HRSA
Health Center Program

HRSA Technical Assistance: Health Center Excellence in Family Planning

Transcript | March 14, 2023

Slide 1 – Welcome

Kalei Lau

Good morning and good afternoon, everyone. Thank you so much for joining us. I know as you're coming out of the waiting lobby, we have a few announcements for you before I have the pleasure of introducing you to our Administrator Carole Johnson. So, as you might know, the microphone, video, and chat features are not going to be needed today, and so they're going to remain deactivated.

Please know that if you want to see and view closed captioning, you can select the Closed Captioning icon that's at the bottom of the screen or the three dots icon and then you can go ahead and view subtitles. And just know that throughout today's presentation, you're more than welcome to be able to submit questions at any time using the Q&A feature that's in the Control Panel that is within Zoom.

Slide 2 – Title Slide

On that note, it is my pleasure to be able to welcome you to the Health Resources and Services Administration Technical Assistance Health Center Excellence in Family Planning. We are so pleased that you are going to be able to join us. Again, good morning and good afternoon. I'm going to go over the agenda and then have the pleasure of being able to let you listen to some wonderful remarks from our Administrator.

Slide 3 – Agenda

So, after our Administrator Johnson speaks, we'll also hear a few words from one of our Directors from the Bureau of Primary Health Care, and then we will have a representative from our Office of women's Health moderate a session with health center guests. There will also be that Q&A portion that I had just mentioned.

But as I want to welcome everyone, it is my pleasure to have Administrator Johnson be able to give us -- share a few thoughts with us. She is quite passionate and a strong and fierce advocate for all of us here at the Health Resources and Services Administration. And for all that she brings to our agency, to the health center community, it's evident in her work from when she was doing policy work in what is

now our Bureau of Health Workforce, to even being able to deepen her time throughout working in different roles and strategies within the White House Administration. And I think with her leadership experience and depth and breadth, whether it was serving in New Jersey as the Commissioner of the New Jersey Department of Health of Human Services or being able to serve as the domestic policy council, Public Health Lead in the Obama Administration, that there is this passion and this knowledge that we are excited to have with us today. So it's my pleasure to give the floor over to Administrator Carole Johnson.

Slide 4 – A Word from Our Administrator

Carole Johnson

Thank you so much, Kalei. Thank you, everyone, for taking time in your schedules to be able to be with us today. It really is such an important and critical topic and I know your dedication to delivering services in your community means that you all have a lot of experience with, but also questions and opportunities to learn from some of our colleagues today about how we're ensuring that family planning services are reaching everyone who needs them in the most accessible way.

It's really, again, my pleasure as the HRSA administrator to work with everyone on the call today who is doing this critical work here at HRSA and with all of you who are doing it in communities across the country.

It really is -- today is really part of our efforts at HRSA to implement the President's Executive Order on protecting access to these types of services, and Secretary Becerra's commitment to ensuring that there is access to affordable care across the country. As many of you know, we at HRSA are home for the Women's Preventative Services Initiative and that is the clinical expertise and stakeholder panel that provides up-to-date clinical recommendations to me as the HRSA Administrator, and allows us to ensure our family planning guidelines and contraceptive guidelines that are both the guidelines that inform clinical practice, but also under the Affordable Care Act, inform access to free preventative services, are up to date and reflect the best practices in clinical guidance.

So, we are very pleased to be home on those services, and we know that the Women's Preventative Services Initiative helps to increase access to preventative care and that it really informs up-to-date clinical recommendations, and then helps make what is the clinical standard available and accessible to

people in communities across the country by impacting insurance standards for access to preventative services.

As many of you know, at the end of last year, our Bureau of Primary Health Care, updated our Technical Assistance Resource for Family Planning and Related Services in Health Centers to provide the most up-to-date information on the delivery of voluntary family planning and related services. This afternoon you're going to hear from Jen Joseph who leads policy work in the Bureau to speak more about the details of our technical resource document, which we hope that the outstated version has been helpful and useful to you as you navigate this moment.

These are just a few of the ways that HRSA coordinates inside our agency and then across HHS with our colleagues and with our colleagues in the White House and the like to make sure that where policy needs are -- where they need to be met, that we're filling in those needs, where there are technical assistance needs, that we're responding to those needs, and where -- where more information is necessary, we're providing that so that we can collectively as a community, protect the health and well-being of families and women of reproductive age.

