

**Submission Id:** 2688

**Title**

*Policy impacts on women's reproductive health care – Experiences accessing and delivering care in the safety-net*

**Priority 1 (Research Category)**

Women's health

**Presenters**

Jee Oakley, MPH, Erika Cottrell, PhD, MPP, Anna Templeton, DNP, Brigit Hatch, MD, MPH

**Abstract**

Context: Evidence-based reproductive and sexual health care are essential women's health services but disparities in access, use, and outcomes persist. Community health centers (CHCs) provide care to 20% of reproductive age (15-44 years) women in the US and are considered a key source of care for women of reproductive age. As the largest primary care system for low-income, uninsured, and publicly insured individuals, CHCs have particular interest in the impact of policies including the Affordable Care Act, and Medicaid expansion on women's reproductive care.

Objective: Understand patient, provider, and CHC leader perceptions of how ACA and state level policies have impacted women's reproductive health care in the past five years

Study design: Semi-structured interviews with patients, providers, and health system leaders. Findings will be integrated with a larger mixed-methods study to evaluate the impact of federal and state policies on women's reproductive health care utilization and outcomes.

Setting: CHCs and public health departments from the OCHIN practice-based research network of 123 health care organizations in 19 states.

Participants: Up to 40 patients, 30 providers or clinic staff, and 12 health system leaders (executive leaders, medical directors) from CHCs or CHC lookalikes across a mix of: Medicaid expansion/non-expansion states; rural/urban sites; and primary care/family planning/prenatal care sites.

Outcomes: Patient, provider, and health system perspectives on contraceptive, preventive, prenatal and postpartum care provision, access, and utilization in CHC settings in the post-ACA environment.

Results: We found federal (e.g. ACA, Title X) and state (e.g. Medicaid expansion, 1115 waivers, reproductive health programs) policies as well as provider, clinic, and community factors contribute to perceptions of availability, accessibility, and acceptability of women's reproductive health care. Participants recommended priority areas to focus development of strategies and approaches to

improve, expand, or otherwise modify care in relation to community and policy contexts in an evolving landscape of reproductive care in CHC settings.

Conclusions: Understanding individual, CHC, and policy factors affecting the provision and utilization of women's reproductive care will contribute to ongoing policy, community, and practice interventions to improve equitable, evidence-based care and reproductive health among people served in CHC settings.