<ins>Reproductive Well-Being Implementation Toolkit</ins>:

<ins>A Starting Place for Community Action</ins>

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Section I — Introduction

Background

Reproductive well-being means that all people have the information, services, and support they need to have control over their bodies and to make their own decisions related to sexuality and reproduction throughout their lives.

The concept was developed by a steering committee of over 40 local, state, and national organizations across diverse disciplines, convened by Power to Decide. Building on and contributing to the goals of reproductive justice, rights, and health, the steering committee's efforts have informed a national reproductive well-being movement that aims to transform the culture in the United States to one that collectively builds, aligns, and enhances systems that support reproductive well-being. To establish a common foundation from which to build this movement, the steering committee developed a national Blueprint for Action, which includes assumptions, considerations, and the following list of *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 cared for without judgment.

- We value the voices and lived experiences 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.

The success of the national reproductive well-being movement depends on the ability 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 also learn from one another's experiences. It is in this spirit that an expert panel comprised of practitioners, advocates, and researchers convened to develop this implementation toolkit, which shares evidence-informed practices that align with the implementation framework introduced in the Blueprint for Action. The strategies within this toolkit can be customized at the local level to promote reproductive well-being. The toolkit can also be used by local communities in conjunction with the Reproductive Well-Being Shared Narrative Toolkit, which provides tools and resources to spread the reproductive well-being narrative and facilitate adoption of reproductive well-being as a shared goal nationwide.

Implementation Framework

The Reproductive Well-Being Implementation Toolkit centers on four primary Action Areas that represent broad levers for improving reproductive well-being. The Action Areas include:

- **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.

- **Health Care/Service Delivery System** refers to medical care, social services, and public health programs in a community.

For each action area, the toolkit recommends specific strategies to promote and improve reproductive well-being. Strategies include:

Health Equity Strategies

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 to determine, if, when, how, and under what circumstances to have a child.

Policy Strategies

1. Expand access to high-quality, evidence-informed, culturally-responsive, and respectful care.

2. Ensure coverage for health care and social services (e.g., WIC, SNAP, etc.), specifically those related to family formation, contraception, and reproductive health.

3. There are policies in place to ensure that individuals and couples have access to medically-accurate, relevant, and understandable information to support decision-making related to family formation.

4. Support the health and well-being of families in general, through services and supports that focus on preventing versus treating problems, building family capacity, and removing environmental barriers to achieving all life goals.

Education and Communication Strategies

1. There is a community-specific strategy for communication and education about reproductive well-being across the life course.

2. All people in the community have access to medically-accurate and age-, culturally-, and linguistically-appropriate sexual health education, including information on family formation and the full range of contraceptive methods.

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

Health Care/Service Delivery System Strategies

1. Within the health care/service delivery system in the community, there is a rights-based framework for providing care to people who need access to reproductive services. 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.

2. There are community-specific strategies to decrease barriers to and increase access to health care and social services throughout the community, including reproductive health services, contraception, family formation, and parenting/family support services.

3. There are community-specific efforts to empower people to know their rights and the reproductive health care they are entitled to receive and ensure that their reproductive health needs are met during their health care encounters. Further, there is engagement with providers in the community to ensure they are aware of and responsive to their patients' rights and needs.

4. There are community-specific efforts to reduce barriers to contraceptive use.

Through implementation of these strategies, we envision that in communities across the United States, every person—no matter who they are or where they live—will have 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 implementation toolkit is a way to start working toward this vision in communities across the country. For each recommended strategy, the toolkit explains the recommendation and outlines specific tactics and key considerations for implementation. Examples are provided to help make the recommendations more concrete. Finally, selected resources are offered to help communities get started. Making meaningful change in a community towards achieving reproductive well-being is likely to require implementation of strategies from all action areas. It

is up to communities to assess what their needs are and what specific strategies are most relevant and highest priority for their community and to choose where to begin.

Section II — Strategies by Action Area

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 met, on their terms, with respect and power given to the community.

Reproductive well-being has a significant influence on people's overall health and well-being. Although addressing reproductive well-being is not a panacea, it is an area in which the community can make concrete, measurable steps towards health equity, activating levers of change already in the community.

Health equity strategies addressed in this toolkit include:

1. Assess Community Needs
2. Meaningfully Engage Communities
3. Address Implicit & Explicit Biases

1. Assess Community Needs

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

No single community is the same and community members know the needs of their own communities. Communities should use their own data to continuously monitor and improve their reproductive well-being efforts.

TACTICS:

- Build strong, healthy, and equitable partnerships with community-based organizations who can facilitate data collection.
- Conduct a community needs and assets assessment related to reproductive well-being and repeat the assessment periodically to evaluate progress.
- Use equity metrics/disparities dashboards to document progress over time.

KEY CONSIDERATIONS:

- Leverage community strengths and assets in addition to addressing community needs.
- Use assessment to identify priority populations and engage those populations in programmatic efforts.
- Consider factors beyond the individual-level, including social determinants of health.
- Consider a community's readiness for change.

EXAMPLES:

- The Missouri Foundation for Health launched The Right Time 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 currently underway across the state, opportunities for action, and barriers to increasing access to family planning across the state. The effort included a clinical assessment, stakeholder listening sessions, a policy analysis, and statewide polling. The results of the needs assessment guided the development of a plan to increase supply of and demand for the full range of contraceptive methods across the state.
- 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. Thrive serves as the coordinating organization for a collaboration driven by the collective impact framework and conducting community assessments has been a foundational component of Thrive's work. For example, they have previously conducted interviews and surveys with community-based organization staff, faith-based organization members, and caregivers.

