



National
Family Planning
& Reproductive Health Association

HEALTH EQUITY

Resource Guide and Assessment Tool



MAY 2024

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Background

The Title X family planning program is the nation's only program dedicated to providing access to high-quality family planning and sexual health care, including contraception, STI testing and treatment, HIV testing, cancer screenings and more, with a priority given to people with low or no incomes or who may otherwise lack access to health care.¹ While research shows that Title X has been an effective public health program,² if chronically underfunded,³ many people still lack access to care, with a disproportionate impact on Black, Latinx, Indigenous, and other people of color, as well as the LGBTQ+ community, immigrants, youth, and people with disabilities.

The US Department of Health and Human Services' Office of Population Affairs (OPA), which administers Title X, has made a strong commitment to improving health equity in Title X-funded care. As a practice, family planning providers understand and aim to mitigate social determinants of health that may diminish access, quality, and patient experience in the communities they serve. Work to advance health equity is a logical extension of efforts to improve quality of care.

NFPRHA believes that health equity can only be achieved by recognizing and responding to systemic racism and all forms of oppression, including the unequal distribution of resources, which have created persistent health disparities. NFPRHA also believes that addressing health inequities requires an intersectional approach, a concept from civil rights advocate Kimberlé Crenshaw, that seeks to better understand how race, class, gender, and various other social identities shape a person's lived experience.⁴ Understanding the intersectionality of people's lives can help expose structural inequities that lead to poor health outcomes for underserved communities. This understanding is essential when evaluating interventions that address racism, sexism, homophobia, ableism, and other forms of oppression.

As Dr. Monica McLemore writes about operationalizing health equity, we need to "move toward the elimination of scientific racism, structural racism, and the historic exclusion of community wisdom that underpin the current evidence base for clinical care, teaching, and policy measures to address the social and structural determinants of health."⁵

Introduction

NFPRHA conducted an extensive literature review as the basis for this resource guide, which aims to assist family planning providers in identifying the work that is needed within their agency to address systemic barriers to care and advance health equity.

The Interventions by Population section of this guide, beginning on page 7, includes community-level interventions, policy-level interventions, recommended readings, and highlighted organizations with online access.

Accompanying the resource guide is an assessment tool that can support family planning providers as they conduct community needs assessments, program design and data collection, and seek to strengthen partnerships between the family planning network and collaborative organizations in their

communities. NFPRHA recognizes that patients' health care experiences vary over time and by provider and advancing health equity can be addressed at multiple levels. Each agency should decide where and how to focus. Involving and taking the lead from the experience, perspective, interests, and needs of community members is essential to all efforts related to advancing sexual and reproductive health equity.

Note on Terminology

The language used throughout the various resources is not always inclusive for gender-expansive and nonbinary people. NFPRHA encourages all members to examine the language used in their health education materials, campaigns, and policies to increase belonging and respect for all people.

DEFINITIONS

Antiracism: The practice of identifying, challenging, and changing the values, structures, and behaviors perpetuating systemic racism. Dr. Ibram X. Kendi, author of “How to Be an Antiracist” and founding director of the Center for Antiracist Research at Boston University, defines it as a collection of antiracist policies and ideas that cause racial equity.

Barriers: Factors that prevent an individual or communities from accessing health care including family planning services. Barriers also include systemic factors such as racism and discrimination toward marginalized and racialized communities.

BIPOC: Black, Indigenous, and other people of color. The term “BIPOC” is intended to center the experiences of Black and Indigenous populations and the systemic racism that continues to still oppress and affect their everyday lives.

Cultural humility: A personal lifelong commitment of self-reflection and self-critique whereby the individual not only learns about another’s culture, but starts with an examination of their own bias, beliefs, and cultural identities.⁶

Facilitator: Tools and resources that combat barriers to achieve better health outcomes.

Health equity: The opportunity for everyone to attain optimal health regardless of race, ethnicity, gender, income level or any social factors that create barriers. Health equity can only be achieved by responding to systemic racism and all forms of oppression that have created persistent health disparities.

Institutional racism: Refers specifically to the ways in which institutional policies and practices create different outcomes for different racial groups. The institutional policies may never mention any racial group, but their effect is to create advantages for whites and oppression and disadvantage for individuals from groups classified as people of color.⁸

Interventions: The tangible tools and resources that can be used to assist with developing, revising, and evaluating policies and programs that advance health equity.

Oppression: The systemic and pervasive nature of social inequality woven throughout social institutions as well as embedded within individual consciousness. Oppression fuses institutional and systemic discrimination, personal bias, bigotry, and social prejudice in a complex web of relationships and structures that saturate most aspects of life in our society.

Organizational health literacy: The degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others⁷.

Patient-centered care: Voluntary and non-coercive care that is respectful of the unique health needs and preferences of each patient and that allows those values to guide care decisions.

Racial justice: A core tenant of reproductive justice and an important movement in its own right. Racism permeates the nation’s health care system, from discriminatory policies to inequities in resource distribution and underrepresentation in medical fields. These factors lead to widespread health disparities between people of color and their white peers. Racial justice movements push all Americans, including health care providers and administrators, to tackle these issues head-on and work for a more just future.

Reproductive justice: According to [SisterSong](#): Women of Color Reproductive Justice Collective, reproductive justice is “the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.” The term “reproductive justice” was coined by a group of Black women in June 1994, broadening the view of issues related to sexual and reproductive health far beyond that of white-led reproductive health and rights organizations.

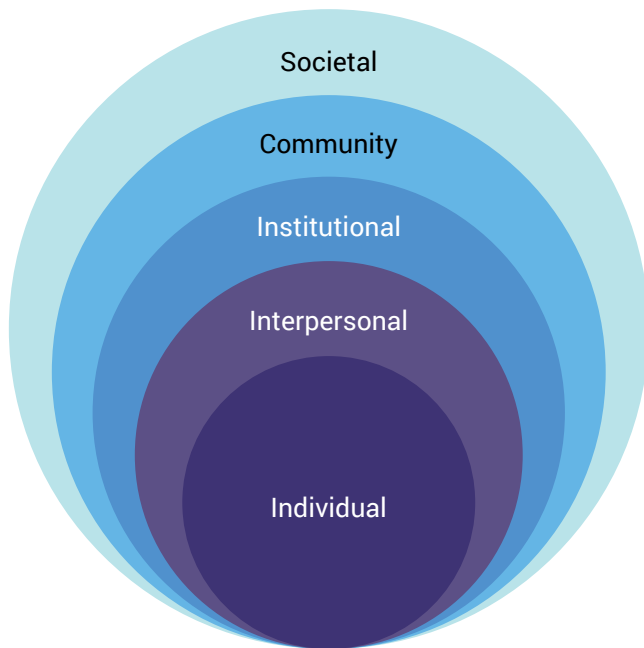
The Social Ecological Implications of Health Equity

The social ecological model is a framework that can be used to understand the interplay between a range of factors that influence the health of individuals and communities in which they live. This resource guide offers a range of interventions informed by a social ecological model that an organization can adopt to address health equity. The following are the five levels of factors that influence health behaviors and outcomes and, ultimately, health equity:

1. Societal (laws, public policies, and social norms)
2. Community (physical and social environment, schools, neighborhood conditions/amenities and income level)
3. Institutional (health care settings, organizational policies)
4. Interpersonal (relationships, family, social networks)
5. Individual (gender and gender identity and expression, sexual orientation, age, race, income)

As shown in **Figure 1**, the individual is at the center of these concentric circles, influenced by the interactions between factors at all levels. Health equity can be addressed at multiple levels, and it is up to each organization (with community engagement) to decide where and how to focus.

FIGURE 1. SOCIAL ECOLOGICAL MODEL



Addressing Barriers to Care

The social ecological model can assist with strategizing how to tackle the various forms of barriers to care. Below are examples of barriers that many individuals and communities face daily:

- **Societal barriers:** Restrictive state and federal laws and policies that limit sexual and reproductive health services negatively affect the health and well-being of all people seeking health care services. Adverse effects include increased rates of infant mortality among Black birthing people, negative economic outcomes, and poor mental health outcomes.⁸ Laws and policies must prioritize a person's autonomy and their right to comprehensive and equitable health care.
- **Community barriers:** Equitable access to care includes addressing the lack of transportation, housing, economic instability, food insecurity, and systemic racism that under-resourced communities face. Interventions to support community care can include collaborating with local nonprofits that are composed of or seek to serve people who rely on safety-net family planning care removing cost barriers to support those who are uninsured or low income, and supporting initiatives such as pop-up clinics, mobile units, telehealth, etc.
- **Institutional barriers:** Organizational attitudes, beliefs, and activities, which include institutional racism, gender and sexual discrimination, cost, provider availability, culturally and linguistically appropriate care, and equitable access to care and treatment can impact health outcomes of patients. For example, a lack of provider availability can create long wait times or delay access to care. Providers must identify and address medical stigma, discrimination, and other inequitable practices.
- **Interpersonal barriers:** Social networks, which include family, friends, partners, and trusted members of the community can have a dual impact on health outcomes. The support and influence of social networks can not only promote health and reduce health stigma, but also exacerbate poor health outcomes and can be fueled by intimate partner violence, community/cultural stigma, and religious beliefs, for example.

- **Individual barriers:** A person's race, ethnicity, age, gender, sexuality, and socioeconomic status will determine a person's attitudes, beliefs, knowledge, and skills pertaining to navigating the health care system. Due to various systems of power, many people lack access to care and education that prioritizes bodily autonomy, collaboration and offers patients the tools and skills needed to make informed decisions about their health care.

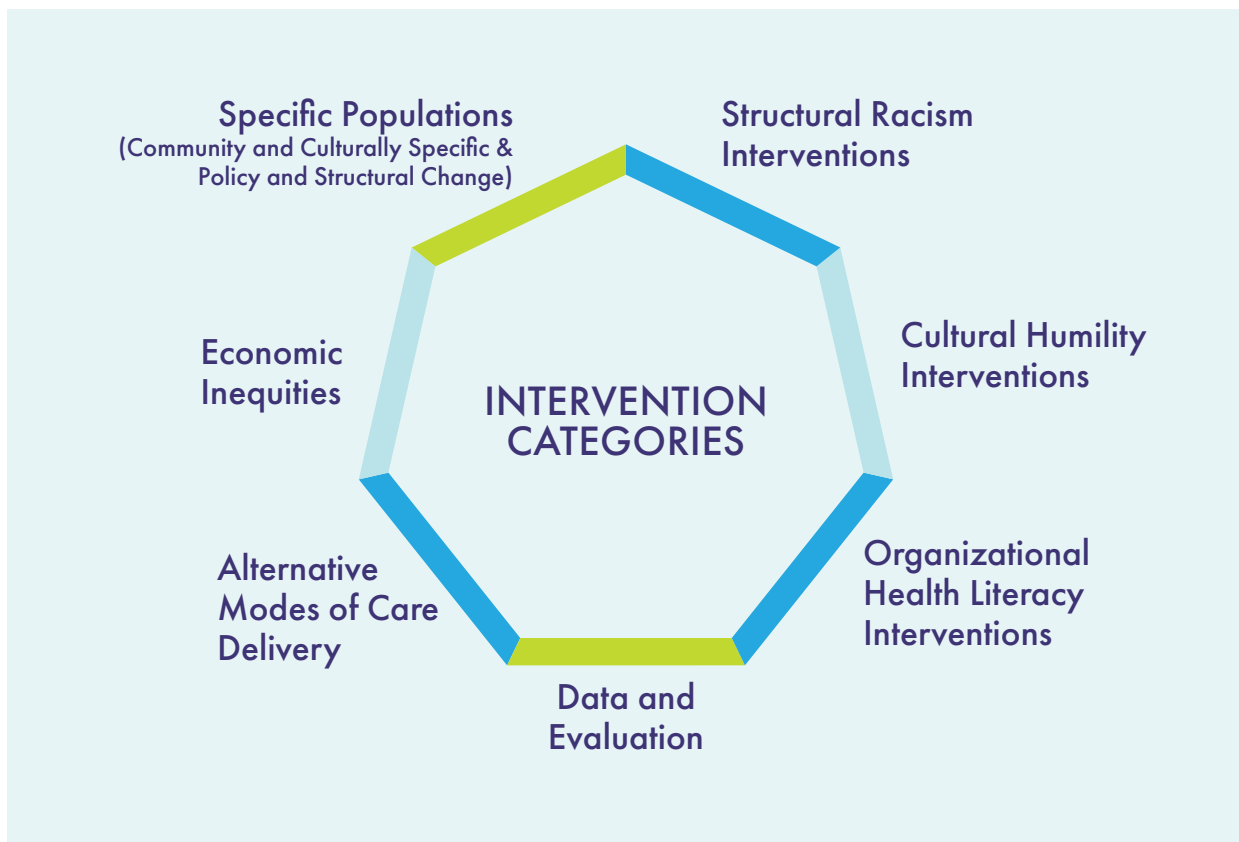
These barriers to care require interventions – at either the community or structural level – that aim to advance health equity by creating policy and structural changes.

