

Program Element # 146: Reproductive Health

OHA Program Responsible for Program Element:

Public Health Division/Center for Prevention & Health Promotion/Adolescent, Genetics & Reproductive Health Section

1. Description.

Funds provided under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below.

Funds provided through this Program Element support Grantee’s efforts in developing and sustaining community-wide partnerships and assurance access to culturally responsive, high-quality, and evidence-based reproductive health services.

Health disparity data highlight pre-existing, deeply entrenched societal inequities that may inhibit individuals’ ability to access services and achieve reproductive autonomy. Therefore, it is critical that interventions aimed at access to services be wide-reaching and sensitive to the unique circumstances and challenges of different communities.

This Program Element and all changes to this Program Element are effective the first day of the month noted in the Issue Date of Exhibit C Financial Assistance Award unless otherwise noted in Comments and Footnotes of Exhibit C of the Financial Assistance Award.

2. Definitions Specific to Reproductive Health.

Not applicable.

3. Program with Modernization Foundational Programs and Foundational Capabilities.

The activities and services that the Grantee has agreed to deliver under this Program Element align with Foundational Programs and Foundational Capabilities and the public health accountability metrics (if applicable), as follows (see Public Health Modernization Manual at:
https://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf):

- a. **Foundational Programs and Capabilities** (As specified in Public Health Modernization Manual)

Program Components	Foundational Program				Foundational Capabilities							
	CD Control	Prevention and health	Environmental health	Access to clinical preventive	Leadership and	organizational	Health equity and cultural responsiveness	Community Partnership	Development Assessment and	Policy & Planning	Communicatio	Emergency Preparedness and Response

				Population Health Direct								
<i>Asterisk (*) = Primary foundational program that aligns with each component</i> <i>X = Other applicable foundational programs</i>					<i>X = Foundational capabilities that align with each component</i>							
Partnerships and Community Engagement				*		X	X	X	X			
Gaps and Barriers to RH Services		X		*		X	X	X				
Programmatic and/or Policy Solutions		X		*		X	X		X	X		

- b. The work in this Program Element helps Oregon's governmental public health system achieve the following Public Health Accountability Metrics, Health Outcome Indicators:

Not Applicable

- c. The work in this Program Element helps Oregon's governmental public health system achieve the following Public Health Accountability Metrics, LPHA Process Measures:

Not Applicable

4. Procedural and Operational Requirements.

By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, Grantee agrees to conduct activities in accordance with the following requirements:

- a. Grantee must submit a local program plan and local program budget to OHA for approval by July 1 of every year. Upon OHA approval, the local program plan and local program budget are incorporated herein with this reference.
- b. Grantee must engage in activities as described in its OHA-approved local program plan.
- c. Grantee must develop its local program plan as follows:
 - (1) The local program plan must be developed using the guidance provided in Attachment 1, Local Program Plan Guidance, incorporated herein with this reference.

- (2) The local program plan must address the Program Components as defined in Section 3 of this Program Element, that meet the needs of their specific community
 - (3) The local program plan must include activities that address community need and readiness and are reasonable based upon funds approved in the OHA approved local program budget.
 - (4) The local program plan must outline how Grantee intends to ensure access to reproductive health services through meaningful community engagement and partnerships and the development of responsive policies and programmatic actions
 - (5) OHA will review and approve all local program plans to ensure that they meet statutory and funding requirements relating to assurance of access to reproductive health services.
- d. Grantee must use funds for this Program Element in accordance with its OHA-approved local program budget.
 - e. Grantee must use the Local Program Budget Template as set forth in Attachment 2, incorporated herein with this reference. Modification to the approved local program budget may only be made with OHA approval. Upon OHA approval, modifications to the program local budget are incorporated herein with this reference.

5. General Expense Reporting.

Grantee must complete an "Oregon Health Authority Public Health Division Expenditure Report" located at:

<https://www.oregon.gov/oha/ph/providerpartnerresources/localhealthdepartmentresources/pages/index.aspx>. A separate report must be filed for each applicable Program Element and any sub-elements. These reports must be submitted to OHA each quarter on the following schedule:

Fiscal Quarter	Due Date
First: July 1 – September 30	October 30
Second: October 1 – December 31	January 30
Third: January 1 – March 31	April 30
Fourth: April 1 – June 30	August 20

6. Reporting Requirements.

Grantee must provide a mid-year progress report by February 28 of every year and include successes, challenges, and supports needed for each component.

Grantee must provide a final report with documentation by July 1 of every year and include accomplishments and challenges from their local program plan.

