



Abortion Access is Public Health



Rizza Cea, DNP, MA, CNM, ARNP
Sexual and Reproductive
Health Program Clinical
Consultant
Title X Medical Director
Washington State
Department of Health



Cynthia Harris, MPH
Sexual and Reproductive
Health Program Manager
Title X Project Director
Washington State
Department of Health

hot topics
in practice

Northwest Center
FOR PUBLIC HEALTH PRACTICE

The Northwest Center for Public Health Practice acknowledges the land we occupy today as the traditional home of the Tulalip, Muckleshoot, Duwamish and Suquamish tribal nations.

Without them we would not have access to this working, teaching and learning environment. We humbly take the opportunity to thank the original caretakers of this land who are still here.

Question for the Viewers

In your state, what laws and policies are being instituted in response to the recent Supreme Court decision regarding abortion access?

A.

Less restrictive actions

B.

More restrictive actions

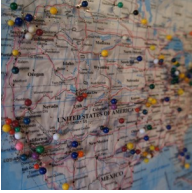
C.

No additional actions


D.

I don't know


Understanding the National Landscape



Abortion in a Public Health Framework



Present and Future Directions





Understanding the National Landscape

Washington Department of Health: Who We Are



Mission



Vision




Core Values

Increase equity for all people to obtain quality sexual and reproductive health services to promote optimal well-being

Everyone in Washington State has equity and autonomy in obtaining optimal sexual and reproductive health

- Human Centered
- Equity
- Partnership & Collaboration
- Seven Generations
- Excellence



Sexual and Reproductive Health Program

We manage state and federal Title X funding through a network of 16 agencies to provide sexual and reproductive health services to focus populations.

Our contractors consist of:

- **Local Health Jurisdictions**
- **Federally Qualified Health Centers**
- **Planned Parenthoods**
- **Independent Clinic**

Five of these 16 agencies provide abortion services. Within available funding, we reimburse for abortion services for people without insurance or with limited insurance.

Sexual and Reproductive Health Program, Continued

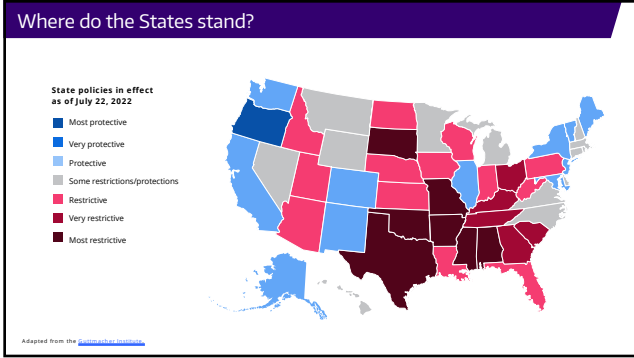
We also collaborate with several organizations internal and external to the Department of Health:

Within DOH	Outside of DOH
<ul style="list-style-type: none">▪ Office of Infectious Disease▪ Perinatal Health▪ Adolescent Health Program	<ul style="list-style-type: none">▪ Health Care Authority▪ National Family Planning & Reproductive Health Association▪ State Family Planning Administrators▪ Upstream USA

Supreme Court Decision



- Overturned Roe v. Wade and Planned Parenthood v. Casey on June 24, 2022
- Returned the decision of abortion access to the states
- Resulted in a patchwork of different restrictions and subsequent litigation across the nation
- Confusing for providers and potential clients



How did Washington State leadership respond?

Office of Dr. Umar A. Shah, WA Sec of Health
@DrUmarShah

Washington State, along with Oregon & California are committed to reproductive rights. We will stand united on protecting abortion access and ALL health care.

Reproductive rights are human and health rights.

We have the resources for all who are in need:
bit.ly/3CjxE0f

1:55 AM · Jun 24, 2022 · Twitter Web App

“ We are fortunate that this has no impact on people seeking an abortion in Washington. We deeply value maintaining strong access to reproductive health and abortion services. We have strengthened our laws around preserving access to reproductive services in recent years, and we will continue to protect people's rights.”

— Washington Governor Jay Inslee

Governor Inslee

Secretary of Health

Office of the Insurance Commissioner

United States Representative

Attorney General

Washington State Abortion Laws

- 1970 - [Referendum 20](#) allowed early abortions (pre-Roe v. Wade).
- 1991 - [Reproductive Privacy Act \(RCW 9.02.100\)](#), protects the right of privacy with respect to personal reproductive decisions, including the fundamental right to choose or refuse birth control and abortion.
- 1992 - [RCW 9.02.160](#), any state program administered or funded by the state that provides maternity care benefits, services, or information must also provide substantially equivalent abortion benefits.

