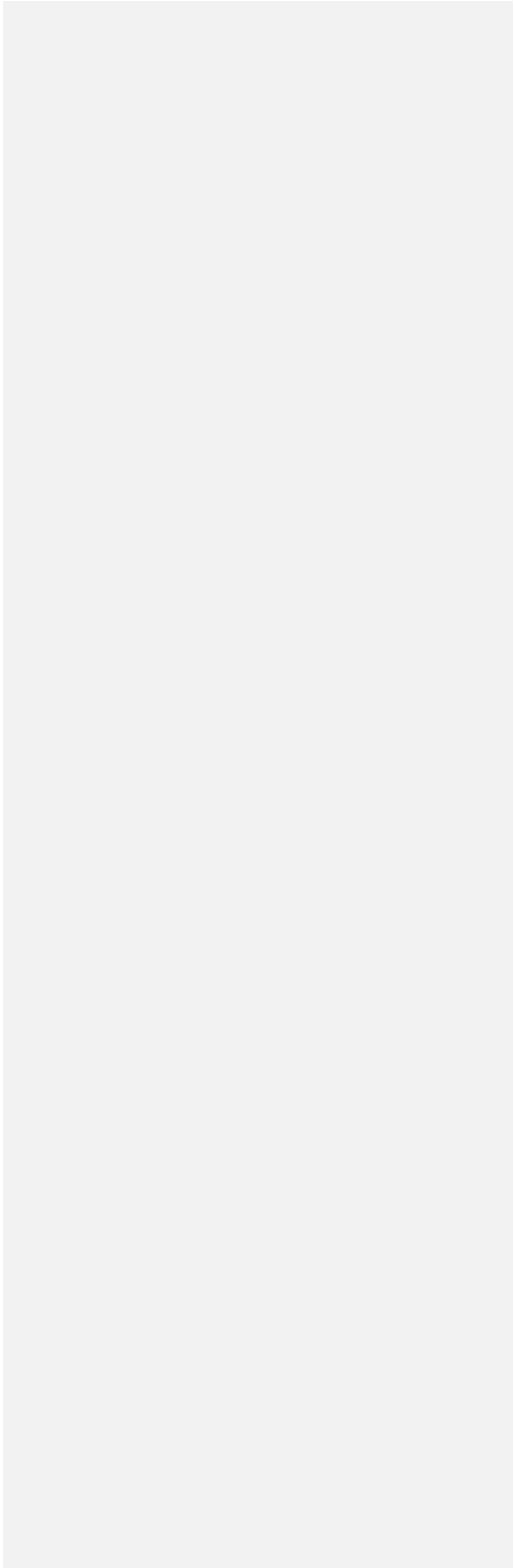


**Cover Page**

**The Reproductive Well-Being Toolkit**

*A Starting Place for Community Action*



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## **Section I – Introduction**

### ***Open Letter from Power to Decide and Expert Panelists***

#### **No two communities are the same.**

This is a cliché in our work because it's true. Whether you're working on the issues of education, health, or transportation, one community's unique constellation of strengths, challenges, and opportunities is never the same as another's—even in the same state or region.

The best first step for a community in Arizona is not likely to be the same as for a community in Montana—nor should it be!

It also means that bridging the gap between national ideas and local action can be paralyzing, no matter how much goodwill a community or organization has built.

That's why a team of local leaders and practitioners from around the country, representing xx states and xx organizations, has come together to prioritize 14 essential actions for making reproductive well-being possible in communities across America.

The four non-negotiable Action Areas in this toolkit are the main levers in making local change towards reproductive well-being: Health Equity, Policy, Education & Communication, and Healthcare Delivery System. We've unpacked the most impactful first steps in each of these Action Areas to make local change both accessible and also customizable.

We hope this toolkit supports communities in being true to themselves, their unique histories, cultures and peoples while also making pragmatic and effective change towards ensuring that all people, and in particular, women and girls can thrive.

With excitement,

Power to Decide & Names + Orgs to be added after Sign-Off

## Guiding Principles

- We value first and foremost the overall health, well-being, and self-determination of all people, and in particular, women and girls.
- We recognize that equity does not currently exist when it comes to deciding if, when, and under what circumstances to have a child, and thus these issues must be considered from an intersectional and broader social determinants of health lens.
- We recognize and respect that not everyone will, or will be able to, make a decision about if, when, and under what circumstances to have a child. We will work to build a culture in which all individuals will be treated with respect and be cared for without judgment.
- We value the voices and lived experience of the people whom we aim to serve. In developing solutions, we will center our work on their lived experience, which will help us ensure that these solutions are culturally-responsive and linguistically-appropriate.
- We recognize the complexity of decision-making and intentions about family formation, and support individuals, couples, families, and communities in seeking reproductive autonomy, health, and well-being.
- We will work tirelessly to ensure that everyone has the information, access to services, and other supports necessary to have a child if and when they want to and to support a healthy start for the next generation.
- We will use the best available science, evidence, and guidance from the community to develop solutions.

## Overview & Framework

The Reproductive Well-Being Toolkit centers on four main Areas of Action to help build a culture and systems of support in a local community.

- **Health Equity** refers to building a culture of health in a community for all of its members, where everyone has the opportunity to live their best life.
- **Policy** refers to the laws, regulations, and protocols in a community.
- **Education & Communication** refers to the efforts within a community to share information and knowledge.
- **Healthcare Delivery** refers to medical care and public health in a community.

The success of the Reproductive Well-Being movement depends on the capabilities of local communities to ensure that people have what they need to achieve reproductive well-being. While there is no question that communities themselves are best positioned to identify and implement the most effective strategies to support their members in achieving reproductive well-being, communities can learn from one another's experiences. It is in this spirit that an expert panel comprised of practitioners, advocates, and researchers convened to share best-practices, evidence-based strategies, and lessons learned. The outcome was the development of an evidence-informed, place-based toolkit to promote reproductive well-being that can be customized at the local level by community networks.

Making meaningful change in a community towards building a culture of Reproductive Well-Being is likely to require strategies from all Action Areas.

But the most authentic policy choice for a county in Louisiana is likely very different than for a city in New Jersey.

This toolkit is intended to outline the fourteen highest impact strategies within these Action Areas—and it's entirely up to communities to assess what their needs are, what actions are most authentic and urgent to their community, and choose where to begin.

### **Recommended Strategies**

The place-based toolkit is guided by the principle that every person has the right to have their views, values and decisions related to reproductive well-being respected regardless of race, culture, gender, sexual orientation, and identity. The toolkit includes four categories of strategies: health equity, policy, education and communication, and healthcare delivery (including systems, clinics, and providers).

#### **Health Equity Strategies**

There are three key recommendations to ensure a focus on health equity throughout this initiative.

1. *The initiative is rooted in community needs and priorities related to reproductive well-being.*
2. *Community engagement and collaboration are key components of the overall work.*
3. *All activities and tactics related to the initiative seek to reduce implicit and explicit bias and improve equity in people's ability of people to determine when, if, how, and under what circumstances to have a child.*

#### **Policy Strategies**

There are four recommended policy strategies to support community members:

4. *Expand access to high-quality, evidence-informed, culturally-responsive, and respectful care.*
5. *Ensure coverage for healthcare and social services (e.g. WIC, SNAP, etc.) specifically those related to family formation, contraception, and reproductive health.*
6. *Support the health and well-being of families.*
7. *Require that individuals and couples have access to medically accurate, relevant, and understandable information to support decision-making related to family formation.*

#### **Education and Communication Strategies**

There are three recommendations to ensure community members have information to achieve reproductive well-being.

8. *There is a community specific strategy for communication and education about reproductive well-being across the life course.*
9. *All people in the community have access to medically-accurate and age-, cultural-, and linguistically-, appropriate sexual health education, including information on family formation and the full range of contraceptive methods.*

10. *There are community-specific efforts to support all reproductive age people in achieving health literacy.*

### **Healthcare Delivery System Strategies**

There are four recommendations to ensure community members have the healthcare and social services needed to support reproductive well-being.

11. *Within the healthcare delivery system in the community, there is a rights-based framework for providing care to reproductive-aged people. This includes (but is not limited to) care that is non-discriminatory, trauma-informed, inclusive, confidential, and allows for informed choice while supporting personal agency and autonomy.*
12. *There are community-specific strategies to decrease barriers to and increase access to healthcare throughout the community, including reproductive health services, contraception, family formation, and parenting/family support services.*
13. *There are community-specific efforts to empower people to know their rights and the reproductive healthcare they are entitled to receive and ensure that their reproductive health needs are met during their health care encounters, and there is engagement with providers in the community to ensure they are aware of and responsive to their patients' needs.*
14. *There are community-specific efforts to reduce barriers to contraceptive use.*

We envision communities across the United States in which every person—no matter who they are or where they live—has the power and services necessary to achieve reproductive well-being and consequentially, be fully equipped to determine if, when, and under what circumstances to have a child and to support a healthy start for the next generation. This place-based implementation toolkit is a way to start working toward this vision in communities across the country.

## **Section II – Recommendations Outline**

### **The Reproductive Well-Being Framework**

#### **Action Area: Health Equity**

1. Community Needs
2. Meaningful Engagement
3. Implicit & Explicit Bias

#### **Action Area: Policy**

4. Access to High Quality Care
5. Coverage for Services
6. The Health and Well-Being of Families
7. Access to Information

#### **Action Area: Education & Communication**

8. Across the Life Course
9. Access to Sexual Health Education
10. Achieving Health Literacy

#### **Action Area: Healthcare Delivery**

11. Rights-Based Care
12. Barriers to Service
13. Empowering People and Engaging Providers
14. Barriers to Contraceptive Use



### **Action Area: Health Equity**

**Health Equity matters because every person—no matter who they are or where they live—deserves to live their best possible life.** Health equity means an individual's and community's health needs are being met, on their terms, with respect and power given to the community.

Reproductive well-being has a big influence on people's overall health and well-being. Reproductive well-being is also a canary in the coal mine when it comes to Health Inequity. Although addressing Reproductive Well-Being isn't a cure-all, it's an area that your community can make concrete, measurable steps towards Health Equity activating levers of change already in the community.

1. Community Needs
2. Meaningful Engagement
3. Implicit & Explicit Bias

## Health Equity

### 1. Community Needs

RECOMMENDATION: **The initiative is rooted in community needs and priorities related to reproductive well-being.**

WHY IT MATTERS: No single community is the same—and a diversity of community members know their own communities better than any single organization ever can.

OUTCOME: A diverse range of community members gives continuous input on local reproductive well-being efforts, including leadership and decision-making roles.

TACTICS:

- **Conduct a needs and assets assessment within the community (as related to reproductive well-being).**
- **From the beginning, build strong, healthy and equitable partnerships with community-based organizations.**

COMMUNITY CONSIDERATIONS:

- It is critical to focus on community strengths and assets.
- Data and outcomes presented should focus on priority populations and those populations should be engaged in the work.
- An in-depth understanding of community needs should also include a look at structural equity and readiness for change. The rationale and approach for undertaking this work will vary across and within communities.

EXAMPLES:

- **Gaston Youth Connected (GYC)**, a project of **SHIFT NC** (Sexual Health Initiatives for Teens North Carolina), is a community-wide initiative to reduce teen pregnancy. Gaston County had historically high teen pregnancy rates well above the state average, including racial and ethnic disparities. GYC succeeded in building a Teen Wellness Center (TWC), a full-service adolescent health center at the health department, and greatly increased teen access to essential reproductive health services. For example, there was an 83.1% increase in the number of teens receiving a well-child visit. GYC laid the groundwork for long-term success through partnerships with the local health department and youth-serving community organizations, an extensive community needs assessment, and community mobilization and stakeholder education involving adolescents, parents, faith organizations, local officials, and Rotary clubs.<sup>1</sup>
- The Missouri Foundation for Health is launching new work to address unplanned pregnancy across the state. As a part of this work, the Foundation conducted a year-long needs assessment process to determine activities

<sup>1</sup> [https://www.jahonline.org/article/S1054-139X\(16\)30879-5/fulltext](https://www.jahonline.org/article/S1054-139X(16)30879-5/fulltext) ; <http://www.shiftnc.org/initiatives/gaston-youth-connected>.

### **Health Equity**

currently underway across the state, opportunities for action and barriers to increasing access to family planning across the state. Specific needs assessment activities included clinical assessment with input from 115 clinicians and 52 facilities across the state; 23 stakeholder listening sessions with more than 100 participants; a policy analysis; statewide polling with more than 750 participants; and a preliminary hotspot analysis. This needs assessment has guided the development of a plan to begin to increase supply of and demand for the full range of contraceptive methods across the state.

#### **RESOURCES TO GET STARTED:**

- Conducting Community Needs Assessment: <https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/conducting-needs-assessment-surveys/main>
- Strategies Guided by Best Practice for Community Mobilization: <http://advocatesforyouth.org/storage/advfy/documents/Factsheets/strategies%20guided%20by%20best%20practice%208-11-14.pdf>

## Health Equity

### 2. Meaningful Engagement

RECOMMENDATION: **Community engagement and collaboration are foundational to the initiative.**

WHY IT MATTERS: Given the long history of trauma related to reproduction in many communities, ensuring the work is firmly rooted in the community will be critical for achieving success (as defined by the community).

OUTCOME: The community's reproductive well-being initiative is continuously informed by its own data and makes appropriate changes in its strategies and work.

TACTICS:

- **A committee that is representative of the community meets at least four times per year to discuss activities and progress (Step 1 in QI process).**
- **There is a clear plan for sharing data, activities, and progress over time with all community members.**
- **There are targeted Quality Initiatives (QI) around equity.**
- **Equity metrics/disparities dashboards used to measure initiative outcomes.**

COMMUNITY CONSIDERATIONS:

- Involving all voices, including those who are often overlooked such as immigrants, persons with disabilities, and low income families, will be important to ensure that the work has broad impact and support.
- Everyone will have their own interpretation of what reproductive well-being means in the context of their lives.

EXAMPLES:

- [Thrive, Sexual Health Collective for Youth](#), is a public-private partnership based in Oklahoma City, Oklahoma with the goal of reducing the teen birth rate in Central Oklahoma. The organization serves as the backbone organization for the community directed project. Stakeholders initially expressed interest in a collaborative to address high rates of teen pregnancy in the region in 2012 and worked to conduct a needs assessment and comprehensive plan for moving forward. In addition to a governing board, there are three working groups addressing areas of focus for the initiative: education, medical, and community. In addition to sharing the plan (and underlying needs assessment) in a public [report](#), Thrive released a 2017 [report](#) to the community to describe progress toward outcomes.
- [Poverty Solutions Halifax](#) seeks to grow the economy and strengthen the social fabric in the Halifax Regional Municipality. To do so, they have undergone a community engagement process that includes Experts by

## Health Equity

Experience—those stakeholder who have experienced living in poverty; The Community Conscience—advocates, agencies and service providers who work with and advocate for people with lived experience; The Business Alliance—leaders who can support jobs at a living wage; The Advisory Committee—those individuals who hold influence in key systems, institutions, and communities that have an impact on the change process; and Solutions Task Teams—multi-sectoral teams that organized thematic solutions (i.e. housing, food security). As the work began, Poverty Solutions realized that it was critical to have Experts by Experience within multiple committees rather than as a standalone group only. This allowed for those with lived experience to provide ongoing input throughout the work. There were also other opportunities for community engagement including open houses and public meetings, community workshops, arts submissions (written and video), online surveys, and ongoing sharing and revision of the community report and plan. Despite these efforts, feedback indicated that chronically underrepresented populations remained underrepresented and that the fast-pace of the timeline inhibited the ability of the initiative to seek out these groups and develop the trust and relationships necessary for collaboration to thrive. Moving forward the initiative is working to repair the trust and deepen new relationships and modify the plan overtime so that it is a guiding document that can change as the needs of the community change.

