



  
provide  
EVERYONE HAS A ROLE

2015  
**ORGANIZATIONAL  
REPORT**

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“In a society that often resorts to telling others what to think and do, **Provide teaches healthcare providers** how to support others’ decisions and **help women make the best choice** for their own lives. Abortion rights are a complex and divisive issue, but **Provide’s focus on patient care** and empowerment of choice is a cause worth getting behind.”

~ Bustle.com article, *The One Women’s Rights Organization To Donate To This Holiday Season If You Want To Make A Real Impact*, December 2015

## LETTER FROM THE BOARD PRESIDENT AND EXECUTIVE DIRECTOR



2015 was a year of incredible transformation at *Provide*. With teams of organizers and trainers bringing skills and resources on abortion to health and social service providers in seven southeastern and midwestern states, our reach is greater than ever. Even more exciting than our own growth and development are the on-the-ground changes we are seeing as a result of our work. Hundreds of those we train—nurses, social workers, case managers and advocates—are redefining their professional role to serve as resources to women seeking abortion care, and doing so with the support of the institutions for which they work. With these changes, we are building the health and social service system we need when it comes to abortion. Responsive. Non-judgmental. Caring. With the information and tools offered by *Provide*, they are showing us what it looks like to provide their patients and clients with compassionate care in the face of abortion controversy, and creating a bright spot in the landscape of abortion access. Our appreciation to all who are making this change possible. We have only just begun, but with each professional we train, with each site that integrates support for abortion access into their practice, we are a step closer to a system of care that ensures access for everybody.

Onward and upward,

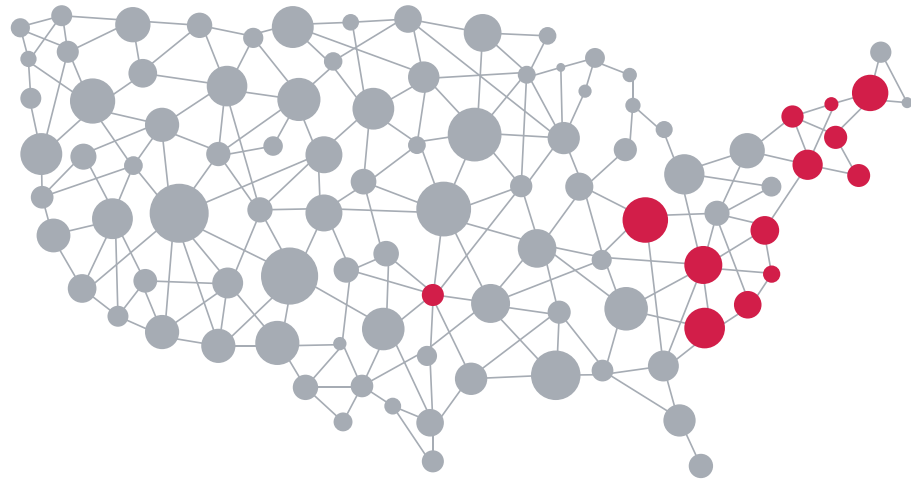
Jennifer Marshall Pepper, Board President  
Melanie Zurek, Executive Director

