# Reproductive Health Education for Women Experiencing Houselessness

Catriona C. Spilde

Oregon Health & Science University, School of Nursing

Chair: Dr. Rebecca Martinez

NURS 703B: DNP Project

February 26, 2025

**Abstract**

**Background:** Women facing houselessness have a unique constellation of challenges including, but not limited to, reduced access to healthcare. Barriers to reproductive health care specifically influence increased rates of unintended pregnancies, perinatal complications, and subsequent cycles of poverty. While several approaches are needed in order to address this, one recommendation is in the provision of comprehensive reproductive health and family planning education.

**Methods:** Twenty-three individuals that were residing in a women's shelter attended an educational session within the shelter that included reproductive health topics of contraceptive methods and reproductive health screenings related to cancer. Qualitative and qualitative data was collected through surveys that were administered immediately prior and following the education session. Knowledge increase was measured using the Contraception Knowledge Assessment (CKA) tool.

**Results:** A total of 20 pre-session questionnaires and 11 post-session questionnaires were completed. Pre-session surveys indicated 80% of participants had previously used a form of contraception and a majority had previously learned about birth control from health care providers and/or friends and family. Post-session questionnaires found an overall 24% knowledge increase as well as a 91% response of self-perceived increase in understanding.

**Conclusion:** With the intention of increasing knowledge of contraception options available, this quality improvement project found an overall improvement in scores on the CKA tool as well as a perceived understanding of reproductive health screenings. Next steps may include continued educational interventions on related reproductive health topics.

# Reproductive Health Education for Women Experiencing Houselessness

## Introduction

### Problem Description

Housing instability is an umbrella term reflecting the multidimensional aspects of housing including rent cost burden, eviction risk, and frequent moves, as well as housing insecurity relating to loss of housing or houselessness (U.S. Department of Housing and Urban Development [HUD], 2023). Houselessness pertains to the lack of a fixed, regular, and adequate nighttime residence, or those in imminent risk of loss to a primary residence and is considered the most severe form of housing instability (HUD, 2023).

Unhoused women face unique challenges related to higher rates of intimate partner violence, and reduced access to health care than housed women (Kozlowski et al., 2022). This reduction in access to care, especially to comprehensive sexual and reproductive health care, is one presupposed factor to the increased 30% rate of unplanned pregnancy among unhoused women compared to housed women (Corey et al. 2020). Unplanned pregnancy and subsequent birth can further predispose women and birthing people to poverty and houselessness (American College of Obstetrician and Gynecologists, 2022a; Corey et al., 2020), which perpetuates a complex cycle of hardship. Additionally, unhoused women have higher likelihood of adverse events in perinatal outcomes, including preterm labor and mortality (Green et al., 2023).

Currently in the United States, an average of around 20 in every 10,000 people experience houselessness, which has been steadily increasing since 2015, with a noted sharp increase during the Covid-19 pandemic (De Souza et al., 2023). Oregon reflects a higher rate of people experiencing houselessness with estimates of roughly 20,000 people, or 50 per 10,000 individuals in comparison to national averages (De Souza et al., 2023). This burden is further stratified by race and gender, with people of color including Black, African-American, indigenous, Latinx, and Asian-American populations,

as well as transgender individuals, experiencing disproportionately higher rates of houselessness than white and cisgender counterparts (De Souza et al., 2023). Recent point in time estimates suggested roughly 7,720 of the roughly 20,000 houseless individuals in Oregon in 2023 were identified as female, just over 2,000 of whom were sheltered (HUD, 2023).

This project will address clinical approaches to provision of reproductive health care and family planning for women experiencing houselessness by implementing a family planning education session for unhoused women.

**Search Strategy**

For themes and related to reproductive health access and education for houseless women, PubMed and Scopus databases were searched for articles published between 2018 and the present, with parameters set for English-language articles published in the United States. PubMed MeSH terms and keywords used included *houseless, homeless, unhoused, or ill-housed, patient education, contraceptive, contraception, reproductive health,* and *barriers*. Scopus search keywords included *contraception, contraceptive, reproductive health, sexual health, ill-housed, unhoused, shelterless, homeless, houseless, education, barriers,* and *outreach*. Additional articles discovered within in citations and cited-by listings of articles found. A total of ten articles were ultimately identified and used in conjunction with federal and state demographic data for support of this project.

**Available Knowledge**

Barriers to family planning service uptake for houseless women include prohibitive cost, lack of knowledge, fear of unwanted side effects, medication storage concerns, partner influence, previous negative experiences with care providers, and lack of accessible service delivery (Corey et al., 2020; Paisi et al., 2021). Strategies to address these barriers and subsequent outcomes include promoting comprehensive contraception education and counseling, reducing provider bias during counseling, as well as accessibility of all methods of contraception in both availability and affordability (Corey et al.,

2020; DiCenzo et al., 2023). Solutions addressing availability and affordability of family planning services are shaped by clinic supply, insurance coverage, state and federal funding. Proposed solutions to barriers of provider bias and lack of information reflect new approaches to contraception education and decreasing provider bias using frameworks such as patient-centered contraception counseling (PCCC) (American College of Obstetricians & Gynecologists [ACOG], 2022b; Meurice et al., 2019).

Contraceptive education occurs in many settings including within clinical care visits and more formally in school-based sexual health education, most frequently occurring in adolescence and young adulthood. However, recent data finds that sex education meeting criteria set by national goals reflected in Healthy People 2030 only reaches around half of adolescents, a significant decrease in recent decades (Lindberg & Kantor, 2022). Informally, information around pregnancy prevention and sexual health arises from several sources including parents, peers, and the internet or social media. These are frequently more accessible and may offer more privacy or anonymity with regard to potentially sensitive topics, but may not be as comparatively comprehensive to formal educational sources and may diverge widely with variable information and compound overall disparity in understanding (Brasileiro et al., 2022).

**Rationale**

Access to reproductive and sexual health care including contraceptive services and family planning education are an important factor in overall health, wellbeing, and economic stability (Sully et al., 2020). Unhoused women face compounding challenges that increase adverse health outcomes related to reproductive health (ACOG 2022a) as well as increased rates of chronic health conditions and mortality (Meyer et al., 2023).

The Institutes for Healthcare Improvement (IHI) has developed the Model for Improvement (MFI) to provide a framework for quality improvement projects in healthcare and is guided by three primary questions surrounding what the project is attempting to accomplish, how will the change be

measured, and what change will garner improvement (IHI, 2020). This is adaptive process following Plan-Do-Study-Act (PDSA) cycles that balance developing and testing interventions with iterative changes responding to measured outcomes during the project (IHI, 2020).

### Specific Aims

The aim of this project is to increase knowledge and understanding of contraceptive methods and preventative reproductive health screenings via a group-based education session for unhoused women residing in a temporary housing facility in December 2024. The overarching goal is to improve health literacy and support women experiencing houselessness in addressing their individual reproductive health needs related to family planning.

## Methods

### Context

The clinic is an integrative healthcare clinic providing family medicine, addiction medicine, and mental health care services in the greater Salem metropolitan area in Oregon. The clinic providers include one medical doctor, two naturopathic doctors, two family nurse practitioners, four licensed social workers, and one licensed professional counselor. With a focus on increasing accessible services directly to the houseless population, the clinic has partnered with an organization that serves to provide shelter for houseless individuals across Salem and Keizer, Oregon to instate satellite clinics within housing facilities for sheltered residents to obtain health care in-person or virtually. The clinic identified a need to offer reproductive health education to the residents of a partnering women's facility that offers shelter to an average of 80 women and children. The project took place at the shelter facility in December 2024.

### Interventions

Following a review of the literature, the Contraceptive Knowledge Assessment (CKA) was identified as an appropriate validated tool in the appraisal of contraceptive knowledge in a given group.

