This conference will now be recorded.

I know these are challenging times for many of you so we appreciate your taking the time out to come to this webinar today. So if everyone could just make sure to mute their phones, it sounds like everybody is, that will be helpful during the presentation so we don't hear any background noise and then after our speaker, Yvonne, is through, we will open it up to questions and it would be great to get questions and have a discussion today so just know that we welcome your questions, and you can also chat in your questions so just go ahead and use the chat feature if you'd prefer to do that and we can address your questions at the end of the webinar. I'm going to go ahead and introduce Yvonne. Many of you probably know her already. Yvonne Rivera Newbury is our clinical consultant, and she's been with us for a while. She's going to talk about "The Case for Change" and in particular the case for LARC, very important topic. So I will go ahead and turn it over to her and like I said, after she's done, we'll open it up for questions. Feel free to chat in as well if you'd prefer to do that. Thank you.

Thank you, Angela. I just want to do a quick check, can everyone hear me okay? If you can type in the chat box, I just want to make sure. Awesome. Thank you. Thank you. So, thank you for taking the time out of your day to attend this. To start us off, I just want to provide a little bit of context for this webinar. Last year KDHE created a LARC integration toolkit, and this can be found either at the URL listed at the very top or you can just go to the KDHE home website and type in LARC toolkit in the search box, and it's actually the very first result that you will find there. We've had some previous webinars. The very first one was back in September where they did just a rollout of this LARC toolkit and they kind of did an overview of all the different components you see listed here. In November, we did a billing and coding webinar and then this past February we did a webinar on clinical indicators. Today's webinar will be on the very first document that you see there, "A Case for Change." So before we dive in, I just want to clarify for those who may be joining us for the very first time or those who are not as familiar with Title X Family Funding Program or with Title V, the Maternal Child Health Program. While this webinar is all about the benefits of the work and how great they work, this does not mean that we believe that marks should be unilaterally promoted as appropriate for every single woman seeking contraception and so we advocate for a patient or client-centered approach that incorporates assessing a woman's needs and preferences and this may or may not result in LARC being recommended as an appropriate contraception. We oppose any
COERCION OF ANY KIND TOWARDS ANY CONTRACEPTIVE METHOD OR FAMILY PLANNING SERVICE. THAT BEING SAID, WE DO BELIEVE THAT INCLUDING LARCS AS A CONTRACEPTIVE OPTION REALLY INCREASES THE QUALITY OF THE PROVISION OF FAMILY PLANNING SERVICES SO THE DOCUMENT THAT WE'RE GOING TO REVIEW, THAT VERY FIRST ONE THAT YOU SAW ON THE WEBSITE, IT'S ABOUT EIGHT PAGES LONG AND THE MOTIVATION AND INTENT IN MAKING THIS DOCUMENT WAS TO CREATE AN EASY-TO-READ RESOURCE THAT COULD BE USED TO EXPLAIN THE PUBLIC HEALTH AND BUSINESS BENEFITS OF OFFERING LARCS AS A CONTRACEPTIVE OPTION TO WOMEN IN THEIR COMMUNITY. AND WHILE ANYONE COULD READ THIS DOCUMENT, THE AUDIENCE IS REALLY A LITTLE BIT MORE TAILORED TOWARDS STAKEHOLDERS AND DECISION MAKERS THAT MAY NOT NECESSARILY HAVE A HEALTH OR MEDICAL BACKGROUND SO THAT IS HOW I'LL BE BRINGING A LOT OF THIS PRESENTATION AND WE'LL TALK A LITTLE BIT MORE ABOUT HOW YOU CAN USE THIS INFORMATION AT THE VERY END.

