Agenda Item:	6	73481	Amending the 2022 Operating Budget to Increase Staff Dane County to Expand Sexual and Reproductive Healt

I am a Doctor of Nurse Practice Student, and I oppose resolution #73481

Please reconsider LARC expansion at PHMDC SRH Clinic

1. Inadequate volume of clients seeking contraceptive care at SRH Clinic to validate additional service
   - Clients with a uterus remain in the minority
   - Poor program feasibility related to projected LARC uptake rates at this site
2. Investment in building modifications represents poor fiscal stewardship
   - Costly building modifications for sterility (hood/vent)
   - costly NP/staff salary
   - LARC Budget represents misallocation of funds (internal investment vs. dollars dedicated to serving community)
3. Duplication of services
   - PPWI and HMOs already serve majority of clients seeking LARC
4. PHMDC SRH unable to offer best practice standards; does not have robust referral network in place, which places both client and clinician at risk
   - ACOG recommends same-day placement as standard of care
   - ACOG recommends ability to provide follow up for LARC complications (requires robust referral network)
   - The Copper IUD (Paragard) provides emergency contraception but must be inserted within 5-7 days which is rarely possible related to scheduling (Schuilling et al, 2021 cite Kohn & Nucatola, 2016)
5. Reproductive Justice is bigger than contraceptive methods
   - Coercive promotion of LARCs harms community trust (Guttmacher, 2021; Gomez, 2017, 2018, 2020)
   - Recommend equity review by outside contractor (Ubuntu Research and Evaluation)
   - Recommend consultation with community partners (POWERS, PPWI, UW Core)
   - Recommend CHNA that reflects the community's post-Roe, post Dobbs realities and needs
   - Recommend Outreach and mobile services, expansion of Emergency Contraception (Ella, Plan B, Yuzpe method)
   - Recommend frontline nursing at the table to speak to feasibility of programs
6. The Colorado Study was not a rigorous study design; findings cannot be extrapolated to WI
   - Gable, 2014 explains that there was no control group; that CO is a state with Medicaid expansion; that projected data did not account for already decreasing

rates of teen pregnancy; that demographics only reflect regional White and Latinx subgroups without data respecting the Black experience; study design bias is apparent in cross-county data comparison, etc…

Citations

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ACOG. 2016. Clinical Challenges of LARC. https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2016/09/clinical-challenges-of-long-acting-reversible-contraceptive-methods

Gable, C. 2014. No, One Program Did Not Reduce Colorado's Teen Pregnancy Rate by 40 Percent. National Review. https://www.nationalreview.com/the-agenda/no-one-program-did-not-reduce-colorados-teen-pregnancy-rate-40-percent-callie-gable/

Gómez AM, Arteaga S, Aronson N*, Goodkind M*, Houston L*, West E*. (2020). "No Perfect Method: Exploring How Past Contraceptive Experiences Influence Current Attitudes Toward Intrauterine Devices." *Archives of Sexual Behavior* 49(4): 1367–1378. https://doi.org/10.1007/s10508-019-1424-7

Gómez AM**,** Mann ES, Torres V(2018). "'It Would Have Control Over Me Instead of Me Having Control': Intrauterine Devices and the Meaning of Reproductive Freedom.(link is external)" *Critical Public Health* 28(2): 190-200

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Schuiling, Kerri Durnell, and Frances E. Likis. 2020. *Gynecologic Health Care: with an Introduction to Prenatal and Postpartum Care: With an Introduction to Prenatal and Postpartum Care*, Jones & Bartlett Learning, LLC.

Stevensen et al, 2021. https://www.science.org/doi/10.1126/sciadv.abf6732

From: Public Health Nurse
To: PH BOH Support
Subject: PHMDC Nursing Staff Response to Resolution #73481
Date: Wednesday, September 7, 2022 10:26:02 AM

Dear Board of Health Members,

As the nursing staff working at Public Health Madison and Dane County's Sexual and Reproductive Health program, we are writing this letter in response to resolution #73481, agenda item 6, "Amending the 2022 Operating Budget to Increase Staff for Public Health Madison and Dane County to Expand Sexual and Reproductive Health Services." We feel that the plans and timeline for the expansion do not account for important program issues related to staff experience and community demand.