The CKA tool is a twenty-five multiple-choice question assessment of a contraceptive methods and pregnancy prevention developed by Haynes et al. (2017). This project consisted of several phases. Phase 1 included providing information about the educational session at the satellite clinic within the shelter and identifying and recruiting women residing in the shelter who could benefit and have interest in the educational session. Recruitment took place through the help of a provider based in the satellite clinic and with posted informational flyers advertising the session (see Appendix A). Phase 2 consisted of pre-session questionnaires for those attending the session immediately prior to intervention. The pre-session questionnaire consisted of seven questions regarding age, insurance status, current and past use of contraception, methods used, likes and dislikes of methods used, previous sources of contraceptive education, if contraceptives were recently discussed with a health care provider, and a rating of personal importance of avoiding pregnancy in the next year in addition to the CKA tool questions (see Appendix B). Phase 3 entailed the educational session itself. The session lasted one hour and included a Power-Point presentation detailing contraceptive methods and reproductive cancer screenings. The session was based on current recommendations and counseling guidance from the Centers for Disease Control (CDC, 2024) and the Reproductive Health National Training Center (RHNTC, 2024) and included topics of basic reproductive anatomy, menstruation and pregnancy, contraceptive methods, and breast and cervical cancer screenings (see Appendix C). Participants completed post-session questionnaires immediately following the intervention to evaluate increase in knowledge using the CKA tool in addition to seven questions regarding age, the helpfulness of the session, perceived understanding of contraception and reproductive health screenings following the session, likeliness of to try a new birth control method, and inquiry into what health topics would be of interest in future sessions. Phase 4 included data analysis of the survey responses.

**Study of Interventions**

Analysis of the session's impact used data drawn from anonymous pre- and post-session surveys. Surveys immediately preceding and following the educational session were used to study the effectiveness of the intervention by measuring increases in knowledge of contraceptive methods as reflected by correct answers of the CKA tool provided, self-identified understanding of reproductive health related cancer screenings, and their experience of the group intervention. Survey content identified baseline knowledge of reproductive health concepts covered in the session compared to knowledge increased or decreased following the session.

**Measures**

The outcome measure of this QI project was increased participant knowledge of contraception based on correct responses on the CKA following the intervention in comparison to the knowledge prior to the intervention. The process measure was totaling the number of participants that received the intervention. Balancing measures of this project was the use of the learning space afforded to the provision of the intervention by the housing facility and the effort of the clinical site partner in promoting the session through posting of informational flyers and through word-of-mouth recruitment.

**Analysis**

Survey responses were input into a Microsoft Excel sheet from paper copies of surveys and analyzed with the support of a statistician provided by Oregon Health & Science University. Quantitative data was derived from the twenty-five question CKA tool found in both provided surveys. Bar graphs were produced from the data reflecting percentage of correct answers for each question on pre- and post- session surveys for ease of comparison in improvement (see Appendix D). An overall improvement score was also derived from this data. Qualitative data of the surveys from fill-in answers were collected to identify common themes and compare answers to inquiry of personal history and preferences, recommendation, and self-identified understanding and bar graphs produced reflecting answers.

**Ethical Considerations**

Ethical considerations for this project include confidentiality and deidentification of participant responses and participation. Participants were offered a standardized consent statement for their voluntary participation in the project. The education session was patient-centered and sensitive to working with a vulnerable population of houseless individuals. This project was reviewed by OHSU IRB and deemed exempt (Appendix E). The clinic site provided a letter of support for to offer consent for completion of this intervention (Appendix F).

## Results

Quantitative and qualitative data was derived from questionnaire answers that included multiple choice, free-response, true/false, and select all that apply answers. The number of individuals in attendance totaled to 23 according to a sign-in sheet upon entering. A total 20 pre-session questionnaires and 11 post-session questionnaires were returned, all of which were included in this data set. All participants identified as cis-gender women were between the age of 36 and 71. The average age (mean) was 53 for pre-session surveys, and 52 for post-session surveys completed. All participants reported currently having health insurance.

The pre-session survey data revealed that 15% of participants were currently using a birth control method, while 80% had previously used a birth control method. In the free-response question regarding methods previously used, answers included birth control pills (2), abstinence (1), and menopause (2). Previously used methods reported included pills (7), depo shot (7), implant (1), sterilization (tubal ligation or hysterectomy- 3), patch (2), and IUD (2). Inquiry as to what qualities were liked and disliked about previously used methods, free response answers indicating positive experiences with birth control included that the shot (Depo-provera) offered loss of a period (1) and that it was easier than remembering to use a daily method (2). Negative experiences of previous methods included that the shot caused weight gain (3), a dislike of injections (1), mood swings (1), and cramps (1); other

negative experiences of various methods included a prolonged length of bleeding (the implant), a rash (the patch), painful cramps and discomfort during intercourse (IUD), as well and mood and physical changes (the pill). Previous sources of birth control information included from a health care provider (85%), from friends and/or family (45%), from the internet and/or social media (15%), from school (35%), and a free-response other (5%) of which one response wrote in “from foster care”. A total of 30% responded that they had discussed birth control with a health care provider in the past year. When asked about the personal importance of preventing pregnancy, 15% replied very important, 5% replied somewhat important, 45% replied not important, 5% responded unsure, and 25% did not respond.

Post-sessions questionnaires revealed that 100% of respondents found the session helpful, and 91% replied they had a better understanding of birth control options and equally a better understanding of reproductive health screenings discussed in the session. When asked if they were more likely to try a birth control method following the session, 73% said no, 9% said yes, and 18% said they were unsure. A total of 100% of participants responding said they would recommend the session to others. In a free response question inquiring as to what other topics participants would be interested in future sessions, answers included menopause (4), sexually transmitted infections (1), getting healthy (1), and pregnancy (1).

The CKA tool was present in both questionnaires. Each question has one associated correct answer (Appendix G). Any respondent that left the question blank, chose a different answer or multiple answers was counted as an incorrect response when determining this data. There was an overall average improvement of 24% in the post-survey responses, improving from an average score of 28% in the pre-session surveys to 52% in the post-session surveys. Individual questions were also analyzed for improvement, with all but two questions reflecting improvement following the educational session.

## Discussion

### Summary

The aim of this project was to provide an educational intervention that would improve knowledge of contraception and family planning, as well as offer information on reproductive health screenings to woman experiencing houselessness and residing in a temporary housing shelter. Data derived from surveys conducted immediately before and after an educational session indicated an overall improvement of 24% in the correct answers to questions on the CKA tool, developed by Haynes et al. (2017) and validated for demonstrating contraceptive knowledge.

### Interpretation

The marked improvement of 24% in correct answers on the CKA tool indicates an increase in contraception knowledge following the educational session. When looking at individual questions for gauge knowledge increase or lack thereof, some themes emerged. The questions that saw the largest improvement in correct answers covered topics of most likely timing for conception during menstrual cycle (question one- 53% improvement), the duration ejaculated sperm can live inside the body (question two: 49% improvement), and the most effective timing for taking emergency contraceptive pills (question 24: 50% improvement). This suggests that there may have been a lack of prior education around conception. The questions that reflected negative improvement scores included topics regarding forms of hormonal birth control (question eight: -2% improvement), and falsehoods of the Depo-provera shot (question 17: -6% improvement). This may indicate that the educational session did not effectively summarize the variety of hormonal birth control methods or that the Depo-provera shot can be used while breastfeeding.

The other data gained from the surveys reflected a cohort with an average age of 52-53, several of whom conveyed that they had already experienced menopause and no longer needed contraceptive care. It is expected that is influential of the 85% of participants that were currently not using birth

control, the 70% that had not discussed birth control with a health provider within the last year, the 45% of whom preventing pregnancy was not a primary concern, and the 73% that were not more likely to use a method of contraception after receiving the educational intervention, as the need for contraception is no longer applicable.

Encouragingly, all participants that responded conveyed that they found the session helpful and would recommend it to others. With 90% responding they felt an improved understanding of topics; it is hopeful that this format of group education around reproductive health topics is a positive experience that promotes learning.

**Limitations**

Several limitations impacted the ultimate data rendered during this project. One such limitation was the length of the surveys with the inclusion of the CKA tool, at about 30 questions for each questionnaire, participants were somewhat resistant to time needed to complete the two surveys. This may explain why significantly less post-session questionnaires were submitted than pre-session questionnaires and why some surveys were incomplete when returned.

Another limitation was the communication within the shelter preceding the session which caused several participants to arrive to the session under the impression that a leading topic would be menopause. This was relevant to the participants as many reported already experiencing menopause and therefore were less interested in receiving education around contraception, as pregnancy was no longer a primary concern. It is expected that this is also reflected in data of responses to questions regarding personal importance of pregnancy prevention, current contraception use, and recent discussions with health care providers, as these topics were less applicable for them. Further, it was suggested that some women in younger cohort of residents in the shelter could not attend due to lack of childcare which illuminates another crucial barrier that was not addressed in the formulation of this project.

