

Reproductive Health Free Clinic Toolkit

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Introduction

Lack of health insurance and costly health care are barriers that currently prevent many people from receiving even basic preventative services. In the United States, [1 in 9 women of reproductive age \(11.6%\) are uninsured; 1 in 18 children under 19 years of age \(5.5%\) are uninsured](#). While these percentages have decreased over time, communities with the greatest needs for high-quality and affordable sexual and reproductive health care are still without access.

In the United States, Free Clinics ([over 1400 as of 2023](#)) play an important role in providing primary care to the uninsured. Integrating comprehensive sexual and reproductive health care into these facilities would greatly expand access to the populations most in need. Additionally, medical students, nursing students, and family medicine residents have few opportunities for training in comprehensive sexual and reproductive health care, including abortion, so these clinics, many of which are run by medical students, nursing students, and residents, could provide crucial training and fill an educational gap.

In 2008, the Reproductive Health Access Project (RHAP) partnered with the [New York City Free Clinic](#), the Institute for Family Health, and NYU School of Medicine to integrate reproductive health services. The goals of the [Women's Health Free Clinic](#) (WHFC) are: 1) to educate medical students and residents in patient-centered, evidence-based reproductive health care, 2) to provide uninsured women and teens and other pregnancy-capable people with free high quality, full-spectrum reproductive health care and 3) to enroll uninsured women and pregnancy-capable people into benefit programs when they are eligible. WHFC became the nation's first comprehensive, free, student-run women's health clinic when it opened in February 2008. By expanding this model nationwide, RHAP hopes to provide services to populations with the greatest barriers to accessing sexual and reproductive health care and increase training opportunities for medical and nursing students and residents to learn how to provide patient-centered, evidence-based, comprehensive sexual and reproductive health services to their patients.

This toolkit contains tools and suggestions on integrating comprehensive sexual and reproductive health services into an existing free clinic. The model presented is based on the Women's Health Free Clinic (WHFC) that is part of the [New York City Free Clinic](#).

I. Establishing a Planning Committee

Adding a sexual and reproductive health (SRH) service to an existing free primary care clinic involves more than just adding clinical services – it involves changing the clinical culture. This and that, in turn, requires at least one committed individual to serve as the organizing advocate and change agent, or champion.

1. Identify at least one point person who will be the champion and is committed to seeing the process through to completion.
2. Develop a Planning Committee (Possible planning committee members: current medical students and nursing students, leadership from local chapters of Medical Students for Choice, health professionals from the community, and members of key collaborating organizations like community-based patient advocate groups and/or reproductive justice organizations)
3. Schedule regular meetings of the Planning Committee. At each meeting, assign concrete tasks that will help you move forward, and make sure that a detailed summary of the meeting goes to each Committee member. Assign one person to take and disseminate minutes regularly, and send reminders about meetings and conference calls.
4. Track your victories. Implementing a Reproductive Health Free Clinic requires completion of a series of concrete steps – note each accomplishment to keep Planning Committee members engaged and key allies supportive.

Case Study: The Planning Committee for the Women’s Health Free Clinic met for the first time in the Spring of 2005. The meeting was attended by 10 medical students representing 4 different medical schools, 6 residents, 2 faculty and 5 interested advocates from 4 different organizations: RHAP, National Network of Abortion Funds, Planned Parenthood, and the NY Civil Liberties Union reproductive rights group). After several months of meeting and planning, it was clear that launching the clinic would take longer than originally anticipated. In order to keep the planning group engaged and interested, the group broke down the work into smaller, easier-to-implement projects. The residents wrote a mission statement for the administration of the community health center that housed the already established, medical student run free clinic. The medical students each went back to their respective medical schools to see how they could volunteer in the free clinic. The residents organized [Papaya workshops](#) (demonstrations of how manual vacuum aspiration is used for early abortion) for the medical students working at the free clinic. The faculty and RHAP began to investigate funding sources for a reproductive health free clinic.

