Accessible Contraceptive Education in VT

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FM Project
Accessible Contraceptive Education

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Community Health Centers of Burlington
Project Mentor: Heather Stein, M.D.
Dec 2015 – Jan 2016
The Problem

- Unintended pregnancies
  - Total public expenditure in U.S: estimated $21 billion in 2010
  - Highest among (2008):
    - Low-income (5x rate of highest income)
    - Minority
    - Age 18-24
    - 36 per 1,000 women in VT in 2010

- Unplanned births
  - 1.5 million unplanned births in 2010
    - 68% paid for by public insurance

- Negative public health impact
  - Delayed prenatal care
  - Premature birth
  - Physical/mental health effects for children
The Problem

- **Contraception**
  - 68% of U.S. women use contraception correctly
    - Account for 5% of unintended pregnancies
  - 14% of U.S. women do not
    - Account for 54% of all unintended pregnancies

- **Federally qualified health centers (FQHC)**
  - Often sole provider of reproductive & preventive health for U.S. populations most in need
  - Serve 1 in 5 low-income women

- **Community Health Centers of Burlington (CHCB)**
  - FQHC in Chittenden County
  - Incredibly diverse patient population
    - Refugee/English as a second language
    - Low-income
    - Adolescent (Pearl Street)
    - Transgender (Pearl Street)
    - Rural (Keeler Bay)
    - Homeless (Safe Harbor, Outreach)

*The take-away:* Unintended pregnancies are a huge cost to society. CHCB is uniquely placed to facilitate educated choices for those most at risk in the community.
Provider Perspectives

• Interviewed physicians, mid-level providers, nurses, and medical assistants
  • A need was identified: a visual aid that could be used to quickly & clearly educate patients about their birth control options

• All agreed: Currently used resources are entirely text-based, which:
  • Relies too heavily on patients’ ability to read & process
  • Buries key information in text
  • Makes comparisons difficult

• No one resource addresses the most common issues that patients & providers want to discuss
Provider Perspectives

• About **timing:**
  • “We only have 15 minutes, but contraceptive management will come up at the last minute, and often the patient won’t have any direction of where to go.”
  • “We need to screen for eligibility, discuss insurance, and then we have the rest of the time to talk about birth control options. And we need to do it in 15 minutes. It’s overwhelming. What we need is a good visual aid.”

• About **health literacy** and **access:**
  • “We don’t have anything like it. Since we have a lot of lower socioeconomic status and refugees in our population, they don’t always know their options or have access to the internet to look it up.”
  • “Even though we know the language behind it, they may not. I think it’s important to still show that information in a way that’s easier to understand.”

Selected quotes from Sarah Vredenburgh, Medical Assistant, and Amy McGettrick, M.D.
Methodology & Intervention

• Asked providers about resources they currently use to educate their patients about birth control
  • What they liked/disliked about it
  • What they wished to change
  • Suggestions to facilitate understanding
• Along the way, ideas were:
  • Vetted with providers
  • Continually incorporated
Results & Response

Content
- **Categories** – address items that:
  - Providers want to convey
  - Patients frequently ask

Format
- **Visual representations**
  - Easy-to-compare

Intended use
- As a **visual aid** during provider discussions with patient
- As a **take-home** for patients to remember discussion so they can decide
## Results & Response

![Diagram and Table]
Evaluating Effectiveness & Limitations

- To evaluate the tool’s effectiveness, compare it with a similar text-heavy resource
  - Since the goal is to help patients make decisions, assess patients’ understanding of their birth control options with a patient questionnaire
  - Use a provider questionnaire to assess whether or not they feel the tool helped facilitate a better conversation or if it was burdensome to use

- Limitations
  - By limiting text, this resource sacrifices the exactness of verbal descriptions for the sake of simplicity
    - Lack of precise verbiage may require more provider clarification
  - Visual representations can be interpreted in a multitude of ways by patients and providers
    - In an attempt to limit different interpretations, some text was conserved
Future Projects

• Projects involving this tool
  • Patient & provider questionnaires to assess effectiveness of the tool
  • Translate tool into Nepali, Somali, and Vietnamese—some of the most frequently used languages at CHCB

• Projects addressing contraceptive education in general
  • A short animated YouTube video that takes a patient through all the different options a la Doc Mike Evans
  • A digital whiteboard-style YouTube video in the style of Khan Academy
Sources