SO DID YOU KNOW THAT ON AVERAGE WOMEN SPEND ABOUT 30 YEARS OF THEIR LIFE TRYING TO AVOID PREGNANCY? AND, WHAT I LIKE ABOUT THIS DATA POINT IS THAT IT QUANTIFIES PREGNANCY INTENTION IN A WAY THAT POINTS US TO THE TOOLS WE HAVE AND HOW LONG WOMEN WOULD NEED TO EMPLOY THESE TOOLS. CLEARLY WE'RE TALKING ABOUT CONTRACEPTION AND THE NEED FOR CONTRACEPTION IF WOMEN ARE SPENDING A SIGNIFICANT PORTION OF THEIR REPRODUCTIVE LIVES TRYING AVOIDING PREGNANCY.

WHAT IS LARC? LARC ARE LONG-ACTING REVERSIBLE CONTRACEPTION AND THEY TAKE TWO FORMS. YOU HAVE YOUR INTRAUTERINE DEVICES, YOUR IUDS, AND YOUR IMPLANTS. ALL LARCS MUST BE PLACED BY A HEALTHCARE PROVIDER BUT ONCE THEY'RE IN, NOTHING ELSE NEEDS TO BE DONE TILL IT'S TIME TO REMOVE THEM. ONCE THE LARC IS IN, IT OFFERS PROTECTION FOR MANY, MANY YEARS, A MINIMUM OF THREE YEARS, MAXIMUM OF TEN YEARS DEPENDING ON THE TIME OF LARC. I WOULD RECOMMEND WHEN PRESENTING THIS TO SOMEBODY TO ACTUALLY SPELL THESE OUT. NAME THE DEVICES SO PEOPLE KNOW WHAT IT IS THAT YOU'RE TALKING ABOUT. THEY HAVE HEARD OF THESE NAMES BUT JUST NOT KNOWN EXACTLY WHAT THEY WERE. WITH YOUR IUDS, YOU HAVE THE KYLEENA, WHICH IS EFFECTIVE FOR FIVE YEARS; MIRENA, EFFECTIVE FOR FIVE YEARS; SKYLA, EFFECTIVE FOR THREE YEARS; LILETTA, WHICH IS NOW EFFECTIVE FOR SIX YEARS, UP FROM FIVE YEARS, THAT WAS CHANGED LAST YEAR; AND THEN PARAGARD THAT'S EFFECTIVE FOR TEN YEARS AND THE ONLY NON-HORMONAL LARC AVAILABLE. THEN YOU HAVE IMPLANTS AND THESE ARE LIKE LITTLE MATCH STICKS THAT GET INSERTED IN YOUR UPPER ARM AND NEXPLANON ARE THE ONLY LARC THAT DO NOT GO IN THE UTERUS AND THEY LAST FOR ABOUT THREE YEARS. SO, I LOVE THIS INFOGRAPH AND I THINK I LIKE IT BECAUSE IT VISUALLY DISPLAYS -- I'M A VERY VISUAL PERSON AND A LOT OF PEOPLE ARE -- IT VISUALLY DISPLAYS ALL THE CONTRACEPTIVE METHODS FROM LEAST
EFFECTIVE TO MOST EFFECTIVE AND WHAT YOU SEE HERE IS THAT LARC ARE ON THE RIGHT AT THE 99 PERCENT EFFECTIVE RANGE, AND IT'S THE ONLY ONE BY STERILIZATIONS, WHICH ARE YOUR VASECTOMIES AND TUBAL LIGATIONS. AND, WE MENTIONED IN THE LAST SLIDE THAT ONCE A LARC IS INSERTED, WOMEN DON'T NEED TO DO ANYTHING ELSE TO MAINTAIN THE EFFECTIVENESS OF THIS METHOD, AND THAT IS WHAT IS CONTRIBUTING TO ITS HIGH EFFICACY RATE. EVIDENCE ALSO SUGGESTS THAT WHEN WOMEN ARE GIVEN FULL INFORMATION ABOUT ALL THE CONTRACEPTIVE METHODS AND ACCESS TO THEM, A SIGNIFICANT NUMBER OF THOSE WOMEN WILL CHOOSE LARC BECAUSE THEY ARE SO EFFECTIVE AND BECAUSE THEY REQUIRE NO ADDITIONAL EFFORT ON YOUR PART AND BECAUSE THEY'RE REVERSIBLE. SO FOR ANYONE IN THE HEALTHCARE FIELD, THESE LAST FEW SLIDES ARE PRETTY BASIC IN THE INFORMATION PROVIDED, BUT THESE ARE EXACTLY THE ELEMENTARY EFFECTS THAT REALLY CAN'T BE ASSUMED AND NEED TO BE EXPLAINED CONCISELY. THESE INFOGRAPHICS HELP TO DO JUST THAT.