**Conclusion**

Unhoused women face limitations in access to reproductive health care that contribute to several unfavorable outcomes including increased rates of unplanned pregnancies and perinatal complications which can ultimately further complex cycles of poverty (ACOG 2022a; Green et al., 2023). While many avenues exist through which to interrupt these cycles, one such aspect is the availability of comprehensive reproductive health and contraception education (Sully et al., 2020). This group education session was intended to increase individual knowledge surrounding contraceptive methods and awareness of reproductive cancer screenings and offer another method through which reproductive health education is accomplished. Ultimately, surveys displayed an increase in knowledge of these topics as well as reflected a positive experience of learning. Based on communicated interest, future educational sessions could be organized to further support awareness and knowledge around topics such as pregnancy, menopause, and sexually transmitted infections, in an attempt to continue supporting improve health outcomes and understanding.

**References**

American College of Obstetricians and Gynecologists (2022a). *Access to contraception*. ACOG. https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2015/01/access-to-contraception

American College of Obstetricians & Gynecologists (ACOG). (2022b). Patient-centered contraceptive counseling. Obstetrics and Gynecology, 139(2), 350â€“353. https://doi.org/10.1097/aog.0000000000004659

Brasileiro, J., Widman, L., Norwalk, K., Mccrimmon, J., & Mullins, L. (2022). National trends and disparate access to formal and informal sex education among youth involved with the child welfare system in the USA. *Sex Education*, *23*(6), 723–739. https://doi.org/10.1080/14681811.2022.2134102

Centers for Disease Control. (2024, November 26). *Contraceptive guidance for health care providers*. https://www.cdc.gov/contraception/hcp/contraceptive-guidance/index.html

Corey, E., Frazin, S., Heywood, S., & Haider, S. (2020). Desire for and barriers to obtaining effective contraception among women experiencing homelessness. *Contraception and Reproductive Medicine*, *5*(1). https://doi.org/10.1186/s40834-020-00113-w

De Sousa, T., Andrichik, A., Prestera, E., Rush, K., Tano, C., & Wheeler, M. (2023, December). The 2023 Annual Homelessness Assessment Report (AHAR) to Congress. https://www.huduser.gov/portal/sites/default/files/pdf/2023-AHAR-Part-1.pdf

DiCenzo, N., Brandi, K., Getz, K., & Matthews, G. (2024). Characteristics associated with physician bias in contraceptive recommendations. Womenâ€™s Health Issues, 34(1), 51â€“58. https://doi.org/10.1016/j.whi.2023.08.003

Green, J. M., Fabricant, S. P., Duval, C. J., Panchal, V. R., Cahoon, S. S., Mandelbaum, R. S., Ouzounian, J. G., Wright, J. D., & Matsuo, K.. (2023). Trends, Characteristics, and Maternal Morbidity Associated With Unhoused Status in Pregnancy. *JAMA Network Open*, *6*(7), e2326352. https://doi.org/10.1001/jamanetworkopen.2023.26352

Haynes, M. C., Ryan, N., Saleh, M., Winkel, A. F., & Ades, V. (2017). Contraceptive Knowledge Assessment: Validity and reliability of a novel contraceptive research tool. *Contraception*, *95*(2), 190–197. https://doi-org.liboff.ohsu.edu/10.1016/j.contraception.2016.09.002

Institute for Healthcare Improvement. (2020, September). QI 102: How to improve with the model for improvement. https://education.ihi.org/topclass/topclass.do?CnTxT-163573476-contentSetuptc_student_id=163573476-item=3331-view=1

Lindberg, L.D. and Kantor, L. (2022) Adolescents' receipt of sex education in a nationally representative sample, 2011–2019, *Journal of Adolescent Health*, *70*(2):290–297, doi:10.1016/j.jadohealth.2021.08.027.

Kozlowski, Z., Sanders, J. N., Panushka, K., Myers, K., Millar, M. M., & Gawron, L. M. (2022). "It's a vicious cycle": A mixed methods study of the role of family planning in housing insecurity for women. *Journal of Health Care for the Poor and Underserved*, *33*(1), 104–119. https://doi.org/10.1353/hpu.2022.0009

Meurice, M. E., Goad, L., Barlow, P. B., Kerestes, C., Stockdale, C. K., & Hardy-Fairbanks, A. J. (2019). Efficacy-based contraceptive counseling for women experiencing homelessness in Iowa City, Iowa. Journal of Community Health Nursing, 36(4), 199â€"207. https://doi.org/10.1080/07370016.2019.1665313

Meyer, B., Wyse, A., & Logani, I. (2023). Life and death at the margins of society: The mortality of the U.S. homeless population. *National Bureau of Economic Research*. https://doi.org/10.3386/w31843

Paisi, M., March-McDonald, J., Burns, L., Snelgroveâˆ’Clarke, E., Withers, L., & Shawe, J. (2020). Perceived barriers and facilitators to accessing and utilizing sexual and reproductive healthcare for people who experience homelessness: a systematic review. BMJ Sexual & Reproductive Health, 47(3), 211â€“220. https://doi.org/10.1136/bmjsrh-2020-200799

Reproductive Health National Training Center. (2024). *Counseling and Services Resources*. https://rhntc.org/resources

U.S. Department of Housing & Urban Development. (2023, December). *2023 Annual homeless assessment report: Point in time estimates of homelessness in the U.S.* https://www.huduser.gov/portal/datasets/ahar/2023-ahar-part-1-pit-estimates-of-homelessness-in-the-us.html

**Appendix A**

Promotional Flyer for Educational Session

# WOMEN'S HEALTH & BIRTH CONTROL EDUCATION EVENT

Two options for attending this educational session are available:

**THURSDAY DECEMBER 12TH** **-OR-** **THURSDAY DECEMBER 19TH**

10:00 AM to 11:00 AM
at UGM- Simonka Place
5119 River Rd., Keizer, OR 97303

**SNACKS WILL BE PROVIDED**

Topics will include:
Birth Control Methods
Side Effects & Health Benefits
Preventative Health
& More!

This event will be led by Dr. Megan Monty and a Family Nurse Practitioner student in partnership with Oregon Health & Science University and JD Health & Wellness

**Appendix B**

Pre-Session and Post-Session Surveys

**Pre-Session Questionnaire**

Age : _____

Do you currently have health insurance? ☐Yes ☐No

Do you currently use a birth control method? ☐Yes ☐No

- If so what method:

Have you used birth control in the past? ☐Yes ☐No

- If so what methods(s):
- What did you like or dislike about those methods?

Where have you learned about birth control in the past?

☐My doctor/ health care provider
☐Friends/ family
☐The internet or social media
☐ School
☐Other:

Have you talked about birth control with your health care provider in the past year?
☐Yes ☐No

In the next year, how important is it to you to avoid pregnancy?

