

REPRODUCTIVE
AND SEXUAL
HEALTHCARE
ACCESS STUDY
COOS COUNTY
2019



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EXECUTIVE SUMMARY

Sexual and reproductive health can be a sensitive topic. In many places it is taboo to speak openly about sex. This can make it difficult to access information and services around sexual and reproductive health, especially in places where religious or cultural beliefs restrict access to contraception or abortion.

Good sexual and reproductive health means having a safe and fulfilling sex life, with the freedom to decide whether you want to reproduce, and at what time in your life. Access to clear advice and information on sexual health is crucial, as is being able to choose from a range of contraceptive options, without facing any stigma or discrimination. It is also important to have access to maternal health services during pregnancy and childbirth, to ensure a safe pregnancy for both mother and child.

For many women, a lack of access to these family planning services means they are unable to choose when they have children, and how many children they have. It is often the poorest who cannot access these services, and therefore this lack of planning can have a huge financial impact on women and their families. This can impact their health, as well as the health of their family. Consequences can be wide-ranging, from childhood illnesses to struggles with mental health.

A lack of sexual and reproductive health services can also lead to the spread of sexually transmitted diseases, such as HIV. This directly impacts on the health, well-being and livelihoods of families, and can be particularly dangerous if those with the disease have not been able to access health services to diagnose or treat their illness. (Sexual and Reproductive Health 2018)

Coos Health and Wellness (CHW) and the Reproductive Health Collaborative (RHC) assessed needs, opportunities, and resources as part of the process of evaluating the gaps in access to reproductive and sexual healthcare services in Coos County. The findings of this 2019 Reproductive and Sexual Healthcare Access survey are presented here and include: 1) a Snapshot of Coos County: its population demographics, county health indicators and social determinants; and 2) a multi-component assessment of the population's perception of and need for reproductive and sexual healthcare services, drawn from surveys and focus groups with adolescents and community partners.

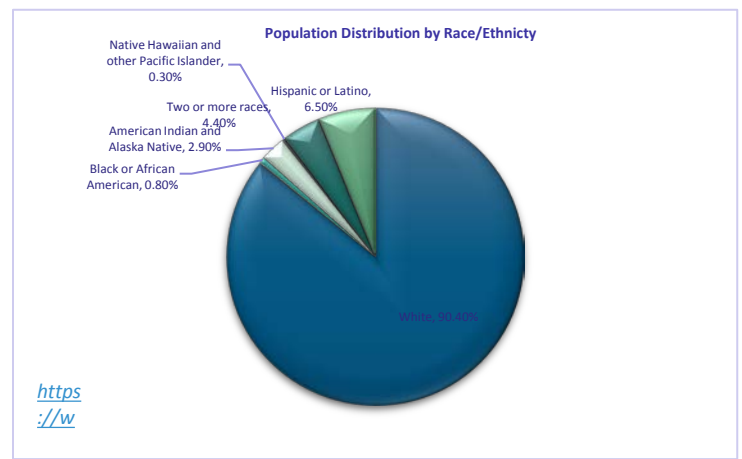
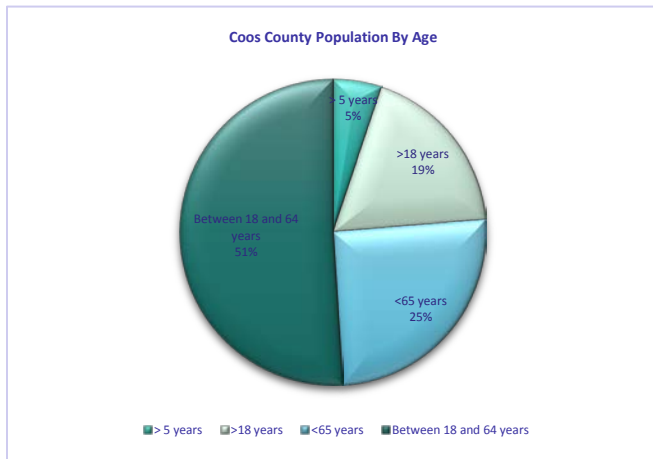
Data used in the Reproductive and Sexual Healthcare Access Assessment (RSHAA) include primary and secondary data and both qualitative and quantitative data. Primary data was collected through focus groups and a community survey. The focus groups and surveys gathered community perceptions of strengths and challenges related to reproductive and sexual healthcare access to services. Focus groups were comprised mainly of teens either experiencing homelessness or teens in alternative educational settings. Teachers and counselors of these students contributed as well. Secondary data is presented in the Snapshot section and the primary data is laid out in the Survey and Qualitative Data section. In the Discussion and Recommendations section primary and secondary data are both included.

The RSHAA document is intended to inform continued work on reproductive and sexual healthcare access improvement. Future work will include education and plans for increased access to services, in addition to building on the work already being done in the community. Finally, the RSHAA lists data gaps in the community and areas that need additional study and data collection.

COUNTY SNAPSHOT

Coos County is a rural county located on the Southern Oregon Coast. It was recognized as a county in 1853 and named after a local Native American Tribe, the Coos, which some have translated to mean “lake” or “place of pines.” Coos County is the 16th most populated county in Oregon (out of 36 Counties) and it borders Curry and Douglas Counties. The county has an approximate population of 64,389 people, encompassing 1,629 square miles of land. The rugged mountainous terrain includes hundreds of lakes, rivers and streams stretching from mountains to the Pacific Ocean. There are many unincorporated and isolated rural communities, presenting challenges for transportation and access to services. The seven incorporated cities include Coquille, Coos Bay, Lakeside, Myrtle Point, Bandon, Powers and North Bend. The entire county is designated as rural, by the Oregon Office of Rural Health. **(Coos Community Health Assessment Committee 2018)**

Coos County population is 51 % between the ages of 18 and 64 with a large population (25%) aged 65 and older. Children under 18 represent 24% of the population. Coos County is less racially diverse than most of the nation with over 90% of people identifying as white or Caucasian, Hispanic or Latino 6.5%, two or more races 4.4%, American Indian or Alaska Native 2.9%, Black or African American .8%, and Native Hawaiian or other Pacific Islander .3%. **(United States Census Bureau 2018)**



HOUSEHOLDS	
Households, 2013-2017	26,473
Persons per household, 2013-2017	2.34
Living in same house 1 year ago, percent of persons age 1 year+, 2013-2017	84.4%
Language other than English spoken at home, percent of persons age 5 years+, 2013-2017	5.1%

POPULATION HEALTH

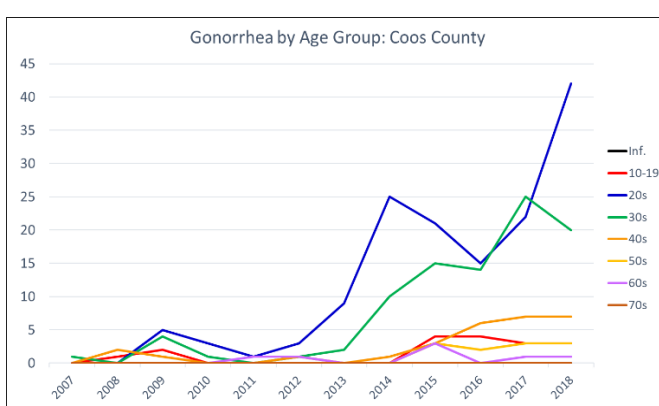
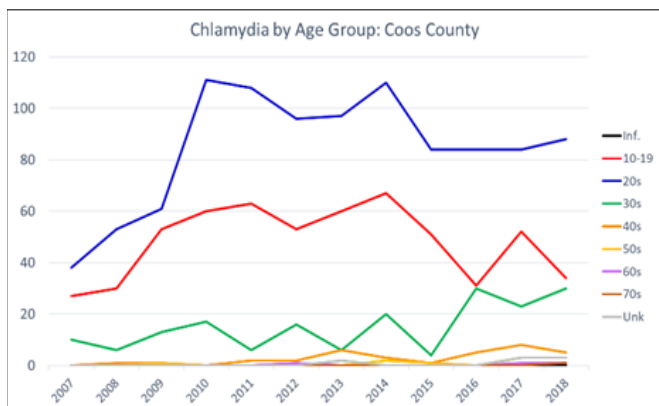
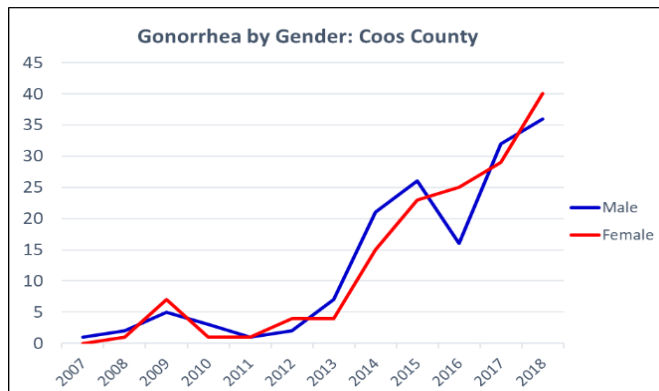
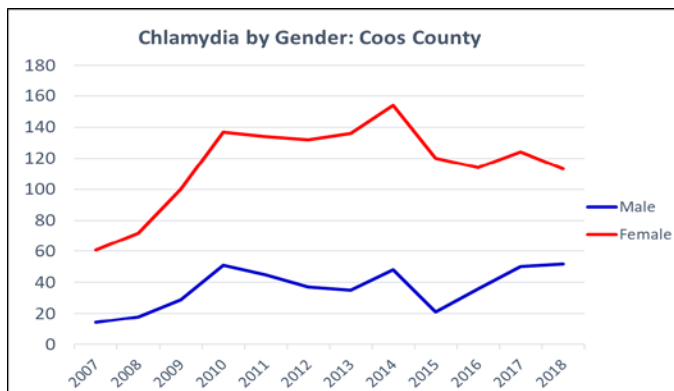
For nearly all health or economic indicators, Coos County has historically been at the bottom of state rankings. In 2017, Coos County ranked 30 out of 35 in combined measures of health outcomes (i.e. rates of diabetes, infant mortality, poor mental and physical health days, premature death, cardiovascular deaths, cancer deaths, and disparities), and 34 out of 35 for health behaviors (i.e. adult smoking, adult obesity, food environment index, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted diseases, and teen births). **(University of Wisconsin Population Health Institute 2019)**