7. Performance Measures.

Not applicable

Attachment 1

Reproductive Health Program – Local Program Plan Guidance

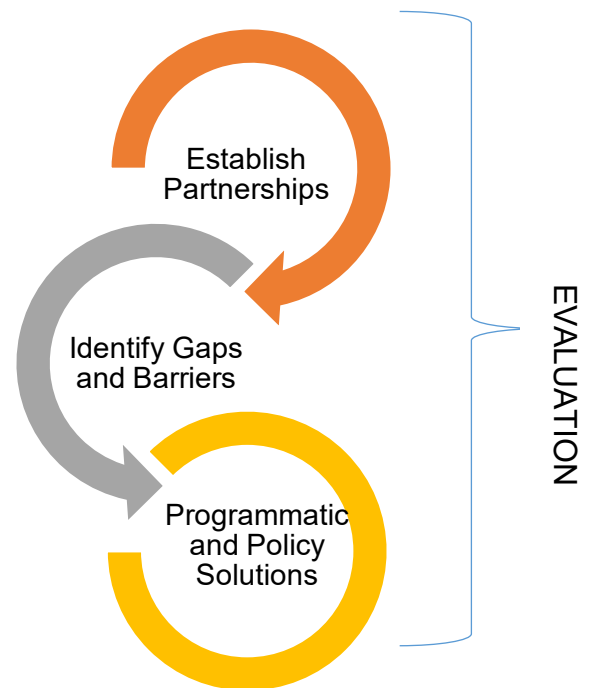
Community Partnerships and Assurance of Access to Reproductive Health Services

Vision: Oregonians have access to comprehensive, culturally responsive, high-quality, and evidence-based reproductive health (RH) services in their surrounding community.

PE46 Goal: Assure access to RH services in your county through meaningful community engagement and partnerships and the development of responsive policies and programmatic actions.

Instructions

Grantee should determine where their agency best fits on the continuum of program components identified to meet the overarching goal. Using the PE 46 local program plan template, Grantees must, at a minimum, conduct activities under Program Component 1: Partnerships and Community Engagement. Grantees that have well established partnerships (i.e. long-standing partnerships, coalition, or workgroup) are encouraged to identify at least one additional component (2 or 3) and associated activities based on previous PE46 work and current situation. Evaluation should be integrated within each component.



While the components can and often do build off of each other, it is expected that Grantees will move back and forth between components.

Program Component 1: Partnerships and Community Engagement

Partnerships and community engagement are at the core of PE46. Through these relationships, the Grantee and your partners will develop and implement a PE46 plan that includes assessment of gaps and barriers, policy and/or programmatic activities to address identified gaps and barriers, and an evaluation of such changes. There should be shared understanding of the goal and expected outcomes of the partnerships. While formal agreements are not required, they may be beneficial to ensure buy-in and continued participation in your efforts.

Partnerships with other health care providers and/or RHCare agencies is highly encouraged. In addition, consider developing partnerships outside the health care sector. This may include local governmental, private, or non-profit agencies focused on culture, education, criminal justice, housing, social justice, sexual/domestic violence, workforce development, and/or parenting, to name a few.

Consider convening a reproductive and sexual health workgroup/coalition or work with already established groups focused on improving quality of life/health disparities/inequities for the populations you are trying to serve. When working with an already established group, ensure their already established goals align with and are beneficial to the goal of increasing access to reproductive health. Work together to integrate reproductive health into work plans, meeting agendas, etc.

Think about inviting and engaging community members, the populations you are trying to serve, to be partners. This could be in the form of a community advisory board or youth advisory council.

New partnerships are not required, especially in counties with limited opportunities to develop new partnerships or in counties with well-established, successful relationships. Maintaining and deepening existing partnerships is considered a valid and important strategy for meeting Component 1 outcomes.

Program Component 2: Gaps and Barriers to RH Services

In collaboration with your community partners established and/or maintained in Component 1, identify barriers to access and gaps in RH services. While formal methods such as community needs assessments, surveys, focus groups, and key informant interviews are preferred, informal approaches—such as conversations with community partners that do not rely on a standardized set of questions—are also considered valid sources of information. Consider what types of community and/or health assessments are already taking place in your community. There may be opportunities to add questions or input to gather specific information related to RH services. If you are trying to better understand a specific population in your community, work with a community-based organization who is already serving them and consult with them on the best way to learn more about their RH needs and barriers to service. This could be done through focus groups or surveys on a smaller scale to better understand their needs. When considering who to assess, go beyond your current clientele to better understand why community members are not accessing services.

Program Component 3: Programmatic and/or Policy Solutions

The programmatic and/or policy solutions should be developed in response to the identified gaps and/or barriers found under Program Component 2 via formal/informal approaches. In collaboration with your community partners, develop and implement ideas on how to overcome those gaps and barriers.

Attachment 2
Local Program Budget Template

OREGON HEALTH AUTHORITY

Fiscal Year: _____

Program Element #46

Reproductive Health Program

Organization Name: _____

Budget period From: _____ To: _____

Do not include any expenses included in the provision of clinical services

Budget			
Categories	OHA/PHD (PE46)	Non-OHA/PHD (In Kind)	Total PE 46 Budget
Salaries			\$ -
Benefits			\$ -
Personal Services (Salaries and Benefits)	\$ -	\$ -	\$ -
Professional Services/Contracts Describe:			\$ -
Travel Describe:			\$ -
Supplies Describe:			\$ -
Facilities			\$ -
Telecommunications			\$ -

Catering/Food			\$ -
Other Describe:			\$ -
Total Services and Supplies	\$ -	\$ -	\$ -
Capital Outlay			\$ -
Indirect: Rate (%):_____			\$ -
TOTAL Budget	\$ -	\$ -	\$ -

Prepared by (print name)

-

Email

Telephone