☐Very important ☐Somewhat important ☐Not important ☐Unsure

Contraceptive Knowledge Assessment

*Select only ONE answer for each question.*

1.When during a woman's cycle is she most likely to become pregnant?
   a. During her period (start of cycle)
   b. 3 days after her period ends
   c. Two weeks before her next period starts
   d.3 days before she gets her period (end of cycle)
   e. I don't know
2. How long can sperm stay alive in a woman's body?
   a.1–3 h
   b. 24 h
   c. 3–5 days
   d. 7–10 days
   e. I don't know

3. Which of the following choices is TRUE about pregnancy?
    a. You cannot become pregnant the first time you have sex
    b. You cannot become pregnant if you have sex standing up
    c. You cannot become pregnant if you do not have an orgasm
    d. None of the above are true
    e. I don't know
4. Which of the following choices is TRUE about withdrawal, or the "pull-out" method?
    a. Semen may be released before ejaculation
    b. Withdrawal works as well as condoms at preventing pregnancy
    c. Withdrawal can protect against some sexually transmitted diseases (STDs)
    d. Withdrawal works as well as the birth control pill at preventing pregnancy
    e. I don't know
5. Which birth control method guarantees you will not become pregnant?
    a. None
    b. Using a condom every time you have sex
    c. Douching, showering, or bathing immediately after sex
    d."Pulling out" before ejaculation
    e. I don't know
6. Which is the *only* birth control method that helps prevent infections?
    a. The birth control pill
    b. Male and female condoms
    c. Depo-Provera ("the shot")
    d. The IUD (intrauterine device, the "T")
    e. I don't know
7. All of the following are TRUE about using male condoms EXCEPT:
    a. You should use water-based lubricants with spermicide
    b. Wear two condoms to be extra safe
    c. Prevent air bubbles by holding the condom tip when putting it on
    d. Check the expiration date and keep them in a cool and dry environment (i.e. not in a wallet or in a car)
    e. I don't know
8. Hormonal birth control comes in which of the following forms?
    a. Pills taken by mouth
    b. Patch worn on the skin
    c. Ring placed in the vagina
    d. All of the above
    e. I don't know
9. Which one is NOT a benefit of hormonal birth control?
    a. Improvement of diabetes
    b. Improvement of acne
    c. Reduction in menstrual cramps and bleeding problems like anemia
    d. Decreased risk of ovarian and uterine cancer
    e. I don't know

10. How long should the vaginal ring (NuvaRing) stay in place before changing it?
    a. 1 day
    b. 1 week
    c. 3 weeks
    d. 1 month
    e. I don't know
11. Which of the following can make hormonal birth control less effective?
    a. Seizure (epilepsy) medicine
    b. HIV medicine
    c. Herbal supplements
    d. All of the above
    e. I don't know
12. What is the main way that birth control pills work?
    a. It prevents the ovary from releasing the egg (ovulation)
    b. It prevents sperm from entering the uterus
    c. It prevents the fertilized egg from implanting in the uterus
    d. It prevents the embryo from growing past a certain size
    e. I don't know
13. Birth control pills can have which of the following ingredients?
    a. Testosterone
    b. Estrogen
    c. Magnesium
    d. Calcium
    e. I don't know
14. You should *NOT* use the birth control pill if you have any of the following:
    a. Fibroids
    b. Drink alcohol
    c. Currently taking antibiotics
    d. None: it is safe to use the birth control pill in all of these situations
    e. I don't know
15. How long after a woman stops using birth control can she become pregnant?
    a. Immediately
    b. 1 month
    c. 3 months
    d. 6 months
    e. I don't know

16. If you forget to take one birth control pill and remember the next day, what should you do?
    a. Throw the missed pill away and then continue the following day from where you left off
    b. Take the rest of the week's pills at once and then start the placebo ("reminder") week
    c. Take two pills then continue
    d. Throw the missed pill away and wait 1 month to start a new pack
    e. I don't know
17. Which of the following is FALSE about Depo-Provera (the "shot")?
    a. It is administered every 3 months
    b. Gradual weight gain is possible
    c. It might take a few months after stopping to become pregnant
    d. It cannot be used while breastfeeding
    e. I don't know
18. Which of the following birth control methods may be reversed if you decide you want to become pregnant?
    a. Tubal ligation ("tying your tubes" or "cutting your tubes")
    b. Essure coils
    c. Vasectomy
    d. IUD (intrauterine device)
    e. I don't know
19. Which birth control method is not easily noticed by a partner?
    a. The IUD (intrauterine device)
    b. The vaginal ring
    c. Male condom
    d. Female condom
    e. I don't know
20. A doctor places an IUD (intrauterine device) in what part of the body?
    a. Fallopian tube
    b. Uterus
    c. Cervix
    d. Vagina
    e. I don't know
21. Which method of birth control is the best at preventing pregnancy?
    a. The IUD (intrauterine device)
    b. Depo-Provera ("the shot")
    c. Male Condom
    d. Withdrawal ("pull-out method")
    e. They are all equally effective
    f. I don't know

22. Which choice is FALSE about IUDs (intrauterine devices)?
    a. Women of all ages may get an IUD
    b. Women who have never had a baby may get an IUD
    c. Women can have an IUD put in right after having a baby or having an abortion
    d. Women cannot get an IUD if they have ever had a sexually transmitted disease (STD)
    e. I don't know
23. A doctor places the birth control implant (Nexplanon) in what part of the body?
    a. Thigh
    b. Vagina
    c. Arm
    d. Buttock
    e. I don't know
24. How soon after sex must the "morning after pill" (or Plan B) be used to be effective?
    a. 1 h
    b. 24 h
    c. 5 days
    d. 20 days
    e. I don't know
25. How can you get the emergency contraceptive pill called Plan B (or "the morning-after pill")?
    a. If under age 18, you cannot get it, even with a prescription
    b. If under age 21, you must have your parent go with you to the doctor for a prescription
    c. All women must have a prescription, no matter her age
    d. You can buy it at the pharmacy, without a prescription, no matter what age
    e. I don't know

**Post-Session Questionnaire**

Age: _____

Do you feel like this presentation was a helpful way to learn about birth control and women's health screenings?

☐Yes ☐No

Do you feel you have a better understanding of birth control options? ☐Yes ☐No

Are you more likely to try a birth control method after this session?
☐Yes ☐No ☐Unsure

Do you feel you have a better understanding of women's health/cancer screenings?

☐ Yes ☐No ☐Unsure

Would you recommend this session to others? ☐Yes ☐No

What other health topics would be interested in learning about?

Contraceptive Knowledge Assessment
*Select only ONE answer for each question.*

1.When during a woman's cycle is she most likely to become pregnant?
- a. During her period (start of cycle)
- b. 3 days after her period ends
- c. Two weeks before her next period starts
- d.3 days before she gets her period (end of cycle)
- e. I don't know

2. How long can sperm stay alive in a woman's body?
- a.1–3 h
- b. 24 h
- c. 3–5 days
- d. 7–10 days
- e. I don't know

3. Which of the following choices is TRUE about pregnancy?
- a. You cannot become pregnant the first time you have sex
- b. You cannot become pregnant if you have sex standing up
- c. You cannot become pregnant if you do not have an orgasm
- d. None of the above are true
- e. I don't know

4. Which of the following choices is TRUE about withdrawal, or the "pull-out" method?
    a. Semen may be released before ejaculation
    b. Withdrawal works as well as condoms at preventing pregnancy
    c. Withdrawal can protect against some sexually transmitted diseases (STDs)
    d. Withdrawal works as well as the birth control pill at preventing pregnancy
    e. I don't know
5. Which birth control method guarantees you will not become pregnant?
    a. None
    b. Using a condom every time you have sex
    c. Douching, showering, or bathing immediately after sex
    d."Pulling out" before ejaculation
    e. I don't know
6. Which is the *only* birth control method that helps prevent infections?
    a. The birth control pill
    b. Male and female condoms
    c. Depo-Provera ("the shot")
    d. The IUD (intrauterine device, the "T")
    e. I don't know
7. All of the following are TRUE about using male condoms EXCEPT:
    a. You should use water-based lubricants with spermicide
    b. Wear two condoms to be extra safe
    c. Prevent air bubbles by holding the condom tip when putting it on
    d. Check the expiration date and keep them in a cool and dry environment (i.e. not in a wallet or in a car)
    e. I don't know
8. Hormonal birth control comes in which of the following forms?
    a. Pills taken by mouth
    b. Patch worn on the skin
    c. Ring placed in the vagina
    d. All of the above
    e. I don't know
9. Which one is NOT a benefit of hormonal birth control?
    a. Improvement of diabetes
    b. Improvement of acne
    c. Reduction in menstrual cramps and bleeding problems like anemia
    d. Decreased risk of ovarian and uterine cancer
    e. I don't know
10. How long should the vaginal ring (NuvaRing) stay in place before changing it?
    a. 1 day
    b. 1 week
    c. 3 weeks
    d. 1 month
    e. I don't know

