REPRODUCTIVE RIGHTS ARE HUMAN RIGHTS.

reproductive health access project annual report 2018-2019

reproductive
health
access
project

Contents

Let's say you wanted an
Abortion...
Contraception...
Miscarriage Care...

Shouldn't your
Doctor...
Nurse...
Clinician...
provide reproductive health care as easily as a physical?

Imagine, you walk into your doctor's office because of the flu and you learn that you're pregnant – wouldn't you want to discuss your reproductive options right then and there?

THAT'S HOW WE ENVISION REPRODUCTIVE HEALTH CARE: SEAMLESSLY INTEGRATED AND MAINSTREAMED INTO PRIMARY CARE PRACTICES ALL OVER THE COUNTRY.

WELCOME

LETTER FROM LISA & DANIELLE

It's been quite the year. Our worst fears of Kavanaugh joining the Supreme Court have been confirmed: abortion bans have been introduced in state after state to force the Court to reconsider Roe v. Wade. Georgia, Kentucky, Mississippi, and Ohio have passed laws which could ban abortion for pregnancies as early as six weeks, when most people don't know that they're pregnant. Alabama banned all abortions outright, even in cases of rape and incest.

For advocates of abortion access like us, we're operating in a dire political climate. It's no longer enough to continue doing the work that we do best, which is to train primary care clinicians to expand reproductive health care into their practice. We now have to mobilize our clinicians to protect this crucial form of health care. Now more than ever, we need to resist. We need to raise our voices.

As we look at RHAP's growth, we're thinking of how we could make even more of an impact. The Reproductive Health Access Network is now 3,600 clinicians strong. This year, we organized 15 medication abortion workshops for 235 clinicians and participants. Our resources and materials have been downloaded hundreds of thousands of times by users all over the world.

But we need to think big, especially as we approach 2020.

Next year, we envision 5,000 primary clinicians all across the country advocating for abortion, contraception, and miscarriage care in their communities. Imagine a cadre of reproductive health leaders training the next generation, not by the hundreds, but by the thousands. If primary care clinicians could be at the forefront of reproductive health care, it would be a big step in ensuring access to all.

At this critical juncture in our nation's history, we're counting on our supporters to help us keep fighting the good fight. RHAP will push ahead to mobilize more nurse practitioners, more residents, more medical and nursing students, to ensure that reproductive health care is not bargained away, as if it's elective, temporary, or discretionary.

We believe that reproductive health care is essential to leading an autonomous life — and it's not up for negotiation. In 2020, we can't let our leaders forget that.

Sincerely,

LISA MALDONADO
Executive Director

DANIELLE PAGANO
Board President

Two clinician leaders participating in a leadership development training

THE REPRODUCTIVE HEALTH ACCESS PROJECT MOBILIZES, TRAINS, AND SUPPORTS CLINICIANS TO MAKE REPRODUCTIVE HEALTH CARE ACCESSIBLE TO ALL. WE FOCUS ON ABORTION, CONTRACEPTION, AND EARLY PREGNANCY LOSS CARE:

ABORTION

MEDICATION ABORTION WORKSHOPS

In 2019, we hosted **16** workshops for **246** clinicians

WHERE DO THEY PROVIDE CARE?

36% provide care in Federally Qualified Health Centers (FQHCs)
Provide care in these states: NC, MA, RI, NY, IL, ME, OR

ABORTION 101 WORKSHOPS WITH PAPAYAS

2018 - **11** workshops and **164** participants | 2019 – **26** workshops and **308** participants
Hosted in these states/territories: NY, DC, CT, MD, OH, NJ, MN, Puerto Rico, WA, PA, CO, NM, GA
Hosted with organizations including: Advocates for Youth, Yale Nursing School, Grant Family Medicine, Columbia University's Midwifery Program, Emory University, Nurses Rising Conference, Civil Liberties and Public Policy Conference, Medical Students for Choice, AMSA

FIELD TESTED AND EVIDENCE BASED CLINICAL TOOLS

Patient education resources: **74** resources in **9** languages
1 new zine on medication abortion was developed and field tested

CONTRACEPTION

Trained **76** clinicians in NYC to provide comprehensive family planning services, including IUD and implant insertion and removal

89% of them provide contraceptive care for adolescents in school-based health centers

Over ¾ of the clinicians we've trained **(77%)** are advanced practice clinicians like nurse practitioners and physician assistants