WHEN CONTRACEPTION IS USED CONSISTENTLY AND CORRECTLY, AND THESE WOMEN ONLY ACCOUNT FOR FIVE PERCENT OF UNINTENDED PREGNANCIES AND MANY THINGS DETERMINE CONSISTENT AND CORRECT USE, RIGHT, LIKE EDUCATION PROVIDED TO THE CLIENT, CLIENT UNDERSTANDING, BUSY SCHEDULES, SUPPORTIVE PARTNERS, ET CETERA. WE KNOW THAT USING LARCS, ONCE INSERTED, DON'T REQUIRE WOMEN TO DO ANYTHING ELSE TO GUARANTEE PROTECTION FROM PREGNANCY, SO LARC ELIMINATES THAT HUMAN VARIABLE AND, THEREFORE, SIGNIFICANTLY DECREASES THE RISK FOR UNINTENDED PREGNANCY.

SO, THE NEXT FOUR SLIDES REALLY DISCUSS UNINTENDED PREGNANCIES IN KANSAS AND WE KNOW THAT UNINTENDED PREGNANCIES ARE A MAJOR PUBLIC HEALTH ISSUE AND THIS IS RECOGNIZED BY NOT JUST BY THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS, ACOG, BUT ALSO BECAUSE INCREASING THE RATE OF INTENDED PREGNANCIES IS A LISTED OBJECTIVE IN THE HEALTHY PEOPLE INITIATIVE. WE ALSO KNOW THAT WHILE ALL WOMEN OF REPRODUCTIVE AGE ARE AT RISK FOR UNINTENDED PREGNANCIES, SOME POPULATIONS DISPROPORTIONATELY EXPERIENCE THIS MORE SO THIS IS WOMEN WHO ARE 24 YEARS AND YOUNGER, LOW INCOME WOMEN, WOMEN WHO HAVE LESS EDUCATION, AND SOME MINORITY POPULATIONS. SO THESE DATA POINTS WERE ACTUALLY PULLED FROM THE KANSAS PREGNANCY RISK ASSESSMENT MONITORING SYSTEM ALSO KNOWN AS PRAMS AND PRAMS IS JUST A SURVEY, A SERIES OF QUESTIONS THAT ARE GIVEN TO WOMEN WHO RECENTLY HAD A LIVE BIRTH. SO HERE WE SEE AT LEAST 27 PERCENT OF THE SURVEYED WOMEN WHO GAVE BIRTH IN KANSAS IN 2017 REPORTED THEIR PREGNANCIES WERE UNINTENDED. SO THE WOMEN THAT WERE INCLUDED AND COUNTED IN THAT 27 PERCENT WERE WOMEN WHO REPORTED WANTING TO BE PREGNANT LATER OR DID NOT WANT TO BE PREGNANT THEN OR ANY TIME IN THE FUTURE. I SAY AT LEAST JUST BECAUSE 13 PERCENT OF THE WOMEN REPORTED BEING
UNSURE ABOUT THEIR PREGNANCY INTENTION AND SOME OF THOSE MAY ACTUALLY BLEED INTO THE UNINTENDED PREGNANCIES. SO IS UNINTENDED PREGNANCIES AN ISSUE THAT WE HAVE TO WORRY ABOUT IN KANSAS? THE ANSWER IS YES, YES. AND WE CAN DO BETTER AND WE SHOULD STRIVE TO ELIMINATE THESE IN KANSAS.