### RESOURCES TO GET STARTED:

- Needle-Moving Collective Impact: Three Guides to Creating an Effective Community Collaborative:  
<https://www.bridgespan.org/insights/library/children-youth-and-families/needle-moving-collective-impact-three-guides>
- Community Engagement An Overview:  
<http://www.tamarackcommunity.ca/library/community-engagement-an-overview>

## Health Equity

### 3. Implicit & Explicit Bias

RECOMMENDATION: **All activities and tactics related to the initiative seek to reduce implicit and explicit bias and improve equity related to the ability of people to determine when, if, how, and under what circumstances to have a child.**

WHY IT MATTERS: The best intentions of a community are not enough to counter bias rooted in history and systems.

OUTCOME: The community's reproductive well-being initiative builds equity into every component of its work, and advocates for equity and larger social change through all of its policies, operations and strategies.

TACTICS:

- **Reduce bias in healthcare encounters.**
  - When appropriate, increase the use of checklists to ensure that all patients receive the same level of care, regardless of demographics. This may include screening questions about pregnancy desires and standard provision of follow-up care, including contraception and preconception care based on patients' stated desires.
  - Expand the number of minority and sexual minority professionals in health systems.
  - Incentivize providers to maintain sustained service to disadvantaged communities.
  - Include non-traditional providers (community health workers, connectors, corps, healers, doulas, etc.).
  - Diversify options for care delivery settings (telemedicine, OTC etc.).
  - Address structural and interpersonal racism in health services. Consider the physical space, insurance plans accepted, and organizational policies, structures, norms, and patient care.
  - Address historical consent, coercion and trauma broadly and specifically related to reproductive health policies and practices.
  - Collect and analyze data to understand where disparities and biases exist.
  - Ensure that the needs of marginalized populations are met.
  - Implement National Culturally and Linguistically Appropriate Service Standards (CLAS Standards).
- **Reduce bias in policies that impact access to information and services**

### Health Equity

- Ensure patient-centered, autonomous, and confidential care through relevant laws, regulations, and patient rights.
- Analyze policy proposals related to reproductive well-being with an equity framework to better understand potential impact on all community members, including marginalized populations.
- **Reduce bias in social service provision.**
  - Provide ongoing implicit bias training.
  - Promote individual and institutional strategies for addressing bias. Including building self-awareness of bias among providers and strategies to overcome those biases.

#### COMMUNITY CONSIDERATIONS:

- Research has clearly identified that bias is present in healthcare encounters and this in turn leads to a lower level of medical care. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3140753/>)
- There may be deep mistrust of both healthcare and governmental programs.
- Examination of bias should extend to who is evaluating and collecting data for the effort, and how those data are presented.

#### EXAMPLES:

- Right now, many organizations working across the country have finally bought into the devastating evidence and impact implicit bias has on the lives and well-being of millions of Americans every day, especially people of color, women, and Trans individuals. Yet many organizations, from [school systems](#) to medical providers, don't know where to begin to meaningfully address both their individual and institutional biases and racism. A bright spot in identifying and acting on concrete, measurable, impactful steps to address systemic racism and bias can be found in the [Racial Equity Here](#) initiative, a collaboration led jointly by [Living Cities](#) and the [Government Alliance on Race And Equity \(GARE\)](#). The Racial Equity Here initiative is helping accelerate the ability and will of Government, Civic and Business Leaders around the US to tackle the structural racism imbedded in their municipal operations. So far, "Albuquerque, Austin, Grand Rapids, Louisville and Philadelphia are changing how they do business. They have established racial equity visions and action plans; are training staff on government's responsibility to create racial equity; are using data and racial equity tools to guide policy, program and budget decisions; and are forming cross-sector teams as part of their broader commitment to improve outcomes for all residents."<sup>2</sup> Concrete successes thus far include Albuquerque no longer

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<sup>2</sup> <https://www.livingcities.org/blog/1264-government-civic-and-business-leaders-launch-racial-equity-here-commitment-to-dismantle-structural-racism-in-america>

## Health Equity

asking about criminal convictions on its initial application for employment, and its modification of its W-9 form to give preference to local, minority owned, and women owned companies who bid for city work.<sup>3</sup> Louisville is revamping its process for selling vacant properties to make it easier for local residents of color to acquire properties.<sup>4</sup> Philadelphia is evaluating disparities in city response times to its hundreds of housing quality complaints and making policy recommendations to address these disparities.<sup>5</sup> The “Racial Equity Here” initiative is a great national example of using the levers at hand—in this case, the bureaucratic nitty-gritty of how cities do business as ground zero for addressing structural racism in communities.

### RESOURCES TO GET STARTED:

- National Standards for CLAS: <https://www.thinkculturalhealth.hhs.gov/clas>
- Confidentiality in Health Care: Adolescent And Young Adult Clinical Care Resources: <https://www.adolescenthealth.org/Resources/Clinical-Care-Resources/Confidentiality.aspx>
- Facilitator’s Guide for Continuous Improvement Conversations with a Racial Equity Lens: <https://www.livingcities.org/resources/343-facilitator-s-guide-for-continuous-improvement-conversations-with-a-racial-equity-lens>
- Achieving Health Equity: A Guide for Health Care Organizations: <http://www.ihl.org/resources/Pages/IHIWhitePapers/Achieving-Health-Equity.aspx>

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<sup>3</sup> Ibid.

<sup>4</sup> Ibid.

<sup>5</sup> Ibid.



### **Action Area: Policy**

**Policy opens and closes doors in all facets of people’s lives, including their Reproductive Well-Being.** By Policy, this Toolkit means both Policy with a BIG ‘P’ and policy with a little ‘p.’ Policy broadly refers to the legislative, regulatory, and administrative actions, decisions, and rules that occur at the local, state, and federal level. While policies are often decided outside the spaces most people live their lives, they shape and impact much of our world—including where we work, live and seek access to essential goods and services, whether it’s infant formula or a frozen bag of spinach, a well-woman visit or a trip to the DMV. Policies directly impact critical components of Reproductive Well-Being, including information, access, and coverage for high quality care. Bringing communities back into policy-making is an essential part of ensuring everyone can live their best possible lives, including achieving their own personal reproductive well-being.

4. Coverage for Services
5. Access to High Quality Care
6. The Health and Well-Being of Families
7. Access to Information

## Policy

### 4. Coverage for Services

**RECOMMENDATION: There are policies to ensure coverage for healthcare and social services (e.g. WIC, SNAP, etc.), specifically those related to family formation, contraception, and reproductive health.**

**WHY IT MATTERS:** Access to healthcare and social services depends on extensive and inclusive coverage.

**OUTCOME:** All community members have coverage for a wide range of healthcare and social services.

**TACTICS:**

- **There are policies to increase health coverage to ensure the most expansive coverage options available.**
  - Medicaid is expanded as the Affordable Care Act (ACA) allows and states continue or adopt Medicaid Family Planning (FP) waivers or State Plan Amendment (SPA).
  - Individual application and eligibility determination for “full-scope” Medicaid also includes application and eligibility determination for Medicaid family planning expansion.
  - State has received approval, through a SPA, to implement Medicaid/Children’s Health Insurance Program (CHIP) coverage of lawfully residing immigrant children and pregnant women without a five-year waiting period.
  - States set aside funds to cover populations excluded from federal health insurance programs.
  - There is suspension rather than disenrollment of Medicaid benefits for individuals who become involved in the justice system.
- **There are policies to ensure reimbursement for the full value of contraceptive services.**
  - All of the state's Medicaid eligibility pathways (programs) are aligned to cover at least one birth control method in each of the 20 categories (18 for women and two for men) identified in the FDA Birth Control Guide.
  - Reimbursement rates account for the full value of all contraceptive methods while respecting patient autonomy.
  - There is adequate coverage for both insertion and removal of IUDs and implants.

## Policy

- Medical necessity or prior authorization is not required for removal of IUDs and implants.
- Medicaid and private insurers cover FDA-approved over-the-counter contraception and supplies without a prescription and without limiting the number of cycles allowable.
- Family-planning services are reimbursed for any provider, including pharmacists.
- Payer sources do not impede access to immediate postpartum or immediate post-abortion provision of any contraceptive method.
- All public and private sources of payment should include, and fairly fund or reimburse, providers of effective contraceptive services (no providers are barred).
- **There are policies to support all family formation options.**
  - To guarantee coverage for all women's health preventive services as defined by the US Preventive Task Force.
  - To ensure people have access to folic acid at no cost.
  - To support coverage of infertility, assisted reproduction, fertility preservation, surrogacy, foster care and adoption services.

### COMMUNITY CONSIDERATIONS:

- Given the complexity of healthcare, each clinic or clinical network will likely need to consider reimbursement issues separately.
- Siloed programs often lead to fragmented program delivery.
- Consider the needs of special populations, such as teens.

### EXAMPLES:

- In 1987, **Massachusetts** became [the first state](#) to require insurance companies to cover infertility treatments and procedures. Over thirty years later, the Massachusetts Infertility Mandate remains the gold standard. Although [sixteen states](#) as of 2018 have passed laws requiring insurers to either cover or offer coverage for infertility diagnosis and treatment, there is tremendous variability in whether or not there are age limits for coverage, lifetime expense caps, caps on the number of IVF cycles, and whether employers can exempt out of coverage due to religious or ethical reasons, company size, or because they self-insure. Massachusetts has generous coverage with few exemptions. Under [Massachusetts General Laws](#), Chapter 175, Section 47H, the definition of [infertility was amended in 2010](#) to mean "the condition of an individual who is unable to conceive or produce conception during a period of 1 year if the female is age 35 or younger or during a period of 6 months if the female is over the age of 35." The law requires all insurers that provide pregnancy-related benefits to cover

## Policy

[diagnostics and treatment for infertility](#), including IVF, artificial insemination, GIFT, egg or sperm procurement processing, sperm or egg banking, and other non-experimental procedures. Infertility coverage in the state also had a victory for health equity when in 2005 MassHealth coverage was [expanded](#) to include infertility treatments for individuals or families whose incomes are at least up to 200 percent of the federal poverty level. The law does not limit treatment cycles or provide a dollar lifetime cap. [States like Delaware, Rhode Island, Illinois and New Jersey are joining Massachusetts' ranks for supporting infertility coverage.](#) Most states still have a long way to go, and states leading the movement can turn next to working on the infertility faced by men as well as insurance mandates for broader fertility services, which are especially significant for single-parent and same-sex couples who want to start their own families.

- Suspending, not terminating, Medicaid coverage for enrolled individuals during incarceration is a critical strategy to ensuring coverage and access to high quality medical care.<sup>6</sup> As of May 2016, 31 states and the District of Columbia had policies in place to either suspend Medicaid coverage either for the duration of incarceration or for a specific period of time instead of terminating coverage all together.<sup>7</sup> This strategy as manifold benefits for incarcerated individuals, public health, and state budgets.<sup>8</sup> Incarcerated individuals have a disproportionately high rate of chronic and contagious health conditions, and ensuring continuity of coverage upon re-entry makes it more likely they will access the care they need without delays, which benefits their health and overall public health. State budgets also see huge cost savings from reducing capitated payments and getting federal reimbursement for inpatient costs for incarcerated individuals, which can be covered by Medicaid during incarceration.<sup>9</sup> Many public health and justice system officials think continuity of coverage has the potential to prevent recidivism given the prevalence of behavioral and substance health issues in the incarcerated population.<sup>10</sup> It then does not come as surprise that the Centers for Medicare & Medicaid Services (CMS) have released guidance encouraging states to suspend, not terminate, Medicaid coverage for incarcerated individuals.<sup>11</sup> The 31 states and the District of Columbia that have adopted this policy show bipartisan support, with states including Florida, Nebraska, and Louisiana already on board.<sup>12</sup> Michigan already

<sup>6</sup> <https://familiesusa.org/product/medicaid-suspension-policies-incarcerated-people-50-state-map>

<sup>7</sup> <https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2016/08/how-and-when-medicaid-covers-people-under-correctional-supervision>

<sup>8</sup> <https://www.kff.org/report-section/state-medicaid-eligibility-policies-for-individuals-moving-into-and-out-of-incarceration-issue-brief/>

<sup>9</sup> Ibid.

<sup>10</sup> <https://familiesusa.org/blog/2016/03/why-states-should-suspend-medicaid-people-leaving-incarceration>

<sup>11</sup> <https://www.medicaid.gov/federal-policy-guidance/downloads/sho16007.pdf>

<sup>12</sup> <https://familiesusa.org/product/medicaid-suspension-policies-incarcerated-people-50-state-map>

## Policy

projects a reduction in state spending of \$13.2 million in SFY 2015.<sup>13</sup> Other states, including Arizona, Massachusetts, and Connecticut, are going farther, working to enroll inmates during incarceration for inpatient care, enroll and process all eligible inmates prior to release and re-entry, and/or coordinate care prior to release.<sup>14</sup> The mechanism by which states are implementing this best practice policy depends on the state, with some states passing legislation and others using state administrative processes. CMS offers robust financial support to states that need technological help to implement the policy change, with 90% match funding offered to states for implementing the electronic exchange of health information between Medicaid providers and correctional providers, such as a community health information exchange (HIE), to support the continuity of care and medical data for incarcerated and formerly incarcerated individuals.<sup>15</sup>

### RESOURCES TO GET STARTED:

- Intrauterine Devices & Implants: A Guide to Reimbursement: <http://larcprogram.ucsf.edu/>
- Confidentiality, Third-Party Billing, & the Health Insurance Claims Process: Implications for Title X: [https://www.confidentialandcovered.com/file/ConfidentialandCovered\\_WhitePaper.pdf](https://www.confidentialandcovered.com/file/ConfidentialandCovered_WhitePaper.pdf)
- Policy Solutions to Improving Access to Coverage for Immigrants: <https://www.nationalfamilyplanning.org/file/documents---policy-briefs/ImmigrationReport.pdf>
- Medicaid Family Planning Programs: Case Studies of Six States After ACA Implementation: <https://www.kff.org/womens-health-policy/report/medicaid-family-planning-programs-case-studies-of-six-states-after-aca-implementation/>

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<sup>13</sup> <https://www.kff.org/report-section/state-medicaid-eligibility-policies-for-individuals-moving-into-and-out-of-incarceration-issue-brief/>

<sup>14</sup> <https://www.kff.org/report-section/connecting-the-justice-involved-population-to-medicaid-coverage-and-care-issue-brief/>

<sup>15</sup> <https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2016/08/how-and-when-medicaid-covers-people-under-correctional-supervision>

## Policy

### 5. Access to High Quality Care

RECOMMENDATION: **There are policies to expand and ensure access to high quality care.**

WHY IT MATTERS: Community members have many different health needs and life experiences—and health care is only high quality if it meets the diverse needs of a community.

