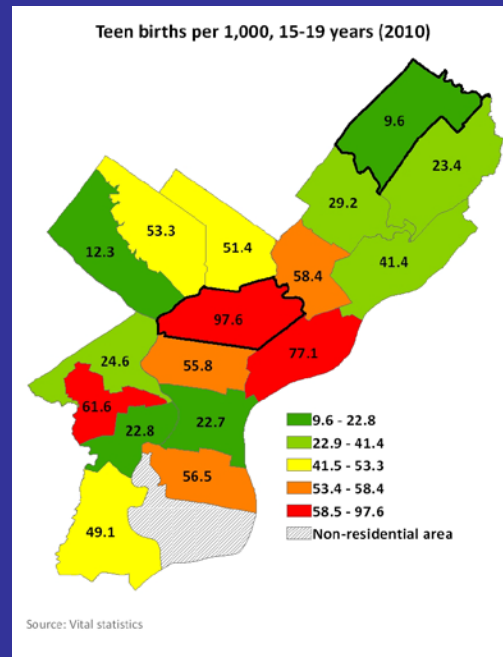
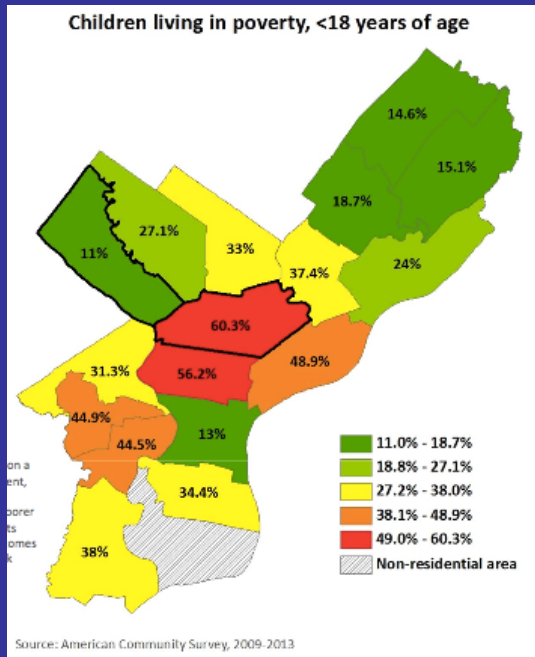
Health Equity

- The attainment of the highest level of health for all people
- Requires valuing everyone equally
- By addressing avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.

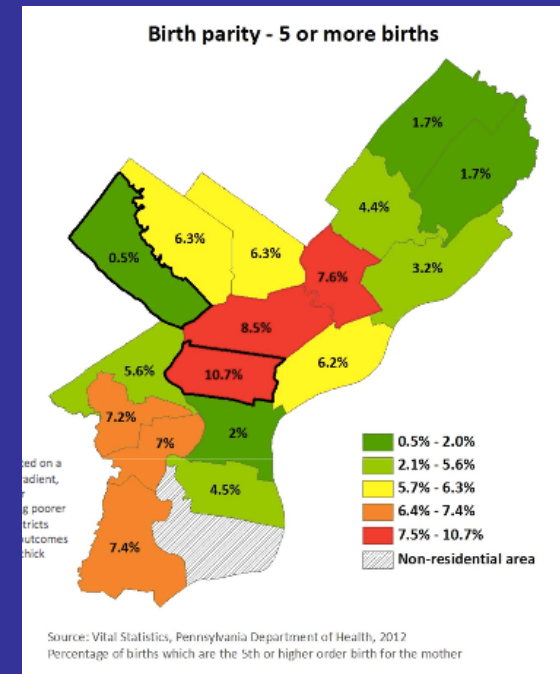
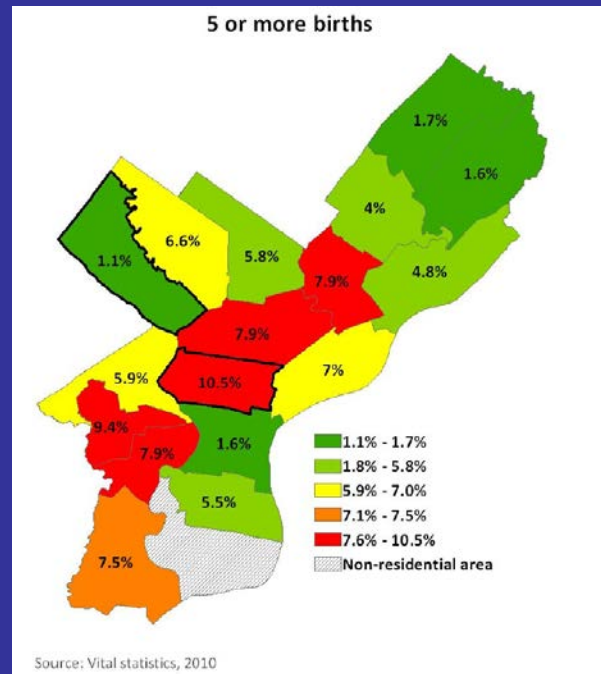
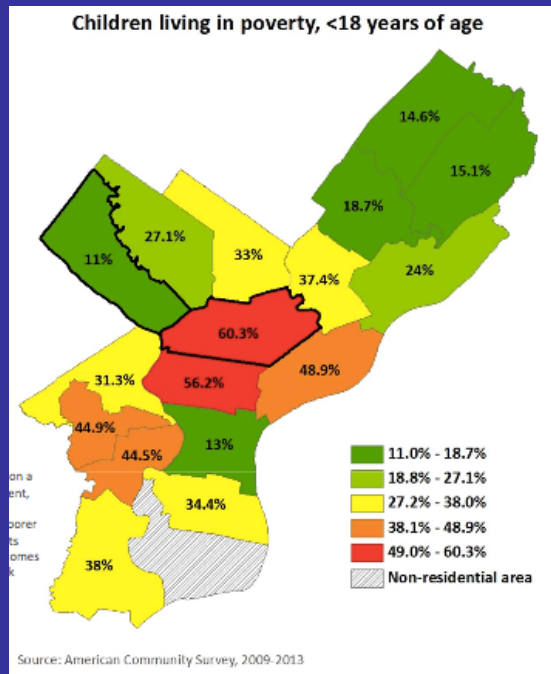
PDPH Healthy Start & Healthy Equity

