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Advocating for Women's Health: The Importance of Family Planning Clinics

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Abstract

Many women regard family planning clinics as their first entry point into the health care system, and one they consider their usual source of care. Each year, publicly funded family planning services prevent 1.94 million unintended pregnancies, including 400,000 teen pregnancies (Guttmacher Institute, 2010). Services such as birth control and pregnancy counseling, women's annual visits and STI testing all prevent unintended pregnancy and sexually transmitted diseases, which improve health outcomes for infants, women and their families. Research has indicated that unintended pregnancy has negative health and economic consequences that can be prevented through health education and services provided by publically funded family planning clinics.

This paper examines fieldwork at the City of Berkeley Public Health Clinic that provides family planning services to the diverse population of Berkeley, California. The main objective of the fieldwork project was to develop sexual health education skills and to create a sexual health-training curriculum that can be used to educate the public about sexual health topics.

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Section I: Introduction

In what has been deemed “The War on Women”, the reproductive rights of women have been threatened due to the current political climate in which tea-party conservatives are aiming to shut down clinics that offer safe and legal abortion care, hinder the access to contraception and family planning services and deny women insurance coverage for essential reproductive health care.

The need for family planning services is essential to ensuring women's health and giving women the freedom to choose what is best for themselves and their bodies. It has been 42 years since the historic U.S. Supreme Court decision *Roe v. Wade*, which allowed women to receive safe and legal abortions, however legislatures across the U.S. are making it extremely difficult for women to make this very personal decision, which affects not only women's health and safety but the U.S. economy as well.

The purpose of this paper is to examine how one family planning clinic can make a difference within a community, and the importance of continuing funding for programs that enhance women's health and safety through health education and sexual and reproductive health care services.

Section II: Description of the Agency

The City of Berkeley Public Health Clinic provides comprehensive reproductive health care, family planning services, immunizations, tuberculosis skin testing, health education and referrals to the diverse community of Berkeley, California. The CBPHC is owned and operated by the City of Berkeley's Public Health Division, which is part of the Department of Health Services. The City of Berkeley is one of only three cities in California to have its own public health department, with the distinction of being their own health jurisdiction. Having the city be its own

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health jurisdiction, allows for more individualized and higher quality services for the residents of Berkeley due to the smaller population size the department serves.

The clinic serves all Berkeley citizens and community members of surrounding areas, who are in need of low-cost or free family planning services, immunizations or TB tests. The clinic uses a sliding scale fee based on income and family size and accepts both Medi-Cal and FamilyPACT insurance providers. The clinic serves a diverse population of clients with different socio-economic, gender identity, racial and ethnic backgrounds.

The CBPHC provides family planning services, which include, pap-smears, well-women visits, well-male visits, breast and pelvic exams, pregnancy testing and counseling, preconception and reproductive life planning, sexually transmitted infection testing, diagnosis and treatment, and prescription and dispensing of various birth-control methods. The clinic also focuses on health education and partners with agencies in the community to provide resources for health needs not provided at the clinic.

The City of Berkeley Public Health Clinic is funded by the City of Berkeley as well as the National Family Planning Program: Title X. For more than 40 years, Title X has provided family planning centers with the necessary funding to provide cost-effective comprehensive reproductive health services for men and women. House Republicans have proposed a budget that would eliminate Title X funding in 2016, which would put the City of Berkeley Public Health Clinic at jeopardy along with other family planning clinics that provide essential health services to millions of women each year.

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Section III: Description of the Public Health Problem

Nearly half of all pregnancies in the United States are unintended, meaning that one out of two pregnancies is to a woman who feels she is not ready to have a child, or that she does not want to have a child at all (Finer & Henshaw, 2006). Unintended pregnancies are associated with many negative health outcomes such as delays in initiating prenatal care, reduced likelihood of breastfeeding, maternal depression and an increased risk of physical violence during pregnancy (Cheng et al., 2006). Low birth weight and birth defects are also more common among babies who were unplanned. Children of unintended births are also more likely to experience poor mental and physical health during childhood, and have lower educational attainment and behavioral issues in their teen years (Logan et al., 2007).