EARLY PREGNANCY LOSS

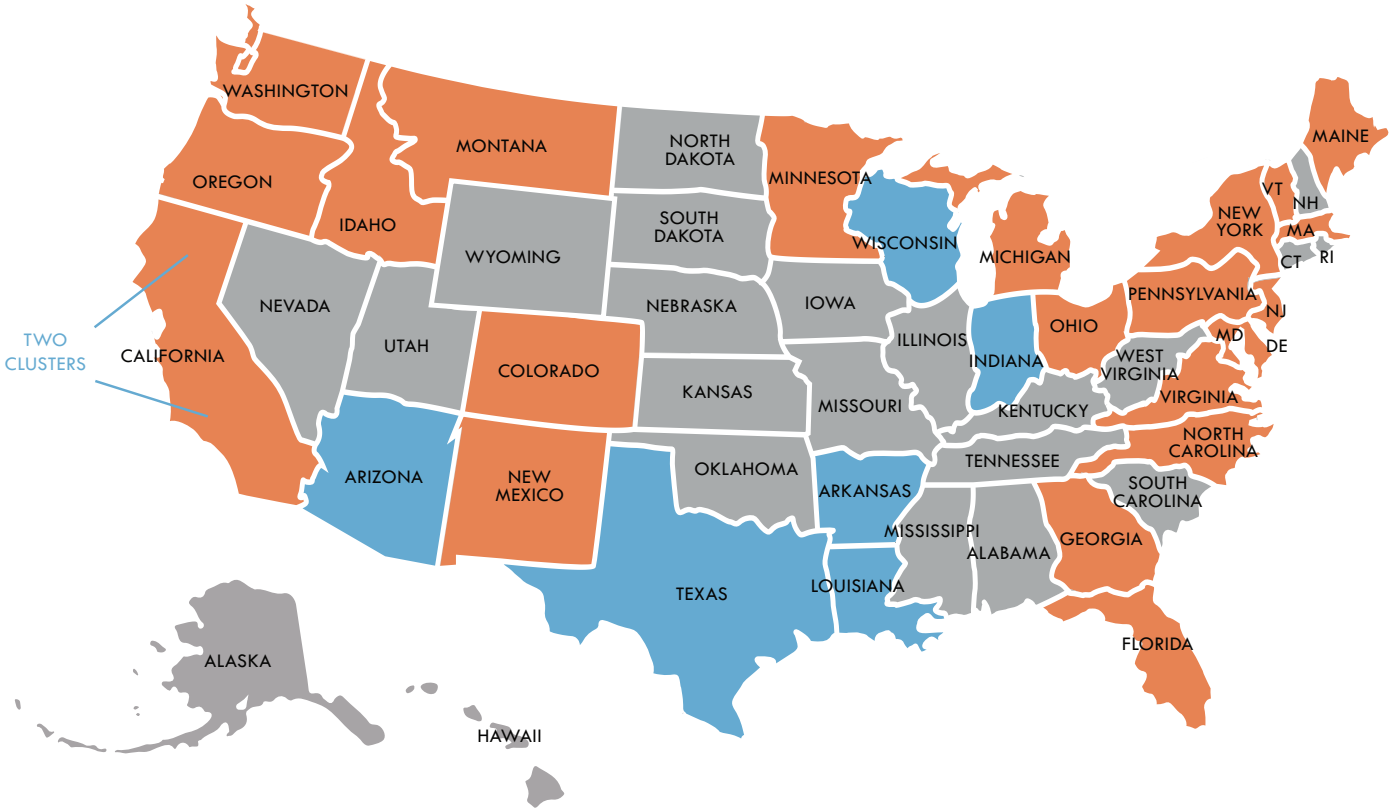
44 patient education resources and clinical tools in **9** languages
2 new clinical tools were developed on ectopic pregnancy, patient info sheet and algorithm
4 new patient education resources were developed on Early Pregnancy Loss

NEW MISCARRIAGE CARE INITIATIVE SITES

2018: St. Louis, Affinia HealthCare and Columbus, OhioHealth Grant Family Medicine
2019: Worcester, UMass Family Medicine Residency and Lewiston, MT Central Montana Medical Center Clinic
Presented a Panel on the Miscarriage Care Initiative at the 2019 Family Medicine Midwest Conference
2018: developed new Early Pregnancy Loss patient education resources
2019: updated a curriculum on office management of EPL that was submitted to AAFP for CME