Understanding Interventions

Based on research conducted by NFPRHA on health inequities and barriers to care, the following categories were identified as facilitators and evidence-based interventions that organizations are utilizing to implement equitable health care strategies:

- **Specific populations:** Prioritizing the needs of underserved communities, including populations that are socioeconomically disadvantaged, is key to advancing health equity. Many underserved communities face discrimination, lack access to resources, and fear institutions based on personal and/or collective trauma. Suggested interventions are organized by specific populations to help family planning providers determine which intervention is best for their communities. Many interventions will overlap due to the intersectional work being done in various communities. The interventions listed include organizational policies, programs, toolkits, and resources that are designed to advance health equity. Within this section, there will be examples of community and culturally specific interventions and policy and structural interventions.

- **Community and culturally specific interventions:** Community-led health campaigns, culturally and linguistically appropriate materials, technology-based interventions such as text messaging or mobile applications, and various toolkits.



- **Policy and structural change interventions:** Efforts by advocates and policymakers who aim to advance health equity on the policy and structural levels. Interventions include antiracist policymaking guidelines, reproductive justice toolkits, trainings and workshops for staff, and additional resources.
- **Structural racism interventions:** Services should be delivered in a manner that acknowledges a collective history and people’s own lived experiences with structural and interpersonal racism.⁹ Interventions must address systemic oppression and racism, and health disparities with Black, Indigenous, and other people of color (BIPOC) communities as well as aim to build community trust and improve the quality of care.
- **Cultural humility interventions:** A personal lifelong commitment of self-reflection and self-critique whereby the individual not only learns about another’s culture but examines their own bias, beliefs, and cultural identities.¹⁰ Cultural humility also includes “structural competency,” which is based on the “understandings of the social determinants of health and related concepts such as structural violence and structural vulnerability.”¹¹ Advancing health equity requires increasing access to culturally and linguistically appropriate materials and services, creating workforce retention and recruitment strategies, and ensuring that all people have access to an inclusive health care setting.
- **Organizational health literacy interventions:** The degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.¹² This includes implementing inclusive organizational processes, accessible educational modalities, and community-centered interventions.
- **Data and evaluation:** Equitable data collection requires updating health records and intake forms, etc. and using regional and local information to capture inclusive demographic data. Data and evaluation can be used to create interventions for priority populations, address systemic inequities, and provide approaches to increase access to care.
- **Alternative modes of care delivery:** Modes, such as telehealth, mobile units, and pop-up clinics, can serve to address economic inequities and improve health outcomes. These methods have been proven effective throughout the COVID-19 pandemic,¹³ increasing access to medication abortion,¹⁴ and increasing access to care for marginalized communities.¹⁵
- **Economic inequities:** Efforts to addressing economic inequities in health care, predominantly among communities that have been historically under-resourced, range from implementing a sliding fee scale, community education on insurance options, and improving access to affordable prescriptions and supplies.

Many interventions that are listed include a small summary or excerpts directly from the abstract, findings, or project summary to help users better navigate relevant resources. Many of the resources provided are intended to be used as a guide and can be adjusted based on the needs of the project, program, or policy.

HEALTH EQUITY INTERVENTIONS

Structural Racism Interventions

REPRODUCTIVE JUSTICE CIVIC ENGAGEMENT

Racial justice is a core tenant of reproductive justice. To improve health outcomes of marginalized communities, family planning providers, administrators, and policymakers can participate in civic engagement to make changes at the city, county, state, and federal levels and improve health outcomes.

Today, reproductive health, rights, and justice organizations work together to improve gaps in access and promote inclusive practices and policy solutions.

Examples of Organizations and Interventions

- The Alliance for Justice has created the [Reproductive Rights, Health, and Justice Resource Guide](#) to assist 501(c)(3) agencies engage in lobbying and advocacy efforts.
- [Spark](#) has created various trainings on leadership development and community mobilization through civic engagement.
- [Reproductive Justice as a Civic Engagement Framework](#) is an online training provided by Reproaction.
- [Contraception Justice Coalition](#) believes that all people should have access to contraception and pregnancy prevention care. The coalition is comprised of government officials, consumer advocates, and community members.

ADDRESSING SYSTEMIC OPPRESSION AND RACISM

To address systemic oppression and racism and create a more equitable workplace, agencies must examine its institutional policies through an equity lens. This could mean implementing DEI trainings for leadership and staff creating new opportunities for advancement, and an assessment of mission, vision, and values statement to center racial justice and health equity.^{16,17}

Examples of Organizations and Interventions

- [A Racial Equity Framework for Assessing Health Policy](#) is a resource guide for policymakers seeking assistance on assessing policies, especially for those who aim to address racial equity in health policy.
- If your organizations is seeking assistance on getting started or reviewing current policies, the [Equity, Inclusion & Engagement Policy Assessment Toolkit](#) provides exercises and additional tools to help get started.
- [Leadership for a Diverse and Inclusive Family Planning Organization eLearning](#): The Reproductive Health National Training Center has created this eLearning course for family planning organizations to address barriers to creating a diverse, equitable, and inclusive environment within their organization.
- [A Toolkit to Advance Racial Health Equity in Primary Care Improvement](#) is a guide created by California Improvement Network to assist providers with translating their health equity efforts with improving data collection, determining key drivers of advancing health equity, and how to assess current projects.

INCORPORATING ANTIRACIST VALUES WITHIN HEALTH CARE

Antiracist interventions are key to improving the health and well-being of BIPOC patients and decision-makers and staff in health care settings have a responsibility to take antiracism action and improve health outcomes.¹⁸ Organizations must assess, plan, implement, and monitor the progress of antiracism strategies that aim to support the community at large.

Examples of Organizations and Interventions

- [Comprehensive Organizational Self-Assessment Related to Racial Equity](#)
- Conduct an organizational assessment, and [this rubric](#) aims to take a look at where your current organization is at and areas that need improvement
- [Race Equity Practices Spectrum Tool](#) is intended to review an organization's goals and strategies to incorporate racial justice practices within your organization.
- The [Anti-racist Organizational Development resources](#) created by the National Juvenile Justice Network contains a host of resources to get started and assess your organization.
- [Additional racial equity organizational tools and resources](#) provided by Equity in the Center.
- [Implementing Anti-Racism Interventions in Healthcare Settings: A Scoping Review](#)

ADDRESSING HEALTH DISPARITIES WITH BIPOC COMMUNITIES

Health disparities among BIPOC communities impact their sexual and reproductive health as well as their mental health.¹⁹ Addressing these health inequities requires establishing strategies that target racial and ethnic disparities in family planning, including maternal mortality rates, HIV transmission, contraceptive access and counseling, and implementing person-led care.^{20,21,22} Equitable practices include sustaining culturally specific health care settings with staff that reflect the BIPOC communities being served, increasing community outreach and collaboration to address cultural stigma and medical distrust, providing trauma-informed care, and increasing contraceptive access.

Examples of Organizations and Interventions

- [Hood Medicine Initiative](#) created a YouTube series to address health equity among BIPOC communities to expand access to care.
- Mental Health America has curated an online resource guide called "[Healthcare Disparities Among Black, Indigenous, and People of Color](#)," with various resources on how to support BIPOC communities including an organization search engine to increase access to mental health services.
- The Centers for Disease Control and Prevention (CDC) has created the [STD Health Equity initiative](#) with resources on sexual health cultural competency and reducing health disparities with additional tools and resources.
- The Kaiser Family Foundation (KFF) conducted a study to review COVID-19 and racial justice movements with a focus on health disparities: [Disparities in Health and Health Care: 5 Key Questions and Answers](#)
- The American College of Obstetricians and Gynecologists (ACOG) has committed to addressing and confronting racial bias and racism and this report intends to inform policy-level strategies to close health equity gap: [Racial and Ethnic Disparities in Reproductive Health Services and Outcomes](#)²³
- Also see: [Interventions by Population](#)

BUILDING COMMUNITY TRUST

Building community trust is essential to engaging community members to seek health care services. Community trust can be developed by listening to and learning from employees, patients, and community members with marginalized identities, ensuring interventions are community-based and -led, establishing accountability interventions such as equity scorecards, and reporting progress and setbacks to staff and community members.^{24,25,26}

Examples of Organizations and Interventions

- [The SHARE Approach: A Model for Shared Decision-making](#) is 5-step process to ensure that providers and patients work together to develop a health care plan that best meets the needs of the patient.
- The Guttmacher Institute published policy recommendations for long-acting reversible contraceptives (LARCs) to prevent coercive tactics while promoting LARCs. Some of the policy recommendations includes using a person-centered framework, reducing racial bias by building trust, and increase community engagement: [Powerful Contraception, Complicated Programs: Preventing Coercive Promotion of Long-Acting Reversible Contraceptives](#).
- Learn more about non-paternalistic models on how to better support patient needs by building trust and supporting the autonomy of all patients: [Provider-Patient Relationship](#)
- [Person-Centered Contraceptive Counseling \(PCCC\) measure](#) is a tool to evaluate patient experience of contraceptive care, and particularly how health care providers are supporting patients during the contraceptive decision-making process.
- ASTHO has created an introductory guide on [Multi-Sector Intersections and Collaborations to Advance Health Equity](#) to support coalition building and community collaboration.
- Learn more about multi-sectoral community coalition building within your community in this published article: [“Hey, We Can Do This Together”: Findings from an Evaluation of a Multi-sectoral Community Coalition](#)
- [The PATH Framework](#) is a person-centered model to encourage providers engage in conversations with their patients about their sexual health needs.

HEALTH EQUITY INTERVENTIONS

Cultural Humility Interventions

IMPROVING STRUCTURAL COMPETENCY WITHIN HEALTH CARE SETTINGS

Family planning providers can play a key role in bringing out institutional change by implementing policies and procedures that improve structural competency. This includes addressing unconscious and conscious racial bias and discrimination, on-going/continuing education requirements for medical professionals and other staff members, recruitment and retention strategies for inclusive staffing at all levels, DEI trainings and antiracist practices, and provider training in interpersonal skills and cultural competency.

