reproductive health access project

2016 | 2017 Annual Report

reproductive
health
access
project

Mission

The Reproductive Health Access Project is a national nonprofit that mobilizes, trains, and supports primary care clinicians to make reproductive health care accessible to everyone. We focus on three key areas: Abortion, contraception, and miscarriage care.

Cover photography by Chris Doyle

A Message from the **Executive Director** and **Board President**

Danielle Pagano (left) and Lisa Maldonado

It has been a tumultuous two years – a reproductive health rollercoaster ride that doesn't seem close to ending.

We started 2016 hopeful that the Supreme Court would, via the *Whole Woman's Health v. Hellerstedt* case, make a definitive ruling on just how far states could go in legislating away abortion access. By June, when the Court decided in favor of *Whole Woman's Health* and overruled Texas's strict abortion law, HB2, the Court made clear that those trying to curb access to abortion had gone too far. Finally! A victory in Texas that could help other states as well.

By November 2016, though, we were facing an entirely new political landscape and we had no idea what to expect. We braced for the worst from an administration promising to deny access to reproductive health care through funding cuts, dismantling of the Affordable Care Act, and anti-choice judicial appointments.

But overnight, interest in our work seemed to explode! Clinicians all across the country reached out to us to find out how they could get involved. Supporters across the country hosted parties, comedy shows, and theater productions, dedicated their birthdays, put us on their wedding registries--all to help us raise funds to do the important work that needs to be done to defend and increase access to reproductive health care.

By the end of 2016, our Reproductive Health Access Network of clinical reproductive health champions had grown, from working on the ground in seven states to working on the ground in 10 states. By the end of 2017, we had over 1500 clinician members across 46 states and were working on the ground in 18 states! We hired new staff and by the end of 2017 moved to a new, larger office. Our clinical training and support programs grew as well. We rolled out a new fellowship site in the Midwest and started developing another on the west coast. We translated our educational materials into multiple languages, and launched our miscarriage care initiative in five new states.

The work we do and how we do it hasn't changed, but over the past two years the impact of what we do has intensified. We are still focused on integrating abortion, contraception, and management of early pregnancy loss care into the mainstream health care system. We strive to strategically focus our resources and develop partnerships and collaborations that will allow us to make inroads in parts of the country that need our services the most. We can not, and do not, take access to reproductive health care for granted!

We continue to work hard to imagine different, better ways of providing reproductive health care and to figure out how to work around and remove the significant barriers in our way.

Thank you for your support of the mission and work of the Reproductive Health Access Project. It means the world to us, now more than ever.

In solidarity,

Lisa Maldonado

Lisa Maldonado
Executive Director

Danielle Pagano

Danielle Pagano
Board President

Reproductive Health Care and Advocacy Fellowship

Developing Physician Leaders and Advocates in Family Medicine

RHAP developed the Reproductive Health Care and Advocacy Fellowship to address the significant deficiency in reproductive health training in the United States. While 80% of people in the country receive health care from primary care providers—such as family physicians, nurse practitioners, midwives, and physician assistants—less than 6% of family medicine residency programs (and only half of OB/GYN residencies) provide comprehensive reproductive health training.

This year-long clinical fellowship develops physician leaders who will promote, provide, and teach abortion, contraception, and miscarriage care within family medicine. Fellows spend the year as teachers in training, learning to perform and teach full-spectrum reproductive health care procedures. They then go on to share what they've learned by training other clinicians in regions throughout the country.

RHAP Fellows Practice and Train

Services offered by RHAP fellows, upon completion of their Reproductive Health Care and Advocacy Fellowship:

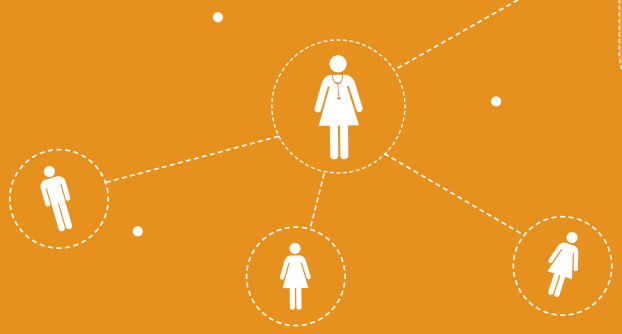
100% contraceptive services

67% abortion services

100% miscarriage care

78% train other clinicians

Source: Evaluation of the Reproductive Health Care and Advocacy Fellowship, 2016.