You all know that health centers reach 30-million people across the country, and many of the most historically underserved and rural communities in the country where access to services can be quite limited, but for the work that you all are doing. And so it is your work to provide the provision of family planning services, contraceptive care, patient education, that is really making a difference in those communities to ensure that people have equitable access to these services.

You are the integral trusted partner to make that happen, and you know how to do that in a culturally competent and patient-centered way. We've heard countless stories again and again about the work that you're doing and the way that you're meeting these needs in the delivery of family planning services.

So, I'm really delighted to have the opportunity today to share with you that we've brought together some of the experts from health centers around the country to share what they're doing, what their lessons learned are, how they're implementing the technical assistance guidance ways at that they can share with you about best practices in supporting patients' family planning needs. Nancy Mautone-Smith from our Office of Women's Health will lead a discussion in just a little bit with experts

from Community Health Association of Spokane from Washington State, Blue Ridge Community Health Services in North Carolina, and One World Community Health Centers in Nebraska. So, we're really delighted to have not just the chance to talk to you about our technical resource document and the work we're doing here in DC, but also for you to hear directly from your colleagues and service providers from around the country about the ways that they are making sure that family planning services are as widely accessible and available as possible to the communities that we serve.

So, I'm delighted that you are taking the time for this call today and thank you for the work that you're doing to ensure that individuals have the most widely available access to family planning services, and the critical primary care needs that you're meeting every day. Thanks, everyone. And with that, I think I'm turning it over to Jen Joseph.

Slide 5 – A Word from the Bureau of Primary Health Care

Jen Joseph

Yes. Thank you so much, Carole, and a second to a thanks to health center participants who joined us today. As Carole noted, health centers play a critical role in ensuring equitable access to family planning services in underserved communities across the country. Family planning services include patient-centered counseling, contraceptive services, pregnancy testing and counseling, assisting patients who want to conceive, basic infertility services, preventative services to improve overall health and screening and treatment for sexually transmitted diseases.

As Carole mentioned, in December we updated our technical assistance resource on family planning and related services in health centers, and I believe there will be a link in the chat for how you can access that. That technical assistance resource doesn't create new policy, but it does outline related health center requirements in the space of family planning, and I think most importantly, provides evidence-based recommendations that include resources to help you all address potential barriers to providing the full range of family planning services.

So, if you don't have the link, you can later find the technical assistance resource on our clinical quality improvement page, and we have additional details on our scope of project web page. Certainly, as always, if you have questions related to scope of project, related to required services, please submit them using our contact form and you can select once you're in that contact form the policy portal and

those will get to our policy team who can help navigate your related questions.

So, we're excited to have that resource available. We hope that you take a look at it if you haven't already. We hope that you ask questions if it raises questions for you. But what's on the web page is one thing and hearing from your peers and what has supported their success and how they navigated a range of challenges is the order of the day and I want to get us to that.

So, I'll now pass the baton to Nancy Mautone-Smith, a great partner and director of HRSA's Office of Women's Health to moderate today's roundtable. Nancy?

Slide 6 – Excellence in Family Planning

Nancy Mautone-Smith

Thank you. Thank you so much, Jen. Thank you for the wonderful introduction. Good afternoon, everyone. I'm Nancy Mautone-Smith Director of the Office of Women's Health here at HRSA and I'm so thrilled to be here today to serve as your moderator for this panel discussion on excellence in family planning within HRSA-funded health centers.

Next slide, please.

Slide 7 – Roundtable Discussion

We have with us today distinguished staff from three health centers across the country. We have Shauna Coleman from CHAS Health in Spokane Washington, Andrea Skolkin and Sarah Miller from OneWorld Community Health Centers in Omaha, Nebraska.

Next slide, please.

Slide 8 – Roundtable Discussion continued

And Tammy Greenwell, Nicole Ray, and MaryShell Zaffino from Blue Ridge Community Health Services in Hendersonville, North Carolina. And on behalf of HRSA I want to extend a warm welcome to all our panelists and thank each of you for taking the time to talk to us today about your efforts to provide high-quality family planning services in your communities.

So, we'll get started with getting to know you a little bit better as panelists and a bit more including your information about your programs, your mission, your location, the different care models that you might like to share with us that you're using to meet the needs within your communities. We'll go ahead and get started with Shauna Coleman from CHAS and then move over to our team from OneWorld and then the Blue Ridge Team. Shauna, kick us off.

