



# Well-Woman Visit Toolkit: For Providers

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EVERY WOMAN. EVERY TIME.



**Kansas Department of Health and Environment**

BUREAU OF FAMILY HEALTH | 1000 SW JACKSON, SUITE 220 | TOPEKA, KS 66612

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# Toolkit Overview

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This toolkit was developed by the Kansas Department of Health and Environment (KDHE)<sup>1</sup> for providers to utilize as a guide to expand access and care for women across the lifespan through the well-woman visit. KDHE is committed to assisting providers as they work to improve health outcomes and address barriers to services that impact the health of all women.

The content of this toolkit was developed from a number of reliable and trusted sources including, the American College of Obstetricians and Gynecologists' (ACOG) [Women's Preventive Services Initiative \(WPSI\)](#), [CityMatCH](#) and the University of Illinois School of Public Health' (UIC-SPH) Well-Woman Project, among others. As preventive services evolve into more comprehensive, integrated and holistic endeavors it is important to acknowledge that a single provider alone cannot address all medical and social care needs of individuals. This toolkit serves as a starting place, and for many a continuation of efforts, to ensure the provision of consistent, quality medical care while building community systems that foster long-term and sustainable health outcomes for women and families.

Questions about the toolkit or its contents can be directed to 785.296.1300 or [kdhe.ChildrenandFamilies@ks.gov](mailto:kdhe.ChildrenandFamilies@ks.gov).

## The Importance of the Well-Woman Visit

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### Definition

The [Title V Maternal and Child Health Services Block Grant to States Program Guidance](#)<sup>2</sup> defines the well-woman visit as the following:

A well-woman or preconception visit provides a critical opportunity to receive recommended clinical preventive services, including screening, counseling, and immunizations, which can lead to appropriate identification, treatment, and prevention of disease to optimize the health of women before, between, and beyond potential pregnancies. For example, screening and management of chronic conditions such as diabetes, and counseling to achieve a healthy weight and smoking cessation, can be advanced within a well woman visit. This can promote women's health prior to and between pregnancies and improve subsequent maternal and postpartum outcomes. The annual well-woman visit has been endorsed by ACOG and was also identified among the women's preventive services required by the Affordable Care Act (ACA) to be covered by private insurance plans without cost-sharing.

### Statement of Need in Kansas

Throughout Kansas, women across the lifecycle are seeing declines in health outcomes. According to the United Health Foundation's *America's Health Rankings*, over the past 30 years Kansas has dropped from the 12<sup>th</sup> healthiest state in 1990 to the 29<sup>th</sup> healthiest state in 2019.<sup>3</sup>

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<sup>1</sup> This project is supported by the Kansas Department of Health and Environment with funding through the Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (HHS) Title V Maternal and Child Health Services Block Grant #B04MC31488

<sup>2</sup> Health Resources and Services Administration. 2014. Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report, p. 66.

<sup>3</sup> <https://www.americashealthrankings.org/explore/annual/state/KS>

- The percentage of women receiving a well-woman visit in Kansas decreased to 62.9% while the national rate rose to 66.8%.<sup>4</sup>
- Between 2016 and 2019 excessive drinking among women ages 18-44 in Kansas increased 28% from 14.9% to 19.1%.<sup>5</sup>
- A total of 30.8% of women in Kansas were obese, above the national average of 27.4%.<sup>6</sup>
- After nearly two decades of declines in cardiovascular deaths, Kansas is experiencing an increase in cardiovascular deaths among women greater than that of the national average at 218.3 per 100,000 deaths.<sup>7</sup>

Uncontrolled chronic disease contributes to high-risk pregnancy and poor birth outcomes, including low birthweight and preterm birth, which rose nearly 9% in Kansas between 2016 and 2019.<sup>8</sup> In addition, the severe maternal morbidity (SMM) rate among delivery hospitalizations in Kansas has steadily increased in recent years, from 54.6 in 2016 to 61.9 per 10,000 delivery hospitalizations in 2019, a 13.4% increase.