Celebrating 10 Years of the Fellowship

In 2017, RHAP celebrated the 10th year of its Reproductive Health Care and Advocacy Fellowship. At the anniversary event, RHAP recognized Dr. Honor MacNaughton (above left), RHAP's first fellow and now the National Fellowship Director, with the Trailblazer Award, and Dr. Martha Simmons (above right), RHAP's fellow from 2015, with the Clinician Advocacy Award.

CLICK HERE

to view a video of highlights from the Fellowship Anniversary event.

My Fellowship Experience

Carrie Pierce, MD
Klamath Falls, Oregon

Reproductive Health Care and Advocacy Fellow, 2014; Cascades East Family Medicine Residency, Klamath Falls, Oregon; Provider at Planned Parenthood of Southwest Oregon; Assistant professor of family medicine, Oregon Health and Science University

I first got to know RHAP in residency because of their patient education handouts. I'd Google and print RHAP's "Your Birth Control Choices" handout to give to patients so often that my residency colleagues used me as the person who could find the good birth control information.

During my RHAP fellowship, I had the benefit of spending an entire year with the RHAP team. I became expert with my procedural skills and learned how to teach these skills to others. I also started my training in advocacy so that I could speak convincingly and confidently to a government official, a reporter, or a clinical colleague around sometimes contentious issues in reproductive rights and justice.

It's not an exaggeration to say that I wouldn't be the doctor or teacher I am today without the support RHAP gave me and continues to give. I work in a rural residency program, and am able to teach my residents more comprehensive reproductive health skills. So when my residents move to an isolated community to be the sole town doctor, patients in their communities will have access to skilled, compassionate care. That means they won't have to be referred to a gynecologist two hours away for miscarriage care. They won't have to suffer a major pregnancy complication, such as hemorrhage from retained placental tissue, which can be fatal, since their community doctor received the training to deal with these complications. And because RHAP taught me to be a teacher, its reach expands from me to every clinician I help teach.

Half of my job is training resident doctors, so I'm lucky enough to do tons of training. While I get to teach everything in family medicine, I really enjoy teaching residents how to provide great reproductive health care. This can be prenatal care and delivering babies, doing colposcopies, inserting a tricky IUD, or focusing on the finer points of language in the exam room to make sure the patient is as comfortable

as possible. I'm working to incorporate abortion training into our core curriculum, and am pleased at how excited my residents are to learn this essential skill.

Because of RHAP's training and support, I've been able to serve as an advocate for reproductive health care in so many ways. I've spoken with congressional representatives and senators around healthcare issues. I've had letters to the editor published advocating for increasing comprehensive reproductive health funding in public insurance, and on funding my state's Medicaid program. I've been interviewed on radio, podcasts, and in print supporting abortion rights and reproductive health care access.

"I work in a rural residency program, and am able to teach my residents more comprehensive reproductive health skills. So when my residents move to an isolated community to be the sole town doctor, patients in their communities will have access to skilled, compassionate care."

I work with other RHAP network members to advocate for policy changes within our national academy of family physicians, and in my state chapter. I've served as an expert reviewer for monographs on obstetrical care and contraception, and I present nationally on reproductive health topics so to help my colleagues around the country stay up to date and provide the best possible care. Most importantly to me, I've been able to advocate on behalf of my patients to my colleagues and hospital administrators to improve access to outpatient options for miscarriage management with a patient's own family physician. I continue to work on advocacy projects to get patients in my rural, underserved community access to abortion care in their own town with their own doctors. It's a long fight, but one I think we can eventually win.

One of our clinicians, not a pregnancy expert, had a pregnant patient with vaginal bleeding. I was able to help her manage this and get appropriate testing to confirm the patient was miscarrying. I was able to give the patient resources (straight from the RHAP website, no less!) to inform her about her options for managing her miscarriage. When, after a few days, the patient decided to try medication to finish the miscarriage, I was able to take the reins and guide the patient through the process. We talked about how, if the medication wasn't successful, I could do a uterine evacuation procedure right in our office. The fact that I was able to discuss and provide all options really seemed to give this patient a sense of peace and safety. This was she and her husband's first pregnancy, highly desired, and they didn't know what to do or what to expect with a miscarriage. To be able to guide someone through a highly vulnerable time in her life and help her feel safe and cared for, to help make one of her worst days a little less terrible, is one of the most rewarding experiences in medicine.