Shauna Coleman

Thanks Nancy. Happy to do that. Thank you everyone for joining. Really appreciate your interest in this topic. I'm from the Community Health Association of Spokane. I was part of the team that helped implement changes to our family planning that we offered here. That's my expertise. We have 22 locations spanning Washington and Idaho. We serve over 100,000 patients a year. And that's 200 plus providers serving patients. That's just us.

Nancy Mautone-Smith

Great. Thank you. Over to OneWorld.

Andrea Skolkin

Hi. There are two of us here today. I'm Andre Skolkin. I'm the Chief Executive Officer of OneWorld Community Health Centers and we have 19 locations and 50,000 patients. Welcome.

Nancy Mautone-Smith

Great. Thank you so much. Over to Blue Ridge.

Tammy Greenwell

Hi. Thank you, Nancy. Welcome, everyone. Thanks for being part of this discussion today. I'm with Blue Ridge Health or Blue Ridge Community Health Services and our mission is to improve health, inspire hope, and advance healing through access to compassionate, affordable, and quality health care. We're located in beautiful Western North Carolina, which is part of my background that you can see here. We serve 10 counties in Western North Carolina. We have about 45,000 patients that we serve annually, and we have a primary care team that includes residents, advance practitioners, physicians, we have around 70 to 80 of those providers in our area. And we have 10 school-based health centers. They are

located in middle schools and high schools. We are also a migrant health center, so we serve families of migrant seasonal agricultural workers as well. Lastly, we're a teaching health center. So, teaching has always been an important piece of what we do and how we keep providers and those primary care providers in our network and in our area providing those family planning services. So, thank you for having us.

Nancy Mautone-Smith

Thank you. Thank you so much for being here. We're really interested in learning and hearing from you about your care models and about how you took into account different strategies and considerations that you used to inform the approach that you are going to take, and that includes things like partnerships that you might have developed and other approaches that could be helpful for the community listening today.

Let's go back and start with CHAS again and move then after CHAS to Blue Ridge and OneWorld. Could you tell us a bit about that?

Shauna Coleman

Sure, of course. So, part of our strategy with revamping our family planning and care approach, so we had an approach, right, but we were revamping it and changing it. That's kind of our big metamorphosis that we had. We expanded our approach, so we included more providers, more of our care team to be involved in our family planning services, to be trained in family counseling, to make sure they were trained in all the methods of prevention, make sure they were trained in all of the resources we had in the community for referrals for services that we didn't offer directly. So, we put a lot of effort into training of our teams, expanding, again, that care team passed just the provider and also outside of women's health. We had focused most of our efforts around women's health and those providers and we blew that apart and expanded to everyone, which was super helpful. We also realized a barrier right away with one of our prescriptions, we have pharmacies here as well. So, one of the barriers was people, women of reproductive age getting access to the right care, the right method the same day and what their medical benefit would cover versus their pharmacy benefit. So, we had to kind of work through those details as well. Super good to know ahead of time and we were able to identify that early and work through that process, which was helpful.

And then the other thing I would just share is we wanted to make sure we provided same-day access, which is not always easy, not always easy to do that, right, in full schedules where you're already packed and everybody knows this who is on the call, right, you're already jammed with patients and you're filling every spot that you have already. But we were able to work through some of those processes in order to provide same-day access to contraceptive care as it was needed. I think those are kind of the big things that I would want to talk about today.

Nancy Mautone-Smith

Great. Thank you so much.

Shauna Coleman

Welcome.

Nancy Mautone-Smith

Blue Ridge, what can you tell us about your unique approaches and partnerships that you developed?

MaryShell Zaffino

Thank you. I'm MaryShell Zaffino, I'm the Chief Medical Officer and I also see patients in our clinics, as well. So I'm going to speak as well as Nicole Ray, who is our Associate Director of our school-based health centers, and so on the whole, we really feel like that same-day access just like Shauna was mentioning is really important, and we really want to try to be flexible as much as possible and meet the folks and patients that come in really where they are and what they need at that time. So, you know, providing things like pregnancy tests for free, and then having that discussion if that is negative, and what can we do for you today to help you to make sure that you have the right timing for your family planning, and trying to get folks in as quickly as possible, and if not that same day even providing things like long-acting reversal contraception on the same day and other opportunities for those longer-acting methods.

