reproductive health access project annual report 2020

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THE PANDEMIC IS A PORTAL

[The] coronavirus has made the mighty kneel and brought the world to a halt like nothing else could. Our minds are still racing back and forth, longing for a return to "normality", trying to stitch our future to our past and refusing to acknowledge the rupture. But the rupture exists. And in the midst of this terrible despair, it offers us a chance to rethink the doomsday machine we have built for ourselves. Nothing could be worse than a return to normality. Historically, pandemics have forced humans to break with the past and imagine their world anew. This one is no different. It is a portal, a gateway between one world and the next. We can choose to walk through it, dragging the carcasses of our prejudice and hatred, our avarice, our data banks and dead ideas, our dead rivers and smoky skies behind us. Or we can walk through lightly, with little luggage, ready to imagine another world. And ready to fight for it.

- Arundati Roy, "The pandemic is a portal"

The COVID-19 pandemic has been difficult for many, many people across the country, and definitely for some more than others: those of us with kids, who have gotten sick, who live in communities with high levels of illness, who bravely care for patients on the frontlines, whose essential work allows our communities to function. Accessing health care, especially abortion care, got even harder for many of us. And amidst this public health crisis, the US reached a boiling point in witnessing the murders of George Floyd, Breonna Taylor, Ahmaud Arbery, and countless other Black people in 2020 alone. This ignited a more fierce and demanding movement for racial justice than we have seen in a long time. Yet, when some consider, "when will the world just go back to normal?" we have to stop and think if that is what we really want. Because in reality, normal was never so great.

Though this year has been marked by hardship and isolation, we are finding new ways of solving problems, delivering health care, and supporting families and communities. In fact, we've already started to see all around us innovative and powerful adaptations and realizations in our world – evictions and federal student loan payments have been paused, streets and parking spaces taken over by cafes, medication abortion by telehealth, mail, and online, and more. Vast numbers of people have taken to the streets to challenge police brutality. Organizations like ours have begun to examine power and privilege and to proclaim that Black Lives Matter and that we are not going back. Local governments are beginning to consider what it would look like to invest in communities' well- being, not policing. We have finally begun to lay bare issues of inequality, racism, and injustice that have long existed in our society.

The Reproductive Health Access Project too has persisted and grown. We have gone completely virtual and, instead of underscoring the distance within our national community of clinicians, we have seen the ways this landscape can deepen our connectedness and help us reach more – and different – advocates than ever before. In fact, the Reproductive Health Access Network is now 4,700 clinicians strong. This year, with the help of our incredible team and leaders, we hosted over 100 virtual network gatherings and developed our first co-sponsored Cluster, the Advanced Practice Nurses (APRN) Cluster, in partnership with the National Abortion Federation (NAF) and Nurses for Sexual and Reproductive Health (NSRH), to unite nurses across the country in a completely virtual space.

Our mission has always centered on ensuring that everyone can access the reproductive health care they need and desire. Yet, we will not have true reproductive freedom until everyone is able to live safely – free from all forms of violence and oppression. Fighting racial injustice and centering Black voices is paramount to this goal. We affirm to everyone our individual and collective responsibility and commitment to anti-racism: to critically examine our own implicit biases and deliberately center the experiences of Black, Indigenous, and People of Color in our personal and professional lives.

We know that going back to a normal that failed, exploited, and neglected so many communities is not an option. Figuring out how to forge new paths to a better future is what we all must work on. No matter how bleak things seem right now, we must hope and strive for a better world that can emerge from this darkness.

We invite you to also reflect on your vision for the future. What does your community need? How can you nourish and maintain yourself so that you can sustain yourself, fill your cup, and thrive? Join us, be honest with us, advise us, and get your hands dirty with us so we can all move through this portal together. And, as Arundhati Roy writes, "get ready to fight for it."

