SOME KEY QUESTIONS:
REPRODUCTIVE JUSTICE & PREVENTATIVE REPRODUCTIVE HEALTHCARE
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INTRODUCTION: This study aims to analyze the expansion of the ONE KEY QUESTION (OKQ) algorithm from primary care settings into community-based settings. ONE KEY QUESTION (OKQ) is an algorithm-based program that asks a single question, "Would you like to become pregnant in the next year?" to all reproductive-aged women. This study explored the utilization of Community Health Workers (CHWs) to expand the use of OKQ into community-based settings. CHWs have an intimate understanding of the community they serve, and may be key partners in providing culturally competent preventative reproductive healthcare to underserved populations.

BACKGROUND INFORMATION: In 2014-2015, an estimated 20.8% of Utah women reported a birth resulting from an unintended pregnancy. Unintended pregnancy is defined as a pregnancy that is mistimed or unwanted, and has been associated with increased infant and maternal mortality rates, poor obstetric outcomes, increased birth defects, and undue financial burden.

METHODS: A systematic literature review was conducted to highlight critiques of the OKQ approach, identifying three main areas of focus: the exclusion of men, trust between patients and providers, and the efficacy of CHWs in decreasing social distance and improving health outcomes. We conducted focus groups with 46 Spanish and English-speaking CHWs in Salt Lake City. Participants were trained on the OKQ algorithm, and were asked to identify barriers and facilitators to implementing OKQ in their communities. The interviews were transcribed and coded by researchers using thematic and open coding techniques.

RESULTS: Pregnancy intention screening was perceived positively by CHWs, who indicated that trust is a key facilitator to conversations about pregnancy intention with women in their communities. Barriers identified by CHWs include cultural taboos in discussing sex and pregnancy, lack of trust between formal healthcare providers and women in their community, and female bias ingrained in the OKQ algorithm.

CONCLUSION: OKQ offers a simple approach to addressing unintended pregnancy in primary care settings, but fails to account for the numerous complex social and political factors that determine reproductive health. In addition, many women will not be accessible via formal healthcare settings. CHWs offer an alternative avenue for implementation of OKQ that addresses many of these barriers.

NEXT STEPS & POLICY IMPLICATIONS: Researchers are finalizing thematic analysis of the coded data, and plan to publish their results in Spring 2019. The results are expected to have significance in supporting the expansion of preventative reproductive healthcare interventions into community-based settings. The data offer key insights into reproductive justice-inspired critiques of the OKQ approach, and encourage the incorporation of reproductive justice principles into future interventions on reproductive healthcare in marginalized communities. These findings support policy initiatives aimed at expanding training and education for Community Health Workers and improving services available in primary care settings for women of color in particular.