

Improving Community Health Through Cross-Sector Partnerships:

Supporting Preconception Health in Southern Oregon



Cross-sector partners worked together to:

- ▶ Increase the likelihood that a broad spectrum of providers ask the One Key Question*
- ▶ Increase Long-Acting Reversible Contraceptive (LARC) use by women of child bearing age
- ▶ Develop a family planning referral grid
- ▶ Run a television and social media preconception health campaign targeting the Latino community
- ▶ Expand the project into neighboring Douglas County

Background

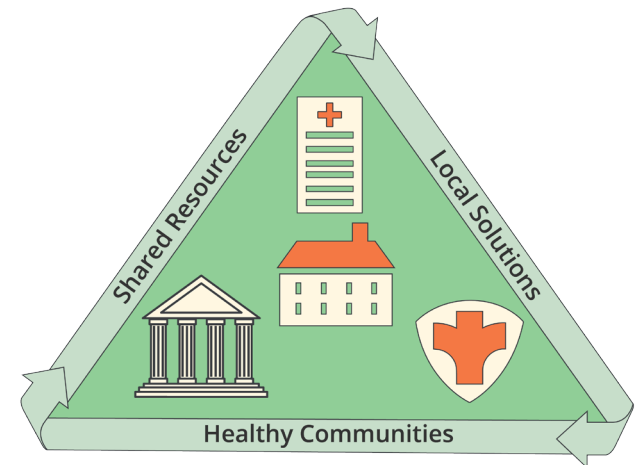
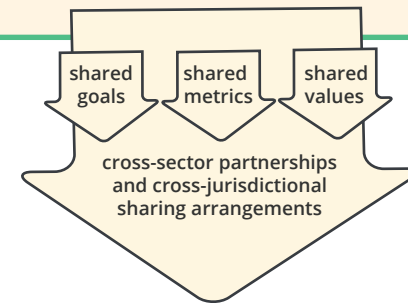
Health starts—long before illness—in our homes, schools, neighborhoods, and jobs. Public health agencies in Oregon are collaborating with community partners to make communities healthier and ensure that people have access to critical prevention services. Community partnership development is a foundational capability for state and local public health agencies in Oregon and for many decades, local public health agencies throughout Oregon have demonstrated skill and dedication in forming

cross-sector relationships with private, public, and governmental organizations that share many of the same goals. **The purpose of this case study is to increase understanding of the effective formation and use of cross-sector partnerships to improve community health.**

The Project: Supporting Preconception Health

Organizations in Jackson and Josephine Counties partnered to implement a preconception health campaign based on the One Key Question®* (OKQ) model.

* <http://www.onekeyquestion.org>



For more information: <http://hccso.org/onekeyquestion/>

The OKQ initiative was developed by the Oregon Foundation for Reproductive Health. OKQ aims to support Oregon women and families by ensuring that more pregnancies are wanted, planned, and as healthy as possible. OKQ encourages all primary care providers to routinely ask women about their reproductive health needs. By asking women “Would you like to become pregnant in the next year?” primary care clinicians can more fully support women’s reproductive health needs, such as preventing an unintended pregnancy or preparing for a healthy pregnancy.

This project used a collaborative community-based approach that supported work within clinical, educational, and community settings. The approach included training for clinical and community agencies, data collection and evaluation, media outreach, and development of a toolkit.

Project Goals

Partners looked at local data to identify perinatal health risks, such as substance use (including tobacco) during pregnancy and low birth weight babies. In response to these data, two main

goals were developed: decreasing unintended pregnancy and improving the health of women of childbearing age, thus improving pregnancy outcomes.

The Partnership

Prior to this project, both Jackson and Josephine Counties had well-established perinatal task forces. Both task forces joined the Preconception Health Campaign.

Initial funding for the project was through the State Innovation Model (SIM) Community Prevention grant from the Oregon Health Authority’s Public Health Division. The Jackson County Health Department, the project’s fiscal agent, subcontracted with the Health Care Coalition of Southern Oregon, (a southern Oregon-based nonprofit collaborative) to lead the partnership. Grant funds were used to fund two positions during the 2013-16 grant period.

All three CCOs in the region were partners in this project. CCOs provided critical linkages to the health care delivery system and developed materials for clinics with billing codes for One Key Question® and contraceptive use.