RESOURCES TO GET STARTED:

- Conducting Needs Assessment Surveys: https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/conducting-needs-assessment-surveys/main
- Health Center Organizational Assessment: https://www.cdc.gov/teenpregnancy/projects-initiatives/pdfs/17_277448_Att-4_HealthCenterOrglAssessment-Form_v3_TAGGED-508.pdf
- Youth-Serving Organization Assessment Form: https://www.cdc.gov/teenpregnancy/projects-initiatives/pdfs/17_277448_Att-9_YSOOrganizationalAssessment-Form_v3_TAGGED-508.pdf

2. Meaningfully Engage Communities

RECOMMENDATION: **Community engagement and collaboration are key components of the overall work.**

Given the long history of trauma related to reproduction in many communities, ensuring the work is firmly rooted in the community, with a diverse range of community members engaged in leadership and decision-making roles, is critical.

TACTICS:

- Establish and routinely convene a committee that is representative of the community.
- Develop and implement a plan for sharing activities and progress over time with all community members.

KEY CONSIDERATIONS:

- Involve community members who have been historically marginalized, such as immigrants, persons with disabilities, and low-income families.
- Recognize that reproductive well-being may mean something different to community members depending on the context of their lives; work to establish shared goals while respecting lived experiences.

EXAMPLE:

- From 2010 to 2015, the Centers for Disease Control and Prevention, in collaboration with the Office of Adolescent Health, implemented Community-wide Initiatives to reduce rates of teen pregnancy and births in communities with the highest rates, with a focus on reaching African American and Latino or Hispanic young people aged 15 to 19 years. Community engagement was central to the initiative and specifically addressed through three components: community mobilization; stakeholder education; and working with diverse communities.

RESOURCES TO GET STARTED:

- Community Engagement – An Overview: http://www.tamarackcommunity.ca/library/community-engagement-an-overview
- Strategies Guided by Best Practice for Community Mobilization: https://www.advocatesforyouth.org/resources/health-information/strategies-guided-by-best-practice-for-community-mobilization/
- Working with Diverse Communities: Strategies Guided by Best Practice: http://rhey.jsi.com/wp-content/uploads/2016/04/WDC-Strategies-for-StrategiesGuided-by-Best-Practice-final-.pdf

3. Reduce Implicit & Explicit Biases

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.**

The best intentions of a community are not enough to counter biases rooted in history and systems. It is important to acknowledge the racism, coercion, and trauma related to reproductive health policies and practices and work to dismantle structural racism in order to meet the needs of populations that have been historically marginalized.

TACTICS:

- Assess if and how policies disproportionately affect racial/ethnic minority members of the community.

- Provide ongoing implicit bias training for community leaders.

- Invest resources in communities that have been historically marginalized.

KEY CONSIDERATIONS:

- Addressing bias should also extend to evaluation efforts. Ensure that those who are collecting, assessing, and presenting data understand the importance of addressing bias and have received training in implicit and explicit bias.

EXAMPLE:

- The Racial Equity Here initiative, a collaboration led jointly by Living Cities and the Government Alliance on Race And Equity, is helping accelerate efforts to tackle structural racism embedded in municipal operations. Key activities include establishing racial equity visions and action plans; training staff on government's responsibility to create racial equity; using data and racial equity tools to guide policy, program, and budget decisions; and forming cross-sector teams. As examples of concrete action, Louisville is revamping its process for selling vacant properties to make it easier for local residents of color to acquire property, and Philadelphia is examining disparities in city response times to housing quality complaints and making policy recommendations to address this issue.

- The Place Matters Initiative, a project of the National Collaborative for Health Equity and CommonHealth Action, was established in 2006 to build the capacity of leaders and communities to address social, economic, and environmental factors that influence health and health inequity. The initiative

has an explicit focus on addressing racism through the following actions: use effective community strategies and tools; feature community dialogue that includes all groups; include learning process that explore how white people's roles in a racialized society; acknowledge the centrality of the racial hierarchy as the basic framework for structured inequality; explore ways to hold institutions accountable; share local information on specific policies, practices, and environments; and prepare for a long-term commitment to organizing and advocacy.

RESOURCES TO GET STARTED:

- Dismantling Structural Racism - A Racial Equity Theory of Change: https://www.aspeninstitute.org/wp-content/uploads/files/content/docs/rcc/RETOC_06.PDF
- Facilitator's Guide for Continuous Improvement Conversations with a Racial Equity Lens: https://livingcities.org/wp-content/uploads/2018/04/Facilitators-Guide.pdf
- Achieving Health Equity - A Guide for Health Care Organizations: http://www.ihi.org/resources/Pages/IHIWhitePapers/Achieving-Health-Equity.aspx

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 reproductive well-being.

1. Support Access to High Quality Care

2. Expand Coverage for Services

3. Support Access to Information

4. Support the Health and Well-Being of Families

Policy

1. Expand Access to High Quality Care

RECOMMENDATION: **Expand access to high-quality, evidence-informed, culturally-responsive, and respectful care.**

Community members have many different health needs and life experiences, and access to high-quality health care must meet the diverse needs of a community.

TACTICS:

Advocate for and implement policies that support:

- Confidential reproductive health care (e.g., minors' ability to consent to services without parental consent or notification).

- Access to abortion.

- Provision of same-day contraception.

- Innovative delivery of reproductive health services (e.g., telehealth, pharmacy-based, etc.).

KEY CONSIDERATIONS:

- Consider the availability and diversity of health care providers within the community and the level of trust between health care providers and community members.

EXAMPLES:

- Under a law passed in 2021, pharmacists in North Carolina can now prescribe self-administered oral or transdermal contraceptives via standing order, eliminating the need for patients to first get a prescription from a physician. As of March 2022, 23 states and the District of Columbia allows pharmacists to prescribe and dispense self-administered hormonal methods (e.g., the pill, patch, ring, and shot).

- Prior to the COVID-19 pandemic, Food and Drug Administration (FDA) regulations required patients seeking abortion medication to see a certified clinician in-person in order to receive mifepristone. In 2021, these regulation were permanently changed so that it became allowable for the medication to be provided via mail making telehealth a viable strategy for abortion access. Actual provision of mifepristone by mail depends on the state-specific legal context.

