



Latinx Oregonian Access to Oregon RH Program: A Needs Assessment

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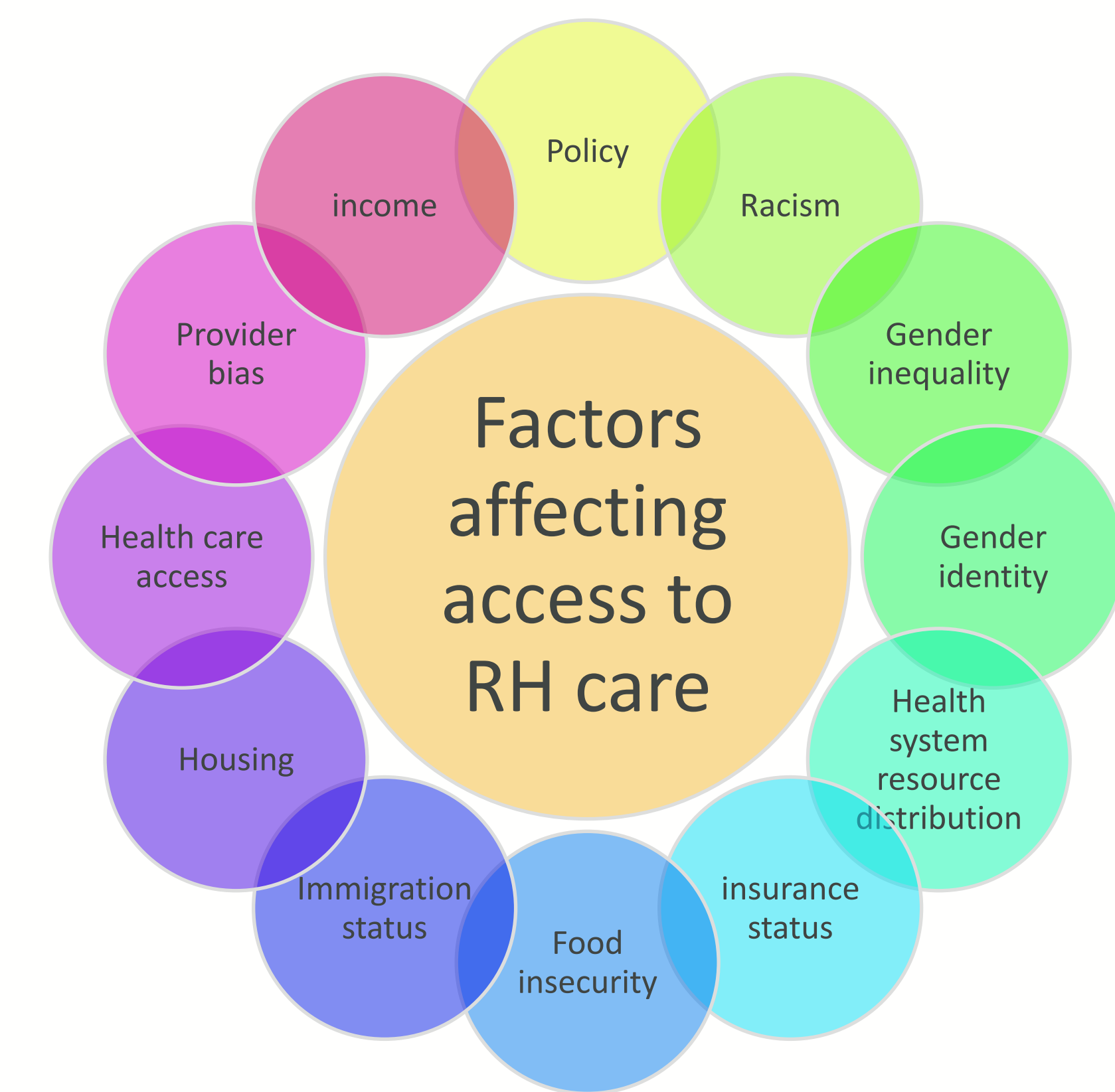
Background

January 2017:: Current administration reenacts global gag rule that bans funding to NGOs that receive US funding from using funds to advocate for, share information about or offer abortion services. This signaled imminent changes to come for federal funding (i.e. Title X) of domestic reproductive health (RH) care.

