2017 Evaluation Report Highlights

Program Year 5

Table of Contents

Achievements

Referral training satisfaction reached an all-time high, with **94%** of participants **"very satisfied"** with their training experience.
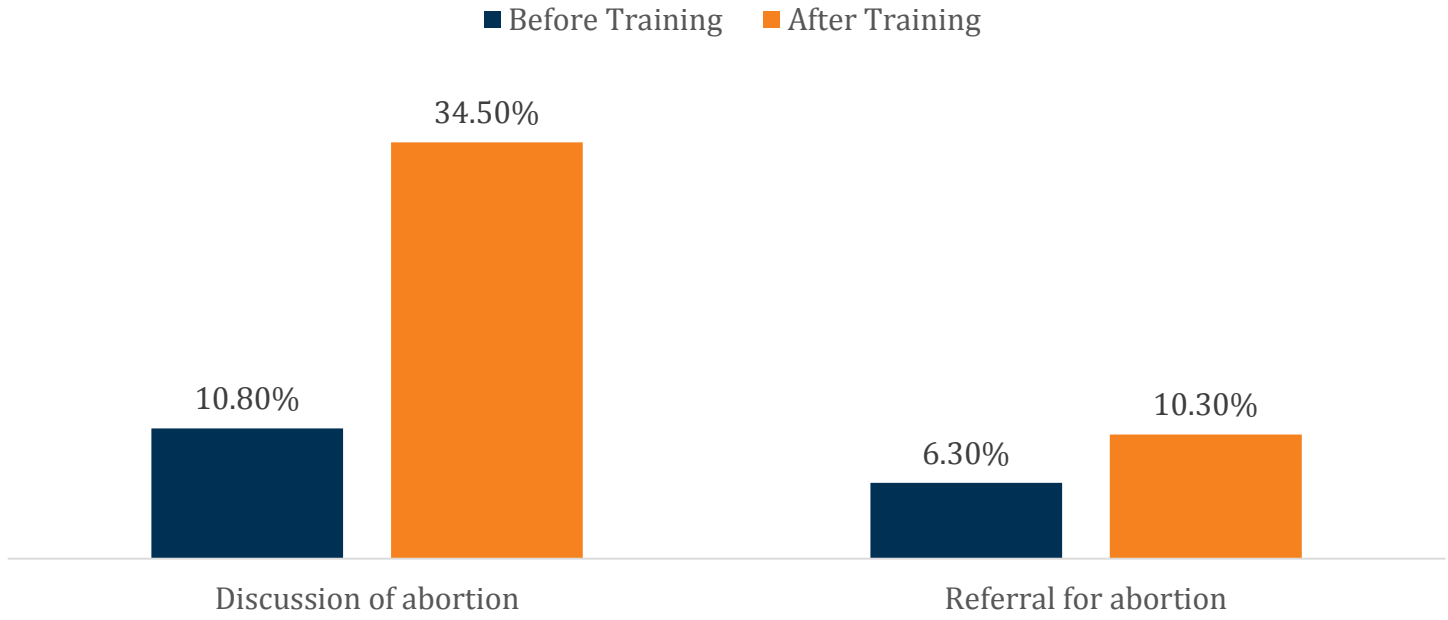
State teams operated at their highest levels of output to date, conducting **144 trainings** that served **1,833 participants** from **269 sites**.

77% of sites trained in 2017 were provided with TA, as well as **38** additional sites.
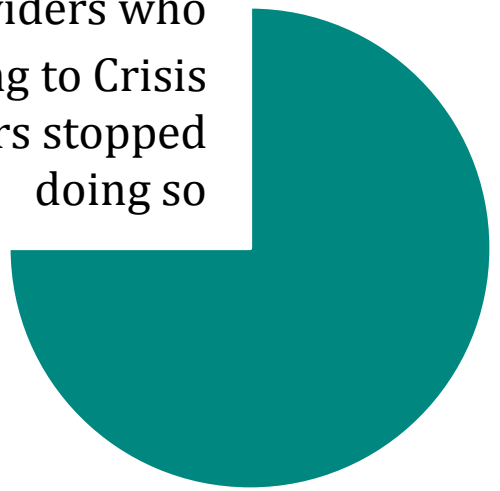
Impact

56% of all sites trained in 2017 made site change, as well as **16** additional sites.

Pilot study of referral practices before and after training*

■ Before Training   ■ After Training

34.50%

10.80%

6.30%

10.30%

Discussion of abortion

Referral for abortion

75% of providers who were referring to Crisis Pregnancy Centers stopped doing so

*These percentages are out of all positive pregnancy tests (intended and unintended).

Lessons Learned

Staff consider **lack of materials/resources** and **lack of a clear policy/procedure** their greatest **barriers to providing abortion referrals** after training.

