Forum on Rural Population Health

May 19-21, 2025
Seaside, Oregon
ohsu.edu/orhforum

OREGON OFFICE of RURAL HEALTH

Increasing Access to Reproductive Healthcare in Rural Communities by Reducing Stigma

Ann Krier, MPH and Helen Urbano Neilson
Planned Parenthood

Planned Parenthood®

Increasing Access to Reproductive Healthcare in Rural Communities by Reducing Stigma

May 2025

Your Presenters

Ann Krier, MPH (she/her)
Education & Training Program Coordinator

Helen Urbano Neilson (she/her)
Education & Training Program Coordinator

Plan for today

- Group guidelines
- Health Equity & Reproductive Justice Overview
- Small Group Activity & Debrief
- Implementing the Health Equity Roadmap in Rural Communities
- Closure

Group Guidelines

- No one knows everything, together we know a lot
- Lessons leave, stories stay
- Expect and accept non-closure
- Recognize and honor all identities
- Listen to understand, not to respond
- Embrace imperfection
- Take care of yourself

Health Equity Framework

Eliminate racism, anti-Blackness, white supremacy, and other forms of oppression

MAKE	BUILD	PARTNER	ADDRESS
health equity a strategic priority	infrastructure to advance health equity	with the community to improve health equity	the multiple determinants of health

Reproductive Justice:

A Brief History

- *Reproductive* Health + Social *Justice*
- Coined in 1994 by a group of Black women in Chicago (*Women of African Descent for Reproductive Justice*)
- Lacking recognition of the current women's rights movement, excluding Black women, and how other systems intersect and impact access *(economic, housing, carceral)*

Reproductive Justice

The right to…

- Own our bodies and control our futures, gender and sexual freedom
- Have children
- ***Not*** to have children
- Raise our families in safe & healthy communities

Reproductive Justice

- Is a human right
- Centers access
- Not *just* about abortion–
  - Contraception
  - Comprehensive sex education
  - STI prevention & care
  - Pregnancy options
  - Pre- and postnatal, pregnancy care
  - Domestic violence assistance
  - Liveable wage
  - Safe homes & communities
  - And more!

In order to achieve Reproductive Justice, we must…

- Analyze systems of power
- Address intersecting oppressions
- Center the most marginalized
- Intersecting across social justice movements (i.e. disability justice, carceral justice)

Limitations & Gratitudes

- Planned Parenthood is a reproductive health organization, ***NOT*** a reproductive justice organization
- SisterSong.net, SisterLove.org

SisterSong
Women of Color Reproductive Justice Collective

SisterLove

Small Group Activity

1. Form small groups of 3–5 people
2. Review your Reproductive Health Access Scenario
3. Answer the following questions (identify someone to share out!)
    - What are the barriers that this person experiences in accessing the support and resources they need for just and dignified reproductive healthcare?
    - What kind of messages about people and their bodies are underlying in this case study?
    - What oppressions do you notice being present, and at what level? (Individual, Interpersonal, Institutional, Structural, Cultural)

Scenario 1

I'm 45 yrs old. I have three children, and recently I found myself pregnant after I thought I couldn't have children anymore! It simply wasn't part of my family's plans to raise another child, and after talking it through with my partner we decided we wanted to terminate the pregnancy. I called in sick to work the next day and drove to Ashland to go to a clinic. I had to wait what felt like all morning even to be seen, and they told me it took that long to find an interpreter. I told them, "I'm the child of refugees, but if you paid any attention you would have noticed that I speak perfect English!" The rest of the visit, the staff kept talking with each other as if I was not there, and I had to keep asking questions and forcing them to engage with me directly. I asked if I could use my insurance, but they told me that Providence doesn't cover abortion because they are Catholic. The procedure would cost $550 out of pocket. I don't have the cash flow for that. An advocate asked me if I might qualify for the Oregon Health Plan (state Medicaid), because I could get fast-track approval for full abortion coverage that way with no out-of-pocket expenses. We realized that I would qualify. She advised me to go to the DHS office in my county, and she said, "Make sure to tell them you are pregnant, so you can be fast-tracked, but be very careful not to share with anyone but the caseworker that you want an abortion. I've heard horror stories from people who don't get the information they need or are even lied to because the receptionist or office staff – or even the case-worker – is anti-abortion." It took a while to get to the DHS office in my county, because I couldn't take more time off of work right away. Luckily, the caseworker helped me get approval the following day. I know I'm cutting it close, because the clinic in Ashland only does abortions up to nine weeks. If I wait any longer, I'll have to drive a long way to get it done somewhere else. Also, I've been told that after the first trimester it will cost more, and OHP might not cover all of the cost.