Hands-on Reproductive Health Training Center

Training Clinicians in IUD and Contraceptive Implant Insertion and Removal

The IUD and contraceptive implants are the most effective reversible contraception methods available—yet many primary care clinicians are not trained to provide these methods, and training options for community-based clinicians are nearly non-existent.

RHAP's Hands-on Reproductive Health Training Center—piloted with support from the New York City Department of Health and in collaboration with the Institute for Family Health—consists of a six-session, hands-on training curriculum that teaches community-based primary care providers these valuable IUD and contraceptive implant insertion and removal skills. In 2016 and 2017, RHAP trained 36 physicians, nurse practitioners, and physician's assistants.

Photography by Chris Doyle

Miscarriage Care Initiative

Integrating Management of Early Pregnancy Loss Into Primary Care

While one in five pregnancies results in miscarriage, most primary care providers are not trained in miscarriage care. RHAP believes that everyone experiencing early pregnancy loss should be able to access high quality, patient-centered care within their own communities.

Too often, people experiencing a miscarriage are sent to the emergency room for treatment, which can be frightening and traumatizing during such a difficult time. With the right training and support, family physicians and other primary care providers can treat early pregnancy loss in their own clinical settings, offering their patients greater familiarity and comfort.

RHAP's Miscarriage Care Initiative (MCI) provides support for community based health care organizations to integrate the treatment of early pregnancy loss into their practices. The program covers all three forms of miscarriage management—expectant, medication, and aspiration management.

In 2016-2017, RHAP partnered with organizations to offer MCI training at new federally qualified health centers in Colorado, California, Maine, Illinois, and Indiana. The MCI has provided training at 14 sites in nine states since its inception in 2013.

Photography by Chris Doyle

Reproductive Health Access Network

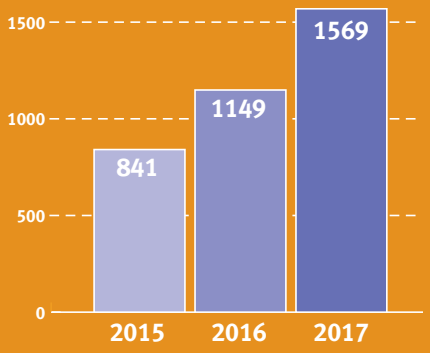
Connecting Clinicians and Developing Advocates

RHAP's Reproductive Health Access Network connects pro-choice providers and helps them navigate the challenges of adapting their practices or health centers to provide comprehensive reproductive care. Through RHAP's fellowships, grants, and training programs, network members receive hands-on training and financial and technical assistance, and learn how to become advocates in their field.

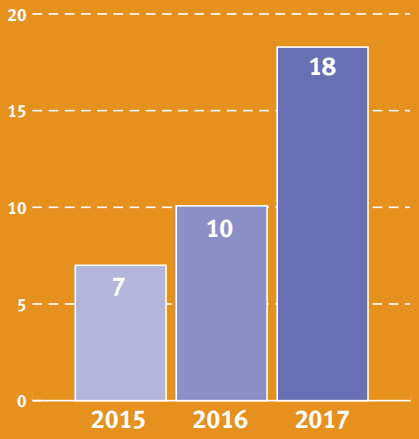
RHAP's network includes a wide variety of reproductive health champions including family physicians, nurse practitioners, midwives, and physician assistants, and covers abortion care, contraception, and miscarriage care.

After the 2016 election, RHAP experienced significant growth in its network membership, as providers across the country prepared for the new administration's attack on access to reproductive health care. At year-end 2017, RHAP was sponsoring 18 local network clusters throughout the country where members share information, discuss local barriers to care, and advocate at the community and statewide levels.

Reproductive Health Access Network Membership



Reproductive Health Access Network Clusters



Professional Organization Advocacy

Through the Reproductive Health Access Network, RHAP encourages clinicians to participate in professional organizations that can be valuable vehicles for creating change, such as the American Academy of Family Physicians (AAFP) and the Accreditation Council for Graduate Medical Education (ACGME).

