Preconception Health Services in Title X Settings: Access, Equity, and Quality Care
March 2, 2022

Transcript

Slide 1

- [Naima] Hello, everyone, this is Naima Cozier with the Reproductive Health National Training Center. We are so delighted to welcome you to today's virtual workshop on Preconception Health in the Title X Setting: Access, Equity, and Quality Care. Before we begin, we have a few announcements to make. Given the large number of participants, everyone is muted upon entry to the meeting, but you will be able to unmute to participate in today's discussion. This is an interactive workshop, so we will be having small group discussions in breakout rooms, and while we know it's not always possible, we encourage you to turn on your cameras and stay engaged throughout our time together. It makes for a much more easier and pleasant experience to have a two-way conversation with our cameras on and we want to hear from you. Closed captioning is available in the main room. To view, click on the CC icon at the bottom of your screen. Unfortunately it will not be available when we go into breakouts. Please feel free to ask your questions using the chat at any time. We also plan to make time to answer your questions at the very end of our workshop. A recording of today's workshop, the slide deck, a transcript, will be available on rhntc.org within the next couple of days. And we really, really appreciate any feedback you have for us. So we're going to actually chat out the evaluation link right now at the top of the workshop, and we encourage you to open it up and fill it in as we go along. And please remember to hit Submit before you log off today's virtual workshop, we truly value your input. Finally, this presentation was supported by the Office of Population Affairs, as well as the Office on Women's Health. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of OPA, OWH or HHS.
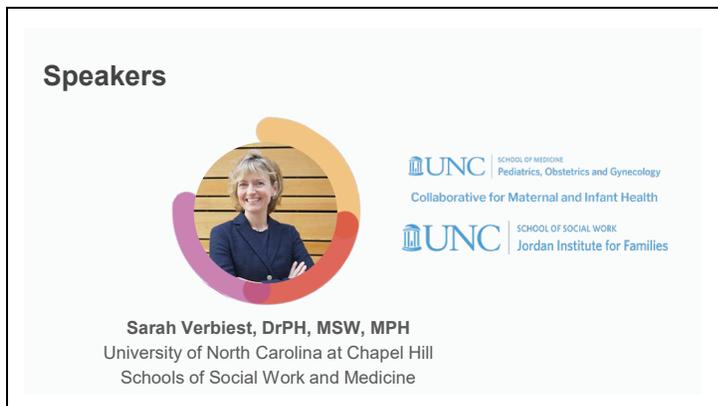
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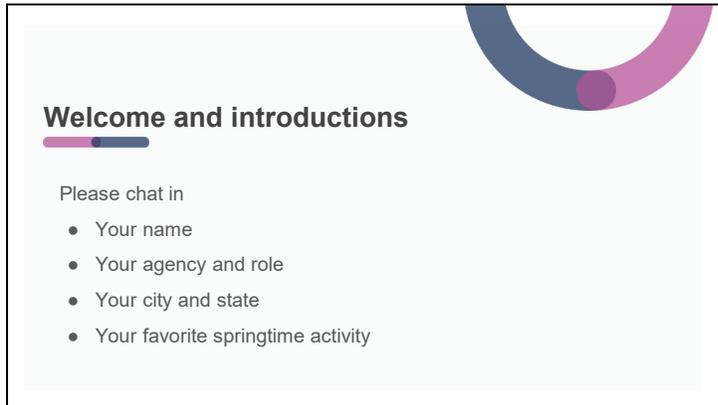
As we get started, please chat in your name, your agency, and your role, your city and state, and we'd love to hear what is your favorite springtime activity. So again, this is Naima Cozier with the Reproductive Health National Training Center and I serve as a TA provider. Today I'm actually in Atlanta, Georgia, where it's a warm 76, 77 degrees, and my favorite springtime activity is visiting the Atlanta Botanical Gardens. So please do chat in, we'd love to hear where you are, who you are and your favorite springtime activity. We'll keep those coming in. I see camping, I see yard work, baseball, outdoors with the kids. So these are great, keep them coming in.

Slide 3

While you're sharing that in the chat, I would like to introduce today's speakers. First, I am pleased to introduce Dr. Sarah Verbiest. Dr. Verbiest is the Director of the Jordan Institute for Families in the UNC School of Social Work and the Executive Director of the Collaborative for Maternal and Infant Health in the UNC School of Medicine. Dr. Verbiest is a Co-Principal Director for the Maternal Health Learning and Innovation Center, a new national resource center developed to accelerate, innovative and evidence-informed interventions that improve maternal health and eliminate maternal health inequities.

Slide 4

Next, I'd like to welcome Katherine Bryant. Katherine is a Project Coordinator with the UNC Collaborative for Maternal and Infant Health and a Project Director in the UNC Jordan Institute for Families. Her portfolio includes serving as the project manager for a range of projects, focusing on preconception health through adolescence, including the HRSA MCHB funded project, Improving Women's Health: Preconception CoIIN. She also serves as a State Team Coach and a member of the Innovation Core with the Maternal Health Learning and Innovation Center.

Slide 5

And next I'd like you to meet Leslie deRosset. Leslie is an implementation specialist at the University of North Carolina, Chapel Hill, in the Gillings School of Global Public Health, where she supports four national maternal and child health projects. Leslie has experience in the development, implementation and evaluation of evidence-based, evidence-informed interventions at the community, state and national levels. In her previous role, she was a program manager for a multifaceted maternal child health program in the North Carolina Division of Public Health and the State Latino Campaign Coordinator for the North Carolina, March of Dimes.
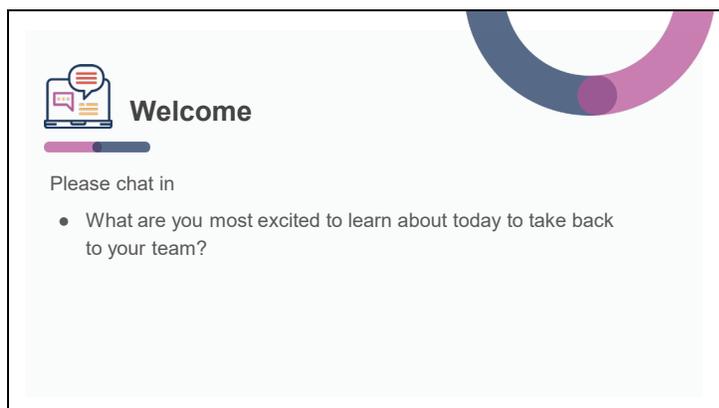
Slide 6

So, by the end of this workshop, we hope you'll be able to explain how preconception health contributes to adult and infant health and wellbeing. Describe how preconception health services are integral to access, equity, and quality care, and finally identify and share opportunities to further integrate preconception health services delivery into the Title X setting. So with that, I will ask Dr. Verbiest to take it away.

Slide 7

- [Sarah Verbiest] Thank you, we are so excited that you are all here today, this is such a wonderful turnout, and we appreciate many of you who included in your registration, some information about some of the things that you were excited to learn about today. So we wanted you to know we were read all of them and that we hope that we'll be able to answer many of your interests with our time together today. And if not, good news, we have a whole series of workshops ahead three more, that will make sure to answer your questions there if we don't get them in today. So in the interest of time, I think we're going to go onto our next slide and go ahead and get started.