Examples of Organizations and Interventions

- Review [NFPRHA Racial and Reproductive Justice resources](#) to access trainings and additional resources.
- The World Health Organization (WHO) created a health promotion guide for increasing community engagement. This guide includes an overview of the types of community engagement approaches and a checklist to improve engagement strategies: [Community engagement: a health promotion guide for universal health coverage in the hands of the people](#).
- Using a reproductive justice approach, cultural humility can be used to center the patient needs based on their values, which aim to increase bodily autonomy. This article examines cultural humility models and how to implement health care strategies that best supports the patient: [True Choice in Reproductive Care: Using Cultural Humility and Explanatory Models to Support Reproductive Justice in Primary Care](#).²⁷
- Learn more about Seattle Children's Hospital's [Health Equity and Anti-Racism Action Plan \(HEAR\)](#), which reviews its 5-year action plan to address racism and health disparities.
- The CDC has created a [Sexual Health Cultural Competence Resources](#) page for providers and organizations that may serve culturally diverse communities. This resource guide includes a self-

assessment check list, front desk assistance, and guide to adapting culturally and linguistically competent health promotion materials.

- ["Is Implicit Bias Training Effective?"](#) is a report developed by the National Institutes of Health to discuss how implicit bias training alone does not eradicate bias; however, they must be paired with a comprehensive institutional strategy for change.

WORKFORCE RETENTION, RECRUITMENT, AND ENVIRONMENT

Workforce retention, recruitment, and environment affect the safety and support of all staff and people seeking care. All institutions should focus on a recruitment and retention plan for BIPOC and LGBTQ+ staff, provide inclusive hiring practices for all levels of staff and providers, and provide hiring incentives for multilingual staff and providers.²⁸

Examples of Organizations and Interventions

- [Anti-Racist Hiring & Supervision Practices](#)
- [Recommendations for Recruitment and Retention of a Diverse Workforce: A Report from the Field](#)²⁹
- It is important for all family planning providers to take the lead on [Confronting Racism in Health Care](#), and this article discusses how organizations must examine their institutional policies, train all staff including leadership in anti-racism policies, and develop and create relationships with Black and other-minority businesses within the community.
- The American Health Association created a tool called ["Driving Health Equity in the Workplace"](#) to ensure that the workplace is a safe and supportive place for all employees.
- Transgender and gender non-conforming (TGNC) people face various health inequities due to bias and discrimination. To reduce health disparities, the Human Rights Campaign created a guide called ["Transgender-Inclusive Benefits for Employees and Dependents"](#) to support TGNC employees and their dependents.

INCLUSIVE HEALTH CARE SETTINGS

All health care settings should be welcoming for those seeking services. To ensure the safety and well-being of patients, organizations should update their health records or electronic medical records to allow for preferred names and correct pronouns. Additionally, health centers should update intake forms include gender-neutral terms, create trans-inclusive policies (bathrooms, waiting rooms, etc.), foster shared decision making and power (patient advisory groups, staff support groups, etc.), provide culturally specific promotional tools and resources in all areas of the health center, and collaborate with faith-based communities for educational materials, outreach efforts, and community engagement.

Examples of Organizations and Interventions

- Planned Parenthood of the Southern Finger Lakes created a guide to improve health care services for transgender patients: [Providing Transgender-Inclusive Healthcare Services](#).
- [Creating an Inclusive Environment for LGBT Patients](#) is a guide created by the National LGBT Health Education Center to improve institutional policies for LGBTQ+ patients.
- Also see: Religious communities
- Also see: Intervention by population

HEALTH EQUITY INTERVENTIONS

Organizational Health Literacy Interventions

INCREASE PATIENT ACCESS TO CULTURALLY AND LINGUISTICALLY APPROPRIATE MATERIALS AND SERVICES

All people have the right to access information and education on their health-related needs. Culturally and linguistically appropriate materials must be developed with community involvement to support the health and well-being of all^{30,31}. This includes translated materials with community input, patient education and access to medical translation services, culturally specific outreach efforts to include community health workers and patient navigators, culturally and linguistically appropriate education materials (eHealth, mobile apps, campaigns, etc.), and linguistically appropriate education materials for billing, telephone conversations, consent forms, etc.

ACCESSIBLE ORGANIZATIONAL PROCESSES AND EDUCATIONAL MODALITIES

Educational materials and organizational processes should also be accessible, which can range from offering ADA-compliant online and written communications, eHealth/mobile apps, peer-to-peer interventions, and culturally and linguistically appropriate materials. Digital literacy training may be needed to explain to staff how to use electronic health records, how to communicate online with a health care team, and how to use third-party apps for additional resources, for example.

Examples of Organizations and Interventions

- Learn more about personal and organizational health literacy to improve ways health information is found, understood, and create equitable ways to meet patients where they are at: [Clear communication by NIH](#).
- According to Community Language Cooperative, [Language Justice](#) is “a key practice used in social justice movements to create shared power, practice inclusion and dismantle traditional systems of oppression that have traditionally disenfranchised non-English speakers³².”
- [Equity in the Center](#) has key resources language justice and how to support communities.
- The CDC has created a [Sexual Health Cultural Competence Resources](#) page for providers and organizations that may serve culturally diverse communities. This resource guide has a self-assessment check list, front desk assistance, and a guide to adapting culturally and linguistically competent health promotion materials.
- [Rural Health Literacy Toolkit](#) aims to provide evidence-based resources and tools to support the needs of rural communities in the United States.
- [AHRQ Health Literacy Universal Precautions Toolkit](#) is intended to support providers with helping their patients navigate the health care system and improve understanding of health information.
- [The NIH Language Access Program](#)
- Also see: Individuals with Limited English proficiency (LEP)

HEALTH EQUITY INTERVENTIONS

Data Collection and Evaluation Interventions

Equitable data collection requires updating health records and electronic health records (EHR) as well as intake forms to capture inclusive demographics such as race, age, gender identity, gender expression, or insurance status can reveal potential inequities and inform interventions for priority populations.

Best practices include collaborating with research groups, conducting patient satisfaction assessments that include demographic questions and measure barriers to care, and establishing or maintaining patient advisory groups to enable ongoing feedback.³³

Examples of Organizations and Interventions

- NFPRHA focuses on quality improvement and measurement to promote greater recognition about the important role of family planning and its necessity in health care. system. NFPRHA has been working with accrediting agencies on policies to publicly measure and validate family planning and, specifically, contraceptive services. Review [NFPRHA quality improvement and measurements resources](#) page to support your health equity efforts.
- [A Toolkit to Advance Racial Health Equity in Primary Care Improvement](#) is a guide created by the California Improvement Network to assist providers with translating their health equity efforts with improving data collection, determining key drivers of advancing health equity, and how to assess current projects.
- [Agency for Healthcare Research and Quality \(AHRQ\): Aspects of Patient Experience](#) is an online resource for developing surveys and trainings on improving patient experiences in health care settings.
- [Power to Decide One Key Question](#) online training is intended for health care providers and social services providers to ask their patients about their goals or desires pertaining to pregnancy intentions.
- [sPerson-Centered Contraceptive Counseling \(PCCC\)](#) measure is a tool to evaluate patient experience of contraceptive care, and particularly how well health care providers are supporting patients during the contraceptive decision-making process.
- [Equity and bias in electronic health records data](#)³⁴

HEALTH EQUITY INTERVENTIONS

Addressing Financial Inequities

NFPRHA believes that all people should have timely and convenient access to high-quality, confidential, and affordable family planning and sexual health care. Financial inequities impact family planning decision making, especially for people with no or low incomes and communities that face systemic barriers to care, given that they “bear the financial responsibility and additional burden of finding a provider that accepts Medicaid.”³⁵

Interventions such as fee transparency, education on insurance options, and improved access to affordable prescriptions are imperative to reduce family planning and sexual health inequities.

Examples of Interventions

- [5 ways to get help with prescription costs](#)
- [Mailing Prescription Medications to Patients](#)
- [Medicaid & CHIP coverage](#)
- [Medicaid: A Cornerstone of Publicly Funded Family Planning](#)
- [Medicaid’s Free Choice of Provider Protections](#)
- [Patient Navigators](#)
- [Resources for the Uninsured](#)
- [Sliding fee discount schedules job aid](#)

HEALTH EQUITY INTERVENTIONS

Alternative Modes of Care Delivery

By shifting where services are delivered, alternative modes of delivery can play a role in more effectively meeting patients' health needs and reducing health inequities. This might occur through leveraging technology, specifically telehealth, as well as using mobile health units, pop-up clinics, direct mail, and non-emergency medical transportation.

TELEHEALTH

Telehealth has been particularly beneficial for individuals living in rural and frontier health care deserts, as well as people in urban and suburban areas who encounter transportation barriers. Due to significant inequities in broadband and device access (smartphones, tablets), any intervention that leverages telehealth to advance health equity must account for varied levels of access to necessary technology.

Examples of Organizations and Interventions

- [NFPRHA Telehealth Resources](#)
- NFPRHA also has [sample telehealth workflows](#) that provide detailed steps for providing common components of family planning and sexual health care via telehealth
- A key component of providing all people with access to high-quality, culturally responsive, and equitable family planning and sexual health services is ensuring an excellent patient experience. [These NFPRHA telehealth videos](#) explore how to leverage telehealth for providing access to patient-centered care in the family planning context.
- Visit the [Reproductive Health Access Project for Telehealth for Reproductive Health Care Resources](#)
- [Essential Access Health](#) created a resource hub, called [Telehealth Essentials](#), that includes [clinical guidelines](#), [clinic operations](#), and [various toolkits to support telehealth efforts](#).
- [Telehealth Services: Taking an Inclusive, Equity-Driven, and Trauma-Informed Approach Job Aid](#), compiled by the Reproductive Health National Training Center, outlines six strategies to effectively communicate about telehealth services with patients. Each strategy includes action steps that incorporate the principles of inclusion and equity,

while also taking a trauma-informed approach into account.

- Equipment issues and poor audio quality can negatively impact patient experience of care, with lower levels of patient and provider comfort with technology and technology issues correlating with lower satisfaction scores.³⁶ There are many resources available help minimize technical difficulties that may arise during telehealth visits. The Reproductive Health National Training Center's [Telehealth Etiquette for Family Planning](#) job aid assists providers to ensure a positive patient experience when conducting telehealth visits..
- Health care providers must make reasonable language accommodations for patients with Limited English Proficiency (LEP), a requirement that also applies to telehealth services. Unfortunately, LEP individuals do not always receive necessary accommodations. [HITEQ Resources for Patients with Limited English Proficiency in Health Centers](#) provides health centers with strategies to increase their telehealth capacity for LEP patients.
- Mail delivery of prescription and over-the-counter (e.g., emergency contraception) medications is a strategy to increase access for telehealth patients with limited geographic access to a pharmacy, or who cannot afford out-of-pocket medication costs at a pharmacy. [Mailing Prescription Medications to Patients](#) is a [NFPRHA resource](#) that outlines considerations for health centers that are exploring the feasibility and permissibility of mailing medications to patients.

MOBILE HEALTH UNITS & POP-UP CLINICS

Mobile health units can take many forms, including buses, vans, and trailers, to provide clinical and health education services directly to communities in need. This intervention has been shown to reach a variety of populations that face barriers to accessing care, such as immigrants, individuals with substance use issues, and those without stable housing.³⁷ This is especially true in the post-*Dobbs* landscape, where mobile health units can provide abortion care and other sexual and reproductive health services.

Pop-up clinics are an opportunity for health care organizations to bring care directly into communities, extending the reach of their brick-and-mortar health centers. Pop-up clinics do not require upfront investments in mobile health units, making them a cost-effective approach to increasing a health center's reach in areas with limited access to care.