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# WE HAVE GROWN

## 2014 STAFF



## 2015 STAFF



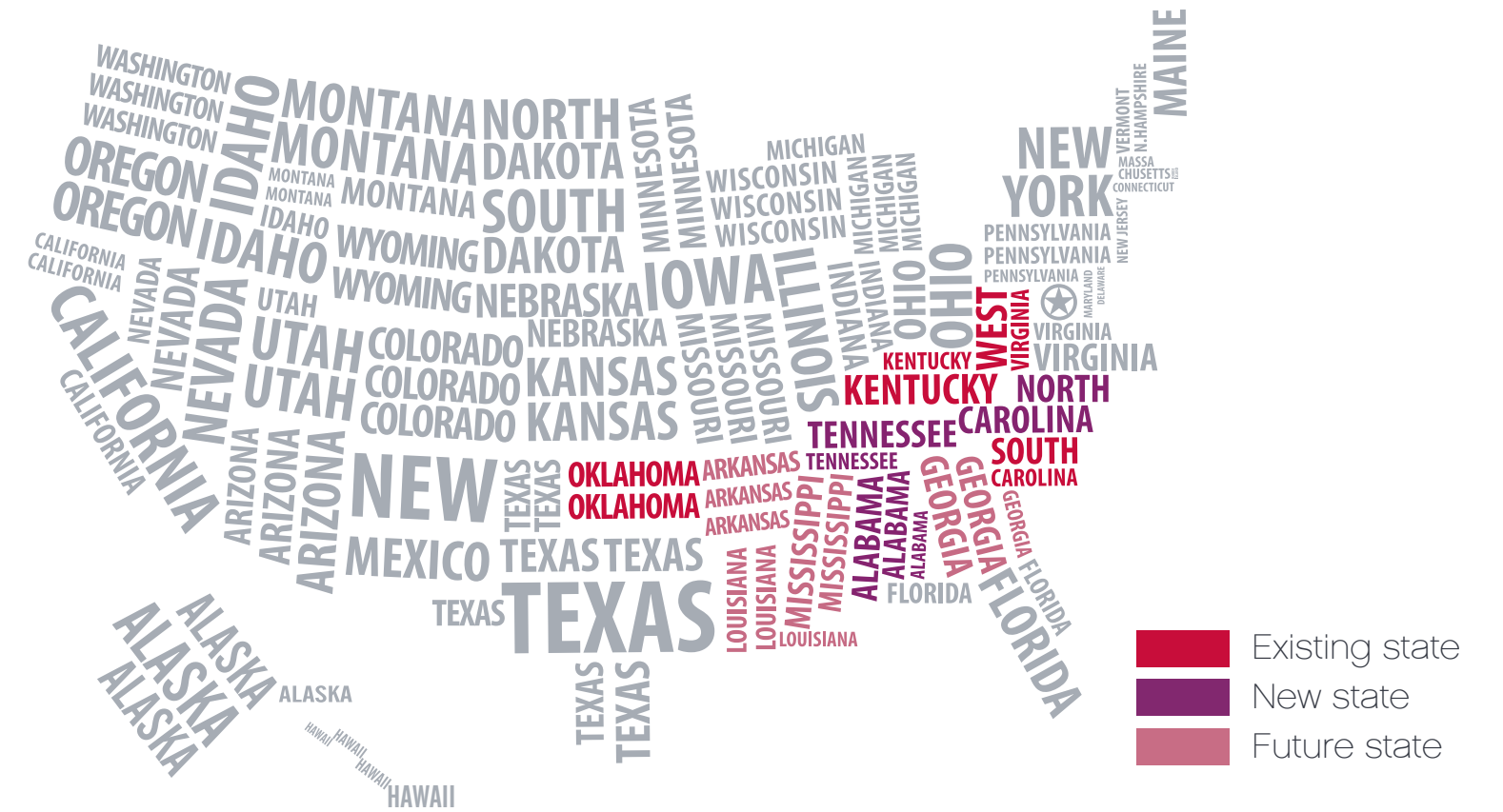
### Our PROGRAM. Our EXPERTISE. Our IMPACT.

For years we thought of ourselves as a small national organization. One of our longest serving Board members liked to refer to us as “scrappy.” But in 2015, with a doubling of investment from our largest funder, we undertook a significant expansion—giving us the capacity to do more work and to do better work. Expanding into new states in 2015 (Alabama, North Carolina and Tennessee) and in the coming year (Arkansas), as well as laying the groundwork for expansion into Mississippi, Louisiana, and Georgia (2017).

The expansion allowed us to add several key positions including a Director of Program Evaluation, two Regional Directors, a Storyteller, and new State Coordinators in Alabama and Tennessee.

As we grow, we pride ourselves on our ability to remain nimble and responsive to the realities on the ground, constantly learning as we go.