## Recommended Components

KDHE wants to help providers, communities, and women make the most of the well-woman visit and ensure each exam includes screening and provision of services for the following:

- Chronic and infectious disease, including sexually transmitted infections
- High body mass index (BMI)
- Mental health (depression and anxiety)
- Immunizations
- Substance use (alcohol, narcotics, and tobacco)
- Sexual and domestic violence and healthy relationships
- Reproductive health, including goal-setting
- Social determinants of health

It is not expected that a provider would be a subject-matter expert or specialist in each of these areas, but rather a starting point to initiate important conversations and provide appropriate resources and referrals.

It is KDHE's expectation that every provider who serves women in the state will provide the services outlined above to every female patient. In the event they are unable to provide a recommended service, formal partnerships will be made with other providers in the community who are competent in that area. A sample Memorandum of Understanding (MOU) is provided in the 'Resources' section of this toolkit to facilitate conversations and connections.

## Integration Plan

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After the passage of the ACA, women with public or private insurance throughout Kansas have coverage for well-woman visits. In the event a woman does not have insurance, she can access preventive care through clinics such

<sup>4</sup> CDC, Behavioral Risk Factor Surveillance System, 2019

<sup>5</sup> CDC, Behavioral Risk Factor Surveillance System, 2019

<sup>6</sup> CDC, Behavioral Risk Factor Surveillance System, 2019

<sup>7</sup> CDC, Behavioral Risk Factor Surveillance System, 2019

<sup>8</sup> CDC, Behavioral Risk Factor Surveillance System, 2019

as Title X Family Planning, Federally Qualified Health Centers (FQHCs), rural health clinics, look-a-like clinics, and other local safety net settings. Fees for preventive services should no longer be a barrier to care; communities and providers can work together to ensure women receive a comprehensive well-woman visit on an annual basis. KDHE supports and encourages all providers and communities working to ensure every woman in Kansas receives this crucial component of preventive care.

## Training

A webinar that reviews the components of this tool and its application to well-woman services is available on [KS Train](#), course number 1094552. We strongly encourage all staff to review both the toolkit and the webinar to guarantee all individuals who are serving women in your communities are knowledgeable about the importance of the well-woman visit as well as the components of the visit and potential barriers women may face when accessing care.

## Policy

Establishing agency policies that outline staff expectations related to well-woman care ensures consistent, high-quality services are provided to all clients, every time. To achieve this goal, providers are encouraged to develop a policy that includes the following (a sample policy is provided in the 'Resources' section of this toolkit):

- Every woman should receive preventive services and be screened to determine if she has had a well-woman visit in the past twelve months. She should be provided with education about the importance of a comprehensive annual exam, even if she is not the primary patient being seen; she should also be reminded to schedule her well-woman visit if she has not had one in the past 12 months i.e., a mother in-office for her child's well-visit can be reminded to schedule her own appointment and provided with educational materials about the importance of the well-visit (materials provided in the 'Resources' section).
- Every woman who is seen for a well-woman visit should receive screening for each item noted on ACOG's Recommendations for Well-Woman Care: <https://www.womenspreventivehealth.org/wellwomanchart/> (provided below).
- Local partnerships must be in place for referrals/connections for any care that cannot be provided internally (a sample MOU is provided in the 'Resources' section of this toolkit).

## Promotion and Partnerships

As requirements and recommendations related to well-woman care expand and become increasingly holistic and comprehensive it is likely that agencies are unable to provide all of the recommended screenings or services. It is important to have partners in place within the community who can provide services that an agency is less equipped to provide.

- All agencies should work with community stakeholders (faith-based organizations, public health organizations, behavioral health organizations, etc.), committing to identifying and addressing barriers women face when accessing care. These barriers, as identified by [CityMatCH](#) and the University of Illinois, are outlined in the 'Addressing Barriers' section of this toolkit and the 'For Communities' Toolkit, found on the [KDHE Integration Toolkit](#) website. These resources can and should be used to start conversations with partners and collaborate in ways that creatively and effectively address patient and community concerns.
- Utilizing well-woman visit brochures, posters, and other promotional materials ensures women repeatedly see messaging regarding the importance of preventive care. Consistent and repeated messaging across varying services and care providers makes it more likely that individuals will take note

and take action to schedule a visit. These materials can be placed in waiting rooms as well as in exam rooms. PDF versions of these promotional items have been provided in the 'Raising Awareness' section of this toolkit.

