**Program Element #(*41)*: *(Reproductive Health)***

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, to deliver ***(Reproductive Health services)***.

***Funds provided through this program element support Local Public Health Authorities (LPHAs) efforts towards ensuring community-wide participation in the delivery of, and assurance of access to, culturally competent and high-quality, evidence-based reproductive health services.***

Nearly half of all pregnancies in Oregon are considered unintended. This rate has remained fairly static, both in Oregon and nationally, over the past few decades. The stubbornness of these rates underscores the complexity of the issue and the challenges faced by public health, health systems, and clinical experts in attempting to address it. One important strategy, improving utilization of effective contraceptive use among women at risk of pregnancy, has been recognized as a key metric among Coordinated Care Organizations serving Oregon’s Medicaid population. Although unintended pregnancy is extremely pervasive across socio-economic, racial and age groups, disparities in what is considered unintended pregnancy do exist, as do disparities in maternal health and birth outcomes. It is more common for young women, unmarried and cohabitating women, those living in poverty, black women, and those who have relatively low educational attainment to report that their pregnancy was unintended. These disparities highlight pre-existing, deeply entrenched societal inequities that may inhibit individuals’ ability to access services and to plan and make decisions regarding their reproductive health goals. Therefore, it is critical that interventions aimed at reducing unintended pregnancy be wide-reaching and sensitive to the unique circumstances and challenges of different communities. This program element uses a systems approach to ensure that LPHAs lead efforts to develop a community-based approach to ensuring that equitable access to family planning services is available – capitalizing upon the presence of other service providers to assist in meeting need.

All changes to this Program Element are effective upon receipt of grant award unless otherwise noted in Exhibit C of the Financial Assistance Award.

1. **Definitions Specific to *(Enter name of PE).***
2. **Program Components.** Activities and services delivered under this Program Element align with Foundational Programs and Foundational Capabilities, as defined in [Oregon’s Public Health Modernization Manual](http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf), (<http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf>) as well as with public health accountability outcome and process metrics (if applicable) as follows:
   1. **Foundational Programs and Capabilities** (As specified in Public Health Modernization Manual)

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| **Program Components** | **Foundational Program** | | | | | **Foundational Capabilities** | | | | | | |
|  | CD Control | Prevention and health promotion | Environmental health | Access to clinical preventive services | | Leadership and organizational competencies | Health equity and cultural responsiveness | Community Partnership Development | Assessment and Epidemiology | Policy & Planning | Communications | Emergency Preparedness and Response |
| Population Health | Direct services |
| Develop strategic partnerships with shared accountability driving collective impact to support public health goals related to reproductive health |  |  |  | \* |  |  | x | x | x | x |  |  |
| Identify barriers to access and gaps in reproductive health services |  | x |  | \* |  |  | x | x | x |  |  |  |
| Develop and implement strategic plans to address these gaps and barriers to access to reproductive health services |  | x |  | \* |  |  | x | x |  | x | x |  |
| Ensure regional access to reproductive health services with a focus on serving individuals with limited resources | x |  |  |  | \* |  | x | x | x | x | x |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

* 1. **Public Health Accountability Outcome Metric: (*Effective Contraceptive Use)***
  2. **Public Health Accountability Process Measure: *(Effective Contraceptive Use)***

1. **Procedural and Operational Requirements.** By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, LPHA agrees to conduct activities in accordance with the following requirements:
   1. All RH services supported in whole or in part with funds provided under this Agreement must be delivered in compliance with the requirements of the Federal Title X Program as detailed in statutes and regulations, including but not limited to 42 USC 300 et.seq., 42 CFR Part 50 subsection 301 et seq., and 42 CFR Part 59 et seq., the Title X Program Requirements, and OPA Program Policy Notices (PPN.
2. All RH services supported in whole or in part with funds provided under this Agreement must be delivered in compliance with ORS 431.145 and ORS 435.205 which defines the responsibility of LPHAs to ensure access to clinical preventive services including family planning.
3. LPHAs will develop and engage in activities as described in its Local Program Plan, which has been approved by OHA and as set forth in Attachment 1, incorporated herein with this reference. The Local Program plan addresses the Program Components as defined in section 3 of this Program Element. LPHAs will select activities that address community need and readiness and are reasonable based upon provided funds. The plan must outline how LPHA intends to assure provision of comprehensive, culturally competent and high-quality, evidence-based reproductive health services with a focus on serving those with limited resources and experiencing health disparities.
4. Use funds for this Program Element in accordance with its Local Program Budget, which has been approved by OHA and as set forth in Attachment 2, incorporated herein with this reference. Modification to the Local Program Budget may only be made with OHA approval.

5 **General Revenue and Expense Reporting.** LPHA must complete an “Oregon Health Authority Public Health Division Expenditure and Revenue Report” located in Exhibit C of the Agreement. These reports must be submitted to OHA each quarter, by the 25th of the month following the end of the fiscal year quarter.

**6 Reporting Requirements.**

1. Local Program plan for Community Participation and Assurance of Access to Reproductive Health Services covering the period of July 1 through June 30 of the succeeding year. OHA will supply the due date and required format (see attachment). OHA staff will review and approve all plans to ensure that they meets statutory and funding requirements relating to assurance of access to reproductive health services.

**7 Performance Measures.**

LPHA shall operate the Reproductive Health program in a manner designed to make progress toward achieving the following Public Health Modernization Process Measure: Effective Contraceptive Use.

**Attachment 1**

**Local Program Plan**

**Attachment 2**

**Local Program Budget**