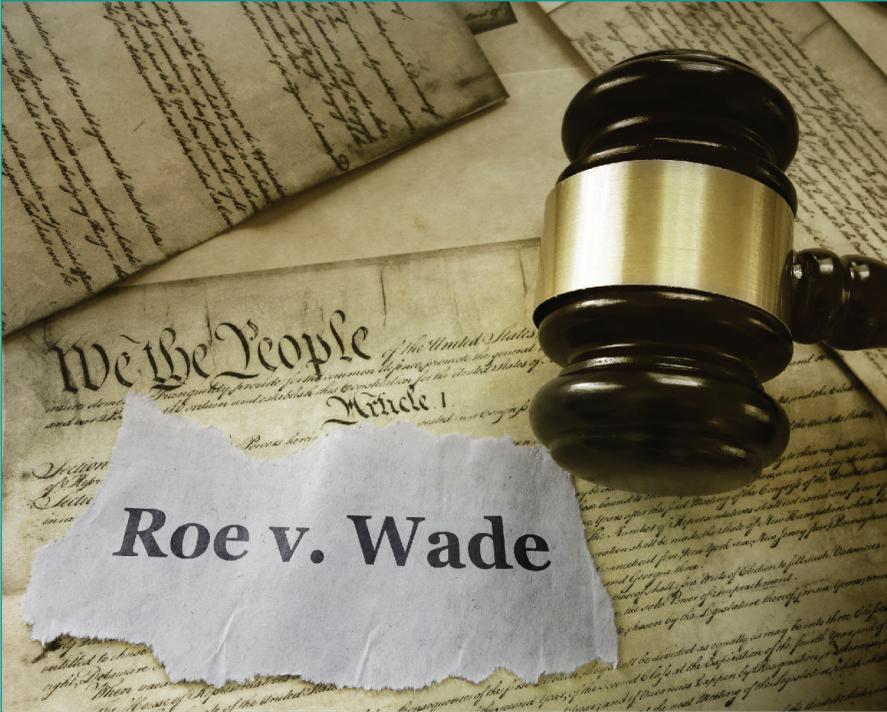




ProvideCare.org



2021 ANNUAL REPORT



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Together, we are building
a stronger system of care.

LETTER FROM THE ED & BOARD PRESIDENT



Fatimah Gifford
EXECUTIVE DIRECTOR



Mary O'Doherty
BOARD PRESIDENT

Re-emerging and preparing for the future

Dear Friends,

In the wake of the continued devastation of abortion restrictions, increased criminalization of marginalized folks, and communities still stifled with COVID-19, Provide continues to answer the call of health care providers and social workers throughout the South and Midwest.

2021 was the most hostile year for abortion access since *Roe v. Wade*—impacting 16 states, mostly in the South where Provide primarily focuses our work to build reproductive access. Research shows us that those most impacted by these laws are historically marginalized communities—including Black, Latinx, Indigenous, young people, POC and LGBTQ+ folks.

In a potentially post-*Roe* environment, providers may feel uncertain about what they can do or say with respect to abortion, as well as disconnected from other systems of care.

That's where Provide's work is urgent and needed more than ever.

This year, we concluded our Client Experience Study that evaluated sites that received our training, as well as sites that didn't receive our training, and our findings show that clients at trained sites were more satisfied with the care they received. This is a testament to the quality and impact of our Abortion Referrals Training. The study also found that providers' reluctance to discuss all options falls most heavily on Black clients—a reality Black folks are acutely aware of, especially Black women seeking reproductive healthcare.

As we move into 2022, Provide is focused on equipping providers and other players in the abortion access landscape with the tools, resources, and connections they need to reduce abortion stigma and expand access to abortion care in our most marginalized communities. We're excited that our Client Experience Study is a powerful catalyst to guide our future program development.