Health insurance is one element of access to health care services. Coos County has a high percentage of the population on publicly funded insurance, which includes Medicaid/Oregon Health Plan/OHP, Medicare and Veterans Administration/VA. 2017 estimates from Oregon DMAP and RUPRI, show that 62.6% of the population in the county is on Medicaid, Medicare or both. The age distribution on Medicaid is older in Coos County than in the state. The percentage of population with insurance statewide has been increasing since 2011, with a sharp increase in 2015. It was estimated that 96.8% of Oregonians are now covered (2016) by insurance (Oregon Annual Health Insurance Report, 2018) **(Coos Community Health Assessment Committee 2018)**

The county has seen STD and HIV rates rise (and fall slightly, in the case of females with Chlamydia) gradually over the last few years. Women have a higher instance of both Chlamydia and Gonorrhea. While Chlamydia

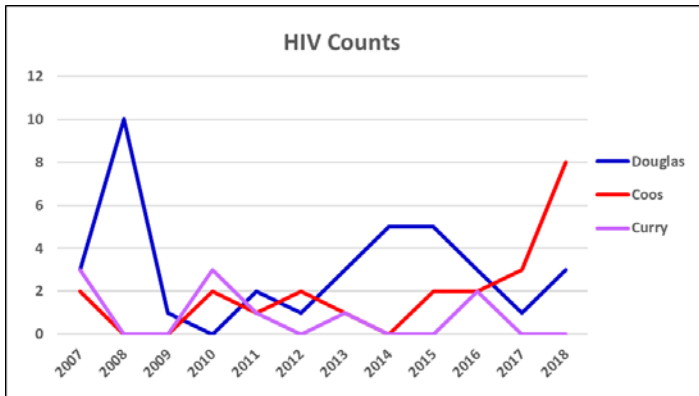
has remained mostly constant since 2009, the rates of Gonorrhea have increased drastically over the past 5 years.

COOS COUNTY STD RATES



The age groups affected the most by Chlamydia are people in their 20's followed by teens. Although people in their 20's are still the most affected by Gonorrhea, it is more prevalent in people in their 30's than teens.

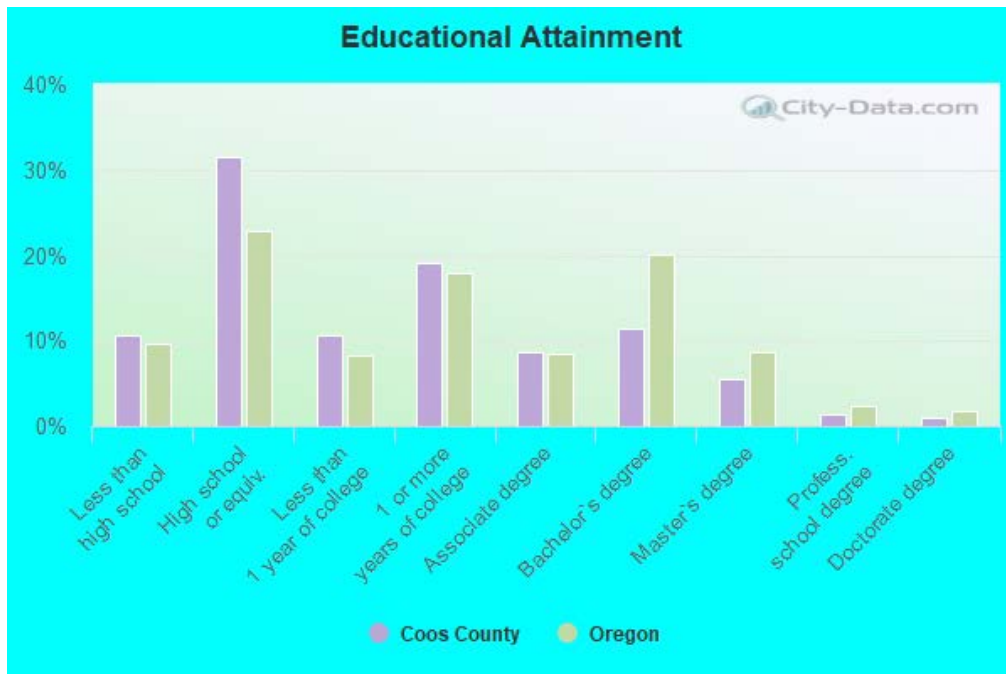
While numbers of HIV remain low, there has been an uptick in reported cases. In 2017 there were 3 reported cases as compared to 2018 with 8. In 2014, however, there were no reported cases of HIV in Coos County. (Douglas Public Health Network 2019)



SOCIAL DETERMINANTS

Coos Bay is characterized by inequality in some ways- mostly across income categories, but also in rural vs. frontier residence. Disparities are evident not only in the county’s health indicators, but in the many socioeconomic factors which are known to be strongly associated with health. Educational attainment is an important predictor of many outcomes along the life course and is associated with many reproductive health indicators, such as fertility rates, likelihood of unplanned pregnancies, risk of contracting an STD, and economic opportunity.

COMMUNITY EDUCATIONAL LEVELS



Coos County education rates show that most people have graduated high school or received a GED, however the numbers drop off for people with a college degree or more. The state of Oregon ranks 36th overall for education in general, but 39th overall for preK-12 education and ranks 22nd in higher education.

(U.S News and World Report 2019)

(Onboard Informatics

2019)

The following is a chart showing the drop-out rate in Coos County based on gender, race, economics, and other demographic labels. Not surprisingly, the highest drop-out rates are amongst migrant students, homeless students followed by English learners, Black/African American students, students with disabilities, Hispanic/Latino students, economically disadvantaged students and female students.

DROPOUT RATES IN COOS COUNTY

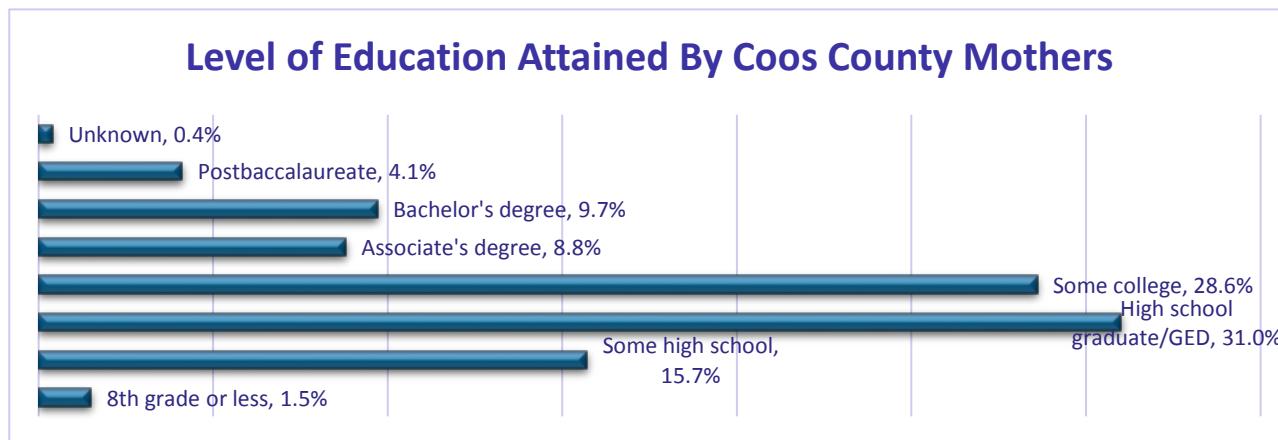
Demographic	Number of dropouts	Dropout rates	
All Students	3346	207	6.19
Male	1676	96	5.73
Female	1670	111	6.65
American Indian/Alaska Native	135	5	3.7
Asian	45	1	2.22
Native Hawaiian/Pacific Islander	16	0	0
Asian/Pacific Islander	61	1	1.64
Black/African American	25	2	8
Hispanic/Latino	391	28	7.16
Multi-Racial	348	22	6.32
White	2386	149	6.24
Underserved Races/Ethnicities	567	35	6.17
Economically Disadvantaged	2295	153	6.67
Not Economically Disadvantaged	1051	54	5.14