## Clinical Recommendations

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The well-woman visit is an opportunity to not only screen women for general health, infectious diseases, and cancer but also provides an opportunity to have important conversations related to mental health, reproductive wellness and planning, substance use, intimate partner violence, and other social determinants of health including access to healthy food and social supports. Within this section you will find resources and guidance to help ensure each well-woman visit provides integrated social and medical care for every woman.

### Recommended Guidelines

The following recommendations are provided by ACOG's Women's Preventive Services Initiative (WPSI) and were last updated in December 2019.

- To review ACOG's Committee Opinion: <https://www.acog.org/-/media/Committee-Opinions/Committee-on-Gynecologic-Practice/co755.pdf?dmc=1&ts=20200304T1849443462>
- To download the recommendations chart: <https://www.womenspreventivehealth.org/wellwomanchart/>
- To access the clinical summary tables in their entirety as well as an interactive chart tool: <https://www.womenspreventivehealth.org/wellwomanchart/>.
- To add the WPSI shortcut to your mobile device: [https://www.womenspreventivehealth.org/wp-content/uploads/WPSI-Shortcut-Postcard\\_CROP.pdf](https://www.womenspreventivehealth.org/wp-content/uploads/WPSI-Shortcut-Postcard_CROP.pdf).
- To review updated HRSA Guidelines for Women's Prevention Services (as of December 2019): <https://www.hrsa.gov/womens-guidelines-2019>

## Education and Counseling

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As we see rates of mental distress<sup>9</sup> continue to increase along with women's mortality rates, it is imperative that providers take advantage of every opportunity to address issues related to both physical and mental health with their patients.

### *Education and Counseling Improves Health Outcomes<sup>10</sup>*

Many of the most common causes of disease, disability, and death of women in the United States can be directly attributed to health risk behaviors. Behavioral counseling has proven to be effective in modifying behaviors and, subsequently, reducing the risk of developing certain chronic illnesses. Clinician advice targeted at lifestyle habits is associated with increased efforts by patients to change their behavior. For women in particular there is evidence of a "priming effect," meaning that advice makes patients more attuned to additional information consistent with their provider's recommendations. Patient education has been shown to increase the uptake of healthy behaviors, improve medication compliance and assist with disease management.

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<sup>9</sup> [https://www.americashealthrankings.org/explore/annual/measure/mental\\_distress/state/KS](https://www.americashealthrankings.org/explore/annual/measure/mental_distress/state/KS)

<sup>10</sup> Well-Woman Provider Toolkit, National Women's Law Center

## *Education and Counseling is Popular with Patients<sup>11</sup>*

Qualitative research has shown that patients want more prevention counseling during clinical visits. Other studies have confirmed that patients expect their providers to educate them on key behaviors, including diet, exercise, and substance use. Women consider clinical settings to be appropriate for discussions of sexual health, intimate partner violence, and other sensitive topics, and they expect their provider to initiate these conversations.

## Screening Tools

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In an effort to streamline the screening process for providers and increase the likelihood that patients receive all of the recommended screenings, KDHE is in the process of developing a comprehensive, integrated prescreening tool that will incorporate several prescreening and intervention tools into a single form. Affirmative answers will lead to more in-depth screening during the exam. Examples of screening and intervention tools that will be incorporated into the tool<sup>12</sup>:

- **Substance use** – National Institute on Drug Abuse (NIDA) Quick Screen: <https://www.drugabuse.gov/sites/default/files/pdf/nmassist.pdf>
- **Behavioral health** – Patient Health Questionnaire-2: <https://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/patient-health>
- **Pregnancy intention** – One Key Question: <https://powertodecide.org/one-key-question>
- **Social determinants of health** – American Academy of Family Physicians Social Screening Tool: [https://www.aafp.org/dam/AAFP/documents/patient\\_care/everyone\\_project/patient-short-print.pdf](https://www.aafp.org/dam/AAFP/documents/patient_care/everyone_project/patient-short-print.pdf)
- **Intimate partner violence and sexual violence** – CUES: Evidence-Based Intervention: <https://ipvhealth.org/health-professionals/educate-providers/>

