

**Podcast Transcript**

**Title:** An Introduction to the Optimal Health Model for Family Planning Clinicians

**Speaker Name:** Dr. Diane Foley

**Duration:** 00:13:43

**Katherine** ([00:03](https://www.rev.com/transcript-editor/Edit?token=y_ZRzKP4Qs--kz-Xk4fSUt2Y6RHbrywQbi1VVofaqMyAK6uruByu6lCvyY03oMsyRXW2ucJR4rMdIvRlYzbY92nNops&loadFrom=DocumentDeeplink&ts=3.65)):

Hello, and welcome to the Family Planning Files, a podcast from the National Clinical Training Center for Family Planning. I'm your host, Katherine Atcheson. The National Clinical Training Center for Family Planning is one of the training centers funded through the Office of Population Affairs to provide programming to enhance the knowledge of family planning staff. This podcast is supported by award number FPTPA006027 from the U.S. Department of Health and Human Services, HHS, Office of the Assistant Secretary of Health, OASH, Office of Population Affairs, OPA. Its contents are solely the responsibility of the presenters, and do not necessarily represent the official views of HHS, OASH, or OPA.

**Katherine** ([00:50](https://www.rev.com/transcript-editor/Edit?token=DVoGoHsjvVZOl8WUGY8UnRePSwcgwAyfKTq5sVWnMjJGGZuwzZKgbVLcd7VEBhxxMGr6Fn9r8Y_bJHvTGzzYPPMzs7w&loadFrom=DocumentDeeplink&ts=50.29)):

Today's guest is Dr. Diane Foley, the deputy assistant secretary for Population Affairs, and the director of the Office of Adolescent Health. Dr. Foley directs the Office of Population Affairs, which oversees the administration of the Title X program. She is a board certified pediatrician with over 30 years’ experience in both clinic and public health practice. Prior to her appointment, Dr. Foley practiced medicine in both Indiana and Colorado, served as a clinical instructor of pediatrics at the Indiana University School of Medicine, and worked as the director of medical ministries for Global Partners of the Wesleyan Church. Welcome, Dr. Foley, and thank you for joining us today.

**Dr. Foley** ([01:30](https://www.rev.com/transcript-editor/Edit?token=xMDImHBzgQRD0s4R-VAFEvQkxKCbXkKiIyMPpzqcNcU8lFRtIr1m5RTIDWqbG5GhYcoNlFEnrT_ALLLK7jF8Rk3rXyA&loadFrom=DocumentDeeplink&ts=90.27)):

Thank you so much, Katherine.

**Katherine** ([01:31](https://www.rev.com/transcript-editor/Edit?token=LPFsg9sxpQhlKYTCW61TrsosYRf6ktEcZsorePcIfMuuW2MTOeUCvNAXd3eyP1ksIYnSBo2UMnO7Ra1CDQENHvmjPD8&loadFrom=DocumentDeeplink&ts=91.84)):

Today, I'd like to talk to you about the optimal health model. For our listeners, first would you define optimal health for us?

**Dr. Foley** ([01:39](https://www.rev.com/transcript-editor/Edit?token=YWlOY81_Jk3EgpC2ifs_ZaxuNKmA4ji5FxtDCw-p-2y8ie7zZ1_v2pzyb-Lbw1RFtNbI9uKx5f6O77xwzAMBIKFdMe4&loadFrom=DocumentDeeplink&ts=99.09)):

Certainly. Optimal health is not a new concept. Um, it is defined as a dynamic balance of physical, emotional, social, spiritual, and intellectual health. In addition, the World Health Organization defines it as a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. And the reason that this is important is that it goes along with a, uh, objective that, uh, Admiral Giroir, who is the assistant secretary of health here at Health and Human Services, has put forth to all of us who are working together to try to promote health across, um, i- across the country. We really want to transform the system from a sick care system to a promoting health system, and optimal health fits that perfectly.

