



SANKOFA
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Reproductive Health Equity Fund Systems Change Grants Evaluation

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Executive Summary

This evaluation examined the effectiveness of the systems change portfolio for the Reproductive Health Equity Fund (RHEF) in advancing reproductive health equity and gender-affirming care. The audience of this report is the RHEF Steering Committee, Seeding Justice, its grantees, and the Oregon Health Authority (OHA) so they can leverage evaluation findings to inform future possible investment in reproductive health equity. In the spirit of the legislative intent of investment as determined by the Oregon State Legislature, the following evaluation question guided our efforts: How did the RHEF systems change portfolio contribute to reducing inequities in healthcare?

Sankofa Consulting conducted qualitative interviews with 19 of 25 grantees and used three previous interviews along with document reviews for this evaluation. The data was coded thematically to explore RHEF grantee approaches, outcomes, and challenges in their efforts to increase access to equitable reproductive and gender-affirming healthcare.

The evaluation found that grantees implemented a wide range of community-centered strategies to advance reproductive health equity and gender-affirming care that spanned beyond their RHEF proposals. Approaches included community-guided governance, culturally responsive education, distribution of reproductive health tools and supplies, provider training and consultation, and civic engagement preparation. Many of these efforts were grounded in community-informed evidence, ensuring that services and resources were shaped by community knowledge and lived experience.

RHEF grantees achieved notable successes, including expanded service operations, growth in organizational capacity, broader regional and provider engagement, and increased community health literacy. Additionally, grantees shared stories regarding signs of community civic engagement through storytelling efforts to educate government officials about their challenges accessing reproductive and gender-affirming healthcare.

Despite these gains and support from RHEF, the grantees still encountered challenges in an increasingly restrictive socio-political landscape with the U.S. President signing several Executive Orders in 2025 that impacts communities of color. These challenges concerned issues related to collaboration, capacity to provide services for communities that do not speak English, community fears around stigma and privacy, and limited infrastructure. These challenges were especially acute in under-resourced communities and among organizations operating without reliable access to staffing, supplies, and support systems.

The findings of this report underscore the importance of continued and flexible support to sustain and scale progress. Grantees demonstrated that with adequate resources and trust, community-based organizations can lead impactful and equity-driven health efforts. However, maintaining this momentum requires long-term investment in infrastructure, culturally and linguistically responsive materials, and capacity-building for service delivery.

Acknowledgements

This evaluation was commissioned by Seeding Justice, whose commitment to learning and accountability made this work possible. We thank them for their guidance and support throughout the process.

We are especially grateful to the many grantee organizations who generously contributed their time, insights, and experiences to inform this evaluation. Their dedication to advancing change in their communities is at the heart of this work:

The following grantees participated:

Basic Rights Oregon
Black Food Sovereignty Coalition
Cultural Heritage Collective
Douglas Latinas
Future Generations
La Clinica
Latino Network
Latinos Unidos Siempre
Micronesian Islander Community

Northwest Abortion Access Fund
Northwest Portland Area Health Indian Board
Oregon Community Health Worker Association
Oregon Health & Science University
Oregon Health Equity Alliance
Oregon School-Based Health Alliance
Ostara Initiative

Outside In
Papalaxsimisha
Planned Parenthood of Columbia Willamette
Pride Foundation
Pride In Numbers (FKA Queer Data Project)
South Coast
Reproductive Justice
The Raven Collective
Unite Oregon
Virginia Garcia Memorial Health Center

We extend our sincere appreciation to each organization for their valuable contributions and for the vital work they do every day.

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Introduction

Set against the backdrop of the Supreme Court's June 24, 2022, Dobbs decision to overturn *Roe v. Wade*, the Oregon Legislature allocated a \$15 million Reproductive Health Equity Fund (RHEF) to Seeding Justice to address gaps in Oregon's reproductive healthcare infrastructure and expand access to the most vulnerable populations. RHEF provided financial support to projects, programs, and organizations focused on expanding reproductive health equity through four areas of focus: (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.

Seeding Justice initiated the grantmaking process guided by a community-led RHEF Steering Committee representing organizations and individuals closest to reproductive justice and gender-affirming healthcare. Together, they gathered input from the communities with lived experiences of reproductive health and gender-affirming care disparities through in-depth interviews with reproductive justice leaders and organizations. Seeding Justice and the RHEF Steering Committee used the findings to determine how to govern and guide RHEF operations.

The RHEF Steering Committee conducted six feedback sessions with over 70 people from 45 organizations including healthcare providers, researchers, community based and culturally specific organizations, and community and traditional healthcare workers from around the state. These conversations focused on how to best distribute the funds. Based on the feedback, the RHEF Steering Committee identified seven opportunities for RHEF funding to address barriers to reproductive and gender-affirming healthcare:

1. 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.
2. 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 healthcare.
3. Partners recognize that existing processes, networks, and staff currently serving communities are stretched thin and are experiencing unprecedented stress following the overturning of *Roe v. Wade*.
4. 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 healthcare inequities.
5. There is untapped human potential to innovate and advance equity in Oregon. The healthcare workforce is hungry for initiatives to support the needs of their most impacted patients.
6. Recognition that reproductive healthcare is already happening outside of clinic settings.

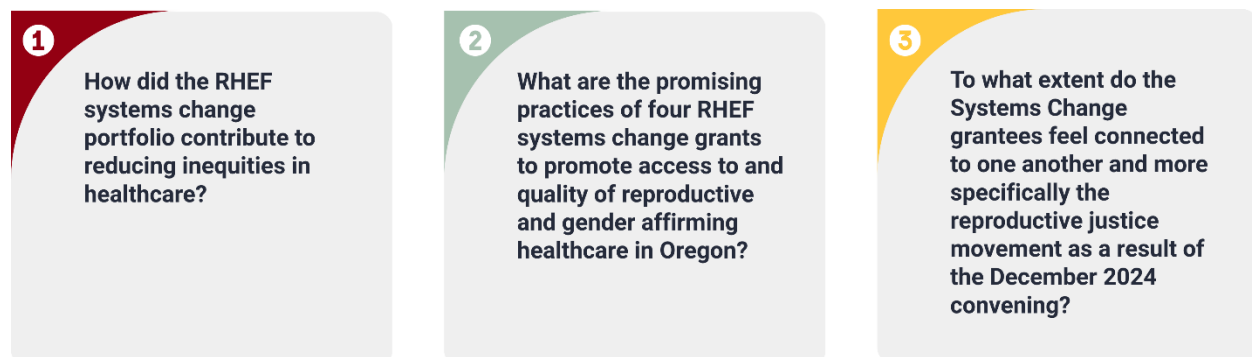
7. Across the nexus of healthcare, community care, education, and advocacy, there is a need for stronger integration and coordination of resources and care among partners.