Policy

RESOURCES TO GET STARTED:

- An Overview of Consent to Reproductive Health Services by Young People: https://www.guttmacher.org/state-policy/explore/overview-minors-consent-law

- Contraceptive Access Toolkit: https://powertodecide.org/Access-Toolkit

- Sample Policy for Same-Visit Contraceptive Services: https://rhntc.org/resources/sample-policy-same-visit-contraceptive-services

2. Ensure Coverage for Services

RECOMMENDATION: **Ensure coverage for health care and social services (e.g., WIC, SNAP, etc.), specifically those related to family formation, contraception, and reproductive health.**

Comprehensive health coverage is critical to ensure access to health care and social services.

TACTICS:

- **Advocate for and implement policies that support all family formation options. For example:**
  - Guarantee coverage for all women's health preventive services as defined by the US Preventive Services Task Force.
  - Support coverage of infertility assisted reproduction, fertility preservation, surrogacy, foster care, and adoption services.

- **Advocate for and implement policies that ensure reimbursement for the full value of contraceptive services. For example:**
  - All of a state's Medicaid eligibility pathways (programs) are aligned to cover at least one contraceptive method in each of the 20 FDA-approved categories (18 for women and two for men).
  - 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 and medical necessity or prior authorization is not required.
  - Medicaid and private insurers cover FDA-approved over-the-counter contraception and supplies without a prescription and without limiting the number of cycles allowable.
  - Insurance plans cover extended supply of oral contraceptive pills.
  - Family planning services are reimbursed for any provider, including pharmacists (no providers are barred).
  - Payer sources do not impede access to immediate postpartum or immediate post-abortion provision of any contraceptive method.

- **Advocate for and implement policies to ensure the most expansive coverage options are available. For example:**
  - Expand Medicaid as the Affordable Care Act (ACA) allows and continue or adopt Medicaid Family Planning (FP) waivers or State Plan Amendments (SPA).
  - Suspend, rather than disenroll, Medicaid benefits for individuals who become involved in the justice system.

- o Receive approval, through an 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.

- o Individual application and eligibility determination for "full-scope" Medicaid also includes application and eligibility determination for Medicaid family planning expansion.

- o Set aside funds to cover populations excluded from federal health insurance programs.

KEY CONSIDERATIONS:

- In addition to state-level policy, each clinic or clinical network will likely need to address their own reimbursement policies and practices.

- Address the needs of special populations, such as confidentiality issues for teens associated with billing and reimbursement for reproductive health care.

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. The law requires all insurers that provide pregnancy-related benefits to cover diagnostics and treatment for infertility, including in-vitro fertilization (IVF), artificial insemination, gamete intrafallopian transfer (GIFT), egg or sperm procurement processing, sperm or egg banking, and other non-experimental procedures. Additionally, 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. Other states (e.g., Delaware, Rhode Island, Illinois, New Jersey) have joined Massachusetts in supporting infertility coverage.

- In 2018, Delaware passed Senate Bill 151, which requires insurance companies to increase the number of months for which they cover prescription contraceptives at one time—usually 12. Studies show increasing access to contraception via extended supply reduces unplanned pregnancies and abortions.[1] Delaware's Senate Bill 151 also guarantees all private

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[1]Foster, D.G., Hulett, D., Bradsberry, 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.

insurance plans will cover contraception with no out-of-pockets costs and emergency contraception without a prescription.

- The Reproductive Health Equity Act (House Bill 3391) 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. This directly benefited approximately 48,000 women of reproductive age in Oregon who did not have coverage before HB 3391 passed. Oregon's Reproductive Health Equity Act accomplished many other victories toward ensuring reproductive justice for all Oregonians: Private insurers must cover all Women's Preventive Services required by federal guidelines; 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; and a report on insurer compliance is now required.

RESOURCES TO GET STARTED:

- 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/
- Policy Solutions to Improving Access to Coverage for Immigrants: https://www.nationalfamilyplanning.org/file/documents---policy-briefs/ImmigrationReport.pdf
- Intrauterine Devices & Implants - A Guide to Reimbursement: http://larcprogram.ucsf.edu/

3. Support Access to Information

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

Policies that support access to comprehensive reproductive health information are important because people need to be aware of all of their options to make informed decisions about their reproductive well-being.

TACTICS:

Advocate for and implement:

- Policies that require science-based, medically-accurate, and age-appropriate sexual and reproductive health education in schools.

- Policies that reimburse preventive counseling and health education provided by a variety of professionals (e.g., health educators, CHWs) during health care visits

KEY CONSIDERATIONS:

- Analyzing how existing policies facilitate or inhibit access to information can help identify opportunities for action.
- Engaging community members, including parents who are supportive of school-based sex education, can facilitate advocacy efforts.

EXAMPLE:

- 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. The legislation also requires that young people in foster care are annually informed about their rights related to reproductive health and that barriers to access services are removed.

Policy

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
- Adding Health Education Specialists to Your Practice: https://www.aafp.org/pubs/fpm/issues/2014/0300/p10.html
- 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

Policy

4. Support the Health and Well-Being of Families

RECOMMENDATION: **Support the health and well-being of families in general, through services and supports that focus on preventing versus treating problems, building family capacity, and removing environmental barriers to achieving all life goals.**

Empowering all community members to have the power to decide if, when, how, and under what circumstances to have a child extends to family life beyond pregnancy and birth. Policies that support overall health and well-being are foundational for reproductive well-being.

TACTICS:

Advocate for and implement policies that:

- Ensure a universal livable wage.

- Provide paid parental and sick leave for all family types and structures.

- Require that employers offer clean, safe, and comfortable places for lactation and allow for a reasonable amount of time for lactation during work hours.

KEY CONSIDERATIONS:

- Fully understanding the context and priorities of the community will help identify policy areas most relevant to reproductive well-being.

EXAMPLES:

- [The California Paid Family Leave (PFL) insurance program](#) covers up to six weeks of paid leave to care for a seriously ill child, spouse, parent, or registered domestic partner, or to bond with a new child. The law provides partial-wage replacement at approximately 60-70% of an employee's weekly wage, with a cap related to State Average Weekly Wage. 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. New York State's Paid Family Leave provides both pay and job protection, making it perhaps the strongest of state family leave laws.