**Katherine** ([02:27](https://www.rev.com/transcript-editor/Edit?token=Ck65KqrKEUpJKHfVdsi9n2pXPY1TXI3mVD2VKrnRMf9DdVlHT4QwvTNuHF0Yr6ft8yQ3BzwjeCzN9NkkJFUaQd6KkuM&loadFrom=DocumentDeeplink&ts=147.62)):

Well, thank you for that. And moving from the definition, what are, uh, the components and priorities of the optimal health model?

**Dr. Foley** ([02:35](https://www.rev.com/transcript-editor/Edit?token=GDh9S8z8NJoxpvkZ7dpQkYTvfs6x1spy4c4vM144iz-v5JfGV9Jcl2UN8eIbU6VR-kUmJ8w6MKt_sw1bWvdZ_gbT4Nw&loadFrom=DocumentDeeplink&ts=155.66)):

When we think about approaching any type of public health issue, it usually involves the same series of steps, regardless of what the issue is. It could be a disease process, it could be a behavior, um, some type of, uh, behavior issue, but all of them are approached by first of all identifying what the health concern is. And then it's important to identify the risk factors that might influence a health concern. Once we have that identified, then we approach this with interventions, and the interventions are typically in three different aspects. One is a primary prevention approach, and then we follow that up with a secondary prevention approach, and then usually there's some type of treatment depending on where the individual falls within that spectrum.

**Katherine** ([03:25](https://www.rev.com/transcript-editor/Edit?token=jukPR7VSdujKjqhs02cz3wULR4z9SUKZJgyS6kh91xK8JjWNkGUea5WMeKHEVGCpVCe7mgRgJCyYXWRIKY2Q8v-FTGU&loadFrom=DocumentDeeplink&ts=205.98)):

So, it sounds, um, kind of like this is a population level health model, and so applying these strategies universally to different health issues in order to prevent illness and health risks before they begin. Of course, that is the basic of public health. And how does the optimal health model specifically address those high-risk behaviors that could affect health?

**Dr. Foley** ([03:49](https://www.rev.com/transcript-editor/Edit?token=rxZYRJZ2CWpGgQ6DILiIrF5FxiRdD-14-oENxTfsSSwyNJVvjaUtlpW-QdVA63dzkKfBpZ-5rD2D0Tku2P9BagmOSdA&loadFrom=DocumentDeeplink&ts=229.51)):

What we know in public health research and practice is that avoiding risk is preferred over reducing risk. And we know that primary prevention can lead to health outcomes that are generally improved when health behavior risks are avoided. So, our goal at using this optimal health approach is to spur movement as much as possible from high-risk behavior to low-risk or no-risk, while providing support to those individuals who already are at no-risk to maintain their risk-free status. That is the approach from a population standpoint. However, what is important is that might be the population message, but when you're working with an individual, it is critical that you determine where they are in that spectrum and then help them move to an area of lower risk, thereby enhancing their health.

**Katherine** ([04:35](https://www.rev.com/transcript-editor/Edit?token=B15hJmWY3jQEAa2ktNNY_2ydWWsK-pe24QV07Zk2clPegiHU8CRc6juJDe5RVc-RGg8weOGrwLxLOANCmkhrAX5FlBQ&loadFrom=DocumentDeeplink&ts=275.86)):

And how does the optimal health model work specifically in regards to sexual risk?