We also provide vasectomies in some of our clinics, so to help in all areas of family planning, and so that has been beneficial, especially for folks that do not have insurance. North Carolina is a state that has not yet expanded Medicaid, so we do have a lot of uninsured patients looking for ways to help ensure

that they have the family planning opportunities that they would like.

So, we really try and meet the patients where they and try to provide the same-day as much as possible as well as providing pre-natal vitamins and other things like that. I'm going to turn it over to Nicole and let her talk about the school-based health centers because it really does provide a unique opportunity for our young folks to be able to have some family planning as well.

Nicole Ray

Thank you, MaryShell. I'm Nicole. I'm the State Medical Director of our school-health program. I'm in my school health center right now, so it is definitely, flexibility is a major focus for us. In North Carolina, we cannot distribute any contraception on site at school by law, so we definitely have to do some problem solving sometimes, but we definitely reinforce the education standpoint. I have a lot of students who don't know much about contraception at all, and just sitting down and having a conversation to be able to provide access to resources and education and support through their decision-making, and then empowering them, employing motivational interviewing on how to navigate the resources for them to be able to obtain family planning services if they desire to do so.

Tammy Greenwell

I'm sorry, I was just going to jump in, too. I think one of the unique things we have in school health, too, is we have a long-standing partnership with the school nurse program and a lot are either employed by the school or local health departments, and we find a lot of times that where we may not be able to move forward with assisting someone in those family planning scenarios, they are able to help us with that. So, I think it's been a very unique and grateful partnership that we're able to help each other out in those communities, and really, do a lot of problem solving around particularly our students in middle schools and high schools around family planning. So that has really given us a good opportunity in that arena.

And then as Dr. Zaffino said, certainly family planning, I think something unique about us is that we are a teaching health center, so we have a residency program, so a lot of our residents are not only seeing patients in the health center, but they're also delivering their babies in the hospital. So, having that connection and being able to talk with them about family planning and what are the next steps and let's

figure this out together and do like what Dr. Zaffino said, meeting them where they are at that moment in time, I think it's really an important aspect of what we do as well.

MaryShell Zaffino

Lastly, I would say that we do have some pharmacists who in North Carolina, I think it's a North Carolina law, although it could be federal, that they're able to prescribe oral contraceptives, so we can have folks that come directly to our pharmacy to receive care for that.

Nancy Mautone-Smith

Great. That work really highlights the importance of the partnerships that you all have developed to be able to maintain access to care for your communities. Thank you for that.

Over to the OneWorld team.

Andrea Skolkin

I'm going to ask our provider and leader of clinical services, Sarah Miller, to join me. And I will have her talk a little bit as I just do some general things. You asked how we meet the needs of the community. Well, I think unbeknownst to the nation, Nebraska has a large Latino population, and so most of our care is provided by bilingual clinicians and support staff, and we work really hard to recruit and retain that.

We, as I heard from North Carolina, have a large uninsured population, despite Medicaid having been expanded here. So about 42% of all our patients, and that actually has gone down over the years, are uninsured, and so our sliding fee scale and the title 10 sliding fee scale comes into play.

A lot of our mission and vision is about access and cultural respect, and so that everyone is welcome no matter where they're from at OneWorld. And like North Carolina in our school-based health centers, which we have six and one mobile clinic, we are not able to dispense birth control, nor talk about birth control.

So, our strategy was to develop two standalone teen and young adult health centers that have been quite successful, and I'm going to let Sarah speak for that.

A couple of other things is that we have a teen outreach team who is actually out in the community, and though our school districts will not as a district support in-depth health human growth and development, we do get invited or they get invited into the schools to make presentations, which is really unheard of in our community. And we also have a teen text line where if someone has questions, one of our outreach managers is able to answer that.

So, we have lots of partnerships, including what I heard, we have the University of Nebraska Medical Center Family Practice Residents, and we have Crayton OBGYN residents and a standalone women's health center, but our family planning is integrated into all of our locations, though I would say a majority of it occurs in our women's health and teen clinic.

So, Sarah, do you want to talk about our school clinics and teen clinics? The other thing I would add is that we screen for the social determinants of health, and we want to make sure we serve a population as most health centers do that are very underserved and have a lot of needs. So, a lot of food connections and social service connections, transportation is also part of that family-planning work. So, Sarah, do you want to go ahead about the schools and teen clinics?