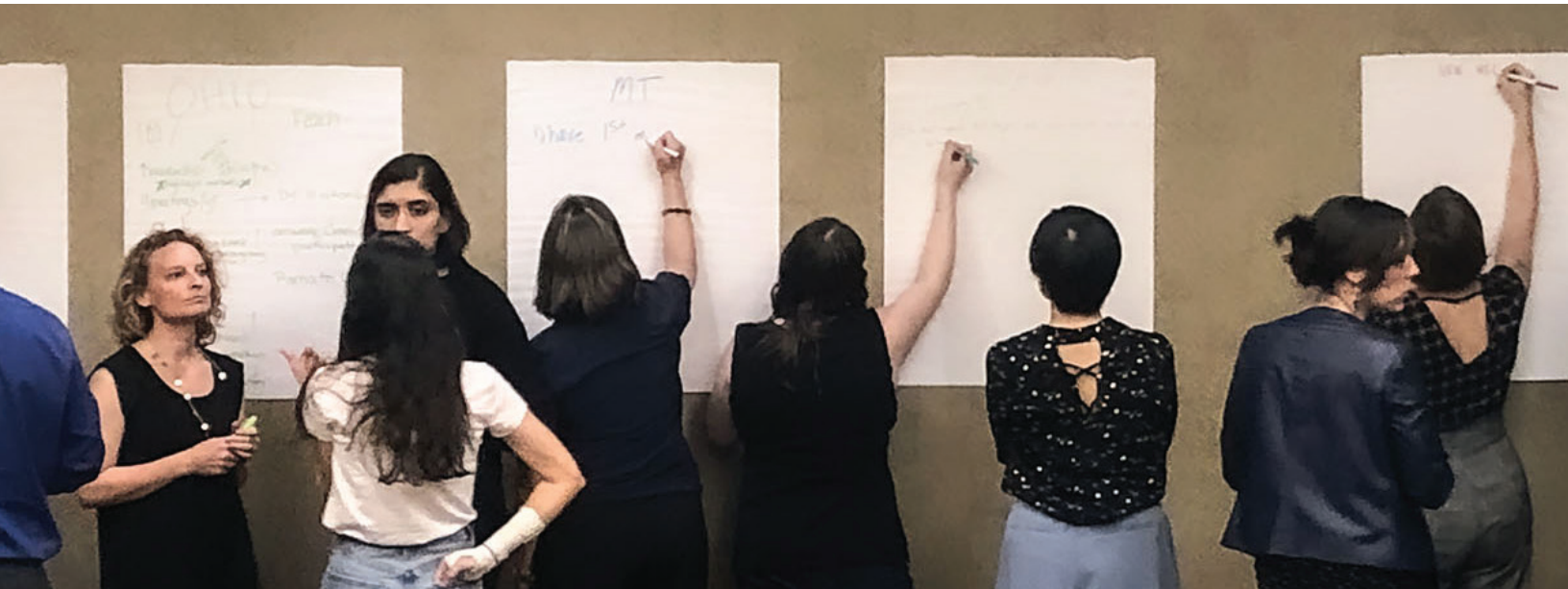
MOBILIZING FOR ABORTION ACCESS

THE REPRODUCTIVE HEALTH ACCESS NETWORK

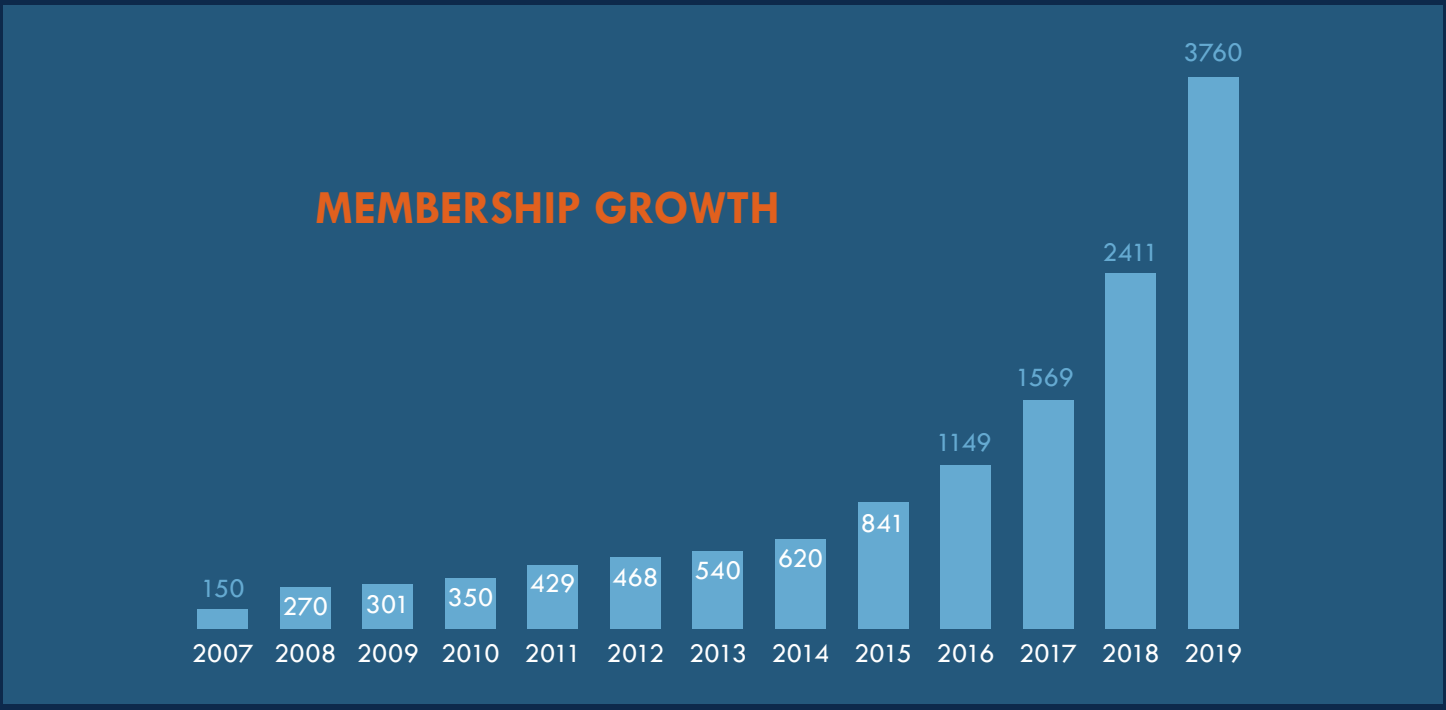


REPRODUCTIVE HEALTH ACCESS NETWORK STATE EXPANSION MAP, JANUARY 2020

The Reproductive Health Access Network is RHAP's national movement of primary care clinicians focused on protecting and expanding access to abortion, contraception, and early pregnancy loss care in their communities and across the country. These clinicians come from 48 states, D.C., Puerto Rico, Canada, and other countries around the globe. Since December 2016, the number of clinicians in the Network has more than doubled, from **1149** to **3760;** in the past year alone, we welcomed **1,350** new clinicians into the community. The Network has local chapters (we call them Clusters) in the 24 states orange states and we are developing Clusters in the 6 blue states.