Students with Disabilities	502	36	7.17
Students without Disabilities	2844	171	6.01
English Learners	30	1	3.33
Not English Learners	3316	206	6.21
Ever English Learners	141	12	8.51
Talented and Gifted	66	2	3.03
Not Talented and Gifted	3280	205	6.25
Combined Disadvantaged	2498	169	6.77
Migrant	4	1	25
Homeless Students	242	36	14.88
CTE Participants	1231	65	5.28
CTE Concentrators	636	32	5.03

(Oregon.gov 2018)

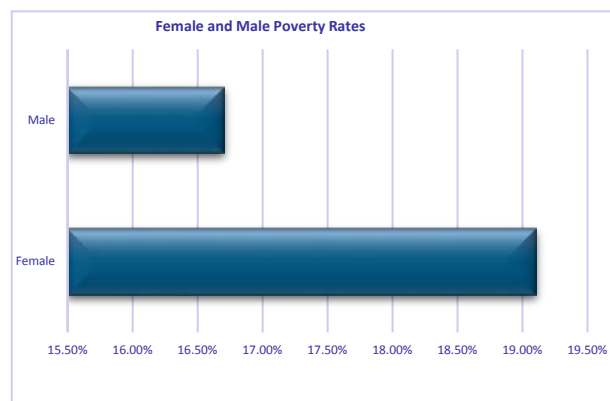
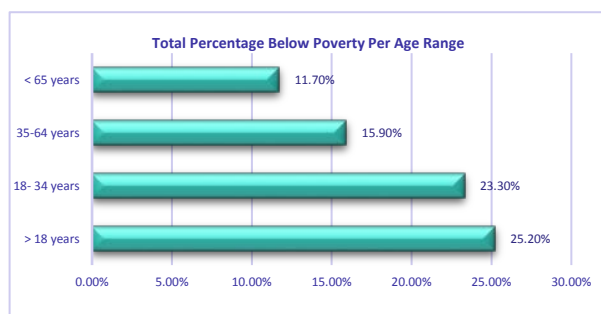
As mentioned before the educational attainment of the mother is an important indicator of many of life's outcomes. It is associated with many reproductive health indicators, such as fertility rates, likelihood of unplanned pregnancies, risk of contracting an STD and economic opportunity. Below is a graph showing the educational attainment of mothers in Coos County.

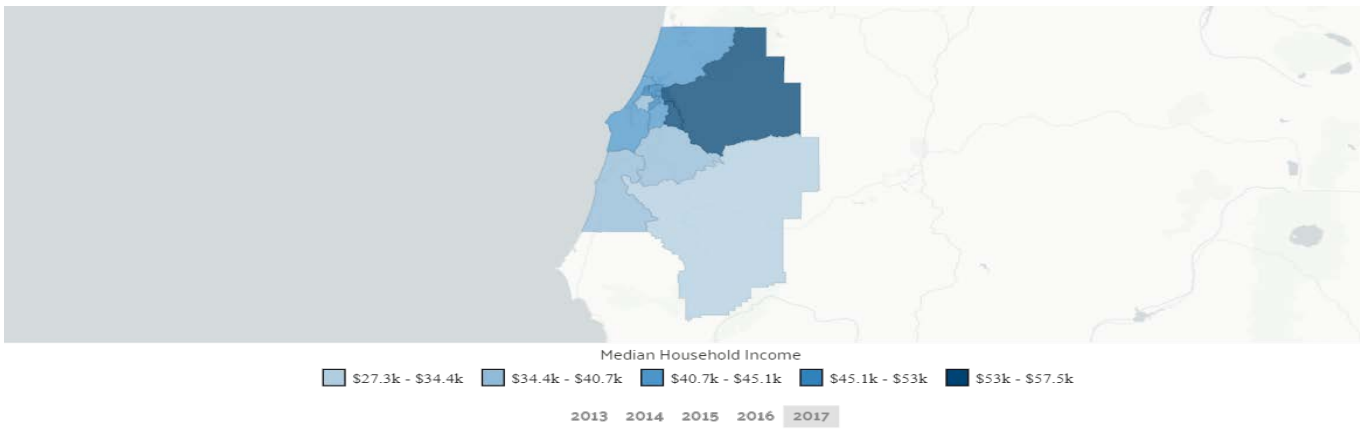
MATERNAL EDUCATION



The average and median incomes in Coos County are lower than the state. Poverty levels are higher in the county, compared to state and national percentages. Poverty is defined by both the official and supplemental measures based on estimates of the level of income needed to cover basic needs. Those who live in households with earnings below those incomes are in poverty. (UC Davis 2019) Within the county, highest incomes are in the Coos Bay census tract, lowest income levels are in the southeastern portions of the county. In 2015, 5,297 individuals were listed as living in extreme poverty, residing mostly on the eastern half of the county. In the county, there are more women than men and more people of color living in poverty. (Coos Community Health Assessment Committee 2018)

POVERTY STATISTICS



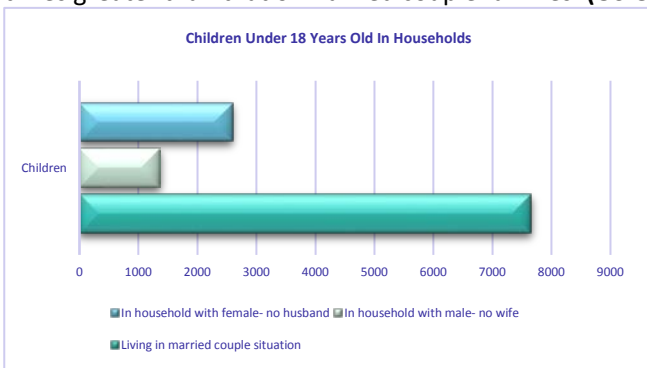


(Deloitte., Macro Media MIT, Datawheel 2017)

Poverty rates serve as an important indicator of need for publicly funded family planning services. They also illuminate the inequality that exists not only between the state of Oregon and Coos County, but that also exists within Coos County amongst rural and “urban” groups. The burden of poverty in Coos County is not distributed equally, as demonstrated in the graph below. Children under 18 years old, as well as those who live in rural areas and/or are single mothers are disproportionately affected. Furthermore, while 17.9% the average rate of poverty in Coos County are living in poverty, there is a dramatic gap in poverty rates among households with children under the age of 18 based on parental structure.

(United States Census Bureau 2013-2017)

In 2017, the number of children living in poverty among female headed households with no husband present was 4 times greater than that of married couple families. **(US Census Bureau 2017)**



The gaps seen amongst population groups in Coos County are not unique but are often on the far end of the spectrum of inequality when compared to the rest of the nation. It is important to understand that the population of Coos County is not homogenous in having poor health, low income or a lack of education. Effects of social and economic inequities are often seen in disparities in the health indicators discussed previously: rates of unplanned pregnancy, teen birth, and sexually transmitted diseases (STD).

SCAN OF ACCESS

In Oregon as in the rest of the nation many providers rely on funding from Title X. Established in 1970, Title X provides affordable birth control and reproductive health care to people with low incomes, who couldn't otherwise afford health care services on their own. Federal Title X funding helps ensure that every person — regardless of where they live, how much money they make, their background, or whether they have health insurance — has access to basic, preventive reproductive health care. **(Planned Parenthood 2019)**

In addition, Oregon passed House Bill 3391 which provides a wider range of access to Oregon residents, regardless of immigration status and ensures that people with private insurance still have access reproductive and sexual healthcare services, (including abortion) with no cost sharing:

[House Bill 3391](#), also known as the Reproductive Health Equity Act, is a bill that provides for expanded coverage for some Oregonians to access free reproductive health services, especially those who, in the past, may have not been eligible for coverage of these services. It also provides protections for the continuation of reproductive health services with no cost sharing, such as co-pays or payments toward deductibles, and prohibits discrimination in the provision of reproductive health services.

Benefits to those with private insurance

The Reproductive Health Equity Act ensures that people with Oregon private health insurance plans, including employee-sponsored coverage, have access to reproductive health and related preventive services with no cost sharing regardless of what happens with the Affordable Care Act.

The bill includes prohibition of services based on actual or perceived race, color, national origin, sex, sexual orientation, gender identity, age or disability. This protection may be an immediate benefit for trans and gender-nonconforming individuals. For example, an individual who was assigned female at birth and identifies as male goes into a provider for cervical cancer screening, but his insurance only covers these screenings for females. The Reproductive Health Equity Act ensures that insurance must cover services for this individual, regardless of his name, or what gender is on his driver's license or his birth certificate.

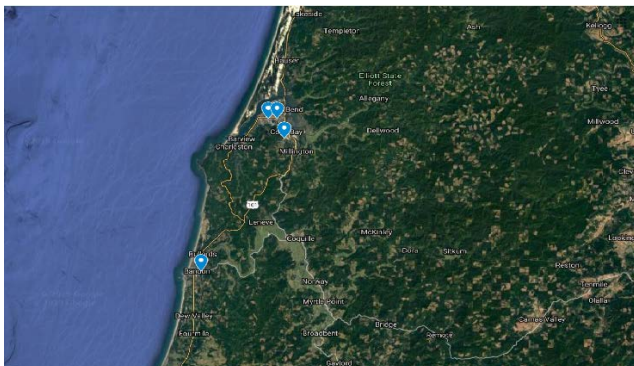
Benefits to individuals who would otherwise be eligible for medical assistance if not for their immigration status

The Reproductive Health Equity Act provides benefits for Oregonians who have been excluded from coverage of the full range of services in the past and who can become pregnant. For example, women who are undocumented including DACA recipients and women who have held lawful permanent resident status for less than five years. These women have limited options for coverage for preventive reproductive health services at no cost sharing under the Affordable Care Act. Now, many of those services are covered under the Reproductive Health Equity Act. Medical care for individuals up to 60-day postpartum will also be covered.