RHAP's medical director is a founder and leader in the Reproductive Health Care Member Interest Group within the AAFP, which is the largest family medicine organization in the country. This interest group works to improve AAFP policies around reproductive health care in family medicine by allowing members to collaborate and present a unified message on reproductive health issues to AAFP leadership. The interest group also acts as a source for identifying and cultivating pro-choice, pro-contraception family medicine leaders across the country.

The leadership of RHAP's medical director, Dr. Linda Prine, is key to helping RHAP organize clinicians throughout the country who support increasing access to reproductive health care. In 2016, Dr. Prine received the Catherine Abate Memorial Award from the Community Health Center Association of New York State for her efforts to expand access to full-spectrum reproductive health care in community health center settings, and the Robert A. Hatcher Family Planning Mentor Award from the Society of Family Planning for impact as a teacher and mentor.

Tools and Resources

Building a Free Online Library for Clinicians and Patients

RHAP's evidence-based patient education materials and clinical tools have become the go-to resource for primary care clinicians and their patients.

RHAP's online library of 168 patient education materials, clinical tools, and teaching resources provides the latest information about contraceptive, abortion and miscarriage care, enabling clinicians to provide better care by helping patients make informed decisions about their reproductive health. All RHAP materials are based purely on scientific evidence, free from "big-pharma" influence and funding, and easy to read and understand.

Patient Education Materials

RHAP's patient education handouts and posters are displayed and distributed at primary care offices, college-based health centers, family planning clinics, city and county health departments, and federally qualified health centers, which provide care to our nation's most underserved communities.

Materials cover topics such as birth control options, preconception care, emergency contraception, medication abortion, and miscarriage care options, and can be downloaded free of charge from RHAP's website. Larger printed formats are also available for purchase.

Clinical Tools

RHAP's clinical tools educate primary care clinicians about the latest best practices in reproductive health care.

- *Insights Into Abortion and Miscarriage Care* is an e-newsletter issued bi-monthly and produced in collaboration with UCSF's Innovating Education in Reproductive Health. Recent topics included ultrasonography and medication abortion and pain management for uterine aspiration.
- *Contraceptive Pearls* is RHAP's monthly e-newsletter designed to improve and expand access to contraception. Recent topics included post-partum IUD insertion, continuous use of contraception, and providing reproductive health care to survivors of sexual violence.

Photography by Chris Doyle

Translating Education Materials for Greater Access

RHAP's translation initiative works to ensure that its materials are available and accessible to as many people as possible—especially to underserved and immigrant populations. To ensure accuracy and ease of understanding, materials are extensively field-tested and reviewed by native-speaking clinicians and patients, and are written to comply with International Patient Decision Aid Standards. At year-end 2017, RHAP's materials were available in six languages: English, Spanish, Chinese, Simplified Chinese, Vietnamese, and Hindi.

CLICK HERE

to access RHAP's library of patient education materials.

