

Better Women's Health Training for Every FQHC

Heritage Health | A proposed national effort

Mike Baker, CEO, Heritage Health | NWRPCA/CHAMPS conference

The goal

Help community health centers become a trusted first source for exceptional women's healthcare throughout life by giving the whole team practical training, clear care pathways, and support to follow through. Women's health extends well beyond pregnancy and childbirth; our preparation should reflect that breadth.

What the program could cover

A broad curriculum would address adolescent and menstrual health; endometriosis and persistent pelvic pain; sexual and reproductive health, contraception, and fertility concerns; pregnancy and postpartum care within each center's scope; perimenopause, menopause, and healthy aging. Preventive care, behavioral health, trauma-informed care, and access would run throughout. Priorities and sequencing would be developed with clinicians and patients.

A practical framework for the whole team

Shared foundation: Respectful listening, recognition of concerns, language access, and appropriate routing for every staff member.

Learning by role: Focused modules for front desk staff, medical assistants, nursing and care coordination, behavioral health, clinicians, and leaders.

Learning that fits the work: Short sessions, realistic cases, team discussions, and refreshers, with options for rural sites and different shifts.

Care that moves forward: Locally defined next steps, referral relationships, named responsibility for follow-up, and support for access barriers.

Feedback and improvement: Assess learning and track whether patients receive a clear plan, understand next steps, and complete needed follow-up; monitor staff workload and equity.

How we could begin

Bring together interested FQHCs, primary care associations, clinical educators, and patients to agree on priorities. Adapt the structure of Heritage's draft endometriosis and pelvic pain education framework, develop additional clinically reviewed content, and pilot it in varied settings before wider sharing. Each center would establish its own clinical approvals and local pathways.

Questions to start the conversation

Where are the biggest training gaps in your center? What education or workflows could you share? Which subjects should come first? What resources would help your team participate, and would your organization be interested in helping shape or pilot the program?

Continue the conversation

[MikeBakerHQ.com/advocacy](https://mikebakerhq.com/advocacy) - women's health advocacy and practical resources

[MikeBakerHQ.com/womens-health](https://mikebakerhq.com/womens-health) | Instagram: @endodad76

Proposal for discussion. The existing Heritage framework focuses on endometriosis and persistent pelvic pain and is pending clinical review. This broader curriculum is proposed, not an approved clinical protocol or accredited CME/CE program.