2013 annual report

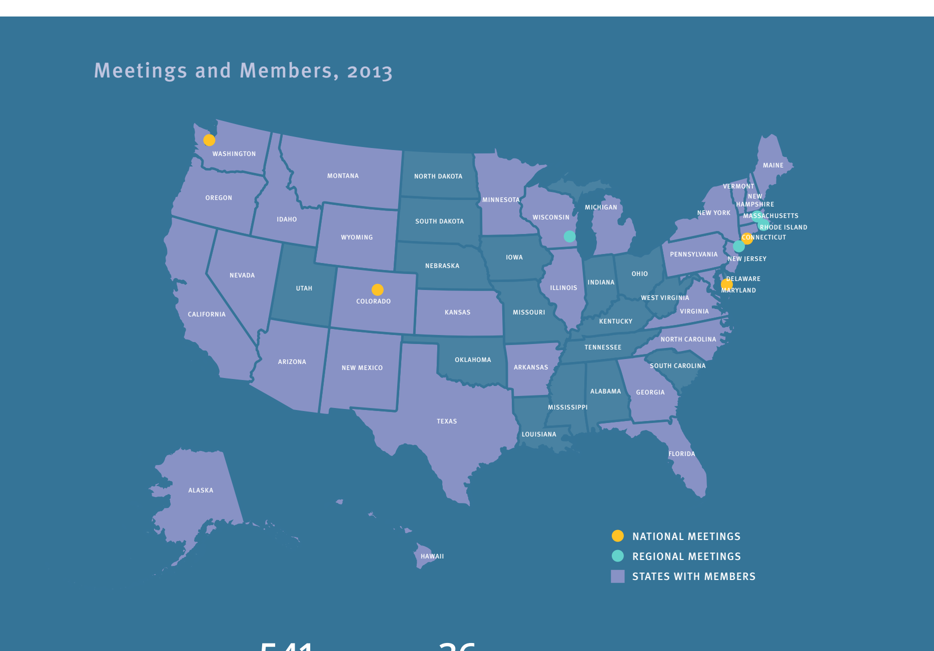
reproductive health access project

family medicine reproductive health network | new program area | new patient education materials | reproductive health and advocacy fellowship | training and education | who we are | financial information

▶ Family Medicine Reproductive Health Network

The Network pulls together more than 540 family physicians across the country to work together to integrate abortion into primary care. Network members engage in training, mentoring and advocacy and connect in person at national and regional gatherings and via the Accesslist, a vibrant clinical listserv.

Meetings and Members, 2013



The network has **541** members in **36** states and Washington, DC.

[The Accreditation Council for Graduate Medical Education (ACGME) sets the standards for physician resident education. When the ACGME updated the standards for family medicine education in 2013, they deleted the requirement that all family physicians get trained to provide pregnancy options counseling and contraceptive care.]

Our Network spearheaded a successful national campaign to ensure that family planning and pregnancy options counseling are required components of family medicine residency education.

Media coverage

Family Doctors Consider Dropping Birth Control Training Rule.
NPR / April 25, 2013
Medical Director, **Dr. Linda Prine**, was featured in NPR's story on the impact of proposed changes to family medicine training requirements on women's health.

Why Does the ACGME Want to Eliminate Contraceptive Training for Family Physicians?
RH Reality Check / April 24, 2013
Dr. Linda Prine and **Dr. Ruth Lesnewski** discuss the detrimental impact of removing mandatory contraceptive training during residency.

Our online action resulted in 2,100 letters sent to the ACGME Family Medicine Board. The ACGME family medicine residency training guidelines now require that all family physicians receive training in contraception and pregnancy options counseling.

▶ New Program Area: Miscarriage Care

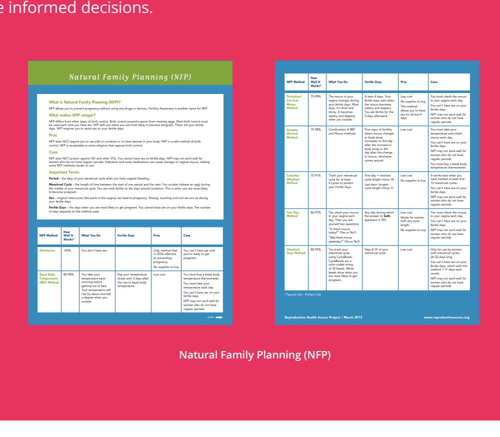
1 in 6 pregnancies ends in miscarriage. **Providing treatment of early pregnancy loss in primary care settings is safe, effective and better for women.** Our **research** is helping us develop effective strategies for **training and supporting** primary care clinicians to provide all three options for managing early pregnancy loss. By focusing on miscarriage care we are able to work in areas of the country and with health systems previously beyond our reach, **expanding access** to an important and often overlooked aspect of reproductive health care, *and* making strides in **training clinicians** in uterine aspiration and ultrasonography.

Researching how family physicians trained in abortion are using their skills to treat early pregnancy loss. → Pilot project integrating management of early pregnancy loss into a community health center in Montana. → Launched the UltraLove Campaign to raise awareness and funds to provide rural health centers with portable ultrasound machines.

▶ New Patient Education Materials

Our patient education materials are **evidence-based, pharma-free, clear and easy to understand, and available in multiple languages.** We strive to create informative educational materials so that everyone can make informed decisions.