With the insight from their feedback sessions, the RHEF Steering Committee created two grant funding opportunities. The first, Rapid Response grants, aimed to meet the immediate and short-term needs in direct reproductive healthcare. The second, Systems Change grant opportunity, funded projects addressing systemic issues needed to create a more equitable reproductive healthcare system over the longer term. Systems Change grants prioritized programs serving communities most impacted by reproductive healthcare inequities, focusing on strengthening collective power through education, knowledge base building, leadership development, research, and collaboration. After an initial investment of over \$5 million in Rapid Response grants, the RHEF Steering Committee awarded \$8.5 million in Systems Change grants to 24 organizations across the state from 2024 to 2025.

The RHEF Steering Committee directed Seeding Justice staff to commission Sankofa Consulting in March 2024 to conduct an equity-forward evaluation of the RHEF Systems Change grants. The objectives of the evaluation are: 1) assess the efficacy of key pilot projects for potential scaling and 2) leverage evaluation findings to advocate for sustained investment in reproductive health equity. Findings from the evaluation will be shared with the larger reproductive and gender-affirming healthcare communities. This report provides details on the purpose and scope of the evaluation, and evaluation approach. The subsequent sections include the evaluation findings, conclusions, and annexes.

Purpose and Scope of the Evaluation

The evaluation aimed to understand how the Systems Change grants expanded reproductive and gender-affirming healthcare through community-led approaches and identified both the successes and challenges faced by grantees. The evaluation also sought to uncover the connections between grantees and to the larger reproductive and gender-affirming healthcare movement. Seeding Justice and its grantees, the Oregon Health Authority (OSA), and the Oregon State Legislature are the primary audiences for this evaluation. The following evaluation questions from Seeding Justice guided our efforts:



This report focuses on **Evaluation Question 1**, as Evaluation Questions 2 and 3 were addressed in previous reporting.

Evaluation Approach

Sankofa's evaluation approach involved ongoing engagement with Seeding Justice staff and RHEF Steering Committee representatives and using their insights to inform the evaluation plan for maximum utility and relevance. It also involved building a connection with grantees during the evaluation process (e.g., engaging with grantees during a grantee convening in December 2024). We ensured the ease of data collection by adapting instruments and implementation to grantees' needs and contextual barriers while maximizing existing resources efficiently. Sankofa used storytelling as an interview technique for data collection. Rooted in equitable evaluation principles, Sankofa ensured the instruments were designed with intention and with the understanding that the voices and well-being of those most affected by injustice were respected and protected. Sankofa also focused on being culturally responsive as they engaged with grantees. This approach helped build trust and allowed Sankofa to be attentive to the needs of grantees, creating the foundation for them to share candid, accurate, and meaningful insights about their work and its impact. For additional information on the approach and methodologies used in this evaluation, please refer to Annex 1.

To address **Evaluation Question 1 (How did the RHEF systems change portfolio contribute to reducing inequities in healthcare)**, Sankofa explored the collective contribution of grantees to increasing the access and availability of reproductive and gender-affirming healthcare. Sankofa used five dimensions to define access and assess whether grantees were reducing inequities. These dimensions include **expanding the knowledge base**, **increasing awareness**, the **capacity to provide services**, **appropriateness of services being offered**, and the ability of organizations to be **effective advocates**. Expanding knowledge refers to filling gaps in understanding about LGBTQIA and Two-Spirit communities. Awareness means that relevant information and services are available and disseminated so individuals have the knowledge to make decisions about their own healthcare. Capacity refers to the extent organizations and/or their partner organizations and providers have an extended reach to provide services to address the needs of individuals seeking reproductive and gender-affirming healthcare. Appropriateness is defined as information and services that address clients' specific needs. Lastly, effective advocates refer to grantees serving as champions within their communities, regions, and states.



Findings

Sankofa used qualitative evaluation techniques to answer **Evaluation Question 1 (How did the RHEF systems change portfolio contribute to reducing inequities in healthcare?)**. Methods included a document review (i.e., grant applications and progress reports) and 19 key informant interviews with grantees that had the most knowledge about their RHEF funded efforts. This number also includes previous interviews that helped inform the case studies addressing **Evaluation Question 2 (What are the promising practices of four RHEF systems change grants to promote access to and quality of reproductive and gender-affirming healthcare in Oregon?)**. The collective insights and analysis inform findings and conclusions outlined in this report.

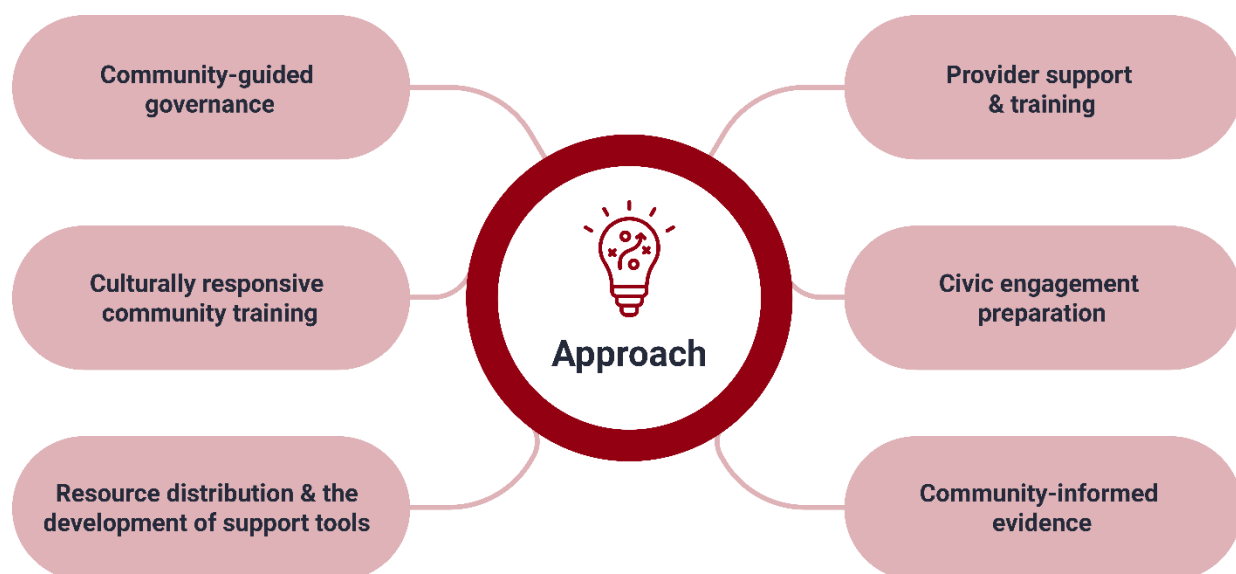
The findings are organized by their approach or strategy using the RHEF funds, successes achieved, and challenges faced in advancing equitable and affirming care through increased access of care. Within those categories, the key themes that emerged from the interviews are described to present a deeper understanding of the reproductive and