OUTCOME: All community members have access to high quality care.

TACTICS:

- **There are equitable Medicaid reimbursement rates to ensure equitable access to care.**
- **There are special considerations for vulnerable populations to ensure access to high quality services.**
  - For systems-involved youth, policies support ensuring that young people are able to navigate the healthcare systems and receive the services they are eligible for, including those related to reproductive health.
  - Policies that support the provision of home visiting services are available to women from prenatal through two years postpartum.
- **There is an understanding of key nonfinancial barriers to healthcare access and community-specific solutions to address the highest priority barriers.**
  - Nonfinancial barriers to healthcare access might include such issues as lack of transportation, lack of translators, lack of child care, lack of convenient hours, etc.
- **There are efforts to ensure access to the full range of contraceptive methods specifically.**
  - Same-day access to all contraceptive methods is not prohibited by payer sources or clinic/health system protocols (state and local).
  - There is reasonable access to providers who offer the full range of contraceptive methods.
  - There are policies to increase access to contraception within a wide variety access points (i.e. through pharmacists, at Emergency Rooms, etc.).
  - Minors are able to access confidential reproductive healthcare without parental consent.
- **There are policies to ensure high quality reproductive health services.**

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- Reimbursement allows for adequate time with patient depending on patient-centered counseling needs.
- Private insurance plans include confidentiality policies for dependents/spouses.
- Abortion services are covered, confidential, w/o limits, and safe to access.
- Include pre-pregnancy visits for people planning pregnancy.

### COMMUNITY CONSIDERATIONS:

- Barriers to care will differ based on the community. As such, solutions should address the most relevant barriers.
- In many communities a lack of healthcare providers is a major barrier to high quality services.
- Consider the diversity of healthcare providers within the community as well and the level of trust between healthcare providers and community members.

### EXAMPLES:

- **Delaware’s Extended Supply of Contraception Policy Victory**: In the summer of 2018, Delaware passed [Senate Bill 151](#) and became [one of nineteen states](#) thus far to require insurance companies to increase the number of months for which they cover prescription contraceptives at one time—usually 12. Studies show increasing access to birth control via extended supply reduces unplanned pregnancies and abortions.<sup>16</sup> Delaware’s Senate Bill 151 also guarantees all private insurance plans will cover birth control coverage with no out-of-pockets costs and emergency contraception without a prescription.<sup>17</sup> Women in Delaware no longer have to worry about monthly trips to the pharmacy and changes in federal policy when it comes to their birth control.
- **Mamatoto Village** is a Perinatal Family Support Organization based in Washington, DC. Mamatoto Village’s model centers itself around the Perinatal Health Worker (PHW), which innovates the role of the Community Health Worker to include perinatal support. Mamatoto Village’s Perinatal Health Workers provide preconception, interconception, and perinatal care to women of color in the DC community. This continuity of personalized care is part of why last year, 100% of the 185 mothers who gave birth while in the program were provided with birth spacing and contraception education and counseling, and 91% chose a contraception method.<sup>18</sup> Mamatoto Village has

<sup>16</sup> Foster, D.G., Hulett, D., Bradberry, M., Darney, P., and Policar, M. (2011). Number of Oral Contraceptive Pill Packages Dispensed and Subsequent Unintended Pregnancies. *Obstetrics & Gynecology*, 117(3):566-572. Retrieved June 21, 2017 from <https://www.ncbi.nlm.nih.gov/pubmed/21343759>.

<sup>17</sup> <https://nwc.org/blog/victory-for-birth-control-in-delaware/>

<sup>18</sup> See [“Mamatoto Village CMS Program: Cultivating Innovative Models of Perinatal Care Delivery”](#) Report.

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contracted with Medicaid Managed Care (CMOs) in DC to ensure and maximize access to and sustainability of high quality, culturally responsive, and personalized care for as many women as possible. This has also allowed them to provide coverage for and access to non-traditional providers, while increasing the number of women of color entering the field who otherwise might not have.

### RESOURCES TO GET STARTED:

- State Policies on an Extended Supply of Contraception: <https://powertodecide.org/what-we-do/information/resource-library/extended-supply-contraception>
- California's Protocol for Pharmacists Furnishing Self-Administered Hormonal Contraception: [http://www.pharmacy.ca.gov/licensees/hormonal\\_contraception.shtml](http://www.pharmacy.ca.gov/licensees/hormonal_contraception.shtml)
- Briefly: State Policies to Increase Information About and Access to Contraception: <https://powertodecide.org/what-we-do/information/resource-library/briefly-state-policies>



## Policy

### 6. The Health and Well-Being of Families

RECOMMENDATION: **There are policies to support the health and well-being of families.**

WHY IT MATTERS: Empowering all community members to have the power to decide if, when, and under what circumstances to have a child also extends to family life beyond pregnancy and birth.

OUTCOME: All families in the community have access to an array of services that support their well-being.

TACTICS:

- **Paid leave for all family types and structures.**
  - Paid parental and sick leave at the state and employer level.
- **Use existing public health programs serving families in the postpartum period, to link to additional interventions as needed (i.e. coordinate care among family planning, home visiting, SNAP, WIC)**
- **Employers are required to offer clean, safe, and comfortable places for lactation and allow for a reasonable amount of time for lactation during work hours.**
- **Address relevant social determinants of health as determined by the community.**
- **Ensure a universal living wage.**

COMMUNITY CONSIDERATIONS:

- Supporting reproductive well-being means supporting community members beyond only the time of pregnancy.
- Fully understanding the context and priorities of the community will help identify those areas of intersection that are most important.

EXAMPLES:

- **California** leads the country with its state policies on paid family and medical leave. As of January 2018, California was [only one of four states](#) currently offering paid family and medical leave, with [New Jersey](#), [Rhode Island](#), and most recently [New York](#) joining the ranks.<sup>19</sup> All four states fund their policies through employee-paid payroll taxes and administer them through their state's disability programs.<sup>20</sup> The almost-universal California

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<sup>19</sup> <http://www.ncsl.org/research/labor-and-employment/state-family-and-medical-leave-laws.aspx>

<sup>20</sup> Ibid.

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Paid Family Leave (PFL) insurance program covers up to 6 weeks of paid leave to care for a seriously ill child, spouse, parent or registered domestic partner, or to bond with a new child.<sup>21</sup> This groundbreaking law—the first in the nation—was passed in 2002 and implementation began in 2004.<sup>22</sup> It fills a critical gap left by the 1993 Family and Medical Leave Act (FMLA) at the federal level, which provides up to twelve weeks of job protection.<sup>23</sup> Although an important step in the right direction, FMLA doesn't protect all workers and is unpaid, so that many workers outside of the four states with PFL cannot afford to take time off to bond with a new child or care for a seriously ill family member.<sup>24</sup> California's PFL provides partial-wage replacement at approximately 60–70% of an employee's weekly wage, with a cap related to State Average Weekly Wage.<sup>25</sup> An estimated roughly 90% of all claimants use leave to bond with a new child.<sup>26</sup> It must be noted that California's PFL doesn't protect jobs directly, but that jobs are protected by California's Family Rights Act, which overlaps with and expands upon the Federal FMLA.<sup>27</sup> New York State's Paid Family Leave provides both pay and job protection, making it perhaps the strongest of state family leave laws in the future as well as the most recent enacted.<sup>28</sup>

- Private sector companies are leading the charge in paid family leave across the country. Large companies as diverse as Starbucks, Chobani and Walmart are now offering some of the best paid family leave policies for employees, hourly and salaried alike. [Starbucks](#) is the leader of the pack for retail, offering all employees in stores who work at least 20 hours a week 6 weeks of paid leave for a new child at 100% of salary. This include all types of new parents, of all genders and including adoption and fostering. The benefits go even further for non-store employees. [Chobani's](#) similar policy extends to its factory workers. [Walmart](#), not usually known as a progressive or labor-friendly company, offers 16 weeks of paid leave for mothers, including hourly workers, and 6 weeks for fathers, including hourly workers. While private sector companies are raising the bar, only around 13% of US employees get paid leave through their employers.<sup>29</sup>
- [Kansas City, Missouri](#) is a trailblazer when it comes to the power of local government tackling health inequity both locally and systemically.<sup>30</sup> In 2000,

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<sup>21</sup> <http://cepr.net/documents/publications/paid-family-leave-1-2011.pdf>

<sup>22</sup> Ibid.

<sup>23</sup> Ibid.

<sup>24</sup> Ibid.

<sup>25</sup> Ibid.

<sup>26</sup> <http://paidfamilyleave.org/pdf/paidfamily07.pdf>

<sup>27</sup> <https://www.calchamber.com/california-employment-law/Pages/fmla-cfra-overview.aspx>

<sup>28</sup> <https://paidfamilyleave.ny.gov/>

<sup>29</sup> <https://www.nytimes.com/2017/03/23/upshot/americans-agree-on-paid-leave-but-not-on-who-should-pay.html>

<sup>30</sup> <https://healthequityguide.org/case-studies/kansas-city-organizes-lifex-summit/>

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the Kansas City Health Department found out that white residents live on average 6.5 years longer than black residents.<sup>31</sup> This disparities data also illuminated that approximately half of all of the city's deaths each year were attributable to social factors, including segregation, poverty, violence and lack of education.<sup>32</sup> With this data, the local health department successfully advocated for the inclusion of life expectancy as a strategic objective in the City's business plan.<sup>33</sup> The mayor elevated the work by forming the Kansas City Health Commission and the city's first Community Health Improvement Plan (CHIP).<sup>34</sup> The Kansas City Health Department knew it couldn't achieve systemic change without involving the entire city government and community. With the support of the City Manager, the Health Department organized a city-wide LifeX Summit, attended by close to 100 leaders from all 20 city departments.<sup>35</sup> Other key steps Kansas City has taken towards decreasing health disparities include forming a Community Engagement, Policy, and Accountability division (CEPA), embracing new methods of gathering community input, and with much advocacy and coalition building, the adoption of increasing life expectancy as one of the official departmental strategic objectives in the City's Business Plan.<sup>36</sup> Although its work is just getting started, Kansas City won the [2015 Robert Wood Johnson Foundation Culture of Health Award](#).<sup>37</sup>

### RESOURCES TO GET STARTED:

- What Works for Health: <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health>
- Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health: <https://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/pdf/SDOH-workbook.pdf>
- Tools for putting SDOH in action: <https://www.cdc.gov/socialdeterminants/tools/index.htm>
- Supporting Nursing Moms at Work: Resources: <https://www.womenshealth.gov/supporting-nursing-moms-work/resources>

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<sup>31</sup> Ibid.

<sup>32</sup> Ibid.

<sup>33</sup> Ibid.

<sup>34</sup> Ibid.

<sup>35</sup> Ibid.

<sup>36</sup> Ibid.

<sup>37</sup> <https://www.rwjf.org/en/library/articles-and-news/2015/10/coh-prize-kansascity-mo-story.html>

## Policy

### 7. Support Access to Information

RECOMMENDATION: **There are policies in place to ensure that individuals and couples have access to information to support decision-making related to family formation.**

WHY IT MATTERS: People can't make informed decisions about their reproductive well-being if they don't know all their options.

OUTCOME: All people of reproductive age have adequate knowledge of the full range of birth control options and reproductive health considerations.

TACTICS:

- **State and/or local policies require science-based, medically-accurate, and age-appropriate sexual and reproductive health education.**
  - Teachers providing sexual education are required to receive a particular certification or meet specific training standards to be qualified to offer the education. There is also a plan for quality improvement and ongoing evaluation of teacher performance.
  - For system-involved youth, staff policies include providing evidence-based information about reproductive and sexual health and well-being to youth in care.
- **Reproductive health counseling—including preconception care and contraception—is reimbursable and available from a variety of providers (clinicians and non-clinicians), in a variety of settings, and across the lifespan.**
  - Support patient-centered care for patients in healthcare settings.
  - Support counseling about pregnancy desires and subsequent health services needs is routinely offered to all patients and can be provided by all clinic staff (both clinician or non-clinician).
  - Ensure that preconception care counseling and education that follows the standard of care (SOC) as recommended by professional associations are reimbursed for all reproductive age people (public and private, federal and state).
  - Reimburse community health workers/*promoters* for counseling on pregnancy desires and subsequent care as appropriate.
  - Increase touchpoints to ask about pregnancy and family formation desires—in services: counseling, health care, sex education, home visiting; in place: school, college, primary care, home, other community-based programs.

COMMUNITY CONSIDERATIONS:

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- Engaging community members in conversations and decisions about potential opportunities for providing education will be important for identifying existing barriers and prioritizing opportunities.
- Many policy change opportunities exist within systems, such as within a school district or on a college campus. An examination of policies that facilitate or inhibit access to information can provide insight for what might be possible.

### EXAMPLES:

- In July 2017, California began implementing [Senate Bill 89](#) which requires enrollment in comprehensive sexual health education for youth in foster care as well as new training requirements for foster caregivers, judges, and social workers. More specifically, the legislation [requires](#) that for all youth in foster care age 10 and above who are enrolled in middle school, junior high or high school receive comprehensive sexual health education that meets the requirements of the California Healthy Youth Act once in middle school and once in high school. This requirement must be reviewed annually and documented in the case plan and arrangements must be made to receive this education if it has been missed in the school setting. The legislation also requires that young people in foster care are annually informed about their rights related to reproductive health and barriers to access services are removed. Two other provisions include the development of sexual health training for staff and ongoing sexual health education for all social workers, foster caregivers, and judges.
- The [Reproductive Health \(RH\) TeleECHO Clinic](#) touches every corner of the state of New Mexico. RH TeleECHO is a partnership between [Project ECHO@](#), [the New Mexico Department of Health, Family Planning Program \(NMDOH FPP\)](#), and [the Department of Obstetrics and Gynecology at the University of New Mexico](#). The groundbreaking ECHO Model™ of “moving knowledge, not people” through a hub and spoke approach was launched in 2003 in New Mexico, in response to a shortage of physician specialists. Project ECHO spans over 100 specialties and 31 countries. Twice a month, doctors, pharmacists, nurses, nurse practitioners, physician assistants, certified nurse midwives and community health workers gather to dive into short didactic presentations and real case studies from the communities they serve across New Mexico via video and phone conferencing. Clinics average 27 participants a session, 70% of whom attend from the New Mexico Department of Health, Family Planning Program thanks to their continued support and buy-in. This partnership enables the RH TeleECHO Clinic to reach and potentially support providers at 63 Title X sites across New Mexico. Participants get free continuing education credits and access to the latest evidence-based and best practices. This critical resource supports isolated providers particularly in rural/frontier areas, including pharmacists now prescribing hormonal contraception in New Mexico, who lack time and/or

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resources to maintain professional development without external support. Other states across the country with rural health challenges are looking to UNM's RH TeleECHO Clinic to address both the unmet needs of providers and patients when it comes to ensuring Reproductive well-being for all.