The vast majority of our clinic work consists of providing sexual health services, including STI prevention and treatment — a mandate to provide these services is the reason our clinic was opened. Despite all clinic patients being screened for interest in contraception, the most recent data shared with us by department leadership show that over the last 5 years, not including emergency contraception, just 1% of our patient population has relied on us to start or manage their hormonal birth control regimen. This translates to about 13 patients per year, or about 2 patients per clinician per year. None of our nurses have recent experience with LARC (IUD or implant) placement, outside of a single day spent shadowing a Planned Parenthood provider. Our part-time nurse practitioner has not placed a LARC (IUD or implant) in over 15 years. Currently, only one of our clinic nurses has more than 5 years nursing experience, and a majority have worked at PHMDC less than 3 years, including our lead worker. Most of our nurses have not managed hormonal birth control at all prior to doing so for the small number of patients seeking birth control through our clinic. In addition, a supervisor new to the organization who has not yet been hired will be responsible for leading the expansion.

Adding new staff and expanding hours does not give our clinic the necessary experience and infrastructure to provide LARCs. A LARC program that lacks the resources to offer experienced counseling, follow-up, removal, and identification of complications has the potential to take away reproductive autonomy rather than reinforce it. Prior to offering LARCs, we must have a comprehensive training plan in place, and recruit staff with reproductive health experience, including requiring any nurse practitioner hired to have current experience placing LARCs. Clinical staff have so far not been invited to participate in hiring decisions for our program, despite requests, and as such do not know if experience providing reproductive health services is required or screened for among new hires. Public listings visible for new nursing staff indicate no level of experience providing reproductive or sexual health services is suggested or required. Lack of clinical experience creates multiple problems for our program. Some of our clinical staff are new enough that they are teaching new hires despite having less than a year of experience of their own to draw from. There are not enough experienced staff to accommodate training of all proposed new hires for expanded reproductive health services. No involvement in hiring or program planning decisions, combined with responsibility for both training inexperienced new staff and providing new services we have no experience offering, puts a sizable burden on existing staff.

In addition to planning concerns, we believe that increasing access to contraception at our clinic does not substantially address a lack of abortion access for our community. The idea that community members at risk of unwanted pregnancy will reach out to our program for preventative services following the Dobbs decision leak on May 2nd, 2022 is not supported by any significant increase in demand for contraception at our clinic since the Dobbs leak. We would very much like to see more community members taking advantage of our contraception services, but we believe that increasing utilization will first require extensive outreach and trust building efforts that have not yet been planned or implemented.

Our team was first notified of expansion plans on July 12th, and the next day, one day before the mayor publicly announced we would be offering LARCs by this Fall, we raised the aforementioned concerns with division leadership. In the following weeks, we also suggested temporarily contracting the services of a provider who regularly provides LARCs, instead of waiting until a new nurse practitioner is hired and building modifications are made. This would allow our clinic to meet the deadline given to the community of LARC availability this Fall, while giving our program the time needed to develop the experience, infrastructure, and outreach processes necessary to identify and meet new community demand. PHMDC has created similar partnerships in the past, such as providing funding to Harambee Village Doulas or providing funding to violence prevention nonprofits. We have not received feedback as to whether our suggestions have been seriously considered by program leadership.

Lastly, we are aware of an increase of around 30% in demand for Prenatal Care Coordination services over the last two years, despite the FTE for this program not changing, and strongly believe more new funding should be allocated to this program, as it much more directly interacts with community members who may currently be experiencing an unwanted pregnancy, or are otherwise at risk of pregnancy-related complications.

We understand that no local response to widespread judicial and legislative attacks on reproductive health can meet all community needs, but we strongly believe involving front-line staff in planning and decision making is essential to ensuring the efforts we are able to make meet the objectives they intend to meet.

Signed,

The Nursing Staff at PHDMC's Sexual and Reproductive Health Program

From: Teddy
To: PH BOH Support
Subject: Agenda 4
Date: Wednesday, September 7, 2022 7:32:42 AM

Hello,

I support agenda item #4, the reproductive health position statement. I do not wish to speak.

-Edward Kaul

From: Kristine Omen-Kaul
To: PH BOH Support
Subject: Reproductive health
Date: Wednesday, September 7, 2022 6:50:29 AM

Hello,

As a community member, I support agenda item #4, the reproductive healthcare position statement. I do not wish to speak.

-Kristine Omen-Kaul