Abortion benefits

The law improves abortion access in a couple of different ways. First, it requires Oregon private health insurance plans to cover abortions with no out-of-pocket costs. Also, it covers abortion services for individuals who would otherwise be eligible for medical assistance if not for their immigration status. **(Oregon.gov 2019)**

The clinics that rely on Title X funding in Coos County are Coos Health and Wellness, The Waterfall Clinic and Coast Community Health Center. Coos Health and Wellness is in Coos Bay, The Waterfall Clinic has two locations, in North Bend and a school-based center in Coos Bay on the Marshfield High School campus. Coast Community Health Center is in Bandon. These are the only locations that patients can receive free access to reproductive and sexual healthcare



services. This is a map of Coos County and the points are the locations of the service providers. Residents to the north, south and east have commute to either Coos Bay/North Bend or Bandon to access any services provided under Title X and/or House Bill 3391.

Furthermore, only the Coos Health and Wellness clinic is the only certified Reproductive Health Program clinic in the county.

The Oregon Reproductive Health (RH) Program oversees a statewide network of certified health care providers to ensure access to a suite of reproductive health services (including preventive reproductive health care, preconception, contraception). These services are provided to all individuals regardless of race, color, national origin, immigration status, sex, sexual orientation, gender identity, age, or disability.

(Oregon.gov 2019)

The Waterfall Clinic and Coast Community Health Center are both CCare certified so they also provide free or reduced priced services, however they can only help patients with “eligible immigration status.”

The Oregon Contraceptive Care Program (CCare) is a Medicaid waiver program which serves Oregonians with incomes at or below 250% of the federal poverty level (FPL) who are not enrolled in the Oregon Health Plan (OHP). CCare services are limited to those related to preventing unintended pregnancy and may include annual exams; follow-up visits to evaluate or manage problems associated with contraceptive methods; medical procedures, lab tests, and counseling services associated with contraceptive management; and contraceptive methods. Only U.S. citizens/nationals and individuals with "eligible immigration status" are eligible for CCare. Clients with other immigration statuses can receive services at an agency certified to provide RH Program services.

(Oregon.gov 2019)

Beyond basic reproductive and sexual care services there are only 3 locations to access obstetrics and gynecological care: North Bend Medical Center (4 providers), Bay Clinic (3 providers), and 1 private practice.

Oregon compared to other states provides adequate opportunity for reproductive and sexual healthcare services. However, in Coos County there is limited access due to lack of transportation, number of providers and clinics, and inability to serve undocumented patients.

REPRODUCTIVE AND SEXUAL HEALTHCARE ACCESS STUDY

An in-depth Reproductive and Sexual Healthcare Access Study was carried out by administration from Coos Health and Wellness (CHW) and a research consultant with the motivation of gaining a better understanding of how reproductive and sexual healthcare is viewed by communities across the county, as well as to ascertain ways to improve outreach, education, and delivery of services. Although community needs assessments have been conducted by CHW in past years, administration sought to expand the reach to provide more opportunities for community input to be given.

Methods

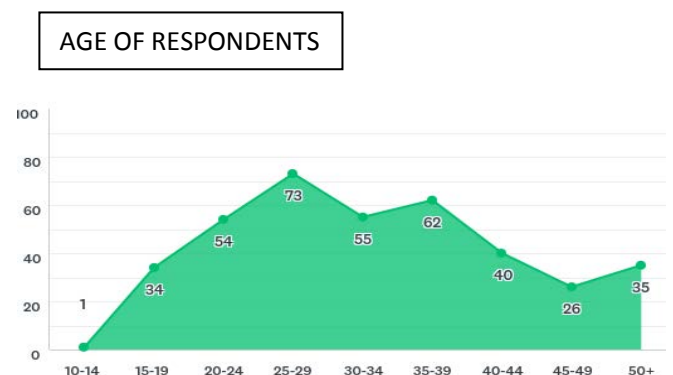
The county wide Reproductive and Sexual Healthcare Access Assessment study took place from April 2019 to May 2019 and included a survey conducted by CHW and RHC partners for the general public via the social media platforms Facebook and Instagram. Paper surveys were distributed also in CHW, The SAFE Project, Nancy Devereaux Center and Oregon Law Center. We collected 382 surveys from a population of around 27,100 individuals of reproductive age allowing for a 5% margin of error with a confidence level of 99%. Additionally, we gathered qualitative data from structured focus groups that were conducted with adolescents and staff members at several alternative youth education locations. The components of the survey and focus groups are described below:

Survey: A survey was developed, using the online platform Survey Monkey, for gathering data regarding knowledge of existing resources for reproductive and sexual health in the community, barriers to accessing services, unmet needs, and the gaps in available services. Three qualitative questions provided the opportunity for the community to give feedback describing their personal experiences with reproductive and sexual healthcare in the community. Survey questions were derived from a survey developed by the Global Youth Coalition on HIV/AIDS study. **(Global Youth Coalition on HIV/AIDS, Athena Network 2016)**

Focus groups: The Public Health Administrator and the research consultant conducted 3 focus group sessions with adolescents and staff from 3 alternative education programs. During each session students were asked questions regarding their knowledge of STD's and contraception; what services and providers are available in the community and to explain their experiences (if any) with reproductive and sexual healthcare services. The research consultant took notes and recorded verbatim phrases in order to preserve the vocabulary of students during the sessions. The information gleaned from the sessions is discussed in the Testimonials section of the report. Focus group questions were inspired by the Latino Sexual and Reproductive Health Needs Assessment by Linn-Benton Health Equity Alliance. **(Linn-Benton Health Equity Alliance 2017)**

Survey Results

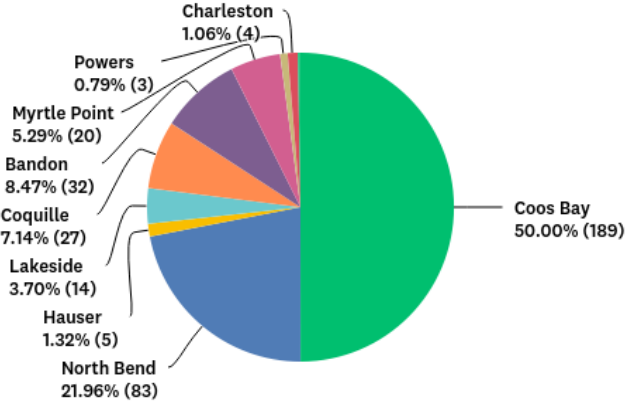
382 surveys were received in all, the majority from respondents were females from the ages of 25-29. People aged 35-39 were the second highest followed by 30-34, 20-24, 40-44, 15-19, 50+, 45-49 and 1 response from 10-14. The racial demographic of the respondents corresponded with the county make-up nearly exactly. Although, it is noted that more minorities, proportionally, took the survey. See charts below. **(United States Census Bureau 2018)**



RACE/ETHNICITY OF RESPONDENTS

How would you describe yourself?	Survey					Race and Hispanic Origin (United States Census Bureau 2018)	
Answer Choices	Responses						
White or Caucasian	90.26%	343				White alone, percent	90.4%
Black or African American	1.05%	4				Black or African American alone, percent	0.8%
Hispanic or Latino	6.58%	25				Hispanic or Latino, percent	6.5%
Asian or Asian American	3.16%	12				Asian alone, percent	1.3%
American Indian or Alaska Native	5.26%	20				American Indian and Alaska Native alone, percent	2.9%
Native Hawaiian or other Pacific Islander	1.05%	4				Native Hawaiian and Other Pacific Islander alone, percent	0.3%
Another race	2.11%	8				Two or More Races, percent	4.4%

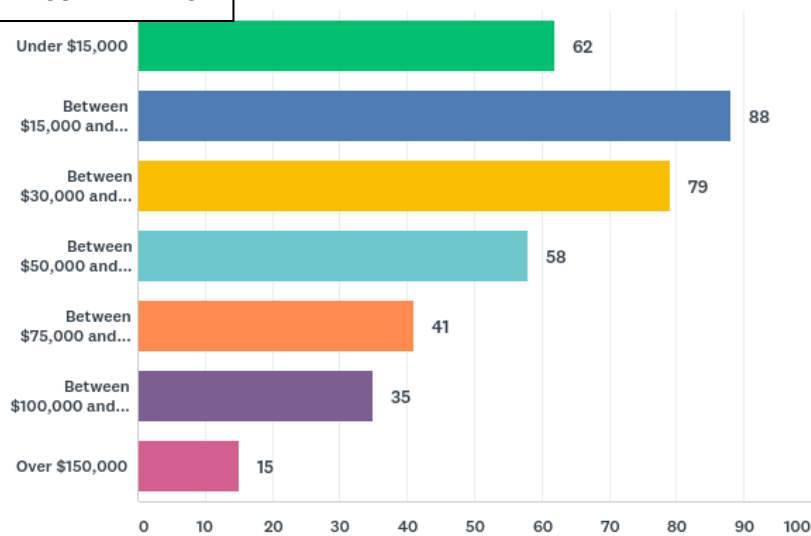
Although most of our respondents were from Coos Bay and North Bend, rural respondents were proportionally represented. For example, Coquille makes up 5% of total Coos County population and 7.14% of our respondents were from Coquille. Likewise, with Bandon (4% vs 8.47%), Myrtle Point (3.5% vs 5.29%) and Lakeside (2% vs 3.7%). **(United States Census Bureau 2018)**