### RESOURCES TO GET STARTED:

- State Policies on Sex Education: <http://www.ncsl.org/research/health/state-policies-on-sex-education-in-schools.aspx>
- State Policies to Educate College Students about Unplanned Pregnancy: <https://powertodecide.org/what-we-do/information/resource-library/state-policies-to-educate-college-students>
- Incorporating Community Health Workers into State Health Care Systems: Options for Policymakers: <http://www.ncsl.org/research/health/incorporating-community-health-workers-into-state-health-care-systems-options-for-policymakers.aspx>

### **Action Area: Education & Communication**

**Education and Communication provide the foundation for all people to have the information they need to make the decisions that meet their needs and fulfill their potential.** People cannot advocate for themselves and access critical goods and services unless they know they exist and how to get them. Without access to education and communication around reproductive well-being and health in general, people cannot achieve their own Reproductive Well-Being and live their best possible lives. Our reproductive experiences span decades and the majority of our lives—education, communication and health literacy initiatives must span them, too. No one can be left behind in a critical area of life that we all experience—especially one that ripples across other areas of the rest of our lives.

5. Across the Life Course
6. Access to Sexual Health Education
7. Achieving Health Literacy

## Education & Communications

### 8. Across the Life Course

RECOMMENDATION: **There is a strategy for communication and education about sexual health and reproductive well-being across the life course.**

WHY IT MATTERS: Building a culture of reproductive well-being in a community depends on reaching people throughout their entire lives, starting early and often.

OUTCOME: All members of a community engage with communication and education around sexual and reproductive well-being throughout their lives.

TACTICS:

- **There is a mechanism/strategy for ongoing assessment of existing sexual health education efforts as well as communication campaigns and social norms related to family formation, preconception health, pregnancy, and contraception.**
- **Use a wide variety of communication outlets that can help reach different members of the target audience; these should be tailored to the target audience and will depend on community and implementation strategy.**
- **There are ongoing communication efforts, based on best practices, to increase awareness of the reproductive well-being initiative and/or elements related to the initiative.**
- **Specific tactics include a digital presence for the community initiative and engagement on social media.**
- **All communication and education strategies should include the target audience in the development of the strategy.**
  - Potential audiences include young people, employers, policy makers, potential partners, and the general public.

COMMUNITY CONSIDERATIONS:

- Meaningfully invite target audience to engage in the development of communications messaging and strategy.
- Consider how to collect ongoing input and feedback about communications content.
- Dedicate sufficient staff, time, and resources to communication activities.

EXAMPLES:

- The Show Your Love campaign, hosted at [www.showyourlovetoday.com](http://www.showyourlovetoday.com) is a national, consumer-focused preconception health educational and community-building platform. It was launched in June 2016 and “is designed to promote wellbeing and support young adults as they strive to achieve their goals and make healthy lifestyle choices today”. To ensure that the campaign and associated website were inclusive and represented the broad diversity of



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communities across the United States, the team partnered with fourteen grantees across the country to tailor and develop content rooted in the Show Your Love concepts and materials, but resonant to women in their community. Partners included such organizations as Native Health, Black Women’s Wellness, and Ohlone College. The partnership allowed national Show Your Love messages to be tailored in a way that were more resonant, more relatable, and more impactful.

- [Beforeplay.org](https://beforeplay.org) is a partnership between the Colorado Department of Public Health and Environment and the Colorado Initiative to Reduce Unintended Pregnancy. It is an awareness raising campaign using digital media, social media, and in-person engagement aimed at increasing conversations about reproductive health. It also serves as a trusted source of facts and information about contraception, sexually transmitted infections, pregnancy, sexuality and many other topics. It includes videos and other resources from [Bedsider.org](https://bedsider.org), which is a nationally focused website, and tailors those resources for consumers in Colorado and Michigan.
- As the number of older adults across the country continues to grow, communities are finding new ways to raise awareness and elevate the needs of elder citizens. Creative initiatives often get community attention while remaining cost-effective. The [Age-Friendly Business Awards](#) in Portland, Oregon is a great example of a community-wide, multi-sector, coalition-backed initiative to put the needs of elder citizens on the radar.<sup>38</sup> With the support of seven local sponsors, including The City of Portland, Portland State University, and AARP, [Age-Friendly Portland & Multnomah County Collaborative](#), [Elders in Action](#) and [Venture Portland](#) created the inaugural Age-Friendly Business Awards in Portland.<sup>39</sup> This new recognition program consists of two different awards for Portland businesses and organizations: The Age-Friendly Business Award will be presented to businesses with commitment and demonstrated business practices that best serve older adults in Portland. The Age-Smart Employer Award will recognize businesses with policies and practices that benefit older workers.<sup>40</sup> Award winners will be celebrated at a breakfast ceremony at Portland City Hall and by recognition at a Portland City Council meeting.<sup>41</sup> This initiative also reframes the narrative of older citizens positively, positioning meeting the needs of older citizens as a business opportunity that is good for the city and good for business.

### RESOURCES TO GET STARTED:

- Communication Toolkit (Cause Communications):  
<https://causecommunications.org/communications-toolkit/>

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<sup>38</sup> <http://agefriendlyportland.org/business-awards>

<sup>39</sup> Ibid.

<sup>40</sup> Ibid.

<sup>41</sup> Ibid.

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- Strategic Communications Toolkit (CDC):  
<https://www.hhs.gov/ash/oah/resources-and-training/online-learning-modules/strategic-communications-toolkit/index.html>
- Whoops Proof Resources:  
<https://powertodecide.org/sites/default/files/resources/primary-download/whoops-proof-birth-control-2017.pdf> and  
<https://powertodecide.org/what-we-do/information/resource-library/whoops-proof-birth-control-insights>

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### 9. Access to Sexual Health Education

RECOMMENDATION: **Everybody has access to medically-accurate and age-, cultural-, and linguistically-, appropriate sexual health education, including information on the full range of birth control methods and family formation.**

WHY IT MATTERS: Sexual health education is the foundation for ensuring universal access to medically-accurate and age-appropriate information in the community.

OUTCOME: All members of the community are informed on the full range of birth control methods and family formation options.

#### TACTICS:

- **All formal, in-person sexual health education is science-based, medically accurate, and culturally- and age-appropriate. This means that education should be based in evidence which could include using existing evidence-based programming, adapting existing programming to fit community context, or developing innovative programming that is based on behavioral theory and evaluated as appropriate.**
- **Sex education follows K-12 standards for sex education.**
- **In addition to traditional sex education topics, additional topics for inclusion in education and/or communication efforts include: Connection to health services to access birth control (school-based health centers, clinics etc.); birth spacing; all pregnancy options; consent and coercion; reproductive rights; health literacy; communicating with providers**
- **Ensure that there are education programs that reach youth not in traditional settings (juvenile justice, foster care, alternative education, etc.) and are available in a variety of venues (e.g. class/workshop, online, social media, parents, etc.)**

#### COMMUNITY CONSIDERATIONS:

- Consider informal sources of information about sexual health within the community, and identify opportunities for engaging them in the reproductive well-being initiative. Ensure these informal sources have access to medically accurate information.
- Avoid assuming that community members—in particular women and girls—have control over their own sexuality.

#### EXAMPLES:

- Many of the successes and innovations in sex education around the country defy stereotypes around abstinence. A great example of a comprehensive sex

**Commented [HF1]:** Comment: \*Sex ed - ensure language in relief including this section is LGBT inclusive; consider referring to one section with sex ed info

**Commented [HF2]:** Comment: Don't forget different levels of ability. Great work being done in sexuality education for people development and intellectual disability.

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education champion can be found in Mission West Virginia. Mission West Virginia is an organization that works to change the lives of youth and families in the state.<sup>42</sup> One its two main programs, T.H.I.N.K., has provided over 70,000 students across 25 counties in West Virginia with pregnancy prevention education services, including many youth in foster care.<sup>43</sup> T.H.I.N.K. stands for "Teaching Health Instead of Nagging Kids."<sup>44</sup> The program does just that with its curriculum Love Notes from the Dibble Institute.<sup>45</sup> Love Notes defies binaries and focuses on healthy relationship and skill education while still providing youth with medically accurate and comprehensive information to live healthy lives.<sup>46</sup> Love Notes has been added to the Office of Adolescent Health's registry of Evidence Based Programs.<sup>47</sup> Mission West Virginia's T.H.I.N.K. program is a great example of a community providing comprehensive sexual health education in a way that is culturally authentic to the community.

- **Healthy Futures of Texas** is innovating access to sexual health education in San Antonio in community college, court, and foster care settings. In their community college strategy, Healthy Futures currently works with three out of five of San Antonio's [Alamo Community Colleges](#), which they selected based on the high teen pregnancy rates in the surrounding zip codes. The end goal of the partnerships is to prevent unplanned pregnancies so that students can finish community college and pursue further education or career goals. Each college involved in the **BAE-B-SAFE program** has a designated onsite staff person who is full-time boots-on-the-ground in a campus office that functions as a student and faculty resource center. Each campus also has a designated peer educator that works with the HFTX staff person. This on campus team recruits students and faculty, often using food as a conversation starter and incentive. The most impactful element of the innovation begins with recruiting faculty. The onsite staff member reaches out to faculty teaching mandatory first year courses on educational success and student development. Although it took time at the start of the campus work to form relationships and build buy-in with faculty members, once the faculty got engaged, the innovation took off. Healthy Futures begins the BAE-B-SAFE program by inviting faculty to a series of professional development trainings throughout the year. These professional development trainings begin with more general topics and build gently to more intensive topics, starting with trauma-informed approaches and sexual and gender diversity and working up to cultural proficiency and Sex Ed 100/Bae Be Safe. Getting faculty into trainings is the turning point as faculty become more engaged

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<sup>42</sup> <https://www.missionwv.org/about-mwv/>

<sup>43</sup> <https://www.missionwv.org/about-think/>

<sup>44</sup> Ibid.

<sup>45</sup> <https://www.missionwv.org/curriculum/>

<sup>46</sup> Ibid.

<sup>47</sup> Ibid.

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and interested in the material and comfortable with the onsite staff member. From there, the Healthy Futures staff person enrolls faculty members to host evidence-based programming for students in one session of their first year development course, including a separate course for men. Healthy Futures supplements the programming with a FAQ party at the end of each semester for all interested students, with speed dating tables covering different topics related to sex, love, and relationships. The party also includes Sex in the Dark, an anonymous question and answer session as well as raffles and dessert. So far, Healthy Futures has trained thirty first year faculty members teaching thirty five different courses, with three to four classes per course. Other than the grassroots recruitment of first year faculty, Healthy Futures attributes its innovation's success to its embrace of branding and marketing on campus, creating an approachable and fun brand that appeals to students. A big part of their effort has been ensuring students recognize BAE-B-SAFE, know what it is, and where to go on campus. From tabling to giving out t-shirts like candy at every event, BAE-B-SAFE has become a household name and presence on campus. When BAE-B-SAFE began, faculty and students were weary of approaching tables and booths to ask questions and chat. Anecdotally, students and faculty no longer fear being seen with the very popular campus program and actively and publicly embrace it around campus. The support of a former Community College President and now Chancellor of Alamo Colleges has been critical as well to community visibility and college cooperation. As Healthy Futures looks to sustain and spread the innovation beyond the grant, it is heartened to see already one campus working to institutionalize a coordinator and work-study role to continue BAE-B-SAFE and another campus installing condom dispensers around campus. Two other major cities in Texas are also interested in bringing the model to their cities' community colleges. The iterative nature of the grassroots, multi-year engagement means that not only do colleges get to learn and grow, Healthy Futures of Texas does as well. One of the biggest developments and successes of BAE-B-SAFE came from HFTX hearing from students that they wanted and needed help acting on and accessing the reproductive health knowledge they were learning in the BAE-B-SAFE program. HFTX has since made strengthening a local adolescent-friendly referral process for students a program priority, working with Dr. Needle at People's Community Clinic among others to formalize the referral process with providers and ensure students have an accessible medical home and access to insurance benefits.

- Healthy Futures of Texas' work in San Antonio to innovate access to sexual health education includes its work in the Municipal Court System. Students are mandated to attend programs assigned by their case managers in large part due to absenteeism. HFTX works with San Antonio's Court System to offer Saturday sessions to these students, covering healthy relationships, contraceptive methods, anatomy and STIs in three hour sessions. A parent

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session across the hall helps parents of youth learn how to speak to their child about sexual health. The programming was such a success that the Court asked HFTX to do more, including offering parent sessions during the week and making youth session longer. The Court System has also brought these HFTX programs to local campuses with high truism directly throughout the year and externally during the summer, teaching life skills over multiple weeks in programming that also includes student-directed community service. Healthy Futures of Texas also works with foster care youth non-profits to provide sexual health and life skills education to youth in residential care. Working with community colleges, the courts, and foster care are three of the ways Healthy Futures of Texas is innovating access to sexual health education in San Antonio and Texas.

### **RESOURCES TO GET STARTED:**

- Health and Human Services Review of Evidence-Based Teen Pregnancy Prevention Programs: <https://tppevidencereview.aspe.hhs.gov/>
- Evidence-Based Programs: <http://recapp.etr.org/recapp/index.cfm?fuseaction=pages.ebphome>
- Future of Sex Education: <http://www.futureofsexed.org/>

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### 10. Achieving Health Literacy

RECOMMENDATION: **There are efforts to support all reproductive age people in achieving health literacy.**

WHY IT MATTERS: Patient-centered care depends on the ability of patients to feel confident and comfortable with their healthcare decisions and experiences.

OUTCOME: All people of reproductive age in the community have the tools and support to be active participants in their own healthcare decisions, particularly related to preventative and reproductive healthcare.

TACTICS:

- **Strategies to promote health literacy are incorporated in schools, public spaces, clinics, etc.**
  - This would include providing education and support on how to build a relationship w/ providers; preparing for a clinical visit; expectations for a clinical visit and patient's rights.
- **Patient tools are available in waiting rooms and other spaces in the providers office to help support the visit.**

COMMUNITY CONSIDERATIONS:

- Supporting patients to ensure they are prepared for the healthcare visit can help ensure they are able to ask the questions they have.
- Health literacy is not the responsibility of patients' alone, but is an opportunity for providers and patients to work together.

EXAMPLES:

- Reproductive well-being is a journey that spans decades of an individual's life. The earlier health literacy begins, the better—for all stakeholders involved, from an individual and their family to a community and healthcare payers and systems. Recognizing that taking care of your health doesn't start at 18 years of age, organizations around the country are rethinking how health and health literacy are taught. A shining example is [Nemours' Navigating the Health Care System](#) curriculum:

"Navigating the Health Care System is a four-unit health literacy curriculum designed by Nemours Children's Health System for use with high-school-aged adolescents in classroom and community settings. It is designed to prepare students to be responsible for managing their own health care as they transition into adulthood. . . The program, which aligns with national and state education standards, was originally piloted and refined in collaboration with schools and other community sites in Delaware. In three academic years of expanded testing, involving nearly 3,500 students in four states, the evaluation showed significant

## Education & Communications

knowledge gains among students as well as high satisfaction among the teachers presenting the curriculum and the teens receiving it. Inspired by the curriculum's strong evaluation outcomes, **Nemours is seeking expansion partners to help** [them] expand [their] reach, bringing the curriculum to adolescents across the nation via in-class and after-school settings. **Nemours is making the curriculum available at no cost.**<sup>48</sup>

Nemours is not alone in seeing the universal importance and win-win payoffs of health literacy:

"The American Academy of Pediatrics, American College of Physicians, and American Academy of Family Physicians recognize that all adolescents require guidance, education and planning to manage their own health care as they become adults.<sup>49</sup> Health literacy is an important life skill. As health literacy increases, people are more likely to seek preventive services and enter the health system healthier, have lower rates of preventable hospital and emergency department visits, and are less likely to report their health as poor.<sup>50</sup> <sup>51</sup>

- Another example about tools used in health settings to improve health literacy specific to contraceptive use.

