Expanding Access To Reproductive Health Care For Incarcerated Women Within A County Jail

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Department of Family Planning
Cook County Health and Hospitals System
# Disclosure

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<tr>
<th>Elizabeth Feldman, MD, FAAFP</th>
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<tr>
<td>Commercial Interest</td>
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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:

- Identify the family planning disparities facing incarcerated women
- Explain 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.

- Trauma/violence survivors may have not previously felt empowered to control their reproductive choices.

Teachable Moments

- Incarceration may serve as “teachable moment”
- Women are clean and sober, free of childcare responsibilities, with time on their hands
- Anecdotally, female detainees at CCJ are very interested in health education, ask great questions
- Majority of incarcerated women return to their communities and families
- Excellent opportunity to educate and provide reproductive health services
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 (or second 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.

For more than 40 years, Title X clinics have played a critical role in ensuring access for millions of low-income or uninsured individuals.

Title X 2014 Annual Data

- Served more than 4.1 million clients through 7.2 million family planning encounters
- Helped avert estimated 2 million unintended pregnancies
- About 800,000 cervical cancer screenings done
- Over 1 million confidential HIV tests to women and men
- Tested 1.8 million females & 242,000 males for chlamydia, and performed 2.2 million gonorrhea tests
- 91% had incomes <= 250% of federal poverty level
- 54% were uninsured
- 54% self-identified as white, 21% as black, 3% as Asian, 4% as multiracial; 30% Hispanic
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

Comprehensive family planning services were offered to women pre-release, including the provision of long-acting reversible contraceptive methods.

Office of Women’s Health of Illinois Dept. of Public Health provided training and implementation support.
Expansion of Title X Services to CCDOC

- CCHHS’ Title X services were expanded to Cermak Health Services as a satellite site (just like Cicero clinic)
- CCHHS Family Planning department oversees, administers grant funds, collects and reports data, orders and provides devices
- Cermak Health Services’ providers obtain consents, provide education, complete Title X forms, provide devices/methods
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 one of the outpatient family planning clinic at John H. Stroger, Jr. Hospital of Cook County or ambulatory sites.
## Results

### Family Planning Patient Demographic Characteristics

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age, in years</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-19</td>
<td>8</td>
<td>5%</td>
</tr>
<tr>
<td>20-29</td>
<td>77</td>
<td>48%</td>
</tr>
<tr>
<td>30-39</td>
<td>49</td>
<td>30%</td>
</tr>
<tr>
<td>40-49</td>
<td>28</td>
<td>17%</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>67</td>
<td>41%</td>
</tr>
<tr>
<td>White</td>
<td>51</td>
<td>31%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>30</td>
<td>19%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Native American/Alaskan Native</td>
<td>4</td>
<td>2%</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>4%</td>
</tr>
<tr>
<td>No Response</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>Characteristics</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8th grade or less</td>
<td>9</td>
<td>6%</td>
</tr>
<tr>
<td>Some high school</td>
<td>49</td>
<td>30%</td>
</tr>
<tr>
<td>High School degree/GED</td>
<td>32</td>
<td>20%</td>
</tr>
<tr>
<td>Some college</td>
<td>38</td>
<td>23%</td>
</tr>
<tr>
<td>College degree</td>
<td>6</td>
<td>4%</td>
</tr>
<tr>
<td>Masters/Professional degree</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>No response</td>
<td>27</td>
<td>17%</td>
</tr>
<tr>
<td><strong>Relationship Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>79</td>
<td>49%</td>
</tr>
<tr>
<td>Dating/In a relationship</td>
<td>41</td>
<td>25%</td>
</tr>
<tr>
<td>Married</td>
<td>10</td>
<td>6%</td>
</tr>
<tr>
<td>Divorced/Separated</td>
<td>5</td>
<td>3%</td>
</tr>
<tr>
<td>No response</td>
<td>27</td>
<td>17%</td>
</tr>
<tr>
<td>Obstetric History</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------</td>
<td>-----</td>
<td>---</td>
</tr>
<tr>
<td>Women who have at least one child</td>
<td>118</td>
<td>72%</td>
</tr>
<tr>
<td>Women with at least one abortion</td>
<td>56</td>
<td>35%</td>
</tr>
</tbody>
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<thead>
<tr>
<th>Saw a healthcare provider within last year (n=152)</th>
<th></th>
<th></th>
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<tbody>
<tr>
<td>Yes</td>
<td>85</td>
<td>56%</td>
</tr>
<tr>
<td>No</td>
<td>67</td>
<td>44%</td>
</tr>
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<thead>
<tr>
<th>Reproductive Life Plans (n=156)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I am trying to get pregnant (within 1 year)</td>
<td>8</td>
<td>5%</td>
</tr>
<tr>
<td>1-2 years I would like to become pregnant</td>
<td>33</td>
<td>21%</td>
</tr>
<tr>
<td>3-5 years I would like to become pregnant</td>
<td>33</td>
<td>21%</td>
</tr>
<tr>
<td>5 or more years I would like to become pregnant</td>
<td>12</td>
<td>8%</td>
</tr>
<tr>
<td>I am not sure if I want to have a/another baby</td>
<td>26</td>
<td>17%</td>
</tr>
<tr>
<td>I do not want to have any/any more children</td>
<td>44</td>
<td>28%</td>
</tr>
<tr>
<td>Characteristics</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>------------------------------------------------------------</td>
<td>-----</td>
<td>-----</td>
</tr>
<tr>
<td><strong>Contraception Before Family Planning Visit</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No method*</td>
<td>147</td>
<td>80%</td>
</tr>
<tr>
<td>Condoms (male)</td>
<td>6</td>
<td>3%</td>
</tr>
<tr>
<td>Hormonal Implant</td>
<td>4</td>
<td>2%</td>
</tr>
<tr>
<td>Hormonal Injection</td>
<td>14</td>
<td>7%</td>
</tr>
<tr>
<td>Levonorgestrel IUD</td>
<td>7</td>
<td>4%</td>
</tr>
<tr>
<td>Copper IUD</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td>Female Sterilization (Essure/Tubal Ligation)</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Contraception After Family Planning Visit</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No method*</td>
<td>74</td>
<td>41%</td>
</tr>
<tr>
<td>Oral Contraceptive Pills</td>
<td>4</td>
<td>2%</td>
</tr>
<tr>
<td>Hormonal Implant</td>
<td>63</td>
<td>35%</td>
</tr>
<tr>
<td>Hormonal Injection</td>
<td>23</td>
<td>13%</td>
</tr>
<tr>
<td>Levonorgestrel IUD</td>
<td>14</td>
<td>8%</td>
</tr>
<tr>
<td>Copper IUD</td>
<td>2</td>
<td>1%</td>
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Statistics for First Twelve Months