The planning committee should focus on:

- Developing the mission of the Reproductive Health Free Clinic

- Determining who the clinic will serve? Who is your target population? (ages, gender identities, insurance status) What are your eligibility guidelines?
- Determining the scope of services the clinic will offer (see Section II, Services)
- Proposing a staffing model for the clinic (see Section III, Staffing)
- Locating space and determining the times the clinic will be open
- Researching available resources, including no and low-cost resources (see Section VIII, Identifying Resources)
- Developing a budget and identifying fundraising opportunities (see Section IV, Budget and Fundraising)
- Engaging collaborating partners, staff, and institutional leadership

II. Services

Ideally, the scope of services provided by the clinic should reflect the needs of the population it will be serving. Consider offering these services that are most often needed by pregnancy-capable people of reproductive age:

- Health insurance eligibility screening and facilitated enrollment
- Blood pressure screening
- Breast cancer screening (over age 40)
- Cholesterol and diabetes screening for high-risk individuals
- Contraceptive counseling and management
 - Complete contraception options counseling
 - Depo-Provera injections
 - IUD insertion and removal
 - Implant insertion and removal
 - Provision of birth control pills, patch, ring, condoms, diaphragms, etc.
 - Provision of emergency contraception (levonorgestrel, ulipristal acetate)
- Colposcopy
- Early pregnancy loss management (expectant, medication, and procedural)
- Endometrial biopsy
- Immunizations
- Management of chronic conditions such as asthma, high blood pressure, high cholesterol, and obesity
- Management of gynecologic complaints, such as vaginitis or irregular bleeding

- Medication abortion and procedural abortion where legal
- Mental health counseling (depression, substance abuse, domestic violence, etc.)
- Pap smears and management of abnormal results, including colposcopy
- Preconception counseling
- Pregnancy options counseling
- Referral for prenatal care
- STI screening and treatment
- Ultrasound for early pregnancy dating

When determining the scope of services, also consider the resources necessary to provide them. Develop a “resources needed” list.

- **Equipment needs**
 - colposcope
 - cryotherapy for wart treatment
 - IUD, implant, or endometrial biopsy equipment
 - microscope for wet mounts
 - private rooms with exam tables and drapes for pelvic exams
 - refrigerator for some vaccines and medications
 - secure storage for medications and other supplies
 - speculums, lubricant
 - ultrasound machine
- **Laboratory testing**
 - Biopsies (cervical or endometrial)
 - Cholesterol and blood glucose
 - Fingerstick hemoglobin
 - Gonorrhea and chlamydia urine or cervical swabs
 - HIV rapid or blood test
 - Pap smear with or without HPV testing
 - Quantitative HCG
 - Rh typing
 - RPR, hepatitis testing
 - Urine pregnancy tests
- **Clinician expertise**
 - Colposcopy
 - Early pregnancy ultrasound
 - Endometrial biopsy
 - IUD / implant insertion and removal

- Manual vacuum aspiration
- Medication abortion

- **Medications**

Contraception

- Depo-Provera 150mg injectable
- Nexplanon
- NuvaRing (must be kept refrigerated)
- Oral Contraceptive Pills: whichever formulations are available at the lowest cost
- OrthoEvra transdermal patch
- Levonorgestrel 1.5 mg (Plan B)
- Ulipristal Acetate (Ella)
- Levonorgestrel IUDs: Mirena, Skyla, Kyleena, Liletta
- Copper IUD: Paragard
- Ibuprofen (pain management prior to IUD insertion or other procedure)

Immunizations

- Hepatitis A and B
- HPV vaccine
- MMR, etc.
- Tetanus

Infectious Disease

- Acyclovir or valacyclovir (herpes infections)
- Azithromycin 250 or 500mg tabs (chlamydia)
- Bactrim DS 160/800mg tabs (urinary tract infections)
- Ceftriaxone 125mg injectable (gonorrhea, PID)
- Doxycycline 200mg tabs (chlamydia, PID)
- Fluconazole 150mg tabs (yeast infections)
- Liquid nitrogen for cryotherapy (warts)
- Metronidazole 500mg tabs (bacterial vaginosis, trichomonas, severe PID)