August 15, 2017: Governor Kate Brown and the Oregon legislature pass HB 3391: Reproductive Health Equity Act (RHEA) to bolster funding for the Oregon RH Program and thereby refuse federal funding that limits comprehensive RH care. RHEA "ensures that Oregonians have access to comprehensive RH care regardless of their income, citizenship or immigration status, gender identity, or insurance coverage" by expanding RH coverage for some uninsured individuals, providing RH services with no cost sharing or copays, keeping abortion legal, and banning discrimination while delivering RH services.¹

Problem

In spite of efforts such as RHEA to improve access to RH care, from 2017 to 2018 there was a decrease in total enrollment in the Oregon RH Program in Multnomah County by 17%, and among Latinx communities, a decrease by 18%.² Although it is uncertain what is causing this decrease in enrollment, several possible reasons exist.³ Impacts on Latinx communities pertaining to recent federal policy regarding public-charge status and immigration enforcement are thought to play a role.^{4,5,6}



Purpose

Explore access to RH services via community partners to guide program improvements and increase participation of vulnerable populations in the Oregon RH Program. This project is a collaboration with MCHD and fulfills yearly Oregon RH Program funding requirements as stipulated in Program Elements (PE) 46.

Framework: Reproductive justice

The theory of reproductive justice is grounded in the recognition of marginalized people living in a nation defined by a history of racialized slave economy, within a patriarchal structure, with a profound impact on a woman's reproductive rights.⁷ Although Latinx people do not share the history of a racialized slave economy with Black Americans, they do share minority status, targeted racism and marginalization as a population that is underrepresented and largely left out of dominant discourse on health and equity, making this an appropriate framework to guide this project.

Scan QR code for footnotes:



Methods

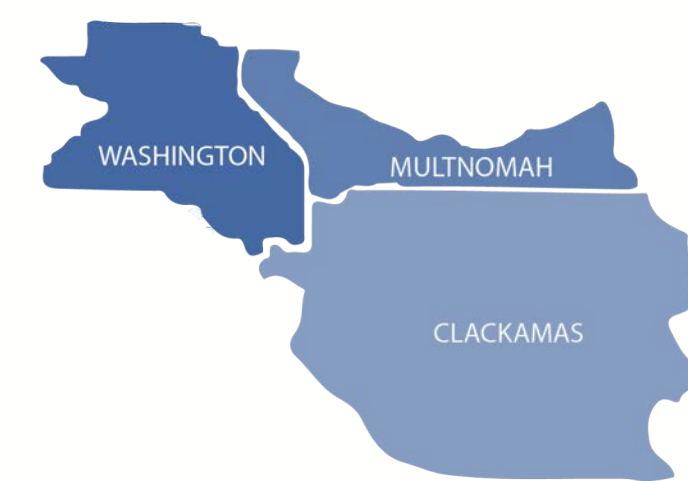
Pandemic implications

March 23, 2020: COVID-19 pandemic resulted in state of emergency banning social gathering. These orders prevented original methodology of data collection for this project which was a community based listening session.

New pivot project aimed to collect data regarding access to RH from community partners via an online survey supported by Google Forms.

Setting

Greater Portland area consisting primarily of Multnomah, Clackamas and Washington Counties.



Participants

Community partners who work primarily in Multnomah, Clackamas and Washington counties representing agencies including:

MCHD community health workers
Sexual and Reproductive Health coalition in Clackamas County
Rosewood initiative
El Programa
Familias en Acción
Oregon Latino Health Coalition
Bienestar de la Familia
Project Access
Northwest Family Services
Portland State University
Mexican Consulate
Women Infant and Children
Wallace Medical Concern

Intervention

Google Forms survey emailed to participants.
19 questions: Five Multiple Choice, Five Select All That Apply, Eight Free Text, One Likert Scale.