Much of this growth is thanks to the passionate and dedicated Cluster and Network leaders, who ensure that our 24 Clusters grow and thrive. The Clusters come together three to four times a year and engage in clinical training, advocacy, community partnerships, and peer support. They are led by 1-3 reproductive champions – clinicians who dedicate their time and effort to work with RHAP to develop and sustain these local Networks. In 2018 and 2019, we continued bringing together these Network leaders in person and virtually. We held our first-ever Leadership Summit, a daylong strategic planning retreat and leadership training for over 50 Cluster leaders and AAFP liaisons from across the country. Facilitated by Miriam Yeung, the summit was an effort to bring all Network leadership together in one space to share ideas and develop concurrent strategies for growing their Clusters.



The past 2 years also saw us ramp up our advocacy efforts with the launch of our #MifeNow campaign. This multi-pronged campaign organized clinicians and allies to fight back against the FDA's medically unnecessary restrictions on mifepristone (best known as the "abortion pill") by encouraging representatives from the company that distributes mifepristone to reapply for re-labeling. In April 2019, we met with representatives from the company and presented them with an open letter signed by more than 1,000 clinicians. In September, we launched a survey with primary care clinicians to understand whether and how the FDA REMS regulations on mifepristone impact their abilities to provide medication abortion and/or early pregnancy loss in their clinical practices.

We could not do this work without the dedicated, fearless clinicians who make up the Network. Our clinicians are committed to providing compassionate, patient-centered care – including abortion, contraception, and miscarriage care – to their communities. Even when faced with anti-choice laws, rhetoric, and violence, our Network members stand up for their patients and their families. They offer clinical training and talks in their Cluster and at conferences, testify at the state legislature, write op-eds and letters to the editor, organize within their professional medical societies such as the American Academy of Family Physicians, teach students and residents, travel to provide abortion care, advocate for change within their own clinics, and so much more. These clinicians keep us inspired and energized, and as we head into 2020, we look forward to mobilizing our Clusters and Network to continue protecting and expanding access to comprehensive reproductive health care.

In solidarity,

Laura Riker, National Organizer

HIGHLIGHTS FROM THE NETWORK

EVENT TYPE	# OF EVENTS 2018	# OF EVENTS 2019
Local Cluster meetings (non-CME)	52	46
National Network Gatherings	11	17
Regional Network Gatherings	2	2
State AFP Gathering	1	12
Cluster-sponsored Papaya workshops	16	16
Cluster CME training	0	15
Network Leadership Training	2	2
TOTAL	**84**	**110**

In 2018 and 2019, Network members:

- Testified at the state level against abortion bans in Ohio and Georgia
- Testified for pro-active legislation in New York, Rhode Island, New Mexico, California, Massachusetts
- Michigan Cluster leaders were founding members of the Michigan Alliance for Reproductive Justice
- Passed 7 resolutions supporting reproductive health at the national American Academy of Family Physicians Congress, including a successful resolution protecting the right of family physicians to provide abortion care
- Sent 54 Cluster leaders and AAFP liaisons to Chicago to participate in a one-day training
- Led 170 presentations at 23 national, regional, and state conferences and meetings

MOBILIZING FOR ABORTION ACCESS

CLUSTER MEMBER IN SPOTLIGHT

Dr. Anna Lowell, D.O., M.P.H., AAHIVS

That's what I told the Tampa Bay Times about my work providing abortion care. During the week, I'm a family physician in a federally-qualified health center in Florida. On Saturdays, I provide abortion care in separate clinics across the state due to legal restrictions and fear of anti-choice hostility. It's hard but fulfilling work.

But what if providing abortion didn't have to be so secret? What if my patients could receive comprehensive reproductive health care as easily as a flu shot or a physical, without needing a referral, and directly from their trusted primary care physician?

That's why I joined the **Reproductive Health Access Network** — a national network of 3,600 clinicians in 46 states — nurses, residents, and physicians like me, who are working to bring abortion, contraception, and miscarriage care into our practices.

We strategize about how to work within our institutions to provide abortion care. We train each other on the latest contraceptive methods. We stand together when we talk to our local elected officials, telling them why they need to support reproductive health care as basic health care.

It's personal for me: I learned that I was pregnant, while interviewing for medical school. I didn't want my pregnancy to derail my plans, and I was not ready to be a mother. I needed some time to pursue my dream, so I decided to have an abortion.

Today, I'm a family doctor, an abortion provider, and an advocate. I lead the Reproductive Health Access Network's Florida cluster — a group of 40 like-minded clinicians across the state working to mainstream reproductive health care in primary care settings. We are all driven to do this work, because it's more than just a profession; it's a calling.

The Network is my crew, cheering me on the sidelines, motivating me to provide my patients with the care they deserve. When I walk past those anti-choice protestors, I know my fellow Network members have my back.

Sincerely,

Dr. Anna Lowell, D.O., M.P.H., AAHIVS

“

YOU FEEL LIKE YOU’RE A HERO BUT YOU CAN’T REVEAL IT, LIKE IT’S YOUR SECRET IDENTITY.