Site leaders consider **internal and external opposition** their greatest **barriers to site change**, followed by a **lack of time or resources**. Sites where leadership resistance was documented in 2017 were unable to make site changes, but change was successful at **one out of four** sites with staff resistance.
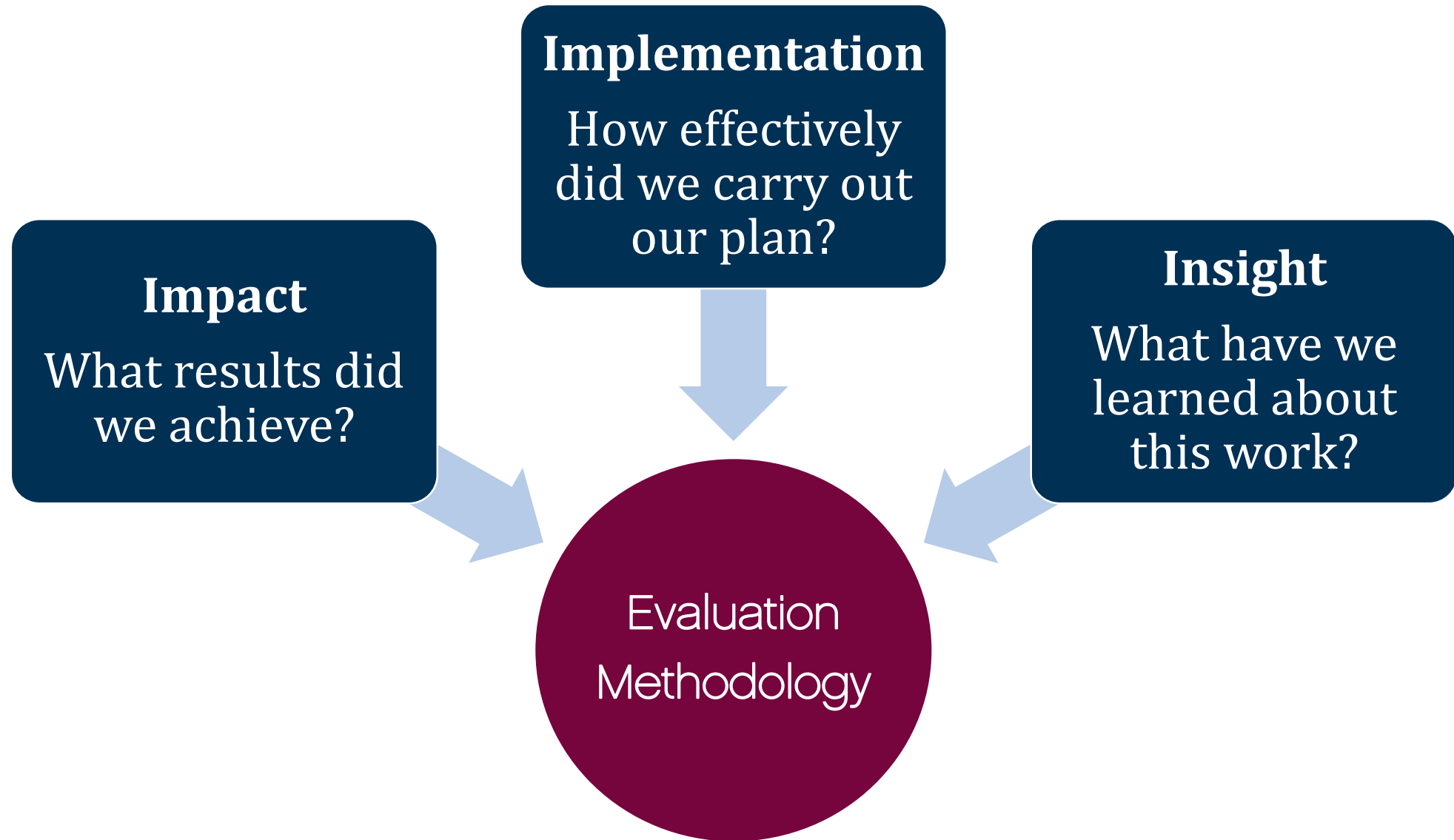
Program Overview

Provide's prior experience working in health and social service systems has shown that providers —nurses, physicians, counselors, 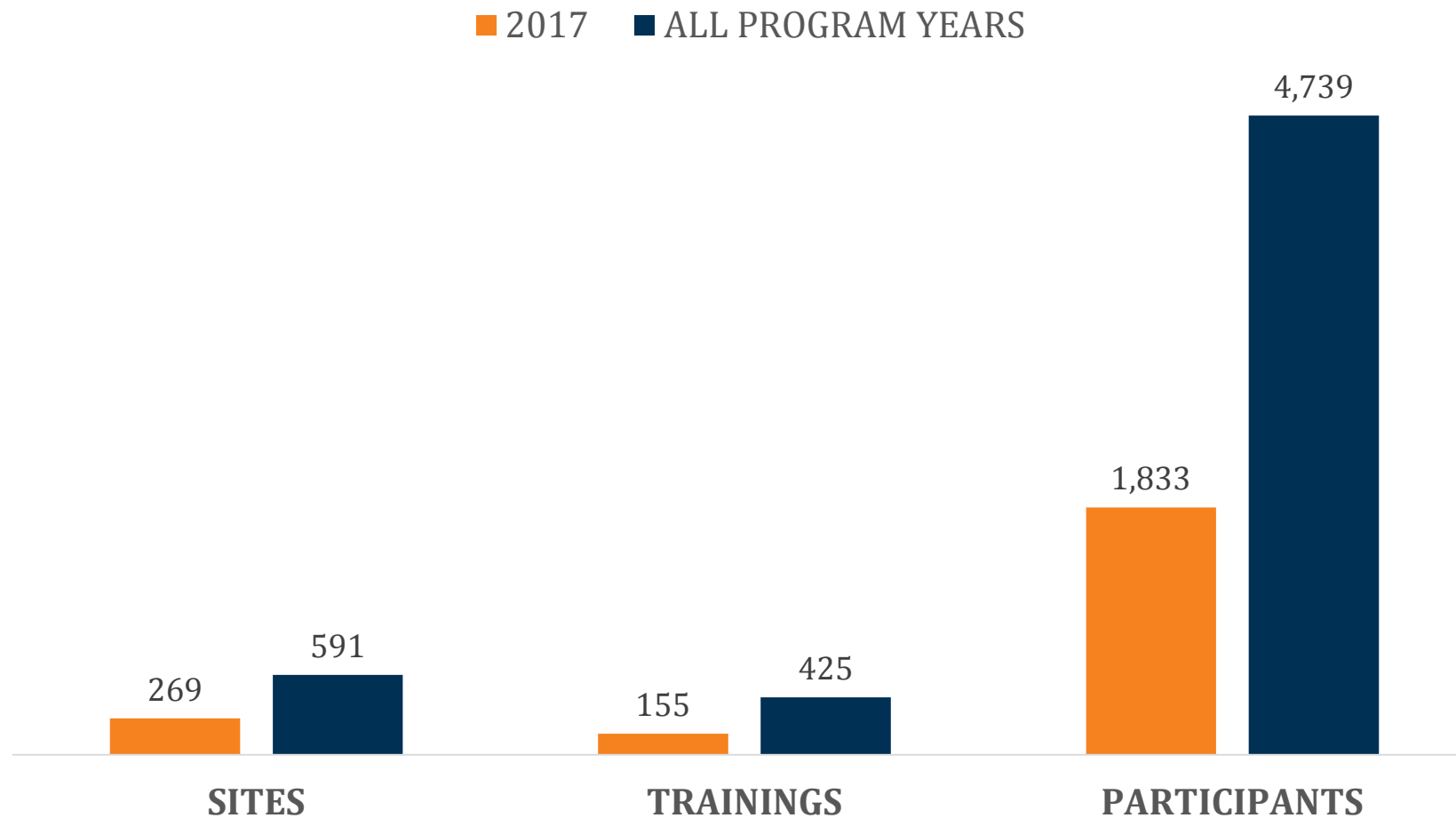social workers, and case managers—are both willing and able to play an essential role around pregnancy options counseling and access to prenatal care, abortion, or adoption resources. These professionals often don't have the tools or support to assist women facing unintended pregnancy. To fill this gap, Provide's Referrals Initiative trains health and social service providers to offer non-judgmental counseling and referrals to their clients and patients. Additionally, state-based training teams offer on-going follow-up support and structured technical assistance to integrate this training into work with clients and patients. By training a large cadre of social service providers in targeted systems, Provide aims to create a critical mass of supportive professionals to trigger widespread institutional and cultural change.

