

## **Wisconsin Healthiest Women Initiative Sexual Health and Pregnancy Planning Workgroup**

### **Attendance Conference Call #1:**

Millie J., Hillary W., Emma H., Kate K., Angie R., Felicia H., Kate C., Mira K., Amy O., Patrice O., Dana L., Theresa O.

### **Attendance Conference Call #2:**

Millie J., Emma H., Katie K., Katie G., Katie C., Felicia H., Amy O., Hillary W.

## **REVISED DRAFT OF SEXUAL HEALTH AND PREGNANCY PLANNING STRATEGIES:**

### **REVISED GOAL #1: BUILD AND STRENGTHEN COMMUNITY CAPACITY**

[Strategies were revised based on participant input and suggestions. Some strategies were cut, others were combined or altered.]

#### **1. Use existing collaboratives, partnerships and initiatives to bring communities together around the topic of sexual health across the life course**

[Consider the following A-B as potential action steps for this strategy]

- a. Increase partnership efforts (particularly with service providers)
- b. Increase use of centering initiative, healthy family initiative and LIHF

#### **2. Increase community ownership of communities**

[Consider the following as a potential action step for this strategy]

- a. Use informal networks to distribute information:
  - i. Hair salons and barber shops
  - ii. Buses
  - iii. Churches
  - iv. Mall
  - v. Basketball courts
  - vi. Home health workers
  - vii. Social media (i.e. local documentary for your local film festival)

#### **3. Improve lack of education and information about sexuality in all settings and use better terms to normalize the conversation (use terms like sexual health rather than reproductive health)**

[Consider the following A-B as potential action steps for this strategy]

- a. Include fathers, partners and other family members in the conversation
- b. Provide comprehensive reproductive health education in schools, age appropriate, k-12
  - i. Examine results of the Beloit School District survey of adults on age appropriateness of specific subjects of sexual health
  - ii. Get youth perspective on the appropriateness of education on sexual health in schools

## **REVISED GOAL #2: EXPAND ACCESS TO AND AFFORDABILITY OF HIGH QUALITY SERVICES**

[Strategies were revised based on participant input and suggestions. Some strategies were cut, others were combined or altered.]

### **1. Increase access to medical homes (and similar care models) and make sexual health part of the medical home model**

[Consider the following A-E as potential action steps for this strategy]

- a. Have PNCC providers provide dual protection kit to clients
- b. Improve availability of Planned Parenthood/Community agencies' services and examine strategies to decrease waiting lists
- c. Maintain and strengthen home visitation for women
- d. improve access to health care and advocacy such as through the Birthing Project and Centering Pregnancy Initiative
- e. Incorporate discussion of pregnancy intendedness and counseling about STDs, domestic violence and sexual assault into medical model

### **2. Improve access and affordability of health services to men**

[Consider the following A-B as potential action steps for this strategy]

- a. Keep family planning services available for men and incorporate the lifecourse model in men's care
- b. Examine possible points of entry into services for men

### **3. Train providers in cultural and community competency, particularly as it relates to sexual health (competency should relate to cultures, SES status, languages, physical environments, etc.)**

## **REVISED GOAL #3: IMPROVING ACCOUNTABILITY: IDENTIFYING AND MONITORING RELEVANT INFORMATION**

[Strategies were revised based on participant input and suggestions. Some strategies were cut, others were combined or altered.]

### **1. Improve accountability by normalizing reproductive health standards of care and reporting on the implementation of these standards**

[Consider the following A-C as potential action steps for this strategy]

- a. Assure that policy makers and providers provide a range of options and services to patients/consumers regarding their reproductive health despite personal values.
- b. Improve accountability of public and private providers to recommended standards by their funders/fiscal agents
- c. Incorporate an indicator about comprehensive reproductive health plans and implementation of health plans

### **2. Improve Data collection**

[Consider the following A-E as potential action steps for this strategy]

- a. Define what indicators we want to know and what is available
- b. Collect and analyze data linking unintended pregnancies with poor health/birth outcomes
- c. Use existing collaboratives, such as LIHF, to gather information/data (pilots)

- d. Investigate client needs in Title X funded clinics - research if women want info and classes on how to talk to partners about birth control
- e. Improve data collection and analysis on men and fatherhood/partner involvement
  - i. FIMR: rate satisfaction with fathers, financial satisfaction, what issues father going through during pregnancy, if women want men involved
  - ii. Collect data at delivery hospital when pregnant women admitted – ask question on father involvement
  - iii. Improve birth certificate data collection accuracy so that name of father is included as indicated