Dr. Anna Lowell, D.O., M.P.H., AAHIVS

”

TRAIN
SUPPORT
MOBILIZE

reproductive
health
access
project

MOBILIZING FOR ABORTION ACCESS

ADVOCACY AT THE AMERICAN ACADEMY OF FAMILY PHYSICIANS

RHAP has been working to mobilize Network members, many of whom are family physicians, to become active within the American Academy of Family Physicians (AAFP). It's the country's largest professional medical organization and widely considered to be the expert body for family medicine.

This past year, we sent over 35 of our Network members to the AAFP's national conference, where they authored and testified in favor of several reproductive health resolutions. One in particular, affirmed the safety and legality of abortion. It was amazing to see all of our advocates line up and testify in favor of reproductive health care in their practice.

After a long week, our efforts were rewarded — for the first time in its history, the AAFP spoke out in favor of family physicians providing abortion care in primary care! As MedPage Today **reported:** "After hours of debating conflicting amendments and untangling parliamentary procedure, the American Academy of Family Physicians (AAFP) Congress of Delegates approved a policy nominally backing family physicians trained in providing abortions." This was a huge victory for our clinician advocates.

But this is just the beginning. We're supporting our network to climb the ladders of leadership within the AAFP, training them to voice their experiences, and organizing them to pass resolutions to hold this powerful body of family physicians accountable to reproductive health care.

We're also training our leaders to provide medical education talks on reproductive health topics at state and national family medicine meetings. This year, we've had an unprecedented number of talks on medication abortion.

Despite our best efforts, we cannot ignore the acrimonious political environment that surrounds our work. That's why our Network is so important — we're building solidarity and support for primary care clinicians dedicated to providing reproductive health care. In this time of great uncertainty, we need allies. And we need organizations like the AAFP to step up and protect physicians who provide abortion care.

Dr. Linda Prine

TRAINING LEADERS IN REPRODUCTIVE HEALTH CARE

THE REPRODUCTIVE HEALTH CARE AND ADVOCACY FELLOWSHIP

I first realized that my residency training was inadequate when I couldn't help one of my teenage patients who wanted a medication abortion. I had delivered her baby 6 months earlier, and she was thriving as a new mom – she wanted to finish school and focus on her first child. But my practice didn't provide medication abortion, so instead, I helped her make an appointment at an abortion clinic. And though she asked me to escort her, I couldn't – my practice wouldn't allow it.

In the end, she was on her own. The fear and stigma were too much. She didn't make it to the abortion clinic, which was only 3 miles away.

It turns out my story was far from unique: fewer than 6% of family medicine residencies offer training in miscarriage and abortion care. I should've been able to give the care she needed, in my practice, but I lacked the skills.

That's why I became the Reproductive Health Access Project's (RHAP) first Reproductive Health Access and Advocacy Fellow. And over the last decade, I have trained more than 100 primary care clinicians in abortion, contraception, and miscarriage care.

Since launching in 2007, RHAP's fellowship has trained 28 fellows across four states. These fellows now provide comprehensive reproductive health care and train their own residents in communities all across the country.

As I reflect on the growth of our fellowship program, I'm in awe of how far we've come. But if we want to move the needle on reproductive health care in family medicine, we need to ensure that the 6% of residents now trained to provide this care will grow to 60%.

We need to train more fellows, to train more residents across our country, and create a ripple effect of change. Because leadership is more than just being a leader in that moment in time. It's also about training the next generation.

Dr. Honor MacNaughton

TRAINING LEADERS IN REPRODUCTIVE HEALTH CARE

THE REPRODUCTIVE HEALTH CARE AND ADVOCACY FELLOWSHIP BY THE NUMBERS

2007-2019

trained **28** RHAP fellows to provide, teach, and advocate for abortion, contraception and EPL care

2018

5 new fellows began Fellowship

2019

4 new fellows began Fellowship

2018 & 2019

had **3** Fellowship training sites

2018-19

NY, MA, MN

2019-20

NY, MA, WA

Launch two new fellowship sites

2020

NJ and MI

ALL (28) have gone on to provide abortion.

9 (40%) provided abortion in states hostile toward reproductive health and rights.

Our Fellows are currently providing abortion in **14** states: AZ, CA, DE, FL, IN, MA, MD, MI, ME, NJ, NY, OR, PA, WA

FELLOWS HAVE WORKED IN COMMUNITY HEALTH CENTERS, RESIDENCY SITES, AND OTHER PRIMARY CARE PRACTICES TO INTEGRATE MEDICATION ABORTION, MISCARRIAGE MANAGEMENT, AND IUD/ IMPLANT INSERTIONS AND REMOVALS.

