

Reproductive Health & Wellness Program, Cincinnati Health Dept

Special Points of Interest:

- *RHWP goes to College: Building a relationship with UC*
- *The Patch: Sticking to birth control*
- *More than the symptoms: Addressing Intimate Partner Violence in reproductive health*
- *Man to Man: Male patients in the clinical setting*

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THE BODY SHOP ON CAMPUS

The body shop is continuing to build a relationship with various entities at University of Cincinnati. UC Student Health Services are only able to provide a limited number of contraceptive options to students. The University Hospital Center for Women’s Health will begin receiving in-network referrals from UC Student Health Services to provide students with the methods, such as LARCs, that are not currently available through student health coverage.

Most recently, the body shop continues to expand its presence on campus, most recently by working with the UC Women’s Center for

“VDay University of Cincinnati 2013.” VDay is a national campaign to end violence against women and girls that includes performances of “The Vagina Monologues” and this year’s One Billion Rising campaign. RHWP team members attended and distributed information at these performances, utilizing mobile technology units and Bedsider materials, and by connecting with like-minded community members and organizations

The RHWP and the Cincinnati Health Dept. as a whole have also been invited to present at “Hip Hop for Health”, a campus event in April organized by the Department of Africana Studies. Details about the event will be available in our April newsletter!



METHOD OF THE MONTH: ORTHO EVRA, “THE PATCH”



Actual size: 20 cm², about 2” across

OrthoEvra, commonly referred to as “the patch”, is a transdermal contraceptive patch, developed and distributed by Janssen Pharmaceutical, Inc. (1). It is typically marketed toward busy students and young professionals who enjoy the benefits of hormonal methods, but don’t want to deal with taking a pill every day.

The patch is a combination hormonal method, in that it contains both estrogen (ethinyl estradiol) and progestin (norelgestromin) (2), much like the popular oral contraceptive series also distributed by Janssen: Ortho-Tri-Cyclin, Ortho-Tri-Cyclin LO, and Ortho-Cyclin. The contraceptive mechanism is the same for both products: primarily, hormones prevent ovulation, but also thicken cervical mucus to prevent sperm entry into the uterus, and alter the endometrial lining to prevent implantation. It differs from the pill form in that the patch

releases the hormones over the course of a 7 day period, and exposes its user to higher levels of estrogen in comparison to most combined oral contraceptives(1). Users change the patch every week for three weeks, and then leave it off for the fourth week for a standard menstrual cycle.

Like all combination hormonal methods, patch users run the risk of blood clots, strokes, and a heightened risk of cardiovascular issues in cigarette smokers, especially those over the age of 35. Higher levels of estrogen alone, however, have not been proven to increase the risk of adverse side effects in otherwise healthy and appropriate candidates. (2)

The patch itself is 20 square centimeters, or about 2” across (image at left) and is composed of three layers: outside (beige flexible film, like a band-aid), middle adhesive layer that contains the hormonal active ingredients, and a protective packaging layer that is removed before adhesion. (1)

METHOD OF THE MONTH: THE PATCH (continued from page 1)

But this is the Wonder Woman of all band-aids: on average, only 2% of patches in clinical studies completely detached (1), with the rate detachment decreasing as use continued. Even saunas, cold baths, and hot showers showed no effect on detachment or administration of hormones. Further, placement of the patch on the abdomen, buttocks, arm or torso was not found to alter its effectiveness or adhesion. The patch's three clinical trials were conducted

in Europe, the U.S. and South Africa and included 3,330 women between the ages of 18-45, monitoring them over the course of a combined 22,155 cycles. There was approximately 1 pregnancy per 100 women per year of use (1). The FDA, when considering human error, estimates about 10 pregnancies per 100 women relying on this method of contraception (2). Of the trial participants, women weighing 198 lbs or more had a significantly higher risk of becoming pregnant while using the patch, which suggests a decreased effectiveness in the

method for patients above this weight.(1). In outreach situations, *the body shop* team members have received both concerned comments and questions regarding reduced fertility after contraceptive use. Clinical trials, cited by National Health Institute pharmaceutical informational guides, reported that ovarian chemical activity returned to baseline levels within 6 weeks after discontinuation of use. Further, the levels of the active hormonal ingredients transmitted by the patch reached low or immeasurable levels within three days after removal of the patch (1).

LOVE AND OTHER SYMPTOMS: ADDRESSING THE COMPLEXITY AND REPRODUCTIVE HEALTH OUTCOMES OF INTIMATE PARTNER VIOLENCE

In 2010, the federal government established February as National Teen Dating Violence Awareness month, soon after successfully highlighting teen abuse in the reauthorization of the Violence Against Women Act (1). In the final days of February 2013, the U.S. House of Representatives again renewed Violence Against Women Act, which seeks to create and expand federal programs that support local law enforcement and services to victims in situations of sexual and domestic abuse. The bill will now fall into the hands of President Obama, who has already spoken ardently about the legislation's continued relevance (2).

