



# A Community-Engaged Model for Expanding Reproductive Health Services Guided by the Massachusetts Medication Abortion Readiness Plan

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## Background

College students aged 18–24 face the highest rates of unintended pregnancy and STIs of any age group, and an unexpected pregnancy is often the end of a college education – 61% of women who have children after enrolling never finish their degree<sup>1,2</sup>. Since *Roe v. Wade* was overturned in 2022, abortion has been banned in at least 21 states, making campus reproductive healthcare more urgent than ever. Massachusetts responded by requiring all public colleges to develop a Medication Abortion Readiness Plan<sup>3</sup>, and this study is the first to examine how the Massachusetts College of Art and Design (MassArt)–the nation’s only public art and design school– is putting that plan into practice.

## Why It Matters

23+

U.S. states with abortion bans or severe restrictions since *Roe v. Wade* was overturned<sup>4</sup>

49%

of college students report stigma as a barrier to seeking on-campus reproductive care<sup>6</sup>

62%

higher maternal death rates in abortion-restricting states vs abortion-access states<sup>2</sup>

250K+

women over 30 earned bachelor’s degrees because they had access to contraception<sup>4,5</sup>

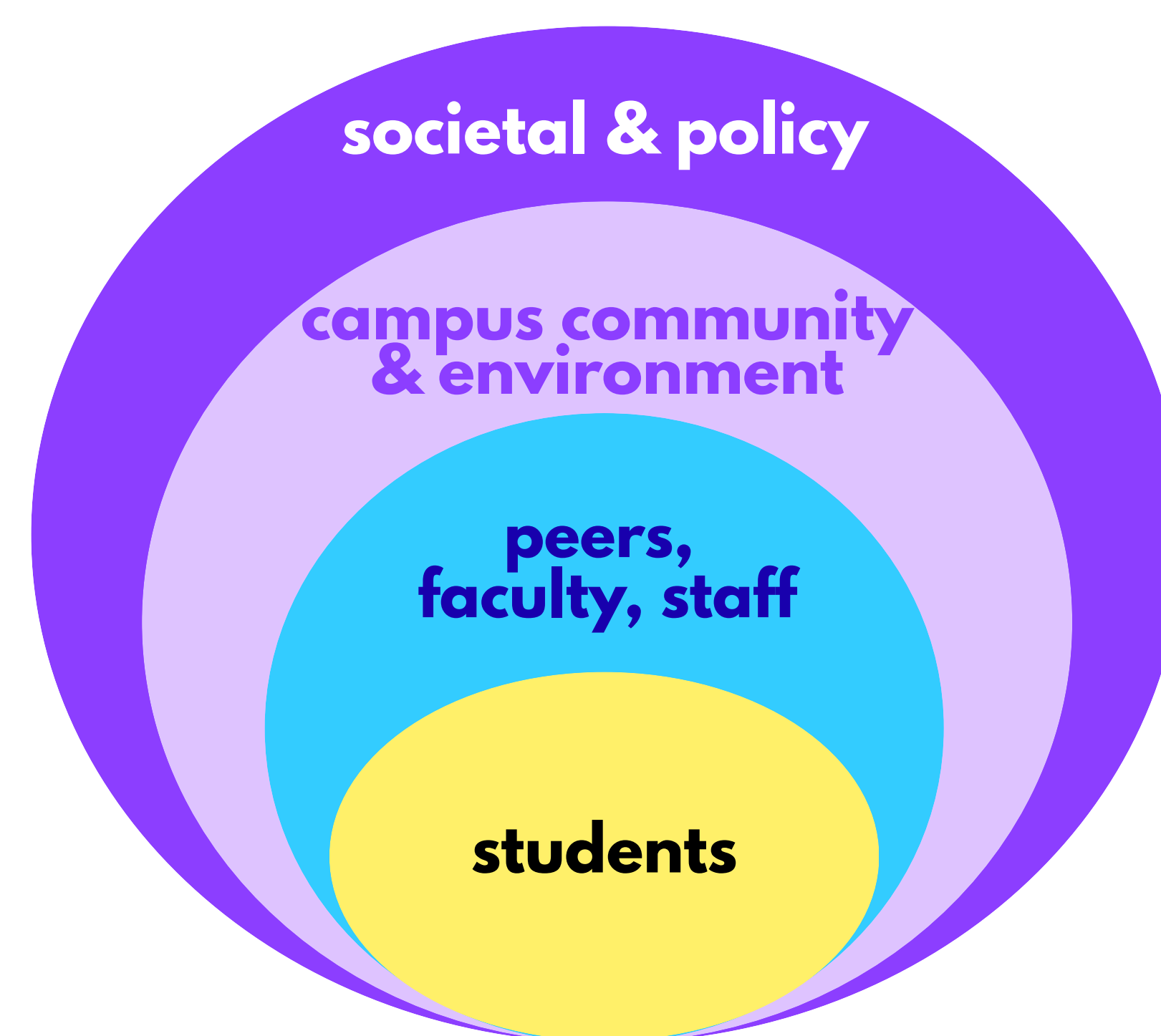
## Significance

Reproductive healthcare and academic success are deeply connected – students who can access contraception and abortion are more likely to stay enrolled, graduate, and achieve better health and financial outcomes over their lifetimes<sup>4,5</sup>. Yet nearly half of college students report stigma as a barrier<sup>6</sup> to seeking on-campus reproductive care, and no national body standardizes or monitors the quality of campus health services<sup>7</sup>, producing wide disparities in what students can actually access. On a larger scale, the consequences of restricted access are life-threatening and unequal: maternal death rates are 62% higher in abortion-restricting states, and Black women bear a disproportionate share of that burden<sup>2</sup>.

Perhaps most importantly, this study contributes to a shift in how student well-being is understood in higher education. A public health model that explicitly centers reproductive justice remains rare – yet embedding it into a broader well-being framework challenges institutions to measure student success not only by grades, but by whether every student has the resources to make informed decisions about their own body and health. MassArt’s model offers a compelling proof of concept.