- 1. To share how a diverse coalition of stakeholders in Philadelphia is working to increase access to long-acting reversible contraception (LARC).**
- 2. To share how the Philadelphia Fetal Infant Mortality Review (FIMR) Team is working to create a citywide campaign to reduce disparities in sleep-related infant mortality.**

Births to Teens, 15-19 yrs (2010 & 12)



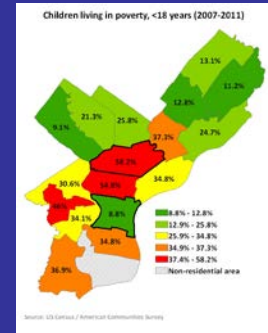
Higher Order Births ≥ 5 (2010 & 12)



Reproductive Health Changes Intergenerational Opportunity

- **Unplanned Pregnancies**

- Births to teens
- Repeat births to teens
- Close birth spacing
- Having 5 or more children and poverty
- Family poverty level: \$16,020/2 vs \$32,580/6 person family



- **Associated Challenges**

- Interrupted parental education
- Impacted child development
- Increased risk of infant mortality
- Decreased neighborhood & intergenerational economic mobility

- Chetty, R, Hendren, N, Kline, P, & Saez, E.(2014). *Where is the land of opportunity? The geography of intergenerational mobility in the United States* (No. w19843). National Bureau of Economic Research
 - Haskins, R, I Sawhill, and S McLanahan. "The Promise of Birth Control." *The Future of Children* 25.2 (2015)
- * NOTE: Minimum wage in PA is \$7.25 = Annual income of \$15,080.

LARC Education

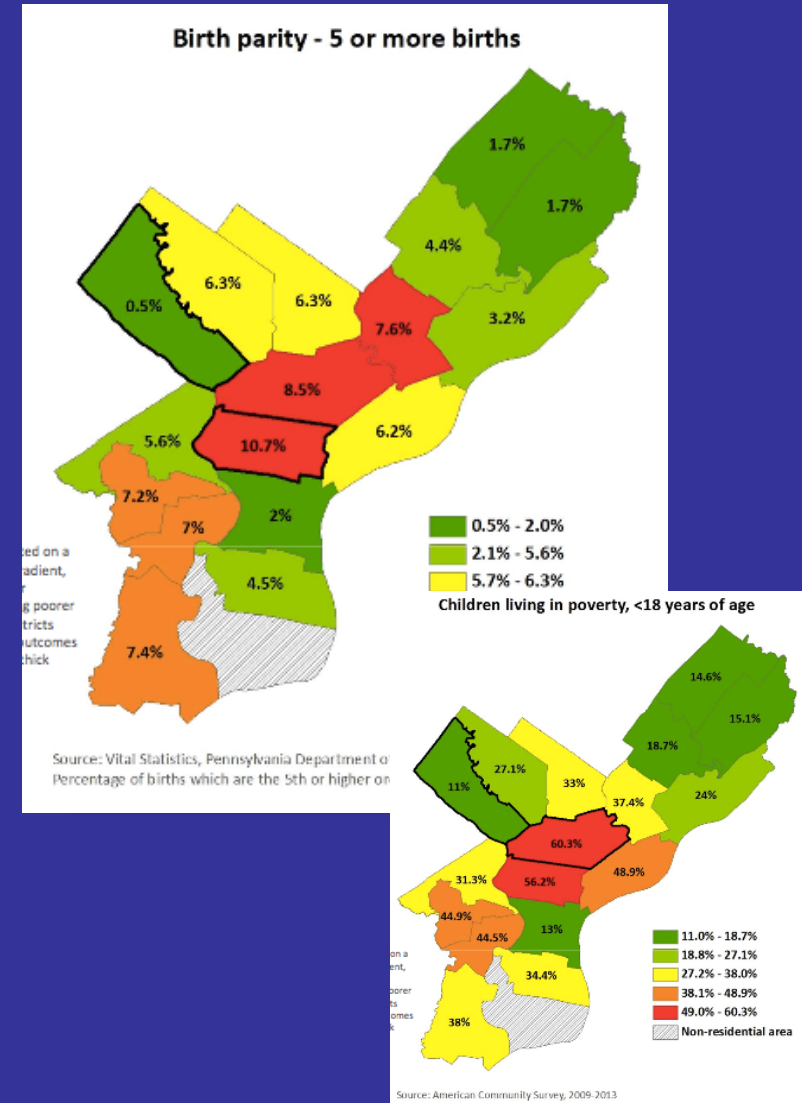
Started with the OB Chairs

August - October 2015

Board of Health Meeting/Resolution:
*“Increasing Access to Long-acting
Reversible Contraception”*

February 2016

Phila Public Health Grand Rounds



Board of Health & Public Health Grand Rounds Presentations

Aletha Akers, MD, MPH

Medical Director, Adolescent Gynecology Consultative Services, CHOP

**THE PROMISE AND PERILS OF LARC USE AMONG
ADOLESCENTS**

Courtney Schreiber, MD, MPH

Director, Penn Family Planning and Pregnancy Loss Center, HUP

**ACCESS TO HIGHLY EFFECTIVE POSTPARTUM
CONTRACEPTION: THE TIME IS NOW**

Melissa Weiler Gerber, JD

President & CEO of AccessMatters

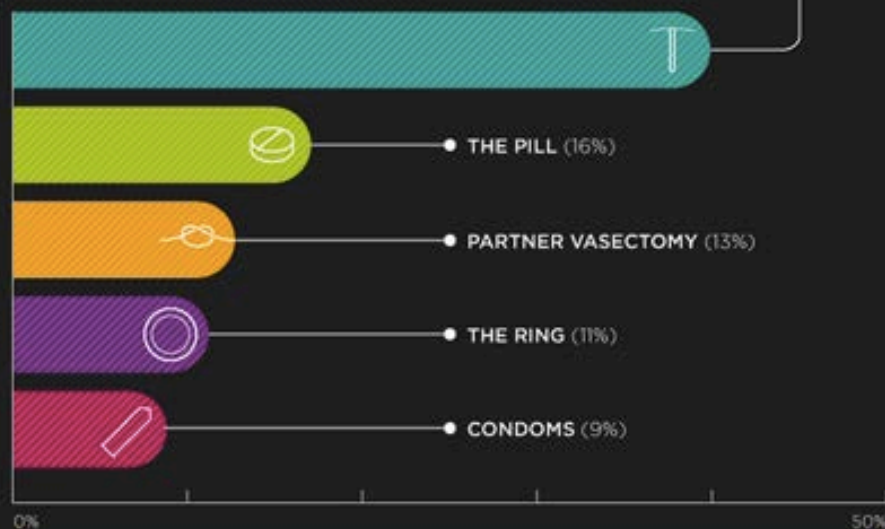
REIMBURSEMENT-RELATED BARRIERS TO LARC ACCESS

