

**Northwest Partnership for Public Health
Family Planning Workgroup Meeting
Client Education
Yadkin County Planning and Permits Building**

DATE: Friday, April 27, 2007	CALLED TO ORDER BY: Candice DuVernois	TIME: 1:15 pm	ADJOURN: 2:45 pm
PRESENT: Candice DuVernois, NWPPH Director Jackie Boggs, Forsyth County DPH Jill Dockery, Surry County Health & Nutrition Center Debbie Garrett, Watauga CHD Sarcanda Green, Wilkes CHD Carolyn Marcus, Forsyth County DPH Laura Pless, Women's Health Branch Consultant Jennifer Rakes, Stokes Family Health Center Melissa Spry, Davie CHD		ABSENT: Ann Absher, Wilkes CHD Sydney Atkinson, Women's Health Branch Barry Bass, Health Director, Davie CHD Samantha Berryman, Surry CHD Debbie Edwards, Ashe CHD Kim Frank, Davidson CHD Becky Frost, Ashe CHD Sylvia Gentry, Surry CHD John Graham, NCIPH Cindy Harris, Davidson CHD Lisa M. Ivester, Yadkin CHD Wanda Hicks, Stokes CHD Dr. Joe Holliday, Women's Health Branch Connie Kelley-Sidberry, Women's Health Branch	Peggy Lemon, Forsyth County DPH Layton Long, Health Director, Davidson CHD Beth Lovette, Health Director, Wilkes CHD Dr. Tim Monroe, Health Director, Forsyth CHD Don Moore, Health Director, Stokes CHD Debbie Nicholson, Wilkes CHD Martha Powell, Yadkin CHD Becky Reavis, Yadkin CHD Mike Reavis, Health Director, Yadkin CHD Jane Roundtree, Surry CHD Pam Rush, Watauga CHD Judy Snyder, Wilkes CHD Danny Staley, Health Director, App District David Stone, Health Director, Surry CHD Caroldine Winebarger, David CHD Eva Wooten, Alleghany CHD

TOPIC	DISCUSSION	ACTION/FOLLOW-UP
1. Overall Client Education Requirements from State	<p>The group reviewed the Client Education portion of the Contract Addenda for Females.</p> <p>Ms. DuVernois read through most of the pamphlets used in each Family Planning Packet. From the 8 packets received, she created a table and distributed it to the group on approximately how long the pamphlets took her to read through and the number and length of pamphlets used by the individual health departments (See table). The totals ranged from 3 pamphlets (11 minutes) to 27 pamphlets (60½ minutes) and the average was 32 minutes of reading.</p> <p>Also, consistently, fewer Spanish materials were given than English. The question was asked if Spanish-speaking women were in less need of education or if we are giving our English-speaking women more because it is available. Regardless, the two packets should match.</p>	<ul style="list-style-type: none"> • Laura Pless stressed that this education could be provided in a number of ways including written or verbal means but to remember that it must be documented in the client's medical record.

<p>2. Birth Control Education (General) listed under Client Education: 1. Make informed decision about family planning (Required)</p>	<p>In the review of the 8 Family Planning Packets for Initial Patients, all used the “Birth Control Facts” pamphlet provided by the Women’s Health Branch. This pamphlet took approximately 5 minutes to read.</p>	<p>• “Birth Control Facts” is a thorough but lengthy pamphlet.</p>
<p>3. Sexually Transmitted Diseases listed under Client Education: 4. Reduce risk of transmission of STDs and HIV (Required)</p>	<p>Nine health departments use the “STD Facts” pamphlet provided by the state. This pamphlet took approximately 5½ minutes to read and includes HIV. At this point, the client has been given 10½ minutes of reading material.</p>	<p>• “STD Facts” is a thorough but lengthy pamphlet.</p>
<p>4. Breast Self Exam listed under Client Education: 3. Perform breast self examination (Required)</p>	<p>The group varied considerable as to how the information on breast self exam (BSE) was distributed. All health departments provided a pamphlet or shower card. Time varied from less than 1 minute to 3½ minutes to read. The card with the easiest explanation that also took the least amount of time to read (less than 1 minute) was the “Steps to Breast Self-Examination” hanging card from the Susan G. Komen Foundation.</p>	<p>• “Steps to Breast Self-Examination” hanging card from the Susan G. Komen Foundation or similar alternative takes less time and is more concise.</p>
<p>5. Emergency Contraception listed under Client Method Counseling: 4. ...information on back up method, use of OCP as emergency contraception (Required)</p>	<p>Separate information on Emergency Contraception was given by 3 health departments. The sheet used was the same for all and included very specific information, taking 1½ minutes to read. Ms. DuVernois pointed out that the “Birth Control Facts” pamphlet includes a message about Emergency Contraception on the back. Also, the group discussed the odds of a client keeping the info until the time she might need Emergency Contraception. The most important thing for clients to know is that it is available to them when needed.</p>	<p>• “Birth Control Facts” pamphlet discusses that Emergency Contraception is an option. Verbal education could reinforce availability.</p>
<p>6. Pelvic Exam/Puberty listed under Client Education: 5. Understand the range of available services and the purpose and sequence of clinic procedures (Required) and 6. Understand the importance of recommended screening tests and other procedures involved in family planning (Required)</p>	<p>Eight health departments provided pelvic exam and/or puberty information. Pamphlets range from 1 to 6 minutes in length. After discussion, the group agreed that neither does the client have time to read the pamphlet before the pelvic exam prior to the exam nor does the wording in the pamphlet fully explain what takes place in the exam as it is something one has to experience to fully understand. Once experienced, the pelvic exam would rarely need reinforcement by a pamphlet. Also, the group discussed the provision of health education in schools regarding puberty and pelvic exams.</p>	<p>• Pelvic Exam/Puberty written information should be used sparingly as education is frequently given in schools and in this instance, verbal communication is thought to be more effective prior to an exam than written communication is after the exam.</p>

