

ANNUAL REPORT 2017

ABOUT PLANNED PARENTHOOD OTTAWA

Planned Parenthood Ottawa (PPO) is a non-for-profit organization that provides a range of services and information for people in the Ottawa area to help them make healthy decisions about their sexual health and relationships. We offer **education, counselling, information, and referral services** in a safe environment, free of judgment, with a full understanding of options and choices that best suit you.

PPO's funding is provided by a combination of public and private sources, as well as the individual donations of members of our community. PPO's Ottawa business number (BN) is 123987430RR0001.

Planned Parenthood Ottawa is a long-standing, trusted organization with roots dating back to 1961. We're part of a global movement to empower people with information and access to services supporting sexual health. To learn more about PPO and to get involved visit us at: www.ppottawa.ca.

We **envision** a community where accurate sexual and reproductive health supports and services are comprehensive, accessible, and delivered equitably.

Our **values** we:

Non-judgmental: We are committed to creating a space where personal beliefs, attitudes and values are recognized; a space where clients' perspectives and decisions are validated.

Evidence-informed: We are committed to providing accurate, up-to-date information on sexual and reproductive health topics, services and practices.

Inclusive: We are dedicated to supporting any individual regardless of age, sexual orientation, gender identity, ability, religion, race, ethnicity, financial circumstance or the language they speak.

Community-oriented: We are dedicated to involving community members in our programming and ensuring our programs and services are accessible to everyone. **Sex-positive:** We believe healthy sexuality can be a positive, pleasurable and dynamic force in a person's life and are committed to embracing the unique ways people choose to express this aspect of their lives.

Pro-choice: We respect the right of every individual to make their own decisions about their sexual and reproductive health.

MESSAGE FROM THE CO-PRESIDENTS

Dear members,

We are delighted to share this report with you - this past year has been exciting for Planned Parenthood Ottawa, with growth, wins and successes! Our goal is always to improve access to sexual and reproductive health for underserved communities and this year, we were able to do that by (amongst others!):

- Expanding our sexual education training to newcomer families. Our work with immigrant parents won the Bentley Award from Action Canada for Sexual and Reproductive Rights;
- Extending our sexuality and disability program for a full year to improve community awareness;
- Launching a three-year project to work with partners to improve the community identification of, and response to, people facing reproductive coercion;
- Working with doctors and nurse practitioners to increase the number of Ottawa clinics offering Mifegymiso (the abortion pill) by 150%;
- Building partnerships with Indigenous service providers through our outreach program.

Our core programs were also stabilized and revitalized in 2017:

- Funding for our Options counselling was uncertain for much of the year, so we were thrilled to have it renewed by Ottawa Public Health in December. Even amidst uncertainty, we met community needs through in-person and telephone services;
- We evaluated Insight Theatre to support the revitalisation of this long-standing youth-led sex education program;
- Our Community Education program reached more than 2500 people directly through workshops, and trained other service providers to reach even more people.

This was also a year of public advocacy and engagement around reproductive rights. We successfully lobbied for universal coverage for the abortion pill, pressured the city into lowering the anti-choice flag at City Hall, and worked with the province to table effective safe-zone legislation, protecting people who are seeking and providing abortion services.

These successes rely on funding, so we worked hard to secure new and stable sources. We were thrilled to become one of the non-profit partners of the Overbrook Bingo Association, and 2017 was our inaugural year as a charity with Ottawa Race Weekend. Combined with the incredible generosity of our dedicated community of individual donors, fundraising made up 30% of PPO's annual budget! **We couldn't do it without you.**

Meanwhile, the Board of Directors worked hard behind the scenes to ensure the governance framework was in place to support this incredible work. We were able to build a Board of dedicated members, who each bring much needed skills, with a vision to grow and improve PPO. A Strategic Planning process was started this year, which we believe will enable the organisation to strategically set its priorities and goals to continue on its path of growth. While we are both moving on after several years on the board, we are excited to see how this

organisation will continue its work in the community, while the current extraordinary board continues to shepherd the organisation forward.