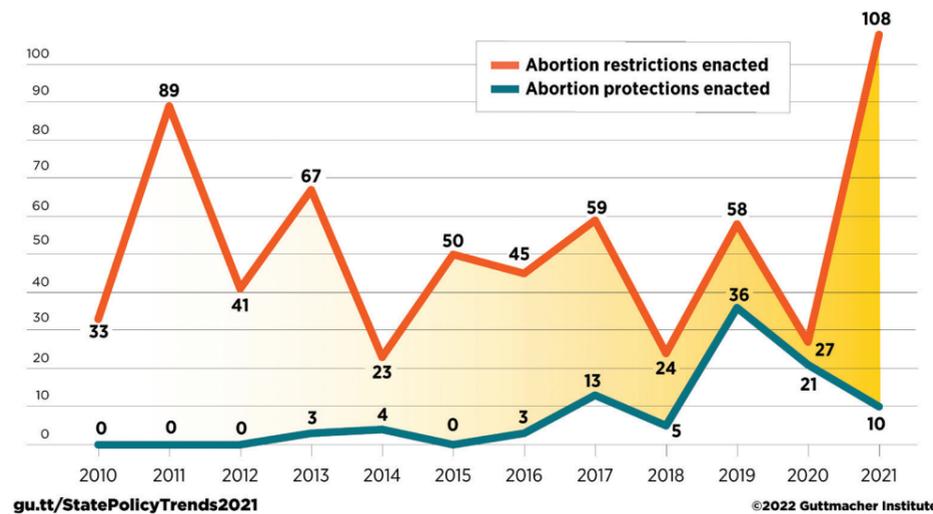
We remain committed to harnessing the realities of our current landscape and will shift and adapt to ignite change.

Foreshadowing what's to come, we know that abortion access is on the precipice of major changes, but please know that Provide is centering our focus to engage, partner, and build community to help the most vulnerable by working to ensure that providers offer all options, every time, for every body.

In solidarity,

A TERRIBLE YEAR FOR ABORTION ACCESS

In 2021, more state abortion restrictions were enacted than in any year since *Roe v. Wade* was decided in 1973.



Over 600 restrictive provisions were introduced and more than 100 were enacted that restrict the legal status of abortion. From bans at just 6 weeks, when most don't even know they are pregnant, to state constitutional amendments that prohibit public funds for abortion, 2021 has been a tumultuous year.

The future does not look brighter. The U.S. Supreme Court could severely undermine or overturn *Roe v. Wade*—essentially leaving the legality of abortion to individual states. There are already 26 states ready to completely ban or heavily restrict abortion should this happen.

“We live in a country where 89% of U.S. counties are without an abortion provider, so accurate information regarding abortion resources and abortion referrals becomes even more imperative. Many folks who are receiving news of a positive pregnancy test are caught off guard, and they often look to providers for advice that's free from judgment and devoid of specific expectations. Referrals from providers with accurate, comprehensive information for pregnant people aren't just important, they're essential for getting people the care that they need.”

— Julie Jenkins, MSN, APRN, CNP (Program Partner, Reproductive Health Access Project)

IMPACT ON FRONTLINE PROVIDERS

Changes in the abortion rights landscape are making health care and social service delivery extremely challenging.

Health care and social service providers are overwhelmed, under resourced, and fearful in this new environment. Many worry about being sued if they share abortion information with clients. At the same time, providers in states neighboring those where access has been eliminated or highly restricted are dealing with a huge influx of clients in need of rushed services. Additionally, abortion providers now face lawsuits that will bury their clinics under frivolous court cases and legal fees, and likely make it impossible for many providers to remain open.

Providers are feeling siloed in their work and deeply in need of accurate information, support, and connections with each other. They are unsure of the implications of these laws for their work and worry about their ability to provide the level of care patients need and deserve. They are dealing with increased demand for information about financial support and self-managed abortion options. Furthermore, the increased stigma that providers and pregnant people are experiencing is having a profound personal and professional impact.

“My staff is very concerned about what is legal. With several new bills in Oklahoma, we don't have the capacity to read, understand and train staff on how they can support our clients. This causes hesitation from frontline staff to speak freely about options because we don't want to offer things that aren't still available. Trying to support young women stuck in the cycles of poverty is difficult and I am worried they won't have the ability to make decisions about their bodies. Provide can help us advocate against these changes and fully understand what we can and can't do based on the quickly changing political landscape.”