Sample of Survey Questions

From your discussions with Latinx female clients, what kinds of reproductive health services do you think would be most helpful or important?

Mark only one and per row.

	Not important	A little important	Important	More important	Very important
STD care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pay services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to birth control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abortion care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vasectomy care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transgender care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For your Latinx female clients who have another immigration status and DO NOT access reproductive health services, what challenges or barriers do they face?

For your Latinx female clients who DO access reproductive health services, where do they go for reproductive health services? Select all that apply for the majority of your clients.

What can health centers do to improve access to reproductive health services?

How do your Latinx female clients find out about reproductive health services? Select all that apply.

Check all that apply:

- ☐ Me, I supply my clients with community resources, including health care resources
- ☐ Flyers or advertisements at church
- ☐ Flyers or advertisements at community center
- ☐ Friends
- ☐ Community health fair
- ☐ Mostly word of mouth or from community partners. Outreach is VERY challenging.
- ☐ Clinic
- ☐ Word of mouth of previous women served
- Other:

For your Latinx female clients who have another immigration status and who DO access reproductive health services, what challenges or barriers to care do they face?

Data Analysis

- Taguette - open source qualitative coding software
- Microsoft Excel
- Google Forms and Google spreadsheets

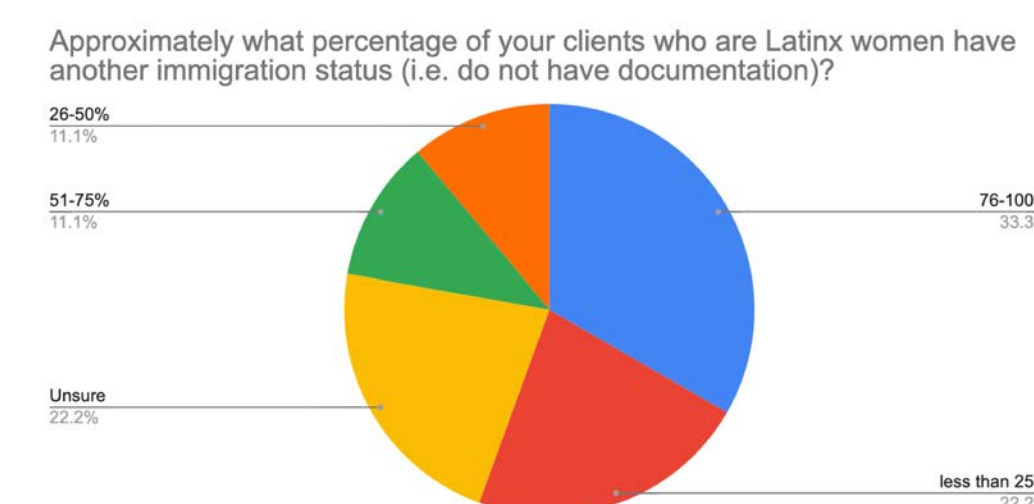
Findings

Respondents

- 19.6% response rate
- Professional roles of respondents: CHWs, outreach coordinators, WIC coordinators, social workers, social service program managers, school-based health center coordinators.
- Health care providers were not queried as primary goal was to gain insight regarding access to RH care among Latinx participants who currently do not see a PCP.
- Majority of respondents work with Latinx patients

Clients

- Thirty three percent of respondents report that more than 75% of their clients have another immigration status (i.e. do not have legal documentation to reside in the U.S.)