Policy

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

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. Our reproductive experiences span decades throughout our lifetime, so education, communication, and health literacy initiatives must span them, too. No one can be left behind when it comes to education and communication to support reproductive well-being.

1. Provide Information Across the Life Course

2. Ensure Access to Formal Sexual Health Education

3. Support Health Literacy

Education & Communications

1. Provide Information Across the Life Course

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

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

TACTICS:

- Provide messages that address all aspects of reproductive well-being via communications campaigns that can reach diverse audiences.

- Partner with relevant community-based organizations to deliver education beyond school-based settings.

KEY CONSIDERATIONS:

- Meaningfully invite and engage the target audience in the development of communications messaging and strategy and gather ongoing input and feedback.

- Use a wide variety of communication channels tailored to the target audience.

EXAMPLES:

- The Show Your Love campaign is a national, consumer-focused preconception health educational and community-building platform. It was launched in June 2016 and "is designed to promote well-being 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 communities across the US, the team partnered with fourteen grantees across the country to tailor and develop content rooted in the Show Your Love concepts and materials, and resonant to women in their community.

- 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 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, which is a nationally focused website, and tailors those resources for consumers in Colorado.

RESOURCES TO GET STARTED:

- Rethinking MCH - The Life Course Model as an Organizing Framework: https://www.hrsa.gov/sites/default/files/ourstories/mchb75th/images/rethinkingmch.pdf
- Creating a Communications Strategy – A Guide for Community-Wide Teen Pregnancy Prevention Initiatives: https://powertodecide.org/what-we-do/information/resource-library/talking-the-talk

2. Ensure Access to Sexual Health Education

RECOMMENDATION: **All people in the community have access to medically-accurate and age-, culturally-, and linguistically-appropriate sexual health education, including information on family formation and the full range of contraceptive methods.**

Medically-accurate and age-appropriate sexual health education provides critical knowledge and skills that empower people to engage in life-long protective behaviors, such as positive communication with partners and accessing needed health and social services.

TACTICS:

- Implement school-based sexual health education that adheres to recommended standards for K-12 sex education.

- Implement sex education programs outside of schools to reach youth in non-traditional settings (e.g., juvenile justice, foster care, alternative education)

KEY CONSIDERATIONS:

- Use and adapt existing evidence-based programs to fit community context or develop innovative programming that is based on behavioral theory and evaluated as appropriate.

- In addition to traditional sex education topics, consider additional topics for inclusion in education or communication efforts such as: connection to health care services to access contraception (school-based health centers, clinics, etc.); birth spacing; all pregnancy options; consent and coercion; reproductive rights; health literacy; and communicating with providers.

- Identify opportunities to leverage sources of information about sexual health within the community beyond formal sex education programs (e.g., parents, peers).

EXAMPLES:

- The THINK program operated by Mission West Virginia is an example of a community providing comprehensive sexual health education in a way that is culturally authentic. THINK, which stands for "Teaching Health Instead of Nagging Kids", has provided over 70,000 students across 25 counties in West Virginia with pregnancy prevention education services, including many youth in foster care. The program's curriculum, Love Notes from the Dibble Institute, focuses on healthy relationship and skill education while providing youth with medically accurate and comprehensive information.

Education & Communications

- [Healthy Futures of Texas](#) is improving access to sexual health education in San Antonio through innovative programming in community colleges, courts, and foster care settings. Healthy Futures implements their [BAE-B-SAFE program](#) in three out of five of San Antonio's Alamo Community Colleges to prevent unplanned pregnancies so that students can finish community college and pursue further education or career goals. Each college involved in the program has a designated full-time on-site staff person in a campus office that functions as a student and faculty resource center.

RESOURCES TO GET STARTED:

- Future of Sex Education: https://futureofsexed.org/
- Health and Human Services Review of Evidence-Based Teen Pregnancy Prevention Programs: https://tppevidencereview.youth.gov/

3. Support Health Literacy

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

Patients who feel confident and comfortable engaging with the health care system are more likely to be active participants in their own health care decisions. Such shared decision-making between patients and providers is an important component of reproductive well-being.

TACTICS:

- Provide education in schools and clinics regarding what to expect at a clinic visit; how to prepare for a clinic visit; how to build a relationship with a provider; and patient's rights, particularly related to confidentiality.

- Make patient tools available in waiting rooms and other clinic spaces to support health literacy during the visit.

KEY CONSIDERATIONS:

- Ensure that efforts to increase health literacy also take into account innovations in the health care delivery landscape (e.g., accessing care via telehealth).

EXAMPLE:

- An initiative of Nemours Children's Health, Navigating the Health Care System, is a four-unit health literacy curriculum for young adults. The program was piloted and refined in collaboration with schools and other community sites in Delaware. Additional implementation involving nearly 3,500 students in four states was associated with significant knowledge gains among students as well as high satisfaction among students and teachers.[2] The curriculum is available for communities to use at no cost.

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[2]Hughes D, Maiden K. Navigating the health care system: an adolescent health literacy unit for high schools. J Sch Health. 2018; 88: 341-349.

RESOURCES TO GET STARTED:

- The Health Literacy & Plain Language Resource Guide: https://www.amerihealthcaritaschc.com/assets/pdf/provider/health-literacy-and-plain-language-resource-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
- AHRQ Health Literacy Universal Precautions Toolkit: https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html

Action Area: Health Care/Service Delivery System

Health care/service 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. Health care/service 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 health care/service delivery mean there are many levers for change within health care settings and other social systems. One small change—whether at the clinic or health system level—can make a huge difference in the lives of people in a community.

1. Implement Rights-Based Care

2. Address Barriers to Access

3. Empower People and Engage Providers

4. Address Barriers to Contraceptive Use

1. Implement Rights-Based Care

RECOMMENDATION: **Within the health care/service delivery system in the community, there is a rights-based frame for providing care to people who need access to reproductive services. 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.**

Experiences of trauma and discrimination are common and have inter-generational health impacts. Existing best practices for care delivery have been developed to prepare providers to meet the needs of a wide array of life experiences and identities.