Of course, the credit for much of our successes is with our incredible staff team. The work of Planned Parenthood would not be possible without the dedication of its team. We are continuously impressed to witness their commitment to the purpose of PPO. We thank all those staff members who have, individually and collectively, helped the board gain better understanding of the work they do, further enhance our knowledge of anti-oppression practices, and who have shared with us their vision for PPO.

Finally, we must take a moment to thank our volunteers. You are central to everything PPO represents in the community. You inspire us every day with your hard work and thoughtful presence. Your dedication to our clients, your love for our work, and your passion for our mandate: you are PPO.

Marnie Mitchel and Laura Colella

EXECUTIVE SUMMARY

For 54 years Planned Parenthood Ottawa has served and supported Ottawa-area residents with sexual and reproductive health information and support. 2017 has been a year of significant change and growth for Planned Parenthood Ottawa. We secured new funding sources, launched new programs, expanded our donor base and reached out to communities we have not previously served in ways appropriate for them.

Some of the transitions that we welcomed in 2017 included:

- Full reinstatement of our Options support funding and hiring a new full time staff in Dec 2016
- Recruiting a new staff person to coordinate our outreach to immigrant families in Dec 2016
- Hiring a new bookkeeper who helped build a system to manage our increasingly robust financials
- Launching our reproductive coercion project with the Minister of Status of Women and hiring the project coordinator
- Hiring a full-time administrator
- Launching a collaborative trans health project in partnership with Trans Health Information Ottawa (THIO) and Kind, and hiring two coordinating staff
- Responding to approval and provincial funding the new abortion pill by launching our Abortion Access Project and seconding the Education Coordinator as full time project coordinator
- Transitioning a placement student into the interim Education Coordinator position
- Welcoming the return of the Outreach coordinator from maternity leave and transitioning the replacement staff into dedicated, if part- time, Indigenous community developer
- Securing funds to extend our disability program development for a full year
- Beginning an evaluation of our flagship, though dormant, Insight Theater program to make recommendations for its redevelopment.

In recent years PPO has faced many financial challenges starting with the end of stable funding for our Education program in 2013 and several years of reductions in funding for our Options Counselling program. 2017 saw a return to financial stability through diversified revenue streams. New project grants substantially strengthened our financial performance, and our fundraising efforts raised 30% of our 2017 revenue. This includes private sponsorship for our Abortion Access Project, plus our great fortune to join the Overbrook Bingo Sponsors Association as one of its non-profit members.

As an organization, PPO committed to the Truth and Reconciliation Commission (TRC) in 2017. All staff and board members reviewed the TRC's Calls to Action to identify our obligations as a Canadian non-profit organization operating on unceded Algonquin Territory. PPO will consistently strive to integrate healing and reconciliation into our programming, given the legacy of trauma that sexual and reproductive health services have caused – and continue to cause - in Indigenous communities. We created a resource for Indigenous people to increase access to birth control and will continue to work ever more closely with Indigenous partners.

Our outreach into Immigrant communities provides continuous lessons for how to deliver services in an inclusive way. We built relationships with some of Ottawa's newcomer and religious communities to foster increased intergenerational dialogue about healthy sexuality and relationships. For this innovative work, PPO was proud to receive the 2017 Bentley Award from Action Canada for Sexual Health and Rights.

PPO also took a more active role in working to protect reproductive rights locally and provincially in 2017. We rallied support that led to changes in the City of Ottawa's Flag-raising and Proclamation protocols and to the provincial Safe Access Zone legislation to protect people seeking and providing abortion services.