gender-affirming care efforts across grantees. The grantees' efforts spanned across the four areas defined by RHEF's. Several of the grantees that were interviewed modified their activities from what they originally proposed. For example, the Ostara Initiative proposed to recruit, hire, train, and mentor five prison doulas to provide service to incarcerated women and contribute to enhancing the infrastructure of Coffee Creek Correctional Institution. Yet their efforts extended beyond these areas of focus. They described engaging in community education. Lastly, the sections that follow present the findings in detail, organized by thematic categories that reflect the depth and diversity of their efforts.

Approaches to Advancing Reproductive Equity and Gender-Affirming Care

RHEF grantees used a range of approaches to advance reproductive health equity and gender-affirming care, each designed to increase access through community-centered and system-strengthening strategies. Sankofa identified six themes listed in the below diagram. The subsequent sections provide additional details about these approaches.



One key approach was **community-guided governance**, where grantees established or leveraged community advisory boards, councils, and other participatory structures. These groups were predominately comprised of members of the community at the center of reproductive health and gender-affirming healthcare efforts. Grantees viewed community-guided governance as vital for informing the development of relevant materials and strategies for reproductive health and gender-affirming care, research to contribute to a larger knowledge base. Responses from RHEF grantees also indicated that the community-guided governance approach was used to guide decision-making for designing data collection materials, educational materials, and resource distribution. For example, Oregon School-based Health Alliance formed a youth advisory council to guide the development of appropriate materials (e.g., Zine) that spoke directly to students. In another example, South Coast Equity Coalition, created an advisory council to shape a scholarship program aimed at increasing the number of queer, transgender, black, and indigenous people of color medical and behavioral health students across Coos and Curry counties. Moreover, community-guided governance is an approach that establishes a space for community voice and accountability, ensuring programs remain aligned with lived experiences.



"It was a really fun process to work with the Advisory Council, and I've been partnering with some of them to create [an] in person survey response parties, so that they can invite the community members that they are already serving."

- Oregon Health Equity Alliance

Grantees also invested in **culturally responsive community training**, offering education and skill-building opportunities tailored to the cultural, linguistic, and social settings of their communities. These trainings were designed to increase knowledge and awareness, reduce stigma, and empower communities to engage in health-promoting activities while in safe settings. For instance, the Micronesian Islander Community invested in the translation of trainings to ensure they were accessible to Chuukese and Marshallese communities. Another organization, Black Food Sovereignty, emphasized letting community herbalists lead the reproductive care they knew their communities needed and chose spaces for their training that felt right. A grantee from the organization described how the herbalists "partnered with a totally different farmer, and that farmer already had an apothecary. They worked together to build the kind of space they want to have, and now they have event sharing." Rather than impose structure, the organizations addressed community training needs with intention and care.

Another common strategy was **resource distribution and the development of support tools** to increase access to materials, and to facilitate awareness and understanding of reproductive and gender-affirming care options. Grantees either developed or distributed a list of local providers, supplies (e.g., period pads, condoms, Plan B, plants for reproductive herbal remedies), and vouchers for patients to use for purchasing reproductive health and gender-affirming supplies. La Clinica, a healthcare provider with neighborhood health centers and public clinics in Jefferson County, used their connections and resources to

offer help to patients seeking gender-affirming care. For example, a staff member at La Clinica mentioned how “[the local pharmacy was given] a voucher [from a local community-based organization that connected with La Clinica’s gender-affirming care coordinator] for the patient to be able to go and access binders, packers and things of that nature at the store.” This approach shows how RHEF grantees focused on addressing the immediate needs of communities, while building a foundation for spreading awareness and understanding of reproductive health and gender-affirming care.

To strengthen the quality and reach of care, grantees implemented **provider support and training**. These efforts included reproductive and gender-affirming care training (e.g., how to operate medical equipment) for both internal and external providers. Consistent with their grant proposal, Outside In invested in ultrasound and laser hair removal equipment and staff training to address critical needs of patients seeking reproductive health and gender-affirming care. They also invested in staff training so that they could provide more tailored care and navigation services to gender-diverse populations seeking care. They also ensured that the training was delivered in person and asynchronously to accommodate providers. Additionally, the Raven Collective efforts offered a support phone line so providers can call for assistance in delivering appropriate Indigenous gender-affirming care. Through this approach, there was a focus on helping organizations to build their capacity to deliver inclusive and culturally responsive care across settings.



“We aim to first outline this federal system, show how that works in action with tribes and their own healthcare contracts under the Indian Self Determination and Education Assistance Act, and then explain how the federal tribal and state systems interplay, specifically in Oregon. [This will be a] pretty robust part of the toolkit, just because this is a complicated area of law.”