TACTICS:

- Work to ensure that the health care/service delivery system has representation from the community itself.

- Train providers and other clinical staff on principles of trauma-informed care, reproductive justice, and social determinants of health as part of pre-service training and continuing medical education.

- Routinely provide implicit bias training to both clinical and non-clinical staff.

- Implement the National Culturally and Linguistically Appropriate Service Standards (CLAS Standards).

- Use a social determinants of health screening tool in the clinical setting.

- Foster partnerships between healthcare providers and community-based organizations to help meet the complex needs of patients.

KEY CONSIDERATIONS:

- Examine the history of health care/service delivery within the community, with particular attention to reproductive justice.

- Solicit feedback regarding patient statistician and ensure patients have the ability to report concerns they have related to the quality of care they receive.

- Invite community members to participate in continuous quality improvement related to this work.

EXAMPLES:

- The Magnolia Project, Northeast Florida's Healthy Start, provides a one-stop shop model to individuals at high risk of an unplanned pregnancy while also working community-wide to address systemic issues like racism, toxic stress, and trauma. 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.

- 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. One of the main outcomes of their partnership was the creation of Sew Up the Safety Net for Women and Children (SUSN). The Women-Inspired Neighborhood (WIN) Network is Detroit's own SUSN. Through a network of community partners, the WIN Network works to empower Detroit women and improve health outcomes for women and babies. Two of the main strategies the WIN Network has embraced to improve health equity in Detroit include spreading and scaling the reach of community health workers and providing health equity trainings focused on the social determinants of health to all types of health care providers in the Detroit area. According to the WIN Network, "By informing health care 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."

RESOURCES TO GET STARTED:

- Beyond the Basics - Adolescent Medicine as a Tool for Social Justice: https://www.adolescenthealth.org/Training-and-CME/Adolescent-Medicine-Resident-Curriculum/SAHM-Lecture-Series-Beyond-the-Basics-Adolescent-M.aspx
- Implicit Bias Resources: https://www.aafp.org/family-physician/patient-care/the-everyone-project/toolkit/implicit-bias.html
- National CLAS Standards: https://www.thinkculturalhealth.hhs https://livingcities.org/wp-content/uploads/2018/04/Facilitators-Guide.pdf.gov/clas
- Three Tools for Screening for Social Determinants for Health: https://www.aafp.org/pubs/fpm/blogs/inpractice/entry/social_determinants.html

2. Address Barriers to Access

RECOMMENDATION: **There are community-specific strategies to decrease barriers to and increase access to health care and social services throughout the community, including reproductive health services, contraception, family formation, and parenting/family support services.**

All community members regardless of income, race, language preference, ability, or other demographic factors need to be able to access to health care and social services to achieve reproductive-well being.

TACTICS:

- Decrease barriers to accessing traditional clinic-based services (e.g., offer free transportation to clinics; provide walk-in and evening/weekend hours).

- Offer services via nontraditional service delivery strategies (e.g., telehealth, pharmacy-based care, community health workers).

- Offer an integrated approach to health care/service delivery (e.g., establish partnerships between clinical care and social services and develop robust referral networks).

KEY CONSIDERATIONS:

- Engage a broad range of health care and social service providers in the community, such as health navigators, midwives, doulas, pharmacists, traditional healers, etc.

EXAMPLES:

- The Centers for Disease Control and Prevention's Teen Access and Quality Initiative partnered with organizations in Georgia, Mississippi, and North Carolina to increase access to quality reproductive health services in publicly funded clinics through clinic-based quality improvement efforts that addressed youth-friendly practices (e.g., walk-in and evening/weekend hours) and partnerships with youth-serving organizations in the community to support referrals to clinical care.

- Mamatoto Village is a perinatal family support organization based in Washington, DC that used perinatal health workers to provide preconception, interconception, and perinatal care to women of color in the DC community. Mamatoto Village has contracted with Medicaid Managed Care in DC to maximize access to and sustainability of high-quality, culturally-responsive, and personalized care for as many women as possible.

RESOURCES TO GET STARTED:

- Project Connect: Implementation Guide:
  https://www.cdc.gov/std/projects/connect/implementation-guide-web.pdf
- Telehealth for Family Planning Providers:
  https://www.nationalfamilyplanning.org/telehealth
- California's Protocol for Pharmacists Furnishing Self-Administered Hormonal Contraception:
  http://www.pharmacy.ca.gov/licensees/hormonal_contraception.shtml

3. Empower People and Engage Providers

RECOMMENDATION: **There are community-specific efforts to empower people to know their rights and the reproductive health care 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.**

Individuals are experts regarding their own health needs and life experiences, and it is important that providers engage patients as true partners in health care decision-making.

TACTICS:

- Provide patients with tools to support their health care decision-making process (e.g., patient-centered information about contraception).

- Provide ongoing training for providers and other staff to ensure quality, patient-centered clinical encounters (e.g., screening for pregnancy intention, patient-centered contraceptive counseling).

- Facilitate provider engagement in community settings to build trust with patients outside of the clinical encounter.

KEY CONSIDERATIONS:

- Leverage activities related to education and communication to build patients' health literacy and support shared clinical decision-making.

EXAMPLES:

- UCSF and Power to Decide have partnered to develop additional educational materials for patients about contraception. In addition to effectiveness, the materials categorize contraceptive methods by a variety of characteristics that matter to patients, such as side effects, bleeding patterns, and privacy. The tool, "Birth Control: What's important to You?" is currently being tested with adolescents and young adults prior to broad dissemination.

- The Reproductive Health ECHO Program, a partnership between Project ECHO®, the New Mexico Department of Health Family Planning Program, and the Department of Obstetrics and Gynecology at the University of New Mexico, provides virtual pre-service and continuing medical education training on a variety of reproductive health topics. Training participants receive continuing education credits and information and skills regarding clinical best practice in a learning community. This training model particularly

helps to support provider in rural settings and can serve as a model for other states.