SO LET'S ZERO IN ON THAT 27 PERCENT OF KANSAS WOMEN WHO REPORTED HAVING UNINTENDED PREGNANCIES. IF WE STRATIFY THESE WOMEN BY THE FEDERAL POVERTY LEVEL, WE SEE THAT MOST 37.9 PERCENT OF THESE WOMEN MADE LESS THAN 100 PERCENT OF FPL. IN 2016 TO GIVE YOU A NOTION OF WHAT THAT IS, FOR A FAMILY OF FOUR THAT WOULD MEAN THE TOTAL HOUSEHOLD INCOME IS LESS THAN $24,250. ABOUT 28 PERCENT HAD AN FPL OF 100-199 PERCENT, WHICH IS AN ANNUAL HOUSEHOLD INCOME THAT RANGES FROM ABOUT $24,000 TO ABOUT $48,000. WHEN I LOOK AT THIS, THE QUESTION THAT IMMEDIATELY STANDS OUT IN MY MIND IS DID THESE WOMEN HAVE ACCESS TO CONTRACEPTION AND DID A LACK OF ACCESS CONTRIBUTE TO THE UNINTENDED PREGNANCY?

WHILE WE STRATIFY KANSAS WOMEN WHO REPORTED HAVING AN UNINTENDED PREGNANCY BY AGE, WE SEE THAT 45.7 PERCENT WERE WOMEN UNDER 20 YEARS OLD, 38.2 PERCENT WERE WOMEN BETWEEN THE AGES 20 AND 24, 22.4 ARE WOMEN BETWEEN 25 AND 34 YEARS OLD, AND THE SMALLEST GROUP, 17.2 PERCENT ARE WOMEN 35 YEARS AND OLDER. SO BY IN LARGE YOU'RE SEEING THE MAJORITY OF THE UNINTENDED PREGNANCIES ARE OCCURRING WITH WOMEN 24 YEARS AND YOUNGER, WHICH IS PRETTY CONSISTENT ACROSS THE NATION. AND HERE IS UNINTENDED PREGNANCIES BY MARITAL STATUS. 17.9 PERCENT OF THE WOMEN WERE MARRIED AND 45 PERCENT WERE NOT MARRIED, REPRESENTED HERE AS "OTHER."

SO PIVOTING JUST A SMIDGE TO COST, SOMETHING THAT CAN REALLY MAKE SOME EARS PERK IS COSTS, OR THE COST OF THINGS. WE KNOW THIS BECAUSE WE HEAR ABOUT IT ALL THE TIME. WE HEAR ABOUT SHRINKING BUDGETS AND THEY'RE OFTEN MET WITH INCREASING COSTS. IRRESPECTIVE OF WHAT SECTOR YOU'RE TALKING ABOUT, WE KNOW THAT THAT IS JUST NOT SUSTAINABLE. SO THIS SLIDE AND THE NEXT ONE ARE INCREDIBLY IMPORTANT DATA POINTS. IF YOU DON'T CONNECT THE DOTS FOR PEOPLE, THEY WILL MISS HOW AND WHY THE COSTS OF PREMATURE BIRTH ARE RELATED TO LARCS FOR CONTRACEPTION IN GENERAL. OFTEN IN THE GROUP OF UNINTENDED PREGNANCIES, YOU WILL HAVE TEEN PREGNANCY, WOMEN STRUGGLING WITH SUBSTANCE USE, WOMEN WHO ARE LATE OR DON'T GET PRENATAL CARE, WOMEN WHO HAVE LOW ECONOMIC STATUS, AND ALL OF THE DIFFERENT STRESSES THAT THAT BRINGS, AND WE KNOW THAT ALL OF THESE THINGS CONTRIBUTE TO PRETERM AND LOW BIRTH WEIGHT BABIES. SO HERE WE SEE THE HIGHER COST OF PREMATURE BIRTHS, WHICH CANNOT BE OVERSTATED. WHEN LOOKING AT THE MEAN COST OF PREGNANCY OUTCOMES, PREMATURE DELIVERY IS THREE AND A
HALF TIMES MORE THAN A FULL VAGINAL DELIVERY AND TWO AND A HALF TIMES MORE THAN CESAREAN SECTIONS.

