

Introducing the Reproductive Well-Being Framework Podcast Series

Podcast Transcript

Episode 3: Shifting the Paradigm: A Vision for the Future of Reproductive Well-Being

Dr. Raegan McDonald-Mosley (00:10):

Hello, and welcome to a new podcast series featured on reproductive well-being. This podcast is a partnership between Power to Decide and the Reproductive Health National Training Center, with funding from the Office of Population Affairs and 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 or HHS. In this series, we will be exploring the reproductive well-being framework, which strives to ensure 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. My name is Dr. Raegan McDonald-Mosley, and I'm the CEO of Power to Decide. I have over 20 years of experience in this field, including as a practicing OB-GYN with the dedication and commitment to reproductive health and justice.

Dr. Raegan McDonald-Mosley (00:59):

Today we have with us Power to Decide's Chief of Staff, Dr. Gillian Sealy. Gillian has an MPH and a PhD in health science. She has deep experience in leading policy and systems work in a variety of settings, including schools and communities, as well as expertise in the social determinants of health. She has worked at the local, regional and national level and has built scaling and sustainability strategies for all these settings. In the first episode on reproductive well-being, we introduced the framework. In the second episode, we took a deeper dive into the four pillars that hold up this framework; autonomy, control, respect, and systems of support. In this episode, we're going to discuss the vision for reproductive well-being moving forward. So, let's dive in.

Dr. Raegan McDonald-Mosley (01:43):

So, in the broader spaces where people are contending with and prioritizing the enormous health issues that this nation is currently facing, do you think that policymakers, healthcare industry leaders and advocates are adequately prioritizing reproductive health equity?

Dr. Gillian Sealy (01:56):

I think that's a really important question. I think for instance that what COVID has shown us is really, it's laid bare the health disparities that folks are feeling, but not just in the healthcare setting but it's specifically in access in sexual and reproductive health services. But let's look even pre-COVID, and what we know is that a system of care, especially in healthcare, is fragmented, right? Too often, things like contraceptives, preconception care, are not typically offered in an integrated part of women's primary healthcare, especially in communities of color. And so all too often, reproductive health services, so for instance preventive screenings and testing, pregnancy prevention, contraceptive care, preconception care, are not addressed by the

same provider or even within the same physical setting. Fractured care often means that people must visit multiple healthcare providers and also seek out health information from multiple sources to access optimal care. And when you think of those that are uninsured or underinsured, they're more likely to be disengaged from the healthcare system.

Dr. Gillian Sealy (03:11):

And so to your question, I think this really involves a broad range of folks as it relates to making sure that people have reproductive well-being. This would include policymakers, healthcare systems, healthcare industry, and advocates, which are all part of building a system of support and transforming the culture to one that enables people to access the support they need to achieve their goals. This will mean that we need to change the narrative. We need to change practices for women's health and health more broadly, both at the local, regional and state level. We'll need to align our approaches as we change practice to meet the needs of people in a more seamless and responsive way.

Dr. Raegan McDonald-Mosley (04:00):

So, in addition to making care more concentrated, or rather making care more streamlined, if reproductive well-being were fully incorporated at the community level, what would sexual and reproductive health look like across the lifespan for people in that community?

Dr. Gillian Sealy (04:18):

That would mean that people, regardless of social structure, are not disadvantaged when they're seeking to achieve optimal health. It would mean that we would break down the silos in the healthcare system and see sexual and reproductive health as really part of overall healthcare. It would mean that to achieve health equity for instance, in this area, that we would acknowledge that for some groups, they've been disproportionately affected by poor health outcomes, including in maternal and infant health. And what that would mean is that we would need to put a system of support in place to address and rectify this. It would also mean that for some, it wouldn't just be relegated to individual choice or a random occurrence, but really to look and acknowledge systemic barriers that affect a person achieving reproductive well-being.

Dr. Gillian Sealy (05:15):

And finally, it would mean that people, when they enter the healthcare setting and system, would be respected by being seen and heard, that they would have autonomy to make their own decisions about their sexual and reproductive health, and that they would be in control of their decision-making power, as well as again, that system of support that supports their decisions.