RESOURCES TO GET STARTED:

- Educational Materials for Patients and Students: https://beyondthepill.ucsf.edu/educational-materials
- One Key Question® Online: https://powertodecide.org/one-key-question
- Contraceptive Action Plan: https://www.contraceptiveactionplan.org/index.php

4. Address Barriers to Contraceptive Use

RECOMMENDATION: **There are community-specific efforts to reduce barriers to contraceptive use.**

Ensuring access to the full-range of contraceptive methods is key to achieving reproductive well-being.

TACTICS:

- Provide comprehensive continuing education for all providers and staff related to the provision of contraceptive services.

- Implement policies and practices that align with the Centers for Disease Control (CDC)/Office of Population Affairs (OPA) Quality Family Planning Services recommendations.

  o Routinely screen for pregnancy intention using validated screening tools.

  o Offer on-site, same-day access to the full range of FDA-approved contraceptive methods; if unable to do so, provide referrals to other trusted providers.

- Implement quality improvement initiatives and collect key performance measures related to provision of contraception, including patient satisfaction.

KEY CONSIDERATIONS:

- Adhere to principles of patient-centered contraceptive care.

EXAMPLE:

- Denver Health is a large primary care organization serving Denver, CO that 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 school-based health centers, 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://opa.hhs.gov/grant-programs/title-x-service-grants/about-title-x-service-grants/quality-family-planning
- Putting the QFP into Practice Series: https://rhntc.org/resources/putting-qfp-practice-series-toolkit
- Better Birth Control Framework: https://powertodecide.org/system/files/resources/primary-download/Better%20Birth%20Control_Framework_9-14-18.pdf

Section III — Additional Resources

This toolkit is meant to be used as a starting place for communities to address reproductive well-being. It offers 14 recommendations, based in evidence and best-practices, that can be implemented through a variety of tactics. Moving forward, we will 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

Your Community Road Map below is a useful tool for brainstorming potential community partners for your reproductive well-being initiative. While it is possible that there are additional dimensions that are relevant, this resource hopefully provides a useful starting point for further conversation.

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 within 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

YOUR COMMUNITY ROAD MAP

Faith-Based Organizations:
Mosques
Churches
Synagogues
Youth Groups

Housing:
Community Colleges
Neighborhood Assn.
Public Housing
Shelters

Education
Community Colleges   Head Start
High Schools   Technical Schools
Elementary Schools
Daycare Settings

TRADE SCHOOL

Transportation:
Bus Stop   AAA
Gas Station
Mechanical Shops
Ride Shares

Civic Life:
City Departments   Child Protective Services
City Council   Foster Care
State Representative   Justice System
Community Petitions   Libraries

Local Business:
Nail Salons   Bars
Barbershops
Corner Stores
Coffee Shops

Thanks, Birth Control

VOTE

MARKET

BARBERSHOP

BARS

Arts & Culture:
Parks and Recreation   Malls
Local Entertainment   Community Festivals
Concerts   School Events
Movie Theaters   Sports Games

SCHOOL

Non-Profits:
Boys and Girls Club   Alcoholics Anonymous
Rotary Clubs   Shelters
Food Banks
After School Programs

COMMUNITY CLINIC

Healthcare Settings:
Community Health Ctrs.   Pharmacies
Title X Clinics
Pediatrician Offices
Dentist

Getting Started in Your Community

Who are these people and/or groups 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 and/or groups in your community?

Local Businesses:

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Arts & Culture:

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Health Care Settings:

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Who are these people and/or groups in your community?

Non-Profits:

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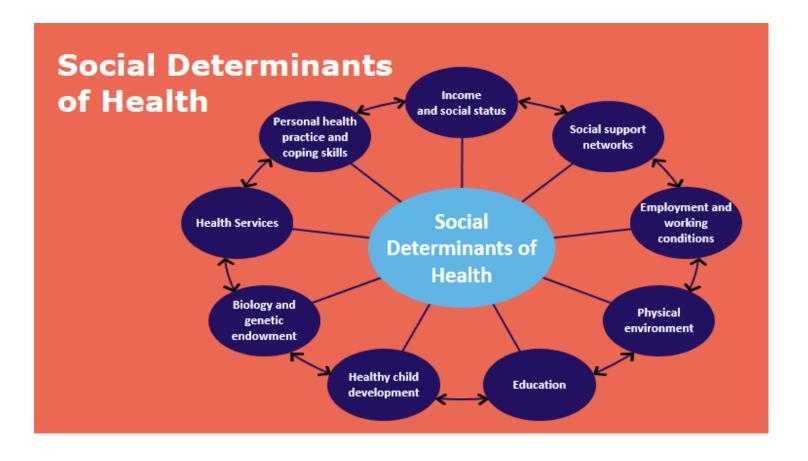-
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Transportation:

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Education:

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Understanding Social Determinants of Health

This diagram illustrates the complex interplay between various social determinants of health. It can help communities begin to consider what social determinants of health most impact—both positively and negatively—community members' abilities to achieve their own reproductive well-being.

Social Determinants of Health

- Income and social status
- Social support networks
- Employment and working conditions
- Physical environment
- Education
- Healthy child development
- Biology and genetic endowment
- Health Services
- Personal health practice and coping skills

Social Determinants of Health

Quality Improvement

A quality improvement (QI) framework can potentially be useful in supporting implementation of a community reproductive well-being initiative. The diagram below is an evidence-based process that seeks to mobilize a community and is based on elements of collective impact. The process helps build support and capacity to create sustainable programs, policies, and practices.

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 a Needs 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 strengths and 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 and 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 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. If your committee achieves 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 quality improvement process also ensures that states and regions interested in this work can get started more efficiently and more collaboratively.

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 an 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](#).