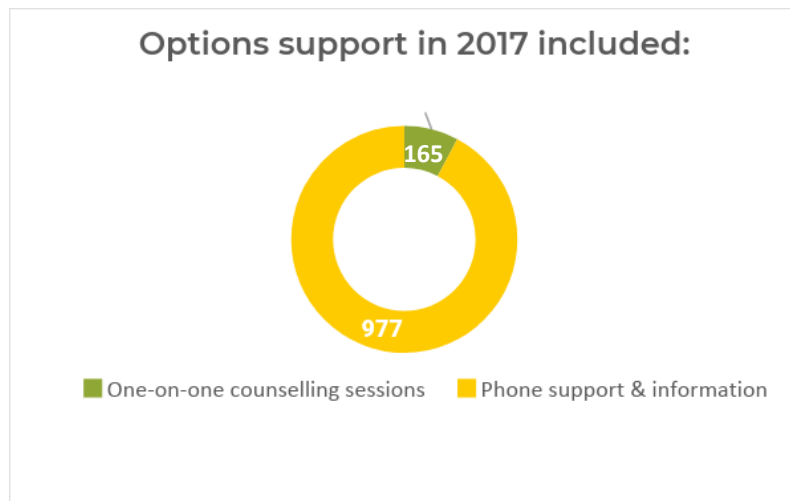
2018 will be a year full of opportunities to expand on the successes and achievements of 2017 and as an organization we look forward with optimism and enthusiasm.

OPTIONS SUPPORT

Options is a crisis counselling program that provides **individual counselling support, information, and referrals** to people facing unplanned pregnancies and other sexual and reproductive health crisis. Options also distributes free condoms and trains community volunteers as peer counsellors and sexual health educators.

Counselling, Information and Referrals

In 2017 we served a total of 233 clients in-person including 165 primary clients and 68 support people. We offered phone support and referral to 977 callers and provided 765 referrals to other services.



Volunteer Training

In 2017 we delivered our four-day Sexual & Reproductive Health Training to 36 new volunteers.

Additionally we provided:

1. Telephone Counselling training: 21 participants
2. Options Counselling training: 18 participants
3. Sexual Health Educator training: 10 participants

Condom Distribution

In 2017 we distributed 58,317 condoms plus 4105 flavoured condoms, 1491 internal condoms, 1633 dental dams, 713 gloves and 3883 packs of lube.

“Being able to decide when to be a parent is what already makes you a good parent.”

Options counselling session client

INSIGHT THEATRE

For 34 years we ran Insight Theatre, PPO's **by-youth for-youth** sexual health educational theatre initiative. The show was written by and for high school students and contained drama and song to help **educate the youth about sexual health**. During the existence of the program every year PPO trained a new troupe in theatre and sexual health to be peer educators.

The Insight Theatre program has been on hold since June 2016. In 2017 we completed an evaluation of the program and have entered into discussions with Ottawa Public Health about the future of the program.