Of 181 women served in Family Planning Clinic since it started on April 4, 2015 (many had follow-up appointments at Cermak after their initial Family Planning visit):

- 64 etonogestrel subdermal implants inserted
- 5 implant removals (3 inserted prior/new reinsertion)
- 23 depot medroxyprogesterone acetate injections given
- 16 intrauterine devices placed (LNG & Copper)
- 3 IUD removals (all inserted prior/new reinsertion)
- 64 PAPs
- 59 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.”
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."
"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 CCDOC administration, CCHHS leadership, IDPH/OWH administration, and Title X representatives
- 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 desired 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 institutions
- 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
Partnerships

- Who are current Title X clinics in your area? What about Planned Parenthood clinics?
- Family medicine or obstetrics-gynecology residency programs may be eager to provide services (residents come with attending MD to supervise)
- Nearby teaching hospitals/university hospitals as sponsors
- Nursing schools, medical schools, PA programs can offer reproductive health education component
Training Process

- Internal education of correctional health providers
- Title X national training center: [http://www.ctcfp.org/larc/](http://www.ctcfp.org/larc/)
  - [http://www.larcfirst.com/larc_insertion.html](http://www.larcfirst.com/larc_insertion.html)
  - [http://www.choiceproject.wustl.edu/](http://www.choiceproject.wustl.edu/)
- Training for correctional nursing staff critical
Patient Education

- http://www.acog.org/Resources-And-Publications/Patient-Education-Materials
- http://www.arhp.org/publications-and-resources/patient-resources/fact-sheets
- http://www.astho.org/Programs/Maternal-and-Child-Health/Long-Acting-Reversible-Contraception-LARC/Patient-Education/
- http://www.fda.gov/ForConsumers/ByAudience/ForWomen/WomensHealthTopics/ucm117971.htm
Comprehensive Services

- Title X is not just about the provision of birth control
- Education about reproductive choices/family planning/fertility/preconceptual counseling
- Education about HIV, STIs, intimate partner violence, substance use/abuse, mental health/PTSD
- Services and education for males
- The “teachable moment” of incarceration
References

References


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.


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.


Retrospective review of LARC insertions from 2009-2014 at SF county jail demonstrated safety and feasibility. Recommendation to increase access to contraceptive methods in noncoercive manner.