Sarah Miller

Yeah, and I think to Nicole's point, the school-based care when we're able to do pregnancy testing and do STI screening, it's creativity and the approach to reflect about sexually transmitted infections and prevention of that. So being very creative with that, but I think to the point of Blue Ridge having it be a same-day appointment and having those partnerships very strong with the school nurse, the school counseling staff if we're in the high schools. Also, we have social workers we work very closely with, and a few key administrators that really care about kids and want to get them to the care they need. One of our strategies was to have one of our school-based health center staff also work in our teen and young adult health center so that the kids know that, hey, there is the lady I just saw at my school is over here and it's a familiar face and it takes away some of that initial fear, and I think the other thing we do is talk a lot about health literacy and how to do an appointment.

We've done programming especially in the high schools with a select few kids to identify what health literacy means, what does it mean to have insurance and things like that, and how to work title 10, and I think our teen clinics for sure, I think one of the main -- they are very accessible as well and we do some

trans-gender care there as well which makes it very open and accessible to all as to Andrea's point. And I think also we work very closely with one of our -- in collaboration with Title 10, we have a metro area contraceptive access project and STI prevention programming that has allowed us to do a lot of things for at a lower no-price cost especially for those who are 24 and under.

So, yeah. And I think the other last thing I will say is our teen clinics has a pharmacy on site. And so, like the Blue Ridge, we too, are able to do same-day LARK, or oral or all the different kinds of non-long lasting of contraception that people are seeking. I think you're muted, Nancy.

Nancy Mautone-Smith

Thank you. Thank you so much. With all of this amazing and innovative work that you all are doing, there are probably many lessons learned that you might want to share with the community that's joining us today. So, what have been the biggest lessons that you have learned that you would like to share with the audience today? We'll go back to you OneWorld since you were on a role. Lessons learned that the audience may need to know about if they try to do some of the things that you have done.

Andrea Skolkin

I would say one of the biggest lessons that we learn over and over again, not just family planning, is patience and if an obstacle is in our way, there is a way to move around it or move through it. We just have to be persistent and continue moving.

Another one. We have to be very thoughtful about how we speak publicly because we work in an environment where reproductive health is not the favorite topic with politics at hand, so we communicate what we need to communicate and we're thoughtful about how we do that.

One of the things that we did that I thought was very important, we started as an $8,000 title 10 special grant and then kind of grew over time. But as we grew, we engaged our board very early and were very transparent about birth control, and then again with transgender health so that they are just as informed and never caught by surprise and know how -- and embrace how we're moving forward.

Anything you want to add, Sarah?

Sarah Miller

Yeah. I guess the patients for sure. I started at OneWorld as a nurse a long time ago. And thought wow wouldn't it be great if we could do on site HIV testing, and you know a decade later here we are being able to do that kind of thing.

And so, plant the seeds and then see how it can grow over time. I think for sure. I think the other thing is like not -- everyone, especially from clinicians, wants to be involved in family planning, and so being able to respect those values because that way we actually are living out the care for all and open to all opinions as well.

Andrea Skolkin

The last thing I would add is being an FQHC and having integrated family planning into our array of services is very different than a standalone family planning clinic. And as we work with other clinics in our state that are not FQHCs, that does take some understanding and exchange of information because we are not the same, though we do all provide family planning.

Nancy Mautone-Smith

That's great. Thank you. Over to CHAS. Any lessons learned you would like to share?

Shauna Coleman

So many, yes. I think with any change management process, just keeping the mission at the forefront of what you do and everything that you talk about. You know, the fact that we can help with family planning, allows someone to, you know, decide the course of their life versus life happening to them. Right. It allows us to really serve our patients and live our mission every single day. Every time we talked about this topic, every time we were in front of our clinic teams, we were talking about mission, we were talking about what we do, we were talking about how its tied to them. Right. Really, really talking to the emotional side of the people we work with. Right. Trying to make that connection, and I don't think there is anything -- I don't think you can be remiss in always connecting it to your mission.

Also, just a quick thing, but we had a sponsor an advocate for this work who was one our chief clinical officer, who was really the champion and the face of the work throughout the entire process and project

and still is the face of the work. Right. So having a fierce advocate on your side, talking about it, bringing it up, never letting it go, never letting it fall off the radar, right. It's critical. It was critical to our success. I think it's critical in general as Carole was an advocate we heard at the beginning, so it's wonderful to have those advocates.