Individual Knowledge, Willingness, & Skill → Institutional Policy & Practice → Abortion Referrals → More Supportive Climate → Expanded Services · Better Experience · Improved Access
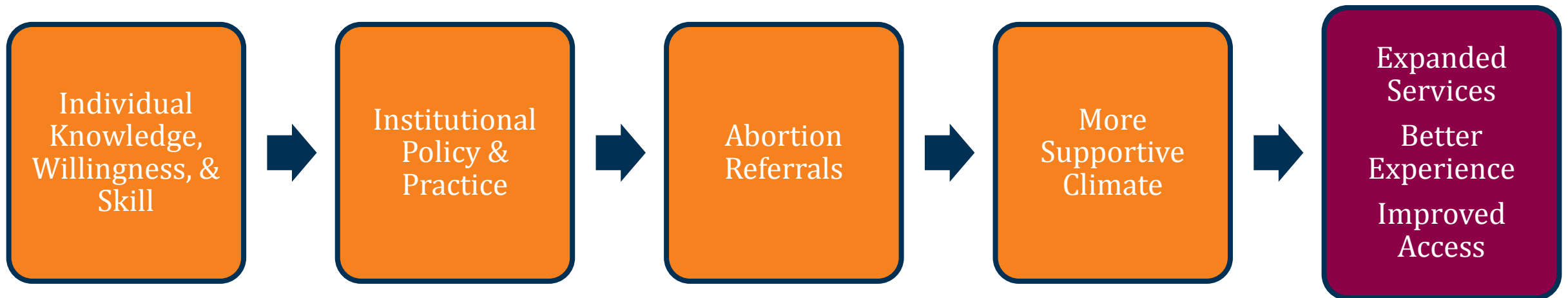
How many sites and participants did we train, and through how many trainings?

■ 2017   ■ ALL PROGRAM YEARS

4,739

1,833

591

269

425

155

SITES   **TRAININGS**   **PARTICIPANTS**

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How many sites were trained?

2017

AL ■ CO ■ KY ■ LA ■ MS ■ NC ■ OK ■ SC ■ TN ■ VA

0.7%
4.5%
8.9%
0.4%
0.4%
44.2%
16.7%
9.3%
7.8%
7.1%
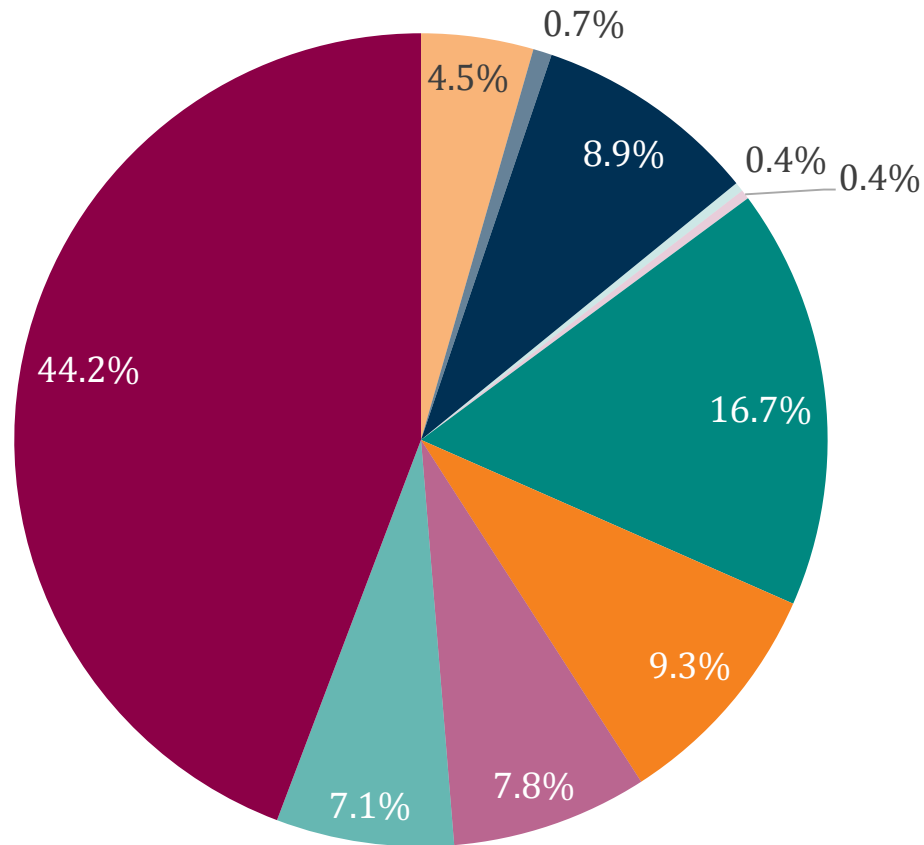
ALL PROGRAM YEARS