## Guiding Framework: A Community - Engaged Socioecological Model

This study uses the socioecological model to capture how state policy, institutional resources, student leaders, and individual students all shape reproductive healthcare access – with each level reinforcing the next. Because Massachusetts actively supports reproductive rights, this institution can engage every level of the model rather than being blocked at the policy stage. The result is a campus-wide, community-driven framework where funding, advocacy, and student input work together to expand access.



Maladore, Allison. (2023). Empowering Reproductive Health & Access to Enhance College Student Well-Being: A Mixed Methods Community Engaged Proposal. CGU Theses & Dissertations, 986. [https://scholarship.claremont.edu/cgu\\_etd/986](https://scholarship.claremont.edu/cgu_etd/986).

## From Framework to Action: Building Campus Reproductive Health Infrastructure

This project followed a structured, six-step implementation process rooted in campus community engagement. Beginning with a campus needs assessment and building collaborative partnerships across departments and stakeholders, the team developed and launched the institution’s Medication Abortion Readiness Plan. Training, education, and awareness campaigns were then rolled out to reach students, faculty, and staff – followed by ongoing evaluation to measure impact and adapt the program over time.



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## Key Outcomes

The evaluation data collected across institutional, community, and student levels identified critical gaps in reproductive health access – and drove real change. An immediate and key outcome of this work is the successful implementation of free Plan B vending machines on campus, removing cost and stigma as barriers for students who need emergency contraception most.



### Initial Metrics

97

Plan B emergency contraceptives

171

condoms

vended since Nov. 2025

## Future Directions

With free Plan B vending machines now established on campus, the next phase focuses on sustaining access and expanding the scope of reproductive health support college-wide. Ongoing monitoring of vending machine usage will help track demand, inform restocking needs, and assess whether additional locations across campus are warranted.

Future efforts aim to broaden reproductive health programming – including contraception counseling, STI screening, and medication abortion referral pathways – ensuring students have a full continuum of care, not just a single point of access.

Deepening partnerships with student affinity groups, the Student Government Association, and consortium health services will be essential to reaching students who face the greatest barriers, and embedding reproductive health literacy into existing wellness programming will help normalize help-seeking and reduce stigma long-term.

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