Dr. Raegan McDonald-Mosley (05:37):

That's very helpful. As we discussed in our last discussion, we have a long way to go to get to the point where reproductive well-being is a reality, but that it's feasible and obtainable. If you could rank, right? Or prioritize the areas where you would sort of make the greatest impact for reproductive well-being; if you had a magic wand, right? To ensure that reproductive well-being was fully inculcated in our communities and culture, where would you prioritize and where would you act first?

Dr. Gillian Sealy (06:11):

To be honest, when we engaged those 40 national organizations, I think we were all in the same thinking, that one of the first and foremost places that we wanted to adopt reproductive

well-being, to develop a framework and to engage, to get us on the path of again, something that might seem aspirational but is definitely totally doable, is really looking at providers in the healthcare system as the first place to start. And when I use the word healthcare providers, I use that term to not just include clinicians but also folks like community health workers, doulas, home visiting nurses, as well as social service providers and areas where people are being touched by health and social systems. And the goal was really to transform the way in which these sectors at the institutional and the practice level communicate with people to support their reproductive well-being.

Dr. Gillian Sealy (07:14):

And so, we knew that there had to be a paradigm shift in the system of support and the way that we were centering patient care. And again, we knew that one of the places that we would start would be at the healthcare and provider level, but we also knew that should we help them think about how they would shift their practice to include the tenets of reproductive well-being, we also knew that then this would trickle down to patient experience as well. Additionally, we also understood that others needed to be a part of this work and a part of this conversation, including communities, policymakers, faith-based organizations, youth-centered organizations; anywhere where people were touched by a system, we knew that they also needed to be part of the conversation. So I would say touching the healthcare system, but knowing full well that those were not the only individuals or the systems that needed to be touched and only is one of the things that we discussed.

Dr. Raegan McDonald-Mosley (08:23):

So you mentioned the community level needing to be an important component of this, right? To make this a reality for all. What tools do you think are needed to support reproductive well-being at the community level?

Dr. Gillian Sealy (08:35):

I think there are a few tools that communities need to make reproductive well-being successful. And while we establish the national work around reproductive well-being first, we know that real change happens locally, right? And in fact, we know this intimately because eight of the communities that we're currently working with have demonstrated that. So, one of the things we know is that communities wanted and need a platform to be able to do collective impact work, which is often not easy. And they also want to be part of a larger collective. People don't want to think that they alone are doing this in their community, that there are others also that are moving towards this movement of reproductive well-being. And so, this allows for the spread and scale and the sharing of ideas. We know at Power to Decide, as a national organization, that communities themselves are the best position to identify and to implement the most effective strategies to support reproductive well-being. And so, this is one of the reasons early on in the work that we did, in addition to convening those 40 national organizations, we also convened 50 community experts.

Dr. Gillian Sealy (09:52):

And these experts included practitioners. There were advocates, there were researchers, to aggregate best practices, evidence-based strategies and lessons learned. And then what we did is we took all these and created a reproductive well-being place-based toolkit to promote reproductive well-being at the local level, understanding that these strategies would have to be customized because again, communities are very different. The toolkit included four main areas of action that we collectively, just based on those experts who obviously have expertise working

at the community level, that we knew would help build that local system of support for reproductive well-being. And these included health equity, policy, education and communication, and healthcare delivery. Our communities also needed support and technical assistance to be able to move reproductive well-being from a theory into practice.

Dr. Gillian Sealy (10:59):

And also, I'll say finally, that it doesn't hurt if funding is available to help communities to put the pillars of reproductive well-being into practice. I think often we ask communities to implement policies, procedures and practices, but without the necessary funding for them to not only implement, but for it to be sustainable. As we talk about reproductive well-being, we don't want it to just take hold for the next year or two. We want this to be integrated into the system of care that communities are providing.

Dr. Raegan McDonald-Mosley (11:35):

Yes. And funding's essential for these communities to be able to prioritize the specific areas and gaps that they have identified for themselves, right? As sort of their need locally. As we know, narrative change doesn't happen overnight. What do you think it will take and who needs to be involved for reproductive well-being to take hold, and for this paradigm shift to occur in terms of a long-lasting change? And how can reproductive well-being move from an idea to a practiced reality?