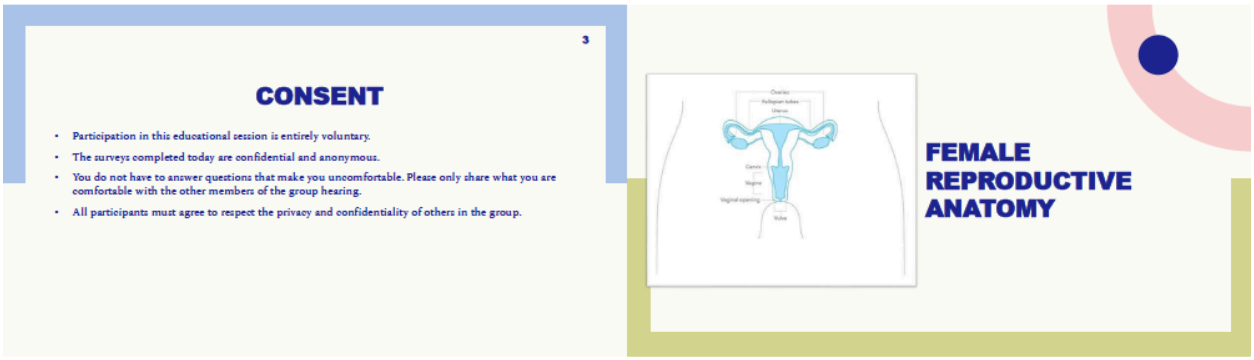
11. Which of the following can make hormonal birth control less effective?
    a. Seizure (epilepsy) medicine
    b. HIV medicine
    c. Herbal supplements
    d. All of the above
    e. I don't know
12. What is the main way that birth control pills work?
    a. It prevents the ovary from releasing the egg (ovulation)
    b. It prevents sperm from entering the uterus
    c. It prevents the fertilized egg from implanting in the uterus
    d. It prevents the embryo from growing past a certain size
    e. I don't know
13. Birth control pills can have which of the following ingredients?
    a. Testosterone
    b. Estrogen
    c. Magnesium
    d. Calcium
    e. I don't know
14. You should *NOT* use the birth control pill if you have any of the following:
    a. Fibroids
    b. Drink alcohol
    c. Currently taking antibiotics
    d. None: it is safe to use the birth control pill in all of these situations
    e. I don't know
15. How long after a woman stops using birth control can she become pregnant?
    a. Immediately
    b. 1 month
    c. 3 months
    d. 6 months
    e. I don't know
16. If you forget to take one birth control pill and remember the next day, what should you do?
    a. Throw the missed pill away and then continue the following day from where you left off
    b. Take the rest of the week's pills at once and then start the placebo ("reminder") week
    c. Take two pills then continue
    d. Throw the missed pill away and wait 1 month to start a new pack
    e. I don't know

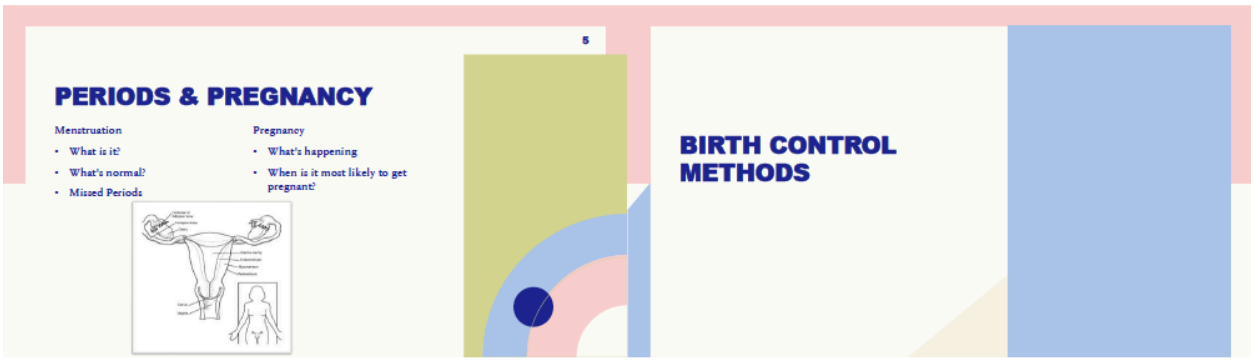
17. Which of the following is FALSE about Depo-Provera (the "shot")?
    a. It is administered every 3 months
    b. Gradual weight gain is possible
    c. It might take a few months after stopping to become pregnant
    d. It cannot be used while breastfeeding
    e. I don't know
18. Which of the following birth control methods may be reversed if you decide you want to become pregnant?
    a. Tubal ligation ("tying your tubes" or "cutting your tubes")
    b. Essure coils
    c. Vasectomy
    d. IUD (intrauterine device)
    e. I don't know
19. Which birth control method is not easily noticed by a partner?
    a. The IUD (intrauterine device)
    b. The vaginal ring
    c. Male condom
    d. Female condom
    e. I don't know
20. A doctor places an IUD (intrauterine device) in what part of the body?
    a. Fallopian tube
    b. Uterus
    c. Cervix
    d. Vagina
    e. I don't know
21. Which method of birth control is the best at preventing pregnancy?
    a. The IUD (intrauterine device)
    b. Depo-Provera ("the shot")
    c. Male Condom
    d. Withdrawal ("pull-out method")
    e. They are all equally effective
    f. I don't know
22. Which choice is FALSE about IUDs (intrauterine devices)?
    a. Women of all ages may get an IUD
    b. Women who have never had a baby may get an IUD
    c. Women can have an IUD put in right after having a baby or having an abortion
    d. Women cannot get an IUD if they have ever had a sexually transmitted disease (STD)
    e. I don't know

23. A doctor places the birth control implant (Nexplanon) in what part of the body?
    a. Thigh
    b. Vagina
    c. Arm
    d. Buttock
    e. I don't know
24. How soon after sex must the “morning after pill” (or Plan B) be used to be effective?
    a. 1 h
    b. 24 h
    c. 5 days
    d. 20 days
    e. I don't know
25. How can you get the emergency contraceptive pill called Plan B (or “the morning-after pill”)?
    a. If under age 18, you cannot get it, even with a prescription
    b. If under age 21, you must have your parent go with you to the doctor for a prescription
    c. All women must have a prescription, no matter her age
    d. You can buy it at the pharmacy, without a prescription, no matter what age
    e. I don't know

**Appendix C**

Education Session Materials

7

## LONG ACTING METHODS

8

## IUD

Small device placed in uterus by a provider

Hormonal IUDs:

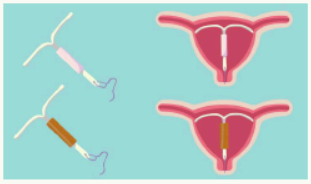
- Mirena, Liletta, Kyleena, Skyla (3-8 years)
- Side effects: Lighter periods, irregular bleeding

Non-Hormonal IUD:

- Copper IUD (Paragard)
- Lasts 10-12 years
- Side effects: Heavier, crampier periods

Reduced risk of endometrial & cervical cancer

Insertion may be painful



9

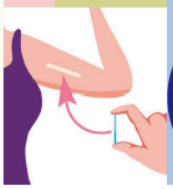
## IMPLANT

Small flexible rod placed under the skin of upper arm by a provider

Lasts for 5 years

Side effects:

- Irregular bleeding
- Tenderness/bruising after insertion



10

## SHORT ACTING METHODS

11

## COMBINED HORMONE CONTRACEPTION (CHC)

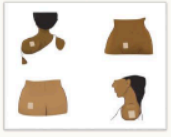
- These include the pill, the patch, and the ring
- 93% effective at preventing pregnancy
- What are the benefits of these methods?
- Who should not use these?
- What kind of side effects do they have?

12

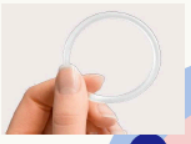
## HOW TO USE CHC

Pill

Patch



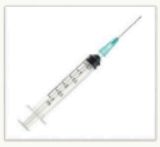
Ring



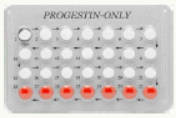
13

## SHORT ACTING & PROGESTIN ONLY

The Shot

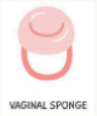


Progestin Only Pills




14

## BARRIER METHODS





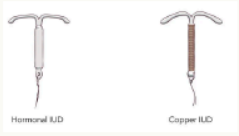
15

## KNOWLEDGE BASED METHODS

- Abstinence
- Withdrawal/"Pull Out"
- Fertility Awareness
- Lactational Amenorrhea

16

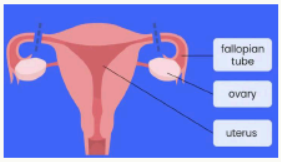
## EMERGENCY CONTRACEPTION





17

## PERMANENT BIRTH CONTROL

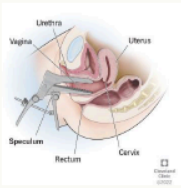



## PREVENTATIVE HEALTH

19

## CERVICAL CANCER SCREENING

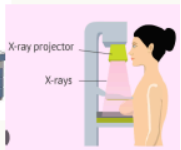
- What is cervical cancer?
- What are symptoms of cervical cancer?
- How is cervical cancer treated?
- When and how do I get screened?
- What can I do to prevent cervical cancer?