The questionnaire will combine elements of other evidence-based prescreening tools to create a single form that a patient can complete prior to their well-woman visit. The provider can review the prescreening responses before the visit and be prepared to follow-up with any affirmative responses noted within the prescreen. KDHE will be providing separate toolkit sections and corresponding webinars to assist in the implementation of the tool for each of the prescreening topics with the goal of ensuring providers are prepared to have positive and effective interventions, when needed. The new prescreening tool has an anticipated launch date of July 2021 and will be available in DAISEY.

## Addressing Barriers

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The Well-Woman Project, a joint effort of the University of Illinois School of Public Health (UIC-SPH) and CityMatCH, conducted listening sessions with 156 women in eight cities across the country in the spring of 2016 and gathered over 100 additional stories that were shared through the Well-Woman Project website. After analysis, 13 barriers were identified along with a list of responses, recommendations and resources for each. To review the barriers and proposed solutions in their entirety, visit the Well-Woman Project website,

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<sup>11</sup> Well-Woman Provider Toolkit, National Women’s Law Center

<sup>12</sup> Note that as the tool is developed and recommendations evolve, these screening measure may be adjusted based on best practices and recommendations from Federal, State, and national partners.

<https://www.citymatchlearning.org/well-woman/index.php>. Below are a list of provider-related barriers and recommendations to address these obstacles.

1. *Women in many cities reported long distances to providers, as well as no available parking, unreliable and unsafe public transportation when traveling with small children (i.e., no room for car seats, strollers), and unreliable and not woman-friendly transportation services (i.e., van services).*

CityMatCH Recommendations:

- Encourage large health systems and FQHCs to explore partnerships with ride-sharing organizations for patient transportation.
- Work with city Department of Transportation to explore and develop plans to provide child-friendly public transportation.
- Work with large health systems and FQHCs to encourage provision of free parking vouchers or free/discounted bus/train cards to attend appointments and development of play areas or supervised childcare facilities in health clinics/provider's offices.

KDHE Recommendations:

As the COVID-19 pandemic has continued to shift the way we interact with one another, it is important to explore new options related to telehealth services and options that enable more patients to receive important preventive care despite a lack of transportation. To learn more about telehealth and preventive care, visit:

<https://www.womenspreventivehealth.org/implementation/telehealthfaq/faqs/>.

- Consider using county vehicles to transport patients to and from appointments.
- Consider budgeting grant funds for transportation vouchers with Uber Health or the public health system.

2. *Women face barriers in obtaining any or low-cost insurance (e.g., issues with co-payments, deductibles, premiums) for a variety of reasons. Women avoid seeking health care because they are afraid they cannot afford the associated costs or fear going into debt/filing for bankruptcy due to medical bills. Women frequently discussed that the quality of care depended greatly on type of insurance.*

CityMatCH Recommendations:

- Partner with large health systems, FQHCs, and other key stakeholders to provide women and families with access to insurance navigators on a year-round basis.
- Develop a city fund to cover uninsured women and families and/or to help women and families struggling with high deductibles for their privately obtained insurance.
- Partner with major health systems and FQHCs to sponsor "One Day" Medicaid/free care several times a year for all.

KDHE Recommendations:

Standard costs for preventive visits can be listed on an agency's website or a website can include content explaining that an individual can call the office to learn more about service costs. Prior to offering or performing services, a provider should inquire about whether or not the patient has any concerns related to the costs of the exam or subsequent diagnostics and connect them with appropriate resources to assist the individual in identifying and signing up for a health plan if they express concerns over payment if feasible. Offer women and families assistance with finding affordable health insurance through the use of a navigator staff position who can also assist with applications for coverage such as Medicaid or the Children's Health Insurance Plan.

- Offer a sliding fee scale based on the US poverty [guidelines](#) that slides to \$0 for preventive care.