BIRTH CONTROL

TOP 5 METHODS WOMEN'S HEALTH CARE PROVIDERS USE THEMSELVES



40% OF
PROVIDERS
USE AN **IUD**



These findings are from an internet-based survey of female family planning providers ages 25 to 44. Stern, L., et al. (2015). "Differences in Contraceptive Use Between Family Planning Providers and the U.S. Population: Results of a Nationwide Survey." *Contraception*.

BEDSIDER
Bedsider.org

Planned Parenthood
Care. No matter what.

Philadelphia LARC Coalition

AccessMatters

CHOP PolicyLab

Penn's LARC Project

Maternal Mortality Review Team

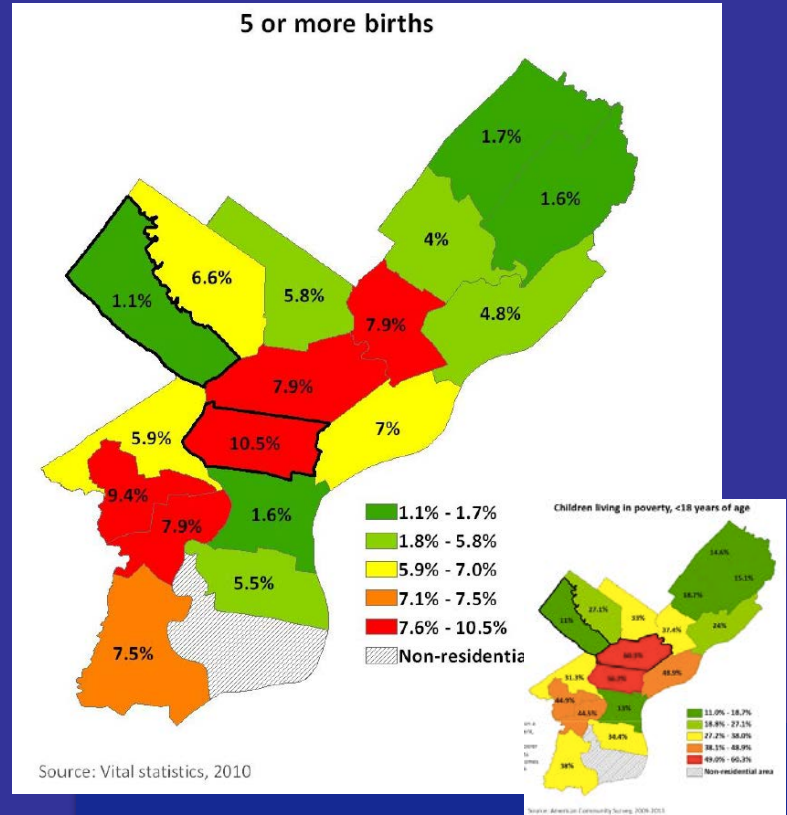
Public Citizens for Children & Youth

OB/Gyn Departments

Managed Care Companies

State-level Support:

- **PA Physician General**
- **PA DoH**
- **Women's Caucus**



September 2016 Meeting with the PA DHS Policy Team

Philadelphia LARC Coalition

Philadelphia Coalition Commends State for Action to Reduce Barriers to Long-Acting Reversible Contraception

DATE: Thursday, December 1, 2016

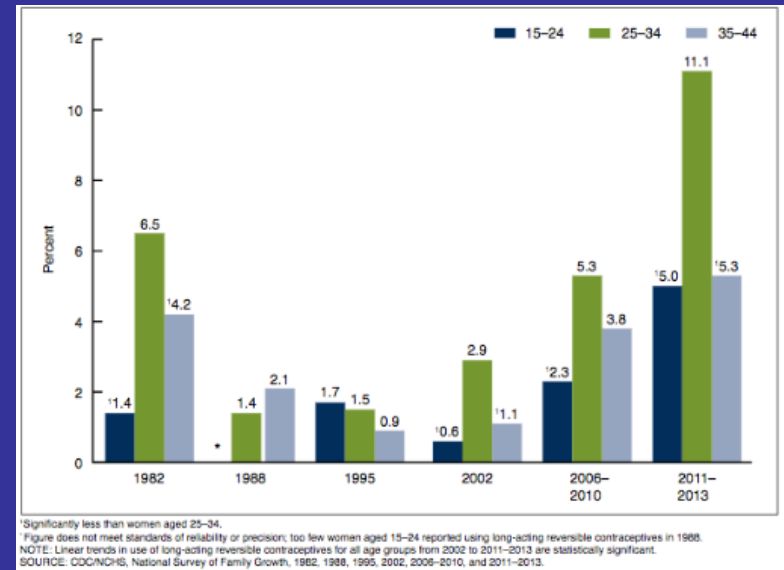


Statement from PolicyLab at Children's Hospital of Philadelphia, AccessMatters, Public Citizens For Children and Youth (PCCY), The LARC Project, Penn Family Planning and Pregnancy Loss Center, Department of Obstetrics and Gynecology at Penn Medicine and Representative Mary Jo Daley (HD 148 – Montgomery County)

Philadelphia, Pa. – Dec. 1, 2016 – “The Pennsylvania Department of Human Services took a significant step today to improve birth control access for many women in our state by removing barriers to reimbursement for long-acting reversible contraception. Beginning today, Pennsylvania Medicaid will reimburse hospitals for providing long-acting reversible contraception to patients following the birth of a child and increase payment for insertion and removal of these devices in out-patient settings.