Examples of Organizations and Interventions

- [Pop It Up! A Guide to Pop-Up Clinics for Family Planning and Sexual Health Services](#) is a NFPRHA resource guide that introduces different models for implementing pop-up clinics for family planning and sexual health services.
- [Mobile Health Map](#), a program of Harvard Medical School, is the only comprehensive database of mobile health clinics in the country. Members of this collaborative research network and learning community share information that health care organizations can reference when planning or implementing mobile health programs, including information about locations, services, priority populations, and costs.
- [The Case for Mobile](#), published by Mobile Health Map explores how health centers can leverage mobile health unit programs to sustain or expand their efforts to deliver health care in under-resourced communities. For this report, the developers of Mobile Health Map interviewed 25 health care leaders to explore their views and experiences related to mobile health care; they then used thematic analysis to identify patterns and create a conceptual framework.
- [Mobile Health Units: A Strategy to Increase Access to Family Planning and Sexual Health Services](#)³⁸ is a NFPRHA resource that provides an overview of mobile health units for family planning and sexual health services. To compile the guide, which includes examples and lessons learned from the field, NFPRHA conducted a literature review and interviews with several family planning and sexual health services providers that were operating or in the process of launching mobile health programs.
- For mobile health units, accurate prediction of demand is key to daily operations and staff and resource allocation. In this article, [Using Public Data to Predict Demand for Mobile Health Clinics](#), Chen et al. explore how to predict demand for mobile health clinics, and propose a methodology that uses public data sources to account for factors that may affect the demand, including weather and foot traffic.

NON-EMERGENCY MEDICAL TRANSPORTATION

Access to free or low-cost and reliable transportation is essential to improving access to health care. BIPOC and low-income communities—whether urban, rural, or suburban—are more likely to rely on public transit systems and more directly affected by lopsided infrastructure investments (roads, bridges, and highways instead of public transit systems).³⁹ Health care organizations can help address this access barrier by implementing interventions to mitigate transportation barriers. These interventions extend well beyond the Non-Emergency Medical Transportation benefit for Medicaid enrollees to assisting all people with accessing transportation to and from medical appointments as needed.

Examples of Interventions

- The Rural Health Information Hub's [Rural Transportation Toolkit](#) contains modules with resources and information focused on developing, implementing, evaluating, and sustaining rural transportation programs.
- [Promising Practices for Increasing Access to Transportation in Rural Communities](#), compiled by the Walsh Center for Rural Health Analysis and the University of Chicago, highlights key findings from the project, which identified 15 promising rural transportation program models.
- In [Getting from Here to There: Improving Non-Emergency Medical Transportation for the Underserved](#), the Health Equity Project, in conjunction with Third Horizon Strategies, focuses on transportation as an important social determinant of health and suggests strategies that states and key stakeholders can undertake to improve access to Non-Emergency Medical Transportation among Medicaid beneficiaries and Medicaid-eligible populations.
- Ridesharing services are developing partnerships with health systems to provide non-emergency medical transportation that has been shown to improve access to primary and preventive care. Lyft has partnered with Allscripts and Epic, two large EHR vendors, to enable health care organizations to use their EHR platforms to schedule rides for patients with transportation barriers; and Uber has partnered with Cerner Corporation, another large EHR vendor, to integrate the Uber Health app with Cerner's EHR platforms.⁴⁰ Health care organizations seeking to

support patients with accessing transportation may wish to explore their EHR's current capabilities, if applicable. They also can explore how to work directly with ridesharing services to provide transportation to patients.

HEALTH EQUITY INTERVENTIONS

Interventions by Population

RACE AND ETHNICITY

Asian American, Native Hawaiian, and Pacific Islander (AANHPI)

Examples of Community and Culturally Specific Interventions

- The Abortion Care Guide was created by South Asian SOAR (Survivors, Organizations, and Allies – Rising), is a collective of survivors, organizations, and allies advancing the national movement to end gender-based violence in the South Asian diaspora. This guide provides medically accurate information on abortion logistics, methods, and aftercare, and it has been translated into 20 South Asian languages: [The Abortion Care Guide in 20 South Asian Languages](#)
- Members of Partners In Care and the O’ahu Youth Action Board have led a year-long effort, in collaboration with more than 30 partners, to gather community knowledge and develop a detailed response guide youth homelessness: [Oahu Coordinated Community Plan to End Youth Homelessness](#)

Examples of Policy and Structural Change

- [AAPI Reproductive Health and Rights](#)
- [Clean Water and Reproductive Justice](#)
- [Visibility, Voice, Vision: Asian American and Pacific Islander Reproductive Justice Agenda](#)

Recommended Readings with Abstract Excerpts

[Hawai’i Sexual and Gender Minority Report](#)

- Hawai’i’s sexual and gender minorities—including, but not limited to, transgender people, bisexual persons, lesbian women, and gay men—have unique health experiences and needs; however, limited local data are available to fully understand the health status of these communities. This report not only seeks to highlight some of the disparities in health outcomes affecting these communities, but also acknowledges community resilience and policy efforts and shares opportunities to reduce gaps in health equity.

[Holistic, trauma-informed adolescent pregnancy prevention and sexual health promotion for female youth experiencing homelessness: Initial outcomes of Wahine Talk⁴¹](#)

- Highlights from the study include: Birth control use among female youth who are experiencing homelessness triples following Wahine Talk, LARC and Depo-Provera were the most popular birth control methods selected, and Wahine Talk is a feasible and acceptable multilevel, trauma-informed sexual and reproductive health program.

[Improving Shared Decision Making for Asian American Pacific Islander Sexual and Gender Minorities⁴²](#)

- Providers should understand identity-specific challenges for Asian American Pacific Islander (AAPI) sexual and gender minorities (SGM) to engage in shared decision making. Providers should self-educate about AAPI and SGM history and intracommunity heterogeneity before the encounter, create a safe environment conducive to patient disclosure of SGM identity, and ask questions about patient priorities for the visit, their pronouns, and their mental health.

[Asian American and Pacific Islander Access to Abortion During COVID-19: A Complex Interplay of Factors⁴³](#)

- Often stereotyped as the “model minority,” health care providers, lawmakers, and the public regularly underestimate and ignore the health concerns of AAPIs. The COVID-19 pandemic exposed the racism that AAPIs face; many communities reported facing severe xenophobia during the pandemic, which increased hesitancy to obtain needed medical treatment and heightened mental health issues at a time of isolation.

[The role of community and culture in abortion perceptions, decisions, and experiences among Asian Americans⁴⁴](#)

- This study demonstrates ways in which cultural beliefs and opinions toward sexual and reproductive health can influence both the acceptability of abortion and experiences seeking abortion care among Asian Americans (AA). It is important to

consider family and community dynamics among AAs to better tailor services and meet the needs of AAs seeking abortion care in the US.

Medication abortion among Asian Americans, Native Hawaiians, and Pacific Islanders: Knowledge, access, and attitudes

- Almost no research to date examines abortion attitudes and knowledge among AANHPIs in the US, nor is there literature documenting AANHPIs experiences with or use of medication abortion. While previous research shows lower rates of abortion among Asian women compared to other racial ethnic groups, abortion rates vary by subgroups when disaggregating data by ethnicity or country of origin.

Organizations Highlight

- Asian American Health Initiative
- Hawaii Abortion Collective
- Mapu Maia Clinic
- National Asian Pacific American Women’s Forum (NAPAWF)
- RYSE: Residential Youth Services and Empowerment
- South Asian SOAR
- Waikiki Health: YO! Outreach

Black Americans

Examples of Community and Culturally Specific Interventions

- [I am a Work of ART](#) is a community-informed national campaign designed to encourage people with HIV who are not in care for HIV to seek care, stay in care, and achieve viral suppression by taking antiretroviral therapy (ART).
- Sexual health and empowerment resources for Black women: [Royal Tea: Hot tips to sip for sexual empowerment](#)
- Perinatal Health Equity Initiative is dedicated to actively working toward eliminating health care disparities in Black infant and maternal health through advocacy, education, community engagement, research, collaboration, and direct clinical support:
- [Tips for Men/Masculine People on Practicing Consent: Black Masculinity \(re\)imagined Masculinity, Male, Privilege & Consent](#)
- [The Los Angeles County African American Infant and Maternal Mortality \(AAIMM\) is a countywide initiative to address the disproportionately high rates of Black infant and maternal deaths and ensuring healthy and joyous births for Black families in LA County.](#)

Examples of Policy and Structural Change

- [Advancing Reproductive Health, Rights & Justice with Local Resolution toolkit](#)
- [Anti-Racist Policymaking to Protect, Promote, and Preserve Black Families and Babies](#)
- [Birth equity research and strategy](#)
- [Clean Water and Reproductive Justice](#)
- [Contraceptive Equity for Black Women](#)
- [National agenda for Black girls](#)

Recommended Readings with Abstract Excerpts

[Engaging Young Black Males in Sexual and Reproductive Health Care: A Review of the Literature](#)⁴⁵

- Barriers included lack of health insurance, ideas of masculinity that conflict with SRH care, stigma related to accessing services, and lack of knowledge regarding available services and care options. Common facilitators revolved around engagement and access to care, including having male-focused programs to improve recruitment and retention of

patients, and having health care providers integrate sexual and reproductive health education and discussion in their primary care visits.

[Contraceptive Desert? Black-white differences in characteristics of nearby pharmacies](#)⁴⁶

- This study examines access to pharmacies and although Black women live closer to pharmacies compared to white women, those available pharmacies had limited hours for service, fewer information about contraception options, more difficulty to access to condoms, and fewer self-checkout options.

[Racism Runs Through It: Examining The Sexual And Reproductive Health Experience Of Black Women In The South](#)⁴⁷

- Themes developed from participant accounts highlight how racism, both structural and individual, influenced Black women's reproductive health care access, utilization, and experience. Structural racism affected participants' finances and led some to forgo care or face barriers to obtaining care. Individual racism resulted in some women electing to receive care only from same-race medical providers. These findings suggest a need for policies and practices that address structural barriers to reproductive health care access and improve the reproductive health experience of Black women.

Organizations Highlight

- [Black AIDS Institute](#)
- [Black Mamas Matter Alliance](#)
- [Frontline Doulas](#)
- [In Our Own Voice](#)
- [Jamaa Birth Village](#)
- [Mamatoto Village](#)
- [National Black Doulas Association](#)
- [Oshun Family Center](#)
- [SisterSong](#)
- [The Center for Black Maternal Health and Reproductive Justice](#)

Indigenous Peoples

Examples of Community and Culturally Specific Interventions

- [Respecting the Circle of Life: Mind, Body & Spirit](#) is an STI/HIV and pregnancy prevention program for Native American youth between the ages 11 and 19 and their parents or other trusted adults.
- [HealthyNativeYouth.org](#) features health promotion curricula and resources for American Indian and Alaska Native youth that promote positive youth development, embrace cultural teachings, and demonstrate evidence of effectiveness.

Examples of Policy and Structural Change

- [Indigenous Maternal Health—A Crisis Demanding Attention](#)
- [The Road to Reproductive Justice: Native Americans in New Mexico](#)

Recommended Readings with Abstract Excerpts

[“Empowering Our People”: Impact of a Culturally Adapted Evidence-Based Intervention on Sexually Transmitted Infection Risks Among Native Americans with Binge Substance Use](#)⁴⁸

- The objective of this study was to evaluate a culturally adapted evidence-based intervention called EMPWR (Educate, Motivate, Protect, Wellness and Respect). EMPWR increased uptake of STI screening and refusal of sex if partner was not STI tested and decreased the frequency of unprotected sex acts among Native American adults with recent binge substance use living on a rural reservation.