### RESOURCES TO GET STARTED:

- The Health Literacy & Plain Language Resource Guide:  
<https://www.amerhealthcaritaspa.com/pdf/provider/initiatives/culturalcomp/health-literacy-guide.pdf>
- Health Literacy Guidance and Tools:  
<https://www.cdc.gov/healthliteracy/developmaterials/guidancestandards.html>
- Health Literacy:  
<https://www.hrsa.gov/about/organization/bureaus/ohe/health-literacy/index.html>
- <https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html>

<sup>48</sup> <https://www.movinghealthcareupstream.org/navigating-the-health-care-system/>

<sup>49</sup> American Academy of Pediatrics; American Academy of Family Physicians; American College of Physicians; Transitions Clinical Report Authoring Group, Cooley WC, Sagerman PJ. Supporting the health care transition from adolescence to adulthood in the medical home. *Pediatrics*. 2011;128(1):182-200.

<sup>50</sup> <https://health.gov/communication/literacy/quickguide/factsliteracy.htm>

<sup>51</sup> <https://www.movinghealthcareupstream.org/navigating-the-health-care-system/>



### **Action Area: Healthcare Delivery**

**Healthcare delivery is ground zero for health and well-being.** While achieving health—including reproductive well-being—is so much broader than just visiting the doctor, it’s often where people’s health journeys begin. Healthcare delivery provides a great starting point for providing options for people to consider their reproductive well-being and goals. While known for being complicated, the many variables in healthcare delivery mean there are many levers for change within healthcare settings and systems. One small change—whether at the clinic, regulatory, or corporate level—can make a huge difference in the lives of people in a community.

8. Rights-Based Care
9. Barriers to Access
10. Empowering People and Engaging Providers
11. Barriers to Contraceptive Use

## Healthcare Delivery

### 11. Rights-Based Care

**RECOMMENDATION: There is a rights-based framework for providing care to reproductive age people. This includes—but is not limited to—care that is non-discriminatory, trauma-informed, inclusive, confidential, and allows for informed choice while supporting personal agency and autonomy.**

**WHY IT MATTERS:** Trauma has real-world consequences that impact the health of generations to come.

**OUTCOME:** Care in the community reflects and meets the needs of a wide array of life experiences and identities without violating or re-traumatizing community members.

**TACTICS:**

- **Implementing linguistic-and culturally-appropriate programs at all clinics and hospitals (consider behavioral interventions as well).**
- **Following National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care and use best practices for health literacy including transcreation of materials for different cultures.**
- **Work to ensure that the healthcare delivery system has representation from the community itself.**
- **Ensure patients have ability to report complaints related to the care received into a Continuous Quality Improvement (CQI) system.**
- **Work to reduce bias within the healthcare system through provider training and expansion of existing system models to include additional potential healthcare delivery mechanisms (e.g. community health workers, etc.).**
- **Incorporate the use of a social determinants of health screening tool in the clinical setting.**
- **Partner with local medical and other professional schools (i.e. nursing) for inclusion of family planning (including pregnancy termination) and preconception health as well as reproductive justice frameworks into training**

**COMMUNITY CONSIDERATIONS:**

- Perception of the healthcare delivery system within the community is critical to determine a starting place.
- Consider all members of the healthcare team in this work.

**EXAMPLES:**

## Healthcare Delivery

- In response to Detroit’s high infant mortality rate, four major health systems (Detroit Medical Center, Henry Ford Health System, St. John Providence Health System, and Beaumont (formerly Oakwood) Healthcare System) teamed up to form the **Detroit Regional Infant Mortality Reduction Task Force**.<sup>52</sup> One of the main outcomes of their partnership was the creation of Sew Up the Safety Net for Women and Children (SUSN).<sup>53</sup> The Women-Inspired Neighborhood (WIN) Network is Detroit’s own SUSN.<sup>54</sup> Through a network of community partners, the WIN Network works to empower Detroit women and improve health outcomes for women and babies.<sup>55</sup> Two of the main strategies the WIN Network has embraced to improve health equity in Detroit include spreading and scaling the reach of Promotoras/Community Health Workers (CHWs) and providing health equity trainings focused on the social determinants of health to all types of healthcare providers in the Detroit area.<sup>56</sup> According to the WIN Network, “By informing healthcare professionals about the many challenges patients face outside of the doctor’s office, we aim to improve their ability to address their patients’ health and other needs. These needs, such as access to food, housing, and transportation, affect patients’ health.”<sup>57</sup>
- The Reproductive Health Equity Act (House Bill 3391) has made Oregon the first state in the US to ensure state-funded, comprehensive reproductive health coverage for all women, including those excluded categorically from participating in Medicaid and the Exchange based on citizenship status.<sup>58</sup> This directly benefits approximately 48,000 women of reproductive age in Oregon who did not have coverage before HB 3391 passed.<sup>59</sup> Oregon’s Reproductive Health Equity Act accomplishes many other victories toward ensuring reproductive justice for all Oregonians: Private insurers must cover all Women’s Preventive Services required by federal guidelines as of 1/1/17; Oregon must appropriate funds to provide coverage for the above to women who are of reproductive age but are temporarily ineligible for Medicaid due to their immigration status; A report on insurer compliance is now required.<sup>60</sup>

Commented [HF3]: Promotoras/CHW - use consistently

### RESOURCES TO GET STARTED:

- National Standards for CLAS: <https://www.thinkculturalhealth.hhs.gov/clas>
- A Human Rights-Based Approach to Health: [http://www.who.int/hhr/news/hrba\\_to\\_health2.pdf](http://www.who.int/hhr/news/hrba_to_health2.pdf)

<sup>52</sup> <https://www.winnetworkdetroit.org/about-us/>

<sup>53</sup> Ibid.

<sup>54</sup> Ibid.

<sup>55</sup> Ibid.

<sup>56</sup> Ibid.

<sup>57</sup> Ibid.

<sup>58</sup> <https://reprotheequity.org/2017/08/15/governor-kate-brown-signs-reproductive-health-equity-act/>

<sup>59</sup> <https://reprotheequity.org/about/about-the-bill/>

<sup>60</sup> <https://reprotheequity.files.wordpress.com/2017/06/hb-3391-fact-sheet.pdf>

### **Healthcare Delivery**

- Compendium of Sexual & Reproductive Health Resources: *For Healthcare Providers*: [https://nationalcoalitionforsexualhealth.org/tools/for-healthcare-providers/document/NCSHCompendium\\_June2018final.pdf](https://nationalcoalitionforsexualhealth.org/tools/for-healthcare-providers/document/NCSHCompendium_June2018final.pdf)

## Healthcare Delivery

### 12. Barriers to Access

RECOMMENDATION: **Decrease barriers to access healthcare throughout the community, including reproductive health and family formation services.**

WHY IT MATTERS: Access to healthcare needs to be practical and convenient for all community members for it to make a difference.

OUTCOME: Accessing healthcare is convenient for all community members regardless of income, race, language preference, ability or other demographic factors.

TACTICS:

- **Decrease physical barriers to access to services.**
  - Free transportation to clinical services.
  - Extend telemedicine models for people of reproductive age for which care would be otherwise inaccessible.
  - Employers support paid sick and family leave.
  - Ensure that services are available in the language, at the times, and in the locations that are needed in the community.
- **Offer access to services in nontraditional service delivery environments.**
  - Working in environments such as pharmacy, drug store, businesses, substance use, etc.
  - Engaging professionals such as home visitors, community health workers, and doulas and tapping into other health care, social service and educational access points.
  - Ensuring that efforts to healthcare delivery build on existing community support systems (i.e. midwives, doulas, CHWs, traditional providers).
- **Offer an integrated approach to healthcare.**
  - A team-based approach to providing reproductive health care through collaborative practice agreements.
  - Assess for pregnancy desire and offer appropriate counseling, including contraceptive care, preconception care, and/or chronic disease management as appropriate.
  - Use evidence-based interventions that address risk factors specific to reproductive well-being.

## Healthcare Delivery

- Develop robust referral networks and/or onsite teams available to address other medical issues, as well as social issues, that can impact health. Referrals for abortion services should be included in this.
- **Use disparities dashboards to monitor access challenges and progress over time.**

### COMMUNITY CONSIDERATIONS:

- Identify the full system of care available to people in the community. This includes engaging partners to close loops between systems to support reciprocal access to services.
- Consider the broad range of health providers in the community such as health navigators, midwives, pharmacists, traditional healers, etc. and the potential for telemedicine to increase access.

### EXAMPLES:

- **The Magnolia Project**, Northeast Florida's Healthy Start, is a national leader at getting beyond the abstract jargon of Public Health and actually making concrete, meaningful changes addressing the social determinants of health and the Life Course in a community.<sup>61</sup> Located in Jacksonville, Florida, The Magnolia Project provides a one-stop shop model to individuals at high risk of an unplanned pregnancy while still working community-wide to address systemic issues like racism, toxic stress, and trauma.<sup>62</sup> At the heart of The Magnolia Project's model is the foundation of meeting women and communities where they are, whether that's before, during or between pregnancies.<sup>63</sup> The Magnolia Clinic provides care and services across the life courses of women, honoring reproductive well-being as a complex and multifaceted journey. From yoga to counseling, leadership academies to community action networks and teams, The Magnolia Project meets the needs and reduces the barriers to access in Northeast Florida.<sup>64</sup>
- Integrating family planning into substance abuse treatment is just one of the many best practices The **Ohio Better Birth Outcomes (OBBO) collaborative** is innovating to help reduce infant mortality in the Columbus and Franklin County region. Columbus has one of the highest infant mortality rates of America's 50 largest cities, twice that of New York City.<sup>65</sup> An average of three babies die each week in Columbus before their first birth day.<sup>66</sup> In 2014, the Columbus City Council, Mayor Michael Coleman, and the Franklin County Board of Commissioners formed the Greater Columbus Infant

<sup>61</sup> <http://nefhealthystart.org/for-women/magnolia-project/>

<sup>62</sup> Ibid.

<sup>63</sup> <http://nefhealthystart.org/for-women/magnolia-project/>

<sup>64</sup> <http://nefhealthystart.org/for-women/magnolia-project/>

<sup>65</sup> <http://celebrateone.info/wp-content/uploads/2018/01/IMTF-2014-Final-Report-FINAL.pdf>

<sup>66</sup> Ibid.

## Healthcare Delivery

Mortality Task Force.<sup>67</sup> The Task Force developed community recommendations and an implementation plan to meet their ambitious goals—assigning its three key initiatives to community partners while building county and city-wide emotional, financial, and logistical buy-in. Along with [CelebrateOne](#), OBBO is a leading partner in this work. [OBBO](#) consists of the community’s four hospital systems—[Nationwide Children’s](#), [Mount Carmel](#), [OhioHealth](#), and [The Ohio State University Wexner Medical Center](#)—as well as the [Columbus Public Health Department](#) and [PrimaryOne Health](#). OBBO is currently experimenting with three pilots of integrating family planning into substance abuse treatment in Columbus. First, OBBO and the Columbus Public Health Department have [opened a Title X clinic at CompDrug](#), a daily dosing center. The clinic takes walk-ins and appointments as desired, which is critical for a population facing serious transportation barriers. Together they opened a clinic in the building next door where all patients already receive counseling. Not having to explain substance history and face further stigma and judgment is critical to women in recovery accessing the reproductive healthcare they need. This is especially important for woman who have already encountered additional trauma in the medical system. OBBO is still working to get the word out in the community about the additional opportunity of all contraceptive methods at no cost with same day provision, but is already innovating its delivery based on patient and community feedback, such as the importance of getting the reminders right to appeal to clients. OBBO is also experimenting with integrating reproductive health education and a mobile care unit into the Columbus [CATCH Court](#) at the Municipal level, with counselors incorporating appointments into their work with women in intensive probation. Third, OBBO is bringing this combined education and mobile unit model to residential treatment centers in the community. OBBO sustains and scales its investments in the community through the use of Medicaid payments and the four participating hospitals’ community benefits.

### RESOURCES TO GET STARTED:

- Project Connect: Implementation Guide: <https://www.cdc.gov/std/projects/connect/implementation-guide-web.pdf>
- Referral to Treatment: <https://www.integration.samhsa.gov/clinical-practice/sbirt/referral-to-treatment>
- Referrals and Linkages to Youth-Friendly Health Care Services: [https://www.hhs.gov/ash/oah/sites/default/files/referrals\\_and\\_linkages\\_to\\_youth\\_friendly\\_health\\_care.pdf](https://www.hhs.gov/ash/oah/sites/default/files/referrals_and_linkages_to_youth_friendly_health_care.pdf)

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<sup>67</sup> Ibid.

## Healthcare Delivery

### 13. Empowering People and Engaging Providers

RECOMMENDATION: **Empower people to know their rights and the care they are entitled to receive. Engage with providers to ensure that their needs are met during their healthcare encounters.**

WHY IT MATTERS: Individuals are the best experts on their own health needs and life experiences—and are often an untapped resource.

OUTCOME: All individuals take an active role in their own well-being and are encouraged to do so by local providers and organizations.

TACTICS:

- **Promote health literacy in the clinical setting.**
  - Provide patient tools to support relevant health care decisions during the visit. This might include such tools as contraceptive decision making, well person care, mental health assessments, vaccine information, etc.
  - Offer job aides/tools for providers to better support the patient encounter. This might include job aides/tools to support follow-up care including diabetes management, substance use cessation, etc.
  - Use patient centered tools on contraception, preconception, etc.
- **Engage patients in Continuous Quality Improvement process.**
  - Collect and report client satisfaction data.
- **Provide ongoing training for providers and staff that is relevant to the community's health needs to ensure quality clinical encounters for every individual.**
  - Offer annual training topics for all providers and staff not previously trained in topics critical to effective delivery of high quality reproductive health care or as new guidelines are released.
  - Offer training to support patient autonomy and choice.
  - Offer training to support provision of contraceptive services.
  - Offer training on relevant social determinants of health topics.

COMMUNITY CONSIDERATIONS:

- Seek to understand the history of healthcare delivery within the community as well as the historical context related to consent within the healthcare setting.
- Address structural racism and interpersonal racism that is present in the delivery of health services.
- Invite community members to participate in continuous quality improvement related to this work.



