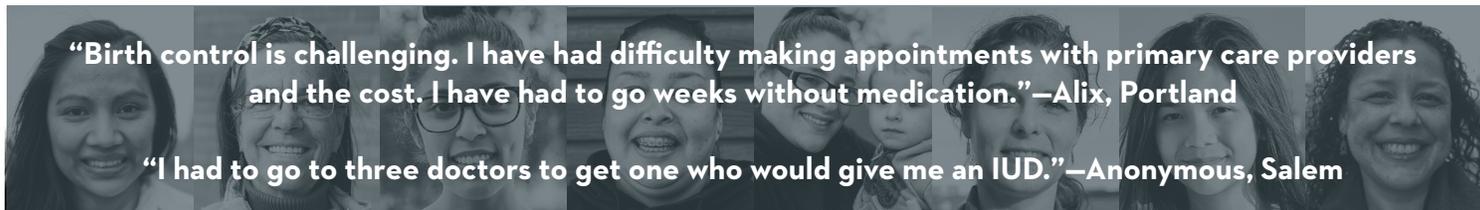




# GAPS IN REPRODUCTIVE HEALTH ACCESS

Hundreds of thousands of women in Oregon lack access to the information and services they need to decide if and when to have children.<sup>1</sup>



“Birth control is challenging. I have had difficulty making appointments with primary care providers and the cost. I have had to go weeks without medication.”—Alix, Portland

“I had to go to three doctors to get one who would give me an IUD.”—Anonymous, Salem

## WHY IT MATTERS IN OREGON

Gaps in reproductive health access are a(n) . . .

- PUBLIC HEALTH
- ECONOMIC
- WORK FORCE
- EDUCATION
- RACIAL EQUITY

. . . issue.

Access to the full range of culturally responsive reproductive and sexual health care, including contraception and abortion:<sup>2, 3, 4</sup>

- Increases educational and economic opportunities
- Reduces poverty
- Leads to healthier mothers, children, families, and communities

Cost is a big barrier to reproductive health care

Co-pays, high deductibles, or lack of meaningful access to care can jeopardize a family’s financial security and push them deeper into poverty

Race, geography, gender identity, and income influence access to information and services, which need to address histories of reproductive oppression and more effectively serve all Oregonians

## COST OF THE STATUS QUO

**\$51 million**

annual health care cost to Oregon’s Medicaid system due to unintended pregnancy (prenatal care, delivery, and infants’ first year of life)<sup>5</sup>

## PROMISING POLICIES from experts, advocates, and other states

- Invest in sex ed that is comprehensive, age-appropriate, evidence-based, medically accurate, culturally competent, and based in positive youth development.
- Ensure all women and people who can become pregnant have access to the contraceptive method of their choice at no cost to the user.
- Ensure all women and people who can become pregnant have access to affordable preconception, prenatal, abortion, and postpartum care.
- Establish cultural competency standards and requirements for health care facilities.
- Integrate preventive reproductive health care like the One Key Question® program<sup>6</sup> into primary care clinician visits.
- Provide pregnant and parenting teens access to health information, support, and resources.

50% of the women we heard from faced obstacles to accessing reproductive health care

Long-acting reversible contraceptives (LARCs)—such as intrauterine devices (IUDs) and implants—are 99% effective but can cost up to \$1,000

What’s happening elsewhere?



[“Crisis pregnancy center” transparency](#)

[Family planning, including LARCs \(Family PACT\)](#)



[Family planning, including LARCs](#)

[Support for pregnant and parenting teens](#)



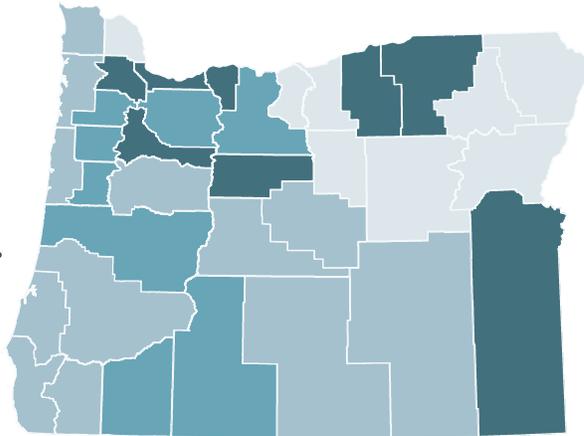
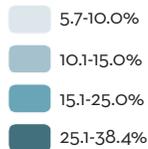
# GOOD POLICYMAKING FOR WOMEN AND GIRLS REQUIRES...

## > UNDERSTANDING SYSTEMIC RACISM

### The “Eight That Can’t Wait” Issue That Intersects with All Others

For an Oregon where all women and girls thrive, all women and girls need to have equitable access to the opportunities it takes to thrive. But right now, many of Oregon’s women and girls of color do not.

Percentage of women who are women of color, by county



Source: Decennial Census 2010

Addressing these inequities requires looking at our state’s history of systemic racism—in particular, the policies and practices that benefited white people and harmed people of color. Throughout the years, laws and practices fostered discrimination in housing, healthcare, education, employment, and pay.

The 2015 Oregon Racial Equity Legislative Report reminds us that the cumulative effect of these policies and practices is the root cause of the economic, social, political, and health disparities identified in Count Her In.

Therefore, public policy must play a major role in correcting these disparities. And as the Women’s Foundation of Oregon develops its own capacity to advocate on behalf of all Oregon’s women and girls, we will continue to lift up the voices of those that have led the way for racial justice in our state.<sup>7</sup>

## > EMBRACING INTERSECTIONALITY

Good policymaking incorporates an understanding of the multiple, overlapping factors that play a large role in the life of every Oregonian.

Gender and race are important components of identity, but there are many others. Age, location, disability status, income, religious affiliation, sexuality, gender identity, citizenship status, and primary language are just a few of the many elements that come together to shape our experiences and needs.



## > WE’RE HERE TO HELP



WOMEN’S  
FOUNDATION  
of OREGON

The Women’s Foundation of Oregon is a member-supported, statewide foundation dedicated to improving the lives of women and girls in Oregon. [w-for.org](http://w-for.org)

Count Her In is the first report on the status of Oregon’s women and girls in 20 years. [CountHerIn.org](http://CountHerIn.org)

# COUNT HER IN

### Sources

1. [Count Her In](#), page 58
2. [World Health Organization](#), 2016
3. [World Health Organization](#), 2016
4. [Bill & Melinda Gates Foundation](#), 2017
5. [Oregon Health Authority](#), 2016
6. [onekeyquestion.org](#)
7. [Facing Race: The 2015 Oregon Racial Equity Legislative Report](#), 2015; [Coalition of Communities of Color in Multnomah County: An Unsettling Profile](#), 2010; [State of Black Oregon](#), 2015