Unintended pregnancies disproportionately affect teenagers, and teen pregnancies have more serious health risks. The majority of pregnancies that occur from mothers aged 15-19 are unintended, and 1 out of 5 unintended pregnancies results from a teenage mother each year (Finer & Henshaw, 2006). Teen mothers are less likely to graduate high school by the time they reach age 30, they earn less than mothers who have children in their 20s and they receive nearly twice as much Federal aid for nearly twice as long compared to mothers who have had children at later ages (Hoffman & Maynard 2008). Early fatherhood is also associated with lower financial and educational attainment (Hoffman & Maynard 2008). Teenage pregnancies cost U.S. taxpayers 9.1 billion dollars annually and result in children who are more likely to have health and behavioral problems (Hoffman 2006).

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Unplanned pregnancies can happen to any woman, but they disproportionately occur to women aged 18 to 24, and who are living below the poverty line (Chandra et al., 2005). Women who have less than a high-school diploma and who are Black or Hispanic are also more likely to experience an unplanned pregnancy (Chandra et al., 2005). Women who are uninsured, and fall under the previously mentioned categories are less likely to have access to family planning services (Chandra et al., 2005). Barriers to receiving family planning services are: not being to afford the care, having limited access to publically funded services and not having access to transportation to the clinics. The hours and locations of family planning clinics can also make it difficult for some people to receive health services. Publically funded family planning clinics are essential for women to receive the necessary preconception care that will prevent unplanned pregnancies.

Family planning clinics not only allow women to receive preconception care that enable them to develop a reproductive life plan, they also provide STI testing and counseling. The consequences of untreated sexually transmitted infections can cause serious and sometimes life threatening health outcomes. The Center for Disease Control recommends that individuals who are sexually active get tested for sexually transmitted infections at least once a year, and every three months for individuals who have multiple sexual partners or who engage in risky sexual behavior (2014). Family planning clinics provide low cost or free STI testing, which encourages people to get tested regularly and get treated for STI's that could be spread to their sexual partners or cause serious health outcomes for themselves if not treated properly. Unintended pregnancies and sexually transmitted infections are a major public health problem that publically funded family planning clinics help to aid and alleviate.

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Section IV: Overall Project Plan and Learning Objectives

The objectives of the fieldwork experience at the City of Berkeley Public Health Clinic were to gain birth control counseling skills as well as create a sexual health curriculum to be used by the clinic to conduct sexual health trainings. The CBPHC partners with many community agencies, and several have expressed the need and interest to have sexual health trainings be provided to their staff and volunteers. The Women's Daytime Drop-In Center's Sexual and Reproductive Health Education (SHE) Project had asked the clinic to provide a training going over basic sexual health information in order for the volunteers to become comfortable talking and addressing the sexual health needs of their clients.

The first objective was to develop birth control counseling skills through independent research and by shadowing health educators at the clinic. The second objective was to create a curriculum that would address basic sexual health information, and then conduct the training given to volunteers of the SHE Project.

Section V: Implementation of the Project/ Methods Used

As stated above, the first objective of the fieldwork experience was to develop birth control counseling skills. In order to become an effective health educator, it is essential that one becomes knowledgeable about the subject that one wants to educate others on. It was necessary to do extensive independent research on birth control methods, which include side effects, efficacy, and understanding what methods are best for each patient based on their individual needs. After becoming familiar with the differences between birth control methods and being able to identify pros and cons, it was necessary to learn how to educate patients in an effective manner.

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Health education does not work just by reiterating facts to a patient, but it should be a conversation between the health educator and patient to identify individual needs. It is also important to ensure that the patient understands the risks associated with the medication as well as know how to use the method properly. This is especially true for birth control methods because efficacy can depend on if an individual uses medication consistently and accurately. In order to develop health education skills, it was also necessary to shadow experienced staff and to study techniques that are helpful in educating and counseling patients. Independent study on different health education methods and interviewing techniques were important in eventually conducting birth control counseling sessions autonomously.

By studying birth control methods and health education techniques, the next step of completing the learning objective was to conduct birth control counseling sessions with patients. When a patient indicated on their patient forms that they were visiting the clinic to start or change a birth control method, they then would be directed to the health educator where the different birth control methods were explained and then, depending on the patients individual needs, the health educator would guide the patient to choose a method that is best for them and their bodies.

The second learning objective was to design a sexual health curriculum that would be taught to the CBPHC's community partners. The curriculum included male and female reproductive systems, birth control methods, sexually transmitted infections and LGBTQ health. The curriculum was created by studying sexual health topics and determining which information was pertinent to the training. An outline was created to organize the information into different sections and break it up into a two-hour session. The outline was also produced in a manner that

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allowed for other individuals to use the presentation in future trainings. After each topic an associated activity was created to make the training more interactive. Technology was also utilized by finding a descriptive video that explained the difference between sex, gender, and gender identity when discussing LGBTQ health.

