



# ICAN! Be A Reproductive Health Champion!

STRENGTHENING ACCESS TO REPRODUCTIVE CARE AND COVERAGE  
FOR YOUR COMMUNITY

# Learning Objectives



- **Serve as a reproductive health champion** by supporting your clients' rights to access affordable, high-quality reproductive care.
- **Integrate and apply learnings** from ICAN!'s 6-session training series to routinely integrate screening, education, and referrals for sexual and reproductive well-being into your workflows.
- **Resolve barriers to sexual and reproductive healthcare access** through available support and resources.

# Providing Person-Centered Reproductive Support and Care


*Six Session Training Series in Review*

# Session 1: Modern Contraception and Reproductive Justice

- **Apply a TRUER\* care approach** to educate clients on the full range of contraceptive options available today.
- **Implement routine screening** for contraceptive needs and desires.
- **CHW Core Competencies:** communication, interpersonal skills and relationship building, cultural competency, public health knowledge

## Modern Contraception and Reproductive Justice

### Foundational Webinar



**\*Trauma informed, Respectful, Unconscious bias aware, Evidence based, Reproductive well-being centered**

**ican! choose the birth control best for me**

In Illinois, anyone 12+ can get birth control and STI testing on their own. Ask your provider to help you find the method that's right for you.

Hormonal Methods						
	PILL	PATCH	RING	SHOT	PROGESTIN IUD	IMPLANT
<b>TRICKS TO REMEMBER</b>	91% effective	91% effective	91% effective	91% effective	91% effective	91% effective
<b>PREVENTS PREGNANCY</b>	At the same time daily	Weekly for 3 weeks, No patch 4th week	Insert anywhere in the vagina like a tampon, Rx required	Inject every 3 months	Insert into uterus via the cervix by a provider	Insert under skin in upper arm by provider
<b>USE</b>	Take daily by mouth, No required	Apply on the back, butt, belly, Rx required	Insert anywhere in the vagina like a tampon, Rx required	Inject every 3 months	Insert into uterus via the cervix by a provider	Insert under skin in upper arm by provider
<b>HORMONES</b>	Combined estrogen + progestin or progestin only	Estrogen + progestin	Estrogen + progestin	Progestin	Progestin	Progestin
<b>THE PROS</b>	Reduced PMS, cramps, bloating & acne. Lowest risk of reproductive cancer.	Reduced PMS, cramps, bloating & acne. Lowest risk of reproductive cancer.	Reduced PMS, cramps, bloating & acne. Lowest risk of reproductive cancer.	Reduced or no bleeding after several months.	Reduced or no bleeding after several months.	Reduced or no bleeding after several months.
<b>THE CONS</b>	Nausea, breast tenderness early on.	Nausea, breast tenderness early on.	Nausea, breast tenderness early on, some in first 3-6 months.	May change appetite, irregular bleeding and spotting early on.	Unpredictable spotting, irregular bleeding, may cause heavy cramps.	Unpredictable spotting, irregular bleeding, may cause heavy cramps.
<b>OTHER INFO</b>	Progestin only pills for those that cannot take estrogen.	Emergency spacing through daily hand-out, may affect skin.	Monthly and yearly rings. Can remove with sex but < 3 hours daily.	Longer time to return to baseline fertility.	Effective in EC within 5 days of unprotected sex.	Not viable as effective as EC within 5 days.

Non-Hormonal Methods						
	EXTERNAL CONDOM	INTERNAL CONDOM	WITHDRAWAL	FERTILITY AWARENESS	DIAPHRAGM, CAP, SPONGE	COPPER IUD
<b>PREVENTS PREGNANCY</b>	85% effective	79% effective	79% effective	74-88% effective	74-88% effective	94% effective
<b>USE</b>	Roll onto an erect penis	Insert into the vagina or anus	Remove penis before ejaculating	Daily tracking of temperature, vaginal mucus, and periods	Insert into vagina via the cervix by a provider	Insert into uterus via the cervix by a provider
<b>THE PROS</b>	ONLY method that prevents HIV/STIs. Paravaginal method for dual protection.	ONLY method that prevents HIV/STIs. Paravaginal method for dual protection.	Doesn't affect your cycle. Available anytime with no hormonal concern.	Doesn't affect your cycle. Over time, you may learn to predict ovulation.	Doesn't affect your cycle. Over time, you may learn to predict ovulation.	Doesn't affect your cycle. Over time, you may learn to predict ovulation.
<b>THE CONS</b>	Requires careful removal after each use. Add latex to avoid tears.	Requires careful removal after each use. Add latex to avoid tears.	Requires careful removal after each use. Add latex to avoid tears.	Must have regular ovulation. Not used if on hormonal birth control.	Must be inserted with spermicide. Effective in EC within 5 days of unprotected sex.	May increase cramps and bleeding. Effective in EC within 5 days of unprotected sex.