— Emergency Shelter Program Leadership, Oklahoma



STIGMA ENTRENCHED ACROSS SYSTEMS

Stigma exists in all the systems of care where we focus our work and is a critical aspect of integrating our Abortion Referrals Training.

Many of Provide's program partners serve clients seeking care for other stigmatized services such as domestic violence, sexual assault, HIV, and addiction treatment. Providers in these fields relate strongly to the negative impact of stigma on the well-being of their clients.



Addiction treatment workers noted that their clients frequently face stigma in health care settings that either resulted in a denial of care or dismissal of their symptoms. Sexual assault and domestic violence workers and those who serve low-income, unhoused or LGBTQ+ people described the complexity of multiple areas of stigma and how their clients are particularly vulnerable.

We ourselves are one of the most stigmatized treatment modalities - I mean outpatient opioid treatment programs. Sometimes our patients can't even share they're doing well in treatment because no one knows they had a problem to begin with. So, we can empathize daily with patients who are seeking information or want information on abortion or who are homeless. We find ourselves coping every day and helping patients cope with being ostracized.

Sexual assault is stigmatized with a lot of blame on the victims, and if they're also pregnant from it, they're also faced with the stigma of requesting abortion, and they stack on each other. The same with domestic violence, there is a lot of stigma around that as well. If someone is considering an abortion to keep themselves safe from violence, they're facing stigma around that too, especially here in Oklahoma in the Bible Belt.

For someone who is unhoused, a lot of the time they are deemed as someone with a mental illness or someone who is addicted to drugs, even if this is not a part of their story. This happens a lot when it comes to finding a job or a place to live.

We work closely with the queer community. There is much stigma related to trans folks or non-binary individuals who become pregnant.



OUR RESPONSE: ADAPTING & INNOVATING

Since our founding 30 years ago, Provide has adapted to meet the needs of health care and social service providers in an ever-changing environment.

In response to current and future threats to abortion access, we expanded our programming and reach, developed new technical assistance, and deepened partnerships that equip providers with the information and supports they need.



In 2021, we developed a robust new technical assistance and capacity-building strategy to strengthen providers' ability to respond to unintended pregnancy and abortion, and the ways these needs intersect with other related stigmatized services. This strategy will support organizations with resources around stigmatized health care, infrastructure that supports abortion conversations, and engage staff and clients—**ultimately changing the culture within organizations from ambivalence to action.**

We advanced our vision of a health care system that is centered on the needs of communities and populations that have been historically disenfranchised by **expanding our webinar topics, adding fully virtual Abortion Referrals Trainings, and resuming in-person offerings toward the end of the year.** Highlights include:

- Developing new trainings that address the intersection of abortion and other stigma, including race, gender, sexual identity, size, and age
- Expanding training strategies that support clients who are considering self-managed abortion (SMA)
- Disseminating results from our innovative Client Experience Study about disparities in pregnancy options counseling for Black clients and working with an Advisory Board to develop best practice recommendations for the field



Provide launched a Technical Assistance **Microgrant Program** with 10 health care and social service organizations across the South that will collect valuable feedback about how and when to introduce pregnancy options and abortion conversations in client workflows. This project will provide opportunities to build staff capacity to discuss abortion and other stigmatized health services, and continue strengthening an open, affirming environment within healthcare and social service organizations to enhance client autonomy and “meet them where they are.” Our hope is this project leads to the development and implementation of new interventions that combat stigma around abortion and expand our ability to respond to a broader range of capacity-building needs in the field.

Provide deepened partnerships across systems to address stigma, silos of care, and connect providers to critical skills and resources. Highlights include:

- ➔ Collaborating on a program with the **Southern AIDS Coalition** that addresses the lack of access to PrEP, PEP, emergency contraception, and pregnancy referrals for Black women in the South who are at risk for HIV infection. This project is an example of our strategy to connect abortion to other stigmatized care and deepens our relationships with organizations serving marginalized communities.
- ➔ Collaborating with **Louisiana State University’s Adolescent Health Clinic** to develop a self-paced curriculum for their medical residents that centers the autonomy and self-determination of young people seeking reproductive and sexual health care. Our hope is that this partnership will lead to a scalable intervention that can be shared with organizations serving youth across the South.
- ➔ Continuing our partnership with **If/When/How** to develop a strategy for training domestic violence coalitions across the Southeast on how self-managed abortion intersects with their work, and how to best support their clients who are considering SMA. This is a critical component of Provide’s post-Roe strategy.