**“I liked the information on
where to go when I need to be
tested.”**

A youth participant

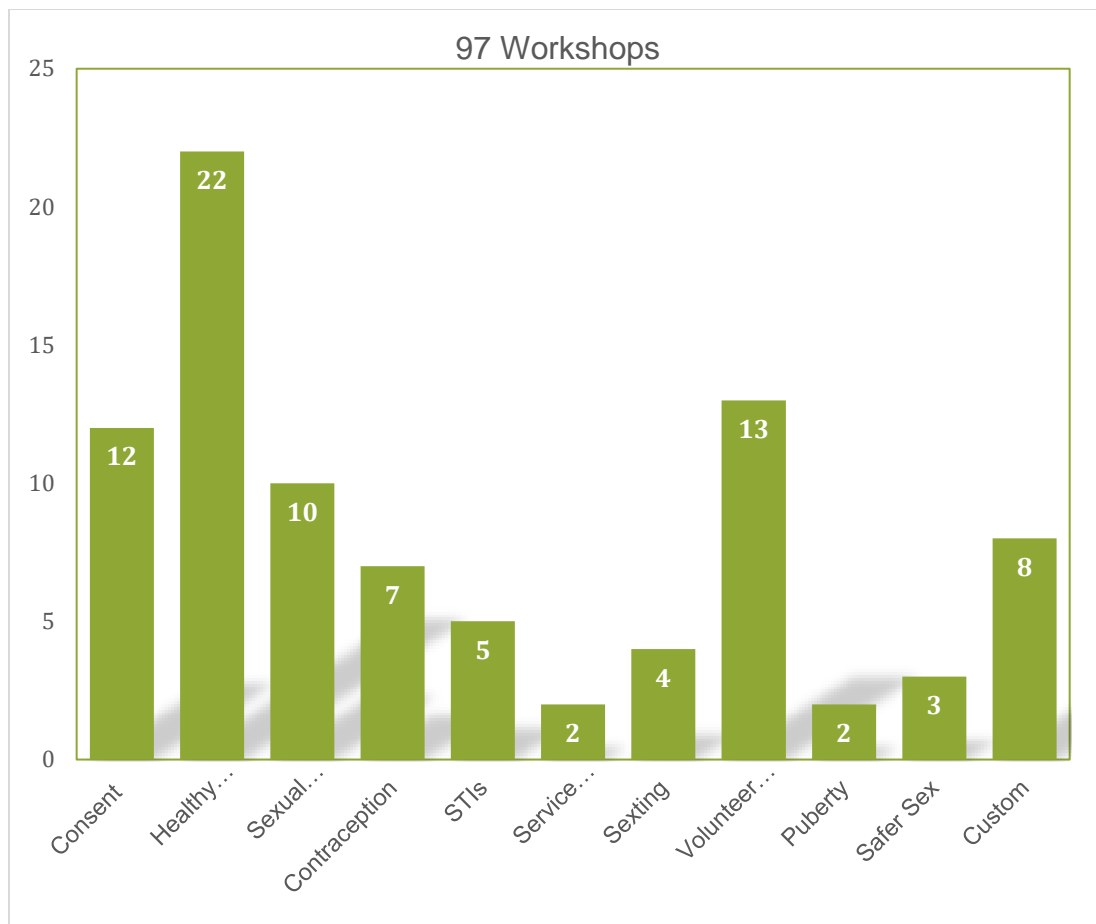
EDUCATION

The Education program offers sexual health education to people aged 10 and above. The program's school-based workshops deliver the Ontario sexual health curriculum using innovative and participatory teaching methods.

We offer workshops and kiosks to youth and adults in community settings such as shelters drop-in centers. In 2017, the Education program facilitated **97 workshops** and **19 kiosks** to a total of **2529 participants**.

New in 2017 was the introduction of a workshop on consent in response to requests from schools and community partners. It has become our second most popular workshop after our Healthy Relationships workshop.

2017 also saw significant effort made to expand our offerings to better reach newcomer and Indigenous students as well as students with disabilities. We have encountered more resistance from school administrators and teachers in reaching these communities, in large part due to concerns of backlash from parents.



OUTREACH PROGRAM

The goal of Outreach program is to improve the sexual and reproductive health (SRH) outcomes of five different groups: homeless and under-housed, new Canadians, Indigenous communities, youth, and people with disabilities.

PPO began its Outreach program in January 2016 with a three-year funding from Ontario Trillium Foundation. The initial phase included development of the program and creating connections with the agencies that serve the target populations. We conducted a baseline survey/research on the SRH needs of Indigenous communities and people with disabilities to identify the needs and barriers they face towards accessing the SRH services.

We started 2017 with a strong focus on building relationships with indigenous and indigenous-serving agencies. This work included outreach to 16 organizations and initiating conversations with organizations and staff who, for good reason, have developed a healthy level of suspicion about non-indigenous service providers. We ran two training sessions for staff of Indigenous organizations and as a result of the work we did to start building relationships, we tripled the number of attendees in our second training session. One of the needs we identified through our outreach to indigenous organizations was the need for information about access to birth control. As a result we have created a resource for Indigenous people to increase access to birth control and will continue to work ever more closely with Indigenous partners.

The primary focus of this program is on creating awareness and training the frontline workers of agencies that serve these five populations. In addition to the 20 staff from Indigenous organizations. We supported and trained staff from nine other agencies, primarily those serving new Canadians.