Slide 8

Defining preconception health

Slide 9

What does preconception health mean to you?

So we're going to start getting on the same page about defining preconception health. So, since you all have done such a wonderful job, warming up the chats, and also I'm loving all of your spring activities, we'd like to keep the chat going, and we'd like to just have you take a minute to think about what preconception health means to you. And so if you would take a minute and type that into the chat, but don't hit Enter. So everyone, just take a second and think for a minute, when you think about preconception health, what does that mean to you? Awesome, so for folks just joining us, we're chatting what preconception health means to you. Okay, let's go ahead and everyone push Enter. This is clearly a wonderful chat. This is great. Yeah, so I'm seeing wonderful answers. Pre-care for people who want to become pregnant, getting ready for pregnancy. It means healthy moms. It's talking about planning ahead, being as healthy as one can be. It's about, I love a lot of optimizing health and wellbeing it's having a healthy lifestyle. And I really like Jessica, Jessica, shout out to Jessica, hi, it means choosing to be healthy now, whether I decide to be pregnant or not, excellent. And Patty, a constellation of different health habits, exercise, diet, healthcare, things that help people be healthy for pregnancy and then also for their own wellbeing. So great job, lots of preventive screenings, absolutely. So, thank you. So, that's preconception health and I think that you all are definitely in the right workshop. So we've got a couple of slides that we're going to talk about continuing to kind of level set on our definition of preconception health.

Slide 10

Preconception health is defined as:

"the physical, emotional, and social health of people during their reproductive years, which are the years they can have a biological child."

https://www.cdc.gov/preconception/overview.html

So, it's defined as the physical, emotional, and social health of people during their reproductive years, which are also the years that they can have a biological child. So a couple of things I want to really focus on. I think we often think, and many of you mentioned some of the physical components of health, some of the other parts of preconception health that we often don't talk about as much, but which are equally important are our emotional health, our mental health and wellbeing, and we're going to do a whole workshop on that. And also the social health and wellbeing, how healthier people's relationships and their connectedness is also really important during the reproductive years. And with this definition, you'll notice that it doesn't include whether or not someone's going to be become pregnant, it's really defining this as these important components of health during those really special and important years. Next slide, please.

Slide 11

Preconception health care is:

"a set of interventions that aim to identify and modify biomedical, behavioral, and social challenges to a person's health and future pregnancy (if desired) through prevention and management strategies."

Johnson et al 2006

One thing that I wanted to mention as we're talking about the definitions, is my excitement about being able to be on this Zoom and in this space with all of you, because you all together have a really unique opportunity to provide preconception health and care in a way that really no other kind of grouping of services that we have seen in this country are able to do in the same way. So you all have a really, really unique role in terms providing this care to millions of people who are of reproductive age in our country. So another definition of preconception health, as we're talking about preconception, and this one has been very frequently cited and it's defined as a set of interventions that aim to identify and modify biomedical, behavioral and social challenges

to a person's health and future pregnancy if desired, through prevention and management strategies. And again, thinking about your unique opportunity, you all have an opportunity through the services that you provide to be doing some really great, proactive screening and some have some wonderful conversations with people so that as you identify together with them areas where they could have some additional resources, support and education, where they might be able to manage some of their conditions well, all of that work that you're doing is also part of preconception health. Next slide.

Slide 12
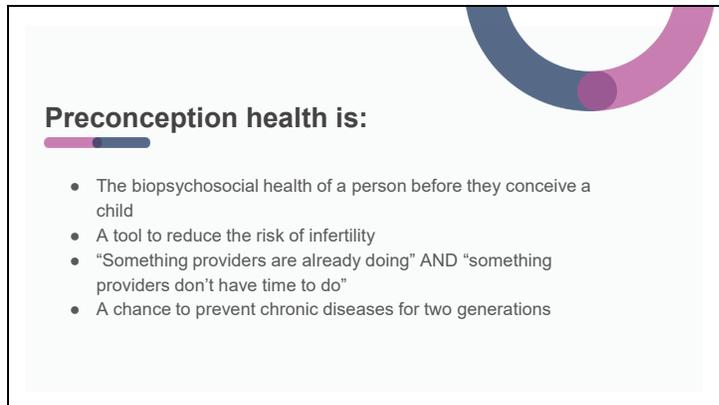
So a couple of other things, I will say that I have worked and our team has worked for many years on preconception health. And if you're wondering why we're spending time on the definition, it's because it's really important and it's also something that is simple and also complicated at the same time. So when we talk and as we've just described, that preconception health is the biopsychosocial health of a person before they conceive the child, preconception health is also a really important tool to help reduce the risk of infertility. So when you're providing this care, you maybe whether you know it or not at that time, helping to prevent infertility and make sure that becoming pregnant is an option for that person. We also hear that it's something that providers are already doing, and many of you may be thinking, this is great, we already provide this kind of care. We also hear that providers say it's something that they don't have time to do. We also know that preconception health is a really unique opportunity to prevent chronic diseases for two or more generations, next slide.

Slide 13

We also know that preconception health is a really important part of reproductive justice. We know that it's a simple idea, the idea of health before pregnancy, and yet it's a comprehensive concept with complex challenges, right? We talk that this is not just physical health, it's mental, social, emotional health, it's community health and challenges, which makes it a really great area to be working. We also know that if we're not careful in the way that we talk about preconception health, it can also be seen and experienced by clients as being patriarchal and as something that says well, we only focus on the health of women, or a person of reproductive age, in the context of their potential to become pregnant. And so this is why there's wonderful resources that we will point you to later and others that we can talk about so that we can avoid that language. Next slide.

Slide 14

So these are some of the different aspects of preconception health, we're not going to talk about all of them, some of them you mentioned in the chat, and these are all different factors that can contribute to preconception health and wellbeing from chronic disease prevention and management, which you do some really important screening in the work that you do, to addressing tobacco use, alcohol use, as well as thinking about mental wellness and even things like immunization. So these are all really distinct aspects of preconception health that we know that many of which you do address on a daily basis, next slide.

Slide 15
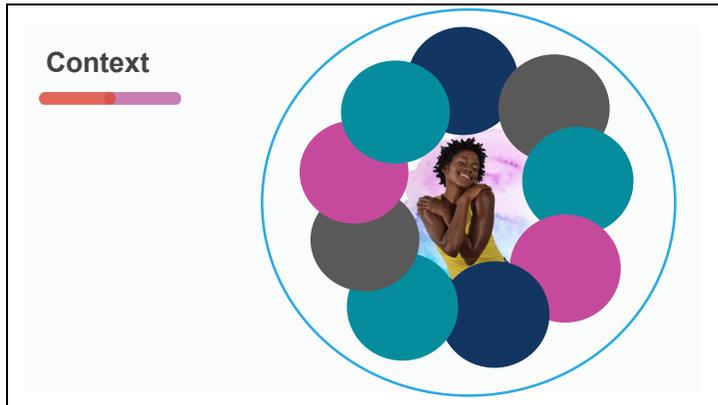
And getting back to the complexity that we talked about in some of the earlier slides, you all also know that many of these issues are very intertwined. So sometimes the reason someone may be using tobacco or substances, may be because of a mental health challenge that they're facing, or because they're lonely or because their weight may be connected to a chronic condition that may be connected to a genetic risk, right? So, as we're working with the people that we serve, thinking about them and thinking about these issues as interconnected is really important for us, as we're providing quality preconception care. And then finally, the outer circle is around context. And we know that the way people feel, how they're able to access resources is shaped by their environment and the resources and supports that they have around them, next slide.