SO, TAKE THAT LAST SLIDE A STEP FURTHER AND YOU LOOK AT THE AVERAGE HEALTH PLAN COST FOR -- FROM BIRTH TO FIRST YEAR FOR A PREMATURE LOW BIRTHWEIGHT BABY, IT'S OVER 12 TIMES, 12 TIMES MORE EXPENSIVE THAN THE FIRST YEAR OF LIFE COSTS FOR A BABY WITH AN UNCOMPLICATED BIRTH. AND TO REALLY PUT THIS IN PERSPECTIVE AND BRING THIS HOME, IN 2018, 9.5 PERCENT OF LIVE BIRTHS IN KANSAS WERE PRETERM. THAT'S ABOUT ONE IN ELEVEN BABIES.

WHEN CONSIDERING ALL THE CONTRACEPTIVE METHODS, WE KNOW LARCS ARE MORE EFFECTIVE AT PREVENTING PREGNANCY. BUT WHAT ABOUT THE COST? FOR THE MOST PART, LARCS ARE KNOWN TO HAVE A HIGHER UP FRONT COST, WHICH INCLUDES THE DEVICE ITSELF AND THE PROVIDER TIME NEEDED TO INSERT IT. HOWEVER, THAT COST IS ACTUALLY OFFSET WITHIN THE FIRST YEAR BY LOWER CONTRACEPTIVE FAILURE RATES AND CONSEQUENT PREGNANCY COSTS. SO HERE WE SEE THE TOTAL ESTIMATED THREE-YEAR COSTS PER ONE THOUSAND PATIENTS BY CONTRACEPTIVE METHODS. LARCS ARE LOWER BY ALMOST HALF, ALMOST, NOT QUITE BUT ALMOST HALF OF DEPO AND ORAL CONTRACEPTIVES, WHICH ARE TWO OF YOUR MORE COMMON CONTRACEPTIVE METHODS USED.

SO HOW CAN LARCS CUT COST? HERE SOMETIMES THIS IS A MACRO JUST LOOKING AT THE BIGGER PICTURE AND THE BIGGER COSTS SO WE SEE $166.1 MILLION SPENT ON UNINTENDED PREGNANCIES IN KANSAS, THAT'S A REALLY BIG NUMBER. WE KNOW THAT PUBLICLY FUNDED FAMILY PLANNING SERVICES IN KANSAS HELP SAVE $81.3 MILLION IN GOVERNMENT FUNDING. WE ALSO KNOW THAT PUBLICLY FUNDED FAMILY PLANNING CENTERS IN KANSAS HELPED TO AVERT 7900 UNINTENDED PREGNANCIES, WHICH WOULD HAVE RESULTED IN 3800 BIRTHS AND 2800 ABORTIONS. SOME PEOPLE MAY NOT LIKE THE NOTION OF PUBLICLY FUNDED SERVICES, HOWEVER, IT'S GOOD TO HIGHLIGHT THE REALITY THAT POOR WOMEN ARE THE LEAST LIKELY TO ACCESS CONTRACEPTION THROUGH EMPLOYER-SPONSORED HEALTH INSURANCE AND, THEREFORE, THESE POOR WOMEN RELY HEAVILY ON THESE PUBLICLY FUNDED INDEPENDENT SERVICES.