And then the last thing I would mention is just collecting the data. We really wanted to make sure that our CHR reflected the work that we were doing, so we could then prove it. Right. We could talk about it, we could say we served this many people, we asked this many people this many -- these are the amount of people that got same-day access that wanted it. Right. So, I think just data collection and being able to prove and tell your story via data and tie it then to that emotional piece I think is critical in your success in terms of moving this work forward.

Nancy Mautone-Smith

That's great. All of those so important. Thank you. Blue Ridge, lessons learned?

Tammy Greenwell

Sure. I think from my perspective and of course my colleagues will respond as well, I think being able to offer an array of family planning services and different long-acting reversal contraception, any of those different methods of contraception, and really at a price people can afford. If someone wanted to have a vasectomy or if someone was interested in an IUD, having those programs where some of those we can get for free or at a highly reduced cost through our 340 (b) program is essential. You know, probably a lot of us started out with providing oral contraception, and that was the only thing that was available. So, I think as Dr. Zaffino mentioned before, just having that array of things and starting that conversation and starting that conversation and having that conversation each time as a primary care provider. I think it's really embedded in our culture now and in the services that we provide. So, it doesn't feel like an add-on or something that's different. It's just part of what we do.

And then for me, for relationship building, when I talk about working with school nurses or working with school administrators, I think sometimes the hard part is starting that conversation. But I can tell you that every school administrator I've ever talked to is like, please offer contraception. I'm like, well, if you could change the laws in North Carolina, we would be happy to do that.

But they are all for it, you know, they definitely want the education pieces out there. So having those conversations and then really taking that time to develop that relationship, make sure they're understanding what services you're providing and how that may affect students and our families I think is a huge piece as well. Dr. Zaffino?

MaryShell Zaffino

Yes. I agree with all of those things. I think just integrating it really into your primary care visits is really important because some people aren't always thinking about it, and we want people to think about it because we want people to have a plan if at all possible and be able to plan a family on the best time for them. I think also, a key lesson that we have mentioned is really just developing those partnerships in the communities where we are, and that is anything from the school nurses and other administrators in the schools to the various health departments. We actually have one of our clinics that houses the health department, we had that partnership together which is really great. And then also with your other specialists in the community if those are available, being able to, you know, just discuss the patients if there are any kind of issues or concerns or easily hand them over with warm handoffs to other folks in the community that can care for them and creating those financial connections as well to kind of reduce those barriers because that is something that is really quite helpful. There are so many -- I know we all know on this call that there are so many different situations that come up that you -- you know it seems pretty bread and butter, but there are so many different things that come up that often times we don't necessarily know what to do. And so, we have to kind of figure out what's right for the patient. There is just not a one-size-fits-all model. It really has to be pretty individualized.

So also, just making sure that everyone has good training who is providing it to be able to offer as much as possible to every single patient that walks in the door.

Nancy Mautone-Smith

Fantastic. All of that is so important. I think we're doing pretty good on time. I think I'll try one more question before we open it up to the larger audience for questions. Everyone here has done tremendous work with innovations, partnership, to increase access to these very important services. I'm wondering how all of you have communicated the availability of that access to the people that you serve, to your patients? How did you do that? How did you make that happen? How did you make that

happen and were there any challenges to letting the community know that these services were available? I open the floor up to any of the panelists who would like to answer that or add to that. Yes. Please go ahead Blue Ridge and Oneworld, all right and CHAS.

MaryShell Zaffino

We try to utilize Facebook. That's our current social media line. Then we also have revamped our website to make it more obvious to folks who are -- what our services are. And just word of mouth is also really important. We do have an outreach team. Someone asked that question earlier about outreach, that does let folks know what services are available for them and help get them into clinics as needed.

Andrea Skolkin

I would add on to that or echo. We have done a lot of social media, and we have this teen outreach team that also does, besides being invited into schools, but also recruits students to come to a three-week once-a-week class, and then we have a council and they help to get the word out. Then I'm going to let Sarah talk about Care Message and telehealth.