# WHERE WE WORK



- Existing state
- New state
- Future state

PROMOTING  
ACCESS WHERE  
WOMEN **NEED IT  
MOST**

## HOW WE TRAIN

### Why we focus on health and social service providers.

Health and social service professionals play a critical role in the health and well-being of their clients and our communities. We believe abortion services and support should be included as part of regular healthcare, without stigma or judgment. We are committed to providing a supportive environment along with resources and skills to help these professionals—especially when abortion is an uncomfortable topic. With **over twelve million people** in the health and social service professions across the US, the potential impact of a supportive way to address abortion is enormous, not only as professionals, but as parents, siblings, community members, and friends.



**Trained over 1,500 health and social service professionals:**



Social Worker



Counselor



Case Manager



Nurse



Doctor

## WHO WE TRAIN



Frontline Staff



Managers



Other

### Why we train the types of trainees we train.

Our work is grounded in our belief that everyone has a role when it comes to abortion access. From an agency receptionist who might answer a caller's questions about care, to the social worker offering counseling, to the CEO who sets agency policy, each can have a profound impact on a woman's experience and access. This is why we take a team-wide approach to training, encouraging all agency staff to participate and step into their role. Our team-based approach not only helps prepare all levels of staff to support abortion referral-making, it also promotes a sense of shared purpose and peer support around meeting client needs, even among those uncertain about or opposed to abortion.

“Your training helped me realize that **I should not let my opinions interfere with my referrals.** I learned to say, **‘THIS IS YOUR DECISION.’**”

~ Social Worker, West Virginia



### Empathy and Professional Ethics.

We support everyone we train to play a role helping a woman access a wanted abortion, including those who are uncomfortable with or opposed to abortion. Our work takes a client-centered approach, shifting the conversation away from the controversy of abortion and giving providers the resources and tools to meet the needs of the woman in front of them. With this, we are seeing an immediate impact on how providers approach conversations about abortion with their patients, away from their personal beliefs, and on to the woman's needs.

Before trainings 28% of trainees made abortion referrals when their clients asked for them.



After trainings, **78%** said they would do so.

3-FOLD INCREASE



IN REFERRALS

## WHERE WE TRAIN

### Systems we work in:



Public Health



Substance Abuse



Native American/  
Tribal



Family Planning



Domestic Violence



Primary Care



HIV

### Why we work in the systems we work in.

Not all women have the same experience accessing abortion. Some know about abortion services and are able to access abortion even where clinics are scarce. Others have family and friends who will help them. But for another group of women, those with complex life situations and limited resources, the assistance of a health or social services professional may be the critical link to their ability to access a wanted abortion.

### Our work focuses on the systems of care that are already reaching women in need.

The agencies we train serve over 30,000 women with unintended pregnancies each year, and we have the potential reach thousands more. Our goal is to make abortion referrals a standard practice within the five most critical publicly-supported systems of care for women of reproductive age: those that reach the greatest number of women, and those that reach women at times of particularly critical need for support.

## TRANSFORMING HEALTHCARE



Our goal is to train all the service providers in each system, making lasting systemic change.

### Why systems change matters.

At *Provide*, we believe what matters most is a woman's ability to get care and support from the provider in front of her when she is in a moment of need. But providers don't operate alone and staff changes can happen frequently. This is why we work to integrate change throughout the entire system in which providers operate. Our technical assistance program works with systems leadership to support the adoption of agency-wide protocols and practices that support abortion referral-making as regular and ongoing practice. This sustains the impact of our trainings and normalizes abortion referral-making as an established aspect of client and patient care. Already an integrated part of the training we deliver, in 2016 will be rolling out an enhanced Technical Assistance program that will bring even greater systems-level change, where it matters most.