## Healthcare Delivery

### EXAMPLES:

- The [Parent-Child Assistance Program \(PCAP\)](#) in the state of Washington is an [award-winning](#), intensive case management model that scales and institutionalizes radical empathy by focusing on a recovering mother's ecology. PCAP operates from the [insight](#) that people need safety and stability in their communities in order to have healthy families and stay in recovery. PCAP's model builds interdependency between the woman and her advocate through empathy-based listening and motivational interviewing. For three years, each mother in PCAP works with an advocate, beginning with PCAP's famous card sort instrument assessment tool, meant as a springboard for talking about the woman's authentic goals, needs, and resiliencies. The advocate is there for the big and small stuff, from practicing phone calls with case workers to encouraging women to self-report any hardships along the way. PCAP has learned and scaled the insight that engagement with community services are a significant predictor for success. PCAP advocates manage to build and maintain the client's trust while honoring legal obligations through a steady and honest dialogue based on mutual respect. Nothing is ever done behind a woman's back. This radical empathy is the basis for PCAP's incredible outcomes, [including 91% completion rate of alcohol/drug treatment or in progress for women after completing three years in the program](#). PCAP's origins stem from its founders' early work on FAS and substance-exposed pregnancies. As Dr. Therese Grant and Dr. Anne Streissguth got to know mothers with substance-exposed pregnancies, they were reminded again and again how much they liked them and the conviction that there are no such thing as throwaway people. How could they help mothers avoid having another drug or alcohol-exposed pregnancy and child? The PCAP model began with a SAMSA grant but really took off when Grant reached out to a newspaper in Seattle covering a local tragedy, raising the possibility that a local infant death could have been prevented if the mother had had access to the intensive support and empathy at the heart of PCAP. The generosity of a local donor who read the article gave PCAP the resources it needed to seek more sustainable funding and grow. Seventeen years later, PCAP now serves the highest-risk women and their families in 19 Washington counties. The model has been implemented long term in California and Canada, and adopted by states across the country. As they've grown, PCAP has trained the trainer to allow others to scale its successes while staying true to its Washington roots. Its growth within the state of Washington came from communities wanting to replicate the successes they saw in other counties, seeking funding and support at the state level to bring it to their own communities. PCAP's embrace of the state political process has enabled it to spread and scale sustainably and authentically. Washington state continues to sustain and expand its support of PCAP because of its consistent outcomes, cost savings, and widespread community support.

## Healthcare Delivery

### RESOURCES TO GET STARTED:

- Community Based Participatory Research Toolbox: <https://prevention.ucsf.edu/resources/community-based-participatory-research-toolbox>
- Power through Partnerships, A CBPR Toolkit for Domestic Violence Researchers: <https://cbprtoolkit.org/sections>
- IHI How to Improve (Quality Improvement Process): <http://www.ihl.org/resources/Pages/HowtoImprove/ScienceofImprovementHowtoImprove.aspx>
- CDC Tool on Health Literacy: <https://www.cdc.gov/healthliteracy/index.html>
- Resources from the National Preconception Health and Healthcare Initiative, Before, Beyond and Between Pregnancy <https://beforeandbeyond.org/>
- User-friendly contraception information for consumers and providers: [www.Bedsider.org](http://www.Bedsider.org)

## Healthcare Delivery

### 14. Barriers to Contraceptive Use

RECOMMENDATION: **Reduce community-specific barriers to contraceptive use.**

WHY IT MATTERS: Contraceptive use remains the most concrete and impactful factor in creating community-wide reproductive well-being.

OUTCOME: Every legal contraceptive method and service possible is available within the community.

TACTICS:

- **Collect and report key measures related to provision of contraception. (Key measures examine access to and experience of care associated with best practices; and use data for ongoing quality improvement.)**
- **Use the CDC/OPA Quality Family Planning (QFP) recommendations to develop policies and practices related to reproductive health care.**
- **Offer onsite same-day access to at least one form of every FDA-approved category of contraceptive method (e.g., at least one type of IUD), or high quality and immediate referrals to other facilities for contraceptive services if a particular method or procedure cannot be done onsite.**
- **Provide ongoing, comprehensive training and professional development for all providers and staff related to the provision of contraceptive services.**

COMMUNITY CONSIDERATIONS:

- Consider how to decrease inaccessible service areas (not solely related to geography).
- Matching a person's needs with a method that works for them is ultimately better than just offering one particular type of method (i.e. intrauterine device or implant).

EXAMPLES:

- To improve access to contraception, nineteen states (including D.C.) have passed laws that require insurers to increase the number of months for which they cover prescription contraceptives at one time—usually a 12 month supply.<sup>68</sup> These policies provide coverage for an extended supply of contraception. More and more states are adopting this policy, usually with bipartisan support.<sup>69</sup> Ten of these states, including Colorado and Maine, had

<sup>68</sup> <https://powertodecide.org/system/files/resources/primary-download/extended-supply-contraception.pdf>

<sup>69</sup> Ibid.

## Healthcare Delivery

bills with bi-partisan sponsorship.<sup>70</sup> Other state examples include [Nevada \(SB 233\)](#) and [Virginia \(H 2267\)](#). Many states are also including Medicaid beneficiaries in extended supply.<sup>71</sup>

- [Denver Health](#) is a large primary care organization serving Denver, CO and offering integrated and comprehensive care. This includes a robust [School Based Health Center](#) program that provides services to more than 200 schools in the Denver metro area through 17 school-based sites. These sites offer medical, mental health, dental, health education and family planning services. Over the past decade, Denver Health has expanded the ability of their clinics to offer the full range of contraceptive methods via same day access. The provision of services, combined with individualized health education opportunities through the school based health clinics has reduced barriers to access and helped contribute to [declines](#) in unplanned pregnancy among teens in the city.

### RESOURCES TO GET STARTED:

- CDC/OPA Quality Family Planning Recommendations (QFP): <https://www.cdc.gov/reproductivehealth/unintendedpregnancy/qfp.htm>
- Performance Measures (QFP): <https://www.hhs.gov/opa/performance-measures/index.html>
- Better Birth Control Framework: [https://powertodecide.org/system/files/resources/primary-download/Better%20Birth%20Control\\_Framework\\_9-14-18.pdf](https://powertodecide.org/system/files/resources/primary-download/Better%20Birth%20Control_Framework_9-14-18.pdf)
- Putting the QFP into Practice Series: <https://www.fpntc.org/search?keys=putting+the+QFP+into+practice&=Search>

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<sup>70</sup> Ibid.

<sup>71</sup> Ibid.

### **Section III – Next Steps & Resources**

This toolkit is meant to be used as a starting place for communities to consider when addressing Reproductive Well-Being. It offers fourteen recommendations that are based in evidence and best-practice across the country. These recommendations can be implemented through a variety of strategies and tactics and we provide those along with specific examples. Moving forward, we will share this toolkit with communities, work to implement the recommendations across the country and continue to collect and share resources and examples of how this work can be done to improve outcomes for individuals, families and communities.

## Your Community Road Map

The Community Road Map below is not meant to resemble each and every community in our diverse nation.

While some communities might be spread across hundreds of miles in rural settings, and others might be under a square mile, these big categories of community players are meant to open a conversation about who you bring to the table and partner with in your collective work to champion Reproductive Well-Being in your community. We also recognize that the digital world connects the physical world, can create digital spaces that may not exist physically, and can transcend geographic barriers. Digital spaces may play a role in these categories as well.



## Your Community Road Map

### Getting Started in Your Community

Looking at the Community Map on page 53, consider all possible community partners and sectors where you work and live.

*Who are these people in your community?*

#### Faith-Based Organizations:



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#### Housing:



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#### Civic Life:



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*Who are these people in your community?*

**Local Business:**



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**Arts & Culture:**



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**Healthcare Settings:**



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*Who are these people in your community?*

**Non-Profits:**



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**Transportation:**



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**Education:**



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### Social Determinants of Health Diagram

It can be hard to visualize and conceptualize the social determinants of health. They are in the air we breathe—quite literally, but also metaphorically.

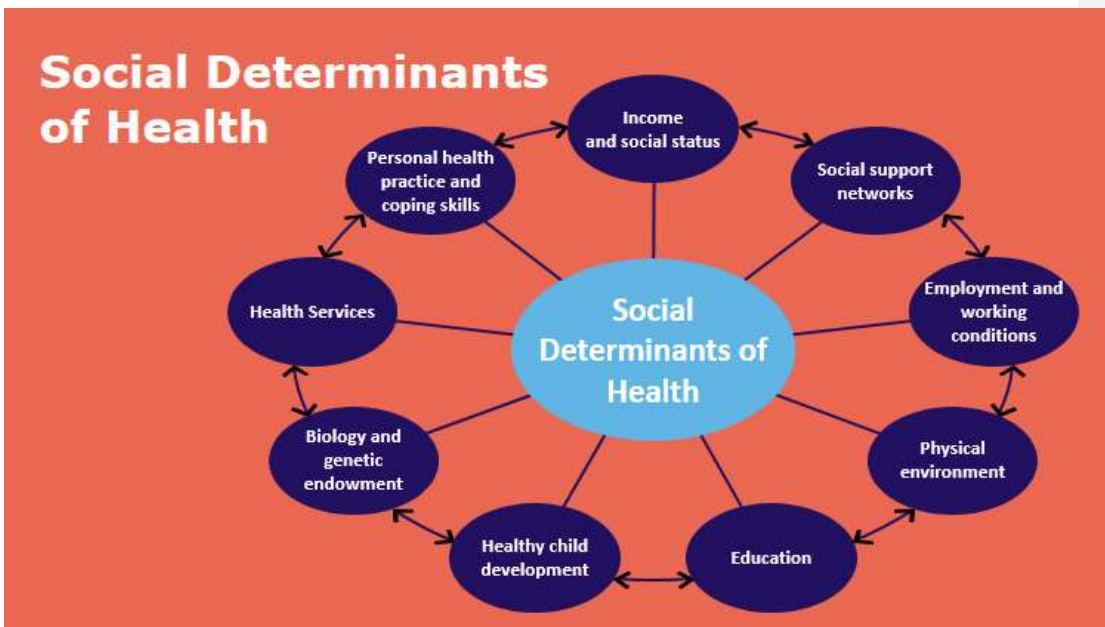
They are both concrete and tangible—AND often invisible to the eye.

It's a citizen's safe and close access to the bus stop and affordable food at her corner store—and it's also in the nature of the paperwork she has to fill out at her local clinic and the policies that impact her ability to take paid time off from work.

The social determinants of health also compound each other and interact. For example, access to high quality education might impact a person's reproductive journey. But there's a good chance her reproductive experiences could then impact her education journey.

A visual diagram like the one below showing linkages and connections can help communities orient their work and thinking in this broader but critical framework for achieving Health Equity and thus Reproductive Well-Being.

**What social determinants of health in your community most impact—both positively and negatively—community members' abilities to achieve their own Reproductive Well-Being?**



## Quality Improvement Process

We recommend using a quality improvement (QI) process to support the implementation of the Reproductive Well-Being Toolkit.

This is an evidence-based process that seeks to mobilize the community and is based on elements of collective impact. The QI process helps build support and capacity to create long-lasting programs, policies, and practices. This process, which includes six steps outlined below, can build on existing work in the community and strives to improve collaboration for greater impact.



### 1. Build a Representative Support Network

Assembling a committee of eight (minimum) to 40 people (maximum), representative of your community demographics, culture, organizations, and sectors is a key first step in activating the Reproductive Well-Being Toolkit. This committee will work together to guide your community's Reproductive Well-Being initiative, including critical steps to success like building community support,

conducting an assessment, developing an action plan, identifying key measures to track progress, and sharing success with the community.

## **2. Conduct an Assessment**

A needs assessment will take inventory of the current policies, programs, and practices that support Reproductive Well-Being in your community. The assessment will help the committee identify where there are strengths and where there are opportunities for improvement.

## **3. Develop a Blueprint for Action**

Using the results from the assessment, the committee will prioritize the evidence informed strategies it wishes to address, including a mix of those that are fast and relatively easy to implement as well as those that may take more time and energy.

## **4. Implement the Blueprint for Action**

Once a strategy has been added to the action plan, the next step is to identify resources, partners, and actions need to your committee achieve it. Each best strategy has supporting tactics, resources, and examples to help communities take next steps to develop a strategic approach to achieving it. The committee is also responsible for ensuring the action plan is implemented effectively and regularly updated. Implementation includes determining the specific tasks needed to meet each best practice, who is responsible for each task, and a timeline for completion. The committee should meet periodically to check on progress.

## **5. Measure and Celebrate Success**

The committee should update the online tool when a best practice has been achieved to track progress made on the initiative's goals. It is also important to reflect on lessons learned, so that changes for future implementation can be identified and continue to make progress. And if your committee achieved its goals, that should be celebrated!

## **6. Renew Your Commitment**

Sustainable systems change takes time. Your committee drives this process in your community and needs to harness the positive momentum to advance its efforts even further year after year. Thus, we encourage the committee to renew their commitment to this initiative by completing steps 1-5 every year. In addition to a focus on collaboration and community engagement, this process is also scalable. Replication of the same toolkit and process in states and regions across the country will provide an opportunity to share lessons learned, challenges, and expertise efficiently and in a timely manner. This type of toolkit and quality improvement-based process also ensures that states and regions interested in this work can more efficiently get started on this work in a collaborative way.

In order to achieve full implementation of the Reproductive Well-Being Toolkit, Power to Decide will work in partnership with communities, states and regions to move through the QI process and implement the action plan.

**More guidance on kicking of your Quality Improvement initiative can be found in the [Better Birth Control Framework's Getting Started and Keeping it Going](#).<sup>72</sup>**

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<sup>72</sup> <https://powertodecide.org/what-we-do/opportunity/key-initiatives/better-birth-control>

## Glossary

**Access:** "Access to health care refers to the ease with which an individual can obtain needed medical services."<sup>73</sup>

**Affordable Care Act (ACA):** "The healthcare reform law (the Patient Protection and Affordable Care Act) enacted in March 2010, often referred to as 'Obamacare.' ACA's principal goal is to improve access to the traditional healthcare system via expansion of affordable health insurance options. ACA also implemented a number of other reforms aimed at improving healthcare quality and efficiency, preventing chronic disease and improving health, improving transparency and consumer protections for patients, and building the healthcare workforce."<sup>74</sup>

**Age-Appropriate:** "Age appropriateness addresses the relevance and suitability of topics, messages, and teaching methods in relation to the age or developmental level of their intended audience. There are multiple dimensions to consider when defining age appropriateness including social, emotional, cognitive, and physical development. It is important to keep in mind that youth who are the same age or in the same grade may be at different developmental levels."<sup>75</sup>

**Agency (Autonomy):** The ability of individuals to act independently in their thoughts and action; ability to make their own free choices.

