**Policy Statement**

**CLHO Committee:** Access to Clinical Preventive Services

**Policy Statement:** The Coalition of Local Health Officials supports comprehensive access to low- or no-cost, effective Reproductive Health Services for all Oregonians.

**Policy Positions:** CLHO supports legislation that:

* Reduces barriers to accessing reproductive care; and
* Provides access to a full range of reproductive health services including contraception
* Allows Local Public Health Authorities the flexibility to ensure that all women and families who need access can receive it including direct provision of services or contracting with local providers for services.

**Public Health Issue that Policy Statement is Addressing:**

* Unintended and high-risk pregnancies, maternal and infant morbidity and mortality, and unsafe abortions
* Comprehensive and universal access to effective contraception
* Health equity

**Justification (data supporting the need to work on this issue):**

The benefits of comprehensive and universal access to Reproductive Health services are so significant that universal access is accepted internationally as essential to human rights. Frequent barriers to access include financial, geographical, violence- or conflict-related, and sociocultural factors. This policy supports the universal human right to voluntary, informed, affordable access to the full range of modern and evidence-based contraceptive methods, including emergency contraception. This policy also supports local and State government, health providers, and health funding systems in the work to ensure the right to contraception without exceptions, through services including comprehensive evidence-based counseling, language translation, and referrals as needed. [1]

The development of safe, effective contraception is considered to be one of the greatest public health achievements of the 20th century. [1,2] In 2010, 46% of all pregnancies (31,000) in Oregon were unintended; Oregon’s unintended pregnancy rate in 2010 was 41 per 1,000 women aged 15-44. [14] Nationally, rates among the states ranged from a low of 32 per 1,000 in New Hampshire to a high of 62 per 1,000 in Delaware. [14] The adolescent pregnancy rate in Oregon was 36 per 1,000 women aged 15-19 in 2013, while the national rate was 43 per 1,000 and state rates ranged from 22 per 1,000 in New Hampshire to 62 per 1,000 in New Mexico. [15] The majority (75%) of adolescent pregnancies in the United States are unintended, and adolescents account for about 15% of all unintended pregnancies annually. [16]

Contraception allows individuals to safely space and limit their pregnancies and reduce unintended pregnancies, unsafe abortions, [1,3] and maternal morbidity and mortality. [1,4] In 2010, 54% of unintended pregnancies in Oregon resulted in births and 32% in abortions; the remainder resulted in miscarriages. [14] Contraceptive use improves birth outcomes, slows population growth, improves socioeconomic status [1,5-8] and may reduce the incidence of child maltreatment. The use of contraception plays an important role in the wellbeing and health of women in Oregon and worldwide, empowering individuals to take control of their sexuality, fertility, reproductive health and economic stability. Additionally, many contraceptive methods have been shown to reduce the risk of endometrial and ovarian cancers, are therapeutic agents for menstrual-related disorders, and offer other proven health benefits. [1,8] Evidence has shown definitively that the relative risk associated with the use of any tested method of contraception is significantly lower than the risks from pregnancy, childbirth, and unsafe abortion procedures. [1,9]

**Role of Local Public Health (promise practice/evidence-based work):**

Many factors affect an individual's capacity to actualize his or her right to choose desirable contraceptive methods, including access to and availability of the full range of methods, affordability, availability of skilled medical personnel, method effectiveness, method safety and side effects, and medical eligibility. Sociocultural factors can either facilitate or pose barriers to choice; the most common barriers are lack of partner support, gender-based and sexual violence, sexual harassment, and discrimination in the wider society or from medical providers on the basis of gender, age, marital status, sexuality, ethnicity, religious preference, or immigration/legal status. [1,10-12]

A multifaceted and comprehensive rights-based approach to contraception extends beyond mere contraceptive prevalence to consider both supply-side and sociocultural factors such as cultural acceptability and competence of the information and health care available. [7,13] The role of local public health authorities is grounded in the assurance of the availability and provision of low-/no-cost, equitable, culturally appropriate, and comprehensive reproductive health services for all community members—regardless of gender, age, marital status, sexuality, ethnicity, religious preference, or immigration/legal status. The assurance of availability and provision of these services may take the form of direct service provision or work at the policy, systems, and environment levels to coordinate a comprehensive network of resources.

The local public health authorities may also provide comprehensive, evidence-based sexuality and contraceptive education and information to the population without bias, discrimination, or coercion; advocacy and community outreach projects that engage multiple disciplines is an additional strategy for LPHAs to address the issue. [1] “Regardless of whether health departments stay in or transition out of providing clinical services, local health departments must strengthen their relationships with the clinical care delivery system. Local health departments can play an important role in improving aspects of clinical care that are relevant to population health outcomes and to familiarize the public with the meaning of high-value care in the form of local performance reports on the appropriateness, quality, safety and efficiency of clinical care services delivered in their community.” [17]

**Connection to Modernization Manual Foundational Programs/Capabilities:**

Foundational Programs:

Access to Clinical Preventative Services

Communicable Disese

Environmental Health

Health Promotion & Prevention

Foundational Capabilities:

Assessment & Epidemiology

Policy & Planning

Leadership & Organizational

Health Equity

Communications

Community Partnerships

Emergency Preparedness

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