## OUR REACH

IN 2015

Each professional we train sees  
on average **20 WOMEN** a year



with

**UNINTENDED PREGNANCY**

### Responding to complexity and need.

The professionals we train serve women likely to experience multiple barriers to abortion care—poor access to general healthcare, lack of finances and transportation, involvement in abusive relationships, lack of linguistically and culturally-appropriate care. Our trainings help workers identify and respond to these barriers with resources, compassion and support. By also offering our trainings in Spanish, we help bridge language and cultural gaps for Spanish-speaking workers and clients. Our trainings ensure that women experiencing complex needs will be met with empathy, compassion and information when they need it most.

We trained **1,525 people**

We reached

**30,500**

women.



“...it was a **REFRESHER**, an **ENERGIZER**, for the **IMPORTANCE OF MY ROLE**. It reminded me of the importance of what I do, and really a refresher on the **IMPACT OF WHAT I DO**. Because I get stuck in the day-to-day of what I do, but to remember when I am referring a client the **IMPACT** it can have...”

~Nurse, North Carolina

# TRAINING TO TRANSFORM HEALTHCARE

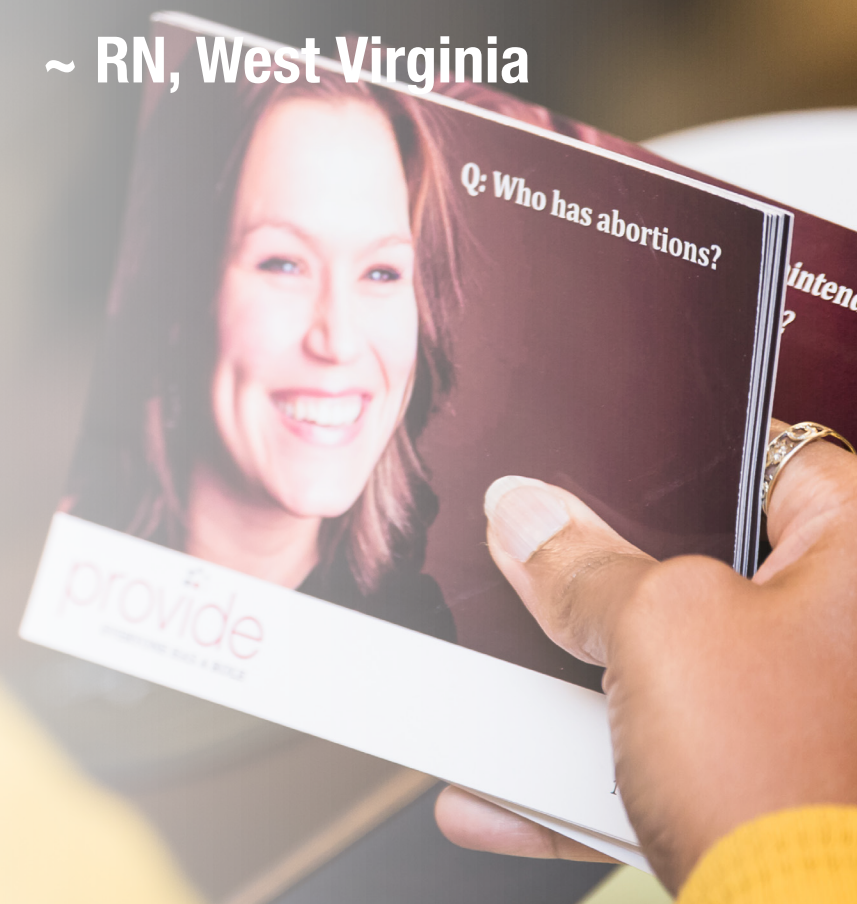
**Our trainings empower healthcare and social service workers by recognizing the challenges of their work and giving them the resources to respond to women's needs around abortion.**

The training starts with a special round of introductions. Participants are asked to tell their superhero story—why do they come to this work?