Sarah Miller

Yeah. So I guess along with our outreach team having their own cell phone that any teen can ask questions any time day or night, we also have a Care Message which is innovated into our medical record to be able to push out reminders for appointments. And that gets interesting sometimes because sometimes the people whose phone number is on the computer machine is not the one that is actually the one that should know that it is happening. So, we've been creative, and we also have a cell at our clinic that kids are able to text as well. And I think the other thing we've worked really hard, COVID helped out with it, in being able to do telehealth. We needed to and wanted to be able to continue reproductive health through the pandemic, despite at one point having a shortage of STI supplies because they use the same materials as COVID testing. And so, moving through that working on telehealth visits so that folks could, you know, whether because they had anxiety or depression or didn't want to come out, they would still be able to provide those reproductive services. I think currently we're piloting doing some rural outreach to do -- to have similar services available via telehealth, and

obviously LARK is a little bit hectic in that area but anything that we can do reproductive health-wise over telehealth, there is no -- there is no end to what we want to try to do to get kiddos to get services they need.

Nancy Mautone-Smith

Great. Fantastic. Well, so many notable successes that I've heard here today. I mean here are just a few of the things that I took away. You know, all of your work truly is centered in health equity. And, you know, ensuring that people who need this service, this important health care service have access to those services when they need them. I heard a lot about same-day access and working in partnerships in your community but also across professions to try to really make that happen in a way that's meaningful and easy to access for the clients.

Same-day access to a wide range of family planning and reproductive health services that you've been really successful doing, and letting the communities know that these wonderful things that you've been able to offer are available using a wide range of, you know, technologies and then also just good old word of mouth, which as we all know can work wonders in a community that somebody knows a place where they were treated well and respectfully and where they got good care. And then they'll tell a friend and then they'll tell a friend. All of that still happens and has made you all very successful.

Well, I want to just thank each and every one of you for sharing all of those innovations, your insights, the lessons learned with the audience today. And with that, I think we've reached the Q&A portion of the webinar. I would like to turn things over to the Bureau of Primary Health Care staff that are staffing the chat line to get us started with our first question.

Kalei Lau

Thank you so much, Nancy. And thank you so much to all of our guests at Blue Ridge, OneWorld and CHAS. I would invite you to come on and be with us. One of the questions that seems to be there and was even answered was about outreach programs. And this one question is, I'm interested to know if any of these health centers have had success doing outreach or education focused on male involvement in the family planning side of the equation. And I would love to hear from all of you and your perspectives on that. And we'll start with that question.

Andrea Skolkin

I would say not as much as we would like. However, the manager of our teen outreach team is male, and as a result of that, he has a lot of connection and people reaching out to him. We also have a male nurse that works in that area, an outreach nurse. And when people know that there is a safe person, that the males that it's okay to talk about it, they will reach out. And yet we still can do more than what we are doing.

Sarah Miller

Yeah. And I guess just to add to that, we worked with a year-long programming for what's called the PATH Framework which is kind of the planning pregnancy and it doesn't matter, it's not engendered which is our one step towards that. I think the other portion is again having male staff available. We have a male adolescent clinician who we have on staff in a partnership with Children's Hospital here in Omaha, and then we also have a male therapist so normalizing being able to talk about stuff.

And so not just having staff that are actual males but as kind of working on the messaging from them and how to be non-engendered when we are speaking regarding reproductive health has been a focus.

Nicole Ray

I know in some of the schools that we're involved in, I've developed relationships with the health teachers and been able to go into the classrooms and provide talks on STIs, on reproductive health within their learning targets. But it also allows me to be a familiar face to the students, so any student that walks into the health center and receives any billable service, they could be down here for strep throat. We do the RAAPS screening tool, the rapid assessment for adolescent preventative services, which asks about sexual health, and then I take an opportunity to review that with the student and ask if they have any questions, just so that we're normalizing that no matter gender or reason for visit.

Kalei Lau

Thank you so much. I appreciate you sharing your thoughts with us. Another question that we have is. I'm wondering if integrating family planning across your health centers was a hard sell to your board, leadership, et cetera? It sounds like internal champions were needed to keep the work moving, but

family planning is a required service under Section 330. Any thoughts?

MaryShell Zaffino

I'm sorry. Go ahead, Shauna.

Andrea Skolkin

I've been at our health center since 2004, and we've been doing family planning throughout the course of our history, so it was already here. I would say getting more vocal and more integrated, and embracing all forms of birth control and the gender-affirming care took our chief medical officer time to do some education with our providers and our boards, which I think wasn't easy, but she took it on.