**Dr. Foley** ([04:42](https://www.rev.com/transcript-editor/Edit?token=KqoRVEXNmdKfRpz-JYfLLvGseWj6KAAT390GTjKJL6dMkgfhWJCD2X1-m8G4WTNXHtjglNs3KrdFnvXQdO_HB_F4OEQ&loadFrom=DocumentDeeplink&ts=282.28)):

Optimal health model is a public health population approach, but it also provides a meaningful lens for adaptation as a highly individualized element, individual centered care; those clients that we see in the family planning clinic. For example, those who are not yet sexually active could be encouraged to delay the onset of sexual activity. Additionally, those who have been sexually active could be encouraged not to immediately engage in sexual activity when starting a new romantic relationship and maybe to explore what the definition of a healthy relationship may be. Those who are sexually experienced can reduce their risk by decreasing the number of lifetime partners, and by choosing both consistent and correct condom use, as well as an acceptable and effective family planning method. Making risk-free choices in the future is always the aspirational goal. The practical application, though, helps us as providers and others to identify each individual's path towards better health, even if it's not possible for them to attain a risk-free status. In this way, the optimal health model moves each individual progressively in a healthier direction.

**Katherine** ([05:45](https://www.rev.com/transcript-editor/Edit?token=1aai8QNRhP3H_oVfNAT4rhAApLKviiFuiAtWO-LXGyHvAduIkMNzA8-lFiUng_exKvIuj-5BMHY_AA7LfeAhtt7xCbA&loadFrom=DocumentDeeplink&ts=345.13)):

So, there are some particular strategies for applying that model to individual patients. Um, how would that work, uh, especially in family planning care?

**Dr. Foley** ([05:55](https://www.rev.com/transcript-editor/Edit?token=8ndMZYJ_qyf-Cm1qeHnFigEj6t-auAi8bRN-dnqKUbcGAGNV_q5TEiUEYvuyG3TyERXZfZhbUrsAWf826td8tE8C3uw&loadFrom=DocumentDeeplink&ts=355.82)):

When you think about family planning, we think about a two different approaches to it. The first approach is to help clients prevent pregnancy, if they are not wanting to be pregnant. And ... but the second one is to help them to achieve pregnancy. So when we think about the optimal health model particularly in a family planning setting, it actually applies to both of those. Let's talk about helping to achieve pregnancy first. When a client comes in, and is talking about wanting to achieve pregnancy, it's important to talk with them or find out where they are, if there are any behaviors, if there are health concerns that might actually put them at risk for having a healthy pregnancy.

**Dr. Foley** ([06:37](https://www.rev.com/transcript-editor/Edit?token=BSzrdra3qqZlXH-w1j9zdMQqxNOxMLGd6f49S7yu_iMrBGj2-ZETJ-dvwBaDKwq-K3WSdUth5FmRxeKrE_DWaYNWzYI&loadFrom=DocumentDeeplink&ts=397.79)):

I would argue that it is important that we don't wait until they're imminent to want to become pregnant. There's a conversation that needs to happen to all of our family planning patients initially, regardless of how they answer the one question, "Do you want to be pregnant in the next year?" If, um, let's say for example an adolescent or young adult comes in, and they are not wanting to be pregnant in the next year. It still is important to screen them, and we do this through pre-conceptual health practices and methods models all the time. But making sure, looking at their blood pressure, looking to make sure that they don't have, um, any signs of diabetes or any other kind of chronic illness that might make it difficult for them to have a healthy pregnancy regardless of when they want to do that. We also know that a number of pregnancies, even while on contraception, are unintended. And so having that conversation is very important regardless of where the patient is at that time.

**Dr. Foley** ([07:32](https://www.rev.com/transcript-editor/Edit?token=Dl-w8nOJIa3T1zykJDzDVkYSoORxBTCQd3U4keCvDsBE-aHk6oH3lB9XXxkiQLoGTVZis9aUZxafN7uEdTSuxxIoQ8U&loadFrom=DocumentDeeplink&ts=452.86)):

When we're talking about clients who are coming in and wanting to prevent pregnancy, another way that optimal health is applied here is to talk with that patient and find out where they are. For a patient who is having unprotected sexual relations, we know that they're at highest risk for pregnancy, but not just pregnancy; we can't forget about sexually transmitted infections as well. And sometimes, in family planning, that is a difficult conversation because the most effective methods that we have for family planning provide no protection against sexually transmitted infections. And again, we are seeing that, and we need to address that in our family planning settings; how do we help this client wherever they are, at their level of risk, to achieve a lower risk?

