

Input from impacted communities on priorities for the Reproductive Health Equity Fund

Background: The Reproductive Health Equity Fund

In March 2022, the Reproductive Health Equity Fund (RHEF) was seeded with a \$15 million allocation from the Oregon Legislature to address gaps in Oregon's reproductive health care infrastructure and expand access for our most vulnerable populations. It is a first-of-its kind investment that allows communities most impacted by disparities in care to design solutions for the reproductive health crisis facing Oregonians. The Fund provides financial support to projects, programs, and organizations focused on expanding reproductive health equity through (1) provider workforce and other care investments; (2) direct support for people seeking abortion and other reproductive services; (3) community-based outreach and education; and (4) research.

The Fund is administered by Seeding Justice to ensure dollars reach Oregon communities impacted by historic disparities in access to care, including rural, tribal and undocumented communities, and communities of color.

Context: Oregon's Reproductive Health Care Crisis

Thanks to a strong coalition uniting health care providers, caregiver advocates, reproductive rights organizations, marginalized community advocates, and lawmakers, Oregon has some of the strongest legal protections for abortion care in the nation.

Yet for decades, despite the fact that reproductive health care services are legally available to Oregonians, too many people across the state have struggled to access the care they have needed. The collapse of federal protections for abortion access with the overturning of *Roe v. Wade* has only deepened the crisis in our state.

In a report from the Reproductive Health and Access to Care work group—commissioned by the Speaker's office to study how Oregon can protect, strengthen, and expand equitable access to reproductive and gender-affirming health care—they concluded:

Access to reproductive health care has long been contingent on a person's zip code, income, insurance coverage, and immigration status. [...] Overturning *Roe* means the number of people dealing with these obstacles to get the essential health care they need will skyrocket. It means that Black, Latino and Indigenous people, immigrants, people living with low incomes, and people in rural areas — communities who have long faced barriers to abortion access — will face greater challenges. We have no doubt the race to criminalize access to health care will deepen health inequities and create generational consequences.¹

¹ Reproductive Health and Access to Care (RHAC) workgroup report. Presented to the House Committee On Behavioral Health and Health Care. Available online at: <https://olis.oregonlegislature.gov/liz/202111/Downloads/CommitteeMeetingDocument/258026>

Through the Reproductive Health Equity Fund, Oregon has created a unique opportunity to begin addressing historic inequities in care alongside pressing and urgent needs faced by Oregon healthcare providers who are seeing a flood of new abortion patients cast out of care in their home states. Through the Fund, Oregon is working to make it easier for Oregonians to access abortion services when and where they are needed, in ways that are effective and affirming.

Community Input into RHEF's design

Gathering input from the communities who have been consistently impacted by barriers to care was a priority for the Fund. These communities hold deep expertise about the effects these disparities have on their lives and are experts when it comes to articulating solutions for them. To best ensure that the dollars from the Reproductive Health Equity Fund are distributed in ways that address impacted communities' priority needs, the Fund's Steering Committee gathered multiple rounds of community input between March and November 2022.

In June 2022, in-depth interviews with 12 reproductive justice leaders and organizations from diverse communities were conducted, which led to the creation of six guiding values used to govern and guide the operation of the Fund. Building the values framework also helped identify members of the Fund's Steering Committee. Between March and October, the Steering Committee held meetings with abortion and health care providers in the state to receive input on priority issues. The need for immediate funding to address the influx of abortion care patients in the state arose as clear consensus among this group.

In November 2022, the Steering Committee invited 178 people—representing health care providers and researchers; community-based and culturally-specific organizations; and community and traditional health care workers and navigators from around the state—to attend one of six community feedback sessions. Over seventy participants from 45 organizations provided input to make bold, community-informed, values-based decisions about how the Fund should be allocated. A summary of their feedback is below.

Grantmaking priorities identified through community input

The following is a summary of the feedback gathered from community experts at the November 2022 input sessions, with particular focus on (1) which communities should receive priority consideration for grantmaking; (2) how to structure the grant application process to reduce barriers to participation; and (3) how to balance prioritizing the immediate needs of underserved communities and new abortion patients created by the Dobbs decision, with strategic and longer-term investments that shift the structural inequities in reproductive healthcare in Oregon.

While not an objective, the discussions also yielded ideas for potential opportunities to address current barriers and inequities to reproductive health equity, which are noted below and could prove to be the seeds for future grant proposals:

Community experts see RHEF as a unique opportunity to help address the

intersecting needs and the full humanity of those seeking essential reproductive and gender-affirming services. At a minimum, every individual seeking care in Oregon should be supported in overcoming the diverse barriers they face in accessing abortion, including the cost of the abortion, travel, housing, childcare, and time off from work. One abortion navigator shared, “Childcare is the biggest unmet need I hear. Every day a patient says, ‘I want this [abortion] but I have no one to watch my kids.’”

Those working directly with patients impacted by economic insecurity and geographic location named a wide array of unmet needs, as well as additional barriers due to primary language, disability, race, immigration status, and other cultural factors. These gaps continue to have a disproportionate effect on the reproductive health and lives of people and communities most impacted by health disparities and social inequities.