AL ■ CO ■ KY ■ LA ■ MS ■ NC ■ OK ■ SC ■ TN ■ VA ■ WV

3.7%
0.3%
10.8%
15.7%
0.2%
0.2%
20.1%
11.2%
8.6%
6.6%
22.5%

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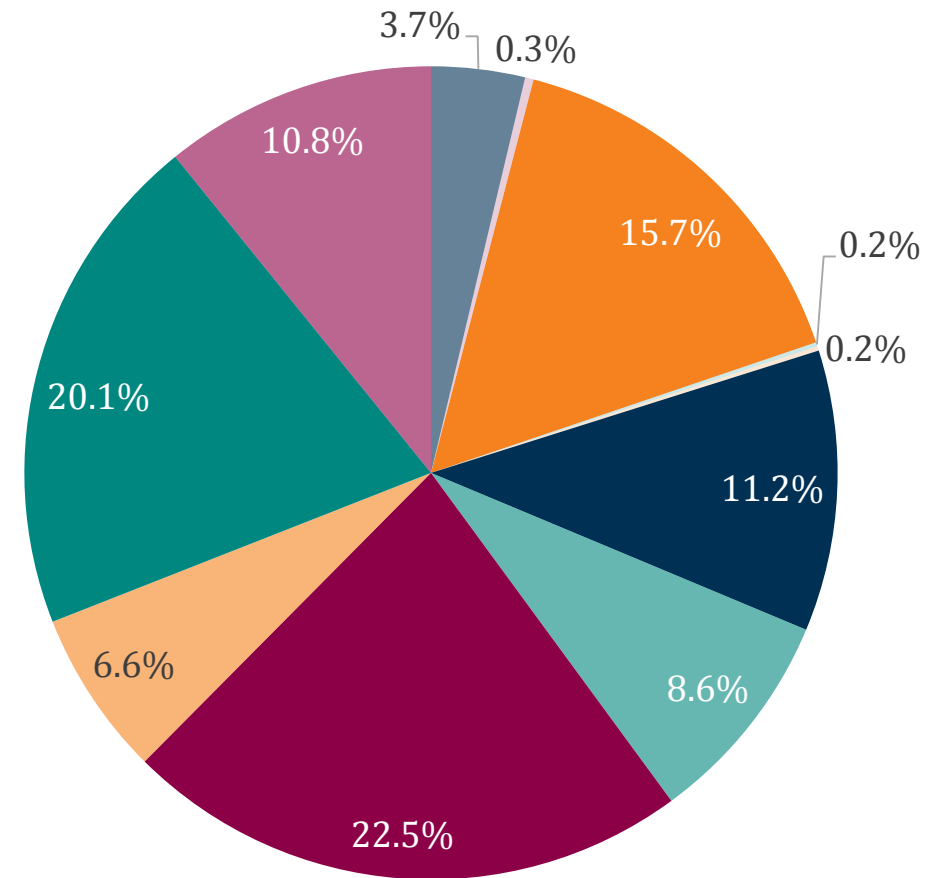
How satisfied are participants with their training?

The way topics were addressed (n=1593)

■ Very Satisfied ■ Somewhat Satisfied ■ Not Satisfied

5%   1%

94%

The information provided by presenters (n=1604)

■ Very Satisfied ■ Somewhat Satisfied ■ Not Satisfied

5%   1%

94%

The teaching methods and activities (n=1602)

■ Very Satisfied ■ Somewhat Satisfied ■ Not Satisfied

5%   1%

94%
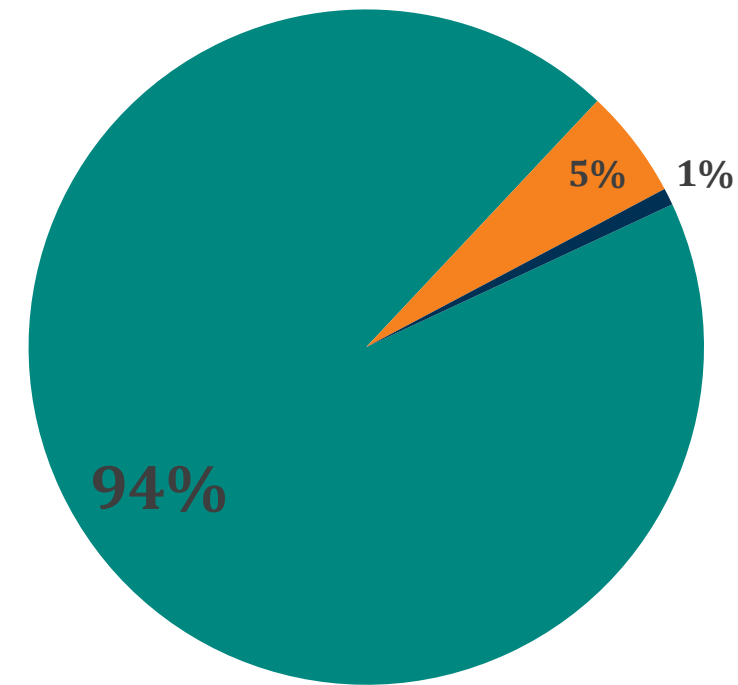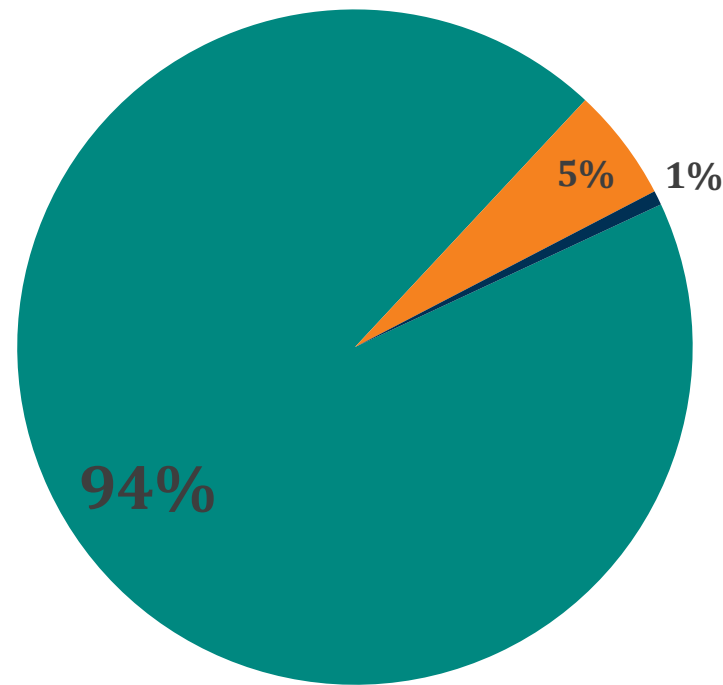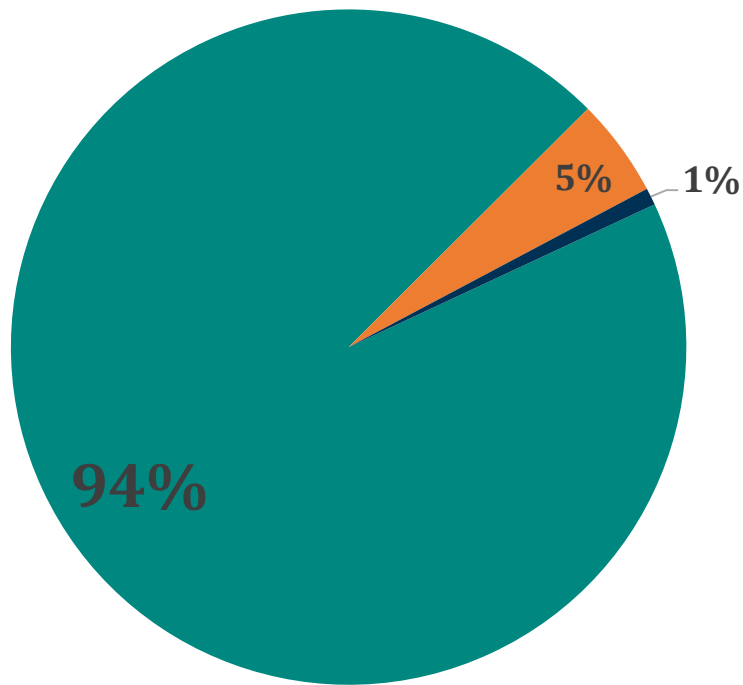
Changes in Knowledge and Attitudes