TRAINING IMPACT

Since 2012, Provide’s Referrals Initiative has trained 10,514 participants from 1,462 sites through a total of 871 trainings. In 2021, Provide hosted **17 trainings**, serving **259 participants** at nearly **100 sites** across **24 states**.

- 86% of participants had no record of prior training; 14% were repeat participants.
- Nearly 60% of sites had not been previously trained, a 50% increase from 2020.
- 85% of participants came from Provide’s project states in the South, particularly Oklahoma, North Carolina, Louisiana, Kentucky, and Florida.
- 61% of participants who attended our new virtual Abortion Referrals Training option reported that they worked at a location that served mostly rural clients.
- The majority of sites trained were from Provide’s target systems: Domestic Violence/Sexual Assault (38%), Addiction Treatment (23%), HIV (14%), Primary/General Health Care (13%), and Family Planning (7%).



Provide performs rigorous follow-up surveys and interviews with providers we have trained on how their participation changes them, their sites, and communities. **In 2021, Abortion Referrals Trainings achieved an unusually high intended practice change (“switch”) rate of 92%** among participants who had not previously referred for abortion, and a high whole-group rate of 68% among all trainees, indicating a strong return on the time invested in each training. In comparison, rates of intended practice change in prior years have averaged 75% among participants who did not previously refer and approximately 50% for the whole group.

As in prior years, participants emphasized that trainings had deepened their understanding of the barriers clients face and that the **training had increased both their resolve and confidence around serving clients experiencing unintended pregnancy.** Survey participants described a wide range of situations in which they applied information or skills they learned in our trainings.

Directly Connecting Clients to Abortion Care

One particular client was sexually assaulted and went to the hospital. They called our crisis line and they were asking about different options for them. I spoke with them about the agencies that do provide abortion services. I said, “If you don’t feel comfortable calling them on their own, we can call, or we can be with you as a support.” I did hear that person said to thank me personally for giving them that information. I want to be a support, I want to be a comfort for them to know that they did what they had to do to make sure they were safe.

A client called us just a week or two after the training. There was some concern about how far along she was and how she’d pay for the procedure, and whether the pregnancy was a result of the assault or her consensual partner. We worked with her for a couple of weeks while she decided what to do, and once she got the DNA test she wanted the abortion, so we were able to coordinate some financial support for her as well.

Supporting Clients in Processing Their Feelings About Abortion

I appreciated the non-judgmental, non-biased language, and I have used it to tweak my approach with everybody. The clients that I’ve had recently have already terminated pregnancies, so just remembering some of the stuff so they can talk through and process what they went through even though they’re okay with their decisions; there’s still some grief and loss.

Improved Quality of Counseling

STAR referrals has been something that I have incorporated into all of the referrals I have provided for clients since attending training.

I use active listening and open-ended questions when patients request options and are uncertain about their next steps.

If there were someone who was assaulted by a partner, I definitely have better language to approach the situation now. I think in a risk-averse lens we’re often like, “I have to protect you from your perpetrator,” separate that person from the victim as much as possible and encourage someone to have an abortion, but it’s not always black and white. I would now approach it as clinically as possible, and offer all options rather than be too pro-abortion.

Improved Provision of Information & Resources to Clients

I was able to provide advocacy on site for an individual choosing abortion care. The skills and knowledge from the training allowed me to be a supportive role alongside clinic staff to support and empower the woman through her the choices she was making for herself.

Honestly, when I would provide a referral packet, I would always put the abortion packet in the back, like that being your final option. And I didn’t really realize I was doing that until a client pointed it out to me. She was like, “Why are these in the back? Because I want an abortion.” And I had to really sit and check myself. Not everybody wants to be pregnant. Not everybody wants to parent. How I presented my referrals packets, I needed to change that up.