RHAP 2020 SHOUT OUTS

These are some of our proudest accomplishments, experiences, and lessons learned. This is the difficult work we have done in 2020, as we have begun to break with the oppressive norms and internalized limits that have held us and our communities down. This is what we will take with us as we imagine our world anew:

Meeting people where they are at. We have shown a higher level of compassion for meeting people where they are at during this time, honoring where our priorities should really lie: with the well-being of our staff, board, partners, and clinician community. Throughout the year, we've all experienced various kinds of tragedy, stress, scariness, and uncertainty. At RHAP, we created space for this and shifted our perspective to what really matters: one another.

Speaking out against racial, reproductive, and immigration injustice. After learning about forced sterilizations and other health injustices in ICE detention facilities, the Georgia cluster joined with local partners and spearheaded efforts to get new national medical and public health associations to adopt resolutions to stop such abuse and protect reproductive and human rights in immigration detention.

Mailing mifepristone to make medication abortion more accessible. RHAP was instrumental in expanding access to medication abortion across the country. Our National Fellowship Director joined an American Civil Liberties Union (ACLU) lawsuit as a plaintiff that succeeded in making the medication abortion pill, mifepristone, available by mail for the duration of the pandemic. Now, we are fighting to make this change permanent.

Transitioning to becoming a fully remote workplace. Kallie McLoughlin, our Operations Associate, worked tirelessly to ensure our staff had the resources, infrastructure, and support to work remotely for the foreseeable future.

RHAP 2020 SHOUT OUTS

Welcoming new staff, including Victoria Keehn, our Manager of Individual Giving, who raised an incredible $33,000 to mark our most successful Giving Tuesday campaign to date.

Building community, virtually. Our first virtual Network gathering during the pandemic movingly brought together – in a time of social isolation, lockdown, and quarantine – clinician leaders from all across the country who were fighting COVID-19 on the frontlines. There was exhaustion and stress, but there was also tremendous joy to simply be together. Since then, we've hosted over 100 more virtual gatherings to train, support, mobilize, and build community. This has allowed clinicians and students outside of urban centers, in far-reaching parts of their states, to actually connect, learn, and engage face-to-face.

Hiring Dalia Brahmi, our first Regional Clinical Leader, has undoubtedly made us a better team. She has been unafraid to make us uncomfortable, to push us to think beyond our own worldview. She makes us really consider what accessibility and inclusivity look like in our advocacy, leadership, clinical talks, and materials.

Launching our first co-sponsored cluster of advanced practice nurses, who already facilitated 6 virtual meetings responsive to the issues they are facing now in nursing training and care provision during COVID-19 and uprisings against police brutality.

Expanding fellowship training. We've launched two new Reproductive Health and Advocacy fellowship sites in Michigan and New Jersey, allowing us to provide two more clinicians a year with intensive reproductive health care and advocacy training so they are equipped to provide, teach, and advocate as leaders and change-makers.

Enhancing access to patient-centered contraceptive care. Our patient education team, Ruth Lesnewski and Jordan Silverman, reviewed our Birth Control Options fact sheet with an eye toward reducing the judgment and bias sometimes associated with counseling on highly-effective contraception, rather than counseling on patient preferences and needs. Our new fact sheet organizes birth control methods in alphabetical order with revised and easier-to-read content.

RHAP RESPONSE TO COVID-19

When the COVID-19 pandemic officially hit the United States in March 2020, our immediate priorities shifted to support our staff stay healthy and safe, and to support clinicians with the best possible resources to care for their patients and themselves. We transitioned immediately into a virtual work environment, which allowed us to more easily host virtual gatherings, happy hours, meetings, and more at evening hours most convenient for our community. We quickly adapted to virtual technology, like Zoom and Slack, which opened up our ability to stay connected and to work together remotely. And, we began (and continue) to support our clinician community in various ways, such as:

- Developing and continuously updating a COVID-19 resource page to support clinicians provide comprehensive reproductive health care throughout the pandemic.
- Creating a suite of new patient education resources, clinical tools, protocols, and contraceptive pearls on providing reproductive health care during COVID-19.
- Developing and facilitating a new continuing education (CE) training on strategies to provide reproductive health care in the time of COVID-19.
- Hosting virtual gatherings and events on key reproductive health care topics, like providing mifepristone via mail.
- Providing virtual spaces of emotional and psychological empathy and support for our clinician community.
- Facilitating 19 clinical trainings for 125 clinicians on medication abortion, early pregnancy loss care, and reproductive health care during COVID-19.