Monitoring Access to LARC in PA

- Obtain In-Patient Numbers
- Codes Used
- Feedback to PA DHS Policy Team
- Feedback to Phila Labor and Delivery Leadership
- Support In-patient LARC Champions



On Going

- 1. Philadelphia LARC Coalition will support ongoing monitoring of LARC access and provide feedback to PA DHS, MCOs, and Labor and Delivery Leaders.**
- 2. Continue education about LARC to increase awareness of the need for improved access.**
- 1. Increase capacity of providers to meet need for LARC in Philadelphia.**

Ensuring Access to Long Acting Reversible Contraceptives (LARC) for Adolescents

Aletha Y. Akers, MD, MPH, FACOG
PolicyLab at The Children's Hospital of Philadelphia



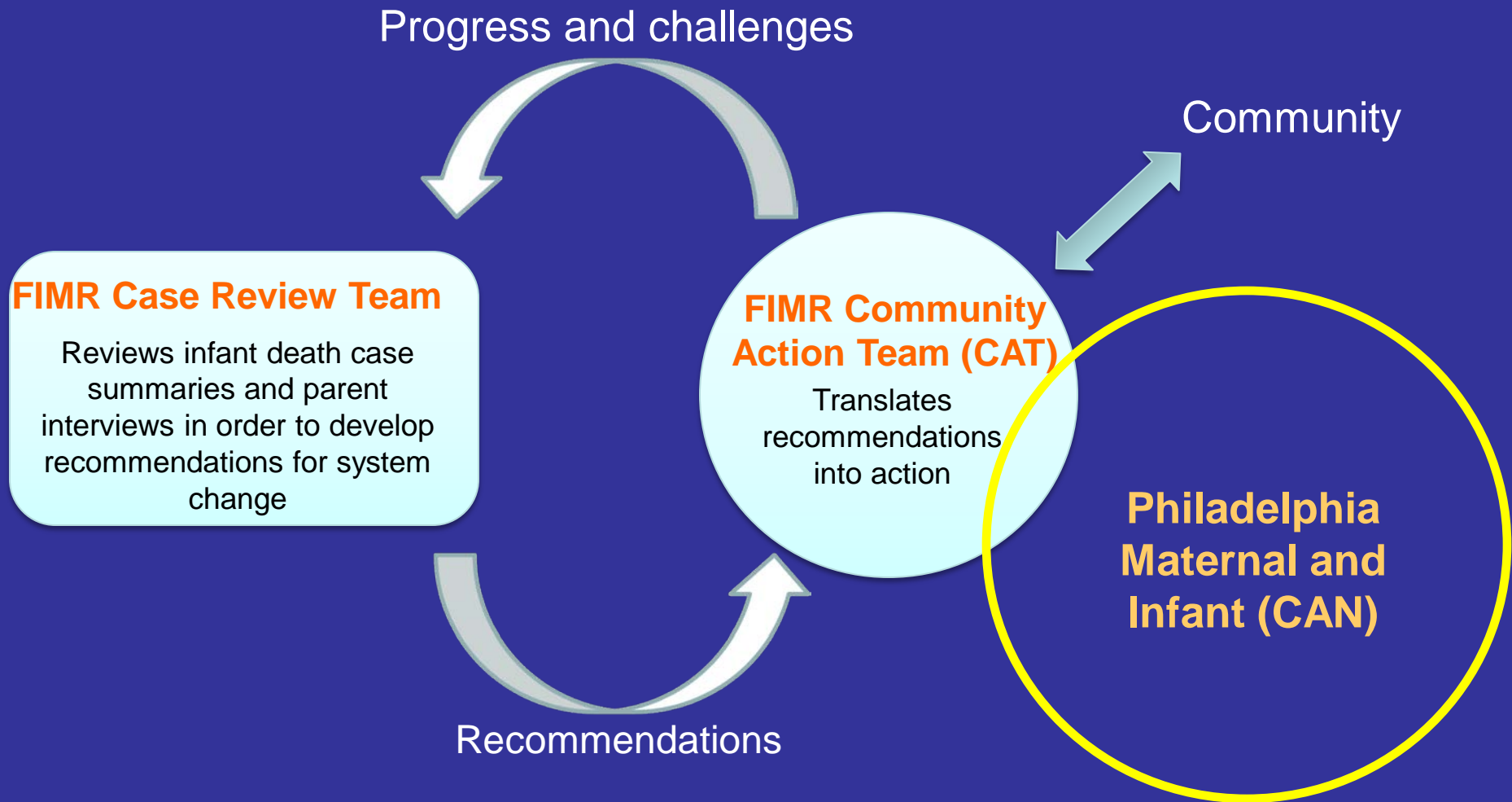
Philadelphia FIMR



Healthy Start in Philadelphia

- **3 HS Programs in Philadelphia (6 in PA)**
- **Maternity Care Coalition (MCC) Healthy Start program supports the MOMobile Model with CHW and Doulas**
- **Einstein Healthy Start program supports Centering Pregnancy & Centering Parenting**
- **All 3 HS programs work together on CAN**

