www.ProvideCare.org





# ANNUAL REPORT







Provide PO Box 8265 Round Rock, TX 78683 (617) 661-1161 info@providecare.org

Together, we are building a stronger system of care.

### **LETTER FROM THE**

# **ED & BOARD PRESIDENT**



Fatimah Gifford

EXECUTIVE DIRECTOR



Mary O'Doherty
BOARD PRESIDENT

### Reimagining our work.

Dear Friends:

2020 was a year of unspeakable loss. Provide responded by reimagining our work to ensure that healthcare and social service providers continue to be equipped to honor all people's dignity, worth, and right to bodily autonomy.

When disaster strikes, BIPOC women, the LGBTQ+ community, young people, and low-income and rural populations are hit the hardest. That's why we've deepened our commitment to meeting providers exactly where they are as they continue to serve these communities in this time of crisis and recovery. We've refined the way our training addresses disparities in healthcare outcomes, made our training and education resources available online, and strengthened partnerships with organizations that have critical expertise in serving marginalized communities. We have also advanced important conversations about reproductive health, stigma, and culture that will shape the future of care. Most importantly, we are still here with the same foundational mission and values to support and empower healthcare workers and social service providers to respect their clients' needs and decisions about their reproductive lives.

Despite all challenges, we persevered to build a stronger system of care for people experiencing unintended pregnancy. We remain resilient, adept, and positioned to pivot amidst any barriers that threaten us and our communities. Our work continues to be instrumental in long-term institutional and cultural change, and we persist with our unwavering commitment to healthcare and social service providers and their clients.

José Mary O'Dohert

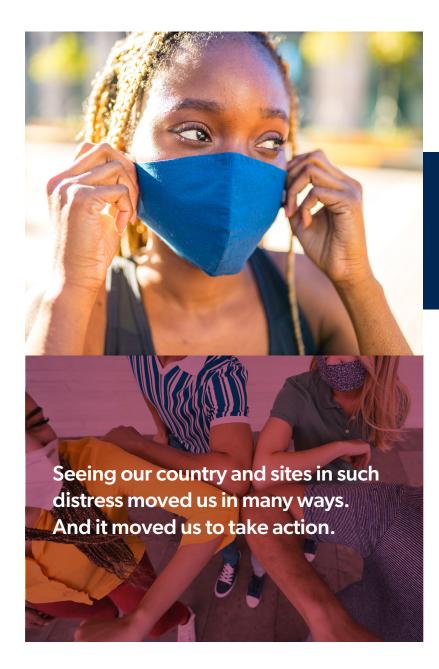
In solidarity,

# A YEAR UNLIKE ANY OTHER

Provide began 2020 with a brisk pace of training through several large-scale, multi-site events in our program states. When the COVID-19 shutdowns began in mid-March, all trainings came to a standstill.

We wondered how we would still provide the in-depth information and supports providers need to ensure stigma-free, compassionate care to those with unintended pregnancy. We wondered how we could continue to foster strong relationships with administrators and frontline workers who were dealing with unimaginable workplace chaos, including life and death safety concerns for themselves and their clients.

Understandably, most sites couldn't even think or talk about a training. They were short-staffed in the office, with many employees working from home to accommodate social distancing protocols. They were figuring out how to quickly adapt their own services and programming and trying to solve urgent technology constraints.



# THE SHIFT TO VIRTUAL

Provide was already exploring the idea of piloting web-based programming when the pandemic hit. But with the quick onset of closures and quarantine, we had to compress our long-term plans into short-term action. We dove head-first into developing virtual content, understanding best practices to facilitate engaging online programs, and bolstering our digital capacity.

It was a hard switch to go from training in person to being cut off from training, outreach, follow-up. But we took the time to perfect what we were already doing, engage in new research, and adapt what we could to virtual.

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— Kelli, Provide Training & Outreach Coordinator



#### **Adapting On-Site Trainings**

The pandemic affected our standard in-person Abortion Referrals Trainings dramatically in 2020. Health and social service sites were operating under high stress merely to keep their services running and their clients safe. As an organization that had shifted to fully remote work in 2015, Provide was well-positioned to serve as a valuable resource to sites seeking advice on transitioning to a remote work environment. We focused on being as responsive as possible and supporting sites however and wherever they needed us.

For sites that were ready and willing to go virtual, trainers sprang into action to restructure our referrals training into a virtual format. Provide also developed a Retraining Curriculum for previously trained sites, allowing trainers to more deeply focus on specific areas of interest for each site. Our trainers' ability to adapt and overcome during such a challenging time is a testament to Provide's resilience and the power of teamwork.



It gives you new perspectives, and it helps you think about when you're talking to people on how to be respectful of what their beliefs are.