LAST YEAR THERE WERE SEVERAL REGIONAL MEETINGS THAT WERE HOSTED BY THE CHILDREN FAMILY SECTION ACROSS THE STATE. THOSE WERE A LOT OF FUN. I GOT TO PUT NAMES TO FACES AND JUST GET GREAT INTERACTION AND FEEDBACK FROM FOLKS. I PRESENTED ON THE IMPACT OF INTIMATE PARTNER VIOLENCE ON FAMILY PLANNING OUTCOMES AND WHAT WE KNOW IS THAT INTIMATE PARTNER VIOLENCE INVOLVES SEXUAL COERCION AND BIRTH CONTROL SABOTAGE. WE ALSO KNOW THAT THE TYPICAL FIRST INCIDENT OF INTIMATE PARTNER VIOLENCE FOR WOMEN IS IN THEIR ADOLESCENTS. WE ALSO KNOW THAT 25 PERCENT OF TEEN GIRLS
WHO REPORTED THAT THEIR ABUSIVE PARTNERS WERE ACTUALLY TRYING TO GET THEM PREGNANT. SO WHILE MOST INTIMATE PARTNER VIOLENCE INTERVENTIONS RELY HEAVILY ON RESOURCES THAT ARE OUTSIDE OF THE CLINICAL SETTING, WHEN A WOMAN DISCLOSES INTIMATE PARTNER VIOLENCE, AN INTERVENTION AT THE DISPOSAL OF A HEALTHCARE PROVIDER IS TO PROVIDE A FEMALE CONTROLLED AND EASY TO CONCEAL CONTRACEPTION. AND LARCS HAPPEN TO BE ONE OF THOSE CONTRACEPTIVE METHODS THAT CAN FIT THAT MOVE PERFECTLY. WHILE ADDRESSING INTIMATE PARTNER VIOLENCE IS NOT NECESSARILY MENTIONED IN THIS DOCUMENT THAT'S A PART OF THE LARC TOOLKIT, IT IS WORTH MENTIONING BECAUSE OF THE HIGH PREVALENCE OF INTIMATE PARTNER VIOLENCE IN THE POPULATION OF WOMEN.

WE TALKED ABOUT UNINTENDED PREGNANCIES BEING A MAJOR PUBLIC HEALTH ISSUE SO LARCS ARE NOT JUST ANOTHER CONTRACEPTIVE METHOD BUT CAN BE A COST EFFECTIVE TOOL IN JUST AN OVERALL BIGGER PREVENTION EFFORT. WE KNOW THAT MORE INTENTIONAL CHILDBEARING CAN INCREASE THE PROBABILITY THAT A CHILD IS BORN INTO A STABLE FAMILY SITUATION THAT AVOIDS POVERTY, COULD THIS HELP TEEN POPULATION? ABSOLUTELY. WE KNOW THAT TEEN PREGNANCY IS ASSOCIATED WITH NUMEROUS POOR HEALTH OUTCOMES BOTH FOR MOM AND BABY, DECREASES THE LIKELIHOOD OF MOM GRADUATING HIGH SCHOOL, INCREASES HER RISK FOR PRETERM BIRTH, AND FOR THE CHILDREN OF TEEN PARENTS, THEY ALSO HAVE POORER HEALTH OUTCOMES, WHILE ALSO ARE MORE LIKELY TO DROP OUT OF HIGH SCHOOL. SO LARCS CAN HELP IN SO MANY WAYS. THEY CAN HELP -- EXCUSE ME, TO FOSTER HEALTHY BIRTH SPACING, WHICH IS ABOUT 18 MONTHS BETWEEN BIRTH AND THE NEXT PREGNANCY AND RISK FACTORS FOR PRETERM BIRTH, WHICH INCLUDE THINGS LIKE DIABETES, HYPERTENSION, DELAYED PRENATAL PERI-TOBACCO USE, SUBSTANCE AND STRESS, ET CETERA. SO OVERALL LARCS CAN HELP REDUCE THE INCIDENCE OF SUBSTANCE, EXPOSURE TO INFANTS IN UTERO AND THEN JUST HELP TO SUPPORT STRONG FAMILIES AND GOOD HEALTHY OUTCOMES.