To loosen up the room with an example, the trainer from South Carolina, Monika, tells her story: twenty years in domestic violence prevention and working to empower women. The attendees listen intently, nodding—it's clear that they relate. Starting with the nurse to the left, they start to tell their stories. Each person comes to the work to right a personal experience or because of a call to help others. With each superhero story the confidence in the room builds and others wait to nod and support each other. The exercise reminds them: *yes, we do hard work, and yes, it is important.*

**“... it kind of reaffirmed that I DO NEED TO BE THAT STRONGER ADVOCATE, that it's not always black and white...”**

~ RN, West Virginia



# TRAINING TO TRANSFORM HEALTHCARE

## Importance of identifying with women in need.

The session starts. Monika stands in front of the class and asks,

**“Think about a time when you went to a healthcare professional and you needed something and you didn't get what you need.”**

The participants sit and recall as she lets the room think for a moment, “You don't have to share the incident, just tell us how it made you feel.” A gentleman in the corner chimes in:

“Frustrated”

The ball is rolling, the others chime in:

“disrespected”

“confused”

“disappointed”

“small”

“hopeless”

All of the words are met with nods and agreement. Not one person had trouble recalling a bad healthcare experience.

**“Now, think about a time where you got what you needed—how did THAT feel?”**

“relief”

“positive”

“hopeful”

“acknowledged”

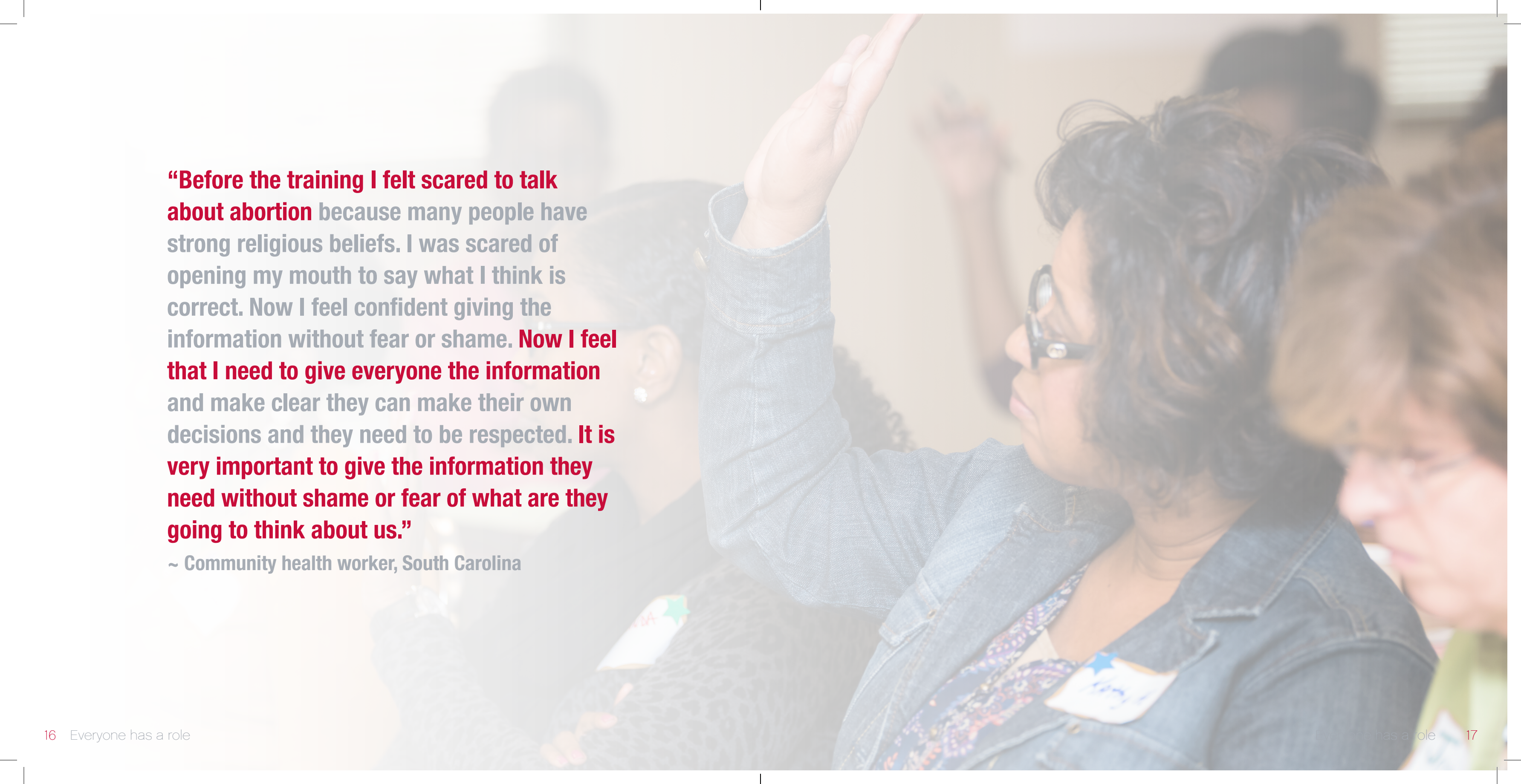
“respected”