- Cultural Heritage Partners

Several grantees focused on **civic engagement preparation**, supporting both community members and providers to be champions and effective advocates in communities, regions, and state. This investment covers leadership development, education in civic processes, and education of reproductive health rights through training and toolkits to prepare for engagement in activities leading to system level changes. For example, Latino Network supported staff and community members through a “...process where they learn more about

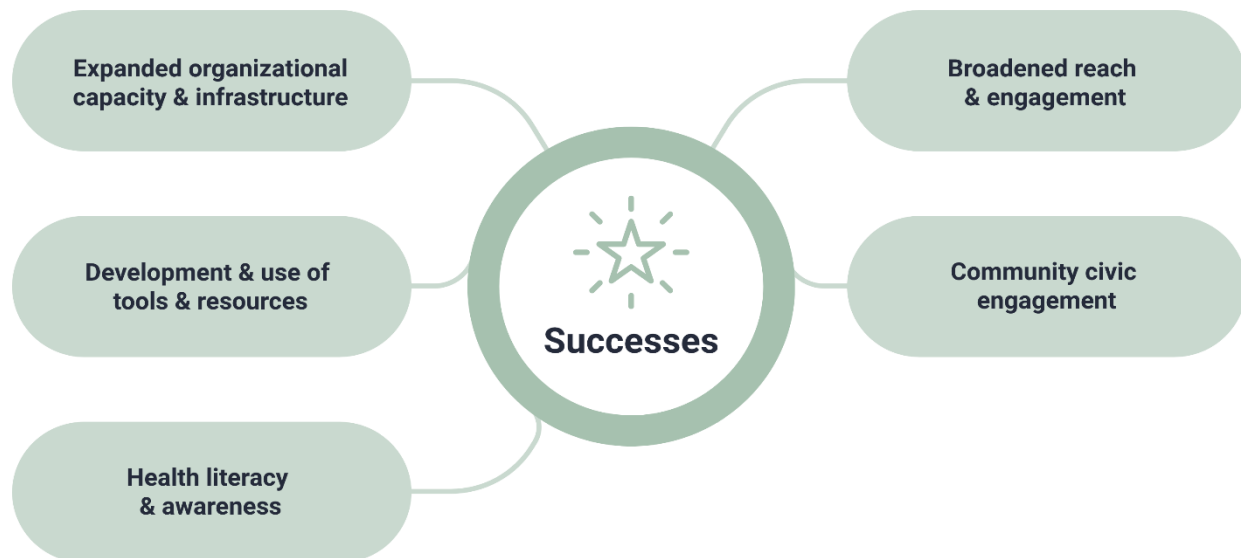
what the advocacy is so they understand where the different levers are.” In addition to implementing a new initiative to support (incarcerated) individuals giving birth at the Coffee Creek Correctional Facility, Ostera Initiative also sought to advocate reproductive justice. For the organization “...just bringing visibility in every way that we can to something that is just so invisible to people, through grassroots organizing, through direct service, through systems change and working with the doc, through macro-level advocacy.” This focus on civic engagement is designed to help build a foundation in communities and organizations alike for long-term civic participation.

Finally, grantees mentioned using **community-informed evidence** to guide their work. There were two types of research that RHEF funded. The Micronesian Islander Community,

Pride in Numbers (Queer Data, a fiscally sponsored project of the Pride Foundation), and Oregon Health Equity Alliance, designed research to address major gaps in knowledge about specific communities. For instance, Pride in Numbers is conducting groundbreaking research to furnish comprehensive, accessible, actionable and intersectional data about the LGBTQIA and Two-Spirit healthcare experiences in Oregon. The second type is informal or formalized research within communities to capture lived experiences. This type of research was conducted by grantees to inform strategies for providing community specific services, increasing community awareness, and encouraging community members to advocate for their reproductive and gender-affirming healthcare. Several grantees, for example, used community assessments tools such as focus groups and surveys, and specifically designed feedback loops to refine programming, design training, and tailor the delivery of educational materials. For example, a representative from Basic Rights Oregon described doing a community survey because they “felt like community should have a say in what our policy platform should be.” Similarly, the Next Generation Collaborative curriculum, Reclaiming Indigenous Sexual Health and Safety, was informed by data collected from Indigenous communities, so it was reflective of Indigenous values and practices. In all, these examples illustrate approaches designed to ensure the responsiveness and relevance of reproductive health equity and gender-affirming care efforts in ways that would be meaningful for the communities’ grantees are serving.

Successes in Advancing Reproductive Equity and Gender-Affirming Care

Grantees reported a range of successful outcomes that advanced access to reproductive health equity and gender-affirming care. These outcomes reflect expanded organizational capacity, development and use of tools and resources, health literacy and awareness, broadened reach and engagement, and community civic engagement that demonstrated the impact of their funded efforts. The following sections illustrate how RHEF grantee efforts contributed to expanded access in reproductive health equity and gender-affirming



care. RHEF grantees described how they **expanded their organizational capacity and infrastructure**, marked by adding more staff and providers, raising additional funds to support their efforts, providing new services (e.g., vasectomies), purchasing important equipment (e.g., ultrasound machine), and widening the pool of available resources through an expanded networks of referrals for healthcare services and support. For instance, South Coast Equity Coalition mentioned how they added “...another intern position [to] focus explicitly on gender-affirming care [and] support the operation of a gender-affirming closet out of our office.” The hiring of an additional intern reflects the organization's expanded capacity to offer community members opportunities to explore reproductive and



“We got \$7 million for school health services, and I have to believe that a large part of the influence of that was having that many youth go and talk to legislators that day and then continue to advocate. I tell you it's a miracle that we got that money. I don't think I'm exaggerating it. Nobody else did, and I feel so lucky, and that will keep school based health centers going when there's potential for them losing some Medicaid revenue and stuff like that.”

- Oregon School-Based Health Alliance

gender-affirming healthcare careers while supporting the continued availability of gender-affirming resources. Latinos Unidos Siempre also used funding to expand staff capacity in reproductive health by supporting staff to complete community health worker certification and youth support specialist training. They provided transportation, stipends, and time for staff to complete the certification process. These examples of gains in organizational capacity illustrate their responsiveness to community needs, and contribution to healthcare access.

Another outcome was the successful **development and use of tools and resources** that supported both service delivery and community education. This included the creation of toolkits (e.g., legal guidance for tribal nations to leverage their sovereignty to create reproductive health programs), referral guides (e.g., youth zine with a list of resources trusted health professionals), and other materials (e.g., Indigenous reproductive

health curriculum). For example, the gender-affirming care coordinator at La Clinica created a 50-slide education deck that they use to tailor training for the needs of each department. Similarly, the Future Generations Collaborative not only created their curriculum, but they also implemented it at two retreats. Staff from Health Equity Alliance proudly stated, “We feel like we've created a holistic survey that includes all of the social determinants



“...community partners that have been looking for resources like... the zine... specifically the Sankofa Counseling Collective who works in...schools all around Multnomah County... we're in conversation about distributing this zine. I remember talking to ...one of the providers there [that] do mental health services and counseling services. And they were reading through the zine, and they were like, '...the youth made this? Seriously, can we send this out to all of our providers?’”