In order to better support and address the barriers facing people with disabilities, PPO hired a Disability and Sexuality coordinator. She consulted extensively with people with disabilities and social service organizations to adapt our sexual and reproductive health workshops for people with disabilities. The coordinator also developed training for agency staff as well as for PPO staff and volunteers to build internal capacity. In 2018 we plan to roll out a more robust program to provide sexual and reproductive health information and counselling to people with disabilities.

Through our outreach efforts, we continue learned about the cultural barriers that exist for certain communities accessing sexual and reproductive health information. In 2017 we have focused on building trust and relationships with organizations serving Indigenous, newcomer, disability, youth and homeless populations. We have learned as an organization and as individuals how to adapt and adjust our work and resources to serve the needs of people from these marginalized communities.

We have more work to do to build on our successes and relationships and make sexual and reproductive health information accessible for all people.

PARENT PEER LEADERSHIP (PPL)

School teaches facts; parents teach values.

The Parent Peer Leadership (PPL) project started in August 2016 with the funding by the Ontario Trillium Foundation's Seed grant, a funding stream for projects at the idea or conceptual stage.

We modelled PPL after the Raising Sexually Healthy Children (RSHC) Peer Parent Leadership Training Project run by Toronto Public Health. Parent Peer Leadership similar to RSHC has as its aim is to enhance family sex education and parent-child communication on issues of sexuality.

PPO's engagement with immigrant parents and research showed that parents wish to raise sexually healthy children while **preserving their religious, family and cultural values** intact. PPO believes that immigrant parents (indeed, all parents) need to be involved in their children's growth and sexual development. This is the reason PPO decided to support immigrant parents and youth by starting the PPL program.

Through this program we have built relationships with immigrant-serving organizations and offered training to parents to help them learn about the Ontario sexual health curriculum and Canadian cultural norms around sexual health. These parents then act as facilitators to share this knowledge to other parents in their networks and communities.

The program provides support to immigrant parents with contextual knowledge on children's sexual health, by developing effective communication skills and creating a peer support network among parents, grandparents and child caregivers.

In 2017 The Parent Peer Leadership program provided training to Syrian refugees, South Asian, Chinese, Somalian, Bhutanese-Nepalese, Punjabi and Arab parents. The majority of the recipients of our training were women, although we did have two fathers participate in our training. We encountered challenges recruiting fathers to participate in the program and expanding our reach to parents of all genders is one of our objectives for the future of this program.

We were proud to be awarded the 2017 Bentley Award through Action Canada for our work on this project. The award funds will be used to extend the life of the program beyond the funding received from the Trillium Foundation for the start-up of this initiative.

MEDICAL ABORTION ACCESS PROJECT

In May 2017 PPO initiated a project to expand access to medical abortions in the Ottawa area. While Mifegymiso (the two drugs used to induce a medical abortion) has been available in Canada since January 2017 and funded by the province of Ontario since August 2017, access to the medication is still limited.