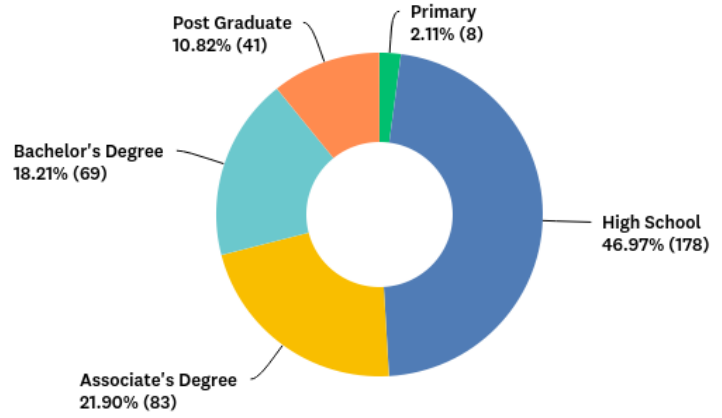
Compared to the state average, Coos County has a higher percentage of the population that attended some high school but did not receive a diploma, and fewer people with a bachelor’s, graduate or professional degree. **(Coos Community Health Assessment Committee 2018)** Respondents to this survey in general reflected the educational attainment of the population, however, proportionally there were more respondents with college degrees or higher.

The average and median incomes in Coos County are lower than the state. Poverty levels are higher in the county, compared to state and national percentages. Within the county, highest incomes are in the Coos Bay census tract, lowest income levels are in the southeastern portions of the county. In 2015, 5,297 individuals were listed as living in extreme poverty, residing mostly on the eastern half of the county. In the county, there are more women than men and more people of color living in poverty. **(Coos Community Health Assessment Committee 2018)** In this survey the respondent's income basically reflects the average for Coos County. It must also be noted that some respondents are under the age of 18.

INCOME LEVELS



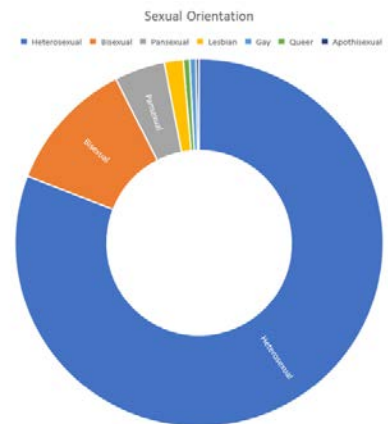
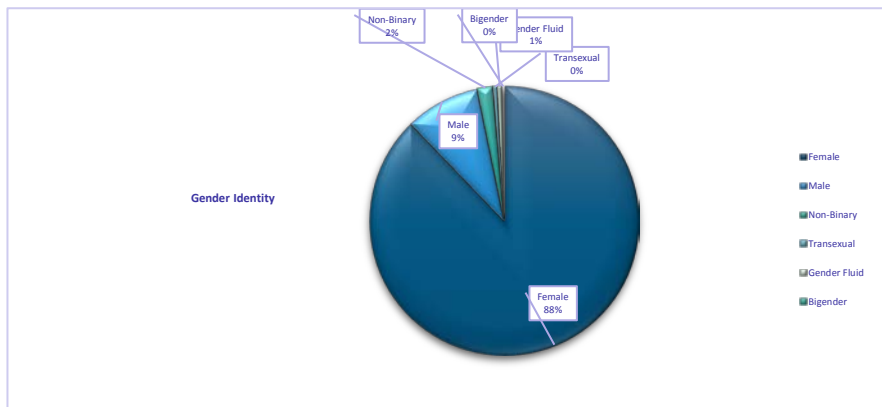
EDUCATIONAL ATTAINMENT



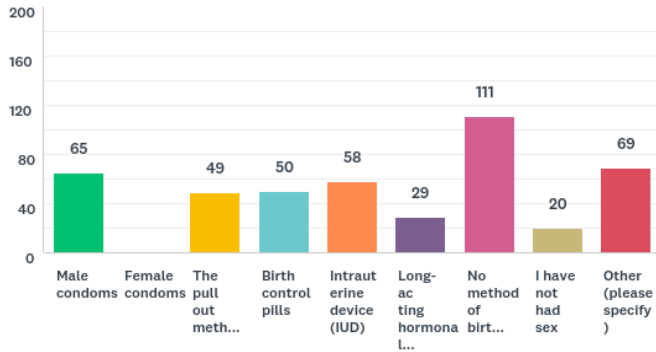
Most respondents to the survey identified as female, however 34 men did complete the survey. Also, several people identified as transsexual, gender fluid, bigender or non-binary.

292 respondents to this survey identified as heterosexual or "straight." 42 identified as bisexual, 16 as pansexual, 6 as lesbian, 2 as queer, 22 as gay, and 1 apansexual. So, 18% of our respondents identify as LGBTQ, compared to the national average of 4.5%.

GENDER AND SEXUAL ORIENTATION

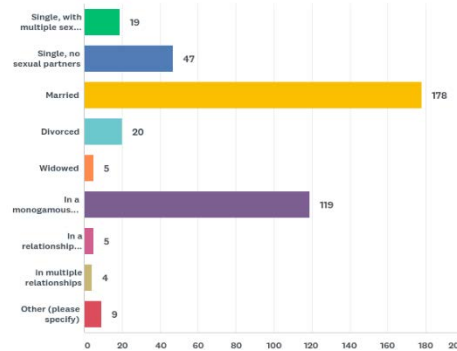


BIRTH CONTROL AND STD PREVENTION METHOD



Most respondents were married or in a monogamous relationship. This is taken into consideration when analyzing data regarding birth control and STD prevention, as most respondents did not use any protection the last time they had sex.

RELATIONSHIP STATUS



Respondents were then asked a series of “yes”, “no” or “somewhat” questions regarding access and availability to different methods of birth control and STD prevention and education. The following is a series of summary data that show the varied responses to each of these.

ACCESS AND AVAILABILITY OF SERVICES

Are the following STI (sexually transmitted infection) and sexual reproductive health products/services available in your area?							
Are they available? (Are there resources in your community?)							
	Yes	No	Somewhat	Total			
Male condoms	88.50%	300	2.95%	10	8.55%	29	339
Female condoms	28.10%	77	50.73%	139	21.17%	58	274
Other forms of birth control (emergency contraception, birth control pills, etc...)	82.20%	254	3.56%	11	14.24%	44	309
Other forms of STI prevention (dental dams, post-exposure prophylaxis (PEP), etc...)	33.46%	86	36.19%	93	30.35%	78	257
STI treatment and testing	81.34%	231	4.23%	12	14.44%	41	284
HIV testing and counseling	74.43%	195	8.78%	23	16.79%	44	262
HIV treatment (ARV's)	49.78%	112	21.33%	48	28.89%	65	225
Pregnancy testing	93.47%	272	1.72%	5	4.81%	14	291
Pre, peri-, and postnatal health care	80.80%	223	5.07%	14	14.13%	39	276
Abortion services and counseling	24.90%	61	47.76%	117	27.35%	67	245
Training/information on sexual or reproductive health (how to use a condom or do a breast self-exam etc...)	51.76%	132	20.39%	52	27.84%	71	255

Are they accessible? (Are you able to receive services?)							
	Yes	No	Somewhat	Total			
Male condoms	87.58%	134	3.27%	5	9.15%	14	153
Female condoms	26.32%	30	40.35%	46	33.33%	38	114
Other forms of birth control (emergency contraception, birth control pills, etc...)	76.30%	103	6.67%	9	17.04%	23	135
Other forms of STI prevention (dental dams, post-exposure prophylaxis (PEP), etc...)	29.25%	31	33.02%	35	37.74%	40	106
STI treatment and testing	81.42%	92	4.42%	5	14.16%	16	113
HIV testing and counseling	70.30%	71	9.90%	10	19.80%	20	101

HIV treatment (ARV's)	42.31%	33	25.64%	20	32.05%	25	78
Pregnancy testing	88.39%	99	2.68%	3	8.93%	10	112
Pre, peri-, and postnatal health care	77.55%	76	4.08%	4	18.37%	18	98
Abortion services and counseling	24.49%	24	47.96%	47	27.55%	27	98
Training/information on sexual or reproductive health (how to use a condom or do a breast self-exam etc...)	55.56%	55	20.20%	20	24.24%	24	99