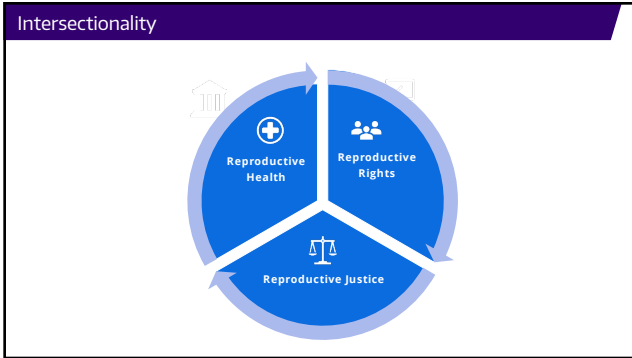
Additional Protections Recently Passed

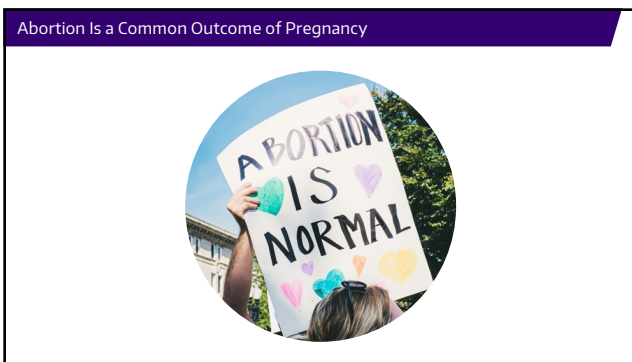
- **2018 and 2021** – [Reproductive Parity Act \(RCW 48.43.073\)](#) requires state-regulated insurance plans to cover abortion services.
- **2019** – [RCW 48.43.506](#) provides automatic extra privacy protection for sensitive services. It defines sensitive services as those related to reproductive health (including abortion), sexually transmitted diseases, substance use disorder, gender dysphoria, gender affirming care, domestic violence, and mental health.
- **2020** – [Increasing Access to Reproductive Choice](#) established to ensure people with state-regulated health insurance have equitable access to all state-required benefits.
- **2022** – [FHB 1851](#) modernizes the Reproductive Privacy Act:
 - Gender-neutral language
 - Changes language to include other health care providers who can perform and assist in abortion services within scope of practice
 - The state shall not penalize or prosecute individuals who seek/have abortions OR anyone who aids or assists an individual exercising their right to reproductive freedom




Why is abortion a public health issue?

 Pillars of Public Health	 Actions of Public Health
<ul style="list-style-type: none"> • Improving health and safety • Prevention • Limiting health disparities • Promoting health care equity, quality, and accessibility 	<ul style="list-style-type: none"> • Education • Policies • Services • Research and evidence



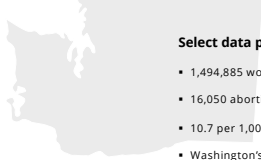


National Abortion Data



- Approximately 1 in 4 women will have an abortion by age 45.
- People who seek abortion and those who give birth are often the same people at different moments in their reproductive lives.
- More than half of people (59%) who have abortions have previously given birth.
- 92.7% of abortions were performed at ≤ 13 weeks' gestation.
- 42.3% of all abortions were early medical abortions.
- Legal induced abortion is markedly safer than childbirth.

Washington State Abortion Data (2020)



Select data points:

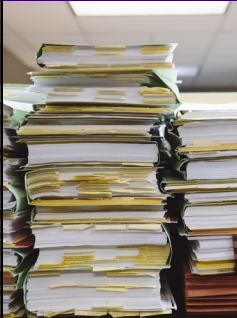
- 1,494,885 women of reproductive age (15-45 y/o)
- 16,050 abortions/99,613 total pregnancy count
- 10.7 per 1,000 women 15-44 y/o had an abortion
- Washington's abortion rate has dropped every year since 2014

Research and Evidence



Evidence supports the safety, quality, and necessity of legal abortions.

Research and Evidence: Safety and Quality

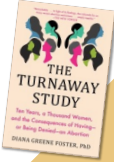


- Physical health
- Mental health effects
- Safety
- Quality
- Scope of Practice
- Safeguards
- Research gaps and insufficient evidence

Research and Evidence: Harms of Denying Abortions



- Creates lasting economic hardship and insecurity.
- More likely to stay in contact with a violent partner and more likely to raise the resulting child alone.
- The financial well-being and development of children are negatively impacted.
- Giving birth is connected to more serious health problems than having an abortion.



Research and Evidence: Disparities



- Compounds existing racial/ethnic, socioeconomic and perinatal and infant health inequities.
- Compounds economic disadvantage.
- Related to racial/ethnic and socioeconomic disparities in unintended pregnancy and contraceptive use.
- Chronic disadvantage and stress influence disparities in multifaceted ways.
- Results in more people experiencing later abortions or having an unintended birth.

Present and Future Directions



What does it mean to be a sanctuary state?

- Access to abortion services to all, no matter what state they come from
- Protect privacy
- Ensure no prosecution of people self-managing abortions
- Provide sanctuary for abortion providers who are found guilty in other states—no extradition
- Changes funding for abortion care
- Currently, a few states are planning to sign on as sanctuaries for abortion services

Cascade Effects of Stricter Abortion Laws

GROWING DISPARITIES PROSECUTION
DECREASED SAFETY
MISINFORMATION
PLAN B STIGMA
IUDS FEAR
BIRTH CONTROL PILLS
ABORTION PROVIDERS
IN FERTILITY
INCREASED GESTATION
PROVIDER EDUCATION
TELEHEALTH

With many unknowns, **some likely effects** of stricter abortion laws can be predicted.