68% of trainees in 2017 "switched" their practice intention from not previously referring for abortion to intending to do so in the future.

■ PRE-TRAINING ■ POST-TRAINING

78% change

96%

54%

I have the skills and information I need to effectively refer a client with an unintended pregnancy for pregnancy termination. (n=1556)

62% change

94%

58%

I have the skills and information I need to effectively counsel a client with an unintended pregnancy on all her options. (n=1553)

20% change

96%

80%

Abortion in a clinic is a medically safe procedure. (n=1493)

What do participants' stories about the care they provided after training tell us about its impact?

> *I no longer speak to our expectant mothers as if their pregnancy was intended until I know it is. I also removed any religious language from my conversation with them so they do not feel I am attempting to shame them or force them in any particular direction.*

Administrator with direct client contact, Alabama

Over **80%** of participants reported in post-training interviews that since the training, they have more knowledge about – and felt more comfortable and prepared to offer referrals for – abortion care.

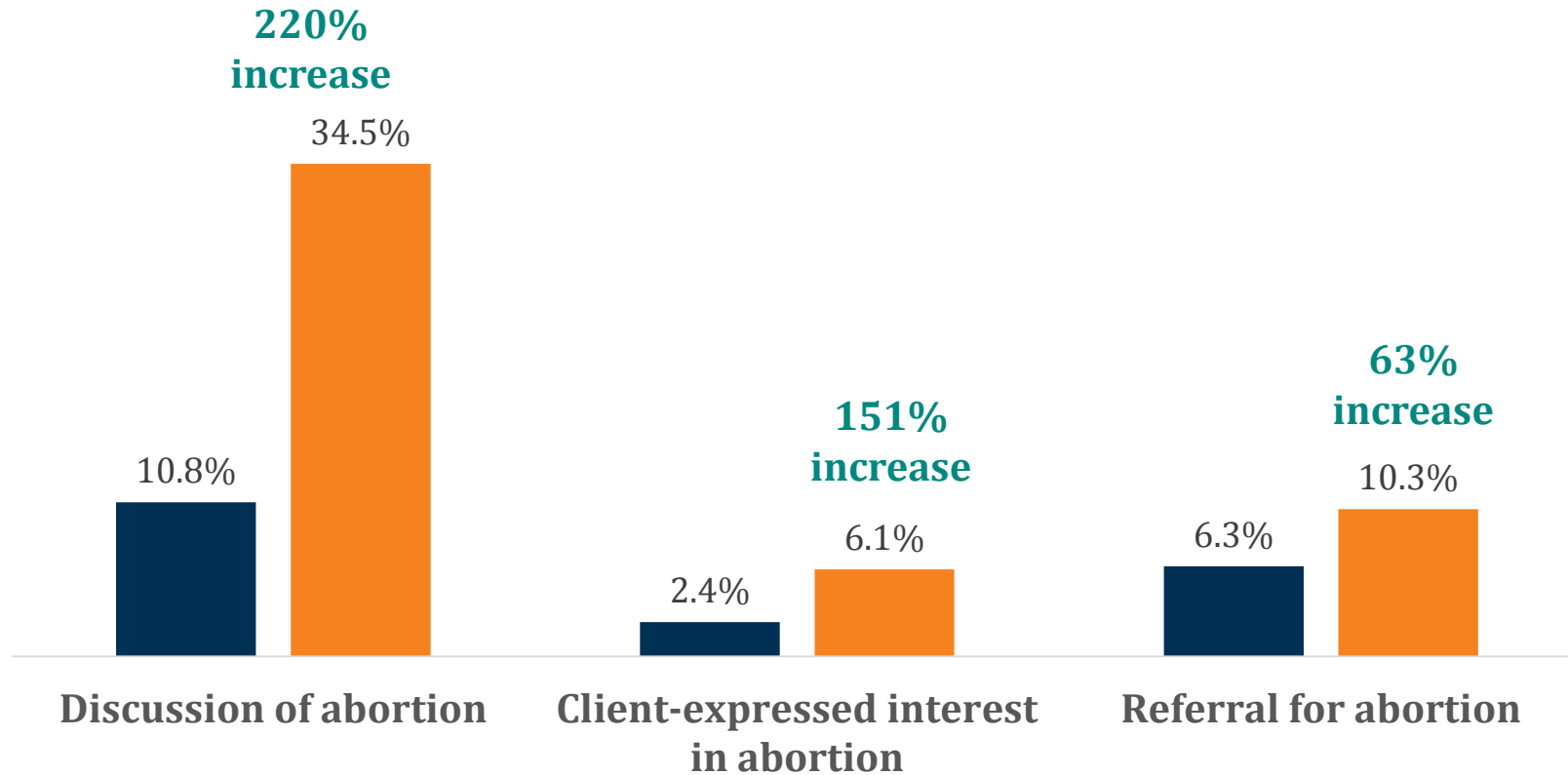|	
40%	Before the training, they did not know where to refer; now they know at least one abortion provider.
45%	Their perspective has changed; they now use less judgmental language or are able to set their personal feelings about abortion aside when relating to clients.
16%	The training reaffirmed how they already felt about abortion referrals.
22%	They have already used the skills they learned.