Medication Abortion / Early Pregnancy Loss Management

- Mifepristone 200mg tabs
- Misoprostol 200mcg tabs

Though some of these resources may not be readily available, many can eventually be obtained through collaboration with partners, fundraising, and creative problem solving. For those services, which the clinic is not, able to offer on-site, however, a referral system can be developed. Colposcopy, IUD insertion and removal, and abortion care, in particular, are the most difficult services for uninsured and underinsured people to access at affordable prices. If these services are not offered at your clinic, it is important to have detailed referral information, which includes cost, to give to the patients. Also look into state-based insurance programs that you can assist your patients sign up for in-office. For more information on Social Services, Clinical Resources and Identifying Resources see the sections below.

III. Staffing the Clinic

Students and other volunteers or interns fill many of the staffing needs of a free clinic, keeping staffing expenses to a minimum. Student volunteers may come from a variety of backgrounds including medicine, nursing, pharmacy, public health, and social services. Undergraduate volunteers may also fill roles such as scheduling, registration and translating. Consider recruiting volunteers and interns from groups interested in SRH and underserved medicine, such as existing Free Clinics, [Medical Students for Choice](#), [American Medical Students Association](#), Schools of Social Work and Family Medicine, and OB/GYN interest groups. To ensure reliable attendance and to assure malpractice coverage, some schools will provide elective credit for the student volunteers working at a free clinic.

- **Clinical Volunteers:** A common model for delivering patient care is for a team of two student volunteers, at different levels of training, to see each patient. Typically each clinical team sees between 2 and 4 patients per session, and reviews each patient with a supervising clinician.
- **Laboratory:** Labs can be drawn by the clinical teams or by a dedicated lab team. Develop systems for delivering the specimens to the lab and for getting results to the patients. Consider having a protocol for screening labs so that expensive tests are not ordered unnecessarily.
- **Patient Educators:** Though counseling can be done by the clinical team, having a separate volunteer dedicated to patient education can allow for more time and higher quality patient education. Social work and counseling interns can provide this service, for example, or community peer educators can be trained.
- **Referral / Follow-Up Coordinator:** Establish a system for how referrals will be handled for services not offered by the free clinic. As navigating the healthcare system can be especially difficult for uninsured and underinsured patients, designating a point person to help clients through this process will increase the chance that they receive the care they need.
- **Scheduling / Registration:** Determine whether your clinic will see patients on a walk-in basis, by appointment, or both. Assign staff to schedule patients and register them when they arrive.
- **Social Services:** Adding staff members to provide screening for insurance eligibility and facilitated enrollment in insurance and patient assistance programs will greatly increase the impact of your clinic and decrease its expenses. Social services staff can also provide a variety of other important services such as HIV counseling and screening for intimate partner violence, substance use disorder, and depression.
- **Supervising Clinicians:** Licensed clinicians must oversee the clinical care provided by the volunteer clinical teams. These “preceptors” may be attending physicians, nurse

practitioners, or physician assistants. Ensure that the preceptors have malpractice insurance that covers their work in the free clinic.

- **Translators:** Needs depend on the patient population. Consider recruiting in-person translators from local undergraduate campuses or using translation services.

IV. Developing a Budget and Funding your Clinic

Once you have determined the scope of services, the staffing model, the days and times you will be open, and the number and type of patients you will be serving and which free resources you have available you are ready to start developing a budget.

Fundraising to support the expenses of the clinic is essential. Local foundations may be willing to give start-up grants, others are willing to give multi-year grants. However, most foundations require that funds be awarded to federally tax-exempt organizations. If your free clinic is not a 501c3 organization, your clinic will need to develop a fiscal partnership with an appropriate non-profit in order to be eligible for foundation funding. The [Foundation Center](#) is a great resource for identifying possible sources of foundation support.