FIMR & the CAN

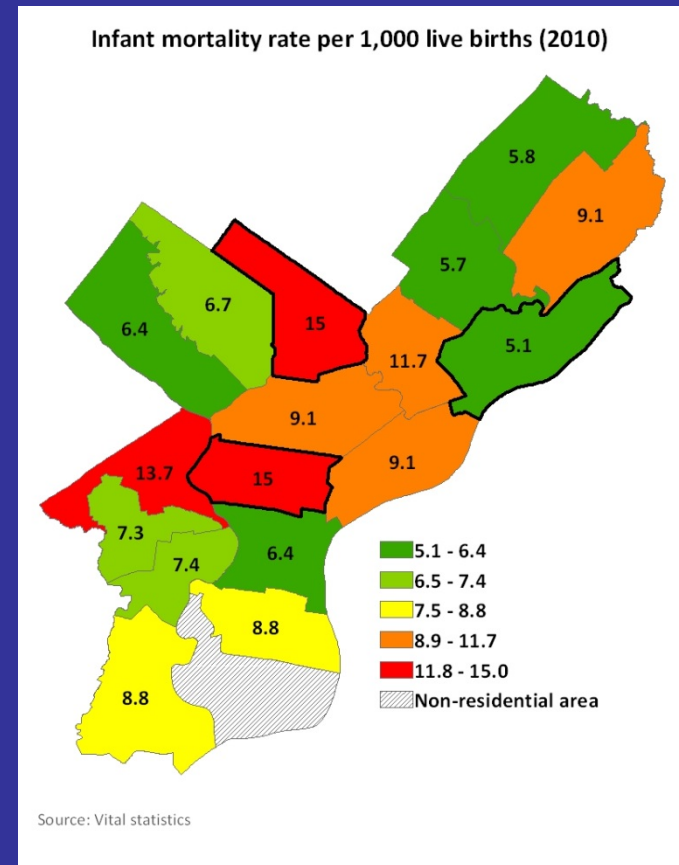


Infant Mortality in Philadelphia

US: 6 per 1,000 live births

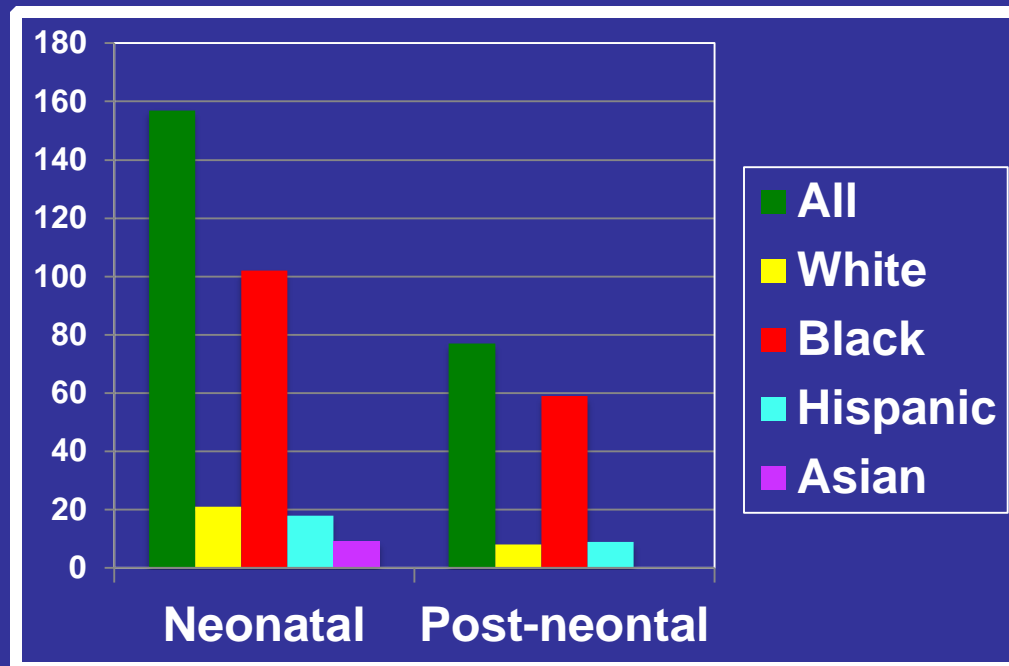
Phila: 10 per 1,000 live births

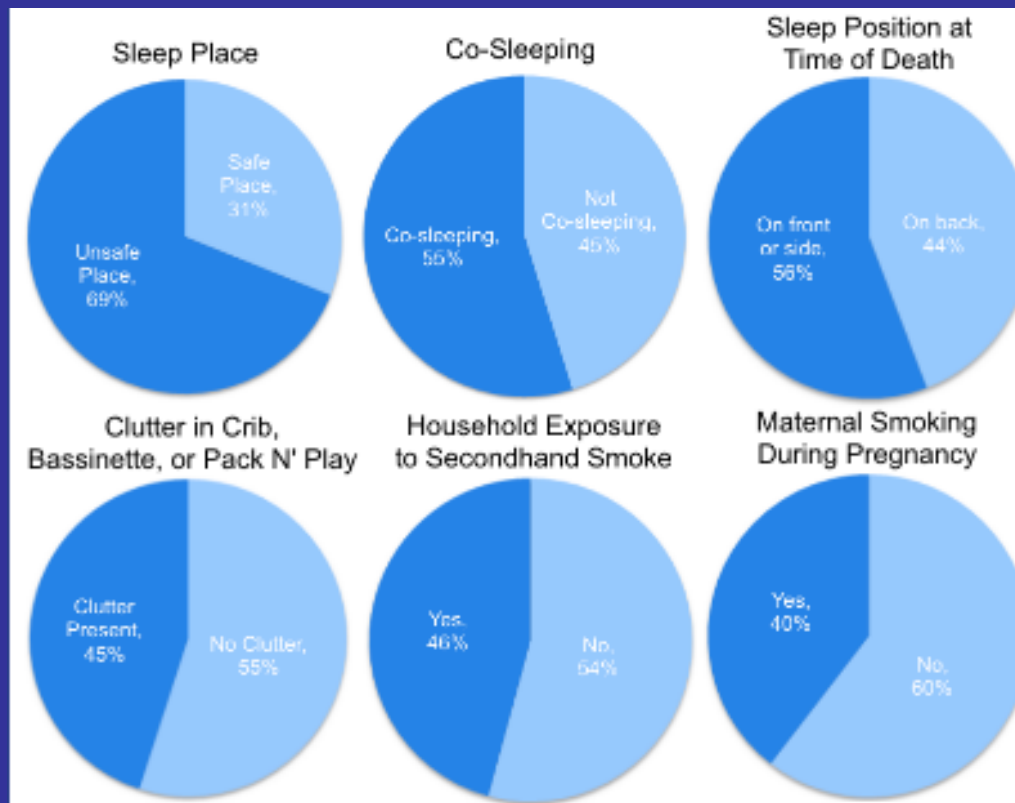
Non-Hispanic black infants are more than 3 times more likely to die compared to non-Hispanic white infants.