**PERMANENT METHODS**

**VASECTOMY: 99% EFFECTIVE**  
 Non-surgical procedure done at a clinic. Not reversible. No sexual desire. Normal sex after 10-12 weeks. Recovery time 1-2 weeks.

**TUBAL LIGATION: 99% EFFECTIVE**  
 Surgical procedure via belly button or small incision, done at a hospital. Not reversible. Recovery time 1-2 weeks.

**EMERGENCY CONTRACEPTION**

**THE MORNING AFTER PILL**  
 Two types: Plan B (one dose) and Ella (two doses). Available without Rx by any age. 72 hours after sex. May cause nausea & vomiting. Use within 72 hours.

**THE IUD**  
 Copper or progestin IUDs are more effective than EC pills. Insertion should be done by a provider. Effective in EC within 5 days of unprotected sex.

# Session 2: Routine screening for Reproductive Well-Being

- **Integrate** routine screening for contraceptive needs and desires alongside STI/HIV prevention and education into your workflow.
- **Practice** person-centered communication to strengthen TRUER care delivery.
- **CHW Core Competencies:** communication, interpersonal skills and relationship building, cultural competency, public health knowledge

## Sexual and Reproductive Well-Being Assessment

### 5 P's to Capturing Sexual Health History

*Adopted from the CDC 5 P's framework.*

**Partners**  
Are you currently having sex? In recent months, how many partners have you had? What is your partner(s) gender?


**Practices**  
What kinds of sexual contact do you have, or have you had? What parts of your body are involved when you have sex?

**Protection from STIs**  
Do you and your partner(s) discuss STI prevention? How often do you use condoms? Have you heard about PrEP/PEP/DoxyPEP?

**Past History of STIs**  
Have you ever been tested for STIs or HIV? Would you like to be tested while you're here today?

**Pregnancy Intention**  
Understand client's contraceptive needs and desires through a question like:

- ▶ **One Key Question (OKQ)**  
Would you like to become pregnant within the next year?
- ▶ **Self-Identified Need for Contraception (SINC)**  
Do you want to talk about contraception or pregnancy prevention during your visit today?
- ▶ **Parenting/Pregnancy Attitudes, Timing & How Important (PATH)**
  - Q1: Do you think you might like to have (more) children at some point?
  - Q2: When do you think that might be?
  - Q3: How important is it to you to prevent pregnancy (until then)?
  - Q4: What else is important to you in your birth control method?
    - Confidential/private
    - Helps with heavy periods
    - Helps with bad cramps
    - Start/stop on my own
    - Protection from STIs/HIV
    - Stops/decreases monthly bleeding
    - Helps with medical condition
    - Hassle-free (no daily/weekly reminder)
    - No hormones



# Session 3: The HFS Family Planning Program

- **Educate clients on eligibility and services** covered under Illinois Medicaid for Family Planning Program (“FPP or FPPE”).
- **Connect clients to providers** offering immediate coverage enrollment.
- **CHW Core Competencies:** service coordination and navigation skills, understanding of health systems



# Session 4: Leveraging Medicaid to Advance Reproductive Well-Being

- **Maximize Medicaid coverage** for all people of reproductive age.
- **Identify person-centered counseling practices** to support access to no-cost contraception in the postpartum period.
- **CHW Core Competencies:** service coordination and navigation skills, understanding of health systems

## What happens after Moms & Babies coverage ends?

The **HFS Family Planning Program (HFS FPP)** ensures moms and families have the coverage they need to access preventive and primary care after Moms & Babies coverage ends 12 months postpartum. Here are the ABCs of the FPP:

### **A** SSESS eligibility for coverage. Does the patient:

- Live in and is a resident of Illinois?
- Earn less than \$3,500 a month before taxes as an individual income?
- Not already have public benefits (i.e. Medicaid)?

If yes, this patient may qualify for the **HFS FPP**. Open to patients of any gender (including Dads!) or age, this program includes an immediate, temporary coverage option called Family Planning Presumptive Eligibility open to patients regardless of immigration status. Coverage is also open to patients who have private insurance that they can't or don't want to use because of privacy or cost concerns.