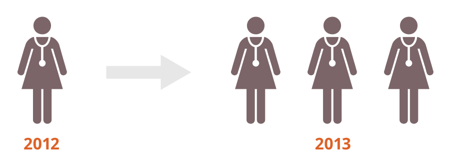
Permanent Birth Control (Sterilization)



Natural Family Planning (NFP)

▶ Reproductive Health and Advocacy Fellowship

The Reproductive Health and Advocacy Fellowship trains family physicians to provide and teach full-spectrum reproductive health care. This year we **tripled** the number of fellows in our program.

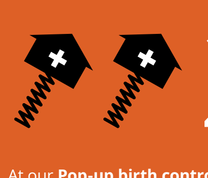


▶ Training & Education

We work hard to ensure that reproductive health issues are represented at primary care **conferences** and that a primary care perspective is represented at reproductive health **conferences**. Our hands-on **workshops** provide clinicians training in reproductive health procedures such as IUD and contraception implant insertion and removal and uterine aspiration.

18 clinical presentations → **7** conferences → **900** clinicians reached

17 hands-on workshops → **289** clinicians trained



2 **Pop-up birth control clinics** at two colleges in New York City

At our **Pop-up birth control clinics** medical students, residents, and fellows work together to provide contraceptive counseling, insurance screening and enrollment services, and access to birth control to underinsured young adults. All patients receive a prescription to the contraceptive method of their choice or an appointment at a nearby community health center for IUD or contraceptive implant insertion.

contraceptive pearls

a monthly clinical e-publication **reaching 2267 clinicians all across the world.**

2013 topics Can you quick start the progestin IUD or Implant? Introducing Skyla, a new IUD Copper IUD for EC Natural Family Planning IUD Duration: A look at the progestin and copper IUDs Pelvic Inflammatory Disease and the IUD Teens: Sex, Education, and Taking a Sexual History Headaches and Hormonal Contraception Permanent Birth Control Options Vasectomy: Permanent Birth Control for Men Emergency Contraception: Timing, Weight, and Efficacy Hormonal Contraceptives and Blood Pressure

▶ Who we are

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Our Funders

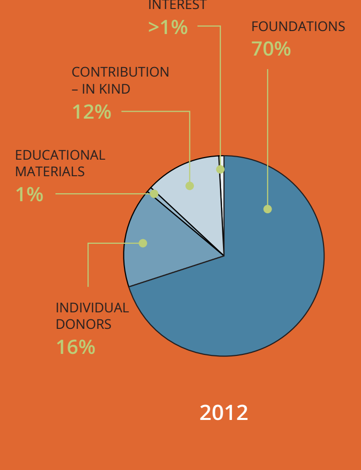
The Reproductive Health Access Project is supported by many generous individual donors and the following foundations:

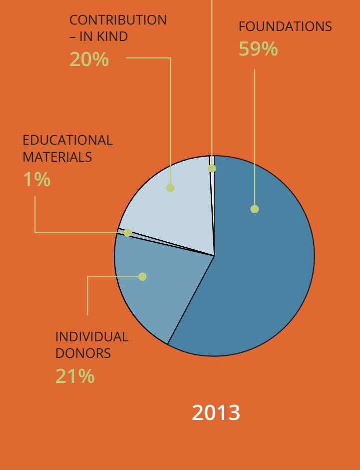
The Anderson-Rogers Foundation
FJC-A Foundation of Philanthropic Funds
The Bernard and Alva Gimbel Foundation
The Glickenhaus Foundation
The Green Fund
The Grove Foundation
The Irving Harris Foundation
The Edward S. Moore Foundation
The Prentice Fund
The Mary Wohlford Foundation

▶ Financial Information

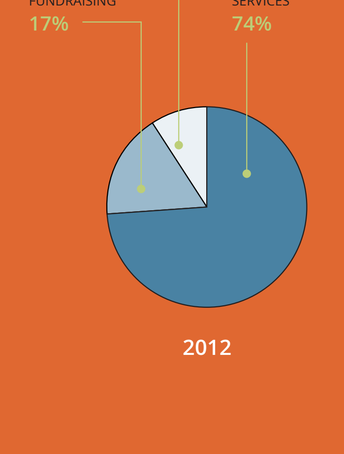
Fiscal Year: April 1 – March 31

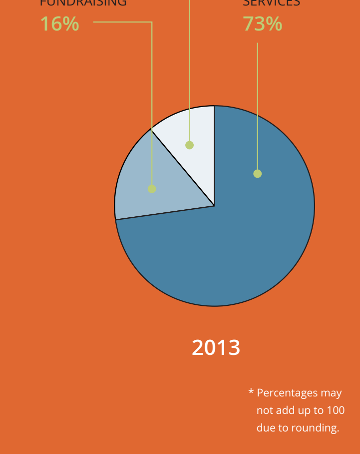
INCOME	2012	2013
Foundations	$263,500	$230,000
Individual Donors	$61,150	$82,004
Education Materials	$3,941	$2,113
Contribution - in kind	$44,684	$77,624
Interest and other income	$502	$497
Total Income	**$373,777**	**$392,238**
Net assets, beginning of year	$142,510	$230,136
Net assets, end of year	$230,136	$212,098





EXPENSES	2012	2013
Program Services	$211,862	$298,449
Fundraising	$48,223	$66,130
Administrative	$27,267	$45,697
Total Expenses	**$287,352**	**$410,276**





* Percentages may not add up to 100 due to rounding.