Similarly, the American College of Obstetrics and Gynecology recently released an opinion piece addressing reproductive coercion, which is when a partner behaves in a way to maintain power and control in an intimate relationship. These behaviors include but are not limited to: explicitly attempting to impregnate the patient against her will, controlling pregnancy outcomes and decisions, coercing her to have unprotected sex, and interfering with contraception, which is also called "contraceptive sabotage" (3). The publication was a call to action for clinicians working with undeserved populations to heighten awareness of relationship dynamics, but also to counsel on long-acting contraceptive methods that are as discreet as they are effective, preventing both unwanted pregnancy and partner retribution (4).

Discussion of these forms of abuse and possible interventions has never been so timely. Domestic abuse, sexual abuse, reproductive coercion, and teen dating violence all fall under the umbrella of intimate partner violence, and are now being understood in the field of public health as interrelated social phenomena with very tangible biomedical results. Future physical battery, post-traumatic stress disorder, STI transmission, substance abuse, and poor pregnancy outcomes are among the manifestations

of a much more pervasive, cultural pattern (5).

This abuse is not a new phenomena, nor a rare one. The National Intimate Partner and Sexual Violence survey, a continuous, national study conducted by CDC's Center for Violence Prevention, projected in its 2010 summary report that in Ohio, 743,000 women were victims of rape. In addition, 1,886,000 experienced "other forms of sexual violence," which the survey defined as physical violence and stalking. This data represent a prevalence of violence at any point in life, by any perpetrator. Nationally, it was reported that among adult victims of rape, physical violence and/or stalking by an intimate partner, 22.4% of women and 15.0% of men first experienced some form of partner violence when they were between the ages of 11 and 17 (6). As with most patterns of abuse, the severity and danger escalates with age and time. As of 2008, a third of adolescent girls in the U.S. had experienced physical, emotional or verbal abuse from a dating partner (7).

In concordance with these findings and escalating awareness, *the body shop* continuously seeks to combat poor reproductive health outcomes on both a clinical and cultural level. The guiding principal has always been to empower female patients to be active, accountable participants in their reproductive health services and treatment, but also in their sexuality. In the clinic, "it's about building a relationship and having someone other than your mom to talk to about your body", medical assistant Brandy Thompson recently explained in an outreach activity. Under Title X regulations, confidentiality and patient safety are the fundamental guiding principles for all patient encounters. Addressing sexual and domestic abuse does not just mean making the appropriate referral, though; it can be addressed through certain contraceptives. *The body shop* has long championed LARCs for their effectiveness against human error, but the devices are equally effective in maintaining appropriate power and con-

trol: "You decide when it goes in, and you decide when it comes out," Dr. Jennifer Mooney explained to a focus group of adolescent girls. ACOG recognizes the discretion of LARCs in terms of their logistics; they're physically inaccessible, don't require "refills," and can potentially avoid altering bleeding patterns all of which can be "give-aways" to an intimate partner. Currently, 114 body shop clients rely on either a hormonal implant or an IUD for contraception, and the number continues to rise.

However, these women are only half of the equation in sexual activities. The RHWP is also addressing the key participation of male patients in reproductive health and wellness on a community level. Eric Washington, the program coordinator of the Men's Health Initiative, explains that many modules were designed to "try to expand the roles of men in healthy communication and relationships, and try to create healthier families and fathers". Most of the participants in the educational program to date have been high-risk adolescents, and even if they are sexually active, the modules span beyond the much-needed information on reproductive biology and diseases: "We even get down to understanding a partner's *body language*". When speaking about the program, he often includes anecdotes about a certain activity in the modules. When he asks students to list the terms they use to refer to girls and women, the answers are a telling reflection of day-to-day violence in heterosexual relationships. The experience, he says, is jarring. "It's just been part of their environment and they may not even realize that it's violence," he explains. "But it's terrorism. Terrorism in the household." He points out that we, as a society and as healthcare professionals, should reevaluate that term, as well. "It's not just between countries; it's in people's homes." And it's interfering with the reproductive health and wellbeing of patients and their communities. The RHWP multidisciplinary team, though, will continue to address IPV, as it is an integral part of reproductive health and wellness.

"In reproductive health, there are so many different factors affecting outcomes that there will always be room for new ideas and new solutions."

TEAM MEMBER SPOTLIGHT: MEET AALAP!

Name: Aalap Bommaraju

Hometown: Cincinnati

Favorite book: *The God of Small Things* - Arundhati Roy



What do you do at the body shop?