Neonatal vs Post-neonatal

In 2012, there were 234 Infant Deaths in Philadelphia





Philly Centric



Additional Slides

<http://www.dol.gov/ebsa/faqs/faq-aca26.html>

Coverage of Food and Drug Administration (FDA)-approved Contraceptives

BEDSIDER.ORG

Bedsider for Postpartum Contraception Counseling

Jennifer Bromley, MD
ACOG Junior Fellow
Resident, Ob/Gyn

Karen Gerancher, MD
Principal Investigator
ACOG Fellow
Faculty, Ob/Gyn

Wake Forest Baptist Health
Winston-Salem, North Carolina



Access to All Methods of Contraception

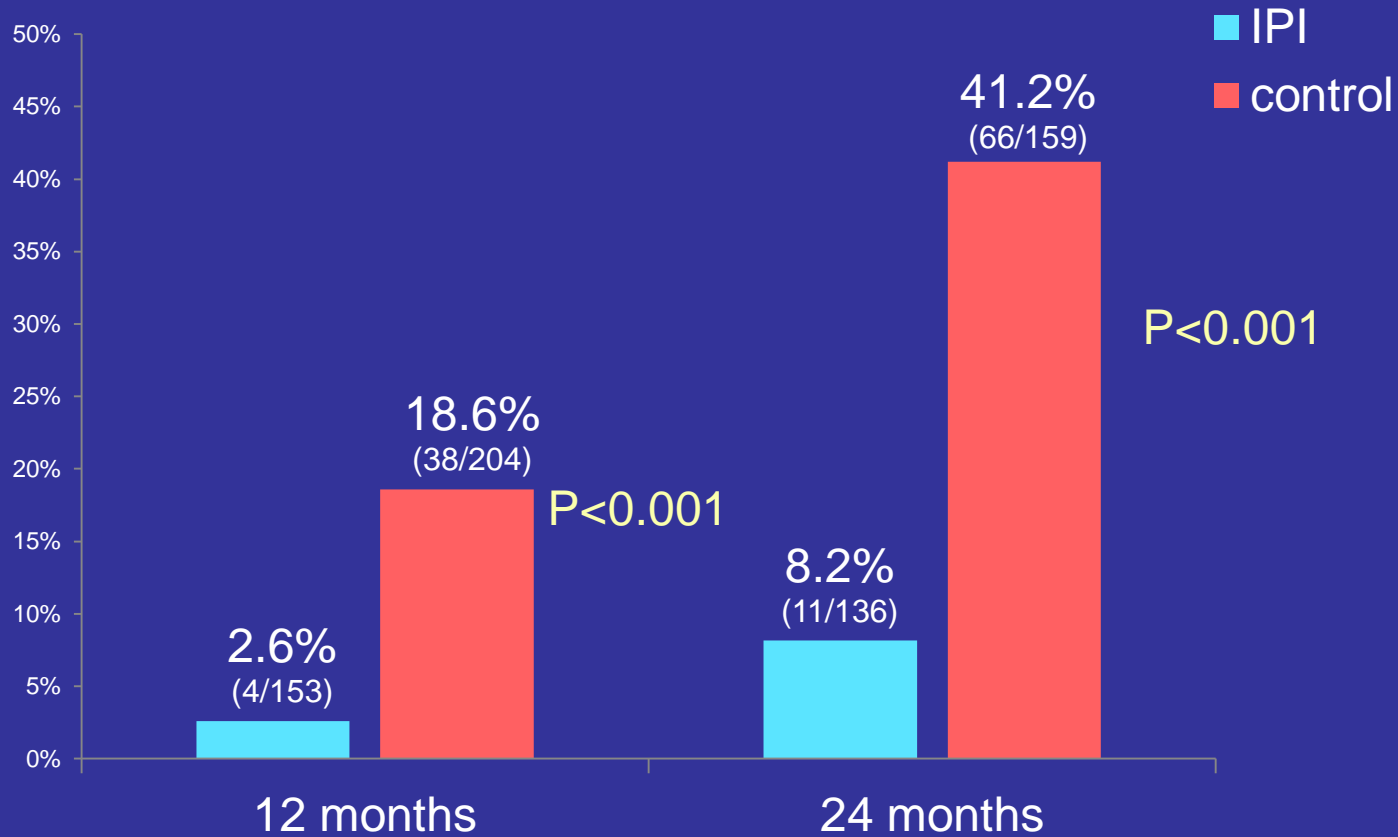
"Plans and issuers must cover without cost sharing at least one form of contraception in each of the methods (currently 18) that the FDA has identified for women in its current Birth Control Guide. This coverage must also include the clinical services, including patient education and counseling, needed for provision of the contraceptive method."



<http://www.dol.gov/ebsa/faqs/faq-aca26.html>

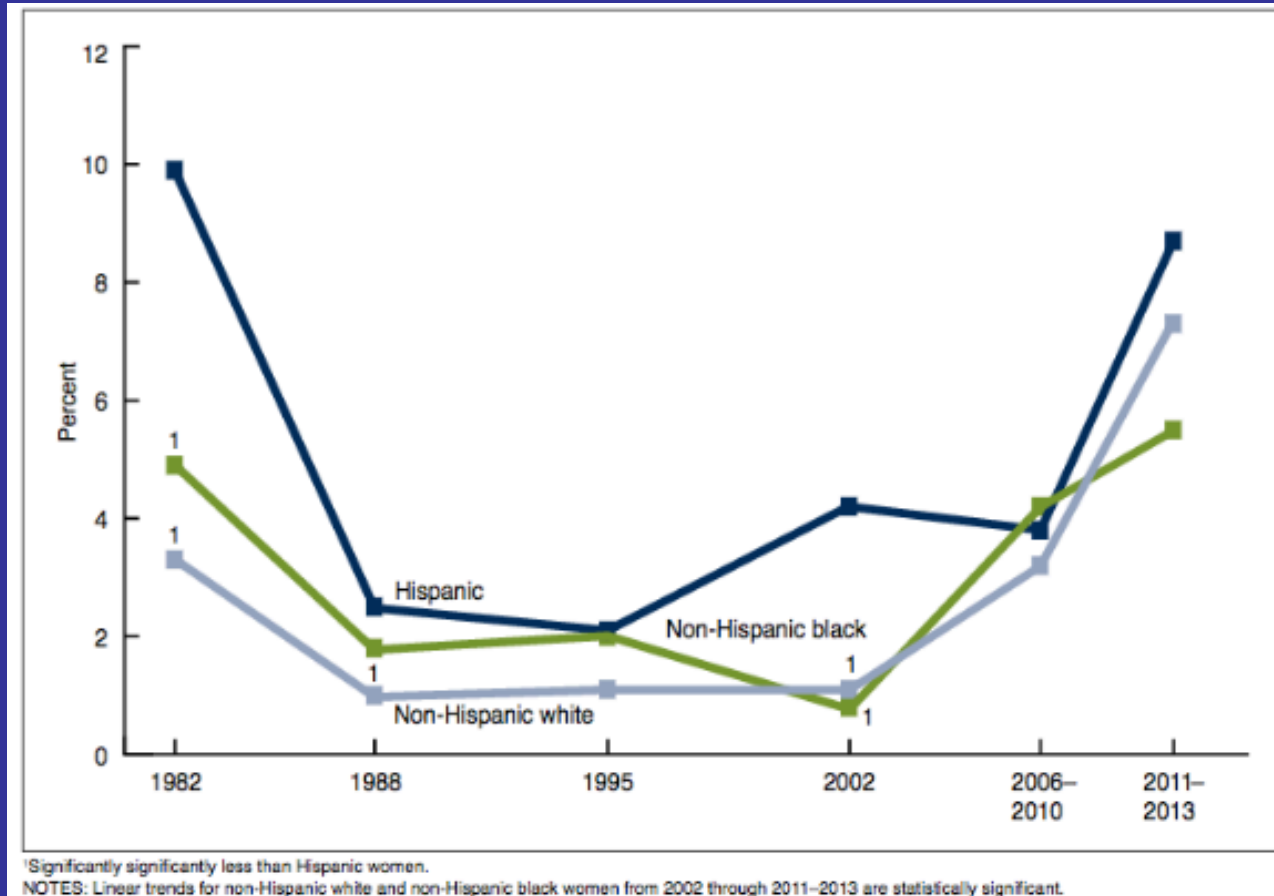
Coverage of Food and Drug Administration (FDA)-approved Contraceptives