### **B** UILD AWARENESS of covered services.



Being physically and mentally healthy is foundational for parenting. The **HFS FPP** covers a wide range of primary care services including annual exams, cancer screenings, family planning counseling, referrals to behavioral health/substance use services, preconception education, and all options counseling for mistimed/untimed pregnancies. Scan the QR code for a full list of covered services.

### **C** ONNECT clients to needed coverage AND care.

ICAN!'s health center partners understand the complexities of managing a new family and are trained to provide person-centered care before, after, and in-between pregnancies. Scan the QR code to refer a patient to an ICAN! partner health center offering all birth control methods at low or no cost.



To learn more about the HFS FPP and access free trainings and educational materials visit [www.ican4all.org](http://www.ican4all.org).

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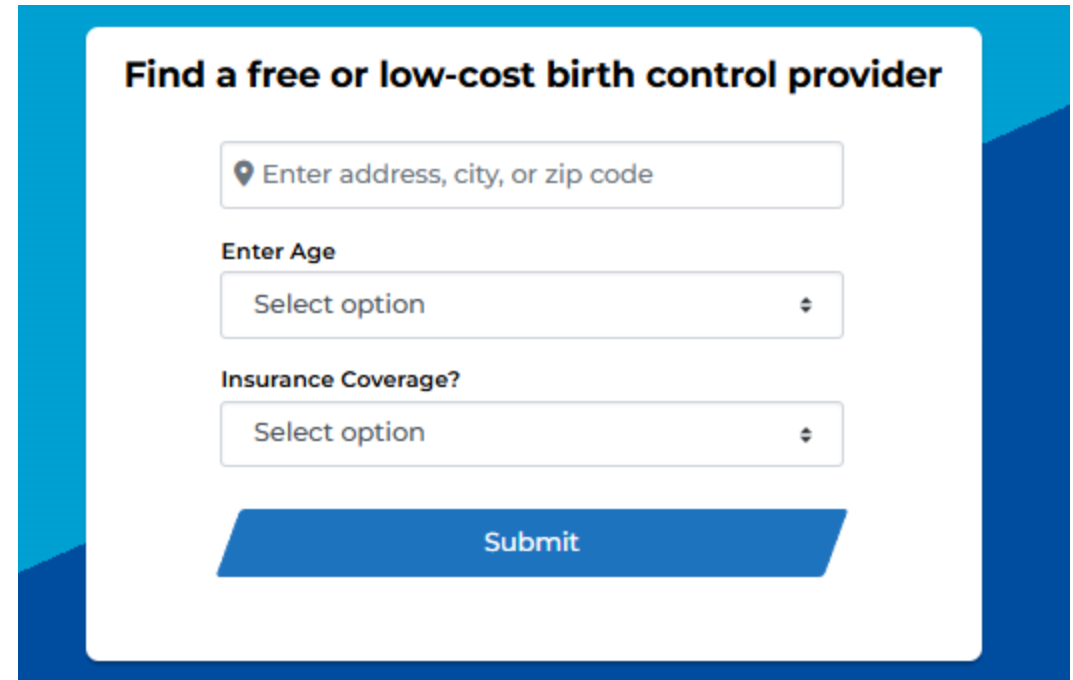
# The role of the Family Planning Program amidst changes to federal Medicaid

- H.R.1/ “One Big Beautiful Bill” passed in July 2025 means that there will be changes to federal Medicaid in the months/years ahead.
- Federally, Family Planning Medicaid is not subject to 6 months redeterminations and is not subject to work requirements.
- Inform clients going through redeterminations of the opportunity to get presumptive eligibility for immediate, temporary coverage to ensure there is no loss of/gap in coverage.
- Ensure people who may lose Medicaid coverage (rolling off expanded coverage, Moms and Babies ending) are educated about and connected to providers who can enroll them in Family Planning Medicaid.



# Session 5: Connecting Communities to Sexual and Reproductive Care and Coverage

- Strengthen understanding** of Reproductive Justice and contraceptive equity.
- Connect clients** to low or no cost sexual and reproductive health services.
- CHW Core Competencies:** service coordination and navigation skills, understanding of health systems



The screenshot shows a web form with a white background and a blue border. The title "Find a free or low-cost birth control provider" is in bold black text at the top. Below the title are three input fields: a text box with a location pin icon and the placeholder "Enter address, city, or zip code", a dropdown menu labeled "Enter Age" with the text "Select option", and another dropdown menu labeled "Insurance Coverage?" with the text "Select option". At the bottom of the form is a blue button with the word "Submit" in white text.

# Session 6 (Today!): Putting your learnings into practice

## What happens after Moms & Babies coverage ends?

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### **A**SSess eligibility for coverage. Does the patient:

- Live in and is a resident of Illinois?
- Earn less than \$3,500 a month before taxes as an **individual** income?
- Not already have public benefits (i.e. Medicaid)?