The pandemic is not over. We commit to continuing to support our clinician community in the training, technical assistance, advocacy, and emotional support they need to care for their patients and themselves.

COMMITMENT TO ANTI-RACISM

In June 2020, RHAP released a statement in response to the ongoing uprising for Black lives. For the first time, we publicly acknowledged that we are a primarily white-led and white-staffed organization that operates within a health care system that has long exploited and harmed Black and Brown bodies for the "advancement" of medicine. This was more than an expression of solidarity: we affirm to everyone that, collectively and individually, we are committed to anti-racism and to explicitly centering the experiences of Black, Indigenous, and People of Color in everything we do and produce. We commit to deliberately work with other organizations and collaborators who do the same. We will think and act with intention when it comes to where we invest our financial resources and people power, who we partner with, and what our responsibilities to our communities are.

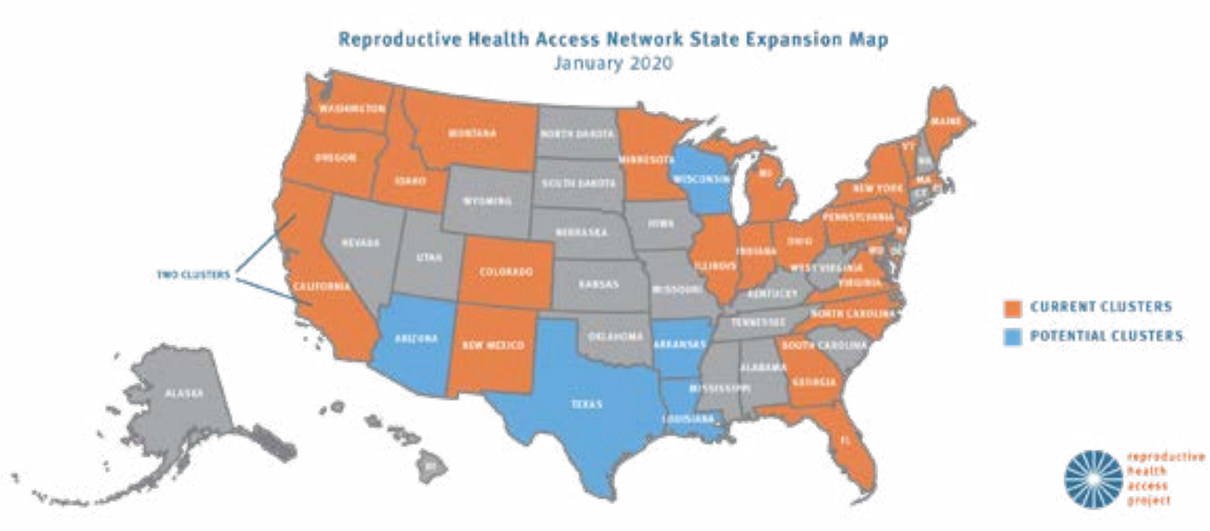
We are:

- Engaging in anti-racism training and coaching with outside experts for our staff and board.
- Going through our strategic planning process with an explicitly anti-racist lens.
- Broadening clinical leadership opportunities within RHAP and redistributing power within the Network.
- Prioritizing funding for anti-racism training for Network leaders and Clusters.
- Establishing an ongoing racial justice learning community for Network leaders to reflect, share, and learn from one another.
- Updating our outreach and application process to ensure we intentionally recruit potential fellows from all backgrounds and experiences, particularly those traditionally excluded from medicine.
- Integrating a racial justice lens into fellowship training, curricula, and advocacy involvement to ensure all fellows are prepared to provide, teach, and advocate for reproductive health care access and equity as anti-racist clinician leaders.
- Utilizing our social media presence to uplift the experiences and priorities of social justice activists and their ties to reproductive health, rights, and justice.