Imagine, Monika says, if a woman with an unintended pregnancy came to you. How do you want that woman to feel? How would you be able to help?

Our trainings help workers connect their experiences to their professional role. Monika says, “They don't always speak up in the trainings, but they are affected by it. I had one woman follow me out to my car to tell me that I had changed her life, she had had an abortion thirty years ago and had never spoken of it until now. It's those moments that make it so rewarding.”





A woman with dark, curly hair, wearing glasses and a denim jacket, is shown in profile, raising her right hand. She is in a group of people, some of whom are also wearing name tags. The background is slightly blurred, suggesting an indoor setting like a community meeting or training session.

**“Before the training I felt scared to talk about abortion** because many people have strong religious beliefs. I was scared of opening my mouth to say what I think is correct. Now I feel confident giving the information without fear or shame. **Now I feel that I need to give everyone the information** and make clear they can make their own decisions and they need to be respected. **It is very important to give the information they need without shame or fear of what are they going to think about us.”**

~ Community health worker, South Carolina

# SUPPORTERS

## WHY IS FINANCIAL SUPPORT SO CRITICAL?

Together we carry forward a powerful model for what compassionate and supportive abortion care looks like in the face of abortion controversy, including when that controversy includes one's own ambivalence or opposition to abortion. We know that this will bring us to a place where abortion is better understood, more normal, less stigmatized, and ultimately, accessible.

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#### Major donors who commit \$1,000 or more annually