[Rationale, Design, and Methods for Nen Unkumbi/Edahiyedo \(“We Are Here Now”\): A Multi-Level Randomized Controlled Trial to Improve Sexual and Reproductive Health Outcomes in a Northern Plains American Indian Reservation Community](#)⁴⁹

- Past research shows that to improve sexual and reproductive health outcomes for Native American youth in reservation communities, interventions must address complex factors and multiple levels of community that influence sexual risk behaviors. Learn more about the development of a multi-level, multi-component randomized controlled trial (RCT) to intervene upon outcomes in a Northern Plains American Indian reservation community.

[The Development and Testing of a Multi-Level, Multi-Component Pilot Intervention to Reduce Sexual and Reproductive Health Disparities in a Tribal Community](#)⁵⁰

- Results from a multi-level, multi-component pilot intervention designed to reduce sexual and reproductive health among. In a pilot intervention designed to reduce disparities increase communication about sexual and reproductive health between Native American youth living on a reservation in the northwestern US and parent dyads, youth reported increased condom use self-efficacy, increased condom use, and positive agreement with attitudes toward pregnancy. Results suggest the need for increased communication with elders.

[Healthy Native Youth: Improving Access to Effective, Culturally-Relevant Sexual Health Curricula](#)⁵¹

- Healthy Native Youth is a new online resource that provides a “one-stop-shop” for tribal health advocates to access age-appropriate curricula. The site was designed by a team of advisers representing a diverse group of tribal communities, using a collaborative planning process.

Organizations Highlight

- [Alaska Native Tribal Health Consortium](#)
- [Indigenous Women Rising](#)
- [Inter Tribal Council of Arizona, Inc.](#)
- [Northwest Portland Area Indian Health Board](#)
- [Tewa Women United](#)

Latinx/Latine

Examples of Community and Culturally Specific Interventions

- [Tome El Control De Su Salud Sexual/Take Charge of your Health](#) provides gender-inclusive sexual health resources that are translated in English and Spanish.
- [Senderos Hacia mi Salud/Pathways to my Health](#) is a Spanish toolkit that community health workers can use to inform community members about their mental, physical and sexual health. In this tool are also questions that prompt and promote asking for basic needs and encourage community members to engage in informational conversations with their community health worker.
- [Chatea/Textea](#) is a text messaging tool that Spanish-speakers can use to chat with a health educator.
- [Get Your Life](#) is a seven-session group-based HIV prevention facilitation guide designed for Black and Latino young men who have sex with men ages 14-19 years old.
- [HoMBReS](#) is a community-based, behavioral intervention that aims to increase condom use and HIV testing among Latino men by working with sports teams.
- [Reproductive Healthcare Success Guide](#) aims to advance equitable reproductive health care in New Mexico. The guide outlines some of the critical factors that future providers, funders, and other institutions must consider to serve New Mexico communities with respect and dignity.

Examples of Policy and Structural Change

- [¡Hablemos! Sexual Health & Reproductive Care in Latino Communities](#)
- [Planned Parenthood Raíz and Promotores de Salud programs](#)
- [Reproductive Justice Media Reference Guide: Abortion and The Latinx Community](#)

Recommended Readings with Abstract Excerpts

[Improving contraceptive use among Latina adolescents: A cluster-randomized controlled trial evaluating an mHealth application, Health-E You/Salud iTu](#)⁵²

- This study evaluated the effectiveness of Health-E You/Salud iTu, a mobile health application (app), on increasing knowledge, self-efficacy and contraception use among Latina adolescents, its impact on visit quality, and app satisfaction.

[The HoMBReS and HoMBReS Por un Cambio Interventions to Reduce HIV Disparities Among Immigrant Hispanic/Latino Men](#)

- Hispanics/Latinos in the United States are affected disproportionately by HIV infection, AIDS, and other STIs; however, few effective evidence-based prevention interventions for this population exist. This report describes the Hombres Manteniendo Bienestar y Relaciones Saludables (Men Maintaining Wellbeing and Healthy Relationships) (HoMBReS) intervention, which was developed by a community-based, participatory research partnership in North Carolina and initially implemented during 2005–2009.

Organizations Highlight

- [California Latinas for Reproductive Justice](#)
- [Catholics for Choice \(Español\)](#)
- [Colorado Organization for Latina Opportunity and Reproductive Rights \(COLOR\)](#)
- [Forward Together](#)
- [National Latina Institute for Reproductive Justice](#)

ADOLESCENTS AND YOUNG ADULTS

Examples of Community and Culturally Specific Interventions

- The Illinois Caucus for Adolescent Health (ICAH) created A Birth Justice Toolkit, which is a guide with accessible resources about pregnancy, labor, and postpartum support for young parents.
- With the recent explosion of mobile apps for different health needs, HIV researchers are developing mobile health interventions that bring evidence-based sexual health resources to people's phones: [12 Gender-Affirming Mobile Apps for Trans And Gender-Expansive Youth](#)
- [Youth-centered digital health interventions: a framework for planning, developing and implementing solutions with and for young people](#) offers guidance on planning, developing and implementing digital interventions to promote better health among adolescents and youth. It includes the key steps in each stage and the unique aspects of designing such interventions with and for young people.
- The purpose of this toolkit is to support the training of HIV-positive peers who work to engage and retain people living with HIV in the health care system: [Building Blocks to Peer Success: A Toolkit for Training HIV-Positive Peers.](#)
- [Youth Peer Education Toolkit: Training of Trainers Manual](#) is another guide that supports peer education among youth and provides comprehensive, medically accurate information about HIV and STIs.
- This resource is designed for youth-supporting professionals—especially case managers—who provide direct care services to young people who experience the child welfare or justice systems, homelessness, or disconnection from school and work: [Using Trauma-Responsive, LGBTQ+ Affirming Care to Connect Young People to Sexual and Reproductive Health Services](#)
- Advice on creating affirming and inclusive environments for LGBTQ+ youth, providing evidence-based, culturally responsive care, connecting LGBTQ+ youth to essential resources, and committing to ongoing learning and professional development personally, organizationally, and institutionally: [Supporting & Affirming LGBTQ+ Youth](#)

Examples of Policy and Structural Change

- [Adolescent-Centered Environment Assessment Process](#)⁵³
- [Community Action Toolkit: A Guide to Advancing Sex Education in Your Community](#)⁵⁴
- [Improving Access to Youth-Friendly Services](#)⁵⁵
- [Trainings, technical assistance, policy support](#)⁵⁶

Recommended readings with abstract excerpts

[A Framework for Femtech: Guiding principles for developing digital reproductive health tools in the United States](#)⁵⁷

- “Femtech,” or technology-based solutions to women’s health issues, in the public and private sectors is a growing area with solutions often geared toward health-literate, socioeconomically privileged, and/or relatively healthy white cis-women. This opinion piece proposes guiding principles for building technologies that identify and address gaps in health care for people from socially and economically marginalized populations that are capable of pregnancy, as well as people with serious chronic medical conditions.

[PrEP Chicago: A randomized controlled peer change-agent intervention to promote the adoption of pre-exposure prophylaxis for HIV prevention among young Black men who have sex with men](#)⁵⁸

- PrEP Chicago addresses a gap in HIV prevention research and intervention design by utilizing the existing social networks among young Black men who have sex with men as mechanisms for information diffusion, behavioral influence, social support, and empowerment.

Organizations highlight

- [Adolescent Health Clinics: NYC Health + Hospitals](#)
- [Advocates for Youth](#)
- [Pediatrics Teen Advisory Council](#)
- [Power to Decide](#)
- [Unite for Reproductive and Gender Equity \(URGE\)](#)

IMMIGRANTS/REFUGEES

Examples of Community and Culturally Specific Interventions

- Sexual Reproductive Health Education for Immigrant Women living in NYC: Community-based group health educational programs led by our Cultural Ambassadors Toward Community Health (CATCH) Program to provide a useful alternative for immigrant women reluctant to seek sexual and reproductive health care in clinical settings.

Examples of Policy and Structural Change

- Barriers to sexual and reproductive health services faced by immigrant women of reproductive age in the United States
- How the HEAL for Immigrant Families Act Could Foster Reproductive Health Equity and Justice
- Immigrants' Health Insurance: Federal Restrictions Are Harmful for Sexual and Reproductive Health
- Know Your Rights: Abortion Access for Immigrants

Recommended Readings with Abstract Excerpts

'If I went to my mom with that information, I'm dead': sexual health knowledge barriers among immigrant and refugee Somali young adults in Ohio.⁵⁹

- Educating parents and religious leaders to support youth sexual health education and utilizing trusted sources such as internet, peers, and providers.

Immigrant Women's Access to Sexual and Reproductive Health Coverage and Care in the United States

- In the US, a smaller proportion of immigrant women, including both undocumented and those lawfully present, have health insurance coverage and are less likely to use sexual and reproductive health services, compared with US-born women.

Interventions to improve migrants' access to sexual and reproductive health services: a scoping review⁶⁰

- Migrants' access to sexual and reproductive health services is constrained by several individual, organizational and structural barriers. To address these barriers, many interventions have been developed and implemented worldwide to facilitate the access and utilization of this care for migrant populations.

Migrant and Refugee Youth's Sexual and Reproductive Health and Rights: A Scoping Review to Inform Policies and Programs⁶¹

- Migrants and refugee youth in Western nations are less likely to access in sexual reproductive health services are likely to encounter adverse experiences due to limited access to and knowledge of this care.

Talking about sexual and reproductive health through interpreters: The experiences of health care professionals consulting refugee and migrant women⁶²

- This study aimed to identify service delivery and policy considerations related to working with interpreters when caring for refugee and migrant women.

Organizations Highlight

- Immigrant and Refugee Center of Northern Colorado
- National Immigration Law Center

PEOPLE EXPERIENCING INTIMATE PARTNER VIOLENCE (IPV)

Examples of Community and Culturally Specific Interventions

- [Domestic Violence Evaluation Screening/Assessment Tools](#) provides various tools for risk assessment, substance abuse, mental health, and other tools that providers and staff can find useful for their practice.
- [Family Home Visiting Intimate Partner Violence Screening & Referrals Toolkit](#)
- [Violence Against Women and HIV and Resources on the Intersection of Women, HIV and Violence](#) are resources that provides information about PrEP, clinical studies, hotlines, and other tools to assist people experiencing IPV.
- Translated resources and toolkit which aims to provide domestic violence and HIV/AIDS service providers with information and resources to enhance services for people exposed to HIV/AIDS and domestic violence: [Positively Safe: Addressing the Intersection of DV and HIV/AIDS Toolkit](#)
- The National Domestic Violence Hotline has created [awareness materials](#) to provide resources for patients and providers.

Examples of Policy and Structural Change

- [Futures Without Violence Policy and Advocacy Center](#)
- [Understanding Intimate Partner Violence as a Sexual and Reproductive Health and Rights Issue in the United States](#)

Recommended Readings with Abstract Excerpts

[No Longer the Exception, but the Standard: Integrating Trauma-Informed Policy and Pre-exposure Prophylaxis Implementation for Women](#)⁶³

- Trauma-informed HIV prevention, treatment, and care is a well-established area of research and public health practice, but in most places PrEP-related practice does not yet fully reflect the latest evidence. Despite this dearth of research and practice, several emerging studies have elucidated significant and important relationships between IPV experiences and PrEP-related outcomes among women at-risk for HIV.

[Why post-Roe abortion restrictions worry domestic violence experts](#)

- Learn more about how IPV and abortion access have become critical in a post-Roe world.