What is Washington State doing now?

- Abortion is legal in Washington state up to viability.
- Bills, laws, policies support reproductive choice and freedom.
- Reflecting on gaps and areas of improvement.
- Monitoring legislation and upcoming bills.
- Centering equity.
- Utilizing the public health framework.
- Collaborating internally with leadership and other DOH programs.
- Listening to abortion providers, abortion advocates, and seeking patient experiences to inform our work.
- Tracking neighboring states and national landscape.


Key Takeaways and a Call To Action

- ✓ Reframe the conversation around health, autonomy, equity, and disparity.
- ✓ Recognize and communicate out that abortion is a common outcome of pregnancy.
- ✓ Educate about and disseminate the evidence that supports the safety, quality, and necessity of legal abortion. Bust the myths!
- ✓ Integrate abortion into public health as part of comprehensive sexual and reproductive health.


A Chat with Rizza Cea and Cynthia Harris



Allene Mares



Rizza Cea



Cynthia Harris

QUESTIONS?



To ask a question, please click the  icon in the Zoom toolbar to open your Q&A Pod.

Resources

Washington State Department of Health

Sexual and Reproductive Health

<https://doh.wa.gov/you-and-your-family/sexual-and-reproductive-health>

Washington Medical Commission

WA Regulation of Health Professionals and Abortions FAQ

<https://wmc.wa.gov/news/wa-regulation-health-professionals-and-abortions-faq>

National Academies of Sciences, Engineering, and Medicine (2018)

The safety and quality of abortion care in the United States. Washington, DC: The National Academies Press.

<https://www.ncbi.nlm.nih.gov/books/NBK507236/>

Roberts SCM, Fuentes L, Berglas NF, Dennis AJ. A 21st-century public health approach to abortion. *Am J Public Health*. 2017;107(12):1878-1882. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5678382/>

Foster, Diana Greene. *The Turnaway Study: Ten Years, a Thousand Women, and the Consequences of Having—or Being Denied—an Abortion*. First Scribner hardcover edition. New York: Scribner, of Simon & Schuster, Inc, 2020. Print. *The Turnaway Study*. <https://www.ansch.org/research/oneopm/turnaway-study>

References and Additional Resources

The American College of Obstetricians and Gynecologists. [Texas SB 8 | ACOG](#).

Bearack, J.M. and Jones, R.K. (2022). Cross-state travel for abortion care. Guttmacher Institute: NY, USA.

Berglas NF, Johns NE, Rosenzweig C, Hunter LA, Roberts SCM. State and local health department activities related to abortion: a web site content analysis. *J Public Health Manag Pract*. 2018;24(3):255-262.

Berglas NF, Wingo E, Woodruff K, Roberts SCM. Approaches, barriers, and facilitators to abortion-related work in U.S. health departments: perspectives of maternal and child health and family planning professionals. *BMC Public Health*. 2020;20(1):299.

Centers for Disease Control & Prevention. 10 essential public health services. [CDC - 10 Essential Public Health Services - 4-21-13](#) (updated 9/2020).

CDC's Abortion Surveillance System FAQs. [CDC's Abortion Surveillance System FAQs | CDC](#). (Retrieved 6/15/2022)

Dehlendorf, C., Harris, L.H., Weitz, T.A. Disparities in abortion rates: A public health approach. *Am J Public Health*. 2013;103:1772-1779. doi:10.2105/AJPH.2013.301339.

Guttmacher Institute. Abortion Policy in the Absence of Roe. [Abortion Policy in the Absence of Roe | Guttmacher Institute](#). 5/17/22.

[Abortion bans: Where they have been enacted, blocked \(axios.com\)](#).

References and Additional Resources

Jerman J, Jones RK, Onda T. Characteristics of U.S. abortion patients in 2014 and changes since 2008. Guttmacher Institute;2016.

Jones RK, Jerman J. Population group abortion rates and lifetime incidence of abortion: United States, 2008-2014. *Am J Public Health*. 2017;107(12):1904-1909.

Raymond, E.G. & Grimes, D.A. The comparative safety of legal induced abortion and childbirth in the U.S. *Obstetrics & Gynecology*.2012;119(2) Part 1.

Redd, S.K., Rice, W.S., Aswani, M.S., Julian, Z., Sen, B., Wingate, M., and Hall, K.S. Racial/ethnic and educational inequities in restrictive abortion policy variation and adverse birth outcomes in the United States. *BMC Health Services Research*.2021;21:1139. <https://doi.org/10.1186/s12913-021-07165-x>

Washington state Department of Health [Abortion/Pregnancy Tables by Topic :: Washington State Department of Health](#)

Washington state Department of Health <https://www.doh.wa.gov/DataandStatisticalReports/HealthStatistics/AbortionPregnancy>.

Woodruff K, Berglas N, Wingo E, Roberts SCM. How MCH professionals in health departments engage with abortion-related work. Poster Presentation. CityMatCH Maternal and Child Health Leadership Conference; 2019; Providence, Rhode Island.