

EXPANDING ACCESS TO REPRODUCTIVE HEALTH CARE FOR INCARCERATED WOMEN WITHIN A COUNTY JAIL

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Disclosure

I have no actual or potential conflict of interest in relation to this program/presentation.

Study Description

This study focuses on the evaluation of health services provided for incarcerated women within a County Jail following the expansion of Title X funding for Family Planning.

Goals & Objectives

By the end of the session, participants will:

- ▣ Understand the family planning disparities facing incarcerated women
- ▣ Understand how the expansion of Title X services to a County Jail worked to address the need for family planning services
- ▣ Describe the outcomes of this new program and evaluate success
- ▣ Discuss ways in which other sites may address this issue

Unintended Pregnancy

- *“The average woman spends about five years pregnant, postpartum or trying to become pregnant, and three decades - more than three-quarters of her reproductive life - trying to avoid an unintended pregnancy.”*
- Currently, about half (51%) of the 6.6 million pregnancies in the United States each year are unintended.

Family Planning

Disparities Facing Incarcerated Women

- Women represent the fastest growing incarcerated population and are systematically underserved and socioeconomically disadvantaged.
- Additionally, this population has reduced access to and utilization of family planning services.
- Most women in correctional facilities are of reproductive age.
- More than 80% of incarcerated women have reported a history of unintended pregnancy.

Family Planning

Disparities Facing Incarcerated Women

- Most incarcerated women are not planning to become pregnant and would welcome access to birth control just prior to release.
- Incarcerated women interested in contraceptive care have reported barriers to care before incarceration, including difficulties with payment, finding a clinic, and transportation.
- Domestic violence survivors may have not previously felt empowered to control their reproductive choices.

Rationale

- Offering birth control services to incarcerated women pre-release may improve likelihood of initiating/maintaining contraceptive use after release.
- Clarke, et al (2006) found significantly increased initiation of contraception if offered pre-release vs. post-incarceration.

Cook County

Department of Corrections (CCDOC)





- Cermak Health Services is the largest single site correctional health service in the country
 - ▣ Located in the Cook County Department of Corrections
 - ▣ Daily provider of medical and mental health care to approximately 9,000 detainees - over 75,000 annually
 - ▣ Comprehensive range of services, including primary care, specialty care, dental and mental health services, medical and psychiatric special care units, 24/7 urgent care, laboratory, pharmacy, diagnostic imaging

Female Population at CCDOC

- Average daily census of approximately 900 women
 - ▣ (~ 80% between 18-45 years)
- 15-25 incarcerated pregnant women at any time
- Average length of stay: 44 Days
- Most women are released back into local Chicago West and Southside communities
- Over 75% of women have at least one child
- Over 60% of women are African American

Title X Family Planning



Title X is the only federal grant program dedicated solely to providing individuals with comprehensive family planning and related preventive health services.

Title X Family Planning

- The Cook County Health and Hospitals System (CCHHS) has two Title X Family Planning clinics funded by the Illinois Department of Public Health:
 - ▣ **Fantus Health Center**
 - has provided Title X Family Planning services to Cook County residents for the past two decades
 - ▣ **Cicero Health Centers**
 - Expanded to be included in 2009
- Combined, the clinics see an average of over 10,000 patients annually

Expansion of Title X Services to CCDOC

- CCHHS' Title X services were expanded to Cermak Health Services as a satellite site
- Comprehensive family planning services were offered to women pre-release, including the provision of long-acting reversible contraceptive methods.
- Office of Women's Health provided training and implementation support
- CCHHS Family Planning oversees, administers grant funds, collects and reports data

Methods

To evaluate the program, surveys were administered to assess:

- ▣ demographics
- ▣ reproductive history
- ▣ past contraceptive usage
- ▣ desired contraception
- ▣ future family planning goals

Methods

Contraceptive methods received pre- and post-release were documented, in addition to follow up visits at the outpatient family planning clinic at John H. Stroger, Jr. Hospital of Cook County

Results

Family Planning Patient Demographic Characteristics				
	Characteristics	n	%	
Age, in years	18-19	8	5%	
	20-29	77	48%	
	30-39	49	30%	
	40-49	28	17%	
Race	African American	67	41%	
	White	51	31%	
	Hispanic	30	19%	
	Asian/Pacific Islander	1	1%	
	Native American/Alaskan Native	4	2%	
	Other	7	4%	
	No Reponse	2	1%	

Family Planning Patient Demographic Characteristics

Characteristics	n	%
Education		
8th grade or less	9	6%
Some high school	49	30%
High School degree/GED	32	20%
Some college	38	23%
College degree	6	4%
Masters/Professional degree	1	1%
No response	27	17%
Relationship Status		
Single	79	49%
Dating/In a relationship	41	25%
Married	10	6%
Divorced/Separated	5	3%
No response	27	17%