**Dr. Foley** ([08:20](https://www.rev.com/transcript-editor/Edit?token=UJlMdpTGXwhMwALzmwFdli2S0cyT1EDfgKzPpNtMFDBEHBr9AxjzV1ojpZpwQb89O_VN5hRseuRX4IkSuVOq89pPJwo&loadFrom=DocumentDeeplink&ts=500.84)):

I would also argue that there is an opportunity here if the client answers the one question, "No, I don't want to be pregnant in the next year," to have a conversation with them about whether or not the possibility of not having sex for this time is an option for them. That's important, because it gets at a couple of different things. One is, you may find yourself in a situation where, if the client believes that they have no option about whether or not to have sex, it's important that we explore that to make sure it's not a coercive situation. Make sure that that is something that, that they are feeling safe in whatever relationship they are in, and that we work with them in that situation.

**Dr. Foley** ([09:04](https://www.rev.com/transcript-editor/Edit?token=yrdD8xvWdcMjEGhMxEzXdAQ-AA7A0uIPPL6rSbkX5Q9fYpCjTbXwjZ_W_JS7BP7C-my3JNHpS6w7W_OJw3AubHiN05s&loadFrom=DocumentDeeplink&ts=544.92)):

I think the other thing that's important in that conversation is around the issue of number of sexual partners and how that increases their risk. We know that early onset of sexual activity and multiple sexual partners does increase the risk for unintended pregnancy and sexually transmitted infections, as well as the potential for some other social or emotional consequences. What the CDC tells us is that the most reliable method to avoid risk or primary prevention is to not be involved in sexual activity or to be involved if- in a long-term mutually monogamous relationship with an uninfected partner. So, that conversation is a population message for optimal health.

**Dr. Foley** ([09:46](https://www.rev.com/transcript-editor/Edit?token=nVv0juXp8Kep3ejpdqhT7SWBdvkvS_xzcry5Ns_BxxStsZXDGvDmmE1atcVMG0kX2QzfkxQmsMNqvnrYXm44k0PtjiY&loadFrom=DocumentDeeplink&ts=586.69)):

When the client says, "I'm involved sexually and want to continue to do that," then it's very important that you talk about the consistent and correct use of protection against sexually transmitted infections, but also talk about, as we always do, and do such a great job of in our family planning clinics, talk about the methods of preventing pregnancy that we have. Making sure that we are, um, patient focused, that we talk with the patient about what they want their options to be, the type of family planning that would work best for them in their situation, and follow up from that.

**Katherine** ([10:20](https://www.rev.com/transcript-editor/Edit?token=f3A52r_FHzZ4a8L05yyjd2ZK23G_GVehXBsvLITVE7wX9aev8TC3CsDXc2I9xx2cqu2LcHJaGSVBub7C7C0K6twB5vs&loadFrom=DocumentDeeplink&ts=620.04)):

It sounds like the optimal health model has a lot of applications, both at the population level and for individual patients who are seen through Title X. Where could our clinicians go to learn more about the optimal health model?

**Dr. Foley** ([10:33](https://www.rev.com/transcript-editor/Edit?token=QUVvhgYhNKMny7qImQYLqxIdf_EZuHKkd62hS2o8n6c4ljU9Q1HQbOR1MPTGYwrfV12iTB_4kS7q7JL98tpnxI3JKSw&loadFrom=DocumentDeeplink&ts=633.84)):

In the Office of Population OPA website, there is a section that we are building out that discusses the optimal health model. There is a description of that, and we are going to be continually adding information to that area. We also are going to be working with the family planning training c- national training center as well as our clinical training center to develop resources to help clients who are looking at this.