Glossary

Access: "Access to health care refers to the ease with which an individual can obtain needed medical services."[3]

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 health care system via expansion of affordable health insurance options. ACA also implemented a number of other reforms aimed at improving health care quality and efficiency, preventing chronic disease and improving health, improving transparency and consumer protections for patients, and building the health care workforce."[4]

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."[5]

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."[6]

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."[7]

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 community and has the aim of combining knowledge with action and achieving social change to improve health outcomes and eliminate health disparities."[8]

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[3] https://www.rand.org/topics/health-care-access.html
[4] http://www.astho.org/Health-Systems-Transformation/Glossary-of-Medicaid-Terms-Related-to-Public-Health/
[5] https://www.hhs.gov/ash/oah/sites/default/files/guide-for-age-appropriateness.pdf
[6] https://www.nichd.nih.gov/health/topics/infertility/conditioninfo/treatments/art
[7] http://www.phaboard.org/wp-content/uploads/FINAL_PHAB-Acronyms-and-Glossary-of-Terms-Version-1.5.pdf
[8] Ibid.

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."[9]

Coercion: "Coercion occurs when an overt or implicit threat of harm is intentionally presented by one person to another in order to obtain compliance."[10]

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."[11]

Community Health Worker (CHW): "A community health worker 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."[12]

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."[13]

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."[14]

Continuous Quality Improvement (CQI or QI): "Quality improvement in public health is the use of a deliberate and defined improvement process, such as Plan-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."[15]

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[9] https://www.healthcare.gov/medicaid-chip/childrens-health-insurance-program/

[10] https://www.hhs.gov/ohrp/regulations-and-policy/guidance/faq/informed-consent/index.html

[11] http://www.phaboard.org/wp-content/uploads/FINAL_PHAB-Acronyms-and-Glossary-of-Terms-Version-1.5.pdf

[12] https://www.cdc.gov/stltpublichealth/chw/index.html

[13] https://aspe.hhs.gov/report/privacy-and-health-research/privacy-confidentiality-security

[14] https://www.medicinenet.com/script/main/art.asp?articlekey=22414

[15] www.phaboard.org/wp-content/uploads/FINAL_PHAB-Acronyms-and-Glossary-of-Terms-Version-1.5.pdf

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."[16]

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)."[17]

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."[18]

Disparities Dashboard: "The gauge represents the distribution of communities reporting the data and tells you how you compare to other communities."[19]

Equity Metrics: "[R]esearch-based metrics to enhance our understanding of group-based marginality and structures of opportunity."[20]

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."[21]

Evidence-Informed: "Evidence-informed practice (EIP) is a model that incorporates best available research; 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."[22]

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[16] http://www.healthofchildren.com/C/Contraception.html

[17] https://www.healthcare.gov/glossary/health-coverage/

[18] https://www.edglossary.org/disaggregated-data/.

[19] http://www.kansashealthmatters.org/indicators/index/dashboard?alias=disparities

[20] https://haasinstitute.berkeley.edu/equitymetrics

[21] http://www.phaboard.org/wp-content/uploads/FINAL_PHAB-Acronyms-and-Glossary-of-Terms-Version-1.5.pdf

[22] http://socialwork.oxfordre.com/view/10.1093/acrefore/9780199975839.001.0001/acrefore-9780199975839-e-915

Extended Supply: Pharmacies that provide "an extended supply of most commonly prescribed maintenance medications."[23] 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/or 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."[24] 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."[25]

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."[26]

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)."[27] 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 progestin (all durations and doses), (6) the shot or injection, (7) oral contraceptives (combined pill), 8) oral contraceptives (progestin only), (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, (17) emergency contraception (levonorgestrel), (18) emergency contraception (ulipristal acetate), and additional methods as identified by the FDA. Additionally, instruction in fertility awareness-

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https://www.lakecountyfl.gov/documents/employee_services/health_benefits/BCBS_Extended_Supply_Pharmacies.pdf

[24] https://www.dol.gov/whd/fmla/

[25] http://www.nationalpartnership.org/research-library/work-family/understanding-worker-leave-policies.pdf

[26] http://www.who.int/news-room/fact-sheets/detail/family-planning-contraception

[27] https://publichealthonline.gwu.edu/blog/poverty-vs-federal-poverty-level/

based methods, including the lactation amenorrhea method, although less effective, should be provided for women desiring an alternative method."[28]

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 childcare centers and family childcare homes. Some programs offer home-based services that assign dedicated staff who conduct weekly visits to children in their own home and work with the parent as the child's primary teacher."[29]

Health Care 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."[30]

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 health care disparities."[31]

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."[32]

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 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."[33]

High-Quality Care: High-quality health care services "increase the likelihood of desired health outcomes and are consistent with current professional knowledge"

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[28] https://www.hrsa.gov/womens-guidelines-2016/index.html

[29] https://www.acf.hhs.gov/ohs/about/head-start

[30] http://www.phaboard.org/wp-content/uploads/FINAL_PHAB-Acronyms-and-Glossary-of-Terms-Version-1.5.pdf

[31] Ibid.

[32] http://www.phaboard.org/wp-content/uploads/FINAL_PHAB-Acronyms-and-Glossary-of-Terms-Version-1.5.pdf

[33] https://mchdata.hrsa.gov/DGISReports/ProgramData/ProgramReports.aspx?Report=HealthyStart

for individuals and populations. High-quality care must be effective, efficient, equitable, patient-centered, safe, and timely.[34]

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."[35]

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 progestin, 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."[36]

Implementation Framework: "A set of methodology concepts, tools, and measurement instruments that guide the execution of improvement projects."[37]

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."[38]

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.[39] [40]

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[34] https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/chtoolbx/understand/index.html

[35] http://www.arhomevisiting.org/home-visiting-blog/what_is_home_visitng

[36] https://www.bedsider.org/methods/implant

[37] https://www.igi-global.com/dictionary/evaluating-cops-cancer-surgery/35100

[38] http://kirwaninstitute.osu.edu/researchandstrategicinitiatives/#opportunitycommunities

[39] https://www.hhs.gov/ash/oah/sites/default/files/ash/oah/oah-initiatives/assets/tpp-grantee-orientation/tier_1_program_review_materials_.pdf