- Oregon School-Based Health Alliance

of health.” These insights suggest that some efforts not only resulted in the completion of a tool, but also the utilization of it in practice.

In addition to the **development and use of tools and resources**, grantees also reported improved **health literacy and awareness** in the communities they serve. They highlighted stories of increased availability of trained doulas to educate and advocate for pregnant women (e.g., the Ostara Initiative), the distribution of informational guides (e.g. survey with a resource directory of queer and transgender healthcare providers), and accessible training modules for providers. An interviewee from Northwest Abortion Access Fund (NWAAF) mentioned how they heard from organizations they supported that “they felt very moved and inspired or had more clarity or hadn’t thought about something, and now they have a new idea [for how to proceed with their reproductive healthcare efforts in their community].” Doulas Latinas recounted their experiences with mothers’ newfound awareness when utilizing doula services; “It has been crazy when these mothers just go, ‘oh, I have a natural birth. I never, ever [in] my life thought I could do this.’ You know they were going to have a C section? And [this happens] again and again, because the doctor says ‘tell Latinos and African Americans [to have a C section].’” These exemplify how people gained a stronger understanding of their reproductive and gender-affirming health options and rights through information and training from grantees.

Efforts also led to **broadened reach and engagement**, with communities traditionally underserved. Grantees experienced increased ability to reduce gaps in accessing services. The Micronesian Islander Community saw an uptake in Samoans and Native Hawaiians who represent Pacific Islander communities beyond those they originally expected to serve. Also, Doulas Latinas was able to expand training and outreach into rural areas such as Eastern Oregon, Hood River, and Yamhill County. After years of limited resources, they were able to train 27 new community-based doulas across multiple counties and partner with local health departments and hospitals to build connections and strengthen service delivery. These examples demonstrate the extended reach of the work even beyond their original proposals, hence spreading awareness and sharing information about reproductive and gender-affirming care options to new regions and communities.

Finally, some grantees fostered **community civic engagement**, where community members engaged in advocating, storytelling, and mobilizing around to advance reproductive and gender-affirming health equity for their communities and themselves. For instance, Latino Network reported community members participating in an event at Pride where they had their own table for outreach to LGBTQIA and Two-Spirit communities about how they can advocate for their reproductive and gender-affirming care access for themselves and in their communities. Moreover, they are “still seeing [community members] move from a kind of general awareness of the issue to taking on a call to action,” whether through individual efforts or collective engagement to educate government officials and representatives on issues they are facing in accessing reproductive and gender-affirming healthcare. Similarly, Oregon School-based Health Alliance mentioned that one of the highlights for youth they work with is advocacy day. They want to share their stories to help bring about more equitable health services for students seeking reproductive and gender-affirming care. These activities not only reflect community empowerment but also a commitment to

systemic change driven by those most impacted.

Challenges in Advancing Reproductive Equity and Gender-Affirming Care

While grantees made meaningful progress in advancing reproductive health equity and gender-affirming care, they also identified a range of challenges that influenced how their strategies were implemented and adapted. These challenges highlight structural and systemic barriers to equitable access, difficulties with cross-organizational collaboration, fears and perceived risks among providers and community members, limited language accessibility, and insufficient infrastructure to support health equity. The following findings provide examples of these issues that grantees had to navigate as they implemented their work.



One challenge several grantees mentioned is their concerns about navigating **the fear and risk associated with engaging in reproductive and gender-affirming healthcare**. Grantees described how this was felt by both providers and community members. These concerns included issues of privacy, stigma, and safety, which have been heightened by the current political climate targeting reproductive and gender-affirming care, particularly for immigrant and LGBTQIA and Two-Spirit communities. Providers also face potential legal consequences for participating in or supporting these services. These fears have discouraged certain communities from obtaining the healthcare they need and hampered data collection efforts.

Pride in Numbers shared that while trust was always going to be a challenge due to past harm, it is now “way, way harder” to get queer and trans community members to share sensitive information such as their demographic background and their needs for gender-affirming care. Some of the service providers noted the risks they faced delivering these services. The groups working with the NWAACF expressed concern for the safety of their staff based on media reports.’ In all, grantees had to carefully navigate the exacerbated amount of fear and concern about risk of safety and livelihood among providers and

communities due to an unexpected sharp change in the political climate in which the Trump Administration repealed two executive actions from the Biden administration that sought to expand reproductive healthcare access following the Supreme Court's decision to overturn *Roe v. Wade* in 2022.



"The Department of Corrections is just a hard system to work with and to collaborate with and to convince... What happens is based totally on the officer that's in the room with that person there and how they interpret the rules that day. That's the thing that's so hard about this system, is, yes, there are rules. There is no consistency, not even between the people enforcing the rules. It's very hard to know where you stand with them."

- Ostara Initiative

One commonly cited challenge was **barriers to cross-organizational collaboration**. Grantees described difficulties establishing or maintaining partnerships due to limited resources, navigating partner tensions (e.g. one partner perceived another as not being inclusive), or institutional complexities slowing down joint efforts (e.g., work shift changes in correctional staff with differing rules for doula services). For instance, Basic Rights Oregon learned that organizations they were working with had conflict with each other: "Black Beyond the Binary and Utopia PDX both felt that

Transponder had done harm to the black community...An incident took place [where Transponder] removed their executive director, who was a black trans man. Black Beyond the Binary and Utopia PDX took umbrage with that and they were like, "we're not doing this with y'all if Transponders remains part of this grant." This situation was ultimately resolved when Seeding Justices agreed to separate Transponder and have them do their own work and write reports under their own RHEF funding. For some grantees, a lack of aligned partners or infrastructure made collaboration difficult, particularly for newer or smaller organizations. NWAAF shared that a small community-based organization (CBO) wanted to take part in a pilot but struggled to meet requirements that did not match their capacity; "Rather than being supported in a timeline that made sense for them... it was, 'you have to align to this model.'" Without the flexibility to adapt timelines or support needs, the small CBO eventually stepped away from the project which felt like a missed opportunity for NWAAF. To minimize any frustration and support the small CBO, Seeding Justice worked with them to adjust timelines. These collaboration challenges can affect access in terms of organization capacity for advocacy and provision of appropriate services to communities.