Organizations Highlight

- [Futures without Violence](#)
- [National Domestic Violence Hotline](#)
- [The National Network to End Domestic Violence \(NNEDV\)](#)
- [WomensLaw.org](#)

PEOPLE WITH INTELLECTUAL, DEVELOPMENTAL, OR PHYSICAL DISABILITIES

Examples of Community and Culturally Specific Interventions

- [Disability & Reproductive Health: It's Time to Talk About It!](#) This is a collection of resources that support people with disabilities and their sexual and reproductive health.
- [Disability Impacts All of Us](#) provides multimedia resources about disability and health disparities.
- [Sexual Health Equity for Individuals with Intellectual and Developmental Disabilities \(SHEIDD\)](#) provides various sexual health resources, including teaching tools, community resources, and policy.
- [Take Charge! A Reproductive health Guide for Women with Disabilities:](#)
- This guide was created for the use of women with disabilities, health care providers, and community organizations to gain knowledge on the steps women with disabilities can take to make important decisions about their health. [In Their Own Words: Guidelines for Supporting the Sexual Health of Young People Experiencing Intellectual/Developmental Disabilities](#)
- [Our Lives, Our Choice, Our Rights!](#) This guidebook is about understanding the lives and experiences of LGBTQ+ people with intellectual and developmental disabilities.

Examples of Policy and Structural Change

- [A Sexuality Policy That Truly Supports People with Disabilities](#)
- [Biden Administration Proposes Rule to Curb Disability Discrimination in Health Care](#)

- [Disability Rights and Sexual Health](#)
- [Including People with Disabilities in Reproductive Health Programs and Services: Fact Sheet](#)
- [Policy Recommendations to promote healthy social and emotional relationships for people with intellectual and developmental disabilities](#)

Recommended Readings with Abstract Excerpts

[Feature Issue on Sexuality and People with Intellectual, Developmental and Other Disabilities](#)

- Various articles to learn more about identity, disability, and sexuality including resources for reproductive health and family planning.

Organizations Highlight

- [CDC Department of Human Development and Disability](#)
- [Center for Research on Women with Disabilities](#)
- [Kennedy Krieger Institute](#)
- [North Carolina Council on Developmental Disabilities](#)
- [University Center for Excellence in Developmental Disabilities](#)
- [YAI: Seeing beyond disability](#)

PEOPLE WITH LIMITED ENGLISH PROFICIENCY (LEP)

Examples of Community and Culturally Specific Interventions

- Resources and Reference Materials for Community Health Worker Programs: This resource portfolio, categorized by health topic, was created to support programs that serve Latinx communities, the resources can be used when considering community health worker programs or interventions.
 - Training for CHWs
 - Training for CHW Supervisors and Managers
- Using Community Health Workers to Improve Linkage and Retention in Care: This project sought to increase the utilization of community health workers to strengthen the health care workforce and improve health outcomes for racial and ethnic minority people with HIV.
- Community Health Worker technical assistance: NASHP provides resources and technical support to help states build on their community-based workforce and identify sustainable funding sources for CHWs.
- TRAPD Model⁶⁴ with Procedural steps on how to translate materials with community input.

Examples of Policy and Structural Change

- Interpreter & Translator webinars - Reproductive and sexual health in clinical settings

Recommended Readings with Abstract Excerpts Appropriate Use of Medical Interpreters⁶⁵

- When a bilingual clinician or a professional interpreter is not available, phone interpretation services or trained bilingual staff members are reasonable alternatives. The use of professional interpreters (in person or via telephone) increases patient satisfaction, improves adherence and outcomes, and reduces adverse events, thus limiting malpractice risk.

Organizations Highlight

- Medical Interpreters Registry NBCMI Interpreter Registry
- MHP Salud
- VIDA Community Health Worker Program

PEOPLE WITH SUBSTANCE USE DISORDERS

Examples of Community and Culturally Specific Interventions

- Community Engagement: An Essential Component of an Effective and Equitable Substance Use Prevention System: This guide presents evidence related to leveraging community engagement to support the implementation and scale-up of evidence-based programs and policies.
- Implementing Substance Use Screening Toolkit: The purpose of this toolkit, produced by the Reproductive Health National Training Center, is to support Title X grantees, subrecipients, and service sites in screening family planning patients for substance use.
- Screening, Brief Intervention, and Referral to Treatment (SBIRT): This resource is produced by SAMHSA, the federal agency that oversees substance use and mental health programs. SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders.
- Pregnancy And Substance Use: A Harm Reduction Toolkit: This toolkit is intended for use by pregnant and parenting people who use drugs, their loved ones, and their service providers. The goal is to promote the overall health and well-being of pregnant people who use substances and their families.

Examples of Policy and Structural Change

- SAMHSA Practitioner Training
- Syringe Services Programs

Recommended Readings with Abstract Excerpts

Barriers to and facilitators of hormonal and long-acting reversible contraception access and use in the US among reproductive-aged women who use opioids⁶⁶

- Women who use opioids are less likely to access and use effective contraception, identified contraceptive barriers and facilitators for WWUO, Contraceptive barriers and facilitators for WWUO exist at many levels of influence, no studies were found that included participants from marginalized groups, and future research should target more diverse populations in community settings.

Substance Use and Sexual Risk Behaviors Among Youth

- Teen substance use is also associated with sexual risk behaviors that put young people at risk for HIV, STIs and pregnancy. To address these issues, more needs to be done to lessen risks and increase protective factors for teens.

Organizations Highlight

- Substance Abuse and Mental Health Services Administration (SAMHSA)
- National Harm Reduction Coalition

LGBTQ+ PEOPLE

Examples of Community and Culturally Specific Interventions

- UCLA Health's guide to provide equitable health care to all patients of all sexual orientations, genders, races, or religions: [LGBTQ+ Health Initiative](#).
- Improving Care of LGBTQ People of Color: Intersectional approach to patient-centered care for BIPOC LGBTQ people in health care settings.
- Patient-Centered Care for Transgender People: Recommended Practices for Health Care Settings: CDC resource addressing the stigma and discrimination that many transgender people experience in their day-to-day lives and that can affect their access to and experience of health care.
- AMA resource to guide physicians seeking to create and maintain an environment where all patients feel welcome, which includes recommended standards of practice with lesbian, gay, bisexual or transgender patients and additional resources to assist making a clinical practice LGBTQ-friendly: [Creating an LGBTQ-friendly practice](#)
- A guide from the perspective of people with intellectual and developmental disabilities who are LGBTQ+: [Our Lives, Our Choice, Our Rights!](#)
- This resource is designed for youth-supporting professionals—especially case managers—who provide direct care services to young people who experience the child welfare or justice systems, homelessness, or disconnection from school and work: [Using Trauma-Responsive, LGBTQ+ Affirming Care to Connect Young People to Sexual and Reproductive Health Services](#)
- A guide for health care professionals seeking to create affirming and inclusive environments for LGBTQ+ youth, addressing evidence-based, culturally responsive care, connecting LGBTQ+ youth to essential resources, and the need for ongoing learning and professional development personally, organizationally, and institutionally: [Supporting & Affirming LGBTQ+ Youth](#)

Examples of Policy and Structural Change

- [Advancing equality for LGBTQ families](#)
- [Affirming LGBTQ Individuals and Communities](#)

- [GLMA: Health Professionals Advancing LGBTQ Equality](#)
- [Healthcare Equality Index 2022](#)
- [Intersex-Affirming Hospital Policies](#)
- [Providing Inclusive Care for LGBTQ Patients](#)
- [Resources for Adolescent Health](#)

Recommended Readings with Abstract Excerpts

[LGBTQ+ Health Is an Essential Component of Public Health Equity Efforts](#)

- Health risks for gay men and lesbians are not the same and both are not the same as for transgender people. Additionally, for people of color, the combination of racism and homophobia or transphobia increases the likelihood of threats to good health. LGBTQ+ people who are poor, who have disabilities, or who live in rural or frontier areas also have multifactor risks.

[Health and Access to Care and Coverage for Lesbian, Gay, Bisexual, and Transgender \(LGBT\) Individuals in the U.S.](#)

- This issue brief provides an overview of what is known about LGBT health status, coverage, and access in the United States, and reviews the implications of the ACA, the Supreme Court rulings on marriage equality, and other recent policy developments for LGBT individuals and their families going forward.

Organizations Highlight

- [Movement Advancement Project](#)
- [National Center for Lesbian Rights](#)
- [National Center for Transgender Equality](#)
- [National LGBTQ Task Force: Queering Reproductive Health, Rights & Justice](#)
- [National LGBTQIA+ Health Education Center](#)
- [The Center for LGBTQ+ Health Equity \(CLHE\)](#)

LOW INCOME OR UNINSURED

Examples of Community and Culturally Specific Interventions

- NFPRHA works on federal policy and with its membership on state policy to protect, expand access to, and improve policies related to Medicaid-funded family planning. Review [NFPRHA's Medicaid resources, fact sheets, and reports](#).
- [NFPRHA supports efforts to update the Title X statute, regulations, and guidelines](#) for the longer-term viability and effectiveness of the program and to modernize access to and the delivery of family planning and sexual health services for all.
- Medicaid and the Children's Health Insurance Program (CHIP) provide free or low-cost health coverage to some low-income people, families and children, pregnant women, the elderly, and people with disabilities: [Medicaid & CHIP coverage](#)

Examples of Policy and Structural Change

- [340B Drug Pricing Program](#)
- [5 ways to get help with prescription costs](#)
- [Mailing Prescription Medications to Patients](#)
- [Medicaid's Free Choice of Provider Protections](#)
- [Resources for the Uninsured](#)
- [Sliding fee discount schedules job aid](#)

Recommended Readings with Abstract Excerpts

[Beyond the Numbers: Access to Reproductive Health Care for Low-Income Women in Five Communities](#)

- A close examination of experiences with reproductive health care among women who are low income in five diverse communities reveals challenges and strengths that are not evident in statistics alone. In-person interviews, focus groups, and first-hand, on-the-ground experiences in each of the communities uncovered barriers to care common to all the communities, as well as obstacles unique to specific locales and populations.

[Cost-Related Barriers Prevent Low-Income Women in the United States from Using Their Preferred Contraceptive Method, New Study Finds](#)

- Health insurance coverage and person-centered care can support reproductive autonomy.

[Exploring Primary Care Non-Attendance: A Study of Low-Income Patients⁶⁷](#)

- Results point to the need for modified structures that allow patients who are low income more control over their personal health and highlight opportunities for clinics to address patients' lack of interest and fear in the medical encounter.

Organizations Highlight

- [Center for Law and Social Policy](#)
- [Centers for Medicare & Medicaid Services](#)
- [National Health Law Program](#)
- [Sargeant Shriver National Center on Poverty Law](#)

MEN AND YOUNG MEN

Examples of Community and Culturally Specific Interventions

- [Manhood 2.0](#)⁶⁸ is a curriculum developed by Equimundo and the University of Pittsburgh to engage young men ages 15-24 in reflecting on the impacts of harmful gender norms, specifically those surrounding issues such as teen pregnancy prevention, dating violence and sexual assault, and the bullying of LGBTQ+ individuals.
- Michigan Health and Human Services created a section for men's sexual health called [Birth Control for Men](#)
- A toolkit developed to highlight, encourage, and guide men and masculine folks on issues of male privilege, sexual violence, and consent: [Black Masculinity \(re\)imagined Masculinity, Male, Privilege & Consent](#)

Examples of Policy and Structural Change

- [Engaging Men in Sexual and Reproductive Health and Rights, Including Family Planning](#)
- [Preventive Male Sexual and Reproductive Health Care - Recommendations for Clinical Practice](#)

Recommended Readings with Abstract Excerpts

[HOLA Intervention for Latino Men Who Have Sex with Men](#)⁶⁹

- Our community-based participatory research partnership engaged in a multistep process to refine a culturally congruent intervention that builds on existing community strengths to promote sexual health among immigrant Latino men who have sex with men (MSM).