[40] https://www.hhs.gov/ash/oah/resources-and-training/tpp-and-paf-resources/engaging-diverse-populations/index.html

Infertility: "[I]nfertility is defined as not being able to get pregnant (conceive) after one year (or longer) of unprotected sex."[41]

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."[42]

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."[43]

Life Course: The "biological, behavioral, and psychosocial processes that operate across an individual's life course, or across generations, to influence the development of disease risk."[44]

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."[45]

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 birth control that can last for years at a time. LARC includes the intrauterine device (IUD) and the contraceptive implant."[46]

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."[47]

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[41] https://www.cdc.gov/reproductivehealth/infertility/index.htm

[42] https://www.aboutkidshealth.ca/Article?contentid=389&language=English

[43] https://www.bedsider.org/methods/iud

[44] https://jech.bmj.com/content/57/10/778

[45] http://livingwage.mit.edu/pages/about

[46] https://www.urmc.rochester.edu/pediatrics/training/community-pediatrics-training/larc/what-is-larc.aspx

[47] http://www.astho.org/Health-Systems-Transformation/Glossary-of-Medicaid-Terms-Related-to-Public-Health/

Medicaid Family Planning Waiver: "[M]ore than half of states have established programs that extend 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."[48]

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."[49]

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."[50]

National CLAS Standards: The National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care "are a set of 15 action steps intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health organizations to implement culturally and linguistically appropriate services."[51]

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.[52]

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."[53]

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.

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[48] https://www.kff.org/report-section/medicaid-and-family-planning-medicaid-family-planning-policy/

[49] https://www.medicaid.gov/medicaid/managed-care/index.html

[50] https://www.hhs.gov/ash/oah/sites/default/files/mar_guide.pdf

[51] https://www.thinkculturalhealth.hhs.gov/CLAS/

[52] https://www.usda.gov/non-discrimination-statement

[53] https://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/UnderstandingOver-the-CounterMedicines/

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."[54]

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."[55]

Postpartum: After giving birth, post-pregnancy.

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

Preventative Health Care: "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."[56] Preventive services are largely covered by health insurance under the ACA.

Project ECHO (Extension for Community Health Care Outcomes): "Project ECHO (Extension for Community Health Care 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."[57]

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."[58]

Providers (Practitioners): "A physician…nurse practitioner, clinical nurse specialist or physician assistant, [and other health care professionals] as allowed under state law, who provides, coordinates, or helps a patient access a range of health care services."[59]

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[54] https://www.medicinenet.com/script/main/art.asp?articlekey=7898
[55] https://www.cdc.gov/policy/analysis/process/definition.html
[56] https://www.cdc.gov/prevention/
[57] https://echo.unm.edu/about-echo/
[58] https://www.cdc.gov/minorityhealth/promotores/index.html
[59] https://www.healthcare.gov/glossary/primary-care-provider/

Reasonable Access: Access to health care 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.[60]

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."[61]

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."[62]

Reproductive Justice: "The human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities."[63]

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, and under what circumstances to have a child and to support a healthy start for the next generation."[64]

Rights-Based Care/Frame: "In pursuing a rights-based approach, health policy, strategies, and programs should be designed explicitly to improve the enjoyment of all people to the right to health, with a focus on the furthest behind first."[65]

Same-Day Access: Provision of health care 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."[66]

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[60] https://www.qgcio.qld.gov.au/publications/qgcio-glossary/reasonable-access-definition
[61] http://www.astho.org/Health-Systems-Transformation/Glossary-of-Medicaid-Terms-Related-to-Public-Health/
[62] http://www.un.org/popin/unfpa/taskforce/guide/iatfreph.gdl.html
[63] https://www.sistersong.net/reproductive-justice/
[64] https://powertodecide.org/what-we-do/information/resource-library/reproductive-well-being-blueprint-for-action
[65] http://www.who.int/news-room/fact-sheets/detail/human-rights-and-health
[66] https://www.plannedparenthood.org/learn/for-educators/what-sex-education

SNAP (Supplemental Nutrition Assistance Program): "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 (FNS) 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."[67]

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."[68]

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).[69]

Standard of Care: "A diagnostic and treatment process that a clinician should follow for a certain type of patient, illness, or clinical circumstance."[70]

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."[71]

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

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[67] Ibid.
[68] http://www.who.int/social_determinants/sdh_definition/en/
[69] https://www.hhs.gov/programs/social-services/index.html
[70] https://www.medicinenet.com/script/main/art.asp?articlekey=33263
[71] https://www.medicaid.gov/state-resource-center/medicaid-state-plan-amendments/index.html

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."[72]

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."[73]

System: "[A] system is an 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."[74]

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)."[75]

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 to the more traditional face-to-face way of providing medical care (e.g., face-to-face consultations or examinations between provider and patient)."[76]

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."[77]

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."[78]

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*."[79]

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[72] https://assets.aspeninstitute.org/content/uploads/files/content/docs/rcc/RCC-Structural-Racism-Glossary.pdf

[73] https://resolve.org/what-are-my-options/surrogacy/

[74] http://www.physicalgeography.net/fundamentals/4b.html

[75] http://www.aypf.org/wp-content/uploads/2017/09/Brief-Supporting-Pathways-to-Long-Term-Success.pdf

[76] https://www.medicaid.gov/medicaid/benefits/telemed/index.html

[77] https://www.plannedparenthoodaction.org/issues/health-care-equity/title-x

[78] https://www.acf.hhs.gov/trauma-toolkit#chapter-3

[79] https://www.samhsa.gov/nctic/trauma-interventions

Well-Woman Visit: "Well-woman preventive care visit annually for adult women to obtain the recommended preventive services that are age- and developmentally-appropriate, including preconception care and many services necessary for prenatal care."[80]

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."[81]

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[80] https://www.hrsa.gov/womens-guidelines/index.html
[81] https://www.fns.usda.gov/wic/women-infants-and-children-wic