While grant-writing for foundation support may seem like a huge task, it is easy to recruit someone with grant writing experience to walk you through the steps. The key is to find foundations that fund SRH, study the guidelines, make a connection with the foundation personnel, and let your passion and vision come through in your grant proposal.

Medical and nursing students can help organize fundraising events to which they invite clinicians and other individuals affiliated with their school who make donations. The expenses can be kept low in states that have broad entitlement programs, like the family planning benefit fund, Medicaid expansion, or a cancer services funding program. The 340B program is federal, and covers medications for uninsured, very low income patients. See Identifying Resources in Section VIII for more information.

The template below will help you develop your budget. The excel file contains two separate worksheets that contain sample data. These will differ for your site depending upon volume, services provided, etc. To calculate your Reproductive Health Free Clinic's annual budget fill out the highlighted fields in the Preliminary worksheet first. Then fill in the highlighted fields in the Budget worksheet to complete the budget.

[Download budget template](#) (Excel document)

V. Sample Teaching Curriculum

A student-run free clinic presents a strong opportunity for training medical and nursing students in patient-centered, evidence-based, and comprehensive SRH. Setting aside some didactic time during the clinic session will ensure time to focus on training. Sample discussion topics include:

- [Well-person exam](#)
- [Values clarification](#)
- [Patient-centered contraception counseling](#)
- Long-acting reversible contraception [basic](#) and [advanced](#) care
- Cervical cancer screening guidelines and management of abnormal pap smears
- STI screening and treatment
- [Pregnancy options counseling](#)
- [Ultrasound for dating early pregnancies](#)
- Medication abortion: [protocol](#) and [management of follow-up questions](#)
- [Early pregnancy loss management](#)
- [Papaya workshop for uterine aspiration](#)
- [Self-managed abortion](#)
- [Gender-affirming reproductive health care](#)

Some teaching resources for SRH topics can be found at:

- [Reproductive Health Access Project Training Resources](#)
- [TEACH Abortion Training Workbook](#)
- [Innovating Education](#)
- [Reproductive Health National Training Center](#)
- [Clinical Training Center for Sexual and Reproductive Health](#)
- [National LGBTQIA+ Health Education Center](#)

VI. Social Services Resources

Schools of Public Health and Schools of Social Work can be a valuable source of volunteers and interns. Referrals, screening, counseling, and mental health are all services that these professionals can offer people at your clinic.

- [Options counseling information](#)
- [Guttmacher Institute State Briefs on Services and Finances](#): State by state information on Medicaid coverage of abortion and Medicaid Family Planning Eligibility Expansions.
- The [National Institute for Reproductive Health](#) may be able to help you identify public insurance programs in your area and connect with other local advocates and resources.

VII. Resources for Clinicians

- Contraception:
 - [QuickStart](#): Algorithm for initiating birth control on the same day as the office visit
 - [Medical Eligibility Criteria for Initiating Contraception](#): Relative and absolute contraindications for the various methods
- Management of abnormal pap smears: [ASCCP Consensus Guidelines](#)
- [Medication Abortion](#): Guidelines, protocols, patient education materials, clinical forms and administrative information for providing medication abortion in your practice
- STI Screening and Treatment Guidelines
 - [CDC Treatment and Screening Guidelines](#)
 - [CDC Expedited Partner Therapy](#)
- [U.S. Preventative Services Task Force Guidelines](#): An independent panel of experts in primary care and prevention that systematically reviews the evidence of effectiveness and develops recommendations for clinical preventive services

VIII. Identifying Existing/Free Resources

In addition to fundraising, it is important to take advantage of free and low cost resources. The following are resources for providing free or low cost services. By subsidizing some of the cost, they may allow your clinic to offer services that would otherwise be prohibitively expensive. Determining eligibility and enrolling patients in these programs can be time consuming and requires coordination between clinic staff, patients and the various program. For this reason, it is helpful to have systems in place and a point person in charge of using these resources.