Are they affordable?	Yes		No		Somewhat		Total
Male condoms	68.28%	99	8.28%	12	23.45%	34	145
Female condoms	27.00%	27	36.00%	36	37.00%	37	100
Other forms of birth control (emergency contraception, birth control pills, etc...)	52.85%	65	21.95%	27	25.20%	31	123
Other forms of STI prevention (dental dams, post-exposure prophylaxis (PEP), etc...)	29.17%	28	33.33%	32	37.50%	36	96
STI treatment and testing	50.00%	50	14.00%	14	36.00%	36	100
HIV testing and counseling	55.68%	49	18.18%	16	26.14%	23	88
HIV treatment (ARV's)	32.86%	23	31.43%	22	35.71%	25	70
Pregnancy testing	73.08%	76	8.65%	9	18.27%	19	104
Pre, peri-, and postnatal health care	52.81%	47	21.35%	19	25.84%	23	89
Abortion services and counseling	21.59%	19	54.55%	48	23.86%	21	88
Training/information on sexual or reproductive health (how to use a condom or do a breast self-exam etc...)	58.43%	52	17.98%	16	23.60%	21	89

Do you use them?	Yes		No		Somewhat		Total
Male condoms	23.45%	34	66.90%	97	9.66%	14	145
Female condoms	2.61%	3	96.52%	111	0.87%	1	115
Other forms of birth control (emergency contraception, birth control pills, etc...)	35.94%	46	57.81%	74	6.25%	8	128
Other forms of STI prevention (dental dams, post-exposure prophylaxis (PEP), etc...)	9.62%	10	87.50%	91	2.88%	3	104
STI treatment and testing	42.99%	46	50.47%	54	6.54%	7	107
HIV testing and counseling	33.33%	32	62.50%	60	4.17%	4	96
HIV treatment (ARV's)	12.99%	10	80.52%	62	6.49%	5	77
Pregnancy testing	46.60%	48	47.57%	49	5.83%	6	103
Pre, peri-, and postnatal health care	38.20%	34	59.55%	53	2.25%	2	89
Abortion services and counseling	13.13%	13	83.84%	83	3.03%	3	99
Training/information on sexual or reproductive health (how to use a condom or do a breast self-exam etc...)	45.05%	41	47.25%	43	7.69%	7	91

Do you feel comfortable using them?	Yes		No		Somewhat		Total
Male condoms	72.86%	102	18.57%	26	8.57%	12	140
Female condoms	17.00%	17	76.00%	76	7.00%	7	100
Other forms of birth control (emergency contraception, birth control pills, etc...)	72.17%	83	19.13%	22	8.70%	10	115
Other forms of STI prevention (dental dams, post-exposure prophylaxis (PEP), etc...)	31.00%	31	60.00%	60	9.00%	9	100
STI treatment and testing	76.00%	76	16.00%	16	8.00%	8	100
HIV testing and counseling	74.73%	68	16.48%	15	8.79%	8	91
HIV treatment (ARV's)	47.83%	33	30.43%	21	21.74%	15	69

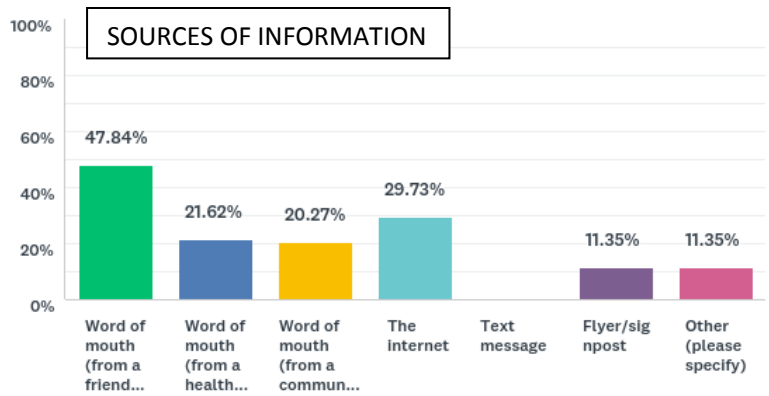
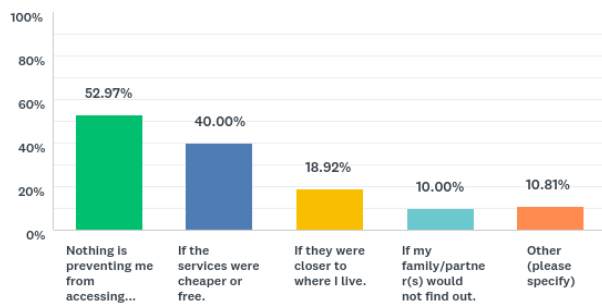
Pregnancy testing	80.21%	77	12.50%	12	7.29%	7	96
Pre, peri-, and postnatal health care	70.93%	61	17.44%	15	11.63%	10	86
Abortion services and counseling	35.23%	31	53.41%	47	11.36%	10	88
Training/information on sexual or reproductive health (how to use a condom or do a breast self-exam etc...)	70.45%	62	19.32%	17	10.23%	9	88

Based on this data it appears that most respondents are aware of affordable services in the community but choose not to use the services. The next question regarding how community members access their information reveals that most rely on friends and family followed by the internet.

Nearly 53% of respondents did not feel like there was anything preventing them from accessing services, but 40% responded it would be easier to access services if they were cheaper or free and 19% responded services would be more accessible if they were located closer to where the respondent lived. 10% responded if their parents or partner would not find out and almost

11% responded with "Other." Below is a

BARRIERS TO ACCESS



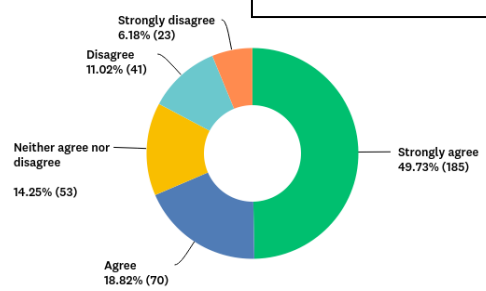
word cloud showing most common words or phrases used in the responses.



The majority (85.5%) responded that if they have a question about birth control, family planning or STD's (83.3%) they have someone or somewhere to go for help. However, many fewer people (58.17%) answered that they had someone or somewhere to go, to get a question answered regarding abortion.

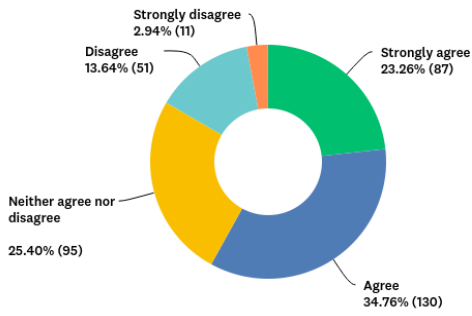
The next two questions are qualitative in nature regarding how people feel about their safety and reproductive freedom. When given the statement, "I feel free to make decisions about whether or not, and when to have children without the fear that anyone will get angry at me, discriminate against me, or act violently towards me," most agreed or strongly agreed, however 23 respondents strongly disagreed with the statement.

FREEDOM TO CHOOSE



Then given the statement “I feel safe in my community.” The majority do agree or strongly agree, but 157 respondents either did not agree or disagree or disagreed or strongly disagreed with the statement.

SAFE IN THE COMMUNITY



This concludes the defined answer section of the survey. The next three questions are open-ended. For brevity, this report will not include all the written responses from the community but will include a portion to capture the “voice” of the community.

issue locally and it very much affects the lives of the women involved with pregnancy, the health of the unborn, and the lives of their children once they are born.

I personally never want children. I am discriminated against every single time that I say that I would have an abortion. I do not see much support of abortion services in Coos Bay. If it came down to it, I would rather die than be pregnant or have a baby. This community needs more abortion services and less stigma around abortion.

I had a friend in high school that was raped by her boyfriend. She came to me as a way to talk to someone, but she needed someone 18 or older to go with her. She ended up having the child, gave it up for adoption and her parents kicked her out of the house.

I couldn't afford a plan b pill now I'm pregnant.

At age 17, I was pregnant with my first child. Because I didn't know who to talk to about options, I waited until my fourth month of pregnancy to tell anyone.

Abortion shouldn't be considered a terrible thing in our area. We have too many unplanned pregnancies with babies born addicted to drugs or parents who refuse to get clean. We need an abortion service in Coos County please help.



I am a doctor and have had patients who needed access to abortion services. I have had to send people out of town for those services. There are doctors in town who would like to provide these services but have been strongly discouraged because of political backlash.

I know a teen that is gay and received a STI because she was told lesbians didn't need to use protection and she could have used education and easier access to LGBTQ sexual education.

I was underage and need to go to a gynecologist but didn't want my parents to find out, so I just didn't go. Luckily nothing bad came from it

I currently wish I was on birth control, or that my husband could get a vasectomy, but we have no insurance, and can't afford either.

A friend got pregnant and did not want to keep the baby and didn't have transportation to get an abortion so she had to keep the baby.

I knew someone who was in a relationship with a partner that had insurance, and discovered they had a serious, yet treatable, STI. The person without insurance was told to wait over a month and a half to see someone for medicine to treat. They ended up using the emergency department for treatment, instead... We also have plenty of places that will happily talk to you about family planning if the plan is to keep the baby. Abortion services? The only time it's suggested is by the OBGYN if your baby has a genetic condition, otherwise... me, and most women I know locally (and I was born and raised) are not publicly encouraged to take control of their reproductive health, and half have no clue what that even means. Please. Help the people.  