*3. Barriers with providers stemmed from lack of trust or comfort; women felt they were not heard and that providers did not address their concerns. The structure of appointments (e.g., getting an appointment, actual time spent with provider) often cause women to delay or defer seeking health care services.*

CityMatCH Recommendations:

- Explore approaches to: develop women-centered, consumer-driven mechanisms, such as a visit comment card, to enable reviews of a provider; enable women to have their health histories available on personal applications, such as [MTCH PHR](#), so that providers can readily access the information.
- Partner with major health systems to develop and offer training to increase cultural competency/humility of the clinical workforce.

KDHE Recommendations:

Ensure all agency staff are knowledgeable and mindful of the importance of active listening and employ best practices related to listening skills when working with clients. Share resources and articles related to the importance of active listening with agency staff, including [Active Listening Strategies](#) and [Making Time to Really Listen to Your Patients](#).

*4. Women reported being discriminated against related to race/ethnicity, socioeconomic status, type of insurance, disability, and sexual orientation/gender.*

CityMatCH Recommendations:

- Adopt and promote a Charter which delineates the components of a woman and family friendly health delivery system. The Maternal and Child Health Integrated Program provides [a comprehensive toolkit](#) which outlines the components of the Respectful Maternity Care Charter which can be referenced when developing an agency charter related to health equity.
- Engage in dialogue with large health systems and FQHCs to encourage increased availability of appointments outside of traditional hours, drop-in/walk-in appointments, more time per patient to facilitate patient-provider interaction, and an increase in the availability of on-line or telephone consultation.

KDHE Recommendations:

- As part of onboarding, all agency staff should complete training related to implicit and unconscious biases. To learn more, visit the Association of American Medical Colleges' (AAMC) [Unconscious Bias Resource](#) page. For additional resources relating to bias, please reference the 'Resources' section of this toolkit.
- Adopt hiring practices that strive to create an inclusive and representative workforce that doesn't simply represent the demographics of the community as a whole, rather the portion of the community that the agency serves. The AAMC provides [resources](#) that can assist agencies with evaluating their workforce and developing a plan to diversify hiring practices.

**5. *Some women lacked basic health knowledge or previous experience with primary care. Many women did not seek health care services until pregnancy for this reason.***

CityMatCH Recommendations:

- Partner with health systems and other key stakeholders to support and develop health education campaigns that focus on women's understanding of the importance of their own health and health care.
- Ensure availability of city-wide Women's Health Hotline as a go-to-resource for up-to-date information on changing health and health care recommendations and guidelines. An existing hotline, such as 1-800-CHILDREN, could be utilized as long as staff are trained to address calls related to women's health.

KDHE Recommendations:

- Partner with high school health curriculum facilitators or school-based health centers to incorporate preventive health materials into core classroom instruction and provide brochures to school nurses and other support professionals who can have them available in waiting rooms and offices that students frequent (review materials on the topic at [https://www.kdheks.gov/c-f/Adolescent\\_Health.html](https://www.kdheks.gov/c-f/Adolescent_Health.html)). Provide preventive care outreach materials to area colleges, including community college campuses, that can be provided through their health awareness programming.
- Use health care navigators to refer every woman to a primary care physician at time of conception, to coincide with their obstetrician (if needed), and immediately after the six-week postpartum visit. Referrals for annual exams should also be completed at the time of the six week visit, to correspond with the timing of each woman's identified needs during her pregnancy care (breastfeeding support, health screenings, mental health needs, family planning, parent supports, access to coverage/insurance, etc.).

**6. *The vast complexity of the health care system prevented many women from seeking care or obtaining care. Many women documented feeling overwhelmed with tasks from initiating a new insurance plan, finding providers within their network, navigating new health care facilities and systems, making appointments, and adhering to the referral requirements of their insurance policies.***

CityMatCH Recommendations:

- Partner with health systems and other key stakeholders to support and develop health education campaigns that focus on women's understanding of the importance of their own health and health care.
- Ensure availability of city-wide Women's Health Hotline as a go-to-resource for up-to-date information on changing health and health care recommendations and guidelines.

KDHE Recommendations:

- Provide clear and concise language on the agency website that outlines the process for new patients, what insurance is accepted and who to contact if they have questions about cost, insurances accepted, etc.
- Pursue funding that will allow for a navigator position, or support services like [Holistic Care Coordination](#), within the agency that will assist clients with determining what health care options are available , assist with completing applications, and address other potential barriers.

