

PATIENT-CENTERED PRACTICES



In Focus: Client-Centered Care

The Reproductive Health Branch (RHB) is committed to prioritizing **client-centered care** for all Title X clients. Client-centered care is “respectful of, and responsive to, individual client preferences, needs, and values.” These values then guide all clinical decisions. ([42 CFR § 59.2](#))

A **Client-Centered Care webinar** was offered in June to all Title X Family Planning staff, which featured interactive case studies to allow attendees the chance to think through their own implicit biases, which may unintentionally come into play when offering care to patients. [This webinar](#) is now available on our website to view.

Client-Centered Care Office Hours will also be held by the RHB on **Wednesday, September 4 from 12:00pm - 1:00pm** to further delve into ways to support local health departments as they embrace this shift. [This dynamic webinar](#) will include role play examples and feature a guest speaker describing the implementation of client-centered care in a local health department.

In This Issue

- Patient-Centered Care in Practice: The RHB Reflects (pg. 2)
- Trauma-Informed Care Webinar Series Continues (pg. 3)
- Updated Birth Control Methods Chart from RHNTC (pg. 4)
- Fall Training Calendar (pg. 4)

PATIENT-CENTERED PRACTICES



“An increasing body of evidence indicates that [this] important public health tool intended to give women agency over their bodies is at times deployed in ways that take it away.”

In Practice: The Reproductive Health Branch Digs Deeper into Client-Centered Care

Earlier this summer, the Reproductive Health Branch (RHB) took dedicated time to read and reflect on a recent Time Magazine article, entitled “**I Don’t Have Faith in Doctors Anymore.’ Women Say They Were Pressured Into Long-Term Birth Control.**” The facilitated conversation that followed was important, as while it may happen in subtler ways than in the past, **reproductive coercion** is still very much present and impacting patients making decisions about their reproductive health.

This article examines the **coercive promotion** of long-acting reversible contraceptives (LARCs) in the United States, highlighting the ongoing issue of **pressuring clients**, particularly Black, Latina, young, and low-income women, into using these birth control methods. While initially LARCs were praised for the autonomy they provide, “an increasing body of evidence indicates that [this] important public health tool intended to give women agency over their bodies is at times deployed in ways that take it away.”

This pattern reflects **deep-rooted biases** and a **historical agenda** of reproductive control targeting marginalized groups. By weaving the personal stories of women of color from Alabama in with research, details are shared about how medical professionals pushed women into adopting LARCs at vulnerable times. Medical providers were also found to refuse removal of these devices, despite patient requests.

The article is at times difficult to read, but highlights how **patient autonomy** and **informed consent** can be compromised when patient preferences and needs aren’t put first. Programs and policies promoting LARCs can often prioritize reducing unintended pregnancies to curb poverty and saving public funds over respecting individual client choice.

We encourage you to think about incorporating a time for reflection into one of your upcoming staff meetings. This article is a great tool, as it is not too long and has an engaging narrative that reads quickly. The RHB staff walked away from our time reflecting on this article with a commitment to provide additional training and supports to local health department staff, and with additional ideas about updating state Title X policies with client-centered language.

Do not hesitate to reach out to your nurse consultant or Reproductive Justice Coordinator, Jessica Johnson (Jessica.L.Johnson@dhhs.nc.gov) if you’d like help further navigating how to engage with this topic with your staff.

PATIENT-CENTERED PRACTICES

Trauma-Informed Care: Inclusive Practices

Thank you to everyone who joined the first Trauma-Informed Care webinar in June, where we discussed how to enhance your clinic's physical environment using elements of trauma-informed design. That webinar is now available on our [website](#).

We look forward to offering the second webinar in this series on **Wednesday, October 9 at 1pm**, which will highlight further ways to promote psychological and physical safety within your clinic, this time focusing on **trust building and inclusive practices**.

This webinar would be a great fit for any administrative staff that registers or checks in clients, health educators, as well as clinic staff. Planned topics of discussion include how to promote inclusivity in your data collection, signs and images, policies, and media review process.

Please make plans to join and [register today!](#)



Family Planning Office Hours: Overview of Family Planning Training Requirements

New and current staff are encouraged to [join](#) the RHB on **Monday, September 16 from 9am - 10:00am** for a chance to walk through the Title X Orientation Checklists and Family Planning Annual Training Record.



SAVE the DATE

**October 22, 2024
9-11am**

2024 Mandatory Reporting of Child Abuse and Neglect/ Confidentiality Issues

Kirsten Leloudis, JD, MPH
Assistant Professor of Public Law and Government
UNC Chapel Hill School of Government

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NCPD

The Public Health Nursing Institute for Continuing Excellence is approved as a provider of nursing continuing professional development by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

2024 Mandatory Reporting of Child Abuse and Neglect Webinar

Please save the date for this important [annual training requirement](#). Additional details will be shared via email closer to the webinar date.

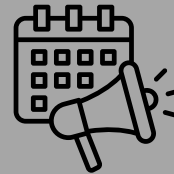
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Updated Birth Control Methods Chart from RHNTC

Other reproductive health leaders are also dedicated to putting patient needs and preferences first. A great example of this is the thoughtful, recent update to the [birth control methods chart](#) from the Reproductive Health National Training Center (RHNTC). In the past, birth control methods were listed by which were **most effective**. Now the tool has been completely revamped and is organized by how much **autonomy** a patient has when using the method, and how easy it is to start and stop use. It also clearly labels what **side effects** a patient may experience when using a particular method. This tool can be accessed and printed via the RHNTC website at no cost. We hope you'll consider using this chart with your clients as another way to put what your clients value in a birth control method at the forefront.



At a Glance



- **Wednesday, September 4:** [Client-Centered Care Office Hours from 12:00pm - 1:00pm](#)
- **Monday, September 16:** [Family Planning Office Hours: Overview of Family Planning Training Requirements from 9:00am - 10:00am](#)
- **Wednesday, October 9:** [Trauma-Informed Care: Inclusive Practices from 1:00pm - 2:00pm](#)
- **Tuesday, October 22:** [2024 Mandatory Reporting of Child Abuse and Neglect/Confidentiality Issues from 9:00am - 11:00am](#)

We want to hear from you!

Past issues of the "Patient-Centered Practices" newsletter are now archived on the Resources page of the [Women, Infant, and Community Wellness website](#) for easy access. They are also now archived on [Smartsheet](#).

We would love to highlight your Title X clinic in a future newsletter! Reach out to Jessica Johnson, Reproductive Justice Coordinator, at Jessica.L.Johnson@dhhs.nc.gov with ideas or to be featured.