Dr. Gillian Sealy (12:03):

I think there are many folks that need to be involved in this. I think back to the social determinants of health, and we think about the barriers to care. And we understand that there's not just one constraint that for instance, a family might be experiencing as they access the healthcare system and look at reproductive well-being. And so with that in mind, knowing that the issues that folks face are multifaceted, it's going to take us having a wide collaborative to be able to address this. And as I mentioned before, the work that we've done, it took a collective effort to again, to look at what is happening in the landscape and then to think about how we rectify that and how we think about what a paradigm shift might look like. So it's definitely an opportune time to include, and we have done that, other movements as well, as we continue to do this work.

Dr. Gillian Sealy (13:02):

Again, and when we started this work we knew that we needed to start with healthcare and social service providers, but it can't stop there. We know that there are various levers that need to be pulled to ensure that reproductive well-being, including our place-based work, need to be involved. We need to look at supportive policies of reproductive well-being, which would include policymakers and advocates. Also, we talk about policymakers and I think oftentimes people think about big P policy, but communities can also be involved in small P policies, whether that's having organizations sign on to consensus statements, to developing guiding principles about what reproductive well-being might look like. So, really helping communities to see what power they have as it relates to policy or some of the things that we need to be doing as well.

Dr. Gillian Sealy (13:54):

Also, thinking that we want to make sure that as we talk about patient-centered care and the healthcare that we're providing, that it's culturally responsive and linguistically appropriate, which is very, very key. We heard that over and over again, that this is vital to making sure that reproductive well-being is achieved. And it will take all of us ensuring that all people have

equitable access to information, services, systems and support that they need to be able to control their bodies, to make their own decisions related to sexual and reproduction throughout their lives. I think the other thing, as we look... as individuals, and I know that we're talking to folks who are in the healthcare setting, and clinicians and non-clinicians alike, to think about what do they bring to this work, right? What experiences do you bring to this work? What expertise do you bring to this work? What keeps you doing this work, right?

Dr. Gillian Sealy (14:56):

As we know, when we talked to providers we heard that many of them embrace the tenets of reproductive well-being. Definitely wanted to see that their patients were given the optimal healthcare but that there were systems in place, whether that's billing or other systems, that prevented them from doing it. So, really understanding what keeps providers doing this work and wanting to make sure that their patients have reproductive well-being. And then finally I think also asking, what values do you hold in this work, right? Because I think that's something that's also important, as we look at communities, as we look at the healthcare system, to ensuring that reproductive well-being is achieved for all people.

Dr. Raegan McDonald-Mosley (15:45):

That's amazing. You talked about policy, right? Both the big P and the little P, and I feel like we could have a whole other podcast episode just on that. But in thinking about some of the big P policy things that folks can be considering in their own communities, or supporting policies for comprehensive and evidence-based sexual health education, policies that support contraceptive access, like having 12 months' supply of contraceptives at a time, having telehealth policies that support access to contraception, pharmacists prescribing, policies to support maternal health, Medicaid coverage for 12 months after delivery, support for mental health services. I mean, the list could go on and on and on, but those are some of the things to lift up. And then also in individual organizations, making sure that your policies do not inhibit someone from getting access to the full scope of contraceptive methods. That you have appointments and policies that allow people to come in for removals the same as they can for insertions, for LARC devices, for example. Policies that allow for and encourage reproductive decision-making screening at all types of visits, including at primary care and specialty services.

Dr. Raegan McDonald-Mosley (16:58):

So, these are some of the things that folks can be considering, both the big P policies in their state or, and in their communities, as well as the little P policies in their own institutions and really interrogating their level of support for reproductive well-being.

Dr. Gillian Sealy (17:12):

It's not just going to be incumbent on the healthcare system to be a part of this as well. If you're looking at transportation and folks not having transportation to get to a doctor's office or a healthcare setting to be able to access contraception or the cure that they need, that's really incumbent on people being able to do that. And to your point, looking organizationally, are you giving people time to be able to go to their appointments, to be able to access this system? So again, we might have started with the healthcare system and with providers wanting to make sure that the tenets of reproductive well-being are a part of the work that they do, but it doesn't just stop there. It really is incumbent on all of us to be a part of this collective work.