- **Abortion**

While abortion is banned or severely restricted in 20 states, resources exist in protected states and throughout the US to assist people seeking abortion care get the services they need. Stay up-to-date on state and federal abortion policies through the [Guttmacher Institute](#). State-funded Medicaid covers abortion for low-income people in 17 states: AK, CA, CT, HI, IL, MA, MD, ME, MN, MT, NJ, NM, NY, OR, RI, VT, WA. Some states have other exceptions beyond Hyde Amendment federal exceptions, like for the physical health of the pregnant person or fetal impairment.

National and local practical support organizations and abortion funds play critical roles in supporting people access and afford abortion services in or outside their home state. [Apiary for Practical Support](#) is a national organization that helps groups provide logistical assistance to people getting abortions. [The National Network of Abortion Funds](#) is an association of organizations providing financial and logistical support to people seeking abortions. Abortion funds and practical support organizations exist for all states.

- **Cervical and Breast Cancer Screening**

[National Breast and Cervical Cancer Early Detection Program](#): CDC program providing free cervical and breast cancer screening to low-income, uninsured people. Visit the website for a list of participating sites in your state and for information on how to become a participating site.

- **Contraception**

[Title X family planning program](#) administered through HHS Office of Population Affairs provides family planning providers funding to help cover the cost of providing voluntary family planning services and related preventive health services to low-income or uninsured individuals. The Affordable Care Act covers one type of birth control from each of the 18 FDA-approved categories of birth control without charging a co-payment or co-insurance.

Condoms

- Often available for free from your local Department of Health

Depo-Provera

- [Pfizer Patient Assistance Program](#): Provides Depo-Provera at discounted price

Intrauterine Devices

- [Bayer](#): Patient Assistance Program for Kyleena, Mirena, and Skyla IUD at no cost for eligible patients

- [LILETTA Patient Savings Program](#)

- **Immunizations**

[Free Vaccine for Children Program](#): Provides free vaccines to children under age 18.

[Merck Vaccine Patient Assistance Program](#): Provides free vaccines for adults, including Gardasil, MMR, Pneumovax, Varicella, Herpes Zoster, Hepatitis A and Hepatitis.

- **Prenatal care**

Pregnant people in every state can get help to pay for prenatal care. For information on programs in your state visit the Department of Health and Human Services [Office on Women's Health website](#). Or call 800-311-BABY (800-311-2229). This toll-free telephone number will connect you to the Health Department in your area code.

- **Prescription medication coverage**

[340B Drug Pricing Program](#) is available for HRSA-supported health centers and look-alikes, Ryan White clinics and State AIDS Drug Assistance programs, Medicare/Medicaid Disproportionate Share Hospitals, children's hospitals, and other safety net providers. The program allows safety-net providers to obtain and provide outpatient drugs, like contraceptives and others, at a discounted rate.

- **Public Insurance Programs**

It is important to identify all public health insurance programs available to pregnancy-capable people and adolescents in your state. Many states have locally-funded programs providing family planning or reproductive health services to people who are uninsured and underinsured. Your local Department of Health can provide more information about city- and/or state-based public health insurance programs. Screening and enrolling patients is a critical public health service your clinic will provide and may also serve as a source of revenue for your program.

IX. Patient Education Materials (available to download)

- [Your Birth Control Choices](#)
 - [IUD Fact Sheet](#)
 - [EC: Which EC is right for me?](#)
 - [Early Abortion Options](#)
 - Other RHAP Patient Education: [Info Sheets](#), [User Guides/Take-Home Sheets](#), and [Zines](#)
 - [STI information from the CDC](#)
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X. Helpful Links (other online resources)

- [American Student Medical Association](#)
- [National Association of Free and Charitable Clinics](#)
- [Medical Students for Choice](#)
- [Mentoring for service-delivery change: A trainer's handbook](#)
- [National Network of Abortion Funds](#)
- [Apiary for Practical Support](#)