<p>7. Abstinence: Not required to be addressed in the Contract Addenda</p>	<p>Four health departments give between 1 and 4 pamphlets on abstinence separately. Again, abstinence is addressed in the “Birth Control Facts” pamphlet.</p> <p>Additionally, the group was encouraged to critically read the pamphlets involving abstinence to see if they really meet the intent. For example, the pamphlet entitled, “Am I Ready for Sex?” asks a series of questions for the client to consider prior to having sex. Most in the group agreed that the clients seen in the Family Planning Clinic are almost always sexually active already. Also, some of the questions are relatively abstract for teens such as, “If we don’t feel close enough to talk about it, are we close enough to have sex?” and “Have I thought about how my life might change after having sex?”</p>	<ul style="list-style-type: none"> • “Birth Control Facts” pamphlet covers Abstinence as a form of birth control. “STD Facts” pamphlet covers Abstinence as a way to prevent STDS. With the “Abstinence-Only” approach in schools, all clients who have completed the 7th grade in North Carolina have heard Abstinence messages. The decision to include additional written Abstinence materials should be reviewed critically.
<p>8. Folic Acid listed under Client Education, Optional Information</p>	<p>The group discussed the benefits of Folic Acid including the link to preventing birth defects and lowering the risk of heart attacks, strokes and certain kinds of cancers.</p> <p>After discussion, the group was encouraged to provide something brief and easy to understand about folic acid if anything is given in written form. Again, the clients are interested more in preventing pregnancy than preventing birth defects should they become pregnant. Information given should include overall health effects rather than just focusing on birth defect prevention.</p> <p>Multivitamins with folic acid are provided free in some of the health departments.</p>	<ul style="list-style-type: none"> • Information, either written or verbal, should accompany free vitamins. Otherwise folic acid written information should be reviewed for clarity and applicability when giving it to an initial Family Planning client.

<p>9. Contraceptive Methods listed under Client Education: 2. Use specific methods of contraception and identify adverse effects (Required) Listed under Client Method Counseling: 2. Effective use of contraception, benefits and efficacy (Required) 3. Possible side effects and complications (Required) 4. How to d/c method selected, information on back up method... (Required)</p>	<p>With the exception of the Abstinence sheet, each of the state Contraceptive Method Sheets took approximately 2 minutes to read, front and back. All contain a “Use condoms to prevent HIV and STDs” message except Abstinence, thus addressing one possible back up method in the written form. The group felt that these sheets were effective written form to give to the client to partially fulfill education requirements.</p>	<ul style="list-style-type: none"> • Health Departments should use the most up-to-date state-supplied contraceptive method instruction sheets.
<p>10. High School Diploma/GED</p>	<p>The health departments that receive the Women’s Health Service Funds must comply with legislation which states that “...participating local agencies [must] counsel patients/clients without a high school diploma about the benefits of completing high school or obtaining a GED.”</p>	<ul style="list-style-type: none"> • Health departments should tailor high school/GED information to the client’s needs. • If a client has already graduated high school (high school graduate, college student, etc), pamphlets/verbal reinforcement should not be given.
<p>11. Miscellaneous Pamphlets/Literature</p>	<p>After discussion, the group was strongly encouraged to limit the amount of written literature given to the patient in the form of pamphlets, brochures and leaflets. When including information outside of the requirements and recommendations, the individual health department should critically review anything given to the patient that might distract from the required elements and especially the use of the birth control method of choice.</p>	<ul style="list-style-type: none"> • Health departments should limit the amount of information given to a client that is not required or recommended by the state Contract Addenda guidelines.
<p>12. Family Planning Educational Needs Assessment: Wilkes CHD</p>	<p>The group was given the 1-sheet assessment tool used by Wilkes as a suggestion for providing the patient with educational materials on which she wants to receive more information.</p>	<ul style="list-style-type: none"> • Follow-up as needed.

<p>13. “Prescription Sheet”: Surry County Health & Nutrition Center</p>	<p>The group was given the quarter page sheet from Surry used to tailor information to the patient. It lists the patient’s name, blood pressure, weight, BMI and the date. It also has a space for the next mammogram due and the next pap smear due. It has a check list of the tests/education provided at the exam as well as some reminders to do BSE, get exercise, take multivitamin daily, etc. This would be a personalized way to give the patient specific information.</p>	<ul style="list-style-type: none"> • Per Laura Pless, in July 2007, information about the health risk of having a BMI over 25 will be required. This Prescription sheet would be one way to provide a reminder.
<p>14. Informed Consent</p>		<ul style="list-style-type: none"> • Laura Pless stated that while the patient should be given a copy of the informed consent for Family Planning Services, it can be a blank copy and does not have to be a copy with the patient’s signature.

****The next Family Planning Workgroup Meeting will be on Open Access on Friday, June 15, 2007 from 9:00 a.m. – 12:00 p.m. at the Yadkin County Planning and Permits Building.****