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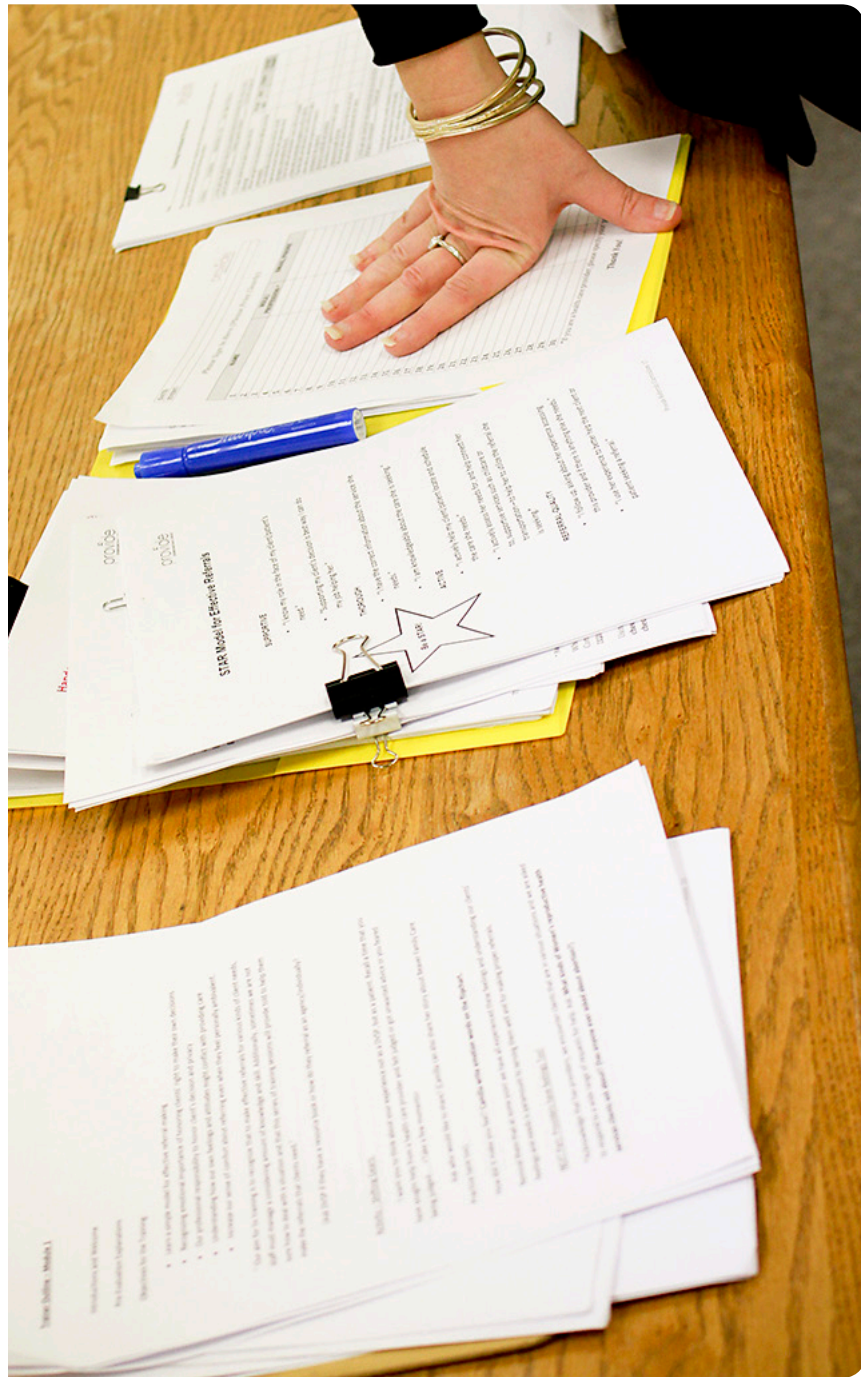
### Foundations

Anonymous • Anonymous 2 • Anonymous 3 • Argosy Foundation • Avis and Clifford Barrus Medical Foundation • Brush Foundation • Compton Foundation • Ettinger Foundation • Lisa and Douglas Goldman Fund • girls just wanna have funD of Horizons Foundation • Irving Harris Foundation • OMA Fund of the Ms. Foundation for Women • New Directions Foundation • David and Lucile Packard Foundation • Prentice Foundation • Samuel Rubin Foundation • Mary Wohlford Foundation

\* Given for 5+ consecutive years

\*\* Given for 10+ consecutive years

# SUPPORTERS

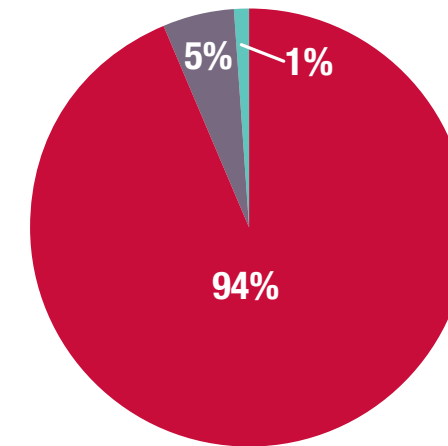


“I have been impressed with the empathic ways that *Provide’s* trainers understand the best ways to reach nurses, counselors, and social workers who are key to women’s access to abortion services. Seeing healthcare providers become accepting of the importance of making this **crucial medical service** available to women who need it makes me hopeful. *Provide’s* access work is as **essential** as the legislative impacts made by other organizations.”

