



Video Transcript: Partnering for Preconception Health in Jeffersonville, Georgia: A Case Study Video

Speaker 1 (00:00): Partnering for Preconception Health in Jeffersonville, Georgia: A Case Study Video. This video was created by the Reproductive Health National Training Center, RHNTC.

Dr. Keisha Callins (00:11): My name is Dr. Keisha Callins, I'm an OB/GYN with Community Healthcare Systems here in Jeffersonville, Georgia. Community Healthcare Systems is a federally qualified health center network here in central Georgia. We have the opportunity to also provide services to the Georgia Family Planning System. Besides the Health Department, which is a partner for the community, we are the only facility that provides medical services. In addition to the nurse practitioner that's on staff, I am the only physician that's been in this county, and I've been the only one for almost seven years. But it's such an honor to be able to serve in the community because, without that, a lot of our patients would not have access to healthcare. It's very important for us to be able to provide birth control and do family planning, and a lot of that sometimes is more preconception counseling, and so not just focused on the prevention, but the planning portion of what needs to happen in terms of women's reproductive health.

Cindy Jackson (01:09): My name is Cindy Jackson, I'm a Registered Nurse with Community Healthcare Systems and I currently serve as Quality Coordinator. The staff have to have buy-in. Everybody has to understand the mission, the goal, why we come to work every day. Behind every number is a patient, and every time we can improve quality outcomes, we can improve patient outcomes, which not only affects patient lives but their families and also the community.

Dr. Keisha Callins (01:33): The birth control is really just that connection point, but really the lens is how can I improve their quality of life? So the other opportunity that comes up with that preconception visit is really the opportunity for patients to share things that are going on with them that might not otherwise be addressed.

Cindy Jackson (01:53): We also do an assessment of the patient's social determinants of health, because as we know, if the basic needs are not met, if the patient doesn't have food, water, electricity, which a lot of times unfortunately we do see patients daily that have those needs, so if their basic needs are not met, that's the groundwork that we've got to start first.

Dr. Keisha Callins (02:11): So one of my favorite quotes is "Change happens at the speed of trust." I think that's really the base of everything. I think that when you have a trusting relationship with a patient, it is the foundation for how things move forward.

Shalu Taylor (02:26): I'm Shalu Taylor, I'm the Women's Health Nurse Practitioner for Community Healthcare Systems here in Georgia. Trust is one of those hard things to build, as a provider. You can't rush in and rush out, so I always start out with talking about how their day's gone, how their month has gone, how their family is, and then we can move on to- do they have questions? Do they have concerns?

Dr. Keisha Callins (02:54): So I think about building trust as building a bridge with the patient, and sometimes you're building a new bridge, but sometimes you're repairing bridges, because they're coming in based on experiences that they've had, that may not have been positive. You have to be able to recognize that quickly and figure out what is it going to take to help that patient to get that trust back. I have a lot of women who will come in and they're so amazed that we can refer them to a primary care provider, they can talk to a nutritionist, we can do smoking cessation counseling, lots of services or things that they would benefit from, but not otherwise have access to.

Shalu Taylor (03:37): When you're taking care of patients, you need to have outside relationships with other organizations so that you can give good care. I have to have relationships with other OB/GYN doctors in other towns so that I can send them up there. We work with our shelters there in town. We work with our pastoral alliance there in town to also help because they will help cover bills that might need to be paid for our patients.

Dr. Keisha Callins (04:10): We see things, we hear things, and then we can engage our community to help meet those individual needs. Every opportunity that we have to touch a patient is an opportunity to improve their quality of life. For my ladies, improve their maternal health for their lifespan, and then how that impacts everything else that they do, and that to me is important. An opportunity not just to take care of the problem, so to speak, but also the person.

Speaker 1 (04:44): Explore RHNTC's Preconception Health Toolkit and other resources at RHNTC.org. This has been a production of the RHNTC.