And we have a community of lots of Catholics and some health systems that are Catholic, and so some people were harder to embrace, embrace the integration, I would say, and more delivery of birth control. But over time, you know, it all worked. Would you add to that, Sarah?

Sarah Miller

I would just say the reeducation of the board over time since the people on the board change and keeping that up. But, yeah, throwing it to Shauna.

Shauna Coleman

Yeah. I wouldn't say it was a hard sell, but I would say it was a purposeful change management process that takes time, so like reiterating what you said. It does take time and it does take a change management planning process to make sure you're intentional, to make sure you have all the stakeholders and audiences that you need to address, right, and how you're going to address each one. We talked differently to providers than we did to medical assistants, right. We talked differently based on which clinic we were at and which community that clinic served specifically, so I think it's just really, really important to plan your change management process, plan your communication process, and know it's going to take a little bit of time.

Kalei Lau

Thank you so much, Shauna. Dr. Zaffino, were you going to add anything to that from your perspective as a Chief Medical Officer and your colleagues and how that change management process might have happened at Blue Ridge or what was your approach?

MaryShell Zaffino

I think we're really fortunate. Our board has always been on board, if you will. There has never been any real resistance in that. And we've also had very rapid growth in the last 10 years, I would say, of the organization and many of our providers are relatively newly graduated so they've all, for the most part, already been trained in most of the methods and, you know, had that focus in their training, those in school or residency, et cetera.

So, I think for us it's been fairly easy, and it's been something that we kind of always did. But really grew with different opportunities coming around. I think also having a teaching health center is helpful because you have to stay up on things all the time, all the things, and so that is helpful for us to make sure that we continue to have the newest things to offer to our patients.

Kalei Lau

Thank you so much. I've really enjoyed listening to all of your pearls of wisdom that you've strung together. Nancy, we're coming to that time of our presentation, and so I would love to have you walk us out and close up some things. I want to make sure that in terms of our BPHC contact forms, that in case you do have any questions as it relates to the delivery of family planning services within the health center program, that you do reach out to us on our BPHC contact form. You saw earlier that web address being chatted out. We'll chat it out one more time, and just know that you can go to our policy section, and then when you're ready to, in terms of being able to direct your inquiry, you can select the Compliance Manual General Inquiry and then fill out the form in order to be able to do that piece. If there were any questions that we weren't able to get to today, and that's your life line to us in terms of being able to ask those more specific questions, and we'll go from there.

And now I can turn it over to Nancy to, perhaps, close us out. And thank you so much for being with us, Nicole. I love the fact that you were joining us from an actual school-based health center. I think that is the pleasure and the novel and innovation that we have these days. Thank you for being such a visual

anchor and representation for that, and for everyone. Thank you. Nancy?

Nancy Mautone-Smith

Right. Thank you so much. Do we have the slide of how they can contact HRSA?

Kalei Lau

I do. I will bring that up while you close us out.

Slide 10 – Bureau of Primary Health Care Contact Form

Slide 11 – Connect with HRSA

Nancy Mautone-Smith

That's great. Let's bring that up so folks know how they can do that. Well again, I want to reiterate our gratitude toward each one of these experts from across the country who came to join us today and share with us their lessons learned, their successes, their challenges, which they've all overcome to continue to provide high quality family planning services to their communities in greatest need.

I want to thank you all for your dedication, for your commitment, and for your passion to continue to center health equity at the very core of what you do every day. Also, thank you to our audience for joining us today. We hope that you have found this webinar useful and helpful and that you'll join us in the future for other events. Thank you so much and have a wonderful rest of your day.

Kalei Lau

Thank you so much, Nancy. Well, this concludes the Health Resources and Services Administration Technical Assistance Webinar Health Center Excellence and Family Planning. We very much appreciate your time that you gave us today to listen to our wonderful guests from OneWorld, Blue Ridge and CHAS. Thank you for sharing your stories and your thoughts and your ideas with us and your experience. I think the richness of these ideas that you heard presented today, hopefully, will inspire you as you go about in terms of being able to offer that integrated primary care and family planning services as it relates to communities that you serve. We look forward to being there to support you

from the Bureau of Primary Health Care and as well as the Office of Women's Health. Thank you for being able to join us today. We hope to see you real soon. Take care, everyone. And have a great afternoon and a great evening. Take care.

(session completed at 1:57 p.m. CST)