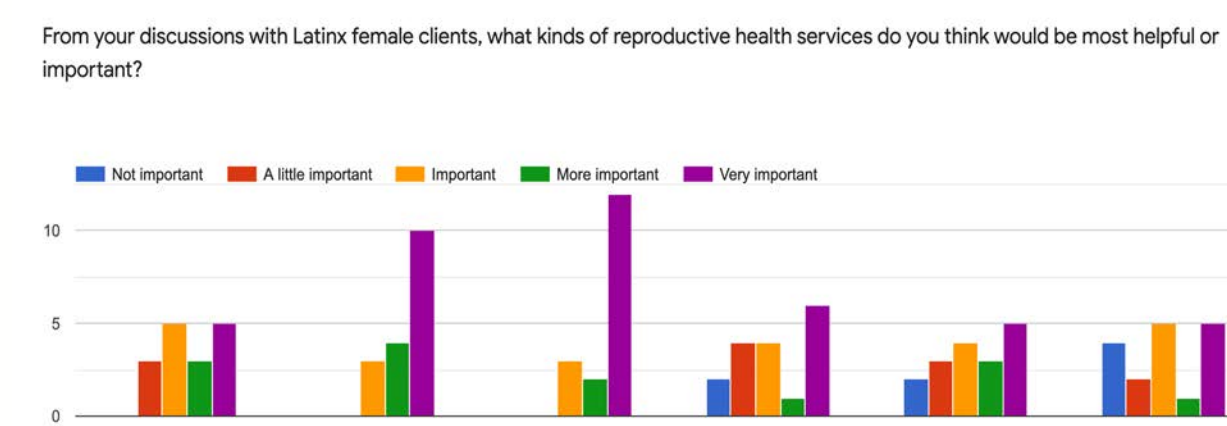


- Most clients find out about RH services through the respondents themselves, friends, clinic, health fairs, word of mouth and flyers posted at community centers.

Needed services

Services rated from highest to lowest based on need as perceived by respondents:

- Access to birth control options
- Access to cervical cytology testing,
- STD care
- Vasectomy services
- Abortion care
- Transgender care



Gestational status

Mixed responses indicate further research is needed to determine whether post-natal status affects access to RH care

Barriers to RH care