REPRODUCTIVE HEALTH ACCESS NETWORK

The Reproductive Health Access Network (the 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. Since December 2016, our community has grown from 1,149 to 4,700 clinicians now representing all 50 states, Washington, DC, Puerto Rico, and Canada. In the past year alone, we welcomed over 800 new clinicians. Our Network is truly a national community. They are ready and ignited; we have stronger and deeper activism than ever before.

In 2018 we had 23 clusters, and now we have 27.



COVID-19 forced us to grow comfortable working and organizing virtually and across distances. Much of our membership growth came from folks in far-reaching parts of larger states outside of urban centers. These are clinicians and students who were unable to attend in-person Cluster Meetings but who can now build community, learn, and advocate virtually. Our virtual transition has also broadened our thinking about Network leadership and bringing in new leaders. We moved to a regional organizing model. We've hired 3 Regional Clinical Leaders who support Network leaders with mentorship and peer support. Being national is our strength, and we aim to reflect this in everything, especially in the people who make decisions about what we do.

We've also:

- Facilitated over 100 virtual gatherings.
- Launched a new Network microsite.
- Launched our first co-sponsored Cluster, the APRN Cluster, with NAF and NSRH. They are a diverse, energized group of nurse practitioners, midwives, nurses, and students.
- Connected students with clinical mentors around the country.
- Hosted op-ed writing workshops in partnership with PRH.
- Held social media trainings with the Abortion Care Network.
- Screened documentaries centering reproductive justice, like Belly of the Beast and Ours to Tell, with five and four clusters respectively.
- Mobilized the California cluster to phone bank with the VOICE Project.
- Co-sponsored "Medication Abortion During the Pandemic: Legal strategies and ongoing litigation for eliminating the in-person dispensing requirement for Mifepristone" with CREATE, featuring speakers from the ACLU.
- Partnered with URGE Ohio to speak about reproductive justice with the Ohio Cluster.
- Participated in the #ShutDownIrwin Coalition to mobilize and take action against rampant public health and reproductive rights abuses at ICE detention facilities.

In-Person Cluster Meetings	11
Virtual Cluster Meetings	62
National Virtual Gatherings	41
Network Leadership Trainings	2

Rather than holding our traditional in-person, 2-day Leadership Summit, Laura Riker, Hailey Broughton-Jones, and Lily Trotta of the Network Team quickly pivoted and hosted a four-hour virtual Summit with 74 passionate and dedicated Network Leaders focused on 1) building connection and strengthening spirits in this time of social isolation and stress, and 2) laying the foundation to integrate a reproductive and racial justice lens into our work.

Looking to months and years ahead, it is easy to envision a Network in which our growing digital fluency weaves together with the traditional organizing work of our in-person communities. Making training and education more geographically accessible broadens our base by connecting leaders and allies who have not always had a seat at our table. From here, we can continue to learn and grow into a more equitable and purposeful community. We have no doubt that we are pushing through as a more accountable, intentional, and versatile movement than ever before. We have the resiliency to adapt in the face of unprecedented challenges and the tools to shape our work with justice and access at the forefront, no matter where we are based or how we assemble.

STREET MEDICKING

LILY TROTTA, ORGANIZING ASSOCIATE

On July 15th, our APRN Cluster welcomed an Intensive Care Unit nurse from New York, a naturopathic doctor from Washington, and a nurse-midwife from New Hampshire to offer their clinical perspective on street medicking during the uprising for Black lives. It was inspiring to hear about the efforts and ideologies of clinicians providing a horizontal model of anti-oppression community health care to patients in the field. As we seek to disassemble white supremacy in our work and community, it was powerful to learn that in street medicking the licensure hierarchy does not exist.

We discussed the history of medicking beginning with the Civil Rights Movement when many white people began to stand in solidarity with Black and Indigenous people for the first time. Today, white people find ourselves in a similar position, committing once again, or perhaps for the first time, to counteract the oppression of marginalized communities throughout our lives and within our own thinking.

A few phrases from the meeting stuck with me. One– the first rule of medicking is to "spread calm." Clinicians know the importance of ensuring a patient feels safe, but this is a mindset that goes beyond the provision of care. As activists, conspirators, and colleagues, we must keep each other grounded.