Slide 16
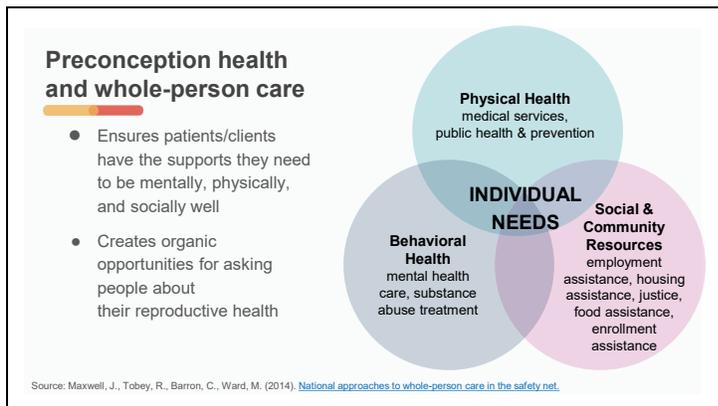
So my final slide in this set, really wanting to highlight that preconception health is part of whole person care. Whole person care ensures that patients and clients have the supports they need to be mentally, physically and socially well. Whole person care also creates organic opportunities for asking about their reproductive health, so as we're in relationship with people, as we build trust, and as we think about all of the things that they need, not just what their blood pressure might be, but how is their mental health, how are they doing on their tobacco cessation journey and thinking about what resource that they might need or what you might be able to offer to support them, together, these things help us best support an individual person's needs

with this wonderful whole person care that I know many of you try to achieve. So I mentioned that preconception health is a way to provide intergenerational care.

(Maxwell et al. 2014; Verbiest, S & McClain, E. (2022) Improving health and well-being before, between and beyond pregnancy. Preconception, Reproductive, & Preventative Care.)

Slide 17
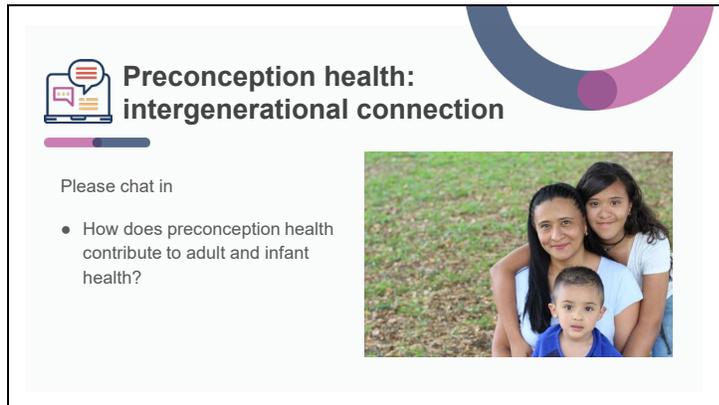
So with that, I'm going to get you back on chat one more time. I would like to hear what you have to say. What do you know about how preconception health contributes to adult and infant health? So, think about that, you don't have to wait, go ahead and chat. What are some things that you've heard about, or that you've learned, that show how this kind of care can benefit adults and infants? Right, thanks, Sue, obesity can begin with infants, right? So we know that there is, as Katherine has mentioned, some epigenetics, some programming that can happen based on mom's health, parents' health that influences the fetus, and then also that trajectory for that baby. So that's absolutely important. There are birth defects that can happen by certain exposures before pregnancy that can in influence a baby. A lot of folks are noticing the connections with decreased infant mortality and better health outcomes, healthier pregnancy, healthier births, healthier postpartum. Excellent, catching STIs early can reduce congenital syphilis, excellent. Gestational diabetes, and preeclampsia can affect adult risk in the future and infant risk, excellent.

Slide 18

So some of the factors that we've talked about are on the slide, and I'm not going to go into detail with those, I'm pointing out to you that there's some wonderful resources that are available to you. If you want to dive into each of those different items that were in that circle, that I've presented a little bit earlier and start to think about how many of these different examples and actions can influence a woman's health, a family's health and her baby's health.

Slide 19

So, team, guess we are ready to move into the next part. So that was a brief overview, but I'm really excited to see the energy in the chat. So you are going to get a chance to have some fun and use something called Jamboard. So how do you use Jamboard? So you're going to have a link that's in the chat. So what you do is you open the link in a different browser or screen, and that will pull up your Jamboard. And then what you need to do, you'll see what's circled on screen and thank you for pointing to it. When you click on that, that gives you a virtual sticky note or text box, and you can just type in your thoughts into that, and then you can move that sticky note onto your screen. So the link to Jamboard is in the chat and also wanted to highlight that there are great resources at rhntc.org to support what we discussed in the first part of this presentation.

Slide 20
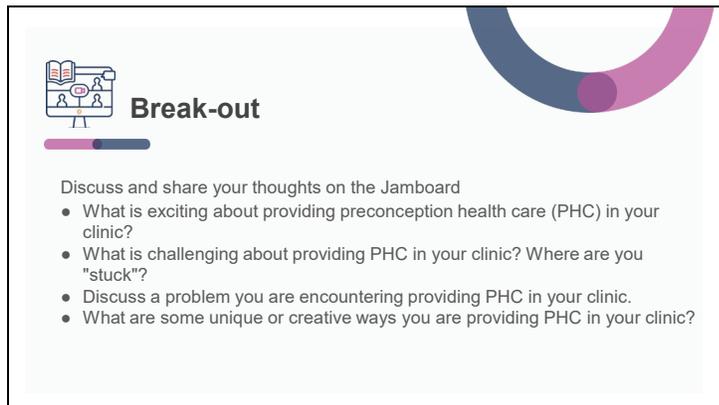
So we are going to be going into breakouts using Jamboard and in the breakouts, you're going to have a chance to continue this conversation and talk about what's exciting about preconception healthcare in your clinic. What's challenging, where are you stuck? What's a problem that you might be encountering and what are some unique or creative ways that you're providing preconception healthcare in your clinic? And you can answer one or all of them and we are excited. I'm noticing that there is a note from Veronica, that there are a lot of people that are viewing the Jamboard. So I think those of who are able, what we'll do is our breakout groups will be able to either share their screen. We will find a way to still have this conversation in our breakout rooms, so do not fear. So let's move into our breakout rooms and we will facilitate having some conversation about these questions with technology or not. So, Leslie, I'm going to turn it. All right, so when you see on your screen that you're invited to join a Zoom room, please join.