Advocates for reproductive equity recognize the right for all individuals to have access to abortion as one of many essential services within the full spectrum of reproductive, gender-affirming, and sexual health care. Participants shared a desire to see all pregnant people equipped with the information to have healthy birthing experiences on their own terms. The director of one community-based organization named disparities experienced by Black and Indigenous birthers, and urged decision makers to not forget about the needs of those choosing to take their pregnancies to full term.

Partners recognize that existing processes, networks, and staff currently serving communities are stretched thin and are experiencing unprecedented stress following the overturning of Roe. Several participants expressed fear that increasing demands could push current systems into crisis. Advocates shared concern that communities already experiencing barriers would be the most likely to bear additional burden as a result of new demands. More than a dozen providers shared the impacts they are seeing on the ground as a result of increased out-of-state patients, and made a case for investments to stabilize existing health systems to provide more support for the people doing this work.

We heard frustration about our current systems struggling to meet the unique needs of underserved communities in Oregon, as well as a strong interest to see program funds aimed at addressing cultural barriers and large-scale systems change. For example, one participant shared the need to recognize the impact the Hyde Amendment, decades of insufficient funding, and the lack of providers with cultural background or understanding has had on tribal health programs and community members.

For both short-term and long-term investments, there was strong agreement that funding should prioritize programs aimed at addressing the unmet needs of communities most impacted by reproductive health care inequities.

There is untapped human potential to innovate and advance equity in Oregon: Our health care workforce is hungry for initiatives to support the needs of their most impacted patients. We heard support for investments aimed at diversifying the pipeline, supporting staff retention, increasing opportunities for career advancement, expanding continuing education and training offerings, and identifying more sustainable funding sources. One community partner shared that she hears from “health workers who want to train to become doulas and doulas who want to become midwives” but opportunities to advance are often limited, expensive and unavailable to those who can’t take time away from work and other commitments.

Health care providers and workers shared a desire to repair and build trust among most impacted communities and would like to see additional investments to expand cultural and linguistic congruences among all public-facing staff (providers, front line staff, health workers and navigators, and community-based partners). One doula shared that she educates and coaches her clients to self-advocate within clinical settings, and the additional time many of her patients need to heal and process following procedures. Additional cultural understanding among providers could shift some of the burden off of her patients.

Recognition that reproductive health care is already happening outside of clinic settings. We heard powerful stories from health care navigators, health workers, providers, and community members working to lift systemic barriers for individual patients, as well as creating safe spaces for education and resource-sharing within their communities. Participants shared an interest in seeing opportunities to expand the number of partners who are providing culturally-affirming reproductive care, education, and outreach in communities across Oregon.

Across the nexus of health care, community care, education, and advocacy, there is a need for stronger integration and coordination of resources and care among partners. Participants agreed that the patient should be the most important and powerful force in personal health decisions and participants are aligned on ensuring stronger relationships among partners. Coordination of data and care could ensure more patients are fully informed and supported in their decision-making. There is a strong desire for more spaces devoted to coalition-building and culturally-specific conversations, reproductive justice training, and cultivation for future advocacy. Participants emphasized that education and outreach are key, emphasizing that communities should be directly involved in the development of culturally-specific materials and research that are published by trusted community-based organizations and media. This would help ensure information about reproductive health is available, normalized, culturally appropriate and accessible to all.

Appendix of community partners providing feedback on the Reproductive Health Equity Fund

ACLU Oregon	The Lilith Clinic	Oregon School-Based Health Alliance
Asian and Pacific American Network of Oregon (APANO)	Lincoln County Health & Human Services	Oregon Student Association
Birth Justice Committee	Micronesia Islander Community (MIC Oregon)	Papalaxsimisha
Black & Beyond the Binary Collective	My Other Me, LLC & M.O.M. Women's Health Collective	PCUN (Pinos y Campesinos Unidos del Noroeste)
Black Parent Initiative / Sacred Roots Doula	North Central Public Health District	Planned Parenthood Advocates of Oregon
Cascades Abortion Support Collective (CASC)	Northwest Abortion Access Fund (NWAAF)	Planned Parenthood Columbia Willamette
Centro Cultural	Northwest Portland Area Indian Health Board	Planned Parenthood of Southwestern Oregon
Central Oregon Transgender Health Coalition	Nurturely	Pro-Choice Oregon
Coalition of Communities of Color	Oregon Academy of Family Physicians	Proyecto UNICA, El Programa Hispánica
Coos Health & Wellness EUVALCREE	Oregon Coalition of Local Health Officials	Portland State University & Oregon Health & Science University School of Public Health
Family Forward Oregon	Oregon Community Health Workers Association	Public Health Institute
Forward Together	Oregon Health Equity Alliance (OHEA)	Urban League
Haymarket Pole Collective	OHSU (Oregon Health & Science University)	---
Imagine Black	OHSU Cochrane Fertility Regulation Group	A number of independent full-spectrum doulas, community health workers, and health interpreters also informed this report.
Interfaith Movement for Immigrant Justice	Oregon Midwifery Council & Oregon Perinatal Collaborative	
Kaiser Permanente		
Kaiser Permanente Center for Health Research		
Latino Network		