20

## BREAST CANCER SCREENING

- What is breast cancer?
- What are the symptoms to look for?
- How can I prevent it?
- What is breast cancer screening?




21

## RESOURCES

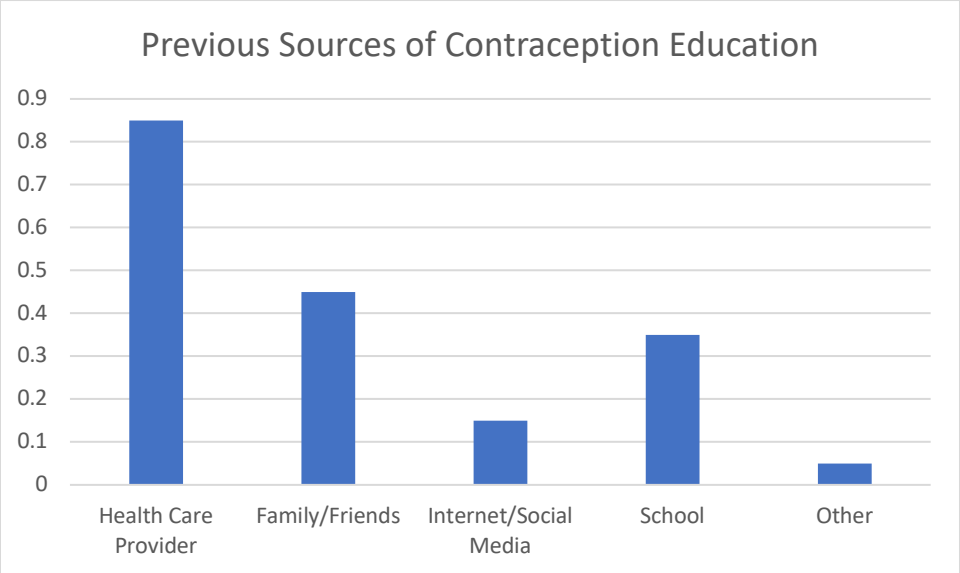
- Dr. Monty!
- https://www.plannedparenthood.org/learn
- https://www.bedsider.org/

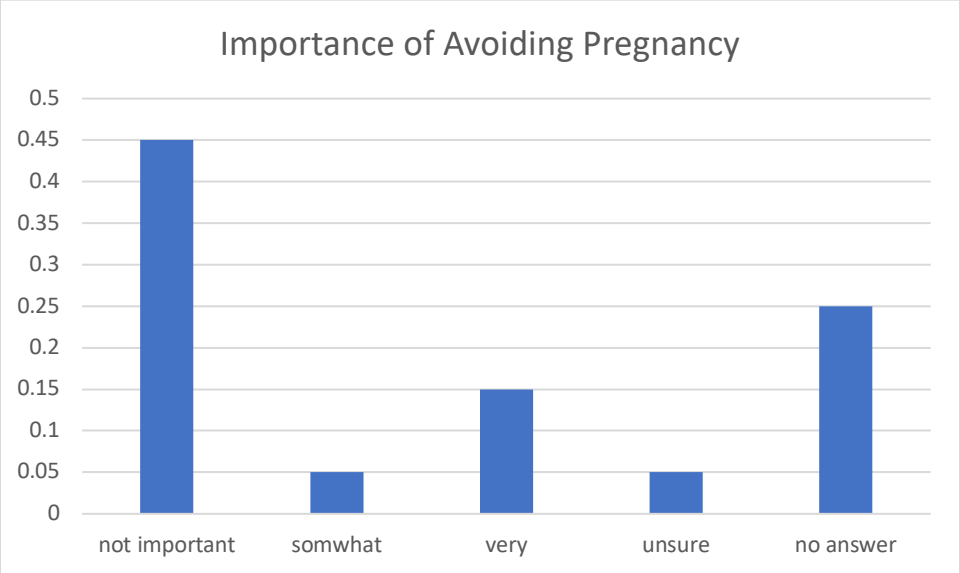
## QUESTIONS?