Slide 21
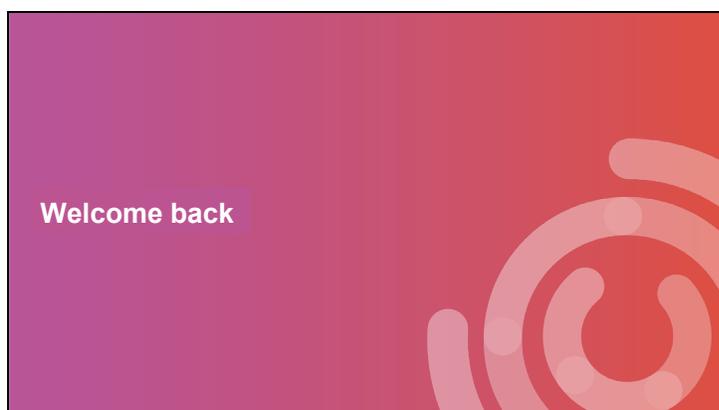
So, welcome back. I'm sorry about that technology, but I think it worked for some folks, 'cause I definitely saw some sticky notes happening on the Jamboard. So, wanted to just take a second and look in chat and see if anything really popped from any of the rooms that people would like to share. There's a challenge about time and the length of visit and what to address. And I definitely saw time on our Jamboard as well, how to have time and how to fit all of it in was definitely a challenge. Staffing shortages were a challenge as well. Our group had a conversation around telehealth and also that sometimes some of that preconception checklist

kind of not necessarily being included in a telehealth visit and talked about, is there some creativity in terms of maybe using email to get that in advance to someone before a telehealth visit and challenges with staff turnover and also just when patients don't want to talk about it. So, how do we have good starter phrases and ways that we can really engage people in a conversation and also need for some creativity, for leveraging those telehealth visits for preconception health? I also did see some joys that people were sharing, that it feels really exciting and in a way of really feeling empowering by giving information and resources to the people that you're serving so that they are able to reach the goals that they have for themselves. So people said that felt really good and achieving. And I think someone in our group also mentioned, it feels really great when you've been working with a client for many years, and then that client decides that they want to become pregnant and you get to be on that journey with them as well. And also we saw a lot of just some creativity coming out and thinking about some really innovative and new ideas for doing some group care around preconception counseling, what a great and creative strategy. So thank you all for going with us on our Jamboard journey. I am going to now turn this over to Katherine.

Slide 22

- [Katherine] Thanks so much, Sarah, thanks again to everybody for sharing during our last session. We're now going to spend just few minutes talking a bit about highlighting quality access and equity, which are key components of the 2021 final rule and discuss how this might show up in your setting when thinking about preconception healthcare, next slide.

Slide 23

2021 Title X Final Rule: Quality

- Defines quality health care as "safe, effective, client-centered, timely, efficient, and equitable"

- Adopts the QFP definition of client-centered care

- Mandates "family planning services to be delivered consistent with nationally recognized standards of care"

- Ensures that Title X services are delivered in a manner that is respectful of, and responsive to, individual client preferences, needs, and values, and where client values guide clinical decisions

https://opa.hhs.gov/sites/default/files/2021-10/2021-Title-X-Final-Rule-One-Pager-October-2021.pdf

So, the 2021 Title X Final Rule defines quality healthcare as safe, effective, client-centered, timely, efficient, and equitable. It adopts the QFP definition of client-centered care, and it mandates that family planning services are to be delivered consistent with nationally recognized standards of care. Additionally, it ensures that Title X services are delivered in a manner that is respectful of, and responsive to individual client preferences, needs and values and where client values guide clinical decisions.

Slide 24

What does quality look like in a Title X setting?

- Quality improvement projects

- Utilization of the QFP

- Looking at the "low-hanging fruit" in your existing structure to incorporate PHC

Great resources:

Patient Experience Improvement Toolkit

Quality Improvement for Family Planning Programs eLearning

So, what does quality look like in a Title X setting? So, it would be if we could just review a few different examples of how it might look when you're thinking about preconception care. So one instance might be instituting a quality improvement project with your team, that's focused on improving one aspect of how your organization provides preconception healthcare. Another would be utilizing the quality family planning recommendations developed by the CDC. Your team may also seek to identify easier opportunities to integrate preconception healthcare into your existing processes and structure. And I just want to point out that to the right, we have a couple of resources that we wanted to lift up for your reference, as you think about quality in your setting and these are all available on the RHNTC website, and Leslie will lift these up at the end of our session, next slide.

Slide 25

2021 Title X Final Rule: Access

- Essential role of providing high quality services and providers regardless of an individual's ability to pay

- Allows for telehealth for Title X family planning services

- Requires that sites without a broad range of methods on site provide either a prescription for method of choice or a referral

- Reaffirms adolescent confidentiality protections

https://opa.hhs.gov/sites/default/files/2021-10/2021-Title-X-Final-Rule-One-Pager-October-2021.pdf

So for access, the 2021 Title X Final Rule highlights that this is an essential rule of providing high quality services and providers, regardless of an individual's ability to pay. It allows for telehealth, for Title X family planning services, it requires that sites without a broad range of methods on site, provide either a prescription for method of choice or a referral, and it reaffirms adolescent confidentiality protections, next slide.

Slide 26

What does access look like in a Title X setting?

- Asking preconception health questions every visit, every time. Asking about reproductive life plan/reproductive goals (e.g., using PATH or One Key Question)

- Internal and external referral systems that include community partners, community-based organizations, ancillary services, other health care providers, education systems

Great resources:

Client-Centered Reproductive Goals and Counseling Flow Chart

Establishing and Providing Effective Referrals for Clients: A Toolkit for Family Planning Providers

So again, let's talk a little bit about what access might look like in a Title X set setting. So what are some strategies that your team might apply to increase access? This could be using evidence-based questions to understand pregnancy intention at every encounter, such as the one key question or the PATH framework and the PATH framework stands for parenting pregnancy attitudes, timing, and how important it is, is pregnancy prevention. And also, Title X providers are incredibly talented and resourceful, however, they can't always provide every service every time that every person needs. We were just talking about time as a challenge in some of our breakout rooms, but it is important to support the work. We get to create relationships with communities, with other types of healthcare providers and with community-based organizations, faith-based organizations and voluntary organizations. So let's think about who those partners are or who they could be, that you're going to refer patients to you when your Title X clinic doesn't have the resources that the person needs. These could be other departments within your organization or agency where Title X is housed, it could be organizations and agencies outside of your Title X setting. So thinking about infectious disease,

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fertility, specialty care, chronic disease care, pregnancy termination, dental care, and mental and behavioral health. There're also community based services that support, that are faith-based organizations, alcoholics anonymous, school systems or school-based health centers, welfare agencies, which provide like WIC or SNAP domestic violence services. And then also ancillary or by voluntary services such as transportation, childcare services, housing, employment, education. So there's also again on this page, a couple of slides to the right, or a couple of resources to the right for your review. Great, next slide.

Slide 27

2021 Title X Final Rule: Equity

- OPA defines health equity as "when all persons have the opportunity to attain their full health potential, and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances"

- Reinforces that Title X services should be equitable

- Requires all family planning services to be client-centered, culturally and linguistically appropriate, inclusive, and trauma-informed

- Adds a new grant review criterion to assess the ability of prospective grantees to advance health equity

https://opa.hhs.gov/sites/default/files/2021-10/2021-Title-X-Final-Rule-One-Pager-October-2021.pdf

So the 2021 Title X Final Rule on equity. So OPA defines health equity as when all persons have the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances. So this reinforces that Title X services should be equitable, requires that all family planning services are to be client-centered, culturally and linguistically appropriate, inclusive and trauma-informed. And it also adds a new grant review criteria on to assess the ability of prospective grantees to advance health equity. And we'll be sure to share there's a brief one pager that goes through these three areas of the Title X Final Rules, nice summary highlight, next slide.