SO WHEN WE LOOK AT GARNERING SUPPORT FOR LARCS, YOU CAN CERTAINLY USE THE DOCUMENT THAT WE'VE PROVIDED FOR YOU IN THE TOOL KIT. YOU CAN USE THE ENTIRE DOCUMENT, PORTIONS OF IT, WHATEVER SUITS YOUR NEED AND WHATEVER YOUR AUDIENCE IS, BUT DON'T -- I JUST ENCOURAGE YOU, DON'T FEEL LIMITED BY THEM. YOU CAN CERTAINLY USE OTHER DATA SOURCES LIKE KANSAS HEALTH MATTERS OR DAISY. YOU CAN USE THAT FOR PROGRAMS THAT YOU PROVIDE. DON'T ASSUME THAT YOUR PARTNERS OR COMMUNITY KNOW ABOUT THE BENEFITS AND COST EFFECTIVENESS OF LARCS. ASSURE THAT THEY KNOW THIS. DON'T ASSUME THAT THEY KNOW THE SERVICES THAT YOU OFFER. ASSURE THAT THEY KNOW THIS. WHETHER YOU'RE TRYING TO GET SUPPORT TO INITIATE LARC OPTIONS OR YOU ALREADY PROVIDE THEM AND ARE JUST SHARING THE SERVICES YOUR ORGANIZATION OFFERS, LOOK FOR COMMON
GOALS TO IMPROVE THE COMMUNITY'S HEALTH. SEIZE EVERY OPPORTUNITY TO TELL THEM THE GOALS THAT YOU HAVE IN COMMON. IN TERMS OF COMMUNICATION, USE EVERY COMMUNICATION PLATFORM INCLUDING SOCIAL MEDIA TO PROMOTE AND HIGHLIGHT DATA POINTS THAT CAN HELP ILLUSTRATE THE BENEFITS OF LARC. IF YOU ARE PROVIDING LARCS, COLLECT SOME QUALITATIVE COMMENTS THAT CAN SHARE -- THAT CAN BE SHARED AS LIKE SUCCESS STORIES OF NEEDS BEING MET. IF YOU DON'T PROVIDE LARCS, WHAT ARE THE NUMBERS OF WOMEN WANTING THIS METHOD AND BEING TURNED AWAY? WHAT BURDENS DO THOSE STORIES BRING TO LIGHT? THERE'S A LOT OF POWER IN PERSONAL STORIES. AGAIN, WE TOUCHED ON THIS BEFORE AND IT'S SO IMPORTANT THAT IT'S WORTH MENTIONING AGAIN SO WHEN PROMOTING LARCS OR CONTRACEPTION IN GENERAL, YOU HAVE TO FRAME THE ISSUE FOR THEM OR THEY WILL FRAME IT THEMSELVES IN SUCH A WAY THAT IT MISSES THE NEGATIVE IMPACTS ON SOCIAL DETERMINANTS. LARCS ARE CRITICAL TO PROVIDE -- [DISTORTION FROM ATTENDEE] WHICH IS CRUCIAL TO WOMEN'S -- WOMEN'S ABILITY TO OBTAIN AND EFFECTIVELY USE CONTRACEPTIVES HAS A POSITIVE IMPACT ON THEIR EDUCATION AND WORKFORCE PARTICIPATION AS WELL AS SUBSEQUENT HEALTH OUTCOMES RELATED TO THINGS LIKE INCOME OR FAMILY STABILITY, MENTAL HEALTH, AND CHILDREN'S WELLBEING. HOWEVER, WE KNOW THAT THE EVIDENCE SUGGESTS THAT MOST DISADVANTAGED WOMEN DO NOT SHARE IN THESE BENEFITS, WHICH IS WHY UNINTENDED PREGNANCY PREVENTION EFFORTS REALLY NEED TO BE GROUNDED IN A BROADER ANTIPOVERTY EFFORT. AGAIN, JUST IMPORTANT TO KIND OF FRAME THESE ISSUES FOR THEM.

THAT'S ALL I GOT. ARE THERE ANY QUESTIONS? ANY COMMENTS? AND DON'T FEEL LIKE IT'S LIMITED TO JUST THE PRESENTATION. BY ALL MEANS, IT COULD BE ANYTHING LARC RELATED REALLY.

CHECKING THE CHAT BOX JUST TO MAKE SURE I'M NOT MISSING ANYTHING.

>> YEAH, I DON'T SEE ANYTHING IN THE CHAT BOX EITHER YET.

>> OKAY.