Các Lựa Chọn Tránh Thai Của Quý Vị

Biện pháp	Biện pháp này có tác dụng tốt đến mức nào?	Cách sử dụng	Ưu điểm	Nhược điểm
Que cấy Nexplanon® 	> 99%	Bác sĩ đặt que cấy bên dưới da của bắp tay Que cấy phải do bác sĩ tháo ra	Có tác dụng kéo dài (tối đa 5 năm) Không cần uống viên thuốc tránh thai hàng ngày Thường làm giảm co thắt Có thể dùng trong giai đoạn cho con bú Quý vị có thể mang thai ngay sau khi tháo que cấy	Có thể gây chảy máu bất thường Sau 1 năm, quý vị không có kỳ kinh nào cả Không phòng chống được vi rút gây suy giảm miễn dịch ở người (HIV) hoặc các bệnh lây truyền qua đường tình dục (STI) khác.
Dụng Cụ Tránh Thai Progestin Liletta®, Mirena®, Skyla® và các dụng cụ khác 	> 99%	Phải do bác sĩ đặt trong tử cung Thường do bác sĩ tháo ra	Có thể đặt trong tử cung 3 tới 7 năm, tùy thuộc vào loại IUD quý vị chọn Không cần uống viên thuốc tránh thai hàng ngày Có thể cải thiện chứng co thắt trong kỳ kinh và hiện tượng ra máu Có thể dùng trong giai đoạn cho con bú Quý vị có thể mang thai ngay sau khi tháo dụng cụ tránh thai	Có thể khiến kinh nguyệt ít hơn, chảy máu rỉ giọt hoặc không có kinh nguyệt Tử cung hiếm khi bị thương trong khi đặt dụng cụ Không phòng chống được HIV hoặc các bệnh STI khác
Dụng Cụ Tránh Thai Bằng Đồng ParaGard® 	> 99%	Phải do bác sĩ đặt trong tử cung Thường do bác sĩ tháo ra	Có thể đặt trong tử cung tối đa 12 năm Không cần uống viên thuốc tránh thai hàng ngày Có thể dùng trong giai đoạn cho con bú Quý vị có thể mang thai ngay sau khi tháo dụng cụ tránh thai	Có thể gây co thắt nhiều hơn và kinh nguyệt nhiều hơn Có thể gây chảy máu rỉ giọt giữa chu kỳ Tử cung hiếm khi bị thương trong khi đặt dụng cụ Không phòng chống được HIV hoặc các bệnh STI khác
Thuốc Tiêm Tránh Thai Depo-Provera® 	94%	Tiêm thuốc 3 tháng một lần	Mỗi mũi tiêm có tác dụng trong 12 tuần Riêng tư Thường giảm kinh nguyệt Giúp phòng tránh ung thư tử cung Không cần uống viên thuốc tránh thai hàng ngày Có thể dùng trong giai đoạn cho con bú	Có thể gây chảy máu rỉ giọt, không có kinh nguyệt, tăng cân, trầm cảm, thay đổi tóc hoặc da, thay đổi ham muốn tình dục Có thể khiến trì hoãn mang thai sau khi quý vị dừng tiêm thuốc Tác dụng phụ có thể kéo dài tối đa 6 tháng sau khi quý vị dừng tiêm Không phòng chống được HIV hoặc các bệnh STI khác
Thuốc Viên Tránh Thai 	91%	Phải uống viên thuốc tránh thai hàng ngày	Có thể làm cho kỳ kinh đều hơn và ít đau hơn Có thể cải thiện triệu chứng PMS Có thể cải thiện tình trạng mụn trứng cá Giúp phòng tránh ung thư buồng trứng Quý vị có thể mang thai ngay sau khi dừng dùng viên thuốc tránh thai	Có thể gây buồn nôn, tăng cân, đau đầu, thay đổi ham muốn tình dục – quý vị có thể làm dịu một số triệu chứng này bằng cách đổi sang dùng một nhãn hiệu thuốc mới Có thể gây chảy máu rỉ giọt trong 1-2 tháng đầu Không phòng chống được HIV hoặc các bệnh STI khác
Thuốc Viên Tránh Thai Chỉ Chứa Progestin 	91%	Phải uống viên thuốc tránh thai hàng ngày	Có thể dùng trong giai đoạn cho con bú Quý vị có thể mang thai ngay sau khi dừng dùng viên thuốc tránh thai	Thường gây chảy máu rỉ giọt và có thể kéo dài trong nhiều tháng Có thể gây ra cảm giác buồn chán, thay đổi tóc hoặc da, thay đổi ham muốn tình dục Không phòng chống được HIV hoặc các bệnh STI khác
Miếng Dán Tránh Thai Ortho Evra® 	91%	Dùng miếng dán tránh thai mới một tuần một lần trong ba tuần Không dùng miếng dán tránh thai trong tuần thứ 4	Có thể làm cho kỳ kinh đều hơn và ít đau hơn Không cần uống viên thuốc tránh thai hàng ngày Quý vị có thể mang thai ngay sau khi dừng dùng miếng dán tránh thai	Có thể gây kích ứng da bên dưới miếng dán tránh thai Có thể gây chảy máu rỉ giọt trong 1-2 tháng đầu Không phòng chống được HIV hoặc các bệnh STI khác
Vòng Tránh Thai Nuvaring® 	91%	Đặt một vòng tránh thai nhỏ vào âm đạo Thay vòng tránh thai mỗi tháng	Một kích thước phù hợp với tất cả Riêng tư Không yêu cầu chất diệt tinh trùng Có thể làm cho kỳ kinh đều hơn và ít đau hơn Không cần uống viên thuốc tránh thai hàng ngày Quý vị có thể mang thai ngay sau khi dừng dùng vòng tránh thai	Có thể làm tăng tiết dịch âm đạo Có thể gây chảy máu rỉ giọt trong 1-2 tháng đầu sử dụng Không phòng chống được HIV hoặc các bệnh STI khác

Dự Án Nhận Chăm Sóc Sức Khỏe Sinh Sản / Tháng 06 năm 2018 www.reproductiveaccess.org

RHAP's "Your Birth Control Choices" translated into Vietnamese.