Family Planning Patient Obstetric Characteristics

Characteristics	n	%
Obstetric History		
Women who have at least one child	114	70%
Women with at least one abortion	48	30%
Saw a healthcare provider within last year		
Yes	71	44%
No	60	37%
No response	31	19%
Reproductive Life Plans		
I am trying to get pregnant (within 1 year)	5	3%
1-2 years I would like to become pregnant	28	17%
3-5 years I would like to become pregnant	29	18%
5 or more years I would like to become pregnant	9	6%
I am not sure if I want to have a/another baby	21	13%
I do not want to have any/any more children	40	25%
No response	30	19%

Family Planning Patient Contraceptive Characteristics

Characteristics	n	%
Contraception Before Family Planning Visit*		
No method*	130	80%
Condoms (male)	3	2%
Hormonal Implant	6	4%
Hormonal Injection	13	8%
Levonorgestrel IUD	6	4%
Copper IUD	2	1%
Female Sterilization (Essure/Tubal Ligation)	2	1%
Contraception After Family Planning Visit*		
No method*	51	31%
Condoms (male)	2	1%
Oral Contraceptive Pills	3	2%
Hormonal Implant	59	36%
Hormonal Injection	27	17%
Levonorgestrel IUD	14	9%
Copper IUD	4	2%
Female Sterilization (Essure/Tubal Ligation)	2	1%

Statistics for First Nine Months

Of 162 women served in Family Planning Clinics since it started on April 4, 2015 (many had follow-up appointments at Cermak after their initial Family Planning visit):

- ▣ 57 etonogestrel subdermal implants inserted (Nexplanon[®])
- ▣ 5 Nexplanon[®] removals (3 inserted prior/ new reinsertion)
- ▣ 27 depot medroxyprogesterone acetate (Depo-Provera[®]) injections given
- ▣ 14 intrauterine devices placed (Mirena[®] & Paragard[®])
- ▣ 3 IUD removals (all inserted prior/new reinsertion)
- ▣ 37 PAPs
- ▣ 37 STI evaluations done
- ▣ No complications

Patient Feedback

- *“My goals: get released from jail, stay clean, live a normal life, have a healthy pregnancy”*
- *“I like that you give free birth control. I couldn’t have afforded it on the outside.”*
- *“I have received more medical care here in the past 6 months than I have in my whole life.”*
- *“I wouldn’t have followed up for birth control on the outside, I’m glad I’m getting it done now.”*

Patient Feedback

- One woman planned to ask her judge for an extension of her stay in order to get her IUD placed before release. Luckily, this was not needed.
- *"I'm an addict... and while I work on figuring that part of my life out the last thing I need is to get pregnant. Getting a Nexplanon is the most responsible thing I've done in my life."*
- *"The staff and services were excellent. It really means a lot to me and will help my recovery now that I don't have to worry about birth control."*

Patient Feedback

- *"Getting birth control before I left CCDOC was very important to me. Now I can focus on my 2 young children and getting back to school and my future. Thank you so much!"*
- *"I think it's good for me to leave jail with birth control because I want to take time with my three daughters and gain our bond back. I don't need another baby until I am stable and with my life back on track."*

Conclusions

- Extremely well received by patients
- Welcomed by jail administration and IDPH administration
- Unique characteristics of correctional setting required high doses of flexibility from corrections, public health partners
- Possibility for patient to easily access health care team to address and monitor common method side effects
- Opportunity to also address fertility, STI risk, women's control of their bodies and reproductive choices

How can other sites implement Family Planning Services?

- Partner with local clinic or academic institution
- Receive training on methods and insertion/removals by certified trainers
- Provide up-to-date contraceptive and STI information for patients
- Offer comprehensive services
- Providing accessible follow-up locations
 - To date, only one patient has followed up in the Fantus Family Planning Clinic post-incarceration

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- Clarke JG, Rosengard C, Rose JS, Hebert MR, Peipert J, Stein MD. **Improving birth control service utilization by offering services prerelease vs postincarceration.** Am J Public Health: May 2006; 96(5):840-5.
- *Provision of contraceptive services to women during their incarceration is feasible and greatly increases birth control initiation compared to providing services only in the community.*

- Schonberg D, Bennett AH, Sufrin C, Karasz A, Gold M. **What Women Want: A Qualitative Study of Contraception in Jail.** Am J Public Health: November 2015; 105(11): 2269-2274.
- *Contraception at the jail must be provided by trusted medical providers delivering high quality care with the goal of allowing women to control their own fertility; this would ensure that women could access birth control and cease using birth control when desired.*