— Domestic Violence/Sexual Assault Victim Advocate, Alabama

Our experience taught us lessons about how every person comes to their computer screen with different circumstances. Many participants didn't have a ready-made home office, and parents struggled to balance work with their children's remote learning. Trainers recognized this reality and were proactive and empathetic in naming this experience and being flexible about how people could participate.

Participants' response to our new virtual Referrals Training was extremely positive. 95% of participants indicated they were "very satisfied"—the same as for our in-person trainings for the past couple of years.

I encounter a lot of individuals that are seeking information about where to go to have an abortion. The training gave me more confidence to refer. Because circumstances are very difficult for them, I want to make sure they find the right resource. And now I know they are going to be safe.



— Domestic Violence/Sexual Assault Case Manager, Kentucky

### **Launching New Webinars**

Less than three months into the pandemic, Provide launched six new webinars and a robust marketing plan to get the word out about our new offerings. These shorter, 90-minute trainings were developed from our evidence-based curriculum and offered to providers nationwide.

The new collection of webinars covered a variety of abortion referral care topics, including a newly revised training about how stigma shows up in healthcare and social services, and its negative impact on both workers and clients. They were offered at varied days and times to accommodate different working schedules and included a session customized for site leadership that focused on organizational policies and supervising staff.

Provide conducted 17 webinars in six months, bringing our virtual curriculum to 135 people at 88 sites, 43% of which were completely new. Our webinars also significantly expanded our program reach into 11 new states.

When asked what they liked best, webinar participants most commonly mentioned the interactive activities and breakout sessions, the knowledge and positivity of the instructors, and the ability to connect with peers nationwide.



In the time of COVID, everyone's sat through so many webinars. The [Provide] training was grounded in things that I expect in a well-run meeting in person. This training was head and shoulders better than a lot of the ones that I've had.

— Stigma Webinar Participant, California

Every time I take a training, I learn something more.





Provide's ability to quickly launch virtual trainings enabled us to expand awareness, attract new audiences, and deepen engagement with previously trained sites this year. In 2021, we will continue to deliver webinars and evolve our offerings to meet new needs. Stay tuned for more updates on this exciting new path.

### TRAINING HIGHLIGHTS

In 2020, Provide trained 356 participants in 19 states.



26 ABORTION REFERRALS TRAININGS



17 WEB-BASED TRAININGS



356 INDIVIDUALS FROM 40 SITES ACROSS 19 STATES



### **Multiple Points of Impact**

Provide performs rigorous follow-up surveys with providers we have trained on how their participation changes them, their sites, and communities.



I was never opposed to abortion referrals, but I didn't feel like I could confidently give one, or even discuss much with a client. The training helped build my confidence and knowledge.

— Domestic Violence/Sexual Assault Program Director, Nebraska

The training reminded me of the importance of serving the client who's in front of me. It should not matter to me which option they pick, as long as they are able to pick the right one for them.



— Domestic Violence/Sexual Assault Director, Louisiana

Participants tell us they feel more confident in their efforts to support clients and have more detailed information and resources to share. They also tell us the trainings strengthen their ability to understand their clients' perspective and to respond in a productive, emotionally supportive way.

The training's impact is felt beyond individual providers and their clients. Our participants share their learnings with colleagues, supervisors and with other organizations. They also use the training information with family, friends, or someone they personally know who needs abortion information.



My friend really didn't feel comfortable talking with anyone, but she knew I went through that training, so she called me and I was able to let her know that it's her decision, and I can give her - or anyone, really - the resources and information about each option and let her go from there.

— Rape Crisis Outreach Educator, South Carolina

Provide trainings lead to improved reproductive health outcomes for entire systems and communities when organizations change practices and procedures around abortion referral. Some specific examples of site-wide change in 2020 include:

- A state alliance for adolescent reproductive health included Provide's information on abortion access in their online list of youth resources and shared Provide resources with State Adolescent Health Coordinators across the country.
- A substance use site improved pregnant clients' access to abortion information by placing pregnancy options posters and brochures in patient waiting areas, providing counseling staff with referral resources on all options, and establishing regular trainings for staff.
- A military site required their Victim Advocates to complete mandatory training on pregnancy options during recertification so that they know about and are prepared to discuss all options with sexual assault clients.



It made me think more critically about how we are vetting our referrals or resources in our communities, and how am I talking with my team members about accessing reproductive healthcare.

— Domestic Violence/Sexual Assault Regional Director, Louisiana

### **Accelerating Site Change**

The average number of days it takes for a site to make institutional-level change has steadily and significantly decreased since Provide started trainings in 2013—from two years to a few weeks! This is a testament to the library of tools we have created based on training feedback from providers and site administrators who are strapped for time and resources. Our "plug into place" sample protocol language, intake forms, posters, and brochures have enabled fast and easy wins for site champions who want to support abortion referrals.