[Engaging Black men who have sex with men \(MSM\) in the South in identifying strategies to increase PrEP uptake](#)⁷⁰

- Findings suggest the importance of increasing awareness among health professions students matriculating at HBCUs of their perceived role as relatable health care providers by Black MSM; working closely with couples; and crafting of PrEP messaging that is non-stigmatizing. Findings will inform public health interventions for young Black MSM and facilitate HIV prevention efforts with other groups disproportionately affected by HIV in the South.

[Barriers to the participation of men in reproductive health care: a systematic review and meta-synthesis](#)⁷¹

- Health care system programs and policies, economic and sociocultural issues, and men's attitudes, knowledge, and preferences, influence men's participation in reproductive health care. Reproductive health initiatives should focus on eliminating challenges to men's supportive activities to increase practical men's involvement in reproductive health care.

Organizations Highlight

- [Men's Health Center in La Jolla](#)
- [The Men's Clinic at UCLA](#)
- [The Partnership for Male Youth](#)
- [University of Texas at Austin](#)

PEOPLE LIVING WITH HIV AND HIV PREVENTION

Examples of Community and Culturally Specific Interventions

- An evidence-informed intervention, adapted for the Health Resources and Services Administration's Ryan White HIV/AIDS Program, that engages Black men who have sex with men with HIV into medical care through early orientation to the clinic, relationship building, and enhanced personal contact: [Text Messaging Intervention to Improve Antiretroviral Adherence among HIV-Positive Youth \(TXTXT\)](#)
- A resourced developed by Target HIV to help providers assist HIV+ people transitioning from adolescent to adult health care settings: [Transitioning HIV+ Youth from Adolescent to Adult Services](#)
- [HIV Disparity Interventions](#) is another Target HIV resource that provides various interventions that have been tested and implemented for underserved populations.
- [HIV Self-Testing Programs-\(HIVST\)](#): HIVST programs are a public health strategy that enables the CDC's funded community-based organizations and health departments to provide follow-up and linkage-to-treatment/prevention resources for people who self-test for HIV infection in their homes or another private location.
- [TakeMeHome](#) is a partnership between Building Healthy Online Communities, NASTAD, and Emory University. [TakeMeHome enables state and local health departments to offer free in-home sexual health tests to eligible community members.](#)
- [El Grupo de Apoyo Latino: The Latino Programs Individual Services](#) convey HIV health and sexual risk-reduction practices to non-acculturated and monolingual Spanish speakers, regardless of their immigration status, who have difficulty navigating systems of HIV care and prevention.
- [Evidence-Informed Behavioral Health Models to Improve HIV Health Outcomes for Black Men who have Sex with Men Initiative](#)
- [Get Your Life: An HIV & STI Prevention Program by and for Black & Latino Young Men who Have Sex with Men \(YMSM\)](#) is a seven-session group-based HIV prevention facilitation guide designed for Black and Latino young men who have sex with men ages 14-19 years old.

- [Prevention and Treatment of HIV Among People Living with Substance Use and/or Mental Disorders](#)⁷²
- Faith-based organizations have a role in a comprehensive HIV prevention strategy because of their capacity for building awareness, mobilizing communities, and reducing HIV-related stigma: [HIV and the Faith Community](#)
- The Outreach Enhancement: Faith-Based Organizations Program is a collaboration between Black Health, Inc. and faith-based organizations: [Faith Based Initiative](#)

Examples of Policy and Structural Change

- [HIV Care Continuum](#)
- [National HIV/AIDS Strategy \(NHAS\)](#)
- [Technical assistance for Ryan White HIV/AIDS program.](#)
- [The Affordable Care Act and HIV/AIDS](#)
- [Awareness Campaigns](#)

Recommended Readings with Abstract Excerpts

[PrEP Chicago: A randomized controlled peer change agent intervention to promote the adoption of pre-exposure prophylaxis for HIV prevention among young Black men who have sex with men](#)⁷³

- PrEP Chicago addresses a gap in HIV prevention research and intervention design by utilizing the existing social networks among young Black men who have sex with men. Interventions that leverage peer influence processes to facilitate PrEP uptake are promising strategies to improve sexual health engagement and overcome disparities in outcomes among this at-risk population.

[Vital Voices: HIV Prevention and Care Interventions Developed for Disproportionately Affected Communities by Historically Underrepresented, Early-Career Scientists](#)⁷⁴

- Focused funding that supports historically underrepresented scientists and their HIV prevention and care intervention research can help facilitate reaching national goals to reduce HIV-related disparities and end the HIV epidemic. Maintaining these funding streams should remain a priority as one of the tools for national HIV prevention.

Organization Highlight

- [AIDS Healthcare Foundation](#)
- [AIDS United](#)
- [Black AIDS Institute](#)
- [HIV.GOV](#)
- [Latino Commission on AIDS](#)
- [NASTAD](#)
- [National Minority AIDS Council](#)
- [San Francisco AIDS Foundation](#)

RELIGIOUS COMMUNITIES

Examples of Community and Culturally Specific Interventions

- [The Sex Talk: A Muslim's Guide to Healthy Sex & Relationships](#) is a self-guided reflection workbook for Muslims to break the ice around uncomfortable conversations and create safe, healthy relationships.
- Faith-based organizations have a role in a comprehensive HIV prevention strategy because of their capacity for building awareness, mobilizing communities, and reducing HIV-related stigma: [HIV and the Faith Community](#)
- The Outreach Enhancement: Faith-Based Organizations Program is a collaboration between Black Health, Inc. and faith-based organizations: [Faith Based Initiative](#)

Examples of Policy and Structural Change

- [Religious Landscape Study: Views about Abortion](#)

Recommended Readings with Abstract Excerpts

[Working with Faith-Based Communities to Develop an Education Toolkit on Relationships, Sexuality, and Contraception](#)⁷⁵

- Faith leaders faced barriers including initial discomfort regarding sexual health topics and perceived opposition from the community. However, faith leaders remained motivated to overcome barriers by their mission to serve their communities.

[Love with No Exceptions: A faith-based, university-community partnership for faith-based HIV training and assessment of needs in the Deep South](#)⁷⁶

- This project established a faith-based, university-community partnership with the African Methodist Episcopal church in Alabama to develop a statewide training model to address HIV knowledge and stigma, promote discussion and generate action plans to address HIV in the deep south.

[Abortion, Justice, and Religion](#)

- A Q&A With Rabbi Danya Ruttenberg of the National Council of Jewish Women

Organizations Highlight

- [Catholics for Choice](#)
- [Florida Interfaith Coalition for Reproductive Health and Justice](#)
- [HEART](#)
- [National Council of Jewish Women](#)
- [Religious Coalition for Reproductive Choice \(RCRC\)](#)

RURAL/FRONTIER AREAS

Examples of Community and Culturally Specific Interventions

- Community-based Approaches to Reducing Sexually Transmitted Diseases (CARS): Using community engagement methods and partnerships to build local STD prevention and control capacity, the purpose of CDC's CARS project is to support the planning, implementation, and evaluation of innovative, interdisciplinary interventions.
- The NORC Walsh Center for Rural Health Analysis conducted formative research to enhance understanding of strengths and assets in rural places, identify key partners and change agents, and identify opportunities to leverage assets to improve rural health and equity: Exploring Strategies to Improve Health and Equity in Rural Communities
- In rural communities, health care and the overall vitality of the community are intrinsically linked. A robust community supports and sustains quality health and social services for its residents by attracting and retaining well-trained and committed health care professionals: Community Vitality and Rural Healthcare
- Duke's Nurse-Led Models of Health Care Transform Delivery and Reduce Health Inequities: This is the first of a three-part series on nurse-led models of care that are making a difference in health outcomes for real people, families and communities. Introduced by Duke Nursing magazine.
- A lack of access to high-quality maternal health services in rural communities is the result of many factors, including hospital and obstetric department closures, workforce shortages, and access to care challenges arising from the social determinants of health, which have contributed to disparities in maternal health care for rural women and their babies. These access challenges can result in a number of negative maternal health outcomes including premature birth, low-birth weight, maternal mortality, severe maternal morbidity, and increased risk of postpartum depression: Improving Access to Maternal Health Care in Rural Communities

Examples of Policy and Structural Change

- Becoming a rural health clinic in Oregon
- National Policy and Advocacy
- Rural health clinic certification process
- Starting a rural health clinic

Recommended Readings with Abstract Excerpts

Small, rural communities are becoming abortion access battlegrounds

- After local leaders in rural Nevada reached an impasse over a proposed Planned Parenthood clinic, an anti-abortion activist pitching local abortion bans arrived at their remote city hall.

The Loss of Roe Could Hinder Contraceptive Access in Rural Communities

- Limiting access to highly effective methods of contraception will disproportionately affect rural Americans, who already struggle to access comprehensive reproductive health care.

Organizations Highlight

- CMS Medicare Rural Health Clinics Center
- National Association of Rural Health Clinics
- The Rural Health Information Hub

SEX WORKERS

Examples of Community and Culturally Specific Interventions

- [Utopia Washington Street Outreach: UTOPIA](#)
Washington does monthly outreach to provide street-based sex workers with PPE supplies, Safe Sex Supplies, home HIV testing kits, and self-defense kits.
- [Contraceptive Services for Female Sex Workers: Training Module for Clinicians⁷⁷](#) This training module was designed to support clinicians to the special needs and concerns of female sex workers seeking contraceptive services. The module can be used for training family planning providers or providers in family planning/HIV integrated settings.

Examples of Policy and Structural Change

- [Decriminalize Sex Work](#)
- [Sex Worker Advocates Coalition](#)

Recommended Readings with Abstract Excerpts

[Improving Awareness of and Screening for Health Risks Among Sex Workers](#)

- The American College of Obstetricians and Gynecologists supports increasing awareness about the health risks, preventive care needs, and limited health care services for female sex workers.

[Culturally Competent Health Care for Sex Workers: An Examination of Myths That Stigmatize Sex-Work and Hinder Access to Care⁷⁸](#)

- The objective of the current review is to (1) educate clinicians on sex work and describe the unique struggles faced by sex workers and vulnerability factors clinicians must consider, (2) address 5 common myths about sexual work that perpetuate stigma, and (3) advance a research and culturally competent clinical training agenda that can optimize mental health care engagement and utilization within the sex work community.

Organizations Highlight

- [Decriminalize Sex Work](#)
- [HIPS](#)
- [Sex Worker Empowerment Initiative \(SWEI\)](#)
- [SWOP USA](#)
- [Utopia Washington](#)

UNHOUSED COMMUNITIES

Examples of Community and Culturally Specific Interventions

- This guide includes four case studies to highlight strategies for providing treatment and recovery support services to people experiencing both unsheltered and sheltered homelessness. Additionally, it presents considerations for evaluation and quality improvement: [Expanding Access to and Use of Behavioral Health Services for People Experiencing Homelessness](#).
- Also see: [Low income or Uninsured](#)

Examples of Policy and Structural Change

- [Homelessness Federal Strategic Plan](#)
- [Housing Not Handcuffs](#)
- [Issue Brief: The Role of Housing in Ending the HIV Epidemic](#)

Recommended Readings with Abstract Excerpts

[Homelessness, HIV, and Incomplete Viral Suppression](#)⁷⁹

- Homelessness predicts incomplete HIV viral suppression. Stable housing may improve viral suppression and access to combined antiretrovirals (cART). Drug use was associated with viral suppression, likely because of patient engagement with on-site addiction services.