Policy and Advocacy

Raising Awareness of State, Local and National Policies

Providing abortion, contraception, and miscarriage care in the United States shouldn't be political, but it is. More and more local, state, and national laws and policies are being proposed and passed that affect nearly every aspect of the work RHAP does. While RHAP is not a policymaking organization, it does collaborate with other groups and organizations to raise awareness to critical issues and to support policy and advocacy initiatives that align with our mission.

Here are highlights of some of the ways RHAP worked with others in 2016-2017 to support laws and policies that expand and protect access to reproductive health care.

RHAP supported efforts to:

- Enact the New York Health Act, supporting health care as a human right.
- Expand abortion access in federal political party platforms.
- Expand federal abortion care and funding.
- Enact the New York Comprehensive Contraceptive Coverage Act to broaden insurance coverage of contraceptives.

RHAP opposed efforts to:

- Repeal the Affordable Care Act (ACA).
- Restrict coverage of contraception and abortion under the ACA.
- Repeal the Johnson Amendment, which prevents religious and nonprofit organizations from endorsing or opposing political candidates.
- Appoint federal officials and justices opposing abortion access.
- Implement the "Mexico City" policy ("global gag rule") blocking federal funding for non-governmental organizations that provide abortion counseling or referrals.
- Limit Title X funding.
- Defund Planned Parenthood.

RHAP also worked to increase awareness of reproductive health issues by:

- Holding a panel discussion about "targeted regulations of abortion providers," also known as "TRAP laws," following the screening of the movie *Trapped*.
- Creating a website, "Vote 2016: Get the Facts," about state and federal candidates' positions on reproductive care.
- Joining thousands of advocates at the Rally to Protect Abortion Access at the U.S. Supreme Court for the argument in the *Whole Woman's Health v. Hellerstedt* case.
- Holding events to oppose the Hyde Amendment and commemorate the *Roe vs. Wade* decision.
- Honoring the work of its fellows and commemorating 10 years of the Reproductive Health Care and Advocacy Fellowship.
- Marching with thousands of advocates at the 2017 Women's March in New York City.

Whole Woman's Health v. Hellerstedt

In an important 5-3 decision, the U.S. Supreme Court ruled in June 2016 that Texas law HB2 posed an undue burden for those seeking to exercise their constitutional right to an abortion.

HB2 required abortion clinics to meet the same standards as ambulatory surgical centers, even when offering only medication abortion. Requiring clinics to meet hospital operating room standards has a particularly detrimental affect on smaller, independent clinics. HB2 also required abortion providers to have admitting privileges to a hospital within 30 miles of the clinic, which disproportionately affects rural clinics. RHAP opposed HB2, and submitted an amicus brief in the case in 2015.

While the decision is a major milestone in dismantling the hundreds of medically unnecessary laws that block access to abortion, the fight is far from over. States across the country continue to pass targeted regulations of abortion providers, or "TRAP" laws, to impose unnecessary and burdensome regulations on abortion providers.

The *Whole Woman's Health* decision was made while the Court had an open seat after the death of Justice Scalia. As the Supreme Court swings further right, abortion rights and access will continue to be endangered.

RHAP supporters and staff joined the Rally to Protect Abortion Access at the U.S. Supreme Court in March 2016, as the Court heard arguments in *Whole Woman's Health v. Hellerstedt.*