My favorite tool is the tri-fold brochure. I have used that the most with individuals because it's something they can take with them, and it provides a framework for presenting all the options and talking about each one of them.



— Substance Use Site Coordinator, Oklahoma

### **Training Participant Story: Am I an Unprejudiced Sounding Board?**

I had a girl come into my office saying "I'm pregnant, and what am I going to do?" Due to Provide's training, I supplied the patient with all her options and told her when she made her decision to come back and I would help her with whatever her choice was. Money was also an issue for her and I was able to help with financial resources I had learned about.

We are a Bible Belt state and I am very churchy myself. The trainer gave me some new perspectives and resources and didn't push one way or the other. The class made you look at yourself, and think, "Do I give the same honor to people that she gives? Do I make people feel like I am an unprejudiced sounding board?"

We hung the posters and put pamphlets out in the lobby and they got gobbled up! With COVID-19, and everybody staying at home, I expect that we will have a birth outbreak and the training will be very beneficial for many clients needing to make decisions.

The more I'm educated on things the less fearful people seem to get. There's so much knowledge that you need before making the best decision in life about having or not having a child.

— Addiction Treatment & Rehabilitation Counselor, North Carolina



### **LEADING CULTURE CHANGE**

# **AROUND ABORTION**

Provide is convening researchers, frontline workers, advocates, and partners to study and share best practices around destignatizing and increasing access to abortion. In 2020, this work included completing an ambitious research study on client preferences around pregnancy options counseling and referrals, convening a multidisciplinary learning community to evaluate culture change around abortion, and expanding our reach by collaborating virtually in new ways with new partners to share our expertise, resources, and tools.

### **Client Experience Study**

Patient-centered pregnancy options counseling is a core strategy for reducing the stigma and lack of disclosure that delays clients from accessing care. In 2018, Provide launched a research project called the Client Experience Study to deepen our understanding of client preferences around pregnancy options counseling and referral. Completed in 2020, this study – the first to survey a large group of patients in the South about which pregnancy options they discussed with their provider and how they felt about it – led to some important findings:

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Patients are significantly more satisfied with their care when their provider discusses all options, even among clients who planned to continue their pregnancy. This finding dispels the myth that patients don't want to discuss abortion, and reassures the providers we train that discussing all options is what patients prefer.

Our Abortion Referrals Training tripled the rate at which providers discussed abortion as an option (compared to those who weren't trained) and doubled the rate at which they referred clients for abortion. This finding matched that of an earlier study we conducted in a different state with a different methodology, and it was reassuring to see such similar results for the impact of our training on provider behavior.

Striking racial disparities exist in pregnancy options counseling, with Black clients significantly less likely to have discussed all their options and more likely to leave the clinic with an unmet need for abortion referral. This evidence bolsters our appeal to providers about the need to discuss all options with all clients and highlights the importance of addressing equity in our trainings.



### **Culture Change Learning Community**

Cultural values and norms have a profound impact on the legal, policy, financial, and service-delivery landscape around abortion. Provide's exploration of pro-abortion strategies within the field of Reproductive Health, Rights, and Justice (RHRJ) suggested significant gaps in capacity to adopt an evidence-based approach to abortion referral making. These gaps exacerbate tensions and biases and limit our movement's ability to formulate effective strategies.

To help fill this gap, Provide convened a multidisciplinary learning community of culture change makers, evaluators and funders to evaluate culture change around abortion, and authored a report on their insights and learnings. In this report, the group shares observations specific to changing abortion culture, offers a framework for conceptualizing culture change, and discusses common approaches to measurement and evaluation. The learning community concludes their report with a set of recommendations to strengthen the RHRJ field's culture change learning practices.

This report has been actively disseminated by learning community partners and is available on Provide's website. Provide will be using the recommendations to revise the way we evaluate the culture change impact of our own work, and we are exploring next steps to build on the momentum of the dynamic learning community we brought together. Members expressed a strong interest in continuing to meet and work together, and this group could potentially serve as a resource for other RHRJ organizations seeking to improve the evaluation of their culture change efforts.