Limited language accessibility was also a widespread challenge. Grantees noted difficulties in designing linguistically inclusive surveys and delivering culturally appropriate workshops, especially in communities where certain terminology had to be carefully navigated due to cultural or political sensitivities. For instance, Virginia Garcia Memorial Health Center mentioned "some of the patients that we serve come from smaller immigrant communities, where some of the folks that provide interpretation are also from within those communities, and it can be challenging to maintain privacy." Micronesian Islander Community attempted to do "...a virtual event, but because there were multiple languages it just didn't work within those spaces." Both examples demonstrate language access

barriers that these grantees had to navigate while engaging in their work to expand the reproductive and gender-affirming care knowledge base and increase their reach of distribution of healthcare information and provision of services.

Lastly, many grantees operated within **insufficient infrastructure for health equity**. Organizations in under-resourced regions struggled with staffing shortages, high turnover of staff, a lack of reproductive health supplies, unreliable government websites, and little support from government agencies such as health and human services. In some areas, even basic health access was limited (e.g., rural immigrant communities), which



“Even as we were going through the training, there were certain resources... like government websites, that we were using, and then when we were clicking on them [while] we were doing our presentation, that website wasn't there anymore... And this is a resource that our communities are sharing, and then it's working one day, and now it's not.”

- Oregon Community Health Workers Association

constrained the ability to implement equity-focused programs at scale. Outside In, for example, secured equipment to offer laser hair removal services after a court decision allowed the procedure to be covered by insurance, making them the only clinic in the area to be able to do so. As the grantee explained, “we are literally, like, just right there, and just need one staff person, and then we’re gone and, you know, off and running.” Because of staffing shortages, Seeding Justice authorized Outside In to lease the equipment at no cost to another provider who is able to provide services. In another example, South Coast Equity Coalition relayed how their public health department “...stopped providing free family planning” and they had to navigate that loss. Not only can these challenges add additional obstacles for these grantees to navigate, but it is also likely they slowed down access to healthcare for their specific communities of interest.

Conclusion

The findings of this evaluation highlight multi-faceted community-rooted work for advancing reproductive health equity and gender-affirming care. Across the RHEF Systems Change grantees, a range of innovative and equity-centered approaches were implemented to increase access to care, build organizational and community capacity, and respond to historically unmet needs. This momentum reflects a strong foundation for long-term systems change, but it also underscores the need for sustained investment and support to ensure these gains can be maintained and scaled.

Grantees employed a diverse set of approaches grounded in community wisdom, cultural relevance, and systemic awareness which had a strong overlap with the five dimensions for equitable healthcare access. Community-guided governance was a cornerstone of many efforts, with advisory boards, community councils, and other participatory mechanisms guiding decision-making to ensure accountability and alignment with lived experience. Other grantees focused on culturally responsive community training as an

approach through strategies regarding building organizational capacity and creating space for education, dialogue, and empowerment. Often interconnected with other approaches, grantees also invested in the distribution of reproductive health supplies and support tools helped meet immediate needs while also enabling individuals and organizations to navigate services more effectively.

Grantees also invested heavily in building provider capacity. Internal and external training and consultation efforts were a strategy geared to enhanced provider readiness to deliver reproductive and gender-affirming care in an inclusive manner. Additionally, grantees championed and helped build the capacity of the communities they served to be better advocates for their healthcare. Many of these approaches were grounded in community-informed evidence, where grantees used qualitative, quantitative, and participatory methods to tailor their efforts to address the realities of the communities they serve.

The successes achieved through these approaches are significant. Many organizations reported a scaling of service operations, enabling them to reach more people, offer new services, or deepen their work in specific communities. Grantees shared evidence of how they strengthened their internal capacity by expanding staff, securing new funding, broadening services, acquiring essential equipment, and building strategic referral partnerships. These outcomes were often supported by the development of resources and tools, which enabled more effective implementation of strategies and service delivery. Communities benefited from improved health literacy and awareness, particularly through the training of doulas, dissemination of educational materials, and individual learning opportunities. RHEF grantee efforts also resulted in broadened reach and engagement, with organizations expanding into new geographic areas, building connections with other providers and communities, and disseminating health information. Notably, there was a pattern of community civic engagement, where community members actively engaged in advocacy and storytelling to advocate for their health.

At the same time, grantees faced persistent and complex systemic challenges. Barriers to cross-organizational collaboration were common, including lack of resources, institutional conflict, and bureaucratic hurdles that limited coordinated action. Fears and perceived risks among both providers and community members regarding privacy, safety, and stigma presented obstacles to engagement and participation. Many organizations grappled with limited language accessibility, particularly when developing materials, conducting outreach, or discussing sensitive topics like abortion in culturally nuanced ways. Finally, insufficient infrastructure for health equity, especially in under-resourced regions, continued to constrain what organizations could achieve. A lack of staffing and reliable health access systems created ongoing barriers that grantees had to navigate in their efforts to increase access to reproductive and gender-affirming healthcare.

Taken together, these findings point to a critical need for continued and flexible support to sustain the progress grantees have made. The momentum generated by this work is strong, but without long-term investment in organizational infrastructure, multilingual and culturally relevant resources, and capacity-building for collaboration and advocacy, gains may be difficult to maintain or scale. Without addressing the structural conditions, such as

underfunded public systems, policy restrictions, and institutional silos, there will be ongoing limitations to the effectiveness of even the most innovative and community-led work.

Overall, the efforts of RHEF grantees show that when community-based organizations are trusted, resourced, and supported, they can lead transformative work that extends well beyond direct service delivery. These organizations play a critical role in advancing reproductive and gender-affirming care in ways that are responsive and rooted in community needs. Sustained investment is essential not only to maintain progress, but also to deepen impact and expand access to equitable and affirming care for all.