Family Planning helped me out when I was a teenager. I did not get pregnant because a girlfriend of mine who did, talked me into going to family planning to get birth control. My parents did not know at the time I was having sex. When

they found out I was sexually active they were very happy to find out I was using birth control methods and that I had went to get information from a health provider.

I used to be a teacher and was amazed at the lack of accessible health info for teens in our area, that is where I think Coos County needs to have a better focus.

I found out I was pregnant in December; my OB did not schedule me until after the embryo was a fetus. If I had not wanted to keep this baby it would have put me in a position that was unfair, it was too far along to make the decision to terminate without it being a fetus. Many doctors and counselors are very conservative and religious in this county. I cannot imagine how many young women that single doctor forced into having babies, and how many other doctors have done the same.

I was told I could not have an abortion by my parents, or I would be disowned and go to hell. My doctor also said that at 3.5 months along, I was too close to the four-month cut off period to get an abortion and by the time she could find me transportation to Portland, it would be too late also, I did not have \$200. Forgot to mention this was a pregnancy as a direct result from rape.

I do none of my family planning in Coos County. As a queer and nonbinary person I feel safer driving to the Planned Parenthood in Eugene.

Friend from school who did not have her parents' permission to get on birth control but was sexually active. She ended up pregnant at 16

Friend having a difficult time getting services because not enough physicians in the area and those who are, are overbooked with patients for months.

Someone close wanted STD testing but didn't know any clinic or free/affordable services

Women's clinic or planned parenthood

A planned Parenthood or something similar

Scheduling online

Knowledge. Social media campaigning on when and where this was available with bus schedules attached

To know of safe places to go where they will not be shamed and chastised for their circumstances. To know that they won't be treated with stigma, but with kindness and compassion.

Mobile clinics in my area

Making it known that they can get these tests and offer them at any visit whether married single man or wife.

Posters in bathrooms

De stigmatize it, cheaper/free treatment & testing, advertised services

Be open about STDs and how to treat them and where to do it.

Education! I feel like since I was on school, sexual education in schools is dying out and it's left up to the parents to educate their children... which is and can be a very hard topic to teach our children, especially teenagers because most teenagers don't listen to what their parents have to say anyway.

If it were widely advertised especially through social media. I used to be a high school counselor and kids knew nothing about how to get help. I wasn't allowed to help them.

More providers in our area! More clinics! Anonymous/discreet treatment

Making it 100% confidential and starting at the source with education in schools and colleges.

More funding for clinics. More information.

Availability at high schools

More information available to the Public. Maybe tv commercial or radio commercial, of those aren't currently being done.

If they felt like their privacy will be respected and if they felt they wouldn't get disrespected or made to feel 'dirty' and embarrassed.

It should just be common sense. But I guess having insurance that covers it. I've never not been able to afford it so I've been tested as long as I've been sexually active.

Health department where you could go to get free services. Not have to go to your primary.

Open to the public, not just underserved, be confidential and professional. Also, make people aware of these services. Maybe team up with OSU and their extension office.

If they were treated more as an illness rather than some biblical punishment.

Awareness in the community

Make testing for those things a priority. Don't turn away people who need the help - as well as being mindful that asking someone to wait a month for a test is only going to encourage the spread of disease.

Make it less scary or intense.

If it was free to get tested and easy access to services for teens that can't drive.

Testing available at a walk-in clinic, so that it wouldn't be so obvious what you are there for.

More anonymous locations and less judgmental attitudes from the healthcare practitioners.

Our community has decent options available

The people at the Pacific Pregnancy Clinic are amazing and are a great community resource

Because this community is small it is hard finding a doctor or clinic to get into. Being new to the area it is hard to know where to go for sexual health services.

Our community does a great job providing services and making them accessible.

Doctors don't listen to what patients want or what their problems are. It's taken me two and a half years to find someone who listens to my problems and works with me. Others aren't knowledgeable about reproductive problems or just don't care and offer hormone birth control that exacerbates problems such as endometriosis, ectopic pregnancies, and PCOS.

Needs to be more accessible for teens and young adults, more places that offer services, including free condoms. School nurses being able to hand them out when they feel it is necessary

I've had a hysterectomy. However, when I was young, I became pregnant. I tried to access services and the woman was so completely nasty to me at DHS that I ended up giving my baby up for adoption. I've regretted it my entire life.

I was poorly treated by my workplace when they found out I was pregnant. When I lost my baby and battled the hardship after I was unable to continue counseling because I would lose my job if I missed any more work. (I went 2 hours over my PTO)

I really wish I didn't have to face a come to Jesus speech when I need a pregnancy test. It is offensive at best and, for those who've been raised in orthodox environments, downright triggering. I'd love for pregnancy and its related issues, whatever the scenario, to be treated with neutrality as befitting medical professionals

After I signed up for Oregon's state funded insurance, I was able to access services right away.

Insurance really has been my biggest barrier to productive/sexual health

Preventing a pregnancy should be a woman's choice. Health insurance should cover the cost of all birth control methods. Plus, it should cover the cost of fertility services for any woman wanting to have their first child regardless of their age.

The schools, even 15 years ago... had a program that was a joke. Abstinence only education does not work, and hopefully... even just by advertising the services available... teens will know they have a safe place to come for birth control. Prevention is key when it comes to teen pregnancy... instead of just pretending the sex doesn't happen.

I'm pleased that it's free and I can control when I will be able to have a family.

I was an active user and being a user, you avoid doctors at all costs even a super quick shot in the butt is too invasive. Or you just don't care unfortunately. The issues with females not seeking testing or birth control or prenatal care is solely due to the huge drug issue in this town in my opinion.

I had my child at 17. I had no idea what help was available

Education/counseling should be free but most of the other services shouldn't be.

I went for a while without insurance and had to use condoms. It got expensive. But I worked so I didn't qualify for any assistance. Now my job offers health insurance but it's still difficult sometimes to get things covered. Anything health related has gotten so expensive it makes it hard to take care of yourself.

This town FAILS at reproductive health education and STI prevention education. Also treatment.

I've had good luck with doctors in our area. However, there needs to be a bigger/more accessible clinic (like Planned Parenthood) in this area. I think Coos County would highly benefit from services like that! I know I have needed a quick birth control method but didn't have insurance so I didn't have the money (or time) to make a doctor's appointment that would have scheduled me 3 months out. Quick and effective reproductive care is what women need!

We need more access for young people without parental or peer influence

Focus Groups

ARK STUDENTS 4/17/2019

The ARK students are part of school-based program to support at risk students, their mission is:

A resource center and outreach program for youth and families who are in need of help and resources, or who might be homeless. The ARK Project of Coos County's mission is to help youth build strong foundations by fostering self-sufficiency, removing barriers to services and education, and providing centralized access to resources. We are committed to treating youth and families with integrity, compassion, and respect. Through community collaboration, we empower youth to grow into healthy, productive, and independent members of society. We provide free services and opportunities for youth ages 0-21 and their families. **(Coos Bay School District 2019)**

At risk youth are among the most vulnerable members of the community. In order to know what their knowledge is concerning reproductive and sexual healthcare we developed a series of questions to identify barriers to access. The following is a record of what questions were asked and the responses we received. Because of the nature of the focus group and the students some of the discussion veered off topic, however this too is valuable information when trying to assess the needs of the community.

The focus group session took place in a classroom in Marshfield High School. There were 25 students in attendance.

The first question we asked was, "What do you think pertains to sexual and reproductive healthcare?" About half of the 25 students chimed in and they answered: STD's, HIV, AIDS, and birth control.

The next question, "What types of birth control are you aware of?" They answered: condoms, abstinence, vasectomy, pull-out method, pill and IUD. This question also spurred a lively discussion regarding the effectiveness of condoms. When the group was asked, "What do condoms do?" one student answered, "Break and disappoint." The "pull-out" method was also discussed- and one student shared his knowledge of "pre-cum" or pre-ejaculate.

“When people you know have a health question related to sexual and reproductive health, like STD/HIV treatment, abortion or birth control etc...how do they usually get that question answered? Where do they feel comfortable going?” The students chimed in parents, online, school, Waterfall Clinic (school-based), Wikipedia.

“Does gender make a difference?” (when seeking sexual and reproductive care) Most students said yes. One student stated that he thought girls talked to their moms more and dads were less approachable. Also, girls are more worried about getting pregnant, so they seek out services.

“What would help make getting information (on sexual and reproductive health) easier?” Not too many students had thoughts about this question, however they agreed a trusted website would be helpful.

“Do you think people you know are aware of the healthcare services and options related to sexual and reproductive health, like STD/HIV treatment, abortion, or birth control etc...that are available to them? Why and why not? What can we do to increase awareness?” The impression from this question is the students were aware of where to get services, however they had many questions regarding sexual health. They discussed the sexual education classes in their school and described the first class is about family health and less focused on sex. The second class their senior year is focused on pregnancy but did not emphasize STD's. (This information is anecdotal and based completely on focus group discussion).

The students that use birth control reported getting it from Waterfall Clinic (school-based), primary care doctors, rest stops (condoms) and their parents.

“If you or someone you know needed an abortion where would they go?” Most students did not know, several girls mentioned Eugene.