Similar results among those who already access RH care and those who do not. Listed by order of how frequently each is mentioned in the survey:

- Knowledge about RH care offerings and inadequate health literacy
- Lack of transportation to health care facilities that offer RH care
- Lack of childcare
- Concerns related to immigration status
- Lack of culturally accessible care
- Lack of finances and inadequate health insurance coverage
- Inconvenient clinic hours and lack of available appointments

Facilitators to RH care

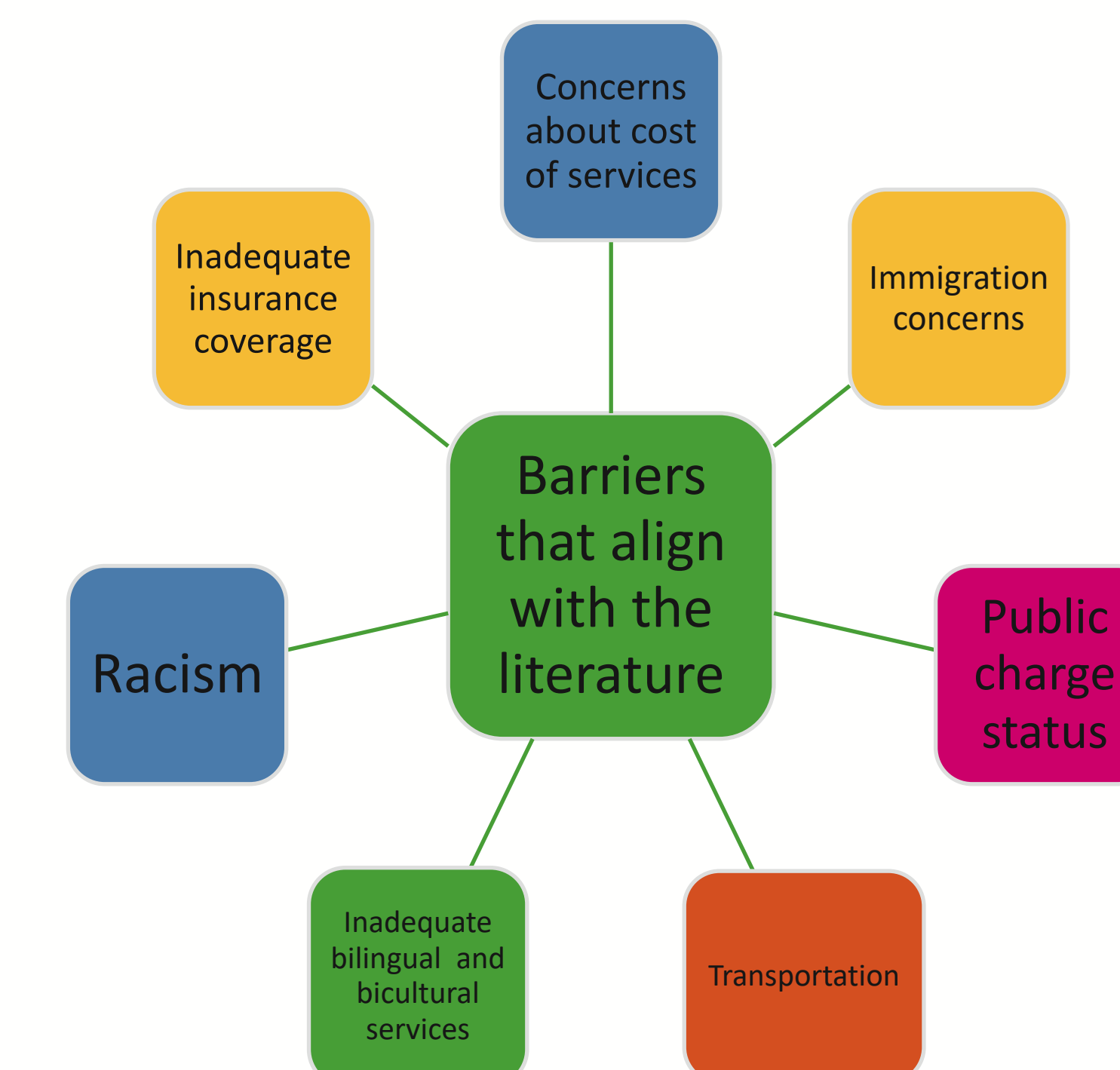
Reputable clinics that offer culturally responsive care, where patients feel heard and valued.