Did referral practices change at sites after training?*

■ PRE-TRAINING   ■ POST-TRAINING

220% increase
34.5%

151% increase

63% increase
10.3%

10.8%

2.4%   6.1%

6.3%

Discussion of abortion

Client-expressed interest in abortion

Referral for abortion

Referrals to Crisis Pregnancy Centers dropped.
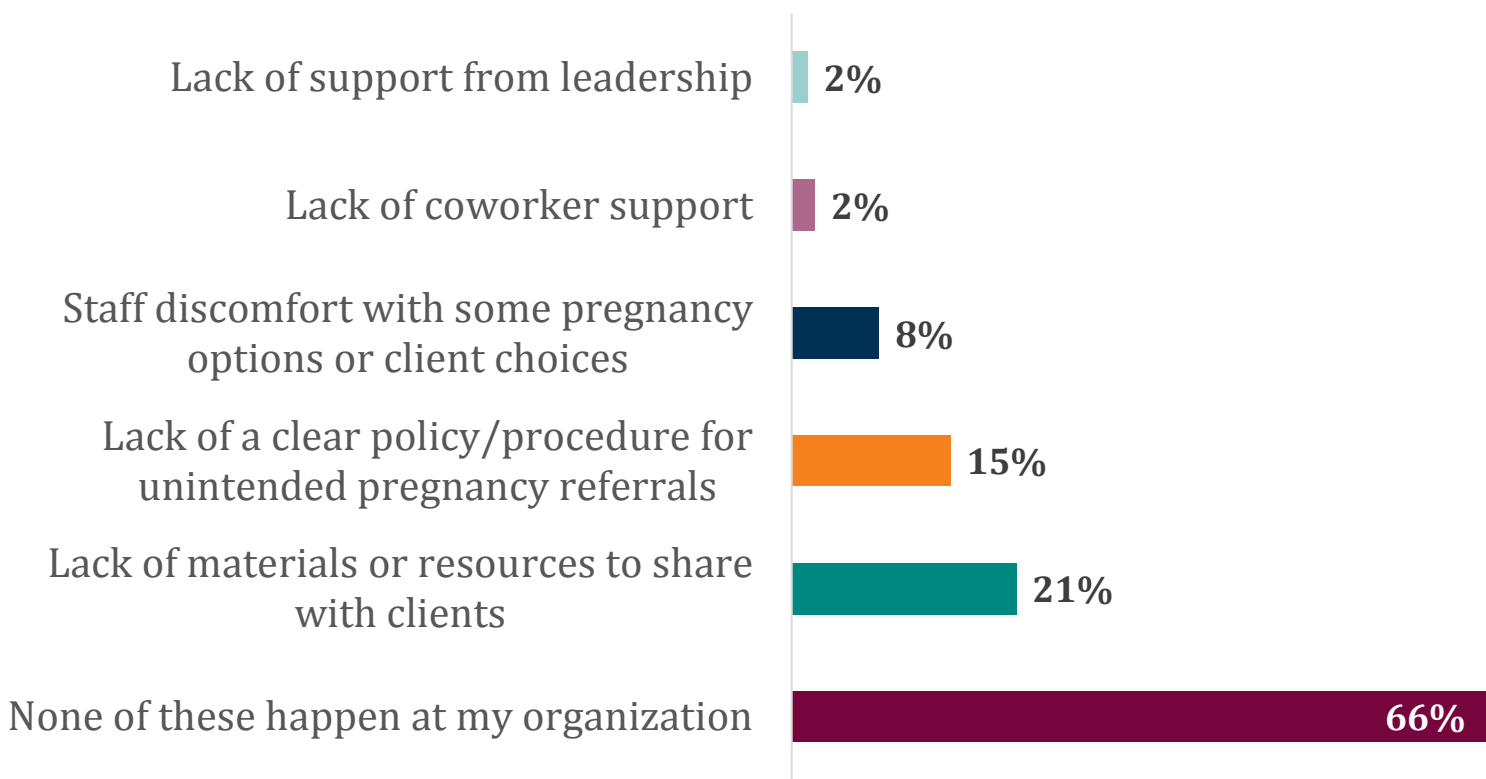
Among the four providers in our data set who referred to CPCs in the Pre-training phase, only one was still referring to CPCs in the Post-training phase.

*A pilot study of Referral Practices conducted from April through October 2017 in Virginia documented these referral practice changes among 28 providers who submitted data from the months immediately before and after training.

What do staff see as their greatest barriers to referral after training?

Lack of support from leadership **2%**

Lack of coworker support **2%**

Staff discomfort with some pregnancy options or client choices **8%**

Lack of a clear policy/procedure for unintended pregnancy referrals **15%**

Lack of materials or resources to share with clients **21%**

None of these happen at my organization **66%**

In individual interviews with recently trained participants, **24%** of respondents referred to **client discomfort or lack of knowledge around abortion** as key barriers to abortion referral.

Even when patients are completely comfortable with the idea of termination, when they actually find themselves in that situation, a lot of the cultural and social negativity and stigma around abortion care becomes very present for them. I think that's a pretty big barrier.

Healthcare Assistant, Tennessee

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Technical Assistance and Site Change