**Assisted Reproduction Technology (ART):** "ART refers to treatments and procedures that aim to achieve pregnancy. These complex procedures may be an option for people who have already gone through various infertility treatment options but who still have not achieved pregnancy."<sup>76</sup>

**Community Engagement:** "Community engagement is the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people...The goals of community engagement are to build trust, enlist new resources and allies, create better communication, and improve overall health outcomes as successful projects evolve into lasting collaborations."<sup>77</sup>

**Community-Based Participatory Research (CPBR):** "Community-based Participatory Research is a collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the

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<sup>73</sup> <https://www.rand.org/topics/health-care-access.html>

<sup>74</sup> <http://www.astho.org/Health-Systems-Transformation/Glossary-of-Medicaid-Terms-Related-to-Public-Health/>

<sup>75</sup> <https://www.hhs.gov/ash/oah/sites/default/files/guide-for-age-appropriateness.pdf>

<sup>76</sup> <https://www.nichd.nih.gov/health/topics/infertility/conditioninfo/treatments/art>

<sup>77</sup> [http://www.phaboard.org/wp-content/uploads/FINAL\\_PHAB-Acronyms-and-Glossary-of-Terms-Version-1.5.pdf](http://www.phaboard.org/wp-content/uploads/FINAL_PHAB-Acronyms-and-Glossary-of-Terms-Version-1.5.pdf)

community, has the aim of combining knowledge with action and achieving social change to improve health outcomes and eliminate health disparities.”<sup>78</sup>

**CDC:** Center for Disease Control and Prevention

**Children’s Health Insurance Program (CHIP):** “CHIP provides low-cost health coverage to children in families that earn too much money to qualify for Medicaid. In some states, CHIP covers pregnant women. Each state offers CHIP coverage, and works closely with its state Medicaid program.”<sup>79</sup>

**Coercion:** “Coercion occurs when an overt or implicit threat of harm is intentionally presented by one person to another in order to obtain compliance.”<sup>80</sup>

**Communication:** “Health communication is informing, influencing, and motivating individual, institutional, and public audiences about important health or public health issues. Health communication includes disease prevention, health promotion, health care policy, and the business of health care, as well as enhancement of the quality of life and health of individuals within a community. Health communication deals with how information is perceived, combined, and used to make decisions.”<sup>81</sup>

**Community Health Worker (CHW):** “A community health worker (CHW) is a frontline public health worker who is a trusted member of a community or who has a particularly good understanding of the community served. A CHW serves as a liaison between health and social services and the community to facilitate access to services and to improve the quality and cultural competence of service delivery.”<sup>82</sup>

**Confidentiality:** “Confidentiality pertains to the treatment of information that an individual has disclosed in a relationship of trust and with the expectation that it will not be divulged to others in ways that are inconsistent with the understanding of the original disclosure without permission.”<sup>83</sup>

**Consent:** “The process by which a patient learns about and understands the purpose, benefits, and potential risks of a medical or surgical intervention, including clinical trials, and then agrees to receive the treatment or participate in the trial. Informed consent generally requires the patient or responsible party to sign a statement confirming that they understand the risks and benefits of the procedure or treatment.”<sup>84</sup>

**Continuous Quality Improvement (CQI or QI):** “Quality improvement in public health is the use of a deliberate and defined improvement process, such as Plan-

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<sup>78</sup> Ibid.

<sup>79</sup> <https://www.healthcare.gov/medicaid-chip/childrens-health-insurance-program/>

<sup>80</sup> <https://www.hhs.gov/ohrp/regulations-and-policy/guidance/fag/informed-consent/index.html>

<sup>81</sup> [http://www.phaboard.org/wp-content/uploads/FINAL\\_PHAB-Acronyms-and-Glossary-of-Terms-Version-1.5.pdf](http://www.phaboard.org/wp-content/uploads/FINAL_PHAB-Acronyms-and-Glossary-of-Terms-Version-1.5.pdf)

<sup>82</sup> <https://www.cdc.gov/stitpublichealth/chw/index.html>

<sup>83</sup> <https://aspe.hhs.gov/report/privacy-and-health-research/privacy-confidentiality-security>

<sup>84</sup> <https://www.medicinenet.com/script/main/art.asp?articlekey=22414>

Do-Check-Act, which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community."<sup>85</sup>

**Contraception:** "Contraception (birth control) prevents pregnancy by interfering with the normal process of ovulation, fertilization, and implantation. There are different kinds of birth control that act at different points in the process."<sup>86</sup>

**Coverage:** "Legal entitlement to payment or reimbursement for your health care costs, generally under a contract with a health insurance company, a group health plan offered in connection with employment, or a government program like Medicare, Medicaid, or the Children's Health Insurance Program (CHIP)."<sup>87</sup>

**Disaggregated Data:** "Disaggregated data refers to numerical or non-numerical information that has been (1) collected from multiple sources and/or on multiple measures, variables, or individuals; (2) compiled into aggregate data—i.e., summaries of data—typically for the purposes of public reporting or statistical analysis; and then (3) broken down in component parts or smaller units of data. . . . Generally speaking, data is disaggregated for the purpose of revealing underlying trends, patterns, or insights that would not be observable in aggregated data sets, such as disparities."<sup>88</sup>

**Disparities Dashboard:** "The gauge represents the distribution of communities reporting the data, and tells you how you compare to other communities."<sup>89</sup>

**Equity Metrics:** "[R]esearch-based metrics to enhance our understanding of group-based marginality and structures of opportunity."<sup>90</sup>

**Evidence-Based:** "Evidence-based practice involves making decisions on the basis of the best available scientific evidence, using data and information systems systematically, applying program-planning frameworks, engaging the community in decision making, conducting sound evaluation, and disseminating what is learned."<sup>91</sup>

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<sup>85</sup> [www.phaboard.org/wp-content/uploads/FINAL\\_PHAB-Acronyms-and-Glossary-of-Terms-Version-1.5.pdf](http://www.phaboard.org/wp-content/uploads/FINAL_PHAB-Acronyms-and-Glossary-of-Terms-Version-1.5.pdf)

<sup>86</sup> <http://www.healthofchildren.com/C/Contraception.html>

<sup>87</sup> <https://www.healthcare.gov/glossary/health-coverage/>

<sup>88</sup> <https://www.edglossary.org/disaggregated-data/>

<sup>89</sup> <http://www.kansashealthmatters.org/indicators/index/dashboard?alias=disparities>

<sup>90</sup> <https://haasinstitute.berkeley.edu/equitymetrics>

<sup>91</sup> [http://www.phaboard.org/wp-content/uploads/FINAL\\_PHAB-Acronyms-and-Glossary-of-Terms-Version-1.5.pdf](http://www.phaboard.org/wp-content/uploads/FINAL_PHAB-Acronyms-and-Glossary-of-Terms-Version-1.5.pdf)



**Evidence-Informed:** "Evidence-informed practice (EIP) is a model that incorporates best available research evidence; client's needs, values, and preferences; practitioner wisdom; and theory into the clinical decision-making process filtered through the lens of client, agency, and community culture."<sup>92</sup>

**Extended Supply:** Pharmacies that provide "an extended supply of most commonly prescribed maintenance medications."<sup>93</sup> This depends on insurance coverage.

**Family Formation:** The process and means by which a family comes to be, including sexual intercourse and pregnancy, fertility treatments, adoption, surrogacy, fostering, and other methods of assisted reproduction.

**Family Leave/Sick Leave:** "The FMLA entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave."<sup>94</sup> The FMLA only "applies to businesses that employ 50 or more employees within a 75-mile radius" and workers who have worked a certain number of hours for a covered business in the last year.<sup>95</sup>

**Family Planning (FP):** "Family planning allows people to attain their desired number of children and determine the spacing of pregnancies. It is achieved through use of contraceptive methods and the treatment of infertility."<sup>96</sup>

**FDA:** Food and Drug Administration

**Federal Poverty Level (FPL):** "Federal poverty levels are used to determine eligibility for certain federal programs, including Medicaid and Children's Health Insurance Program (CHIP)."<sup>97</sup> New guidelines are issued every January by the Department of Health and Human Services based on the cost of living. They vary by family size. The Federal Poverty Level is significantly below measures of a Living Wage.

**Full Range of Contraception:** "The full range of contraceptive methods for women currently identified by the U.S. Food and Drug Administration include: (1) sterilization surgery for women, (2) surgical sterilization via implant for women, (3) implantable rods, (4) copper intrauterine devices, (5) intrauterine devices with

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<sup>92</sup> <http://socialwork.oxfordre.com/view/10.1093/acrefore/9780199975839.001.0001/acrefore-9780199975839-e-915>

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[https://www.lakecountyfl.gov/documents/employee\\_services/health\\_benefits/BCBS\\_Extended\\_Supply\\_Pharmacies.pdf](https://www.lakecountyfl.gov/documents/employee_services/health_benefits/BCBS_Extended_Supply_Pharmacies.pdf)

<sup>94</sup> <https://www.dol.gov/whd/fmla/>

<sup>95</sup> <http://www.nationalpartnership.org/research-library/work-family/understanding-worker-leave-policies.pdf>

<sup>96</sup> <http://www.who.int/news-room/fact-sheets/detail/family-planning-contraception>

<sup>97</sup> <https://publichealthonline.gwu.edu/blog/poverty-vs-federal-poverty-level/>

progestin (all durations and doses), (6) the shot or injection, (7) oral contraceptives (combined pill), (8) oral contraceptives (progestin only, and), (9) oral contraceptives (extended or continuous use), (10) the contraceptive patch, (11) vaginal contraceptive rings, (12) diaphragms, (13) contraceptive sponges, (14) cervical caps, (15) female condoms, (16) spermicides, and (17) emergency contraception (levonorgestrel), and (18) emergency contraception (ulipristal acetate), and additional methods as identified by the FDA. Additionally, instruction in fertility awareness-based methods, including the lactation amenorrhea method, although less effective, should be provided for women desiring an alternative method.”<sup>98</sup>

**Head Start:** “Head Start programs promote school readiness of children ages birth to five from low-income families by supporting their development in a comprehensive way. Head Start and Early Head Start programs offer a variety of service models, depending on the needs of the local community. Many Head Start and Early Head Start programs are based in centers and schools. Other programs are located in child care centers and family child care homes. Some programs offer home-based services that assigned dedicated staff who conduct weekly visits to children in their own home and work with the parent as the child's primary teacher.”<sup>99</sup>

**Healthcare Delivery System:** “A health care system is an organized system of providers and services for health care; may include hospitals, clinics, home care, long-term care facilities, assisted living, physicians, health plans, and other services.”<sup>100</sup>

**Health Equity:** “Health equity is the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.”<sup>101</sup>

**Health Literacy:** “Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.”<sup>102</sup>

**Healthy Start:** “The Healthy Start Program is an initiative mandated to reduce the rate of infant mortality and improve perinatal outcomes through grants to project areas with high annual rates of infant mortality in one or more subpopulations. The program focuses on the contributing factors which research shows influence the

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<sup>98</sup> <https://www.hrsa.gov/womens-guidelines-2016/index.html>

<sup>99</sup> <https://www.acf.hhs.gov/ohs/about/head-start>

<sup>100</sup> [http://www.phaboard.org/wp-content/uploads/FINAL\\_PHAB-Acronyms-and-Glossary-of-Terms-Version-1.5.pdf](http://www.phaboard.org/wp-content/uploads/FINAL_PHAB-Acronyms-and-Glossary-of-Terms-Version-1.5.pdf)

<sup>101</sup> Ibid.

<sup>102</sup> [http://www.phaboard.org/wp-content/uploads/FINAL\\_PHAB-Acronyms-and-Glossary-of-Terms-Version-1.5.pdf](http://www.phaboard.org/wp-content/uploads/FINAL_PHAB-Acronyms-and-Glossary-of-Terms-Version-1.5.pdf)

perinatal trends in high-risk communities. Annually, grantees of the MCHB Healthy Start Program provide information on their program. This information includes data on the racial and ethnic characteristics of program participants, risk reduction/prevention services for program participants, and the Healthy Start major services provided during the reporting year.<sup>103</sup>

**HHS:** US Department of Health and Human Services

**High Quality Care:** High quality healthcare services "increase the likelihood of desired health outcomes and are consistent with current professional knowledge" for individuals and populations. High quality care must be effective, efficient, equitable, patient-centered, safe, and timely.<sup>104</sup>

**Home Visiting Services:** "Home visiting is a service provided by qualified professionals within the home to parents, prenatally and/or with children from birth to age three. Home visiting programs provide parents with support to enhance the child-parent relationship. With these enhanced skills, parents can create environments that positively impact their child's social and emotional development and prepare him or her for a productive life."<sup>105</sup>

**Implant:** "The implant (Nexplanon is the brand name; previously Implanon) is a teeny-tiny rod that's inserted under the skin of your upper arm. It's so small, in fact, most people can't see it once it's inserted—which means it can be your little secret, if you're so inclined. The implant releases progesterin, a hormone that keeps your ovaries from releasing eggs and thickens your cervical mucus—which helps block sperm from getting to the egg in the first place. It prevents pregnancy for up to four years."<sup>106</sup>

**Implementation Framework:** "A set of methodology concepts, tools and measurement instruments that guide the execution of improvement projects."<sup>107</sup>

**Implicit Bias:** "[I]mplicit bias refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual's awareness or intentional control. Residing deep in the subconscious, these biases are different from known biases that individuals may choose to conceal for the purposes of social and/or political correctness. Rather, implicit biases are not accessible through introspection."<sup>108</sup>

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<sup>103</sup> <https://mchdata.hrsa.gov/DGISReports/ProgramData/ProgramReports.aspx?Report=HealthyStart>

<sup>104</sup> <https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/chttoolbx/understand/index.html>

<sup>105</sup> <http://www.arhomevisiting.org/home-visiting-blog/what-is-home-visiting>

<sup>106</sup> <https://www.bedsider.org/methods/implant>

<sup>107</sup> <https://www.igi-global.com/dictionary/evaluating-cops-cancer-surgery/35100>

<sup>108</sup> <http://kirwaninstitute.osu.edu/researchandstrategicinitiatives/#opportunitycommunities>

**Inclusive:** Inclusive means programs and providers are sensitive toward, responsive to, and do not exclude the diverse experiences and needs of people and communities, including those related to race, sexual orientation, gender identity, disability, age, income, religion and other personal protected characteristics or classes. Inclusivity is critical to achieving successful engagement of diverse populations.<sup>109 110</sup>

**Infertility:** “[I]nfertility is defined as not being able to get pregnant (conceive) after one year (or longer) of unprotected sex.”<sup>111</sup>

**Informed Choice:** “In health care, a person with a health problem may be given options to choose from several diagnostic tests or treatments, or they may choose to have no treatment.”<sup>112</sup>

**Intrauterine Device (IUD):** “The IUD is a little, t-shaped piece of plastic that gets put in your uterus to mess with the way sperm can move and prevent them from fertilizing an egg. . . IUDs offer years of protection—between three and twelve, depending on the type you get. And if you want to get pregnant, you can have the IUD removed at any time. In the U.S. there are five IUDs: Mirena, ParaGard, Skyla, Liletta, and Kyleena.”<sup>113</sup>

**Life Course:** The “biological, behavioural, and psychosocial processes that operate across an individual’s life course, or across generations, to influence the development of disease risk.”<sup>114</sup>