Slide 28

What does equity look like in a Title X setting?

- Client-centered

- Trauma-informed

- Culturally and linguistically appropriate

- Inclusive

Great resources:

Advancing Sexual and Reproductive Health Equity in Family Planning Podcast Series

Cultural Competency in Family Planning Care eLearning

So, what does equity look like in the Title X setting? So if we're thinking about how equity can be a part of the preconception healthcare that you're providing, you can be thinking that ensuring that the care that you and your team provides is client-centered, is trauma-informed,

it's inclusive. So care is available to all individuals regardless of their identity and it's inclusive and culturally and linguistically appropriate. You know, are you available to provide, are you able to provide translators? Are the materials culturally appropriate? So we also want to highlight some more resources again, here on the right that are helpful for your team, related to equity in your setting.

Slide 29
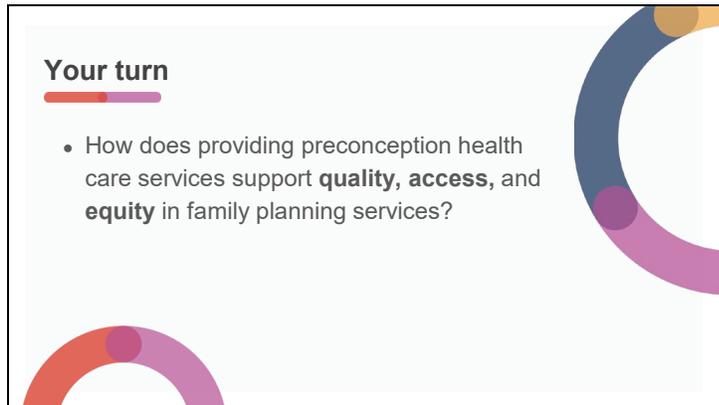
So, we wanted to dive back into break out group discussions. Again, if the Jamboard doesn't work for you, that's totally fine, we can go without technology and just have conversation or chat in if you're not able to come off mute, but we wanted to hear from you about how providing preconception healthcare services, supports quality access, and equity and family planning services. So again, we'll go put the link for the Jamboard back into the chat for you. We'll start, and then when you get into your room, see if you're able to get to your slide, if not, we'll have that conversation on the alternative way of sharing, and you'll discuss and brainstorm around the three areas, we just talked about, quality, access and equity, to better understand how to incorporate this into preconception healthcare at your Title X setting, including your internal and external partners. You'll have about 10 to 12 minutes in a group with each other. So, and we'll make sure that the facilitators help you get to the right space and right slide, and be sure to just talk about what you're doing in your Title X clinics to promote equitable preconception healthcare, accessible preconception healthcare, and quality preconception healthcare. And we'll talk about barriers, opportunities, challenges, needs, and innovation on each topic.

Slide 30
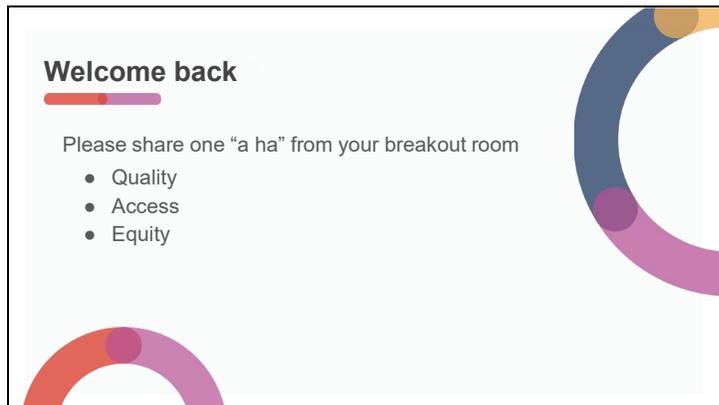
Welcome back everyone, I know that everybody's making their way back in from the breakout rooms. Thank you so much for your participation. Give it just another moment, I know sometimes it takes a minute to transition. So if folks wanted to chat in or share, are there any things that came up? I know in our group, when we were thinking a bit about equity, that we were talking a little bit about how folks are in providing interpreter services and that this could include having the language lines available or else working with qualified or certified healthcare interpreters. Anything else that folks wanted to lift up from the conversations they had in their rooms? Having our referral system, and then getting a call about whether the patient went or not. Thanks so much, Leslie, so that follow up being a key point. Then we had another group that offers Saturday clinics for refugee populations. Extending hours, so making sure that folks could come outside of those traditional clinic hours, it's nice and creative way to expand access. And also having great referral and resource list handy, that that's a really important thing. Yeah, and in our group, we also talked about having a system, even in the medical record, the electronic medical record to make those referrals. Jennifer talking about the importance of normalizing preconception health, education, and services for everyone, and that these are valuable opportunities to link patients to other community programs. Sarah, I like this, great, lifting up the trauma-informed care for clinicians. And that Leslie mentioning that training webinars, workshops, the opportunity is good for online, but in person is just different. Carol for the recording, all resources will be available on the RHNTC website. And on closing, we'll talk more about that. Anything else that folks looked up? So thank you all so much for sharing a little bit. I'm also going to chat in a question that was lingering from one of the things that came up in the prior, in the first breakout session around the creativity, the group models for pre-pregnancy and preconception counseling, thought it would be great whoever shared that if you want to chat and share with folks about this opportunity, 'cause they thought that kind of like a really interesting way to provide care. Thank you, Jennifer, for lifting up that the recording will be emailed and Carmen lifting up that they have a group in the hospital that goes out to the schools twice a week. And Sarah lifting up that it feels great for providers when clients have information in their preferred language and how that can open up really, really good conversations and that upgrades to systems in the HRS can be challenging for sure, thanks everyone. I'm going to turn us over to Leslie, if there's other things that folks want to keep sharing and again, to the point around the group models of pre-pregnancy and preconception counseling, if you could share a little bit more about how you've approached this, that would be wonderful if you could just chat that in, but I'm going to turn it over to Leslie for our next set of questions.

Slide 31
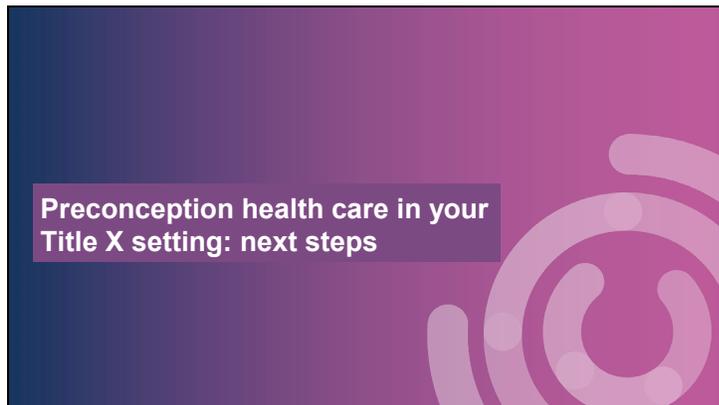
- [Leslie] Great, thanks so much, Katherine. And thanks everybody for all your great work in the breakout room. So I'm going to try to do the slides and also share my screen.