Discussion

Barriers identified in this study may help explain the decrease in enrollment in the Oregon RH Program.

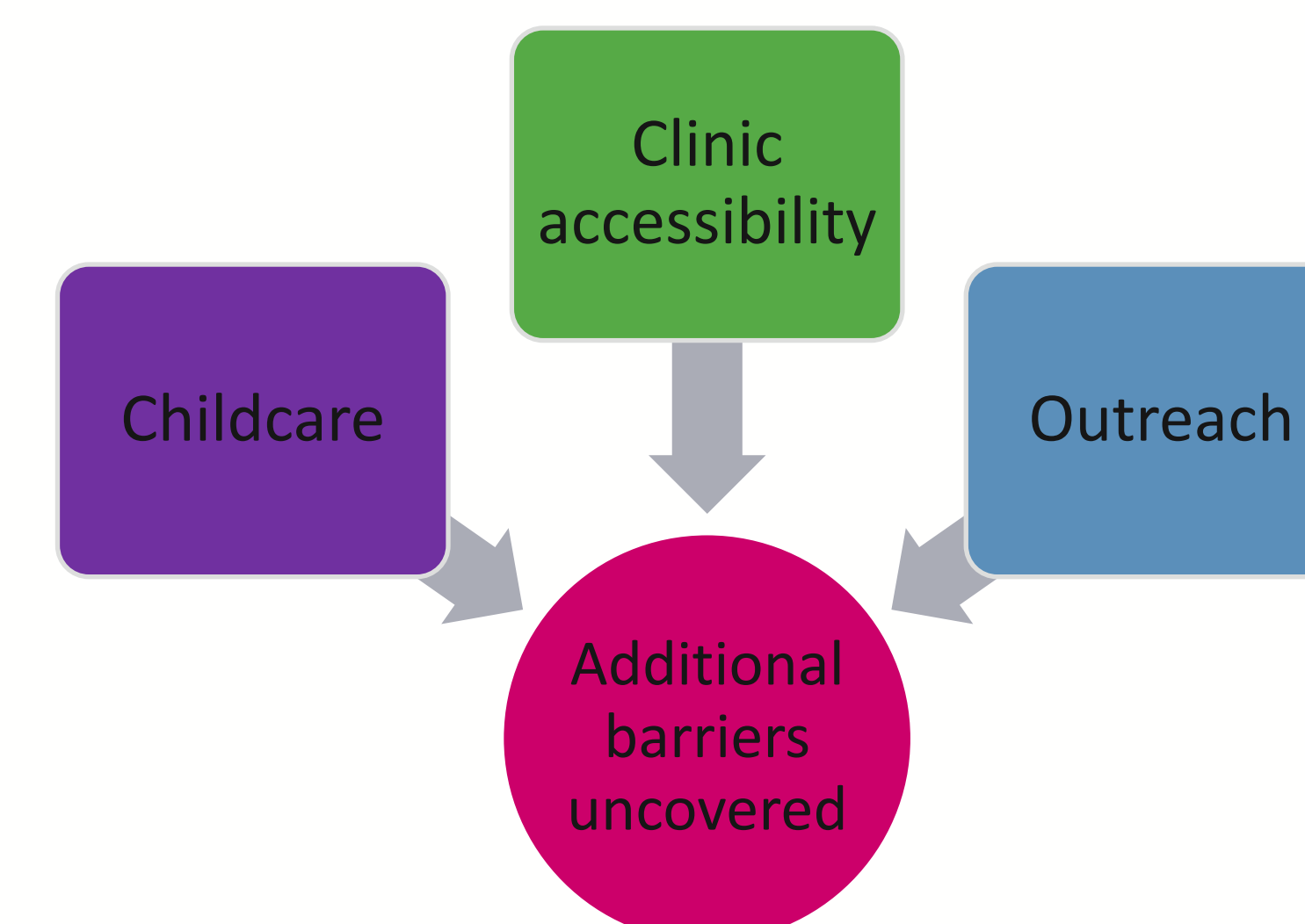
Barriers that align with the literature

Although immigration concerns and the punishing consequences of having another immigration status were cited as barriers to care, even more frequently cited were inadequate bilingual/bicultural services and transportation to and from clinic.



Additional Barriers Uncovered in the Survey

Inadequate knowledge about available RH services to Oregon populations with another immigration status was a strong theme in the survey results. Improving outreach was recommended in addition to targeted changes that allow for family centered RH care and break down structural barriers.



Recommendations for MCHD

There are some barriers that will require policy changes on a national level to address access to RH care including public charge status, immigration concerns and health insurance access. As health care providers we can continue to support legislation that addresses improvements in access to RH care on a national scale.

Local administrators at MCHD can examine the results of this study and investigate ways to impact change at a clinic level.

Consider the following suggestions:

Bilingual/bicultural staffing

- Ensure staffing that meets the unique needs of diverse population by hiring bilingual and bicultural staff
- Offer a welcoming environment with bilingual liaisons to discuss eligibility for benefits, cost of services, and education regarding screening tests.

Outreach

- Work with community partners to improve outreach and build trust within the community
- Consider bringing RH care to community centers
- Improve advertising

Structural changes

- Consider offering childcare & transportation options
- Establish clinics in areas that are centrally located for the population being served
- Offer appointments later in the evening/walk-in options

Next steps

This pivot project procured information and opinions about access to the Oregon RH Program from community partners who work with Latinx communities in the greater Portland area. A follow up study is recommended to gain first hand information from the Latinx population that would benefit directly from the Oregon RH Program. Results will offer a more robust picture of what obstacles the Latinx community faces when accessing RH care and how MCHD can address those obstacles to improve access.



Special thanks to Dr. Charlene Maxwell with MCHD, Kim LaCroix & Sexual and Reproductive Health Coalition of Clackamas County, Yoana Molina with Rosewood Initiative, Sally Castillo & Oliva Jarratt with Planned Parenthood Columbia Willamette, Rachel Linz from Oregon Health Authority, Hugo Garcia from 211, Anna Saeger & Ujuonu Nwizu from Cascade AIDS Project, Molly Campbell, and all the community partners in the greater Portland area who helped make this project possible.