Annex 1: Methodology for Evaluation Question 1

Sankofa conducted semi-structured interviews with 19 key informants with representatives of the grantees that know the most about the operations and inception to address **Evaluation Question 1 (How did the RHEF systems change portfolio contribute to reducing inequities in healthcare)**. These included a range of people with varying roles on their grants including a program director, coordinator, curriculum developer, etc. These interviews ranged from 45 minutes to an hour and provided in-depth insights into the program's historical context, approach, administration, achievements, and challenges enriching our understanding of the system wide efforts of RHEF grant portfolio.

RHEF Grantee Interviewees	
Basic Rights Oregon	Oregon Health Equity Alliance
Black Food Sovereignty	Oregon School-based Health Alliance
Cultural Heritage Partners	Ostara Initiative
Douglas Latinas	Outside In
La Clinica	Pride in Numbers
Latino Network	South Coast Equity Coalition
Latinos Unidos Siempre	The Raven Collective
Micronesian Islander Community	Virginia Garcia Memorial Health Center
Future Generations Collaborative	
Northwest Abortion Access Fund	
Oregon Community Health Workers Association	

The evaluation was supplemented by a comprehensive desk review of grantee proposals, progress reports, and case studies to provide additional context and inform our interview questions and analytical framework.

Qualitative data from the interviews were thematically coded. Analysis started with deductive coding to identify approaches to implementing their efforts, successful outcomes, and challenges encountered by RHEF grantees. We then switched to an inductive approach to analysis which helped identify and interpret underlying patterns, allowing for the extraction of themes directly regarding efforts towards reproductive justice. This methodological framework ensured a thorough exploration of the data, capturing a nuanced understanding of how the RHEF influenced grantees efforts to increase access.

While the evaluation provides useful insights into the program's effectiveness and achievements, the methodology used has several constraints that may affect the comprehensiveness and depth of the findings. One primary limitation was the small number of key informants. We had access to 24 grantees and were only able to interview 19 of them. Furthermore, we used previous interviews conducted to address Evaluation Question 2 to ensure to capture insights from grantees that we could not interview for this

evaluation. Additionally, the scope of the evaluation was further limited as interviews with two research institutions were not possible, which could have enriched insights into the research strategies. This methodological approach, while practical, may not have captured the full diversity of experiences and perspectives among the grantees. Ultimately, these findings should be interpreted with an understanding of these constraints.

Annex 2: Interview Protocol for Evaluation Question 1

OVERVIEW OF EVALUATION QUESTION 1 AND RESPONDENTS

Evaluation Question 1: Did the RHEF systems change portfolio increase equity in healthcare? This question will explore the extent to which grantees at the portfolio level increased access to and the availability of reproductive and gender-affirming healthcare. The dimensions we use to define access include **expanding the knowledge base**, **increasing awareness**, **capacity to provide services**, the **appropriateness of services being offered** and the ability of organizations to be **effective advocates**. Expanding knowledge refers to filling in gaps of understanding about LGBTQIA and Two-Spirit communities. Awareness means that relevant information and services are available and disseminated so individuals have the knowledge to make decisions about their own healthcare. Capacity refers to the extent organizations and/or their partner organizations and providers have expanded capacity to provide services addressing the needs of individuals seeking reproductive and gender-affirming healthcare. Appropriateness is defined as information and services meeting and addressing clients' specific needs. Lastly, effective advocates refer to grantees serving as champions within their communities, regions and states.

Based on the four semi-structured questionnaires presented, the evaluation team will create a single questionnaire tailored to the grantee based on the focus of its grant as it relates to the above dimensions used to describe increased access and availability of reproductive and gender-affirming healthcare.

Grantee	Knowledge Base	Info Dissemination / Increased Awareness	Access / Availability of Services	Champions / Advocates
Basic Rights Oregon (Statewide)		X		X
Black Food Sovereignty Coalition			X	
Doulas Latinas			X	
Future Generations			X	
La Clinica			X	
Latino Network				X
Latinos Unidos Siempre		X	X	X
Micronesian Islander Community		X		
Cultural Heritage Collective				X
Northwest Abortion Access Fund			X	
The Raven Collective			X	
OHSU	X			
Oregon Community Health Worker Association (ORCHWA)			X	

Grantee	Knowledge Base	Info Dissemination / Increased Awareness	Access / Availability of Services	Champions / Advocates
Oregon Health Equity Alliance	X			
Oregon School-Based Health Alliance		X		X
Ostara Initiative				
Outside In			X	
Pride In Numbers (FKA Queer Data Project)	X			
South Coast Reproductive Justice		X		
Unite Oregon		X	X	X
Virginia Garcia Memorial Health Center			X	

We organized the interview protocols with **blue blocked headings**. The first section contains a common interview script and protocol for all interviews. This is followed by the set of interview questions for the four focus areas. The [bracketed information] is further guidelines for interviewer(s). The **blue font** within the questions are transition statements. The tone of the interviews will reflect the value of the established relationships that Seeding Justice (with Sankofa as a representative) and draw upon nuanced stories typically not captured in reports.

INTRODUCTION AND INFORMED CONSENT [ALL INTERVIEWEES]

Organization			Date of Interview:		
Interviewee(s):					
Interviewer:					
Focus Areas:		Knowledge		Info/Awareness	
				Availability	
					Champions

GRANT SUMMARY

[Please cut and paste a description of the grant from internal notes.]

Thank you for taking the time to speak with [ME/US] today. [WE/I] really appreciate your willingness to share your experiences and insights. [WE/I] know that some of the most powerful parts of this work often go beyond what's captured in reports, and [WE'RE/I'M] here to better understand those stories.

I'm [NAME] from Sankofa Consulting where I'm the [ROLE]. I use [PRONOUNS], and I'm joining from [LOCATION]. **[IF APPLICABLE: I want to acknowledge that I'm on the traditional lands of [NAME OF INDIGENOUS PEOPLE]. [If a second person is on call, that person will also introduce themselves in a similar manner]**

[WE'RE/I'M] conducting this interview on behalf of Seeding Justice to better understand the extent to which the RHEF systems change grant portfolio contributed to increasing the access to and the availability of reproductive and gender-affirming healthcare. The dimensions we use to define access include **expanding the knowledge base, increasing awareness, capacity to provide services, the appropriateness of services being offered** and the ability of organizations to be **effective advocates**. [WE'RE/I'M] especially interested in your work around [insert focus area] advocacy for reproductive health equity and gender-affirming care. This evaluation will be used by Seeding Justice to inform the final RHEF report and future approaches to increasing equity in healthcare for all Oregonians.