THEY ARE INVOLVED IN ADMINISTRATIVE/ INSTITUTIONAL, LEGISLATIVE, AND JUDICIAL ADVOCACY IN THEIR LOCAL COMMUNITIES AND PRACTICES. FOR EXAMPLE, OUR FELLOWS HAVE:

- Given written and oral testimony on state bills to expand access to reproductive health care and against bills that would limit access (i.e. Maine Care to pay for abortions, Maine Physician-Only Law)
- Organized physicians to speak at public hearings against a Catholic hospital merger
- Created community groups and local task forces to expand comprehensive sexual education and access to contraception
- Proposed policy statements to the American College of Preventive Medicine
- Built an online abortion training curriculum

QUOTES FROM OUR FELLOWS

“

I think it really elevated my professional development in a couple of ways. It made me feel part of something really important. You know, namely reproductive health, reproductive justice. Something that was - something that has been important to me since as long as I can remember. I have done work in abortion clinics as a volunteer starting since I was 17. It’s always been something that has been important to me. So feeling like I was able to elevate my skill set, my knowledge base, my way of communicating about abortion and reproductive health access just was empowering. Instead, it felt like I was adding something important to my professional wheelhouse.

- REBECCA SIMMONS

”

Fellowship helped connect me to likeminded peers who were interested in things I was interested in and helped create a sense of community. And of my class I'm still in touch with many of my fellow fellows at the time. It also just exposed me to an entirely different side of medicine that you do not get in residency training. I found it eye opening and it showed me that I did have a passion for advocacy and it can be a large component of what I do in my day to day life and job.

- KOHAR DERSIMONIAN

SUPPORTING PRIMARY CARE CLINICIANS

The Miscarriage Care Initiative (MCI) in an effort by the Reproductive Health Access Project to expand access to evidence-based, patient-centered early pregnancy loss (also known as miscarriage) care in primary care settings. Our vision is to support health care organizations to integrate all three forms of early pregnancy loss management - expectant, medication, and manual vacuum aspiration (MVA) management - into their clinical practice.

RHAP had the pleasure of working with Affinia Healthcare in St. Louis, Missouri on the Miscarriage Care Initiative during our 2018-2019 cohort. They've described how participating in this program has impacted their work.

FROM DRS. BAUM, TEPE, AND PACHALLA AT AFFINIA HEALTHCARE

Affinia Healthcare is a large FQHC in St. Louis, Missouri that serves 43,000 patients per year in an integrated model of medical, behavioral, and dental health. Within primary medical care, we have a large women's health department that performs around 1600 positive pregnancy tests per year and delivers approximately 800 babies. Early pregnancy loss is a very common occurrence, but stigma prevents many patients from talking about this experience. Without any support, it can be traumatizing and emotionally exhausting. Affinia Healthcare is a trauma-informed care organization with a mission to provide high quality health care. Many patients are comfortable in our office with the team that normally cares for them. They appreciate being able to access services in this familiar setting and avoiding the hospital experience and cost. In order to live out our trauma-informed and patient-centered ideals, we believe that offering the full spectrum of early pregnancy loss care in a safe and comfortable environment is important.

Through RHAP's Miscarriage Care Initiative, we were able to bring together a diverse team from our staff to integrate all the aspects of full spectrum early pregnancy loss care. Our team includes an OB/GYN and a Family Medicine physician leading the project, the CMO (an OB/GYN) leading administrative logistics, nursing staff, pharmacists, and administrative staff. RHAP provided support in the form of sharing draft materials, ensuring deadlines, sharing best practices and articles, and providing technical assistance. Together, we've achieved every aspect of the program goals, including integrating medication management using mifepristone and misoprostol as well as aspiration procedures.

Within just one year of starting the MCI, we have completed approximately 10 early pregnancy loss procedures. The current polarized climate often prevents patients from accessing the reproductive health care they need, which is why we've worked so hard to establish high quality standard of care therapies. This has made the difference for patients like KW. KW, a long time patient with Affinia, was thrilled when she found out she was pregnant. She scheduled her ultrasound and prenatal care visits with our team. Before her first appointment she started spotting and went to the hospital where an ultrasound showed signs of an early pregnancy loss. We brought her back to our office one week later and confirmed that she was no longer pregnant. Our team used a patient-centered and trauma informed approach to counsel KW on her options, and she decided to try watching and waiting. When this didn't work, she was able to come to our office where she had been receiving care and get an aspiration procedure. Through participating in the MCI, we were able to develop the systems, policies, and supports that KW required to receive sensitive and high quality care, with the clinicians that she already knows and trusts. She didn't have to go to a different office, deal with unfamiliar clinicians, or get saddled with the large bills that often come with going to the hospital. We also have the pleasure of continuing to provide care to KW, who is again pregnant, and now with a viable pregnancy. KW, and many patients like her, are why we were so thrilled to work with RHAP and participate in the Miscarriage Care Initiative.

SUPPORTING PRIMARY CARE CLINICIANS

2 ARTICLES PUBLISHED IN SCIENTIFIC JOURNALS

One study explored family physicians' abortion provision and barriers and enablers to provision five years after residency training in comprehensive reproductive health (2019)

Another article described our experiences and lessons learned developing our Hands on Reproductive Health Training Center and training primary care clinicians in NYC to provide full scope contraception (2018)

RESEARCH WE'VE INITIATED

In 2019, we began a comprehensive impact evaluation of our Reproductive Health and Advocacy Fellowship to understand, five years after Fellowship, the extent to which our fellows teach, provide, and advocate for reproductive health care. Learning from our former fellows will help us continue to improve our Fellowship so that these clinicians have the skills, confidence, and support to go on and teach, provide, and advocate for comprehensive reproductive health care in their communities and clinical practices.