Slide 32
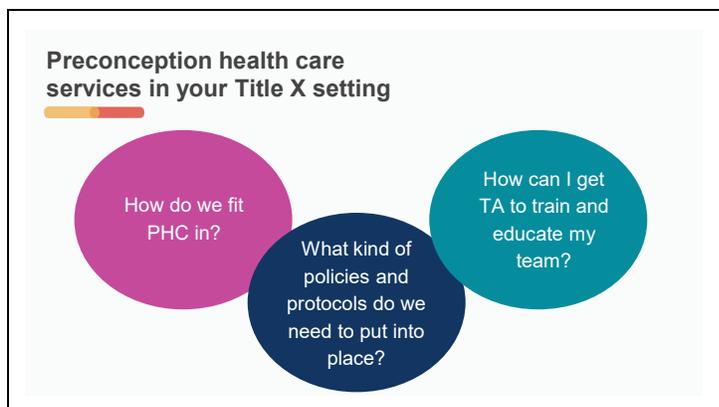
So this is going to be a fun experiment. When we think about kind of the last piece is we're trying to think about, how can we implement the preconception health and the interception healthcare into your clinics? How can we make it easier for you? How can we provide you with sources and tools and training so that it's an easier lift for you and we can actually figure out how to put it within the actual time. So when we first start to think about this, we think about, well, where does preconception health fit in? We think about the policies and protocols that we need to put into place, and then we also about training and technical assistance for educating your team. As we kind of go through this, I'd love you to just put into the chat if you've got any ideas about how we do this. So one of the things that I just heard in the breakout room that I was in, was that the people are coming in for family planning, they're coming in for pregnancy prevention. And so talking to them about all the other pieces and parts of preconception health, it's just not really what they're interested in and they want to go back to their primary care provider. So trying to figure out how to have that conversation with the patient who's really not interested in talking to you about it, who really just wants to come in and come out, is one challenges with that. So one of the things that we can do is that when we think about where can it fit in, we want to look for those natural spaces and those kind of organic opportunities. So it could be something as easy or simple or as making sure medical assistants are trained in what

preconception healthcare is. And having the medical assistant talk with the person when they're taking their temperature, their blood pressure, height, or weight, and just starting to ask some questions about chronic health conditions, nutrition, exercise, or vitamins. So finding a way for the medical assistant to have that, having resources and materials in the waiting room, or even in the exam room. We all know that you all are overwork and overextended, we know we have staffing shortages, so sometimes patients have to wait. And so can we have some materials that patients can look at in the waiting room or in the exam room, that will help them to kind of start the conversation with you? You know, are there posters on the doors? Are there posters in the restrooms? Are there QR codes that you can put onto some of your areas and let somebody scan it and then look at it on their phone? So, QR codes are very affordable, they're usually free, they're very easy to do. You can update it easily because it's on a website, but anything that you can do to kind of spark that conversation, is going to be really critically important. And then again, so if you've got some ideas about how you have fit this into your clinic, we would love to hear from you. And the other piece of this is kind of these policies and protocols that we need to put into place. So what are the policies and procedures that may need to be put into place? What kind of guidelines do you have with your medical director and your other clinical staff about where preconception health fits in? Is it in every department of your FQHC or your health department? How does Title X ensure that preconception health and the checklist are being completed? Well, what happens too? So even thinking about your referral policies, when somebody needs a referral, what's the policy in your organization behind that? What's the protocol for something, if you are talking with a woman and you realize that she's in a situation of a failure of safety or in a relationship that is dangerous and she may be in danger, what are the policies and procedures behind that? So, when you go back to mental, when you go back to the circle that Sarah showed about how it's all interconnected, we have to know that possible that our clients and our patients may come in with a whole host of different things going on in their life. And so we have to be able to know how we respond. What if somebody comes in with a mental health challenge and it's not safe to let them go home, what are the policies and the procedures behind that? How do you address that in your clinic? How do you ensure that everybody in your clinic is on the same page? Universal pregnancy intention screening, thank you, Elizabeth, followed by direct request to the patient about whether or not they want to talk about contraception or pregnancy planning at this visit, that's great. We also know that we've done some talking with different Title X agencies over the last few months, and we know that having protocols in place like a template or a flow chart, something that the National Training Center has, using a flow chart to help you get from A to B and B to C, to make sure that you're listening and addressing the concerns of the patients. We've been challenged by choosing which IPV tool is the best for each age group. Oh, well, we would love to talk a little bit more about that, Angie. I don't know if you want to add a little bit more detail in there, but I think that's a really important thing. How do you know that the tools you're using are validated? How do you know that the tools you're using are culturally appropriate and age appropriate as well, and also are the policies and protocols you have in place for preconception healthcare, providing opportunity where all of your patients are getting respectful care, regardless of their gender identity, sexual identity, race, language, ethnicity. So lots of different opportunities to think about how these policies and procedures go into place. A lot of those policies and procedures really do lead right back to where you fit in preconception health. And finally, the other thing we think about is how can I get TA technical assistance to train and educate my team? So one of the things that I heard in my group was that it's the webinars are great, it's very accessible. It's like great to have this workshop with a hundred and somewhat people on it, but it's not the same as being in person. And so, well, what's the happy medium as we come back into a world that maybe is going back to whatever normal is. So is there some technical assistance that can be done in person and some online, is there some training that can be done in person and then bringing it back to your larger team at home because we do know that cost is obviously an

issue. And so, what's the best way to support and grow your teams in preconception health and always meeting the needs of where the patients and clients are. Here telehealth can be challenging to ask sensitive questions, such an important consideration. We need to think about that, especially with our adolescents and our different patients that may be in situations where it's dangerous. So I know working with a project this summer, one of the things they did was they provided headphones to all of their Latino and Latina patients in a mental health clinic so they could have a private telehealth chat, even if it was in their car. So by providing them at least where they could be private. So some of the things. So how do you all use your EHRs to bring in preconception health? We started to talk a little bit about that today in my group, my breakout group, but how can the EHRs help to fit in preconception health? What are some ideas that you might have? I really love what Audrey has said here about the fact that preconception health is extremely in line with basic preventative healthcare. And that's exactly what we shared earlier, too, right? It's part of this whole person care, it's not just about somebody's reproductive... It's not just about future pregnancy or not, that those are the questions that we start with of course, but we can use preconception health topics to really think about the prevention. I think one of the best examples that Sarah gave us was about thinking about how it can actually address infertility, by checking and making sure that our bodies are healthy and that we're physically, emotionally and socially healthy, we can do that. Building questions in the ER to support preconception healthcare, integrating the one key question into your EHR, right? So you've got lots of patients, you've got just a few minutes with each patient. So finding ways to integrate it into the conversations that you're having, and also looking for those triggers that can help you go, oh, just said something about smoking. This is my opportunity to ask them about their smoking habits, or they said something about being away with their friends for the weekend, this might be an opportunity for me to ask them about their other behaviors. So listening for those starter phrases or listening for those cues that your clients are, 'cause every patient and client is different, right? We don't always fit into the box of I'm going to come in and I'm just going to talk about this. And so we want to make sure that we're being client-centered, both in our policies and procedures, and as well as how we talk to our patients around preconception health.