Rapid Repeat Unintended Pregnancy Decreased with Implant

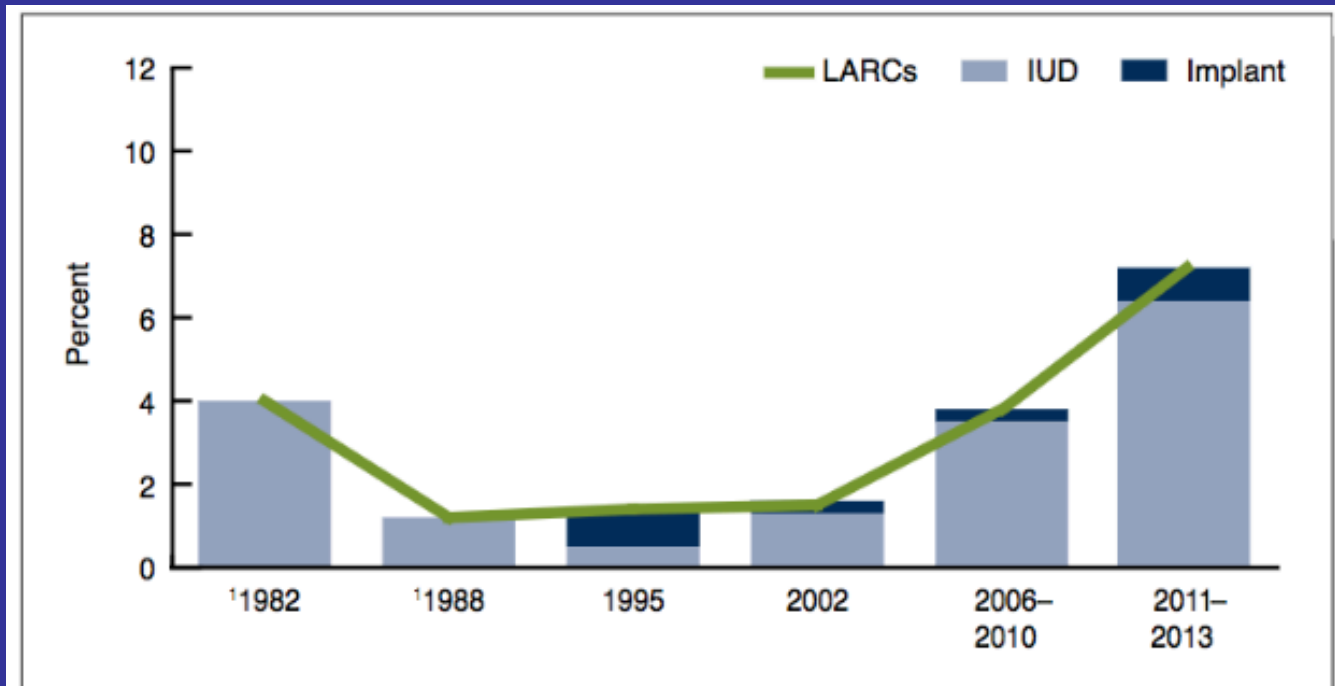


Tocce, Colorado

LARC by Race and Ethnicity



LARC increased nearly 5-fold in the last decade (Women 15–44 yrs)