If yes, this patient may qualify for the **HFS FPP**. Open to patients of any gender (including Dads!) or age, this program includes an immediate, temporary coverage option called Family Planning Presumptive Eligibility open to patients **regardless of immigration status**. Coverage is also open to patients who have private insurance that they can't or don't want to use because of privacy or cost concerns.

### **B**UILD AWARENESS of covered services.

Being physically and mentally healthy is foundational for parenting. The **HFS FPP** covers a wide range of primary care services including annual exams, cancer screenings, family planning counseling, referrals to behavioral health/substance use services, preconception education, counseling for mistimed/untimed pregnancy, and a code for a full list of covered services.

### **C**ONNECT clients to needed coverage AND care.

ICAN's health center partners understand the complexities managing a new family and are trained to provide person-centered care before, after, and in-between pregnancies. Scan the QR code to refer a patient to an ICAN! partner health center offering all birth control methods at low or no cost.

To learn more about the HFS FPP and access educational materials visit [www.icanillinois.org](http://www.icanillinois.org)

## ican! choose the birth control best for me

In Illinois, anyone 12+ can get birth control and STI testing on their own. Ask your provider to help you find the method that's right for you.

### Hormonal Methods

	PILL	PATCH	RING	SHOT	PROGESTIN IUD	IMPLANT
THICKENS CERVICAL MUCUS & PREVENTS OVULATION	92% effective	91% effective	91% effective	94% effective	99% effective	99% effective
FREQUENCY	At the same time daily	Weekly for 3 weeks, No patch 4th week	Wear three weeks, remove 4th week	Every three months	Every 3-7 years	Every two years
USE	Take daily by mouth, Rx required	Apply on the back, butt, belly, Rx required	Insert vaginally in the vagina (like a tampon), Rx required	Inject into arm, but, belly, usually by a provider	Inserted into uterus via the cervix by a provider	Inserted under skin in upper arm by provider
HORMONES	Combined (estrogen + progestin) or progestin only	Estrogen + progestin	Estrogen + progestin	Progestin	Progestin	Progestin
THE PROS	Reduced PMS, cramps, bleeding & acne. Lowers risk of reproductive cancers.	Reduced PMS, cramps, bleeding & acne. Lowers risk of reproductive cancers.	Reduced PMS, cramps, bleeding & acne. Lowers risk of reproductive cancers.	Reduced or no bleeding after several months.	Treatment for heavy periods, bleeding, or pain. Menstruation after several months.	Reduced or no bleeding after several months.
THE CONS	Nausea, breast soreness early on.	Nausea, breast soreness early on. One color-change.	Nausea, breast soreness early on, some in blisters if >3 months.	May change appetite, irregular bleeding, and spotting early on.	Increased vaginal discharge, heavier periods may cause heavy cramps.	Unpredictable spotting, mood changes, mild pain with insertion.
OTHER INFO	Progestin-only pills for those that cannot take estrogen.	Hormones secreted through skin; may irritate skin.	Monthly and yearly rings. Can remove with sex but <3 hours daily.	Longer time to return to baseline fertility.	Effective as EC within 5 days of unprotected sex.	Not visible to others but you can feel it.

### Non-Hormonal Methods

	EXTERNAL CONDOM	INTERNAL CONDOM	WITHDRAWAL	FERTILITY AWARENESS	DIAPHRAGM, CAP, SPONGE
PREVENTS SPERM FROM	78% effective	78% effective	78% effective	78-88% effective	78-88% effective
USE	Every time you have sex	Every time you have sex	Every time you have sex	Daily tracking of temperature, vaginal mucus, and periods	Every time you have sex, during and for a few hours after
OTHER INFO	Doesn't affect your cycles. Available to anyone with a cooperative partner.	Requires control to be able to use it. Available to anyone with a cooperative partner.	Requires control to be able to use it. Available to anyone with a cooperative partner.	Must have regular cycles. No sex for one or two days during the fertile days.	Must be used with spermicide foam or gel which may irritate the vagina.

### Emergency Contraception

**THE MORNING AFTER PILL**  
Two types: 1) Plan B (comes in many names) any age. 2) Ella (requires Rx and is best if >1 irregular period. Take ASAP within 5 days of sex.)

**RU-486**  
Copper or progestin IUDs are more effective than any other method. Should be used within five days of unprotected sex for 7-12 years after use as EC.