- [Sarah] So Leslie, I wanted to just jump in and just kind of underscore and give a shout out. So building questions into EHRs can definitely take a minute to do, but I think you're right, it can really pay off in terms of having that reminder. So I just wanted to acknowledge, I think that those are really great strategies. If we have an EHR, how can we make it work in our favor? And then I also loved, like you said, I loved Audrey's comment because these really are conversations. And I think that's where some of the trust comes in. And as people thinking about the equity and access, as they're coming into your clinic and feeling welcomed and having information or people talk to them in their language can really build trust, that can then lead to some of those conversations where you can listen for opportunities to provide information or resources. So those are awesome, keep those coming in the chat.

Slide 33
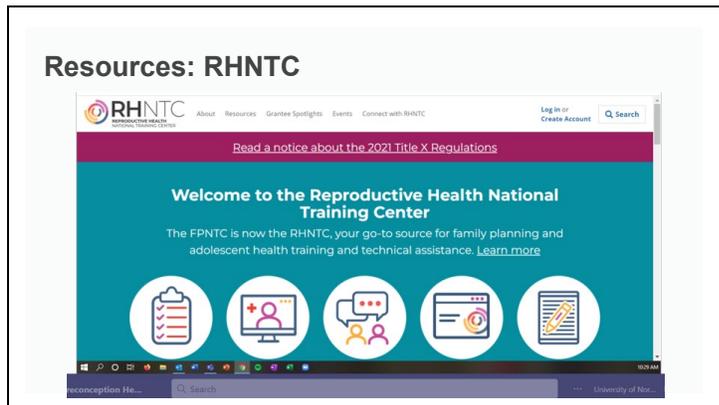
Yes, this is really helpful. And as we do this, I'm going to go ahead and move in to sharing with you some of our resources that the RHNTC has, and give me one second, I'm not going to make you see my screen, but let me go ahead. And we will put the main link to the website. Hopefully you all are a very aware of the website and are using the material on the website, but the main website is right here. And when you click on the main website and we think this is just a really important piece to take a few minutes to do, we know that it can be a little bit overwhelming to look at all the different resources on any website for that matter. So you click here on Resources and you come to this amazing search. So you can put in a keyword and you can see here, all my keywords that I was searching for. And you can also say, gosh, I really want an e-learning. I really want to learn something more online about how to talk to someone who maybe doesn't speak the same language as I do, or maybe you need some additional information around hypertension. So, you can choose the type of format if you're so interested, you can choose a program. So we have Title X, Teen Pregnancy Prevention, Pregnancy Assistance Fund, those are the three, and then you can even choose a category. So you can be very specific or very kind of loose with what you're looking for. So, I chose Preconception Health, and then I hit Submit. And what pulls up is a chronological list. The most recent is first. And what will happen is if you wanted to, you had a new staff member, maybe they're just a new CNA or a new medical assistant, and maybe they need a little more training on some of the anatomy and physiology. You would be able to tell what type of training or material it is, you'll see what it is supporting. So it's supporting Title X requirements, achieving and preventing pregnancy. And then you can see that it's a learning, it's an online learning. Some of these come with contact hours, but they always tell you how long they are, which I think is really great. So if you scroll down, you can see the modules, you can see how long it's going to be, and then you can see the contact hours. And then all you do is enroll in the course. And then the other beautiful part about this wonderful website is that it has all of the tax for where you're spending your time at the very, very top and you have to spend time kind of scrolling down to see what's there. I usually hit my Back button. And the other thing that if you have not done is to create a login or create a profile. This will save all of your materials and all of your trainings. Do you ever go to a website and you think, oh my goodness, where was that one learning aid, that one job aid, and I can't find it anymore, right? So this is a way that you can log in and create your own profile. But you'll see here, this is our Preconception Health Toolkit, we did a webinar on this in the fall. Dr. Verbiest and Katherine led that with Debbie Farb, one of our clinical nurses. And you'll see here, you can scroll down. It's all about how to use the Preconception Health Toolkit, and then each of these are live links. RHNTC resources URL: https://rhntc.org/resources

Slide 34

Resources: RHNTC

- Preconception Health Toolkit
- Establishing and Providing Effective Referrals for Clients:
  A Toolkit for Family Planning Providers
- Advancing Sexual and Reproductive Health Equity in
  Family Planning Podcast Series
- Patient Experience Improvement Toolkit
- Putting the QFP into Practice Series Toolkit

So all of the resources that we shared with you in the workshop today are hyperlinked and will be hyperlinked in the slide deck that you get in a few days and you'll be able to click on all of those. But what we have also done is try to pull out a few that we think are really, really top notch for having these conversations about quality, access and equity, as well as trying to help support opportunities for advancing preconception healthcare in your clinics. So, all of these are live links. You'll see here, this is one of my favorite ones, it's all about establishing and providing effective referrals. One of the things I heard in our group was that referrals, sometimes you don't know if the person actually went to the referral or you don't know the outcome of the referral. And so this might be a place that you might be able to look for some ideas and opportunities. Advancing Sexual and Reproductive Health Equity, the podcast series is absolutely phenomenal, I listen to it. I'm wondering if any of you have used any of these resources on this page as I go to the second page. You can raise your hand with your emoji, or you can just put it in chat. Has anybody used any of these resources? And if so, which one did they like the best?

Slide 35

Resources: RHNTC

- Preconception Counseling Checklist
- Support for Achieving a Healthy Pregnancy eLearning
- Quality Improvement for Family Planning Programs eLearning
- Client-Centered Reproductive Goals and Counseling Flow Chart
- Cultural Competency in Family Planning Care eLearning

Audrey, did you want to share something before you hopped off about the group centering outside of prenatal care or did I miss you?

- [Audrey] No, you didn't miss me.
- [Leslie] Wonderful.
- [Audrey] I was just trying to chat in that I liked the quality improvement resource.
- [Leslie] Well, great, you've answered two questions.
- [Audrey] Great, so, no, I don't have a ton of experience with this, but in a center that I was working at for the past five years, they started doing very similar to prenatal centering pregnancy, but instead this is part of a research project, we captured a group of patients who were post miscarriage and post abortion and offered kind of like a group centering around contraception. And then in this case, it really also allowed for people to bring up like what they went through with their miscarriage or abortion without having to disclose of course, and that provided some support, good for their mental health along the way, but they were also able to kind of have a group discussion about contraception that worked well for a while or why it didn't work for someone else and allowed them to see not only what was available, but how things worked for other people that not everything that's good for one person will be good for the other. And I think this could be done for preconception and really along similar lines, especially for youth capture a group of miscarriage patients who maybe want to become pregnant again, or even contraception patients where that might just be a part of the discussion, essential family planning patients that are willing to get together. There's all sorts of challenges around like anonymity and privacy, et cetera, but it can be really great way to provide counseling and like a support group as well. That's it.