*7. Women expressed fear in many contexts: fear of loss of confidentiality, fear of the content/results of the visit, fear related to lack of citizenship or immigration status, fear of being billed for services not covered or they could not afford, fear of being judged or stigmatized, and fear of invasive gynecological procedures performed by male providers.*

CityMatCH Recommendations:

- Support the provision of training in trauma-informed care for providers.

KDHE Recommendations:

- As a part of onboarding, it is recommended that all staff receive training on trauma-informed care and best practices as well as information on compassion fatigue, vicarious trauma and resiliency.
- Staff that complete medical and sexual histories should be familiar with best practices when gathering this data, including the Center for Disease Control’s guide to [Discussing Sexual Health With Your Patients](#).

*8. Women discussed having jobs that did not offer paid sick time, personal days, or vacation time which resulted in losing pay to see a health care provider. Women also discussed being unable to make traditional office hour appointments due to their inability to take time off during the day.*

CityMatCH Recommendations:

- Explore approaches to: develop women-centered, consumer-driven mechanisms, such as a visit comment card, to enable reviews of a provider; enable women to have their health histories available on personal applications, such as [MTCH PHR](#), so that providers can readily access this information.
- Engage in dialogue with large health system and Federally Qualified Health Centers (FQHCs) to encourage increased availability of appointments outside of traditional hours, drop-in/walk-in appointments, more time per patient to facilitate patient-provider interaction, and an increase in the availability of on-line phone consultation.

KDHE Recommendations:

- Consider extending, or adjusting, office hours. Start by adding three hours a week in evenings, early mornings or Saturdays, and explore which hours work best for the community.

- Offer to provide on-site services like vaccinations, blood pressure checks, and mental health screenings, when feasible, to large employers in the area.
- Work with local industry/businesses to educate about the importance of maternal care in population-based outcomes, as evidence proves that supported and healthy mothers attend work at higher rate. If available, navigators can and should attend businesses/agencies/local industry meetings to offer information and serve as a referral resource for human resource directors.

**9. *Non-English-speaking women noted the lack of translational services, including language line services and/or bilingual staff, and materials available in languages other than English which made it difficult or undesirable for them to seek care.***

CityMatCH Recommendations:

- Explore approaches to: enable reviews of provider through a women-centered, consumer-driven mechanism; enable women to have their health histories available on personal "apps" so that providers can readily access this information.
- Partner with major health systems to develop and offer training to increase cultural competency/humility of the clinical workforce.

KDHE Recommendations

- Utilize public health funding (e.g., WIC, MCH, Family Planning, Primary Care) for translation services, including translating all patient education materials and website content.

## Resources

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The following resources for health departments and providers offer additional information and training.

### Clinical Guidance

**Women's Preventive Health Summary Tables** <https://www.womenspreventivehealth.org/wp-content/uploads/ClinicalSummaryTables.pdf>

**KDHE Preconception Health Guide** [https://www.kdheks.gov/cf/integration\\_toolkits/Preconception\\_Health\\_Guide.pdf](https://www.kdheks.gov/cf/integration_toolkits/Preconception_Health_Guide.pdf)

**Recommendations for Providing Quality STD Clinical Services:** <https://www.cdc.gov/std/qcs/default.htm>

### Trauma and Violence

**A Trauma-Informed Care Approach** <https://www.brighamandwomens.org/womens-health/connors-center/care-clinic/trauma-informed-care>

**National Health Resource Center on Domestic Violence**

<https://www.futureswithoutviolence.org/health/national-health-resource-center-on-domestic-violence/>

**Building Partnerships with Domestic Violence and Sexual Assault Service Providers**

<https://ipvhealthpartners.org/>

Centers for Disease Control and Prevention, *Connecting The Dots* <https://www.cdc.gov/features/cdc-connecting-dots/index.html>