Read the full report at ProvideCare.org/About/Reports-Publications



**Technical Assistance & Partnership Innovations** 

With reduced ability to conduct in-person technical assistance support and presentations, our team explored opportunities to collaborate virtually in new ways with new partners in 2020. Highlights of these efforts included:

- Organizing a collaborative focus group to provide better connection between domestic violence, sexual assault, and addiction treatment sites;
- Exploring opportunities to apply mutual work on stigmatized health with the **Campaign for Southern Equality**, a leading advocate for LGBTQ+ people in the South;
- Developing tools and a patient education packet for the **Academy of Perinatal Harm Reduction**, whose work is focused on the intersection of substance use and reproductive health;
- The **State Alliance for Adolescent Sexual Health of South Carolina** sharing our resources with national colleagues in similar positions at Departments of Health and Environmental Control (DHECs) across the country, to positive reception; and
- Launching an asynchronous training "Becoming a Reflective Resource: Supporting Individuals Facing Unintended Pregnancy," developed in partnership with the North Carolina Chapter of the National Association of Social Workers as a recorded webinar.

Pharmacists are playing an increased role in facilitating access to reproductive healthcare, so Provide reached out to **Birth Control Pharmacist** to discuss opportunities to collaborate. This partnership resulted in the development of an innovative <u>learning</u> tool to equip pharmacists to provide contraception and emergency contraception and to make high quality referrals to abortion care. This partnership also resulted in the development and <u>publication</u> of best practice recommendations.



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Having a couple of trainings with you guys has made me more open to talking about reproductive justice and abortion specifically in my work. I'm spreading the word.

— Clinical Social Worker, Louisiana

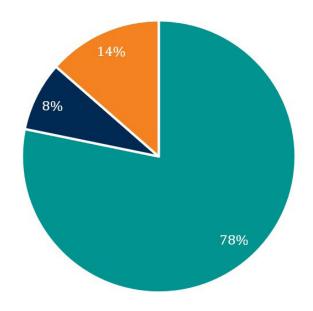


Provide and If/When/How set out to learn if there was a need for education and training about self-managed abortion and mandatory reporting among advocates in the domestic violence field. We surveyed advocates across multiple states and overwhelmingly they indicated that self-managed abortion was relevant to their work, and that they'd received little to no training about the topic. This led our organizations to develop and test a two-hour training for advocates that addressed the intersections of their work with self-managed abortion and the law. Post-training surveys showed a 100% satisfaction rate and a unanimous willingness to recommend more training and resources on this topic.

# **FINANCES**

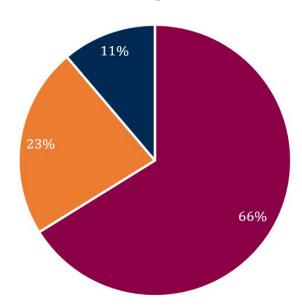
#### Income

- Grants = \$1,111,950
- **●** Contributions = \$117,128
- Other = \$192,269



#### **Expenses**

- Program = \$1,319,571
- Management = \$452,586
- Fundraising = \$222,921









### 2020

# **FOUNDATIONS**

We are fortunate to receive vital support from the following foundations:

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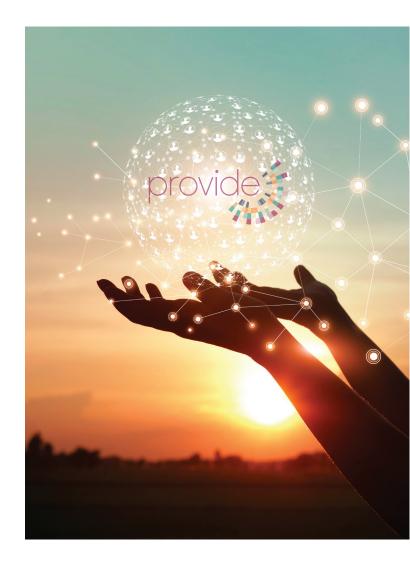
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<sup>\*</sup>Have given for 5 consecutive years

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# **STAFF**

Our team is a group of people who love the communities in which they live and work and care deeply about the workers and agencies who serve these communities. We have the benefit of experience and training in HIV/AIDS service delivery, substance use counseling, domestic and sexual violence case management, and safety net health services. This experience roots us in deep compassion for marginalized communities and the support systems who care for them, which positions us to be highly effective in engaging and supporting these systems. We recognize and thank all the staff who contributed to our work in 2020:



**Fatimah Gifford Executive Director** 



Jovanna Anzaldua, MPA Director of Development



Maggie Baker



**Ashley Bordas** Director of Finance & Administration Director of Development



Sarah Cannady, CLC Training & Outreach Coordinator



Camilla Eubanks



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Kristin Nobel, MPH Director of Program Evaluation



**Crystal Norwood** Communications Manager



Anna Pfaff, MPH Training & Outreach Coordinator



Ondine Quinn, MSW, CSW, CSE Director of Program Development



Dannielle Shaw, JD Managing Director



**Tiffany Collins-Webb** Trainer & Outreach Coordinator



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### 2020

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