
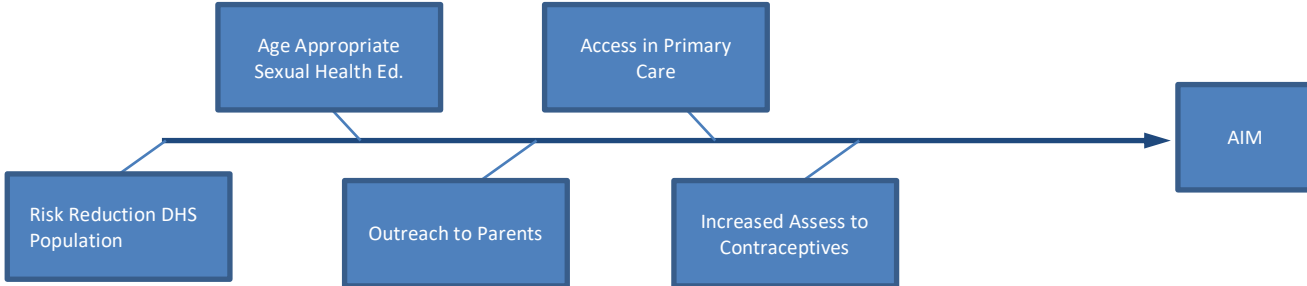


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		Description: Unintended Pregnancy	Value Stream ID:	Site / Location:	Event Number:	Revision:
		Sponsor: COHC	Process Owner/Team Lead: RMCH Workgroup	Facilitator: Donna Mills	Sensei:	
Current Date: Team Members:	1: REASONS FOR ACTION <input type="checkbox"/> Go <input type="checkbox"/> No Go	4: GAP ANALYSIS <input type="checkbox"/> Go <input type="checkbox"/> No Go		7: COMPLETION PLAN <input type="checkbox"/> Go <input type="checkbox"/> No Go		
	<p>Problem: Unintended pregnancies have significant risk for enduring negative health and financial consequences for women, women, and their families.</p> <p>Aim: Prevent Unintended Pregnancies</p> <p>Boundaries: Central Oregon</p>			<ol style="list-style-type: none"> 1. Development of campaign. 2. Tools for primary care providers to support service referrals 3. Plan for working with schools. 4. 		
	2: INITIAL STATE <input type="checkbox"/> Go <input type="checkbox"/> No Go	5: SOLUTION APPROACH <input type="checkbox"/> Go <input type="checkbox"/> No Go		8: CONFIRMED STATE <input type="checkbox"/> Go <input type="checkbox"/> No Go		
	<ul style="list-style-type: none"> • Effective contraceptive use among women of childbearing age in Central Oregon is 31.4. <ul style="list-style-type: none"> • Teen Pregnancy Rates 2016 (10-17) <ul style="list-style-type: none"> ○ Crook: 7.2/1,000 ○ Deschutes: 2.3/1,000 ○ Jefferson: 5.2/1,000 • Teen Pregnancy Rates 2016 (15-17) <ul style="list-style-type: none"> ○ Crook: 19.0/1,000 ○ Deschutes: 6.1/1,000 ○ Jefferson: 11.2/1,000 • Teen Pregnancy Rates 2016 (15-19) <ul style="list-style-type: none"> ○ Crook: 39.2/1,000 ○ Deschutes: 20.6/1,000 ○ Jefferson: 33.2/1,000 <p>See Attachment #1</p>	<p>IF WE:</p> <ul style="list-style-type: none"> • If we have community-based interventions for adolescents, then evidence support that we can expect reduction in unintended pregnancy. • If we have home-based interventions targeting low-income minority populations, then evidence supports that we can expect a reduction in unintended teen pregnancies. • If we have comprehensive risk-reduction interventions for adolescents, then evidence support that we can expect a reduction in unintended teen pregnancies. • If we have age-appropriate sexual health in schools, then evidence supports that we can expect a reduction in unintended pregnancies. • If we increase contraceptive access, then evidence supports that we can expect a reduction in unintended pregnancies. • If we conduct outreach and marketing, then evidence supports that we can expect a reduction in unintended pregnancies. <p>THEN:</p> <ul style="list-style-type: none"> • There will be a decrease in unintended pregnancies. <p>RESULTING IN:</p> <ul style="list-style-type: none"> • Improved health outcomes • Improved education outcomes • Improved pregnancy outcomes when planned 				
3: TARGET STATE: <input type="checkbox"/> Go <input type="checkbox"/> No Go	6: PID EXPERIMENTS <input type="checkbox"/> No Go		9: INSIGHTS <input type="checkbox"/> Go <input type="checkbox"/> No Go			
<ol style="list-style-type: none"> 1 2 3 4 5 6 7 8 9 	<p>Improvement Metrics:</p> <p>By 2019, increase contraceptive use among women of childbearing age in Central Oregon from 31.4% to 50%.</p> <p>By 2019, decrease teen pregnancy rates in each of Crook, Deschutes, and Jefferson counties by 2%-5%.</p>					