**Living Wage:** “The living wage model is an alternative measure of basic needs. It is a market-based approach that draws upon geographically specific expenditure data related to a family’s likely minimum food, childcare, health insurance, housing, transportation, and other basic necessities (e.g. clothing, personal care items, etc.) costs. The living wage draws on these cost elements and the rough effects of income and payroll taxes to determine the minimum employment earnings necessary to meet a family’s basic needs while also maintaining self-sufficiency.”<sup>115</sup>

**Long-Acting Reversible Contraception (LARC):** “LARC stands for long-acting reversible contraception. It is a term for highly effective and easy-to-use forms of

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<sup>109</sup> [https://www.hhs.gov/ash/oah/sites/default/files/ash/oah/oah-initiatives/assets/tpp-grantee-orientation/tier\\_1\\_program\\_review\\_materials\\_.pdf](https://www.hhs.gov/ash/oah/sites/default/files/ash/oah/oah-initiatives/assets/tpp-grantee-orientation/tier_1_program_review_materials_.pdf)

<sup>110</sup> <https://www.hhs.gov/ash/oah/resources-and-training/tpp-and-paf-resources/engaging-diverse-populations/index.html>

<sup>111</sup> <https://www.cdc.gov/reproductivehealth/infertility/index.htm>

<sup>112</sup> <https://www.aboutkidshealth.ca/Article?contentid=389&language=English>

<sup>113</sup> <https://www.bedsider.org/methods/iud>

<sup>114</sup> <https://jech.bmj.com/content/57/10/778>

<sup>115</sup> <http://livingwage.mit.edu/pages/about>

birth control that can last for years at a time. LARC includes the intrauterine device (IUD) and the contraceptive implant.”<sup>116</sup>

**MCH:** Maternal and Child Health

**Medicaid:** “A means-tested health insurance program that provides medical benefits to qualified indigent or low-income persons in need of health and medical care. Funding is shared by the state and federal government. The program is subject to broad federal standards, but states determine their own eligibility standards, including the type, amount, duration, and scope of benefits covered; the rate of payment for services; and the administration methods.”<sup>117</sup>

**Medically-Accurate:** “The term medically accurate and complete means verified or supported by the weight of research conducted in compliance with accepted scientific methods; and published in peer-reviewed journals, where applicable or comprising information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, objective, and complete.”<sup>118</sup>

**Medicaid Family Planning Waiver:** “[M]ore than half of states have established programs that extended Medicaid eligibility for family planning services to people who would not otherwise qualify for Medicaid, and as of January 2016, 14 states have adopted family planning SPAs...Income-based eligibility is the only approach used in SPAs.”<sup>119</sup>

**Medicaid Managed Care (CMOs/MCOs):** “Managed Care is a health care delivery system organized to manage cost, utilization, and quality. Medicaid managed care provides for the delivery of Medicaid health benefits and additional services through contracted arrangements between state Medicaid agencies and managed care organizations (MCOs) that accept a set per member per month (capitation) payment for these services.”<sup>120</sup>

**Medically-Accurate:** “The term medically accurate and complete means verified or supported by the weight of research conducted in compliance with accepted scientific methods; and published in peer-reviewed journals, where applicable or comprising information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, objective, and complete.”<sup>121</sup>

**National CLAS:** The National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Healthcare “are a set of 15 action steps intended to advance health equity, improve quality, and help eliminate health care disparities

<sup>116</sup> <https://www.urmc.rochester.edu/pediatrics/training/community-pediatrics-training/larc/what-is-larc.aspx>

<sup>117</sup> <http://www.astho.org/Health-Systems-Transformation/Glossary-of-Medicaid-Terms-Related-to-Public-Health/>

<sup>118</sup> [https://www.hhs.gov/ash/oah/sites/default/files/mar\\_guide.pdf](https://www.hhs.gov/ash/oah/sites/default/files/mar_guide.pdf)

<sup>119</sup> <https://www.kff.org/report-section/medicaid-and-family-planning-medicaid-family-planning-policy/>

<sup>120</sup> <https://www.medicare.gov/medicaid/managed-care/index.html>

<sup>121</sup> [https://www.hhs.gov/ash/oah/sites/default/files/mar\\_guide.pdf](https://www.hhs.gov/ash/oah/sites/default/files/mar_guide.pdf)

by providing a blueprint for individuals and health and health organizations to implement culturally and linguistically appropriate services."<sup>122</sup>

**Non-Discriminatory:** Does not discriminate against people, communities, organizations and other entities based on race, color, national origin, religion, sex, gender identity, sexual orientation, disability, age, marital status, family/parental status, income, political beliefs or other personal protected characteristics or classes.<sup>123</sup>

**OPA:** Office of Population Affairs

**Over-the-Counter (OTC):** "Over-the-counter medicine is also known as OTC or nonprescription medicine. All these terms refer to medicine that you can buy without a prescription."<sup>124</sup>

**Paid Leave:** Laws "that allow workers to continue to earn a portion of their pay while they take time away from work." Time away from work is often related to a worker or family's health or change in circumstances, including childbirth, adoption, or deployment.

**Perinatal:** "Pertaining to the period immediately before and after birth. The perinatal period is defined in diverse ways. Depending on the definition, it starts at the 20th to 28th week of gestation and ends 1 to 4 weeks after birth."<sup>125</sup>

**Policy:** "Policy is a law, regulation, procedure, administrative action, incentive, or voluntary practice of governments and other institutions. Policy decisions are frequently reflected in resource allocations. Health can be influenced by policies in many different sectors. For example, transportation policies can encourage physical activity (pedestrian- and bicycle-friendly community design); policies in schools can improve nutritional content of school meals."<sup>126</sup>

**Postpartum:** After giving birth, post-pregnancy.

**Pre-natal:** While one is pregnant, prior to giving birth.

**Preventative Healthcare:** "Preventive care includes health services like screenings, check-ups, and patient counseling that are used to prevent illnesses, disease, and other health problems, or to detect illness at an early stage when treatment is likely to work best. Getting recommended preventive services and making healthy lifestyle choices are key steps to good health and well-being."<sup>127</sup> Preventive Services are largely covered by health insurance under the ACA.

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<sup>122</sup> <https://www.thinkculturalhealth.hhs.gov/CLAS/>

<sup>123</sup> <https://www.usda.gov/non-discrimination-statement>

<sup>124</sup> <https://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/UnderstandingOver-the-CounterMedicines/>

<sup>125</sup> <https://www.medicinenet.com/script/main/art.asp?articlekey=7898>

<sup>126</sup> <https://www.cdc.gov/policy/analysis/process/definition.html>

<sup>127</sup> <https://www.cdc.gov/prevention/>

**Project ECHO (Extension for Community Healthcare Outcomes):** “Project ECHO (Extension for Community Healthcare Outcomes) is a collaborative model of medical education and care management that empowers clinicians everywhere to provide better care to more people, right where they live. The ECHO model™ does not actually “provide” care to patients. Instead, it dramatically increases access to specialty treatment in rural and underserved areas by providing front-line clinicians with the knowledge and support they need to manage patients with complex conditions such as: hepatitis C, HIV, tuberculosis, chronic pain, endocrinology, behavioral health disorders, and many others.”<sup>128</sup>

**Promotoras:** “Promotores de salud, also known as promotoras, is the Spanish term for ‘community health workers.’ The Hispanic community recognizes promotores de salud as lay health workers who work in Spanish-speaking communities.”<sup>129</sup>

**Providers (Practitioners):** “A physician...nurse practitioner, clinical nurse specialist or physician assistant, [and other healthcare professionals] as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.”<sup>130</sup>

**Reasonable Access:** Access to healthcare goods and services that does not place undue burdens or hardships on an individual or community, including geographical, economic, or social barriers that limit access.<sup>131</sup>

**Reimbursement:** “Often, large groups or physicians involved in primary care network models and Medicaid medical home programs receive an additional capitation payment for care coordination and case management. Case managers perform their duties in office during visits with the provider and/or staff. In managed care organizations, case managers are typically employees or contractors who perform these functions and typically do additional outreach.”<sup>132</sup>

**Reproductive Health:** “Reproductive health is a state of complete physical, mental and social well-being, and not merely the absence of reproductive disease or infirmity. Reproductive health deals with the reproductive processes, functions and system at all stages of life.”<sup>133</sup>

**Reproductive Well-Being:** “A culture of reproductive well-being is one in which all people have access to the supports and services they need to determine if, when,

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<sup>128</sup> <https://echo.unm.edu/about-echo/>

<sup>129</sup> <https://www.cdc.gov/minorityhealth/promotores/index.html>

<sup>130</sup> <https://www.healthcare.gov/glossary/primary-care-provider/>

<sup>131</sup> <https://www.qgcio.qld.gov.au/publications/qgcio-glossary/reasonable-access-definition>

<sup>132</sup> <http://www.astho.org/Health-Systems-Transformation/Glossary-of-Medicaid-Terms-Related-to-Public-Health/>

<sup>133</sup> <http://www.un.org/popin/unfpa/taskforce/guide/iatfreph.gdl.html>

and under what circumstances to have a child and to support a healthy start for the next generation.”<sup>134</sup>

**Rights-Based Care/Frame:** “In pursuing a rights-based approach, health policy, strategies and programmes should be designed explicitly to improve the enjoyment of all people to the right to health, with a focus on the furthest behind first.”<sup>135</sup>

**Same-Day Access:** Provision of healthcare goods and services occurring the same day as the initial consultation.

**Sexual Health Education:** “Sex education helps people gain the information, skills and motivation to make healthy decisions about sex and sexuality...Sex education is high quality teaching and learning about a broad variety of topics related to sex and sexuality, exploring values and beliefs about those topics and gaining the skills that are needed to navigate relationships and manage one’s own sexual health. Sex education may take place in schools, in community settings, or online.”<sup>136</sup>

**SNAP:** “SNAP offers nutrition assistance to millions of eligible, low-income individuals and families and provides economic benefits to communities. SNAP is the largest program in the domestic hunger safety net. The Food and Nutrition Service works with State agencies, nutrition educators, and neighborhood and faith-based organizations to ensure that those eligible for nutrition assistance can make informed decisions about applying for the program and can access benefits. FNS also works with State partners and the retail community to improve program administration and ensure program integrity.”<sup>137</sup>

**Social Determinants of Health:** “The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.”<sup>138</sup>

**Social Services:** Programs and services that try to improve the well-being of individuals, families, and communities, ranging from TANF (Temporary Assistance for Needy Families) to SNAP (Supplemental Nutrition Assistance Program).<sup>139</sup>

**Standard of Care:** “A diagnostic and treatment process that a clinician should follow for a certain type of patient, illness, or clinical circumstance.”<sup>140</sup>

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<sup>134</sup> Reproductive Well-Being Blueprint for Action, Working draft. Contact Power to Decide for more information.

<sup>135</sup> <http://www.who.int/news-room/fact-sheets/detail/human-rights-and-health>

<sup>136</sup> <https://www.plannedparenthood.org/learn/for-educators/what-sex-education>

<sup>137</sup> Ibid.

<sup>138</sup> [http://www.who.int/social\\_determinants/sdh\\_definition/en/](http://www.who.int/social_determinants/sdh_definition/en/)

<sup>139</sup> <https://www.hhs.gov/programs/social-services/index.html>

<sup>140</sup> <https://www.medicinenet.com/script/main/art.asp?articlekey=33263>



**State Plan Amendment (SPA):** "A Medicaid and CHIP state plan is an agreement between a state and the Federal government describing how that state administers its Medicaid and CHIP programs. It gives an assurance that a state will abide by Federal rules and may claim Federal matching funds for its program activities. The state plan sets out groups of individuals to be covered, services to be provided, methodologies for providers to be reimbursed and the administrative activities that are underway in the state. When a state is planning to make a change to its program policies or operational approach, states send state plan amendments (SPAs) to the Centers for Medicare & Medicaid Services (CMS) for review and approval. States also submit SPAs to request permissible program changes, make corrections, or update their Medicaid or CHIP state plan with new information."<sup>141</sup>

**Structural Racism:** "A system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity. It identifies dimensions of our history and culture that have allowed privileges associated with "whiteness" and disadvantages associated with "color" to endure and adapt over time. Structural racism is not something that a few people or institutions choose to practice. Instead it has been a feature of the social, economic and political systems in which we all exist."<sup>142</sup>

**Surrogacy:** "In the process of surrogacy, the person or couple called the intended parent(s) or IP(s), contract with a surrogate or gestational carrier to carry the pregnancy. Simply defined, a surrogate is a woman who carries a pregnancy for another person or couple."<sup>143</sup>

**System:** "[A] system is a assemblage of interrelated parts that work together by way of some driving process. . . Systems are often visualized or modeled as component blocks that have connections drawn between them."<sup>144</sup>

**Systems-Involved Youth:** The "term 'systems-involved youth' is used to describe youth involved in the juvenile justice system, child welfare system, or both systems (i.e., crossover youth)."<sup>145</sup>

**Telemedicine:** "[T]elemedicine seeks to improve a patient's health by permitting two-way, real time interactive communication between the patient, and the physician or practitioner at the distant site. This electronic communication means the use of interactive telecommunications equipment that includes, at a minimum, audio and video equipment. Telemedicine is viewed as a cost-effective alternative

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<sup>141</sup> <https://www.medicaid.gov/state-resource-center/medicaid-state-plan-amendments/index.html>

<sup>142</sup> <https://assets.aspeninstitute.org/content/uploads/files/content/docs/rcc/RCC-Structural-Racism-Glossary.pdf>

<sup>143</sup> <https://resolve.org/what-are-my-options/surrogacy/>

<sup>144</sup> <http://www.physicalgeography.net/fundamentals/4b.html>

<sup>145</sup> <http://www.avpf.org/wp-content/uploads/2017/09/Brief-Supporting-Pathways-to-Long-Term-Success.pdf>

to the more traditional face-to-face way of providing medical care (e.g., face-to-face consultations or examinations between provider and patient).<sup>146</sup>

**Title X:** “Established in 1970, Title X provides affordable birth control and reproductive health care to people with low incomes, who couldn’t otherwise afford health care services on their own.”<sup>147</sup>

**Trauma:** “Trauma technically refers to a particularly stressful experience or event. However, in practice many people use the term interchangeably to mean either a traumatic experience or event, the resulting injury or stress, or potential longer-term impacts and consequences of the experience.”<sup>148</sup>

**Trauma-Informed:** “A program, organization, or system that is trauma-informed: *Realizes* the widespread impact of trauma and understands potential paths for recovery; *Recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system; *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices; and *Seeks* to actively resist re-traumatization.”<sup>149</sup>

**WIC:** “The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides Federal grants to States for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk.”<sup>150</sup>

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<sup>146</sup> <https://www.medicaid.gov/medicaid/benefits/telemed/index.html>

<sup>147</sup> <https://www.plannedparenthoodaction.org/issues/health-care-equity/title-x>

<sup>148</sup> <https://www.acf.hhs.gov/trauma-toolkit#chapter-3>

<sup>149</sup> <https://www.samhsa.gov/nctic/trauma-interventions>

<sup>150</sup> <https://www.fns.usda.gov/wic/women-infants-and-children-wic>

**Expert Panel Roster**

*To be added following Expert Panel sign-off*

**Contact Info and Branding**

*To be added following Expert Panel sign-off*