The second is a call and response among medics "*Who takes care of us?*" followed by "*We take care of us!*" And as we move further through this pandemic, the ideology of medicking could not ring truer. The Network is first and foremost a community, and I have been proud to see the evolving ways we learn to show up for one another. I look forward to the radical clinical support system we will continue to build.

MOBILIZING FOR ABORTION ACCESS:

AMERICAN ACADEMY OF FAMILY PHYSICIANS AND NATIONAL ADVOCACY

Mobilizing clinicians and students from across the nation to advocate for comprehensive reproductive health care and justice within one of the largest professional organizations in medicine – the American Academy of Family Physicians (AAFP) – looked different this year, but was nonetheless inspiring. There were a range of issues Network members passionately defended on behalf of their patients and communities. Over 20 members from 13 states gave oral testimony at the Congress of Delegates in support of five policy resolutions prioritized by RHAP: *Improve Quality of Reproductive Healthcare for Incarcerated People, End Race-Based Medicine, Support the Provision of Gender-Affirming Health Care for Transgender Youth, End Police Brutality and Reinvest in Public Health, and Close the US Detention Centers, Provide Humane Care to Migrants.* Over 300 written testimonies were submitted by AAFP members in support of these prioritized resolutions.

MOBILIZING FOR ABORTION ACCESS:

AMERICAN ACADEMY OF FAMILY PHYSICIANS AND NATIONAL ADVOCACY

The resolution *End Police Brutality and Reinvest in Public Health* submitted to the California Academy of Family Physicians embodies what we need right now: doing the hard work of applying social justice principles to our daily lives unapologetically. The authors insisted on incorporating the vision of Black-led grassroots abolitionists, not the bare minimum of police reform. Including these references demanded that the AAFP archive bear witness to the decades of grassroots organizing that centers manifesting a world of collective care and liberation.

Additionally, this year Network members...

- **Passed a resolution** calling on the AAFP to update its "policy to advocate for improved and comprehensive reproductive healthcare, including all options for pregnancy management that are legal in the United States at the time this resolution was passed, for individuals incarcerated or otherwise detained."
- Wrote and presented to the AAFP **15 policy resolutions.**
- **Passed 7 policy resolutions** advocating for reproductive health care expansion, the end of race-based medicine, the closing of US detention centers, reinvestment in public health, ending police brutality, and much more at the national AAFP Congress of Delegates.
- **Led 12 presentations** at national and state AAFP Conferences.
- Facilitated 8 CE Talks.
- **Gave 24 presentations** at 11 regional and national conferences (non-AFP).
- Led advocacy efforts in California and New York to enhance insurance coverage without delay for the self-injectable prescription birth control method subcutaneous Depo Provera.
- The New York Academy of Family Physicians served as plaintiffs in the case *American College of Obstetricians and Gynecologists (ACOG) v. United States Food and Drug Administration (FDA)*, which enabled mifepristone to be mailed to patients for medication abortion care during the pandemic.

By re-envisioning leadership and power, expanding the scope of our digital organizing, diversifying our Network with expansive clinical specialties and career stages, reckoning with and naming racism in our organization, community, and movement, and intentionally applying social justice principles into our work, RHAP is investing in the long game of transforming professional organizations' culture to support full-spectrum reproductive health care. This enables us to push these institutions to positively and sustainably shape the legal landscape of health care access and equity.

MEDICATION ABORTION

Access to medication abortion has always been a vital component of comprehensive, patient-centered reproductive health care. With the ongoing COVID-19 pandemic, access to and provision of this quick, home-based form of care is more important than ever. So, in response:

- To help clinicians adjust to providing telehealth and to minimize risks of COVID-19 virus transmission, we developed a suite of patient education resources, clinical tools, protocols, and contraceptive pearls to support clinicians and their health centers to provide "no-touch" medication abortion care.

- The New York Academy of Family Physicians and our National Fellowship Director, Honor MacNaughton, served as plaintiffs in the *ACOG v. FDA* lawsuit: a case fighting to temporarily remove the FDA requirement that mifepristone pills be dispensed in-person. We won a temporary injunction, meaning that clinics are able to mail mifepristone to patients seeking medication abortion, making this a completely virtual option for many people across the country.