## Health Equity and Social Care

National Academies of Science, Engineering and Medicine: “*Integrating Social Care Into the Delivery of Healthcare: Moving Upstream to Improve the Nation’s Health*” <https://www.nationalacademies.org/our-work/integrating-social-needs-care-into-the-delivery-of-health-care-to-improve-the-nations-health>

Unconscious Bias Resources for Health Professionals <https://www.aamc.org/what-we-do/mission-areas/diversity-inclusion/unconscious-bias-training>

Diversity and Health Equity in Maternal and Child Healthcare

[https://mchb.hrsa.gov/training/documents/MCH\\_Diversity\\_2016-05\\_RFS.pdf](https://mchb.hrsa.gov/training/documents/MCH_Diversity_2016-05_RFS.pdf)

Moving to Institutional Equity: A Tool to Address Equity for Public Health Providers

[https://chronicdisease.org/resource/resmgr/gillan's\\_files/health\\_equity\\_june\\_2017.pdf](https://chronicdisease.org/resource/resmgr/gillan's_files/health_equity_june_2017.pdf)

LGBTQIA+ Health Education Center <https://www.lgbtqiahealtheducation.org/>

Mitigating Implicit Bias in Healthcare <https://u.osu.edu/breakingbias/tools-for-mitigating-bias/>

## Mental Health and Substance Use

National Council on Behavioral Health <https://www.thenationalcouncil.org/integrated-health-coe/resources/>

SAMHSA-HRSA Center for Integrated Health Solutions <https://www.integration.samhsa.gov/clinical-practice/screening-tools>

KDHE Mental Health Integration Toolkit [https://www.kdheks.gov/c-f/mental\\_health\\_integration.htm](https://www.kdheks.gov/c-f/mental_health_integration.htm)

KDHE Screening, Brief Intervention, and Referral to Treatment Toolkit [https://www.kdheks.gov/c-f/SBIRT\\_Toolkit.htm](https://www.kdheks.gov/c-f/SBIRT_Toolkit.htm)

## Patient Resources

Patient Well-Woman Visit Brochures (English and Spanish): [https://www.nwlc.org/sites/default/files/final\\_well-womanbrochure.pdf](https://www.nwlc.org/sites/default/files/final_well-womanbrochure.pdf)

Youth Health Guide <https://www.womenspreventivehealth.org/wellwomanchart/>

My Life, My Goals: Reproductive Wellness Workbook [https://www.kdheks.gov/c-f/integration\\_toolkits/Reproductive\\_Life\\_Plan.pdf](https://www.kdheks.gov/c-f/integration_toolkits/Reproductive_Life_Plan.pdf)

**Kansas Crisis Hotline** 1-888-END-ABUSE, provides confidential support 24/7 to victims of domestic violence, sexual assault and stalking.

**National Suicide Prevention Lifeline** provides 24/7, free and confidential support for people in distress, prevention, and crisis resources for you or your loved ones, and best practices for professionals. Call 1-800-273-8255 or 1-888-628-9454 for Spanish.

**Crisis Text Line** is a free, 24/7, confidential text message service for people in crisis. To reach a crisis counselor, text Kansas to 741741.

**Kansas Community Mental Health Centers (CMHCs)** offer crisis services 24/7. Contact the CMHC for the county you are currently in for crisis services: <http://www.acmhck.org/wp-content/uploads/2018/01/CommunityMentalHealthCentersofKS-Revised-1-10-18.pdf>.

**Veterans Crisis Line** offers 24/7, confidential support to veterans, service members, National Guard and Reserve members, and their family member and friends. Call 1-800-273-8255 and Press 1 or text 838255.

**Tobacco Cessation** KS Quitline: 1.800.QUIT.NOW or [KSQuit.org](http://KSQuit.org) (online chat)

**KS Parent Helpline** 1-800-CHILDREN is a free, statewide, anonymous, information and referral service.

## Support Resources for Providers

**SAMHSA Tips for Healthcare Professionals: Coping with Stress and Compassion Fatigue**

[https://store.samhsa.gov/product/Tips-for-Healthcare-Professionals-Coping-with-Stress-and-Compassion-Fatigue/PEP20-01-01-016?referer=from\\_search\\_result](https://store.samhsa.gov/product/Tips-for-Healthcare-Professionals-Coping-with-Stress-and-Compassion-Fatigue/PEP20-01-01-016?referer=from_search_result)

**SAMHSA's Disaster Distress Hotline** provides 24/7, 365-day-a-year crisis counseling and support to people, including medical professionals, experiencing emotional distress related to natural or human-caused disasters and infectious disease outbreaks. Call 1-800-985-5990 or text TalkWithUs to 66746. For Spanish speakers, call 1-800-985-5990 and press 2 or text Hablanos to 66746.