>> LOVE QUESTIONS IF ANYBODY HAS ANY, PLEASE FEEL FREE TO ASK.

WELL, LET ME JUST SAY THAT IF MAYBE YOU CAN'T THINK OF ANY QUESTIONS RIGHT NOW OR NOTHING'S COMING TO THE FOREFRONT, BUT I JUST WANT TO PUT UP OUR CONTACT INFORMATION IN CASE YOU DO THINK OF A QUESTION MAYBE LATER ON IT JUST POPS UP AS YOU'RE GOING ABOUT YOUR DAY.

OKAY. WELL, IF THERE REALLY AREN'T --

>> THERE'S ONE QUESTION I SEE HERE.

>> OH, OKAY. OH, YES. OKAY.

>> IT READS: I RECENTLY HAD A CLIENT WHO WAS CONCERNED ABOUT CERVICAL DAMAGE WITH IUD. IS THIS STILL AN ISSUE WITH IUD
IMPLANTS? TO MY KNOWLEDGE AND AGAIN, ONE OF THOSE THINGS, THERE'S ALWAYS RISKS INVOLVED EVEN WITH IBUPROFEN OR TYLENOL, RIGHT? THERE'S ALWAYS WARNINGS BEFORE THEY DO ANY KIND OF INSERTION. OFTEN THE PROTOCOLS TO DO THOSE INSTRUCTIONS, THEY HAVE TO GO OVER THE RISKS AND BENEFITS AND SO THAT MAY BE A RISK BUT THAT'S NOT A COMMON ONE THAT I'VE HEARD. IF ANYTHING, THERE ARE A LOT OF -- THERE'S A LOT OF LITERATURE THAT SUPPORTS THE SOARING POPULARITY OF IUDS BECAUSE OF THEIR EASE OF USE AND BECAUSE OF THEIR LONGEVITY AND THEY'RE REVERSIBLE. YOU'RE ALWAYS GOING TO HEAR STORIES OF THINGS HAVING GONE AWRY, BUT I REALLY CAN'T SAY THAT DAMAGE TO THE CERVIX IS ONE THAT I'VE HEARD THAT WAS A PROBLEM WITH IUDS. I HOPE THAT ANSWERS YOUR QUESTION.

>> ANY OTHER QUESTIONS EITHER BY CHAT OR YOU CAN GO AHEAD AND ASK NOW.
>> I'LL JUST ALSO SAY A GREAT RESOURCE BECAUSE THE LARC TOOLKIT, WHICH WE'RE ABSOLUTELY PROMOTING IS COLLECTING A FEW -- I KNOW WE GIVE THIS OUT TO OUR SUB RECIPIENTS IN THE PROGRAM BUT CONTRACEPTIVE TECHNOLOGY, THERE IS THE 21st EDITION AND THIS IS BY HATCHER. IT'S A GREAT, GREAT RESOURCE TO KIND OF HAVE JUST IN THE OFFICE AND IT COVERS KIND OF ALL OF THESE ISSUES, THESE QUESTIONS. WHAT ARE THE PROS, CONS, ASSESSING THE CLINICAL INDICATORS FOR CONTRACEPTION AND ALL OF THE EDUCATION THAT SHOULD BE PROVIDED TO THAT PATIENT? I JUST HIGHLY RECOMMENDED, THAT RESOURCE.
>> WELL, IF THERE'S NOT ANY OTHER QUESTIONS, I KNOW THAT THIS SESSION IS BEING RECORDED AND IT WILL BE POSTED SO PEOPLE CAN VIEW ON DEMAND AND AGAIN, IF YOU THINK OF ANY QUESTIONS LATER ON, PLEASE DON'T HESITATE TO REACH OUT. WE ARE HERE TO HELP YOUR GUYS AND WE'RE MORE THAN HAPPY TO ANSWER IT IF WE CAN OR HELP FIND THE ANSWER FOR YOU.
>> THANK YOU SO MUCH TO EVERYBODY FOR ATTENDING TODAY.
>> THANK YOU.