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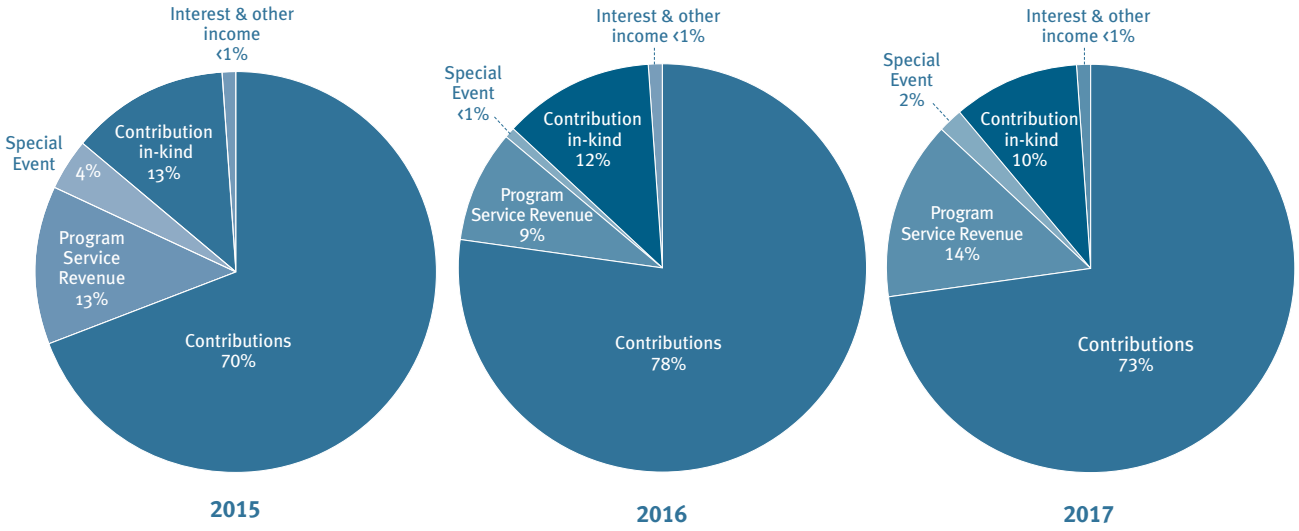
Financials

Fiscal year: April 1 - March 31

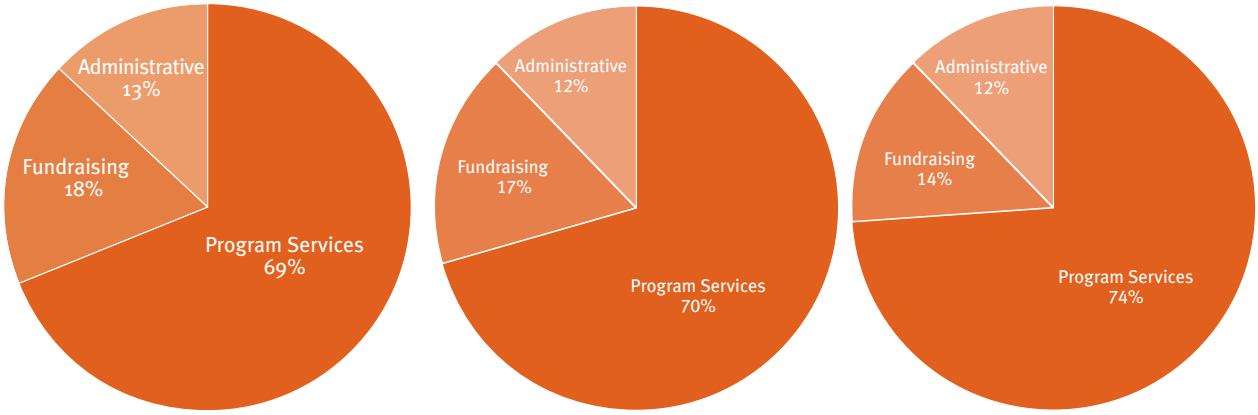
Income	2015		2016		2017	
Contributions	$533,197	70%	$ 735,691	78%	$640,074	73%
Program Service Revenue	$102,075	13%	$88,164	9%	$126,057	14%
Special Event	$27,086	4%	$1,487	<1%	$21,762	2%
Contribution in-kind	$94,940	13%	$112,061	12%	$90,229	10%
Interest & other income	$148	<1%	$113	<1%	$371	<1%
Total Income	**$757,446**		**$937,516**		**$878,493**	
Net assets, beginning of year	**$203,586**		**$224,270**		**$456,505**	
Net assets, end of year	**$224,270**		**$456,505**		**$291,059**	



Financials

Fiscal year: April 1 - March 31

Expenses	2015		2016		2017	
Program Services	$507,922	69%	$496,641	70%	$769,390	74%
Fundraising	$132,333	18%	$121,998	17%	$148,817	14%
Administrative	$96,507	13%	$86,642	12%	$125,732	12%
Total Expenses	**$736,762**	**100%**	**$705,281**	**100%**	**$1,043,939**	**100%**



2015 2016 2017

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