- We hosted a large virtual panel for our clinician community, welcoming speakers from various organizations to talk about their new, innovative models for delivering medication abortion care and making it more accessible to everyone.

- We've continued to facilitate our medication abortion workshops virtually, focusing on teaching our no-touch model of care.

- Throughout September 2020, to celebrate the 20th anniversary of mifepristone availability in the US, we launched the campaign "*20 ways to celebrate 20 years of mifepristone*." We sought to highlight the incredible achievements that mifepristone has brought for pregnant people's bodily autonomy and their reproductive health care over the past 20 years, but also to recognize the gaps in access and inequities that still persist. We hosted CE workshops, shared clinician stories, posted educational tidbits, and highlighted our patient education resources and clinical tools.

TRAINING LEADERS IN REPRODUCTIVE HEALTH CARE

The Reproductive Health Care and Advocacy Fellowship

The Reproductive Health Care and Advocacy Fellowship aims to develop a vibrant, diverse community of leaders and change-makers with the power to create access to equitable and person-centered reproductive health care in the United States. By training just a few fellows annually to provide, integrate, teach, and advocate for comprehensive reproductive health care in their communities, we are able to create a ripple effect of change over time.

- Since 2007, we have trained 33 fellows to provide, teach, integrate, and advocate for abortion, contraception, and early pregnancy loss care in their communities.
- In 2020, 6 new fellows began fellowship.
- We launched our newest two fellowship sites in Michigan and New Jersey. We now have five sites, including those in Massachusetts, Washington, and New York.
- All of our fellows have gone on to provide abortion care and to train family medicine residents and other clinical learners all across the country.
- Our fellows are currently providing abortion care in 15 states, including lower-access states like Florida, Arizona, and Indiana.
- They've worked in community health centers, residency sites, and other primary care practices to integrate medication abortion, early pregnancy loss management, and long-acting reversible contraception (LARC) insertions and removal.
- They are involved in institutional, legislative, and judicial advocacy in their local communities and practices. This year our fellows have:
  - Served plaintiffs for ACOG v. FDA to allow mailing mifepristone during the pandemic.
  - Introduced mifepristone by mail for medication abortion in their clinics
  - Implemented telemedicine and "no-touch" reproductive health care in their clinics
  - Developed alternative models for educating patients and providing medication abortion care during the pandemic.
- With the leadership of Honor MacNaughton and Ying Zhang, we have begun to reimagine our fellowship to truly support our clinicians of color and patients from communities that have been disproportionately impacted by structural racism.

In the coming years, we are dedicated to expanding our fellowship to train more family physician leaders in programs beyond progressive coastal states. We have revisited and improved our outreach and application process to ensure we are intentionally recruiting potential fellows from all backgrounds, particularly those often excluded from medicine. We are revising our curriculum to more rigorously train and support fellows with the skills to implement change within one's future practice. We are committed to truly preparing our fellows to practice, teach, and advocate for comprehensive reproductive health care with a lens toward racial justice.

PATIENT EDUCATION RESOURCES

This year our library of patient education resources and clinical tools has grown immensely. We now have developed and disseminated 108 clinical tools and 53 patient education resources. Over 74 of our resources have been translated into 9 different languages. And, we've created a new CE workshop on Innovations in Reproductive Health During COVID-19.

New patient education resources developed this year:
- Abortion pill info to read prior to a phone visit
- How to use abortion pills fact sheet

New clinical tools developed this year:
- Contraception in time of COVID-19 guidance
- Contraception during COVID-19: E-visit contraceptive template
- No-touch medication abortion protocol
- No-touch medication abortion workflow
- Protocol for ectopic pregnancy treatment
- COVID-19 resource page

Zines
- Sam's Medication Abortion has been translated into Spanish ("El aborto medico de Sam). In order to portray language that does not discriminate or reproduce binary schemes, we utilize the letter "x" throughout to give gender neutrality to words that allude directly to characters in the zine.
- RHAP received a grant from the Lalor Foundation to develop three more zines on reproductive health care.