[Homelessness, housing instability, and abortion outcomes at an urban abortion clinic in the United States](#)⁸⁰

- This study aimed to investigate the relationship between housing status and abortion outcomes and whether gestational age mediates this relationship.

[Desire for and barriers to obtaining effective contraception among women experiencing homelessness](#)⁸¹

- Women experiencing homelessness in this study demonstrate significant unmet needs for effective contraception. Women experiencing homelessness would benefit from comprehensive contraceptive counseling and improved access to effective forms of contraception.

Organizations Highlight

- [National Homelessness Law Center](#)

Endnotes

- 1 Office of Population Affairs (OPA), "Title X Turns 50."
- 2 Darney et al., "Title X Improved Access To Most Effective And Moderately Effective Contraception In US Safety-Net Clinics, 2016–18."
- 3 Institute of Medicine (IOM), "A Review of the HHS Family Planning Program."
- 4 Crenshaw, Kimberle (1989) "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics," University of Chicago Legal Forum: Vol. 1989, Article 8.
- 5 McLemore, "Connecting the Dots: Reproductive Justice + Research Justice = Health Justice - Bill of Health."
- 6 University of Oregon, "What Is Cultural Humility? The Basics."
- 7 U.S. Department of Health and Human Services, "Health Literacy in Healthy People 2030."
- 8 Foster, The Turnaway Study: Ten Years, a Thousand Women, and the Consequences of Having—Or Being Denied—an Abortion.
- 9 Grossman et al., "Trauma-Informed Care: Recognizing and Resisting Re-Traumatization in Health Care."
- 10 University of Oregon, "What Is Cultural Humility? The Basics."
- 11 Melino, "Structural Competency in Health Care."
- 12 U.S. Department of Health and Human Services, "Health Literacy in Healthy People 2030."
- 13 Shaver, "The State of Telehealth Before and After the COVID-19 Pandemic."
- 14 Koenig et al., "The Role of Telehealth in Promoting Equitable Abortion Access in the United States: Spatial Analysis."
- 15 Levy et al., "From Pandemic Response to Portable Population Health: A Formative Evaluation of the Detroit Mobile Health Unit Program."
- 16 Michener, "A Racial Equity Framework for Assessing Health Policy."
- 17 University of Wisconsin–Madison, "Equity, Inclusion & Engagement Policy Assessment Toolkit."
- 18 Hassen et al., "Implementing Anti-Racism Interventions in Healthcare Settings: A Scoping Review."
- 19 Mental Health America, "Healthcare Disparities Among Black, Indigenous, and People of Color."
- 20 Sutton et al., "Racial and Ethnic Disparities in Reproductive Health Services and Outcomes, 2020"
- 21 Sutton et al., "Vital Voices: HIV Prevention and Care Interventions Developed for Disproportionately Affected Communities by Historically Underrepresented, Early-Career Scientists."
- 22 Santana et al., "How to Practice Person-Centered Care: A Conceptual Framework."
- 23 Sutton et al., "Racial and Ethnic Disparities in Reproductive Health Services and Outcomes, 2020"
- 24 Agency for Healthcare Research and Quality, "The SHARE Approach: A Model for Shared Decision Making."
- 25 Senderowicz, "Contraceptive Autonomy: Conceptions and Measurement of a Novel Family Planning Indicator."
- 26 Gullo et al., "Creating Spaces for Dialogue: A Cluster-Randomized Evaluation of CARE's Community Score Card on Health Governance Outcomes."
- 27 Shankar, Williams, and McClintock, "True Choice in Reproductive Care: Using Cultural Humility and Explanatory Models to Support Reproductive Justice in Primary Care"
- 28 Rosales, León, and León-Fuentes, "Recommendations for Recruitment and Retention of a Diverse Workforce: A Report from the Field."
- 29 Rosales, León, and León-Fuentes, "Recommendations for Recruitment and Retention of a Diverse Workforce: A Report from the Field."
- 30 Vujcich et al., "Translating Best Practice into Real Practice: Methods, Results and Lessons from a Project to Translate an English Sexual Health Survey into Four Asian Languages."
- 31 Juckett, Gregory, and Kendra Unger. "Appropriate use of medical interpreters." *American family physician* 90, no. 7 (2014): 476-480.
- 32 Community Language Cooperative, "Language Justice."
- 33 Boyd et al., "Equity and Bias in Electronic Health Records Data."
- 34 Boyd et al., "Equity and Bias in Electronic Health Records Data."
- 35 Dehlendorf et al., "Disparities in Family Planning."
- 36 NFPRHA, "Patient Experience with Telehealth Services and Health Education."
- 37 Stephanie W. Y. Yu, et al., "The scope and impact of mobile health Units in the United States: a literature review," *International Journal for Equity in Health* 16, no. 178 (2017).
- 38 NFPRHA, "Mobile Health Units: A Strategy to Increase Access to Family Planning and Sexual Health Services."
- 39 Monica Anderson, "Who relies on public transit in the U.S.," (Washington, DC: *Pew Research Center*, 2016).
- 40 Emiko Atherton, Emily Schwenger, and Margo Edmunds, "Transportation: a community driver of health," (Washington, DC: American Public Health Association, AcademyHealth, and Kaiser Permanente, 2021).
- 41 Aparicio et al., "Holistic, Trauma-Informed Adolescent Pregnancy Prevention and Sexual Health Promotion for Female Youth Experiencing Homelessness: Initial Outcomes of Wahine Talk."
- 42 Bi et al., "Improving Shared Decision Making For Asian American Pacific Islander Sexual and Gender Minorities."
- 43 Chandrasekaran and Choimorrow, "Asian American and Pacific Islander Access to Abortion During COVID-19: A Complex Interplay of Factors."
- 44 Chandrasekaran et al., "The Role of Community and Culture in Abortion Perceptions, Decisions, and Experiences among Asian Americans."
- 45 Burns et al., "Engaging Young Black Males in Sexual and Reproductive Health Care: A Review of the Literature."
- 46 Barber et al., "Contraceptive Desert? Black-White Differences in Characteristics of Nearby Pharmacies."
- 47 Thompson et al., "Racism Runs Through It: Examining The Sexual And Reproductive Health Experience Of Black Women In The South."
- 48 Tingey et al., "'Empowering Our People': Impact of a Culturally Adapted Evidence-Based Intervention on Sexually Transmitted Infection Risks Among Native Americans With Binge Substance Use."
- 49 Rink et al., "Rationale, Design, and Methods for Nen Unkumbi/Edahiyyedo ('We Are Here Now'): A Multi-Level Randomized Controlled Trial to Improve Sexual and Reproductive Health Outcomes in a Northern Plains American Indian Reservation Community."
- 50 Rink et al., "The Development and Testing of a Multi-Level, Multi-Component Pilot Intervention to Reduce Sexual and Reproductive Health Disparities in a Tribal Community."

- 51 Craig Rushing et al., "Healthy Native Youth: Improving Access to Effective, Culturally-Relevant Sexual Health Curricula."
- 52 Tebb et al., "Improving Contraceptive Use among Latina Adolescents: A Cluster-Randomized Controlled Trial Evaluating an mHealth Application, Health-E You/Salud iTu."
- 53 Adolescent Health Initiative, "Adolescent-Centered Environment Assessment Process."
- 54 SIECUS, "Community Action Toolkit: A Guide to Advancing Sex Education in Your Community."
- 55 Adolescent Health Initiative, "Youth-Friendly Care."
- 56 Sex Education Collaborative, "Member Organizations."
- 57 Krishnamurti et al., "A Framework for Femtech: Guiding Principles for Developing Digital Reproductive Health Tools in the United States."
- 58 Young et al., "PrEP Chicago: A Randomized Controlled Peer Change Agent Intervention to Promote the Adoption of Pre-Exposure Prophylaxis for HIV Prevention among Young Black Men Who Have Sex with Men."
- 59 Kingori et al., "'If I Went to My Mom with That Information, I'm Dead': Sexual Health Knowledge Barriers among Immigrant and Refugee Somali Young Adults in Ohio."
- 60 Bouaddi, Zbiri, and Belhiti, "Interventions to Improve Migrants' Access to Sexual and Reproductive Health Services: A Scoping Review."
- 61 Aibangbee et al., "Migrant and Refugee Youth's Sexual and Reproductive Health and Rights: A Scoping Review to Inform Policies and Programs."
- 62 Mengesha et al., "Talking about Sexual and Reproductive Health through Interpreters: The Experiences of Health Care Professionals Consulting Refugee and Migrant Women."
- 63 Willie et al., "No Longer the Exception, but the Standard: Integrating Trauma-Informed Policy and Pre-Exposure Prophylaxis Implementation for Women."
- 64 Vujcich et al., "Translating Best Practice into Real Practice: Methods, Results and Lessons from a Project to Translate an English Sexual Health Survey into Four Asian Languages."
- 65 Juckett, Gregory, and Kendra Unger. "Appropriate use of medical interpreters." *American family physician* 90, no. 7 (2014): 476-480.
- 66 Charron et al., "Barriers to and Facilitators of Hormonal and Long-Acting Reversible Contraception Access and Use in the US among Reproductive-Aged Women Who Use Opioids: A Scoping Review."
- 67 Chapman et al., "Exploring Primary Care Non-Attendance: A Study of Low-Income Patients."
- 68 Promundo-US and University of Pittsburgh Medical Center (2018). *Manhood 2.0: A Curriculum Promoting a Gender-Equitable Future of Manhood*. Washington, DC and Pittsburgh: Promundo and University of Pittsburgh.
- 69 Rhodes et al., "A Systematic Community-Based Participatory Approach to Refining an Evidence-Based Community-Level Intervention: A Systematic Community-Based Participatory Approach to Refining an Evidence-Based Community-Level Intervention: The HOLA Intervention for Latino Men Who Have Sex With Men."
- 70 Pichon et al., "Engaging Black Men Who Have Sex with Men (MSM) in the South in Identifying Strategies to Increase PrEP Uptake."
- 71 Roudsari, sharifi, and Goudarzi, "Barriers to the Participation of Men in Reproductive Health Care: A Systematic Review and Meta-Synthesis."
- 72 SAMHSA, "Prevention and Treatment of HIV Among People Living with Substance Use and/or Mental Disorders." (Moulton et al. 2022)
- 73 Young et al., "PrEP Chicago: A Randomized Controlled Peer Change Agent Intervention to Promote the Adoption of Pre-Exposure Prophylaxis for HIV Prevention among Young Black Men Who Have Sex with Men."
- 74 "Vital Voices: HIV Prevention and Care Interventions Developed for Disproportionately Affected Communities by Historically Underrepresented, Early-Career Scientists."
- 75 Torres, Jennifer, etc. 2017. "Working with Faith-Based Communities to Develop an Education Tool Kit on Relationships, Sexuality, and Contraception." *Journal of Applied Research on Children* 8 (1).
- 76 Lanzi et al., "Love with No Exceptions: A Statewide Faith-Based, University–Community Partnership for Faith-Based HIV Training and Assessment of Needs in the Deep South."
- 77 USAID, "Contraceptive Services for Female Sex Workers: Training Module for Clinicians."
- 78 Sawicki et al., "Culturally Competent Health Care for Sex Workers: An Examination of Myths That Stigmatize Sex Work and Hinder Access to Care."
- 79 Thakarar et al., "Homelessness, HIV, and Incomplete Viral Suppression."
- 80 Orlando et al., "Homelessness, Housing Instability, and Abortion Outcomes at an Urban Abortion Clinic in the United States."
- 81 Corey et al., "Desire for and Barriers to Obtaining Effective Contraception among Women Experiencing Homelessness."



National
Family Planning
& Reproductive Health Association