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Editor's Choice

Facilitating State-Wide Collaboration around Family Planning Care in the Context of Zika

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A B S T R A C T

Introduction: Family planning providers have an important role to play in the response to the public health challenge posed by Zika. In the United States, there are high rates of unintended pregnancy, especially in states most at risk for mosquito-borne transmission of the Zika virus. This paper describes efforts by eight of these states (Arizona, California, Florida, Georgia, Louisiana, Mississippi, South Carolina, and Texas) to build capacity for quality family planning care in the context of Zika.

Methods: Drawing on resources developed by the Office of Population Affairs, including a toolkit for family planning care in the context of Zika, agencies and stakeholders involved in the family planning delivery system in Southern states at risk for mosquito-borne transmission met over several months in the summer of 2016 to coordinate efforts to respond to the risk of Zika in their jurisdictions.

Results: Through proactive communication and collaboration, states took steps to integrate Zika-related family planning care, including screening for Zika risk and providing appropriate, client-centered counseling. Challenges faced by the states included not having family planning included as a component of their state's Zika response effort, limited funding for family planning activities, and the need for robust communication networks between multiple state and federal agencies.

Conclusions: The efforts described in this paper can help other states to integrate family planning into their Zika response. This is relevant to all states; even when mosquito-borne transmission is not occurring or expected, all states experience travel-related and sexually transmitted Zika infections.

The Zika virus has rapidly emerged since 2015 as a major public health threat, given its devastating effect on fetal development and the expanding geographic range of mosquitoes carrying the virus (Petersen, Jamieson, Powers, & Honein, 2016). Although the virus has been circulating in Puerto Rico and countries in the Caribbean, Central America, and South America since 2015, the urgency of taking action to mitigate the impact of the virus in the United States has received increased attention since June 2016, when mosquito-borne transmission in the continental United States was first documented (Likos et al., 2016).

Given Zika's impact on reproductive outcomes and the fact that it is transmitted sexually, family planning services are a critical part of the public health response. To date, however, there has been limited attention to the role of family planning in preventing negative health consequences in the United States beyond the use of condoms to prevent sexual transmission. The importance of family planning services and the needs of nonpregnant women and men of reproductive age, for example, were not included in the Zika Action Plan Summit convened in April 2016, to help state public health leaders develop action plans for their states.

Therefore, there is a need for increased attention to building capacity for family planning services as a component of the

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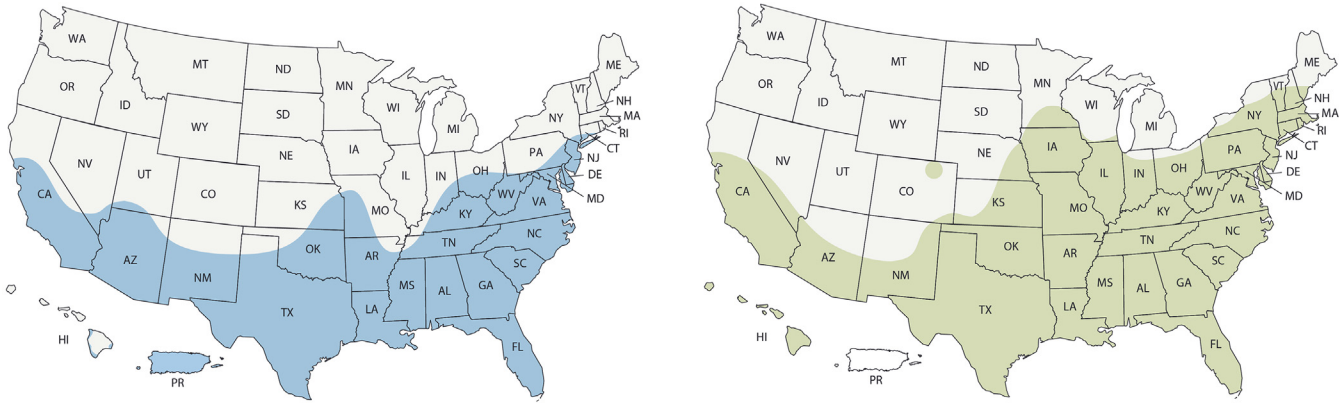