I'm the body shop's Data Coordinator. My job is to sit in front of a computer all day and do the things that no one else wants to do... Just kidding! I absolutely LOVE my job. Primarily, I compile monthly, quarterly, and annual data reports that describe the clients we see and the services we render. But I was also involved with integrating our paper data reporting system into Cincinnati Health Department's electronic medical records system. In addition, a few months ago I worked with our Men's Health Counselor, Eric Washington, to create the Men's Health Initiative sex-education program. Right now, I'm working with Dr. Jennifer Mooney, our principal investigator, on a research project to describe the determinants of contraceptive choice among

women in our program. It's all very exciting stuff... for us nerds.

What do you love about working in reproductive health?

I love working in this field because of how complicated it is. It's not like some other fields of health care where the problem is simple, the solution is clear, and the only questions are about how the solution gets delivered. In reproductive health, there are so many different factors affecting outcomes that there will always be room for new ideas and new solutions. Also, it's a field that requires people to be open and honest about their feelings about sex, a topic usually ignored by public health practitioners (despite the hypersexual cultural context that we live in). I think it's really important to engage people on the topic of

sex and start moving past the "brush-it-under-the-rug" attitude that has dominated the public health response in the past.

When you're not at the body shop, where might we find you?

On the weekends you can usually find me at MOTR! Also, I'm part of a few different bands that play shows around Cincinnati: Lightning (cat-worshipping party-punk), A Pinecone (awkward sonic freak-out), and C-Storm (militant feminist riot growl).

MAN TO MAN: MEN'S HEALTH INITIATIVE UPDATE

The MHI program is now seeing male patients in a clinical setting. Program Coordinator Eric Washington, a certified HIV/STI counselor, is now offering expanded STI and reproductive health counseling during patient visits at Clement Health Center.

Classes utilizing the MHI modules will soon be offered during the evenings at Clement, and will also be conducted at Talbert House on Vine St. beginning in April.

The MHI reproductive health education program was developed in a systematic manner to encourage community participation and ensure cultural competency. It currently encompasses five modules – each module consisting of a one-hour interactive presentation led by the program coordinator. The modules are: (1) Reproductive Anatomy, Pregnancy, and Sexuality, (2) STIs and Protecting Yourself, (3) Relationships & Communication, (4) Family Planning, and (5) Fatherhood. Modules can be tailored

or altered depending on the audience or preferences of the host organization. Multiple Cincinnati Public Schools, ranging from elementary to secondary grade levels, have expressed interest in collaborating with the MHI to address student health, sexuality, and basic understanding of reproductive biology. The modules are currently being revised to meet the needs of these different audiences, with hopes to include information on puberty.

Interested in the Men's Health Initiative for your organization?

Contact the program coordinator:
eric.washington@cincinnati-oh.gov

CORNER FOR THE CAUSE

March 10th marks National Women and Girls HIV/AIDS Awareness Day for 2013. Here in the body shop, we believe that it is important to advocate regular HIV testing and prevention EVERY day! Between the first official day of seeing patients on

March 23, 2012 and February 6, 2013, we have performed 484 HIV tests for our patients. That comes to 27.8% of total visits! The body shop will continue to offer this service, along with education and counseling, at all current and future visits.



National Women and Girls HIV/AIDS Awareness day

FOR MORE INFORMATION ON THIS ISSUE AND TO KEEP UP TO DATE WITH THE HEALTH AWARENESS CALENDAR, GO TO: [HTTP://WWW.CDC.GOV/WOMEN/OBSERVANCES/INDEX.HTM](http://www.cdc.gov/women/observances/index.htm)



**REPRODUCTIVE HEALTH &
WELLNESS PROGRAM,
CINCINNATI HEALTH DEPT**

Reproductive Health Suite
Clement Health Center
Cincinnati Health Department
3101 Burnet Avenue
Cincinnati, OH 45229

RHWP Hotline:
513-357-7341

Appointment scheduling through the CHD Call Center:
513-357-7320

The Reproductive Health and Wellness Program (RWHP) or the body shop, is a five-year grant awarded by the Ohio Department of Health to the Cincinnati Health Department and is funded by the federal Title X program. The primary objective of this program is to provide access to contraceptives and reproductive health services to the men and women of Hamilton County, especially to the most underserved populations, so as to reduce the number of unplanned pregnancies, unwanted pregnancies, and ultimately, the number of poor pregnancy outcomes. Through these direct services, education and outreach, the program also hopes to cultivate a culture of responsibility, well-being, and empowerment in regards to sexuality and reproductive health. To date, we've enrolled more than 1,000 unique individuals, and continue to grow, learn, and serve.

For additional information regarding the project, please contact Dr. Jennifer Mooney at:

jennifer.mooney@cincinnati-oh.gov



Happy St. Patrick's Day from the body shop!

Getting lucky doesn't mean you should push your luck:
Research consistently shows a correlation between substance abuse and risky sexual behavior, but nothing goes with a Guinness like an effective method of STI and pregnancy prevention.

References

Method of the Month:

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IPV:

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