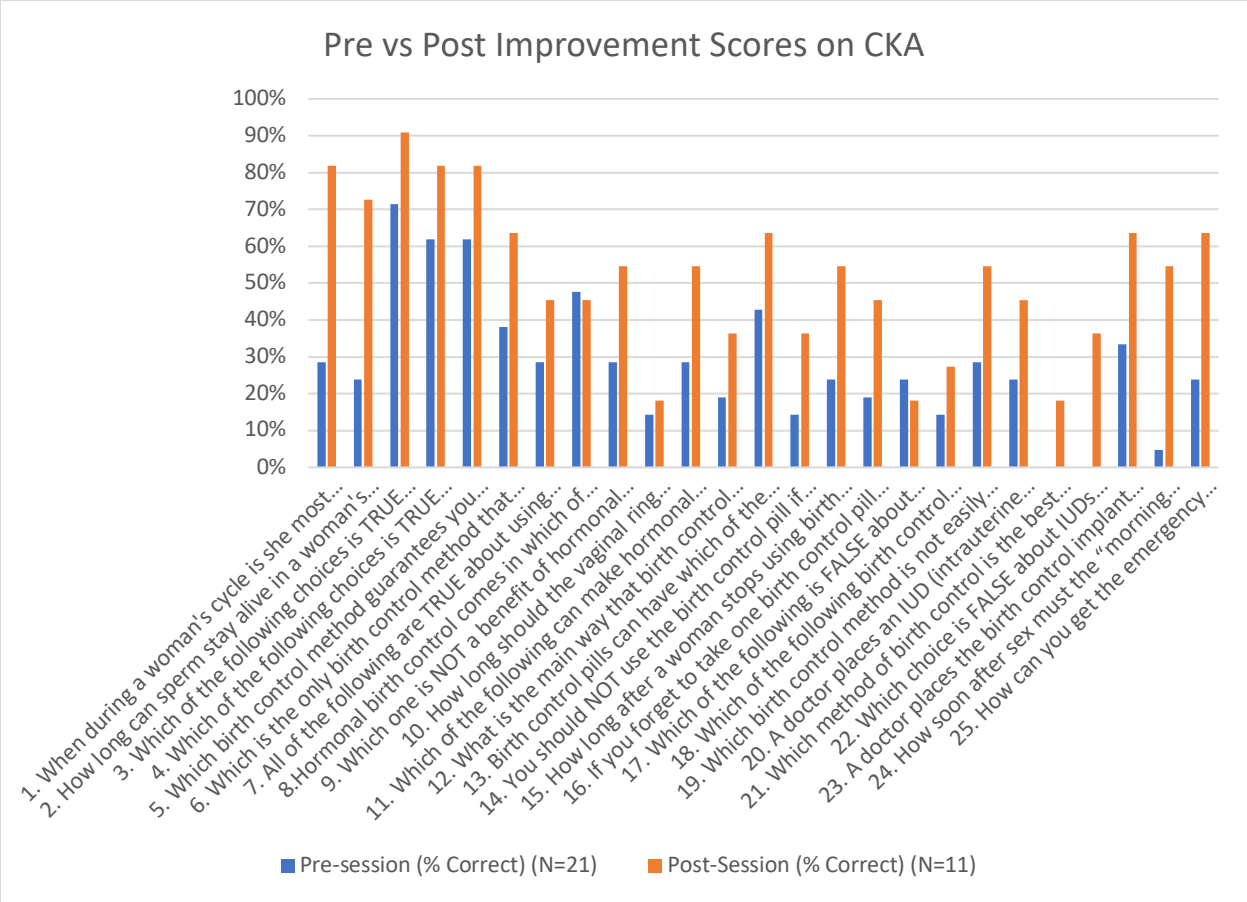
## THANK YOU

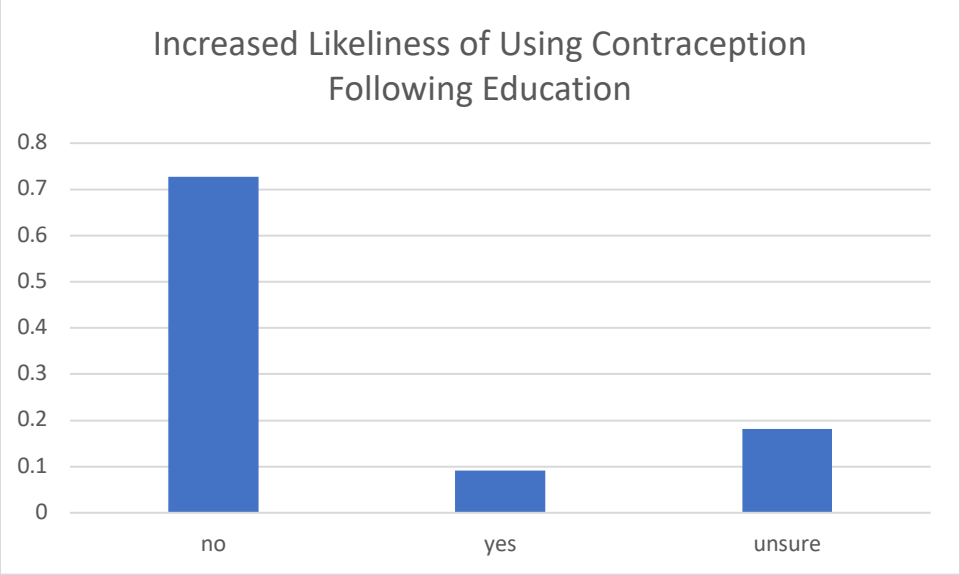
**Appendix D**

Survey Results




Pre vs Post Improvement Scores on CKA
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
1. When during a woman's cycle is she most...
2. How long can sperm stay alive in a woman's...
3. Which of the following choices is TRUE...
4. Which of the following choices is TRUE...
5. Which birth control method guarantees you...
6. Which is the only birth control method that...
7. All of the following are TRUE about using...
8.Hormonal birth control comes in which of...
9. Which one is NOT a benefit of hormonal...
10. How long should the vaginal ring...
11. Which of the following can make hormonal...
12. What is the main way that birth control...
13. Birth control pills can have which of the...
14. You should NOT use the birth control pill if...
15. How long after a woman stops using birth...
16. If you forget to take one birth control pill...
17. Which of the following is FALSE about...
18. Which of the following birth control...
19. Which birth control method is not easily...
20. A doctor places an IUD (intrauterine...
21. Which method of birth control is the best...
22. Which choice is FALSE about IUDs...
23. A doctor places the birth control implant...
24. How soon after sex must the "morning...
25. How can you get the emergency...
Pre-session (% Correct) (N=21)
Post-Session (% Correct) (N=11)


Increased Likeliness of Using Contraception Following Education
0.8
0.7
0.6
0.5
0.4
0.3
0.2
0.1
0
no
yes
unsure

## Appendix E

IRB Exemption

### STUDY00027577: Family Planning Education Interventions for Women Experiencing Houselessness

**Principal investigator:** Catriona Spilde
**Submission type:** Initial Study
**Primary contact:** Catriona Spilde
**IRB coordinator:** Panel 1

**IRB office:** OHSU or Joint OHSU/VA
**Letter:** Correspondence_for_STUDY00027577.docx(0.01)
**Regulatory Authority:** 2018 Requirements


| Name | CoIR Current | Responsible Conduct of Research (RCR) | Human Subjects Research (HSR): Human Researchers | * Good Clinical Practices (FDA GCP) Required for Drug/Device studies | * GCP - Social and Behavioral Research Alternative for non-Drug/Device clinical trials |
|---|---|---|---|---|---|
| Catriona C Spilde | No | Yes | Yes | No | Yes |
| Catriona C Spilde | No | Yes | Yes | No | Yes |

**Appendix F**

Letter of Support

## Letter of Support from Clinical Agency

Date: *[08/20/2024]*

Dear *Catriona Spilde*

This letter confirms that I, *Megan Monty* allow *[Catriona Spilde]* (OHSU Doctor of Nursing Practice Student) access to complete his/her DNP Final Project at our clinical site. The project will take place from approximately *September 2024* to *December 2024.*

This letter summarizes the core elements of the project proposal, already reviewed by the DNP Project Preceptor and clinical liaison (if applicable):

- **Project Site(s):** *JD Health & Wellness in the United Gospel Mission at Simonka Place (5119 River Rd N, Keizer, OR 97303)*
- **Project Plan: Use the following guidance to describe your project in a brief paragraph.**
  - Identified Clinical Problem: Unhoused women in Oregon face increased challenges in accessing reproductive health and family services which contributes to poor health outcomes and
  - Rationale: The proposed intervention is an reproductive health educational session based on person-centered contraceptive counseling model that covers common contraceptive methods in use, efficacy, and availability.
  - Specific Aims: Measurable improvements I hope to accomplish include increased knowledge of available contraceptive options.
  - Methods/Interventions/Measures: Methods include developing and offering education session(s) to women in temporary housing. Measures of the intervention will include surveys before and after the educational session to assess increases in knowledge.
  - Data Management: Data will be anonymous and de-identified, and kept in an Excel spreadsheet.
  - Site(s) Support: Site support needed includes space in which to conduct the educational session, identification of potential participants for the session.
  - Other: Parameters around sexual health discussion topics as determined by Simonka Place.

During the project implementation and evaluation, *Catriona Spilde* will provide regular updates and communicate any necessary changes to the DNP Project Preceptor.

Our organization looks forward to working with this student to complete their DNP project. If we have any concerns related to this project, we will contact *Catriona Spilde* and *Rebecca Martinez* (student's DNP Project Chairperson).

Regards,

Megan Monty, FNP mmonty@jdhealthandwellness.com

DNP Project Preceptor (Name, Job Title, Email, Phone): 971-244-3116

Signature

9/16/24

Date Signed

**Appendix G**

Contraceptive Knowledge Assessment Answer Key

**Contraceptive Knowledge Assessment** (for pre+post questionnaire)

Authored by: Haynes et al., (2017)

*Select only ONE answer for each question.*

1.When during a woman's cycle is she most likely to become pregnant?

a. During her period (start of cycle)

b. 3 days after her period ends

c. **Two weeks before her next period starts**

d.3 days before she gets her period (end of cycle)

e. I don't know

2. How long can sperm stay alive in a woman's body?

a.1–3 h

b. 24 h

c. **3–5 days**

d. 7–10 days

e. I don't know

3. Which of the following choices is TRUE about pregnancy?

a. You cannot become pregnant the first time you have sex

b. You cannot become pregnant if you have sex standing up

c. You cannot become pregnant if you do not have an orgasm

d. **None of the above are true**

e. I don't know

4. Which of the following choices is TRUE about withdrawal, or the "pull-out" method?

a. **Semen may be released before ejaculation**

b. Withdrawal works as well as condoms at preventing pregnancy

c. Withdrawal can protect against some sexually transmitted diseases (STDs)

d. Withdrawal works as well as the birth control pill at preventing pregnancy

e. I don't know

5. Which birth control method guarantees you will not become pregnant?

   a. **None**

   b. Using a condom every time you have sex

   c. Douching, showering, or bathing immediately after sex

   d."Pulling out" before ejaculation

   e. I don't know

6. Which is the *only* birth control method that helps prevent infections?

   a. The birth control pill

   b. **Male and female condoms**

   c. Depo-Provera ("the shot")

   d. The IUD (intrauterine device, the "T")

   e. I don't know

7. All of the following are TRUE about using male condoms EXCEPT:

   a. You should use water-based lubricants with spermicide

   b. **Wear two condoms to be extra safe**

   c. Prevent air bubbles by holding the condom tip when putting it on

   d. Check the expiration date and keep them in a cool and dry environment (i.e. not in a wallet or in a car)