Your Birth Control Choices

Method	How to Use	Impact on Bleeding	Things to Know	How well does it work?*
External Condom 	• Use a new condom each time you have sex • Use a polyurethane condom if allergic to latex	None	• Can buy at many stores • Can put on as part of sex play/foreplay • Can help prevent early ejaculation • Can be used for oral, vaginal, and anal sex • Protects against HIV and other STIs • Can decrease penile sensation • Can cause loss of erection • Can break or slip off • Does not need a prescription	87%
Internal Condom 	• Use a new condom each time you have sex • Use extra lubrication as needed	None	• Can put in as part of sex play/foreplay • Can be used for anal and vaginal sex • May increase vaginal/anal pleasure • Good for people with latex allergy • Protects against HIV and other STIs • Can decrease penile sensation • May be noisy • May be hard to insert • May slip out of place during sex • May require a prescription from your health care provider	79%
Diaphragm Caya® and Milex® 	• Put in vagina each time you have sex • Use with spermicide every time	None	• Can last several years • Costs very little to use • May protect against some infections, but not HIV • Using spermicide may raise the risk of getting HIV • Should not be used with vaginal bleeding or infection • Raises risk of bladder infection	83%
Emergency Contraception Pills Progestin EC (Plan B® One-Step and others) and ulipristal acetate (ella®) 	• Works best the sooner you take it after unprotected sex • You can take EC up to 5 days after unprotected sex • If pack contains 2 pills, take both at once	• Your next monthly bleeding may come early or late • May cause spotting	• Available at pharmacies, health centers, or health care providers: call ahead to see if they have it • People of any age can get progestin EC without a prescription • May cause stomach upset or nausea • Progestin EC does not interact with testosterone, but we don't know whether Ulipristal acetate EC does or not • Ulipristal acetate EC requires a prescription • May cost a lot • Ulipristal acetate EC works better than progestin EC if your body mass index (BMI) is over 26. • Ulipristal acetate EC works better than progestin EC 3-5 days after sex	58 - 94%

*Typical Use

UPDATING THE "YOUR BIRTH CONTROL CHOICES" FACTSHEET

JORDAN SILVERMAN, PROGRAM MANAGER

Reproductive Justice advocates have long highlighted the need to think carefully about how health care providers discuss and present contraceptive options. We know that people make decisions on which contraception to use based on so many different factors – hormones, ease of use, feeling in control of the method, efficacy, cost, accessibility, impact on sex life and bleeding, and more. Generally, when you look around at the fact sheets available on contraception, the methods are in order of efficacy, with LARC methods (IUDs and implants) at the top. This can signal to patients that certain methods are, overall, "better" than others. However, we all know that the best method of contraception is the one that you will use consistently and that feels right to you. We felt that ordering our Your Birth Control Choices factsheet by efficacy might be playing into some of these influential, or even coercive, forces. So – as part of our yearly process to re-examine, update, and improve our resources – we, very intentionally, looked at how we structured the Your Birth Control Choices factsheet.

We started this exploratory process by speaking with a consultant working in the Reproductive Justice field. They were extremely helpful in providing feedback, a new frame to look at this resource, and some starting points to help reformat the organization of the sheet. We also elicited feedback from over 35 individuals from around the country to see what they liked and did not like about our sheet. We asked questions about possiblte changes that we were thinking of making to the format and information included. Once we created a draft that included all of this feedback, we put it through our standard field testing processes. We included the additional feedback from field testing, and that is the version you see today on our website.

Some of the changes we made included:

- Organizing by alphabetical order (objective) vs. efficacy (subjective)
- Adding in permanent methods which required us to increase the length of the sheet
- Removing "pro vs. con" language
- Including pertinent information from our "Birth Control Across the Gender Spectrum" factsheet.

We believe the changes we have made better reflect our values and the information that patients are looking for when making a decision around contraception. We hope that, after getting acquainted with the new format, you will come to love and use this resource as you did the previous iteration.