## Sample Policies

**Sample Release of Information for clients in intimate partner violence relationships** [https://www.kdheks.gov/cf/integration\\_toolkits/Sample\\_IPV\\_Consent\\_for\\_Communication\\_with\\_Medical\\_Providers.pdf](https://www.kdheks.gov/cf/integration_toolkits/Sample_IPV_Consent_for_Communication_with_Medical_Providers.pdf)

**Sample Release of Information for clients needing behavioral health or substance use treatment** [https://www.kdheks.gov/cf/integration\\_toolkits/Sample\\_ASSIST\\_Consent\\_for\\_Communication\\_with\\_Medical\\_Providers.pdf](https://www.kdheks.gov/cf/integration_toolkits/Sample_ASSIST_Consent_for_Communication_with_Medical_Providers.pdf)

**Sample Agency Policy on Well-Woman Visits** [https://www.kdheks.gov/cf/integration\\_toolkits/Sample\\_Agency\\_Well\\_Woman\\_policy.pdf](https://www.kdheks.gov/cf/integration_toolkits/Sample_Agency_Well_Woman_policy.pdf)

**Sample Memorandum of Agreement** [https://www.kdheks.gov/cf/integration\\_toolkits/SBIRT/07\\_Templates\\_for\\_Local\\_Use/06\\_sample\\_mou.doc](https://www.kdheks.gov/cf/integration_toolkits/SBIRT/07_Templates_for_Local_Use/06_sample_mou.doc)

## Workflows/Algorithms

**Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) Algorithm** [https://www.kdheks.gov/cf/integration\\_toolkits/SBIRT/06\\_Workflows\\_Algorithms/01\\_assist\\_algorithm.pdf](https://www.kdheks.gov/cf/integration_toolkits/SBIRT/06_Workflows_Algorithms/01_assist_algorithm.pdf)

**Crisis Intervention Workflow** [https://www.kdheks.gov/cf/integration\\_toolkits/SBIRT/06\\_Workflows\\_Algorithms/04\\_crisis\\_intervention\\_workflow.pdf](https://www.kdheks.gov/cf/integration_toolkits/SBIRT/06_Workflows_Algorithms/04_crisis_intervention_workflow.pdf)

## Raising Awareness

Community-based organizations and local governments can assist in spreading awareness about the importance of the annual well-woman visit through a variety of ways. KDHE has created a [Well-Woman Visit Promotional Flyer](#) that can be printed and posted in exam rooms, waiting areas or distributed via social media, tabling events, etc.

Below, we have provided tools such as awareness toolkits and sample media posts that can be used and adapted to meet the needs of your local community.

## Campaigns and Promotional Tools

These campaigns can be utilized in parts or in their entirety through social media, traditional press, and hard copy promotion and distribution.

- Well Women, Well Communities Toolkit <https://www.citymatch.org/well-women-well-communities/>
- #YouGoGirl, American Heart Association Well Woman Promotional Video <https://www.youtube.com/watch?v=DIN-svKAKT4>
- Care Women Deserve <http://carewomendeserve.org/>
- Women's Health Month Toolkit <http://www.kansasmch.org/womenshealthmonthtoolkit.asp>

## Sample Social Media Posts

- Do you know how to #BeAWellWoman? Well-Woman visits are available without additional costs, like co-pays and deductibles. Learn more about what questions you should be asking your provider at your next check-up. [www.nwlc.org/wellwoman](http://www.nwlc.org/wellwoman)
- What kind of education and counseling can you get with your no-cost well-woman visit? #BeAWellWoman
- Well-woman visits are available without co-pays! It's never been easier to #BeAWellWoman