   e. I don't know

8. Hormonal birth control comes in which of the following forms?

   a. Pills taken by mouth

   b. Patch worn on the skin

   c. Ring placed in the vagina

   d. **All of the above**

   e. I don't know

9. Which one is NOT a benefit of hormonal birth control?

   a. **Improvement of diabetes**

   b. Improvement of acne

   c. Reduction in menstrual cramps and bleeding problems like anemia

d. Decreased risk of ovarian and uterine cancer

e. I don't know

10. How long should the vaginal ring (NuvaRing) stay in place before changing it?

a. 1 day

b. 1 week

c. **3 weeks**

d. 1 month

e. I don't know

11. Which of the following can make hormonal birth control less effective?

a. Seizure (epilepsy) medicine

b. HIV medicine

c. Herbal supplements

d. **All of the above**

e. I don't know

12. What is the main way that birth control pills work?

a. **It prevents the ovary from releasing the egg (ovulation)**

b. It prevents sperm from entering the uterus

c. It prevents the fertilized egg from implanting in the uterus

d. It prevents the embryo from growing past a certain size

e. I don't know

13. Birth control pills can have which of the following ingredients?

a. Testosterone

b. **Estrogen**

c. Magnesium

d. Calcium

e. I don't know

14. You should *NOT* use the birth control pill if you have any of the following:

a. Fibroids

b. Drink alcohol

c. Currently taking antibiotics

d. **None: it is safe to use the birth control pill in all of these situations**

e. I don't know

15. How long after a woman stops using birth control can she become pregnant?

a. **Immediately**

b. 1 month

c. 3 months

d. 6 months

e. I don't know

16. If you forget to take one birth control pill and remember the next day, what should you do?

a. Throw the missed pill away and then continue the following day from where you left off

b. Take the rest of the week's pills at once and then start the placebo ("reminder") week

c. **Take two pills then continue**

d. Throw the missed pill away and wait 1 month to start a new pack

e. I don't know

17. Which of the following is FALSE about Depo-Provera (the "shot")?

a. It is administered every 3 months

b. Gradual weight gain is possible

c. It might take a few months after stopping to become pregnant

d. **It cannot be used while breastfeeding**

e. I don't know

18. Which of the following birth control methods may be reversed if you decide you want to become pregnant?

a. Tubal ligation ("tying your tubes" or "cutting your tubes")

b. Essure coils

c. Vasectomy

d. **IUD (intrauterine device)**

e. I don't know

19. Which birth control method is not easily noticed by a partner?

a. **The IUD (intrauterine device)**

b. The vaginal ring

c. Male condom

d. Female condom

e. I don't know

20. A doctor places an IUD (intrauterine device) in what part of the body?

a. Fallopian tube

b. **Uterus**

c. Cervix

d. Vagina

e. I don't know

21. Which method of birth control is the best at preventing pregnancy?

a. **The IUD (intrauterine device)**

b. Depo-Provera ("the shot")

c. Male Condom

d. Withdrawal ("pull-out method")

e. They are all equally effective

f. I don't know

22. Which choice is FALSE about IUDs (intrauterine devices)?

a. Women of all ages may get an IUD

b. Women who have never had a baby may get an IUD

c. Women can have an IUD put in right after having a baby or having an abortion

d. **Women cannot get an IUD if they have ever had a sexually transmitted disease (STD)**

e. I don't know

23. A doctor places the birth control implant (Nexplanon) in what part of the body?

a. Thigh

b. Vagina

c. **Arm**

d. Buttock

e. I don't know

24. How soon after sex must the "morning after pill" (or Plan B) be used to be effective?

a. 1 h

b. 24 h

c. **5 days**

d. 20 days

e. I don't know

25. How can you get the emergency contraceptive pill called Plan B (or "the morning-after pill")?

a. If under age 18, you cannot get it, even with a prescription

b. If under age 21, you must have your parent go with you to the doctor for a prescription

c. All women must have a prescription, no matter her age

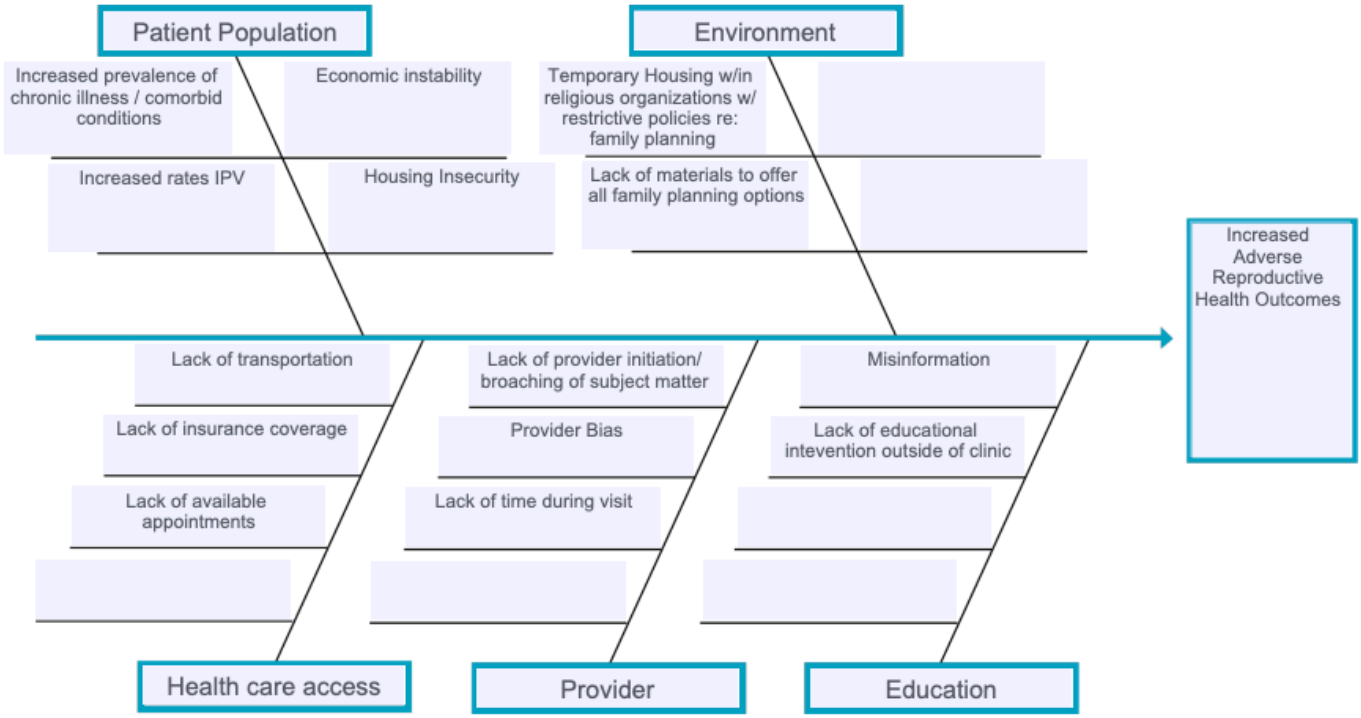
d. **You can buy it at the pharmacy, without a prescription, no matter what age**

e. I don't know

Haynes, M. C., Ryan, N., Saleh, M., Winkel, A. F., & Ades, V. (2017). Contraceptive Knowledge Assessment: Validity and reliability of a novel contraceptive research tool. *Contraception*, 95(open in a new window)(2(open in a new window)), 190–197. https://doi-org.liboff.ohsu.edu/10.1016/j.contraception.2016.09.002

**Appendix H**

Cause and Effect Diagram



**Appendix I**
**Project Timeline**

| | Jun | Jul | Aug | Sep | Oct | Nov | Dec-Mar |
|---|---|---|---|---|---|---|---|
| Finalize project design and approach (703A) | X | X | | | | | |
| Complete IRB determination or approval (703A) | | | X | | | | |
| Develop education session/surveys | | | X | X | X | | |
| Recruit Participants | | | | | | X | |
| Complete intervention | | | | | | | X |
| Final data analysis (703B) | | | | | | | X |
| Write sections 13-17 of final paper (703B) | | | | | | | X |
| Prepare for project dissemination (703B) | | | | | | | X |