—Sites received TA   —Sites made Site Change

245

169

113

96

80

61
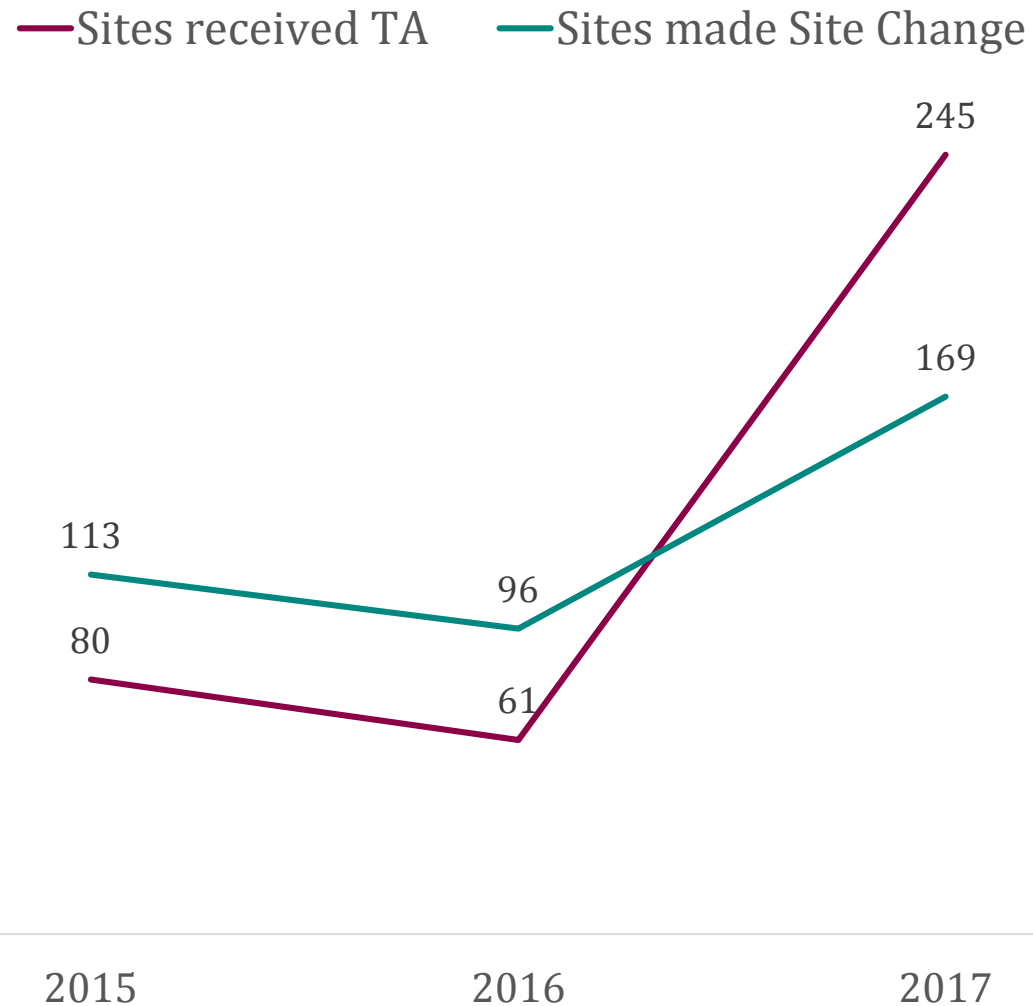
A total of 245 sites received Technical Assistance from Provide in 2017, more than triple the number (58) that received TA in 2016.

Overall trends are similar to 2016, with the provision of information to staff and/or patients most common. Protocol change TA increased dramatically, along with intake forms and phone scripts that provide specific guidance to staff.

2015   2016   2017

What changes did sites make to better support abortion referral?

		2017	All Years
Policies and Protocols	Policy / Procedure Change	5	87
	Review / Assessment of Referrals	0	0
	Other Policy / Protocol	0	1
Staff Capacity	Changes to Forms / Scripts	3	86
	Regular Trainings for Staff or Volunteers	7	101
	Training Resources	1	84
	Abortion Info for Staff	132	239
	Additional Info for Staff	1	13
	Other Staff Capacity	2	4
Patient Access	Placing Patient Materials in Client / Waiting Areas	28	131
	Providing Patient Materials Directly	16	106
	Developing or Revising Website Content	1	4
	Other Patient Access	1	3
	Total	**169**	**306**

Specific examples of Site Change in 2017:

- A domestic violence coalition added information about abortion resources to their internal members portal for access by staff at member sites.

- Outreach workers and frontline staff at a site providing family support services added Provide's handout to their files to ensure that staff have access to abortion referral information.

- A domestic violence shelter is using Provide's phone script to counsel and refer clients who call in.

- A health department has created policies and follow-up procedures for all-options pregnancy counseling referrals.

- A women's health center has put abortion access pamphlets created by Planned Parenthood in their client waiting area.

How well do these changes "stick" in the years after training?

Provide recently began conducting Sustainability Interviews with sites that were trained in prior years (n=3 to date). While this data source is still quite limited, it is worth noting that all 3 of the sites with site change that responded to our interview invitation confirmed that the changes their site made in the past are still in effect.

Data will be available in greater detail and larger volume to provide a more robust analysis of long-term sustainability in 2018.

*I am creating the environment that will support the policy.*

Assistant Director, Kentucky

Is abortion referral an expected and supported service at trained sites?

At 6 month post-training, over half of staff who completed anonymous surveys indicated that their organization expects them to provide an abortion referral when the clients requests it.

Among staff who did not perceive abortion as an "expected" service or were not sure if it was, 30% indicated they refer for abortion and 24% refer the client to another colleague.
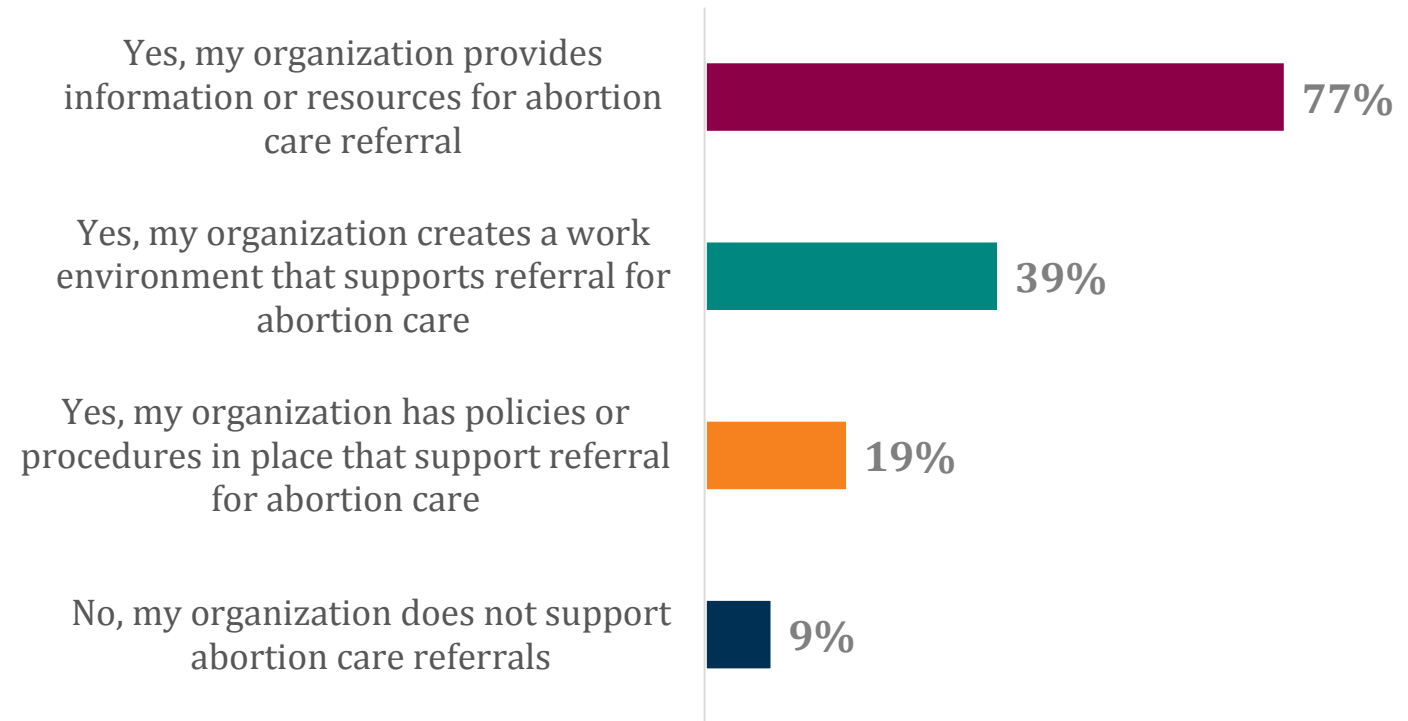
When a client requests a referral for abortion care, is staff at your organization expected to provide a referral (n=134 staff)