The next step of creating the sexual health curriculum was to conduct a training given to volunteers of the SHE Project. A trial training was given to members of the CBPHC staff in order for them to give feedback about the presentation and to assess if there was any missing information. The trial training occurred, and the feedback given by staff was to make the training more interactive. The staff suggested that the presenter to do less talking to make the training more conversational and to utilize the trainees prior knowledge about the subjects. After the trial presentation, the feedback was taken into account and the training was changed to be more interactive.

The SHE Project sexual health training was held on a Saturday at the clinic, and was conducted within a two-hour time period. The subjects were described and trainees participated in the activities that were created to help them better understand topic material in a fun and interactive way. After the training was completed, a survey was handed out to identify how useful the training was to the work that they do, and if they recommended any improvements.

Section VI: Results/Findings

After reviewing and analyzing the data collected from the SHE Project sexual health training surveys there were many helpful comments that will allow for the improvement of the training

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material. Out of the 5 participants who attended the training, all strongly agreed or agreed that they will be able to apply the knowledge learned at the training and that the training enhanced their knowledge of sexual health topics. Two out of the five participants stated that they would like more time on the LGBTQ health section. One participant stated that they would like more LGBTQ discussion prompts as well as an overview of scenarios or personal experiences of LGBTQ patients. This feedback will be implemented into the sexual health curriculum so that in future presentations there will be adequate discussion on LGBTQ health. The inclusion of the LGBTQ population into clinical and health education discussions is highly important in making a safe and comprehensive health environment.

Section VII: Public Health Significance

Creating sexual health trainings that are given to groups that work within the community will allow individuals to be better informed about important issues that can effect their client's health. Sexual health is important for everyone to be educated about because it can prevent unplanned pregnancies and sexually transmitted infections. If community members, as well as health and social services providers, are educated about the importance of safe sexual practices and preventative sexual health care there could be a decrease in unplanned pregnancies and STI's. Becoming more educated on sexual health topics can empower individuals to make safe and healthy decisions regarding their sexual health. The inclusion of LGBTQ health education is also necessary for those who work in the community because this population faces unique health concerns that need to be addressed in order to create a comprehensive health care system.

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Birth control method counseling is a way for individuals to become informed and make their own decisions about when and if they want to have a child. Having access to family planning clinics that allow for individuals to discuss birth control options with health educators will most likely increase the correct usage of the desired method. Health education is important within the healthcare field because clinicians may not have time to counsel and to confirm with certainty that the patient understands the directions given. Conducting sexual health trainings as well as providing birth control counseling are examples of why family planning clinics are so important to communities. Having a space where individuals can learn about sexual health practices and receive services will help to ensure a healthy community.

Section VIII: Competencies Addressed

As required by the University of San Francisco, specific competencies needed to be completed in order to enter fieldwork placements and finish the Masters in Public Health program. During the fieldwork experience at the City of Berkeley Public Health Clinic, birth control counseling skills were developed and a sexual health curriculum was created and implemented to a group of volunteers. Through these processes and the coursework completed during the USF MPH program all required competencies were completed.

The specific competencies that were addressed during the fieldwork placement were the ability to effectively communicate public health messages to a variety of audiences and to demonstrate leadership abilities as a collaborator and coordinator of evidence based public health projects. By learning health education techniques and conducting birth control counseling skills, clients of the CBPHC were able to be trained how to effectively use birth control that would prevent them

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from unwanted pregnancies and to develop their own family plans. Providing birth control counseling addressed the competency of communicating public health messages to the public and allowed for patients to fully understand the method they chose based on their specific personal and health needs.

Creating a sexual health curriculum and conducting a training demonstrated leadership abilities as a coordinator of an evidence based public health project. Independently designing and implementing a sexual health training required management skills due to the direction needed in overseeing that the training ran smoothly and on-time. The organization and scheduling of the training also demonstrated the ability to organize and lead a project.

Section IX: Overall Quality of Fieldwork

During the 300+ hours of fieldwork experience at the City of Berkeley Public Health Clinic, many learning objectives and career development skills were acquired. The CBPHC was selected for the fieldwork placement due to the desire to see how a city run public health agency functions, as well as to develop health education skills that will be helpful in future job positions. The experience of working at the CBPHC allowed for the understanding of how a government agency runs, and although the bureaucratic process can be frustrating at times due to how long projects and contracts can be approved, the overall experience was very positive. Witnessing how many people were omitted into the clinic everyday who were in need of sexual health services, and who were able to receive care for little or no cost, made evident how important the work done at CBPHC is.