In 2019, we also launched a survey to understand whether and how regulations on mifepristone (commonly known as "the abortion pill") impact primary care clinicians' abilities to provide medication abortion and early pregnancy loss care in their clinical practices. We're excited to share these results with you next year!

MEDICATION ABORTION WORKSHOPS

In 2019, we hosted **16** workshops for **246** clinicians and participants

WHERE DO THEY PROVIDE CARE?

36% provide care in Federally Qualified Health Centers (FQHCs)

Provide care in these states: NC, MA, RI, NY, IL, ME, OR

PAPAYA WORKSHOPS

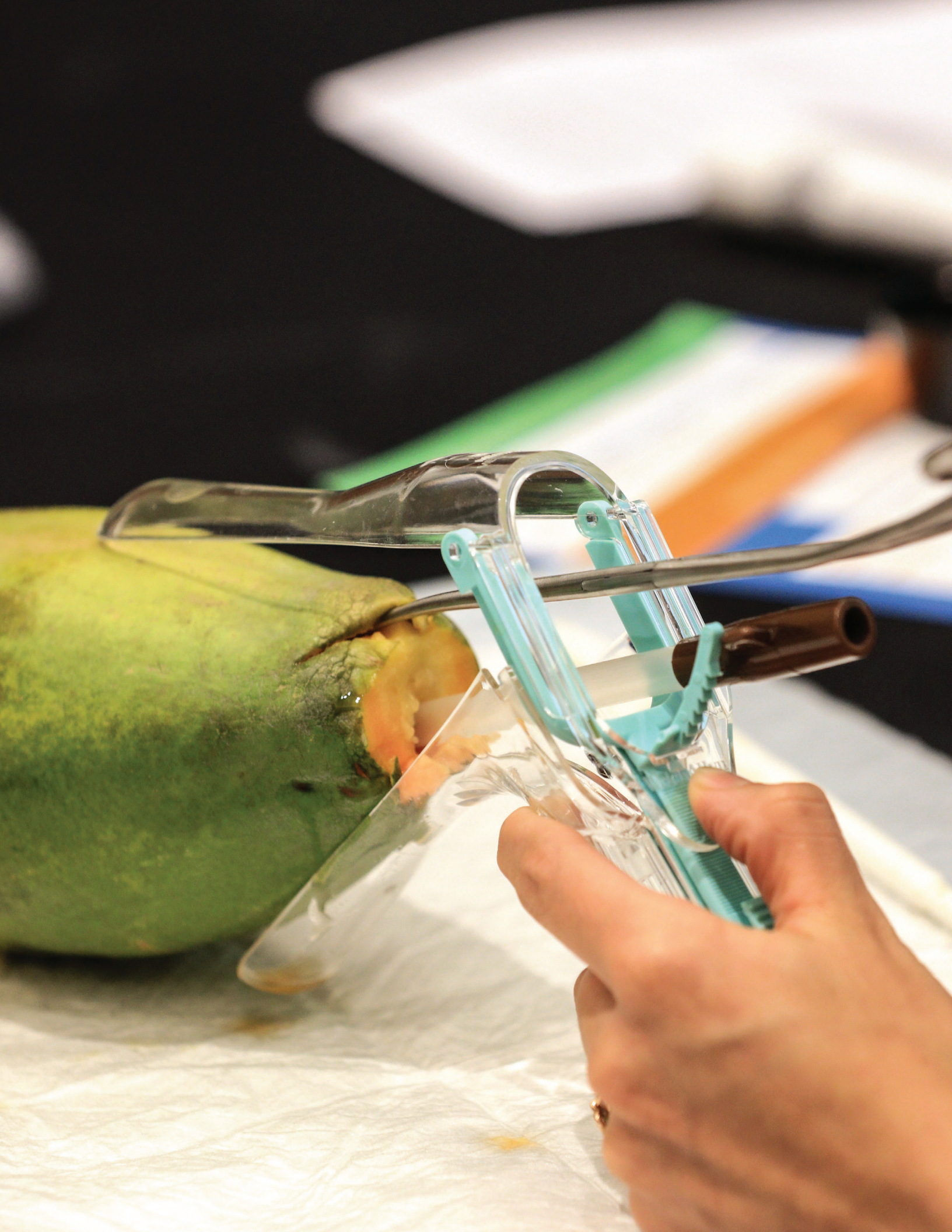
2018 - **11** workshops and 164 participants

2019 – **26** and **308**

HOSTED IN THESE STATES/TERRITORIES

NY, DC, CT, MD, OH, NJ, MN, Puerto Rico, WA, PA, CO, NM, GA

Hosted with organizations like (but not limited to): Advocates for Youth, Yale Nursing School, Grant Family Medicine, Columbia University's Midwifery Program, Emory University, Nurses Rising Conference, Civil Liberties and Public Policy Conference, Medical Students for Choice, AMSA



WHO WE ARE

STAFF

Lisa Maldonado, MA, MPH	*Executive Director*
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Hailey Broughton-Jones	*Organizer*
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Naomi Legros	*Operations and Communications Associate*
Kallie McLoughlin	*Operations Associate*
Rosanna Montilla-Payano	*Development Officer*
Laura Riker, MSSW	*National Organizer*
Jordan Silverman, MPH	*Program Manager*
Silpa Srinivasulu, MPH	*Research and Evaluation Manager*
Lily Trotta	*Organizing Associate*
Sara Nasser, MA	*Communications Manager*