Supplying Training or Information to Other Providers

I train volunteers to answer the [rape crisis] hotline, so the training was really useful in knowing about y’all’s research, and how to talk to survivors as well as volunteers about abortion options. We also have a resource database for the volunteers to access during chats, so it was very helpful in terms of getting resources to put in our database.

In terms of the technical assistance I provide to rape crisis centers, the trainings with Provide have improved my confidence in talking with organizations about abortion access. When I’m providing trainings or working with advocates, I feel more comfortable talking about how this is part of their role and what that means.



One theme appeared more prominent in 2021 than in previous years: **participants' awareness that their own perspective and situation was different from that of others in the U.S. or within their own community.** It's likely that the reason this theme was so prevalent in 2021 is that virtual trainings were able to engage participants across a wider geographical range, bringing participants from different cultural contexts into contact with each other. This was a feature of the virtual trainings that was particularly noticed and appreciated by interview and survey respondents:

- I was really grateful there was something that was virtual, not only because it fit in my workday, but because there were people from around the country acknowledging how different laws can affect what we're able to provide.*

It made me realize how some of the people in the other states can't even make referrals. It made me aware of how fortunate we are in the state we're in, but I can't be too comfortable, because we have an election coming up soon. So in terms of an advocacy piece, what can I do to help ensure that we still continue to have the rights we have.

Having people from different states I actually found really beneficial. It could have been a downside in terms of the ways different laws make our work so different, but I really saw it as a positive. I could see how certain people made their language more direct, or more subversive, based on their context. And for people who struggle to talk about abortion, I was thinking about how I could use some of that language.

Since my values align with all-options counseling and the training discussed leaving personal values out of care, I imaged a scenario where my values might not align, such as using the rhythm method as contraception because of religious beliefs. That changed my perspective on how a provider with different values than mine might referring for abortion care.



The Impact of Provide's Abortion Referrals Training



LEARN MORE: [PROVIDECARE.ORG/CLIENT-EXPERIENCE-STUDY](https://providecare.org/client-experience-study)

- What will you do differently after training?**

Show empathy with clients with different viewpoints and how I can meet them where they are.

Think more introspectively and check on a few of my own potential implicit biases.

Make sure to recognize the barriers someone may have and how to address them and provide help.

I am more likely to stay more up-to-date on new laws and potential road blocks that young people could encounter, and research how to still get them the care they need.

If I have a client who is interested in abortion, I would inform them of their options for care.
- What was the most useful thing you learned from the training?**

Your Abortion Referrals Tool is fantastic. The thing I like the best is that you can apply certain filters, and I appreciate that when you find a provider, it tells you up to how many weeks they go—that is really helpful. It's increased my personal knowledge on options in NC and other states that are nearby. I've shared this resource with the rape crisis centers I provide technical assistance for.

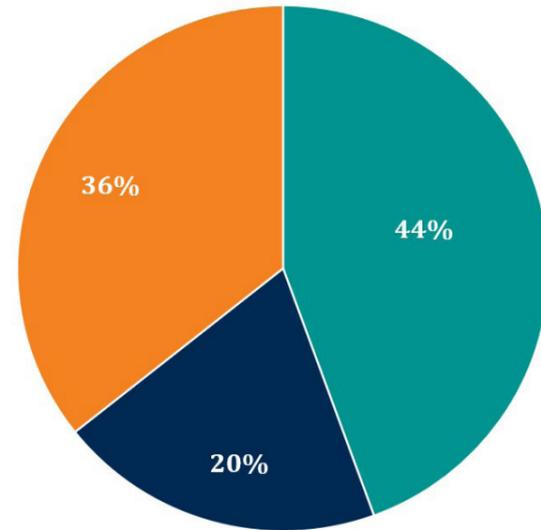
I think dealing with stigma was the most useful thing, and giving folks the tools to work through that. There was an exercise where we were looking at a situation and deciding where the bias was in that situation. People didn't realize that some of that bias that we don't notice or understand would be there.