**Dr. Foley** ([10:57](https://www.rev.com/transcript-editor/Edit?token=S-DhnMUbRb8EQJytkCryFR8nwwVN4ltgGy0kgsO40HTpda3s8HYX0Dr3ZuWZdTyxR38WyXGQZ_jN9DkVYWOrGqQzZCs&loadFrom=DocumentDeeplink&ts=657.9)):

It really is, um, taking a look at every client that we meet, and regardless of where their state of health is, the goal is to encourage behaviors that would lead to a healthier life, regardless of where they are. And so this works for everybody, regardless of what we're talking about.

**Katherine** ([11:14](https://www.rev.com/transcript-editor/Edit?token=xbyVjLXZVOGcfCWzDDJcK8B9IMOb0mahKTUAFxhC52oJos9f_AosRhXVSqOuZlz4PGmkgvjfhO3bGyqhrlmJSWtm0ys&loadFrom=DocumentDeeplink&ts=674.18)):

Absolutely. But our time is almost up today, Dr. Foley. But before you go, would you, um, give us your top three to five kind of takeaways that you would like our listeners to think about, um, from our discussion about the holistic optimal health model and its application in Title X settings?

**Dr. Foley** ([11:32](https://www.rev.com/transcript-editor/Edit?token=PwPhgSCm1v4zSDZBMxhNoF5257K44xcbX7HeZtdSsf1UJXSE-3l8GKDusKkyr-2q1_OLJT9zIWpr9c8uCOyMgqXAzB0&loadFrom=DocumentDeeplink&ts=692.3)):

Most important thing is to recognize that while this is a primary prevention public health message, that it is critical that when we are dealing with individuals, that we recognize their current state of health, and regardless of where they are, the goal is to help them and to encourage behaviors that would lead them to a healthier life. Think is it important that we tailor our focus for specific groups of people or individuals that we're talking to. Think it's also important when we're talking about adolescents to recognize the important of parents or guardians, or the support of adults as well as values and traditions within their communities that influence their decisions, and to talk with them about those types of things, to encourage them in steps that they are taking to be healthier.

**Dr. Foley** ([12:21](https://www.rev.com/transcript-editor/Edit?token=8c7SWZUXmXXlgN4sW_5gjttMpODHVH2Yo23HAsPUUCRN-AL2pVH3cLgPYrCPu44y55DA51Tg7F2whS-4IJg1VeehBms&loadFrom=DocumentDeeplink&ts=741.4)):

And also, to encourage support for optimal health from many, many sources. We know that the more you hear a message, the, the more likely it becomes a habit for you. And so, that is our goal here at OPA, is that this concept of optimal health is something that, that is integrated throughout all of our programs, family planning as well as our teenage pregnancy prevention programs and everything else that we're doing.

**Katherine** ([12:46](https://www.rev.com/transcript-editor/Edit?token=4LCeU7uaFvzeR9djZWc1KFLAuhRwTzT71CQbaf9W6dbAmlL_6vLTXULxj-DirBU1A2ejIpekBIXxcqepp1rEM_VKJB4&loadFrom=DocumentDeeplink&ts=766.3)):

Well, thank you so much for joining us today, Dr. Foley, and for sharing your time and expertise with our listeners.

**Dr. Foley** ([12:53](https://www.rev.com/transcript-editor/Edit?token=gH_fxKDIT9AHvOrfji-D8WtL5h71cMm8hv0t0syrZ_V670_XvJmhq1erKEovwU_KOBmUl1jy5oVxMKWWGzFtd5Gf4hY&loadFrom=DocumentDeeplink&ts=773.1)):

Katherine, thank you for having me.

**Katherine** ([12:55](https://www.rev.com/transcript-editor/Edit?token=ZSU8qKiaYl8XxNezrz4VcckiuObnG22pZb2OYkUI4pmukcWj2mwvHWgdeyN2tt2skD9FQ3ONf3v1jJTXeoXr7CuLIMk&loadFrom=DocumentDeeplink&ts=775.42)):

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