No 11%

Not Sure 35%

Yes 54%

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Is abortion referral an expected and supported service at trained sites?

When a client requests a referral for abortion care, is staff at your organization expected to provide a referral (n=134 staff)
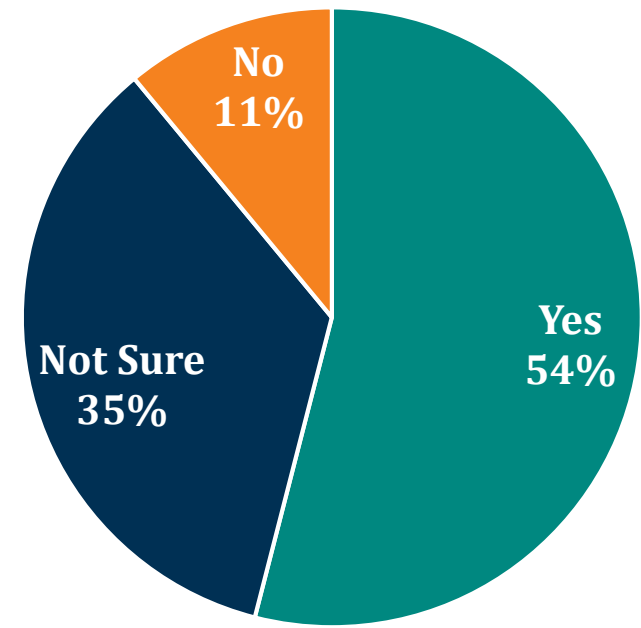
Although abortion referral was not necessarily seen as "expected," nearly all respondents (91%) considered the service to be supported in some way at their site, either by providing information and resources, creating a work environment that supports abortion referral, or through institutional policies and procedures.

Yes, my organization provides information or resources for abortion care referral — **77%**

Yes, my organization creates a work environment that supports referral for abortion care — **39%**

Yes, my organization has policies or procedures in place that support referral for abortion care — **19%**

No, my organization does not support abortion care referrals — **9%**

Are staff aware of institutional changes, and if so, how do the changes affect their perceptions or practice?

41% of Participant Interview respondents (n=68) to the question, "Has your workplace made any changes at an organizational level since the training, like changes to forms, handouts, or policies?" indicated that their organization had made some type of institutional change. Of those who were aware of a change:

34% Referenced new patient materials

28% Mentioned improved referrals processes

24% Said their organization is using a new or improved resource list

10% Hung posters

10% Mentioned new intake forms

7% Had new onboarding procedures

3% Had policy change

3% Have a new phone script

We got your good posters and I'm hoping we'll be able to put those up. It lists the three things they can make a choice about. It made me feel better about what I can do too. What I can and can't do with a referral.

Nurse, Virginia

Patients as Motivators for Change

A broad majority of Site Representatives told us in interviews that their strongest motivator for institutional change was to provide **better patient care**. Some also emphasized that they had been motivated/inspired by Provide or because the trainers had made them think about abortion differently.

Just better patient care, just trying to make them feel more comfortable and make them feel more taken care of basically.

Nursing Supervisor, Oklahoma

I don't think we thought about a lot of the things that were presented in the training and so lights went on, we were like, "Oh my gosh!" They just showed us where there were gaps. I'm embarrassed to tell you the gaps! I mean, everything that was part of the training, I can't believe we had never talked about this or never thought about this.

Executive Director, Alabama

Well, I think providing good care for our consumers would be the best thing. We have a lot of consumers with a lot of variable needs. If this is a service that they need help with, we want to provide that information to them. It's just good to gain more knowledge to improve our services and care.

Director, Oklahoma

CONCLUSIONS

In 2017, Provide conducted its highest number of trainings in a single year to date and trained its highest total number of sites and trainees. A majority of this increase was driven by systems-based trainings, which enable Provide to efficiently train a larger number of sites and individuals.

Focusing on Family Planning tripled the potential impact of trainings in 2017, based on the higher average number of clients with unintended pregnancy in this system.

In terms of site change, Site Representatives view internal or external resistance to change as their key barrier, followed by lack of time or resources. Database records suggest that site change is rarely possible where there is leadership opposition (board, ED, or mid-level management), but that it is sometimes possible to overcome staff resistance. Site representatives indicated that the primary motivator for site change is improved patient care.

Increased discussion of abortion and abortion referral after training (from the pilot Referrals Practice Study) suggest that even when it is not possible to train the entire staff at a site, referrals trainings can still have a meaningful impact on practice.

Staff feel that their greatest barriers to abortion referral after training are lack of materials/resources and lack of a clear policy or procedures; less than 10% see lack of coworker support or personal beliefs of staff as a barrier.

More than 90% of sites consider abortion referral a service that is supported by their site, as compared to around half that consider it expected.

More than half of sites trained in 2017 were publicly funded. Only a small percentage of all sites felt that their funding source impacted their work with Provide. Where this was a concern, however, it was among publicly-funded sites.