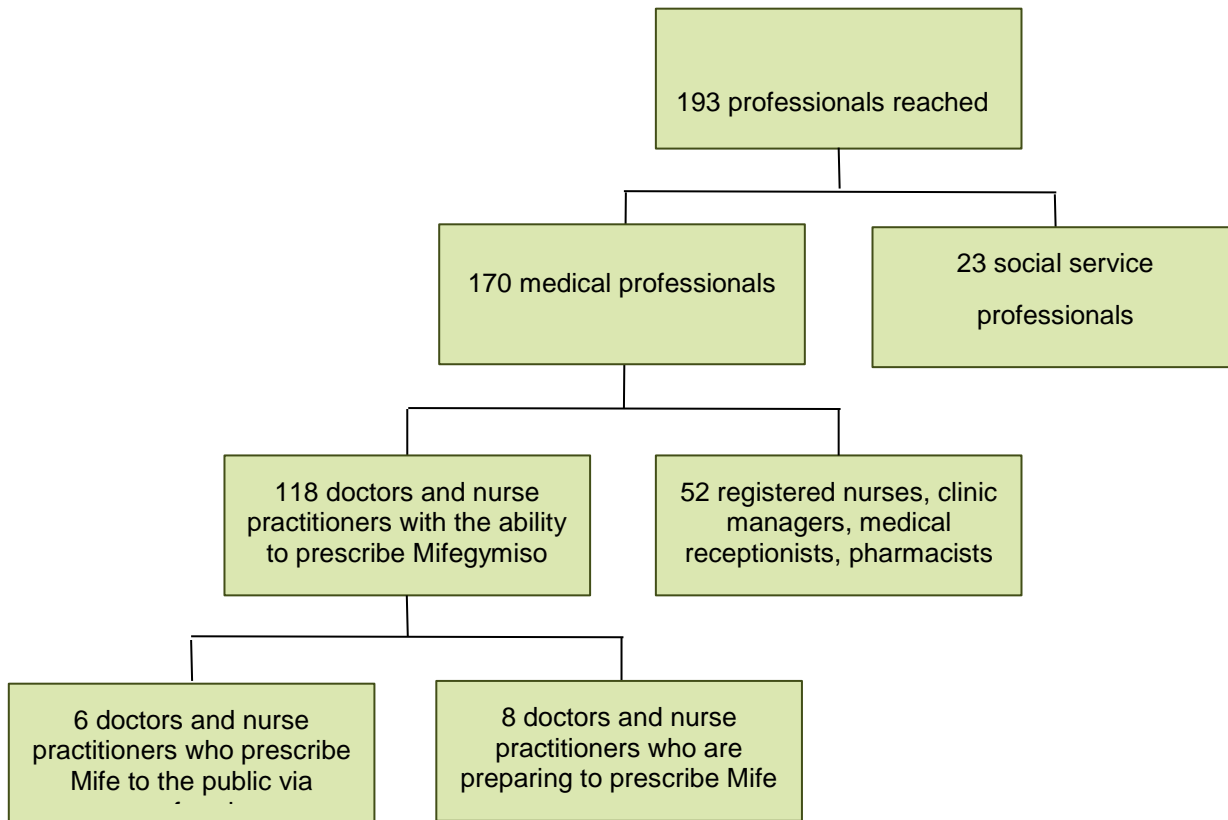
It is limited by the number of primary care providers who are willing to prescribe Mifegymiso and by the number of pharmacies willing to stock the medication. Thanks to the generous support of private donors, Planned Parenthood Ottawa has been able to begin the work of addressing these barriers to access.

Mifegymiso has the potential to dramatically increase access to abortion in rural areas, as it can be prescribed by family doctors and nurse practitioners outside an abortion clinic or hospital setting. In urban centres such as Ottawa, where in-clinic abortions are already available, Mifegymiso can decrease wait time by increasing the total number of abortions providers.

The primary goal of the Medical Abortion Access project is to recruit and support new providers of Mifegymiso. This is achieved through outreach to family physicians, obstetricians, gynecologists, and nurse practitioners who do not currently provide abortion services. When a provider is willing to prescribe Mifegymiso, the project supports by them by delivering training, developing custom resources, and facilitating the creation of referral pathways for ultrasound, Rh immune globulin¹, and Mifegymiso itself.

Since May 2017, the Medical Abortion Access project has worked with a total of 193 health and social services professionals. Just over 60% are physicians or nurse practitioners who have the legal authority to prescribe Mifegymiso. Twenty-seven percent are health professionals who do not have the authority to prescribe, but who directly support physicians and nurse practitioners in providing Mifegymiso. These include registered nurses, medical receptionists, clinic managers, and pharmacists. The remaining 13% are social service professionals who provide information and support to people seeking abortion, such as sexual health educators, counsellors, social workers, and policy analysts. Please see the diagram below for a detailed breakdown of the program's reach.