Your responses will remain confidential and used only for this project.

With your permission, [WE'D/I'D] like to record the conversation so we can capture your words accurately.

You're welcome to skip questions, pause, or stop the interview at any time. It should take about 45 minutes.

Do [WE/I] have your permission to proceed?

[START RECORDING]

Do you have any questions before we begin?

INTERVIEW QUESTIONS FOR KNOWLEDGE BASE

[WE/I] read your grant application and mid-term report, and we would like to learn more about your project to draw out those valuable stories.

1. Please tell us a little bit more about your project.
2. Do you have other funders also supporting this research? If yes, did you leverage RHEF funding to obtain additional funding?
3. We understand the objectives of your research were: *[Insert here from grant proposal]*. Is this correct?
4. Please give a brief overview of the methodology.
 - *[PROBE]* Respondent population / Sample size
5. Have you finished the research?
6. How will / is this information being used?
7. How will / are these data being disseminated? Will the data be publicly available?

8. Why was this research important?
9. [ASK ALL INTERVIEWEES EXCEPT OHSU] What top 3 knowledge gaps do you think remains for reproductive health and GAC efforts in Oregon?

[ASK ONLY OHSU]: What are the most critical knowledge gaps that remain to be filled for [REPRODUCTIVE HEALTHCARE / GENDER-AFFIRMING HEALTHCARE] in Oregon?

Thank you for your thoughtful responses. Now, [WE'D/I'D] like to move on to the final few questions to wrap up the interview.

10. Is there anything else you would like Seeding Justice to know about your grant or the RHEF process?
11. Is there anything else you would like the State Legislature to know about expanding the knowledge base on gender-affirming and/or reproductive healthcare?

INTERVIEW QUESTIONS FOR INFORMATION DISSEMINATION AND INCREASED AWARENESS

[WE/I] read your grant application and mid-term report, and we would like to learn more about your project to draw out those valuable stories.

1. Please tell us a little bit more about your project.

[WE'D/I'D] like to learn more about each of these aspects. Let's start with your education and campaign work.

2. What were the objectives of your outreach and education campaign?
 - [PROBES]
 - i. Key themes or messages
 - ii. Audience
 - iii. Means of dissemination
3. Why was this campaign important?
4. How did you tailor your outreach and education campaign to reach certain groups?
5. How effective was your outreach and education campaign?
 - [PROBE] Reach

6. What else needs to be done so that people are more informed about [REPRODUCTIVE HEALTHCARE / GENDER-AFFIRMING HEALTHCARE], available services, and rights?
[TAILOR THE QUESTION TO THE GRANT AND THE PREVIOUS RESPONSES]

Thank you for your thoughtful responses. Now, we'll move on to the final few questions to wrap up the interview.

7. Is there anything else you would like Seeding Justice to know about your grant or the RHEF process?
8. Is there anything else you would like the State Legislature to know about your program or needs for expanding the knowledge base?

INTERVIEW QUESTIONS FOR EXPANDED ACCESS AND/OR AVAILABILITY OF SERVICES

[WE/I] read your report, and we would like to learn more about your project to draw out those valuable stories.

1. Please tell us a little bit more about your project.

Now, [WE'D / I'D] like to know more details about the services you provided with RHEF funds.

2. What gap in services were you filling?
 - *[PROBE]* For whom?
3. What specific services for [REPRODUCTIVE HEALTHCARE / GENDER-AFFIRMING HEALTHCARE] care were funded through this grant?
4. Are these new services or existing services?
5. Did you build your own organization's capacity to provide services or address a need with this grant?
 - a. *[PROBE]* If YES, please describe. If NO, to what extent did you work with other organizations, how and with whom?
6. Did you purchase equipment or infrastructure?
 - a. *[PROBE]* If yes, what did you purchase?
7. Did you provide mentoring/training to expand the number of service providers?
 - a. *[PROBE]* If yes, please describe the trainees and the type of mentoring/training they received.
8. Did your organization or the groups you worked with tailored information and services meet the needs of specific groups of people?

[PROBE] If yes, how?

9. [WAS / WERE] [YOUR ORGANIZATION / YOUR PARTNERS / TRAINEES] successful in expanding access or availability of services?

a. [PROBE] If YES, what was the impact? If NO or NOT ENTIRELY, why not?

10. Can you tell me a story about a time when someone utilized your services?

11. How has this grant strengthened your organization?

Thank you for your thoughtful responses. Now, we'll move on to the final few questions to wrap up the interview.

12. Is there anything else you would like Seeding Justice to know about your initiative

- [PROBES]
- Relationship building with other RHEF grantees
- Any unexpected opportunities or outcomes

13. Is there anything else you would like the State Legislature and Oregon Health Authority to know about your program or needs for providing adequate reproductive health and gender-affirming care in Oregon?

INTERVIEW QUESTIONS FOR CHAMPIONS WITHIN THEIR COMMUNITIES / REGIONS / STATE

[WE/I] read your report, and we would like to learn more about your project to draw out those valuable stories.

1. Please tell us a little bit more about your project.

[WE'D/I'D] like to now switch our focus to get additional details about your advocacy work.

1. What was the aim of your advocacy work?

- [PROBES]
 - a. What were you hoping to change?
 - b. Was this at an institution, in a community, across a region or throughout the state?

2. Who did you support to help lead these efforts and how?

3. Did you partner with other organizations? If so, how?

4. What tactics and tools did you use to advocate for change?

5. To what extent is your organization or the people you partner with are more effective champions for reproductive justice and gender-affirming care? Please explain.
6. What is next on your advocacy agenda?

Thank you for your thoughtful responses. Now, we'll move on to the final few questions to wrap up the interview.

7. Is there anything else you would like Seeding Justice to know about your grant or the RHEF process?
8. Is there anything else you would like the State Legislature to know about your program or needs for changing policy, rules or institutions as it relates to your work?

CONCLUSION [ALL INTERVIEWEES]

That concludes our interview. Thank you again for your time and valuable insights. Please welcome to contact [ME/US] if you find you have anything else to add. [SHARE CONTACT INFORMATION]