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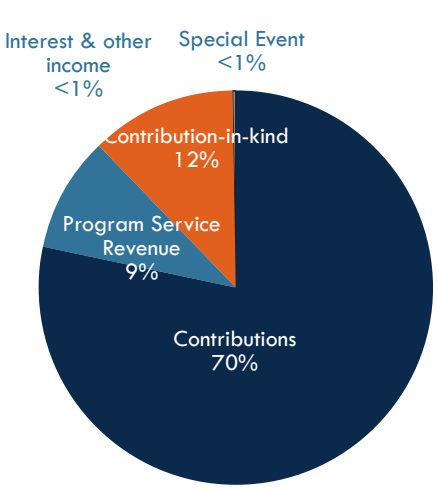
FINANCIALS

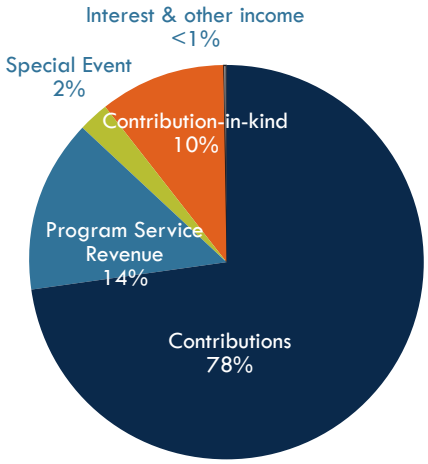
FISCAL YEAR: APRIL 1 - MARCH 31

INCOME	2017		2018		2019	
Contributions	$735,691	78%	$640,074	73%	$1,172,363	84%
Program Service Revenue	$88,164	9%	$126,057	14%	$223,277	16%
Special Event	$1,487	<1%	$21,762	2%	$0	0%
Contribution-in-kind	$112,061	12%	$90,229	10%	$0	0%
Interest & other income	$113	<1%	$371	<1%	$942	<1%
Total income	**$937,516**		**$878,493**		**$1,396,582**	

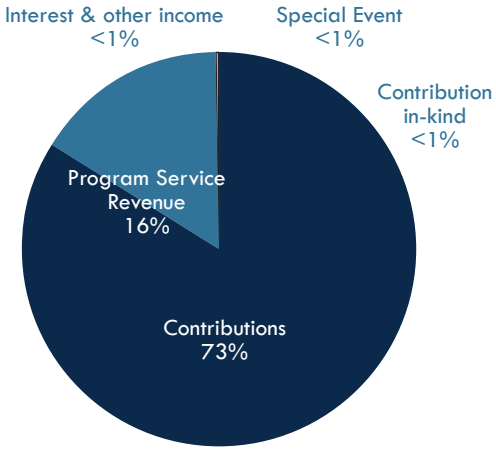
NET ASSETS, BEGINNING OF YEAR	**$224,270**	**$456,505**	**$291,059**
NET ASSETS, END OF YEAR	**$456,505**	**$291,059**	**$395,474**



2017



2018



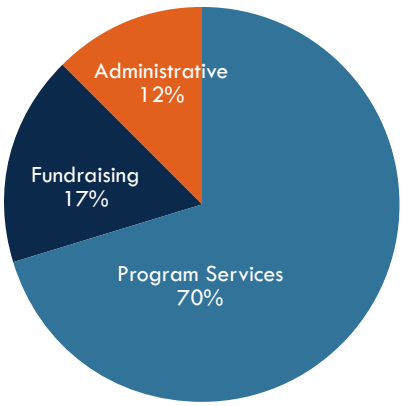
2019

FINANCIALS

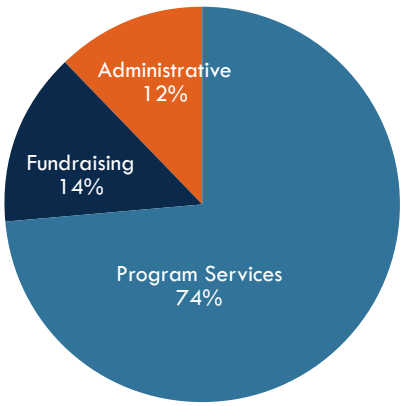
FISCAL YEAR: APRIL 1 - MARCH 31

EXPENSES	2017		2018		2019	
Program Services	$496,641	70%	$769,390	74%	$1,063,210	74%
Fundraising	$121,998	17%	$148,817	14%	$120,205	14%
Administrative	$86,642	12%	$125,732	12%	$108,752	12%
Total expenses	**$705,281**		**$1,043,939**		**$1,292,167**	

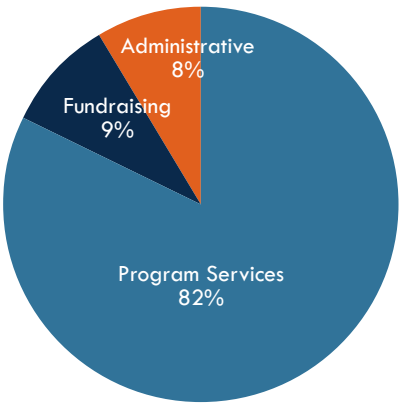
*Percentages may not add up to 100% due to rounding.



2017



2018



2019