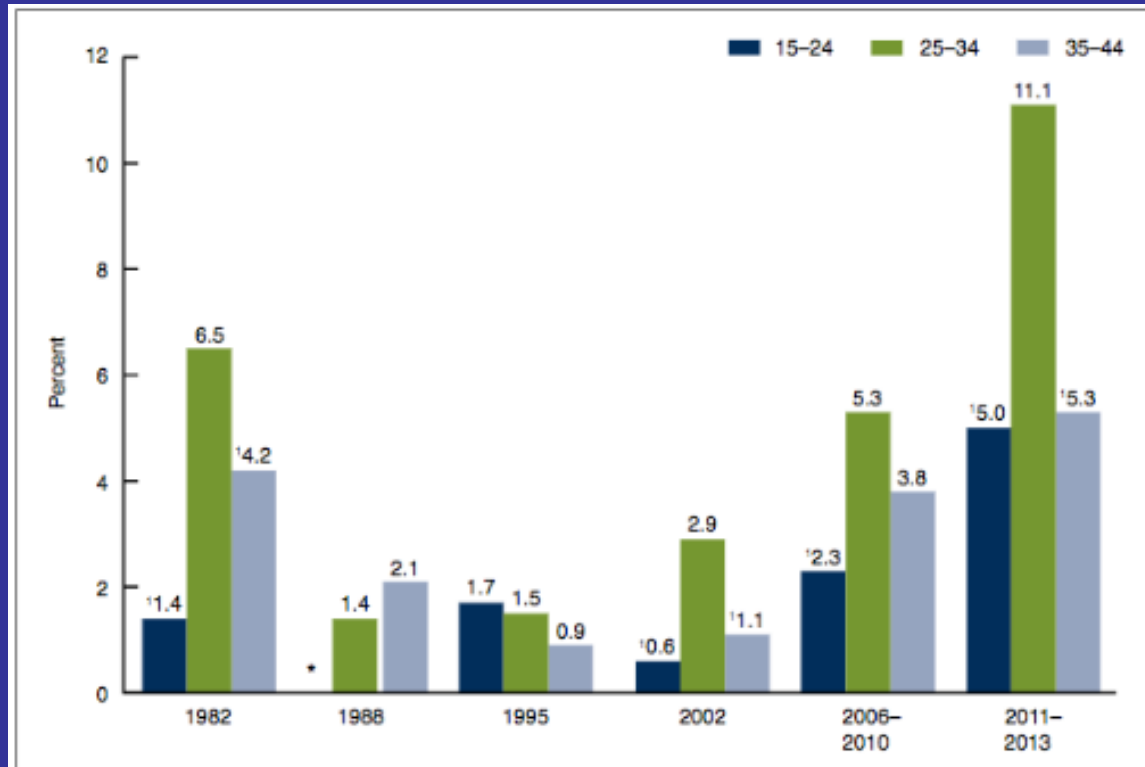


¹Implants were not available in 1982 and 1988.

NOTES: Linear decrease from 1982 to 1988 and linear increase from 2002 to 2011–2013 for all LARCs are statistically significant; linear increase in IUD use from 1995 to 2011–2013 is statistically significant. IUD is intrauterine device; LARCs are long-acting reversible contraceptives.

SOURCE: CDC/NCHS, National Survey of Family Growth, 1982, 1988, 1995, 2002, 2006–2010, and 2011–2013.

Trends in LARC by Age



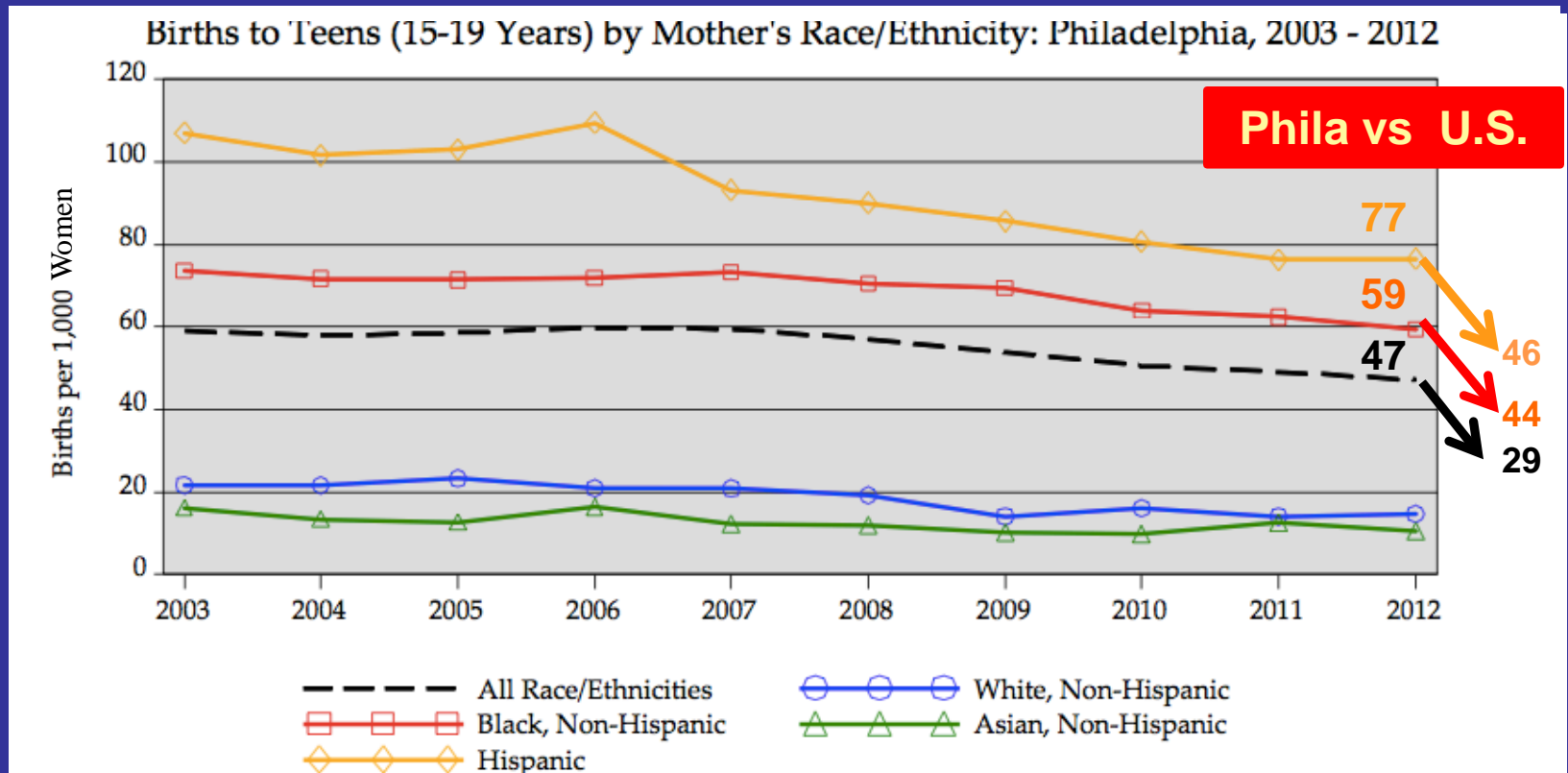
*Significantly less than women aged 25-34.

*Figure does not meet standards of reliability or precision; too few women aged 15-24 reported using long-acting reversible contraceptives in 1988.

NOTE: Linear trends in use of long-acting reversible contraceptives for all age groups from 2002 to 2011-2013 are statistically significant.

SOURCE: CDC/NCHS, National Survey of Family Growth, 1982, 1988, 1995, 2002, 2006-2010, and 2011-2013.

Births to Teens, 15-19 years by Race & Ethnicity (2003-2012)



Disclosures

I have no disclosures.