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The fieldwork experience solidified why the student wanted to work within public health and health education field. Working one-on-one with clients who expressed their gratitude about the services and information provided to them through counseling was rewarding. Creating change within the public health field is possible through publically funded family planning services, which need to be continuously supported in order to ensure that the communities have the right to chose when and if they want to start a family.

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Appendix A: Learning Objectives

Objectives (S)	Activities	Start/End Date	Who is Responsible
Develop contraception counseling skills	<ul style="list-style-type: none"> -Study and learn different contraception options -Shadow health educators -Become trained in how best to counsel patients -Review health education materials 	04/15-08/15	Ann Song Clinic Health Educator Teresa Le
Examine public health clinic functions	<ul style="list-style-type: none"> -Shadow Senior CWHS -Work and become trained in both front and back office 	04/15-08/15	Ann Song Berkeley Public Health Clinic Staff
Acquire knowledge on sexual and reproductive health topics	<ul style="list-style-type: none"> -Independently study sexual and reproductive topics -Assess patients needs and become educated on how best to serve them 	04/15-07/15	Liz Stumm
Identify appropriate health referrals in Alameda County	<ul style="list-style-type: none"> -Study health referrals in surrounding area -Become aware of appropriate services that the clinic refers patients to 	04/15-06/15	Berkeley Public Health Clinic Staff
Develop competency in NextGen medical software	<ul style="list-style-type: none"> -Become trained in how software works -Enter patient past 	04/15-06/15	Berkeley Public Health Clinic Staff

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	<p>medical history and pt. information into EMR's</p> <p>-Learn how to check-in patients and schedule appointments</p>		
<p>Develop sexual health training for SHE project volunteers</p>	<p>-Develop sexual health 101 curriculum</p> <p>-Schedule time and date of training with SHE project coordinator</p> <p>-Create a presentation that can be used for other trainings by the clinic</p> <p>-Work with staff to create activities and games to engage participants in the training</p>	06/09/15 – 08/01/15	<p>Liz Stumm</p> <p>Ann Song</p> <p>Teresa Le</p>
<p>Create tools for future interns to track progress</p>	<p>-Create template for interns to track objectives</p> <p>-Track how long it takes to complete projects</p> <p>-Update objectives and time sheet</p>	06/09/15-08/15	<p>Liz Stumm</p> <p>Ann Song</p>
<p>Review and edit HIV questionnaire</p>	<p>-Compile questions needed on HIV questionnaire required by the state</p> <p>-Add questions into existing survey</p> <p>-Format questions to fit on one page</p>	06/01/15 – 06/09/15	<p>Liz Stumm</p> <p>Alex Deitch</p>

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	-Receive feedback on question clarity and readability of form		
Assist in creating Health Education Protocol form	-Research free and low-income health food resources in the area -Gather information on resources and compile it into health education form	06/09/15 – 06/11/15	Liz Stumm Teresa Le
Assist in creating Health Education Protocol form	-Research free and low-income health food resources in the area -Gather information on resources and compile it into health education form	06/09/15 – 06/11/15	Liz Stumm Teresa Le
Participate in client satisfaction committee	-Review clinic forms and resources for potential improvements -Work to create a revised client satisfaction survey	06/02/15 – 08/15	Liz Stumm Ann Song Alex Deitch

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Appendix B: Sexual Health Training Survery**Sexual Health 101 Training Evaluation**

Please indicate your impressions of the items listed below.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The training met my expectations.	<input type="radio"/>				
2. I will be able to apply the knowledge learned.	<input type="radio"/>				
3. The training enhanced my knowledge of sexual health topics.	<input type="radio"/>				
4. The content was organized and easy to follow.	<input type="radio"/>				
5. The materials distributed were pertinent and useful.	<input type="radio"/>				
6. The trainer was knowledgeable.	<input type="radio"/>				
7. The quality of instruction was good.	<input type="radio"/>				
8. The trainer met the training objectives.	<input type="radio"/>				
9. Class participation and interaction were encouraged.	<input type="radio"/>				
10. Adequate time was provided for questions and discussion.	<input type="radio"/>				

11. How do you rate the training overall?

Excellent	Good	Average	Poor	Very poor
<input type="radio"/>				

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10. What aspects of the training could be improved?

11. Other comments?

THANK YOU FOR YOUR PARTICIPATION!