FINANCES

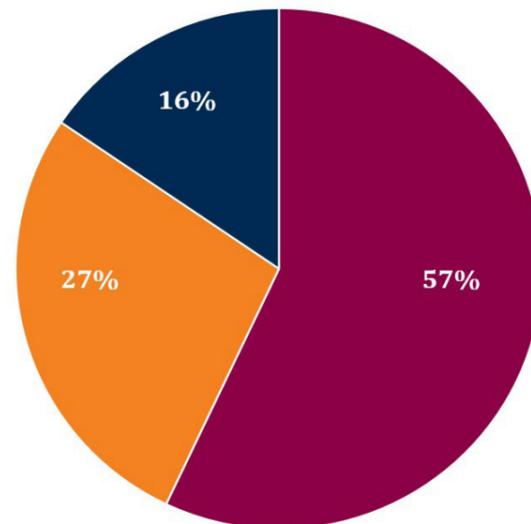
Income

- Grants = \$438,711
- Contributions = \$196,101
- Other = \$352,290



Expenses

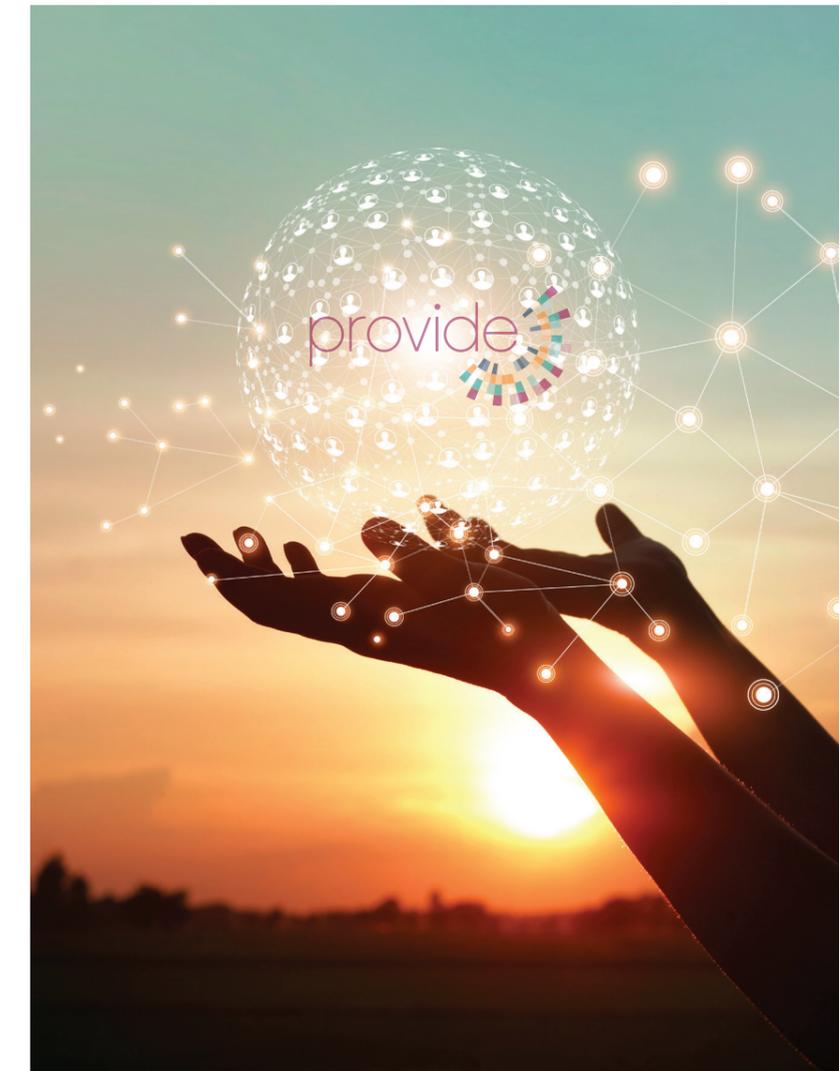
- Program = \$997,336
- Management = \$479,797
- Fundraising = \$271,054



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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 2021:



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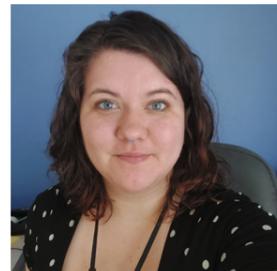
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