The local health departments, perinatal task forces, CCOs, and the Health Care Coalition of Southern Oregon worked with the following organizations to embed One Key Question® screening into clinical practices throughout the two counties:

- ▶ Regional Health Equity Coalition (SO-Health-E)
- ▶ FQHCs: La Clinica, Rogue Community Health, and Siskiyou Community Health Center

“When you’re doing an initiative it’s about time—and that’s money. So that was the biggest contribution, commitment and staff time to participate in the coalition meetings and be there at the table. And then, to drive and commit to pushing the work forward in their different organizations and entities.”

—Community-based Organization Partner

Preconception Health Campaign Convening Partners



- ▶ Jackson and Josephine County WIC
- ▶ Jackson and Josephine County Family Planning Clinics
- ▶ Planned Parenthood (three local clinics)
- ▶ Southern Oregon Head Start and Early Head Start
- ▶ Women’s Health Center of Grants Pass
- ▶ Private health clinics
- ▶ Dentists and dental care organizations

Accomplishments

- ▶ Staff provided technical assistance to providers, such as working with them to embed One Key Question® into their electronic health records systems, and facilitated provider training on Long-Acting Reversible Contraceptives (LARCs).
- ▶ Increasing the use of LARCs was an important metric for this project. Data from the Oregon Health Authority’s Public Health Division, showed an increase in LARCs in Jackson and Josephine Counties.
- ▶ Increase in proportion of clients using LARCs at Title X and Contraceptive Care (CCare) clinics:

	Southern Oregon	Statewide
2014–2015:	61%	14%
2015–2016	13%	8%

- ▶ The increase in use of LARCs is attributed to the many primary care clinics that embraced the OKQ practice and changed

systems and behaviors accordingly. The combination of a solid planning process and broad-based partnership allowed for resources to be leveraged to change clinical practices. This met health care providers’ goal to improve the health of women of childbearing age in their patient population, while also achieving systems and population-level changes.

- ▶ The partnership developed a family planning referral grid, which included information on local Title X and CCare providers. Title X and CCare providers offer free or low-cost reproductive health services and

birth control methods to people who need them. This helped agencies refer clients to the appropriate location for their contraceptive needs, and was particularly helpful for childhood education and social service providers.

- ▶ As the project gained traction and began to demonstrate success, organizations were willing to contribute additional funding to the project. For example, the three CCOs in the region provided funding for a television and social media campaign on preconception health targeting the latina population.

“CCOs are continuing to look at [the One Key Question] as they continue to move forward with their contraceptive metric. So that was really helpful in keeping this sustained at the CCO level, is that they need to meet that metric. And so here’s the tool to do that that’s already embedded in the community.”

—Community-Based Organization Partner

Barriers + Success Factors

- ▶ Implementing a new program in an already busy clinical system presented significant challenges. A focused, planned approach with technical support and training for clinical providers contributed to the project's success in embedding OKQ in clinical practices.
- ▶ Within the region there are two hospital systems, three FQHC systems and three CCOs. This broad, cross-sector collaboration brought these organizations together to successfully create a region-wide initiative.

Lessons Learned

- ▶ The project was community driven and grounded in local data and local needs. Access to community-level perinatal health data was essential to the success of the initiative. Local data also led to a strong focus on health equity and partnerships.
- ▶ Two perinatal task forces formed the foundation for the project. Using the existing task forces meant much of the infrastructure for the project was already in place and makes sustainability of project goals more likely.
- ▶ Spreading the work through a broad cross-section of organizations enhanced the impact of the project.
- ▶ A focus on evidence-based systemic changes means that women and families will continue to benefit from this project long after grant funding ends. Providers

have developed systems to include routine pregnancy intention screening and follow-up in patient encounters. And local organizations have the information they need to refer women and families to family planning resources.

Moving Forward

The project has expanded to Douglas County. Using lessons learned in Jackson and Josephine Counties, a Douglas County perinatal task force has formed and is developing a vision and plan for implementing the initiative in Douglas County.

“One of our local Federally Qualified Health Centers found it manageable to become part of their every day work flow. I asked recently if they were continuing One Key Question, and they said they really are. So, I know that the work flows that were developed and established during the grant cycle are being maintained in that particular setting.”

—Health Care Partner

“A couple of times, because of the success of the work, funders were able to say, ‘hey we have these other dollars that you would be eligible for if you’re interested, and here’s how to access them.’”

—Public Health Partner



Rede Group would like to thank the Health Care Coalition of Southern Oregon, Jackson County Public Health, the Josephine County Health Department, the Health Systems Division of the Oregon Health Authority, and Jackson Care Connect for their assistance with this case study.