~ Carol Axelrod, *Provide* houseparty host and Provide(d) Circle member

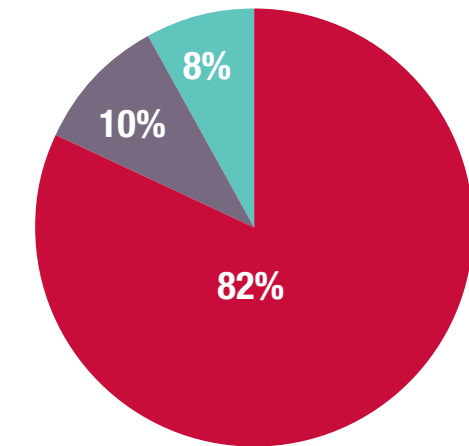
# FINANCIAL HEALTH

2015 Income



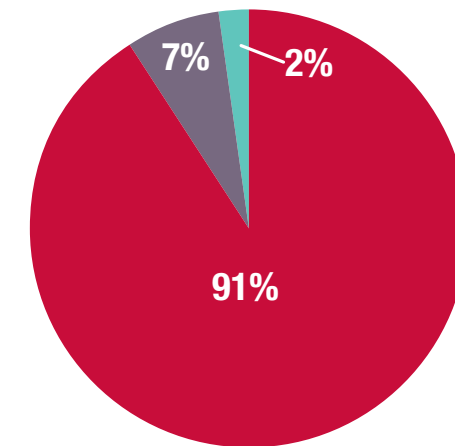
- Grants = \$2,590,333
- Contributions = \$131,042
- Other = \$37,839

2015 Expenses



- Fundraising = \$192,536
- Management = \$217,727
- Program = \$1,907,352

2015 Projects



- Communications
- Nursing
- Referrals

2015 income in excess of expenditures plays a vital role in sustaining and supporting future work. *Provide* ensures that all funds are spent in support of our mission to ensure abortion access and in accordance with donor restrictions.



# STAFF

# STAFF



## Who we are and why we are good at what we do.

Our team is made up of a group of people who care deeply about women. We are people who live in the communities we work. We are people who love the places in which we work.

We have the benefit of experience in HIV service delivery, substance abuse counseling, domestic violence case management, and safety nets health service. This experience roots us in a deep compassion for women and the workers who serve them and positions us to be highly effectively in engaging and supporting these systems.

- Abby Woodhouse**, Online Media Assistant
- Annie Norman, MPH**, Oklahoma State Coordinator II
- Belem Sanchez**, Program Evaluation Assistant
- Brooke McConnell, JD**, Director of Fund Development
- Camilla Eubanks**, Regional Director I
- Camille Zimmerman**, Operations Assistant
- Dafina Ward, JD**, Associate Director of Special Projects
- Erin Carroll, MPH**, Program Analyst
- Fausta Luchini, MA, LPP**, Training Coordinator
- Hannah McGovern**, Fund Development Officer
- Jenny O'Donnell, MSc**, Deputy Director
- Karolyn Chowning, MS**, Oklahoma State Coordinator I
- Kristin Nobel, MPH**, Director of Program Evaluation
- LaTisha Drake**, Programs Division Coordinator
- LaTonya Dixon**, Tennessee Trainer
- Liz Epperson, MSW, LCSW**, Kentucky State Coordinator I
- Maggie Baker**, Office Manager
- Mariángeles Borghini**, Spanish Language Training Coordinator
- Melanie Zurek, EdM**, Executive Director
- Monika Carey**, South Carolina State Coordinator II
- Orisha Bowers, MA, MEd**, Tennessee State Coordinator I
- Rebecca Hart Holder, JD**, Associate Director of Programs
- Sara K. Larson**, Storyteller & Content Marketing Officer
- Sarah Cannady**, North Carolina State Coordinator I
- Sarah Hudson**, Executive Assistant
- Shannon Ivey, MFA**, South Carolina State Coordinator I
- Tamika Holliday**, Alabama State Coordinator II
- Tiffaney Graham**, Program Assistant
- Tommy R. Chesbro, MHR**, Regional Director II
- Wyndi Anderson**, Senior Director of Programs





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