Slide 36

Additional resources

- Before, Between, & Beyond Pregnancy
  - Module 1: Preconception Care – What It Is and What It Isn't
  - Module 2: Every Woman, Every Time – Integrating Health Promotion Into Primary Care
- Women's Health Practice Bulletin
- 2021 Title X Final Rule Summary

- Thank you, no, that's fabulous, thank you for sharing that. Sarah, I see that you unmuted, did you want to share any follow up?
- [Sarah] Well, I was just noticing how people were using some of the resources and noted that Angie noted that they're training new coordinators and family planning staff, and that they use these resources as part of the orientation. And I just wanted to lift that up. I think that's a wonderful idea, so that you're also including preconception health training as they're coming board and you're kind of making that a structured part of onboarding. So I just wanted to say that I thought that was a really great idea and it's exciting to see some of the other resources that people have found valuable.
- [Leslie] Yeah, I definitely have to agree that the plethora of resources there is absolutely wonderful and it just takes a little time to go through it and to kind of tag what you're are interested in using. And what's also really wonderful is a lot of the materials are also in Spanish and so you have information right at your fingertips in another language. There's a couple of additional resources that we wanted to share this final bullet here, the 2021 Title X Final Rule is the resource that Katherine mentioned about earlier. So that is there, and then we have the Before, Between, & Beyond Pregnancy website with two modules that are specific to preconception health and integrating it into primary care. So a little bit different than Title X family planning. However, a lot of what is in there is going to be very to you and your teams. Again, very curious if you've used Before, Between, & Beyond Pregnancy website or any of their materials, they are really well done. They're easily accessible and they definitely provide updated current information. And then we obviously have the Women's Health Practice Bulletin there for you. Katherine, thanks so much, she did just put the Before, Between, & Beyond Pregnancy website in there, it's a great website and I love Sarah's suggestion about doing this as a team and trying to figure out what this can look like together, and almost doing almost like a scavenger hunt type thing with your team, as you try to find some new resources and then making sure you document it.

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So in the end, and in the interest of time, you have gotten quite a bit of information in the last, almost 90 minutes about methods and strategies to help continue to integrate preconception healthcare into your Title X setting. And we'd like to ask you to take just a minute and chat in what is one thing you think you and your team can do in the next 30 days, either around policy, protocols, staffing, or training? What is one thing that you think you will be able to do in just the next 30 days? Any thoughts about what you might be able to do? Thinking about fibroids, are they discussed and may lead to infertility, is this discussed? Training, I love this one, Joslyn, developing a preconception health policy. Lots of information on the National Training Center websites for policy support, you don't have to reinvent the wheel, there some templates there, so we would encourage you to look there and make your life a little easier. Update the clinical manual, release the update to the staff statewide, use this training, thanks, Veronica, we love that.

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And now the last question is what can we do to help you succeed? What can RHNTC do to help you succeed? What can we do to continue this conversation, to continue to build up your skillset, your knowledge, your abilities, training, technical assistance? What can we do to continue to help you and support you in your work? Again, you can chat it in. You're welcome to unmute if you'd like to. And as you're doing that, keep doing what you're doing. I'm going to turn it over to Naima as you all are chatting in your ideas about what we can do to continue to support the amazing work that you're doing. And we are just so thankful for all of you and all of

the work that you've continued to do over the very last difficult two years, and the way you've taken care of your patients and clients is remarkable, and we just want to say, thank you. And we're very happy to work with you and happy to support you in anything that we can do, Naima.

Slide 39
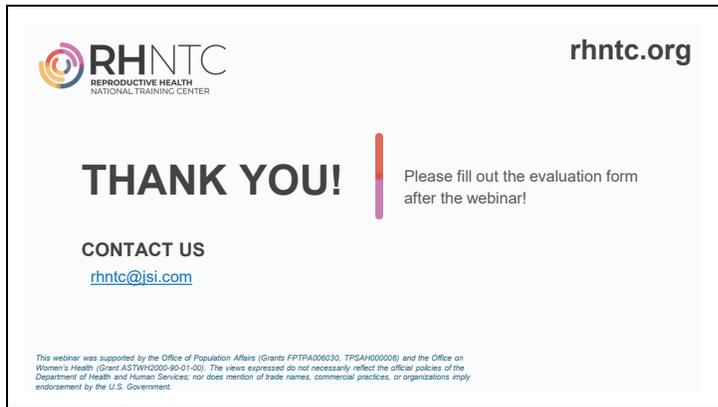
- [Naima] Thanks, Leslie, so thank you all for joining us today. And I hope you can join me in thanking our wonderful speakers. So as a reminder, the materials, as well as the recording from today will be available in the next couple of days. Our final ask before you log off is for you to please complete the evaluation. The link will appear before you leave the workshop, and we'll also email the link in case you don't get a chance to complete it right away. So we really, really appreciate your feedback and they will definitely, your responses will definitely be used to inform our future workshops. And speaking of future workshops, we are very excited to continue to work with the UNC team on our Preconception Health Virtual Workshop Series. The next one will be on May 25th, and it will focus on preconception health and the best practices for communication.

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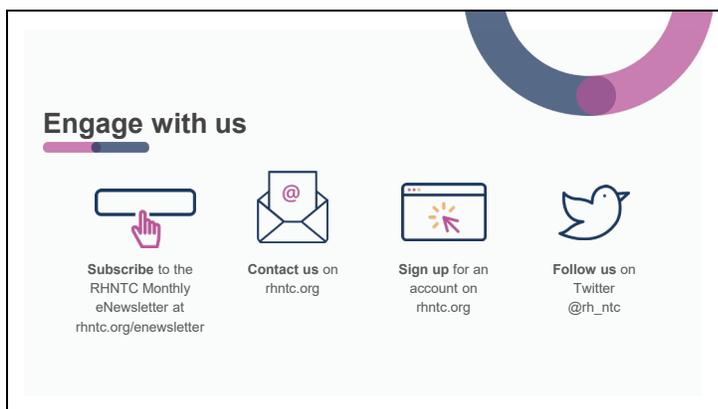
So on the next slide, please stay connected by subscribing to the RHNTC monthly eNewsletter, signing up for an account. Leslie, did the walkthrough and reinforced the importance and the benefits of you signing up for an account on the rhntc.org website. And of course, if you are a user of social media, please do follow us on Twitter. So before we log off, we did want to make some opportunities for questions.

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So what questions do you have for us before we conclude today's webinar? Could be any closing thoughts, any key things you're walking away with after our time together. And while you're thinking of those, just a reminder, this again is just our introductory kickoff virtual workshop for a whole series. So we do hope you'll join us as we do some deeper dives into specific areas around preconception health. Katherine, Dr. Verbiest, Leslie, any closing comments as we wrap up for today?

- [Sarah] Well, I, again, it's really great to be in a space with a lot of people that care about this topic. It's really a big deal that you made this time in your work day to be thinking about this. I would just like to say, don't get overwhelmed. I often get overwhelmed sometimes with preconception health. There's a lot of circles that I had up at the beginning, and I really just think as a team, pick one thing and work on doing that really well. And then you can pick another thing and I saw some wonderful ideas in the chat. So, that would be my suggestion and also really value the creativity that you all are using every day in your work and hope that we can continue to learn with and from you.

- [Naima] All right, well, this concludes our virtual workshop for today. And if there's any additional questions that you have for the team, please don't hesitate to email us at rhntc@jsi.com. So it's rhntc@jsi.com, and we'll gladly take your questions. We're going to go ahead and conclude for the day. Again, we're going to thank you for taking the time for joining us and please mark your calendars for May 25th. We'll focus on preconception health and best practice on communications, thanks everyone.