Scenario 2

I'm a mother of two young children and I'm five months pregnant with my third child. I don't have my papers yet, so I don't get healthcare. Sometimes doctors will come to the farmworkers' housing we live in to give services, but we never know when that is going to happen. For my last two babies, I showed up at the emergency room at the hospital in the city to give birth. That's the only way I know how to deliver my babies for free. After I gave birth the first time, a nurse there was telling me how I should have come in earlier that I should get check-ups before I give birth – but I know we can't pay for that. One of the other wives at the farm who works for a lady says if you don't have health insurance, it costs $2,000 for check-ups. If I don't use the ER, it could cost us $10,000 just to give birth – an easy birth without a Caesarean. Where will I find that kind of money?

Scenario 3

I'm a 29-year-old trans man – I was assigned female at birth, but I identify as male and live my life as a man. A couple months ago, I switched from one insurance company to another because I just changed jobs. I'm glad that my new insurance covers my primary care provider because she has been a great ally and very knowledgeable in trans health issues. The insurance company itself has not been so great, though. I need birth control pills because I'm physically able to get pregnant, and my partner is a man. I have had top surgery, but I am not currently on testosterone. Our plan fully covers contraception, but because my gender is listed as male, they keep refusing me this coverage. I've called and talked with the benefits specialist – I even sent them a fact sheet about trans health and contraceptives – but they haven't been able to work it out in their system. I started paying out of pocket for the pills, but we couldn't afford to keep doing that, and so we haven't had access to pills for four months as I'm given the run-around with my insurance company. I do want to be a parent, but I don't want to be pregnant or give birth. The new insurance has already been a nightmare, and so I know I'd have to jump through the same hoops to get an abortion covered if I ever needed one (even though, like contraception, my insurance is also supposed to fully cover abortions). If I needed an abortion and could not access it through my insurance, then maybe I could try the women's clinic that is nearby. But I don't actually know if they would serve me as trans man.

Debrief (5 minutes)

Scenario 1

What are the barriers that this person experiences in accessing the support and resources they need for just and dignified reproductive healthcare?

Scenario 2

What kind of messages about people and their bodies are underlying in this case study?

Scenario 3

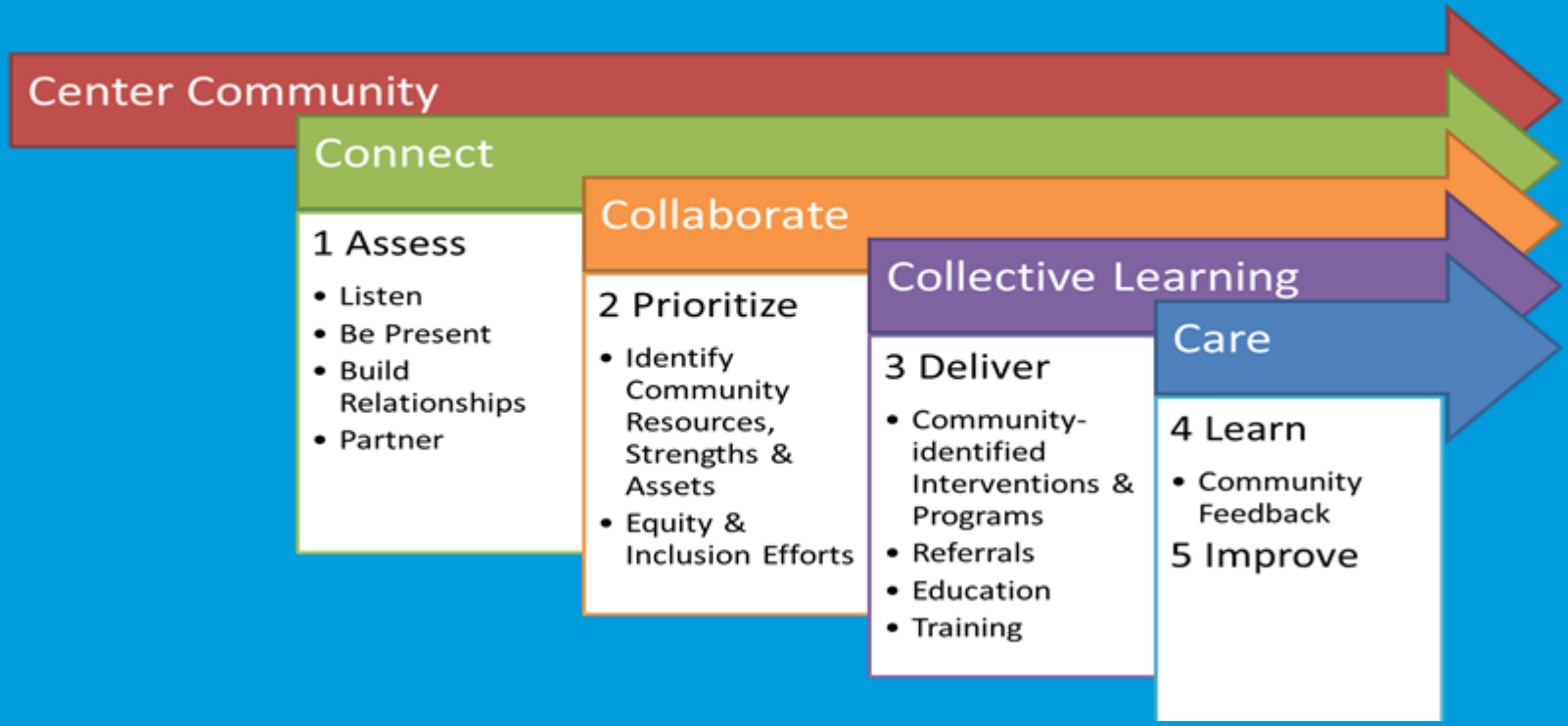
What oppressions do you notice being present, and at what level? *(Individual, Interpersonal, Institutional, Structural, Cultural)*