ADVANCING RESEARCH ON REPRODUCTIVE HEALTH CARE IN PRIMARY CARE

3 ARTICLES PUBLISHED IN SCIENTIFIC JOURNALS

This year, Silpa Srinivasulu, our Research and Evaluation Manager, shepherded the publication of three unique studies on early pregnancy loss care. One describes the barriers and enablers family physicians face to provide early pregnancy loss care in their clinics. The second demonstrates the prevalence of early pregnancy loss care options offered in New York federally qualified health centers. And the third assesses the effectiveness of our Miscarriage Care Initiative to support sites integrate this care into practice.

We also published key recommendations for clinical practice on the diagnosis and management of ectopic pregnancy.

ADVANCING POLICY

- Our 2019 study on the effects of mifepristone regulations on the provision of medication abortion and early pregnancy loss management in primary care is under review for publication. We've presented our findings at multiple conferences, including the American Public Health Association, the AAFP Residents and Students, and the Family Medicine Experience.

- RHAP was involved in writing two policy statements adopted by the American Public Health Association to hold them accountable for protecting reproductive health and rights: Recommendations for pregnancy counseling and abortion referrals and A call to investigate and prevent further violations of sexual and reproductive health and rights in immigration detention centers.

WHO WE ARE

STAFF

Lisa Maldonado, MA, MPH	*Executive Director*
Linda Prine, MD	*Medical Director*
Ruth Lesnewski, MD	*Education Director*
Honor MacNaughton, MD	*National Fellowship Director*
Nushin Bhimani, MA	*Development Officer*
Hailey Broughton-Jones	*Organizer*
Kallie McLoughlin	*Operations Associate*
Victoria Pittl	*Individual Giving Manager*
Laura Riker, MSSW	*National Organizer*
Jordan Silverman, MPH	*Program Manager*
Silpa Srinivasulu, MPH	*Research and Evaluation Manager*
Lily Trotta	*Organizing Associate*

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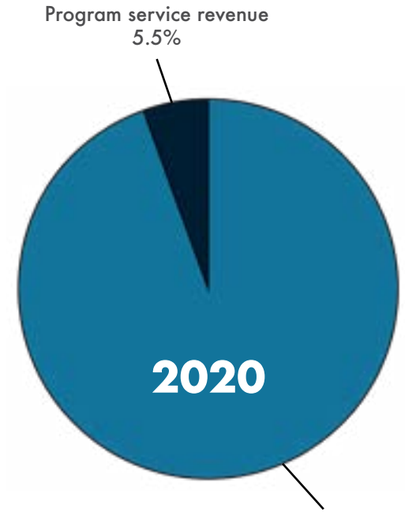
FINANCIALS

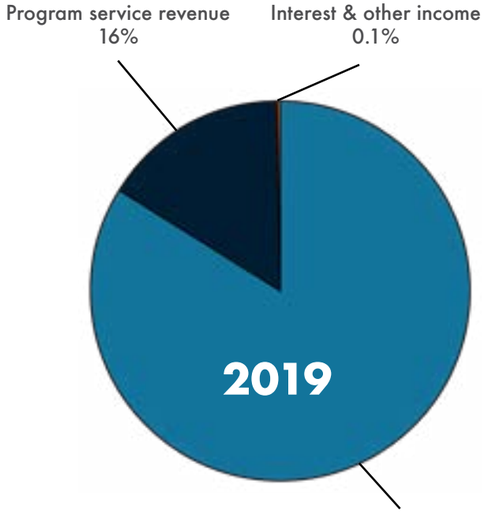
FISCAL YEAR: APRIL 1 - MARCH 31

INCOME	2020	2019
Contributions	$1,274,675	$1,172,363
Program Service Revenue	$73,667	$223,277
Interest & Other Income	$942	$942
Total income	**$1,349,284**	**$1,396,582**

NET ASSETS, BEGINNING OF YEAR	**$395,474**	**$291,059**
NET ASSETS, END OF YEAR	**$280,753**	**$395,474**

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





FINANCIALS

FISCAL YEAR: APRIL 1 - MARCH 31

EXPENSES	2020	2019
Program Services	1,178,357	1,063,210
Fundraising	138,837	108,752
Administrative	146,811	120,205
Total expenses	**1,464,005**	**1,292,167**

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