From here, the discussion meandered and finally the students were asked questions to ascertain their general knowledge of STD's. Most students did not know specific names or symptoms of any STD. One student asked, “Can you tell by looking at someone if they have HIV?”

ALTERNATIVE LEARNING CENTER 4/22/2019

The following is the mission and the description of the Alternative Learning Center (formally the Harding Learning Center):

The Alternative Learning Center's mission is to provide a way for our students to continue their education in a non-traditional setting. We offer three programs in our educational setting that allow a variety of options for our students to achieve success; Destinations Academy, Resource Link, and GED. Each program caters to different grade levels. While Resource Link provides options for K-12 learners the Destinations program provides schooling for grades 9-12 and GED provides the third option for high school students. **(Coos Bay School District 2019)**

A subset of the Alternative Learning Center is the Teen Parenting and Child Development Center. Several students in the focus group are students in this program.

The Teen Parent Program and Child Development Center offers pregnant and parenting students the opportunity to continue their High School education, learn Life and Parenting Skills, learn about Human Development and Explore Career Options. The curriculum is directed at parenting teen students and sequentially covers a broad range of topics. **(Coos Bay School District 2017)**

The same basic questions were asked of these students, however, the tone and nature of the subject matter varied- so questions were generated to allow for more in depth conversation about their knowledge of relevant topics. The focus group took place in a conference room in the Alternative Learning Center office. There were 10 students in attendance.

“What do you think pertains to sexual and reproductive healthcare?” Answers included: sex, pregnancy, diseases, AIDS, STD’s, children, herpes, and yeast infection (there was some discussion as to whether a yeast infection was considered a sexual health issue)

“What types of STD’s are you aware of?” Answers included: AID’s, Gonorrhea, Syphilis, crabs, and Chlamydia

“What types of birth control are you aware of?” Respondents answered: condoms, birth control pills, pull-out method, tubal ligation (tubes tied), ring, vasectomy, female condom, and abstinence

“When people you know have a health question related to sexual and reproductive health, like STD/HIV treatment, abortion or birth control etc...how do they usually get that question answered? Where do they feel comfortable going?” Most students responded they talked with friends or “Googled it”. There was a discussion of unreliable sources of information on the internet. They also mentioned nurses, doctors, and parents.

“Does gender make a difference?” (when seeking sexual and reproductive care) Most students said yes. The girls in the group agreed they felt more comfortable approaching women about sexual and reproductive health care issues because they believe women to be more understanding. It was stated that, “Girls talk to women and boys talk to men.” The boys stated they were maybe more embarrassed than girls to ask questions regarding sex and reproduction.

“What would help make getting information (on sexual and reproductive health) easier?” All agreed more “informational stuff in bathrooms” would help.

“Do you think people you know are aware of the healthcare services and options related to sexual and reproductive health, like STD/HIV treatment, abortion, or birth control etc...that are available to them? Why and why not?” The impression from this question is the students were mostly unaware of public health services, except for the campus-based Waterfall Clinic. They mentioned they could get condoms at their school, and that transportation was a barrier to accessing services. Another student explained that she would not get the depo shot because in her words, “My friend got it and her butt hurt.” Another student said that, “My boyfriend’s sister is infertile from birth control or Plan B.”

“What can we do to increase awareness?” The students thought sexual education could be incorporated into adulting classes. All agreed social media platforms like Instagram, Snapchat and a reliable website would increase awareness.

“If you or someone you know needed an abortion where would they go?” Half the students replied, “Eugene.”

“What are some reasons that people you know may not use a public or community health clinic like Coos Health and Wellness or Waterfall, if they have concerns about birth control or their sexual health, i.e. STD/HIV treatment?” This question generated lively discussion and revealed much about the student’s sexual habits and practices. Many claimed to be scared or they had friends who were scared to access services because of perceived judgement or privacy concerns. They were afraid of rumors (about them generated from peers) and that clinicians would be mean. They also discussed negative experiences they have had in the past. They were intimidated by the questions that health providers

ask regarding their personal health and were unaware of why these questions were being asked. Some just thought seeking services was too embarrassing.

ALTERNATIVE YOUTH ACTIVITIES 4/29/2019

Alternative Youth Activities is another alternative education center not associated with the Coos Bay School District.

Since January 18th, 1979, Alternative Youth Activities, Inc. (AYA) has been making a difference in the lives of youth throughout the Southern Coast. AYA Schools offer a personalized educational experience for high school youth. Our mission is to develop connection, capability, and confidence in disconnected youth through relationship-based, quality learning experiences that result in academic, personal, and community success. AYA is a private, non-profit, accredited, educational organization serving youth who have not been successful in the public schools. Many of our students dropped out of public school. Some struggled with attendance, academic, or disciplinary issues. We believe that all of them deserve a quality education. **(Alternative Youth Activities 2015)**

The focus group session took place in the AYA Center located on the west side of Coos Bay in Empire. There were 25 students present in addition to several instructors and volunteers.

“What do you think pertains to sexual and reproductive healthcare?” Answers included: birth control, STD’s, IUD, condom, cramping device, anal sex, plan B, birth control pill, shot, pull-out method, cement stuff (spermicide), female condom, vasectomy, abortion, and tubal ligation (tubes tied).

“What types of STD’s are you aware of?” Answers included: HIV, herpes, chlamydia, gonorrhea, syphilis, blue waffle, and crabs.

“When people you know have a health question related to sexual and reproductive health, like STD/HIV treatment, abortion or birth control etc...how do they usually get that question answered? Where do they feel comfortable going?” The majority answered the internet or “Google,” however many mentioned doctors, parents, friends and teachers. Others said to keep those questions to yourself and one student replied, “Learn it the hard way.”

“Do you think people you know are aware of the healthcare services and options related to sexual and reproductive health, like STD/HIV treatment, abortion, or birth control etc...that are available to them? Why and why not?” Most of the students at AYA were unaware of any of the sexual and reproductive healthcare providers, (or their services) in the community. Only a couple of students mentioned that they had heard of the Pregnancy Resource Center.

“What can we do to increase awareness?” The students responded that social media would help. They mentioned the platforms, Facebook, Instagram and Snapchat.

“If you or someone you know needed an abortion where would they go?” All responded with “No.”

“What are some reasons that people you know may not use a public or community health clinic like Coos Health and Wellness or Waterfall, if they have concerns about birth control or their sexual health, i.e. STD/HIV treatment?” Most students claimed to be scared or they had friends who were scared to access services because of perceived negative judgement (by a clinician/provider) or privacy concerns. They were afraid even if they accessed services, providers would not help, or they would be ignored.

DATA GAPS AND LIMITATIONS

The RSHAA document is a broad examination of reproductive and sexual healthcare access in Coos County, and it has limitations. The RSHAA is limited by what data is currently being gathered and published and the validity, frequency and level of which the data is presented. The RHC committee identified a gap in the survey questions, namely that the survey did not ask if the respondent is actively trying to conceive. Finally, because some surveys were distributed with the help of agencies providing community services, the responses are reflective of individuals already in some way being reached by public services and may not accurately represent the most difficult to reach populations who are not accessing any kind of public services.

DISCUSSION AND RECOMMENDATIONS

This county wide reproductive and sexual healthcare access assessment demonstrates continued need for reproductive health services and education. Community members expressed interest in gaining control of their reproductive health by indicating a desire to plan pregnancies, protect themselves from STIs, and gain access to reproductive health services. Community members demonstrated a need for quality, comprehensive reproductive healthcare and education. This data depicts an opportunity to improve education and to more aggressively advertise services in order to adequately meet individuals' needs and empower them to achieve their goals, as well as properly address issues related to preconception care.

Adolescents reported interest in reproductive health education and services and a lack of awareness about available resources, especially regarding confidentiality policies. This in combination with low levels of adolescents reporting a health care professional having provided them with reproductive health education indicates a need for further outreach and education. Adolescents also reported transportation as a barrier to accessing services.

In accordance with past needs assessments clients continue to report family and friend word- of-mouth referrals as the most common ways in which they learn about available services.

Community member and adolescent survey respondents reported frequent use of online and social media, indicating an opportunity to employ social marketing tools and outreach strategies to increase awareness in the community. The data highlights a need for better training, education, and resources in the areas of outreach and marketing for reproductive and sexual health care services. The high number of clients reporting they did not receive the care they expected indicates that there are improvements to be made in the quality of services and treating patients well. Other areas for improvement identified in surveys include clinic efficiency and the process for making appointments. Some positive perceptions of services were reported by community members, as well.

SUMMARY

This assessment of reproductive and sexual healthcare access, resources, and community perspective, has informed the Reproductive Health Collaborative's strategic thinking around reproductive and sexual healthcare access going forward by making evident that: 1) There are high rates of unplanned pregnancy, sexually transmitted infection, thus impacting populations across the lifespan; 2) Disparities in healthcare access across socio-economic and geographic demographics necessitate an increased need for comprehensive reproductive and sexual health education ; and 3) Greater community engagement is needed because while coverage and affordable care options exist, gaps remain in utilization. Moving forward, the RHC will work to implement a detailed plan which addresses the need described in this document through a combination of increased community outreach, education, engagement and the capacitation of primary care providers to deliver high quality reproductive health services.

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