Efforts from Planned Parenthood Columbia Willamette

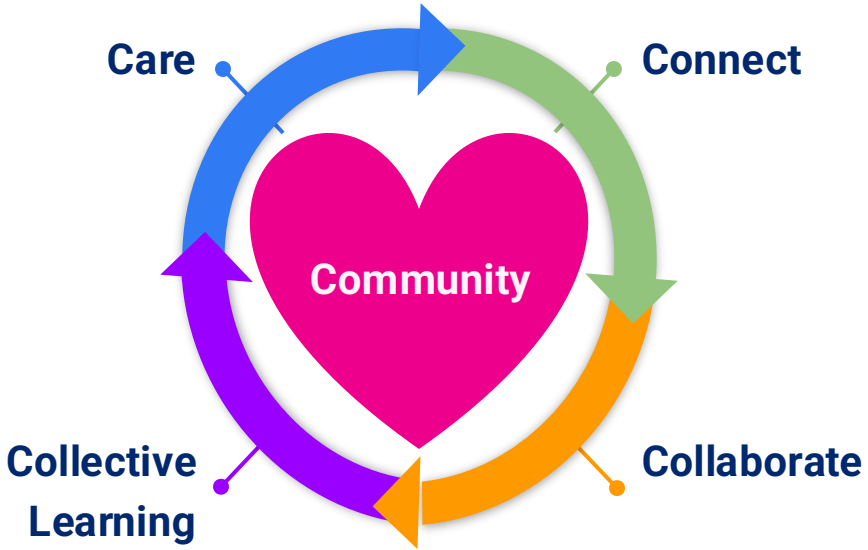
- Navigator roles: Gender Affirming Care & Abortion
- Equity & Inclusion Staff
- Language Services
  - Internal interpreter certification program for staff
- Flexible visit options (telehealth)
- Community Education & Engagement

Community Engagement & Education in Rural and Remote Communities

Health Equity Roadmap



Engagement Strategies in Rural & Remote Communities



Strategy in Action, Central Oregon (video)

How does your work connect to *Reproductive Justice* and *Reproductive Health Access*?

What organizations within your region strive toward health equity?

How can these partnerships deliver resource-rich interventions within your community?

Questions?

Planned Parenthood®

Thank You!

Ann Krier, MPH
ann.krier@ppcw.org

Helen Urbano Neilson
helen.heilson@ppcw.org

Thank you to the 2025 Forum partners!

Oregon Office of Rural Health

Forum on Rural Population Health