New Mexico Leverages Reproductive Justice Advocates to Provide Patient-Centered Culturally Competent Care

A nonprofit in New Mexico is collaborating with key stakeholders to increase knowledge and practice of patient-centered culturally competent care.

Over the past decade, states have taken important steps to increase access to contraception, including unbundling long-acting reversible contraception (LARC) devices and placement from Medicaid inpatient hospital payments and obtaining private funding to help finance LARC access programs. As states and territories continue to grow their contraceptive initiatives, it is critical for public health agencies to engage reproductive justice advocates to create programs that improve all patients’ access to contraception. Incorporating a reproductive justice framework is an important component of comprehensive reproductive healthcare accounting for the diverse and different needs of women and people. This is a particularly salient issue for individuals of color, LGBTQ people, low-income communities, and individuals with disabilities. The Association of Reproductive Health Professionals recommends that healthcare providers use a patient-centered approach because it effectively provides counsel on a range of contraceptive options. To support individuals in making reproductive health choices best suited for them, reproductive justice organizations and public health stakeholders should collaborate when developing programs and policies.

Young Women United (YWU), a reproductive justice organization, leads policy change, research, culture shift, and place-based community organizing in New Mexico. In part, YWU works to improve access to reproductive healthcare and has become a leading advocate for incorporating a reproductive justice framework during contraceptive counseling. YWU has successfully leveraged critical stakeholders, including public health leaders, policymakers, clinical providers, and community members to better incorporate reproductive justice concepts into policy and encourage patient-centered, culturally competent care.

Steps Taken:

- In 2016, YWU created a bimonthly LARC working group to increase access to LARC in New Mexico while also ensuring patients are choosing contraception through an options-based counseling process. Abigail L. Reese, CNM, program director of New Mexico Perinatal Collaborative (NMPC) and consultant for the LARC Mentoring Program (LMP), a project of the University of New Mexico’s Department of Pediatrics, Adolescent Medicine Division, has found that using an options-based, patient-centered approach to contraceptive counseling is not only more respectful of patients and better aligned with reproductive justice, but more efficient as well. Patients have a variety of needs and wishes, and patient-centered counseling allows a provider be increasingly appropriate and responsive to these priorities and needs.
The workgroup brings together members from across the state, including the New Mexico Department of Health (NMDOH), the New Mexico Human Services Department, the state affiliate of the American College of Nurse-Midwives, the NMPC, the University of New Mexico’s Departments of Obstetrics and Gynecology and Family and Community Medicine, LMP, and other nonprofits, professional associations, and academic partners. Janis Gonzales, chief of NMDOH’s Family Health Bureau and medical and Title V director, attends all workgroup meetings, giving the state health department a strong presence in the group.

The workgroup identified three objectives: (1) “improve access to reproductive healthcare, specifically contraception, for women and all people in New Mexico; (2) leverage resources to effectively expand access to LARC in appropriate and impactful ways; and (3) confront coercion in the provision of LARC and contraception in care provision, advocacy, and every opportunity.” The first two objectives were established when the workgroup began. It recently added the third objective to address ongoing issues with contraceptive coercion and implicit bias in contraception counseling.

In its early stages, the group set four strategic priorities to help achieve its objectives: (1) policy and advocacy, (2) provider and staff education and training, (3) outreach and education that emphasizes cultural humility, and (4) collective evaluation and fundraising.

Results:

One of the workgroup’s first major policy and advocacy victories was expanding access to LARC by unbundling Medicaid’s LARC payment from the federally qualified health center, rural health clinic (RHC), and hospital-based RHC rates.

Contributions of workgroup partners include the immediate postpartum LARC trainings and toolkit developed and deployed statewide by the NMPC, and the creation of the LMP. The LMP training model focuses on hands-on clinical training, mentoring and proctoring for clinicians and support for other clinical staff and administrators on clinic flow, stocking, billing, coding, and reimbursement.

In May 2017, YWU collaborated with the LMP and the NMPC to offer two healthcare provider trainings in conjunction with the Bixby Center for Global Reproductive Health. Over 120 providers attended these workshops, which addressed clinical skills and administrative barriers to LARC provision, including how to present unbiased counseling options. The trainings highlighted the distinct roles that clinicians, pharmacists, billing staff, and others play in guaranteeing women have access to LARC in a dignified way.

Recommendations:

Collaborators recommend identifying reproductive justice advocates in one’s own state and creating real opportunities for their engagement. This includes representatives beyond public health and medical professionals. Including key stakeholders and community partners from the beginning provides insight into existing needs and facilitates collaboration for developing an appropriate plan with buy-in. This also means that those with historical and existing power must be ready to hear honest insight and ideas from non-traditional partners.

Engaging and including representatives with decision making power improves efficiency and advances a commitment to the cause.

Next Steps for Moving Forward:
● The Family Planning Program, supported by the department of health, is working to increase access to contraception through telemedicine in rural areas of the state with limited access.
● The group will develop evaluation measures to reflect the goal of improving quality of care for patients and not merely the quantity of LARC insertions. In addition, the group will encourage patient-centered counseling that offers a range of reproductive healthcare services and options.
● The group continues to collaborate through bimonthly meetings and partnerships, serving as a model for other states.

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