Figure 1. Estimated range of *Aedes aegypti* and *Aedes albopictus* in the United States, 2016*. Source: CDC at http://www.cdc.gov/zika/vector/range.html. *Maps have been updated from a variety of sources. These maps represent CDC's best estimate of the potential range of *Aedes aegypti* and *Aedes albopictus* in the United States. Maps are not meant to represent risk for spread of disease.

response to Zika. Southern states in the range of the *Aedes* mosquito, which is known to transmit Zika, have a particularly urgent need to focus on this area given the potential of more widespread infection in these regions (Figure 1). Importantly, several of the states known to have potential for mosquito-borne transmission are among the lowest ranked in the country with regard to reproductive health care, with high levels of uninsured women of reproductive age and high rates of unintended pregnancy (Dreweke, 2016). However, incorporating family planning in the response to Zika is relevant to all parts of the United States, given the potential for travel-related cases as well as sexual transmission of the virus. As of November 30, 2016, 4,310 travel-associated cases of Zika had been reported, with cases occurring in all U.S. states except Alaska (Figure 2).

The U.S. Office of Population Affairs (OPA)—the agency within the federal government that serves as the focal point on family planning, including providing public funding for family planning services through the Title X Program—is one of the Federal agencies that has been working to help states expand access to contraceptive and other family planning services in the context of Zika. The purpose of this paper is to describe work done by eight states at high risk of mosquito-borne Zika transmission, in partnership with OPA. This work has concentrated on increasing awareness of the role of family planning as a key component in the response to Zika and encouraging collaboration across state agencies that care for nonpregnant women and men of reproductive age. Although the initial focus was on states considered to be most at risk for mosquito-borne transmission, we hope that the efforts of these states will motivate all states to expand access to contraceptive and other family planning services, and integrate Zika-related care into those services.

Materials and Methods

In June 2016, OPA convened a 2-day meeting of representatives from seven states from the Southern part of the United States (California, Florida, Georgia, Louisiana, Mississippi, South Carolina, and Texas). State representatives included individuals from the agencies that receive funding from the Title X family planning program, state Medicaid agencies, Federally Qualified Health Centers, state public health departments, state Primary Care Associations, rural health centers, and state chapters of the American College of Obstetricians and Gynecologists (ACOG). The meeting, held in Arlington, Virginia, also included representatives from a number of Federal agencies within the U.S. Department of Health and Human Services, including the Centers for Disease Control and Prevention (CDC), Indian Health Service, Office of Minority Health, Center for Medicaid and CHIP Services, the Bureau of Primary Health Care, the Office of the Assistant Secretary for Preparedness and Response, and the Office of Health Reform. Other interested national stakeholders, including the ACOG, the National Family Planning and Reproductive Health Association, the Association of State and Territorial Health Officials, and the State Family Planning Administrators also attended.

We first presented attendees with an overview of the role of family planning in the response to Zika, including the importance of maintaining a patient-centered approach to family planning services that prioritizes patient autonomy, even in the context of an emergency response. OPA then introduced several training and technical assistance resources that had been developed to help states integrate Zika-related care into existing programs. This included a core set of competencies for quality family planning care in the context of Zika that OPA had developed in alignment with the evidence-based recommendations in the CDC/OPA's "Providing Quality Family Planning Services" (Gavin et al., 2014), incorporating specific needs and activities related to Zika and its attendant risks (Table 1). Resources to enable states to achieve these competencies ranged from comprehensive training and technical assistance programs designed to augment all aspects of care, including counseling, provision of all contraceptive methods, including long-acting reversible contraceptives (LARCs), and financial strategies to ensure sustainability, to those targeting specific competencies, such as online training programs focused on contraceptive counseling. We also reviewed the availability of a "Zika toolkit" developed by OPA and designed to operationalize the CDC's guidance for taking care of nonpregnant women and men with respect to the risks associated with Zika (Dehlendorf, Gavin, & Moskosky, 2016).

After this orientation, state teams were asked to reflect on the extent to which their current family planning services integrated considerations related to Zika, as well as the needs of their service delivery networks with respect to the broader list of competencies. Each state group then discussed state-specific plans for leveraging these resources to build capacity for quality, accessible family planning services, including access to a broad