Dr. Raegan McDonald-Mosley (18:06):

I love this. I think this is such a critical framework, and I wish that something like this had been in place during my medical training. But I'm so grateful to be a part of the work that we're doing to disseminate this across the ecosystem. And envisioning a world where all people feel seen and understood, where people feel like they have the freedom and safety to experience their sexuality and have autonomy over their bodies, and that they can control and receive access to all of the information and options available. And lastly, and so importantly as you've laid out, that the systems are there to support people's decisions and ensure that they can have the autonomy and feel seen and heard. It's a really powerful framework, and I'm hopeful for the future where we can make this a reality for more people.

Dr. Gillian Sealy (18:58):

There's nothing that prevents us from, and in fact we've talked about this, looking at schools of public health and schools of medicine and schools of nursing to really institutionalize the tenets of reproductive well-being for early professionals who are entering this space, so that they do have these tenets that they hold dear, that they then are going to incorporate into their practice. And not just their practice individually, but the institutions that they work from, right? I think back to one resident that we heard from who said, "The tenets of reproductive well-being are what I hold dear as a young resident. But when I went into the hospital setting, it was a total contrast to what I felt I needed to give to my patients. And as a young resident, there's a rub about being able to go into an institution that is many years old and trying to institute the tenets of reproductive well-being."

Dr. Gillian Sealy (20:01):

So I think there is a push-pull there, as was evident based on this resident's story. And so, I don't think there's anything that prevents us, and in fact encourages us, to really look at young professionals as they're entering this space, to arm them with the tenets of reproductive well-being.

Dr. Raegan McDonald-Mosley (20:20):

I think that's right, and building a cadre of the next generation of providers for whom this is just a part of how we practice and how we see the world and an expectation for patients and communities. I love that. Anything else that I haven't asked you that you want to say about sort of the future of reproductive well-being and how to make this a reality for all?

Dr. Gillian Sealy (20:40):

I think reproductive well-being, I will tell you, having started this in 2017, as people like to say, it was a twinkle in our eye, right? Again, it was very aspirational, but we knew that it was doable. And being able to go out and do some focus grouping with hundreds of people, we definitely saw that people resonated and gravitated towards reproductive well-being. It's something that they wanted, that they wanted to see both at the patient level and at the provider level. And as we talked about, now we're seeing it at the community level. So clearly, we've seen the seeds that we have planted take root, and we're hoping to see this blossom even further into more communities. I will say, I'm often heartened when I hear folks, both on social media or in the media, say reproductive well-being. It's not part of the overall vernacular yet, but we're seeing inklings of people using that phrase.

Dr. Gillian Sealy (21:40):

And so, we want to hear more of it but we also want people not just to talk about it, but to make sure that they're institutionalizing it all over, not just in healthcare settings but in where people

are touched by systems. And to create those systems of support that it becomes the expectation of those seeking those services that reproductive well-being will be, and the tenets of reproductive well-being will be, something that they experience.

Dr. Raegan McDonald-Mosley (22:09):

Thank you so much, Gillian. This has been a really powerful discussion. I want to just remind everyone of what the pillars are for reproductive well-being. They are respect, autonomy, control and systems of support. And I want to encourage you to think about what it would look like in your community if everyone was working towards reproductive well-being, and what you need to get there. And what you or your organization can commit to in order to advance reproductive well-being in your own community. Thank you so much, Gillian, again for this informative and amazing and powerful discussion. It's been so great to speak with you.

Dr. Raegan McDonald-Mosley (22:47):

To follow the work of Gillian, follow her at @tw4acause. That's at, T-W-T, 4, the number four, a cause, on Twitter. And you can follow me at @DrRaegan on Twitter. And please stay connected with Power to Decide by following @powertodecide on all platforms. This podcast was produced as a partnership between Power to Decide and the Reproductive National Health Training Center, and you can learn more at rhntc.org.