## Modern Contraception and Reproductive Justice

### Foundational Webinar



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### Find a free or low-cost birth control provider

Enter address, city, or zip code

Enter Age

Select option

Insurance Coverage?

Select option

Submit



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# ICAN! Connect You:

The ICAN! Connect You form will help you put your learnings into practice, focusing on three key actions.



# 1. Screening and counseling using a TRUER approach

How have you historically started conversations on contraception with your clients? What changes might you make to starting these conversations using a TRUER approach?

What is one thing you learned about birth control options available today? Did anything surprise you?

## Contraceptive Screening Questions

- PATH: Do you think you might like to have (more) children at some point?
- One Key Question: Would you like to become pregnant within the next year?
- Self-identified need for Contraception: Do you want to talk about contraception or pregnancy prevention during your visit today?

# Available Resource: ICAN! Birth Control Quiz

- Do you think you might like to have (more) children at some point?
- When do you think that might be?
- How important is it to you to prevent pregnancy until that time?
- What other features are most important to you when selecting a birth control method?

### Take the Birth Control Options Quiz

Bodily autonomy means the ability to own your own body and to make your own choices to protect your freedom, your health, and your future.

Whether you're using birth control to prevent pregnancy, protect against STIs, manage a health condition, or confirm your gender identity—or whether you're not using birth control at all—we believe that there's only one person who should have the final say in that decision—YOU.

**Take our quiz to learn more about your options**, and use our provider finder tool to get an appointment if you want one!

[Start Birth Control Quiz](#)



### **SCENARIO ONE:**

I am a 30-year-old woman with three children. I had my last child two years ago, and while I'm not currently trying to get pregnant, I would be ok with adding one more child to our family. I'm open to using birth control but don't want anything with hormones.

### **SCENARIO 2:**

I'm a 22-year-old student. I have a boyfriend and am sexually active. I do not want children for at least five years – it is very important to me to focus on finishing school, getting a job, and paying off my student loans first. I would prefer a method I can set and forget without daily reminders and that I know will work without me having to remember to take it.

## 2. Educating clients on contraceptive coverage.

What would you share with clients interested in accessing birth control, STI care, HIV prevention, mammograms, or reproductive care but worried about cost?

What additional resources would help you to spread awareness on this program with your clients and community?



# Available Resource: Family Planning Medicaid Eligibility Quiz

- Do you live in Illinois?
- Do you currently have public health insurance coverage?
- What is your individual annual income before taxes?

## See if you Qualify for Free Birth Control

People of all ages and genders can get coverage for birth control, STI/STD testing and treatment, and other services with no out-of-pocket cost!

Answer a few questions and we'll tell you if you qualify for free birth control and other sexual and reproductive health care benefits.

Take our quiz below to learn more!

Start the Quiz (English)

Comienza el cuestionario (Español)





### **SCENARIO ONE:**

I am a 28-year-old woman and new arrival that lives in Champaign, Illinois. I am working part time and make about \$500 per week. I'd like to get an arm implant but was told it was \$500 which is too expensive for me to pay out of pocket.

### **SCENARIO 2:**

I am a 24-year-old man and U.S. citizen that lives in Chicago, Illinois. I am still on my parents' private health insurance. I'd like to get an STI test, but don't want my parents to find out and am not currently employed so can't afford to pay out of pocket.

### 3. Connecting a client to a provider.

- What is your current process for making referrals to area healthcare providers? How do you think you might use this resource?
- Is there anything that would make the Provider Finder more accessible to you and your clients?



# Available resource: Recommend a Health Center

- Text/email your client information on scheduling their appointment.
- Clients will receive reminders and an invitation to share feedback on their visit.

### Find a free or low-cost birth control provider

Everyone should have access to birth control. The providers in this search are committed to working with you to get you the birth control method you want, no matter your financial circumstances.

Enter Age

Select option

Insurance Coverage?

Select option

Submit

### Already know what provider you'd like to recommend?

[Go to the Recommend a Provider Form](#)

### **SCENARIO ONE:**

I'm looking for birth control in my community. I live in Chicago and my zip code is 60647. I'm 22 years old and am not sure if I have health insurance. Can you help me find a provider near me?

### **SCENARIO 2:**

Enter the zip code or your community! What is the closest health center near you? If there is not health center in your immediate area, what's the closest health center you can find that offers telehealth birth control appointments?

# Open Discussion

*Reflections? Questions? Wishes? We want to hear from you!*

# Next Steps

- *If (when!) you've completed all six sessions, we will email you certificate of completion to the email you registered with.*
- *Please also take 5 minutes to completed the survey below – your feedback helps us improve our trainings in the future!*