¹ Ultrasound is often used before medication abortion to confirm that a pregnancy is under 10 weeks gestation. Rh immune globulin is a medication that must be given before abortion if the patient has an Rh-negative blood type. Both are difficult to access in a timely manner outside of hospitals.



From May to September, the project focused on recruiting and supporting Ottawa providers of Mifegymiso. Outreach was conducted through word of mouth, referrals from existing abortion providers, and a letter distributed to Ottawa physicians who had completed the Mifegymiso training program offered by the Society of Obstetricians and Gynaecologists of Canada. Particular emphasis was placed on recruiting doctors and nurse practitioners who were comfortable prescribing Mifegymiso to patients outside their own practice.

The Medical Abortion Access project reached 80 health and social service professionals in Ottawa, including 52 physicians and nurse practitioners with the authority to prescribe Mifegymiso. Of these, 4 have already begun prescribing Mifegymiso to patients outside their own practice and 6 plan to do so within the next three months². By March 2018 there should be 5 clinics offering Mifegymiso to the public. This is a 150% increase from when the project was launched in May 2017.

Beginning in October, the Medical Abortion Access project expanded its reach to include providers across Ontario and Nova Scotia. Outreach was conducted by attending conferences hosted by the National Abortion Federation and Mount Sinai Hospital in Toronto. We were also invited to deliver presentations to the Sexual Health Network of Ontario and the Annual Scientific Assembly of the Ontario College of Family Physicians. To date the project has

² Some providers work in the same clinic, so 10 new providers will not mean 10 new clinics offering medication abortion to the public.

reached 113 health and social service providers outside of Ottawa, including 66 doctors and nurses practitioners authorized to prescribe Mifegymiso. These providers are located in Toronto, Kitchener, Waterloo, Guelph, Sudbury, Sioux Lookout, and Halifax.

Most of the 193 professionals reached by the Medical Abortion Access project have received printed resources produced by the project. Based on request from providers in Ottawa and beyond, the project has created and disseminated two patient information guides, two decision-making aids for prescribers, and a consent form. The patient information guides were created in partnership with the SHORE Centre, formerly Planned Parenthood Kitchener Waterloo. A third decision-making aid for providers is currently being developed through a partnership with the Contraceptive and Abortion Research Team at the University of British Columbia.

Challenges and Lessons Learned

An ongoing challenge for the Medical Abortion Access Project is building trust and establishing relationships within the medical community. While some providers prefer to work with other doctors or nurse practitioners, most are grateful for our support. In particular, community-based providers appreciate our in-depth knowledge of the barriers to prescribing Mifegymiso outside of abortion clinics and hospitals, and our willingness to support them in overcoming these barriers through research, resource creation, and network-building.

Many of the doctors and nurse practitioners that we support report feeling isolated. They do not know any other Mifegymiso providers, and do not have medical colleagues with whom they can discuss questions, concerns, or challenging cases. This decreases their comfort with Mifegymiso, and ultimately, makes them less likely to prescribe. To overcome this challenge we have fostered relationships with experienced Mifegymiso providers and connected them to new providers when complex medical questions arise.

In doing so we have learned the high value that new providers place on local and virtual communities of practice. Creating a professional network that fosters dialogue among new and experienced providers is a critical piece of our success to date.

The isolation of new Mifegymiso providers also underscores the importance of referral networks to help patients access Mifegymiso. Some of the doctors and nurse practitioners we support work in anti-choice clinics or cities where they fear censure from medical colleagues for providing medication abortion. Most providers also worry about anti-choice protesters. As a result, they do not want to publicize that they prescribe Mifegymiso. This makes it very difficult for patients to locate them for abortion care.

In Ottawa, the Medical Abortion Access project has been able to overcome this barrier by integrating new providers into PPO's existing referral services. One of the project goals for 2018 is to set up Mifegymiso referral systems in other parts of Ontario. This will require the collaboration of reproductive or public health agencies who are willing to act as referral points for their own local providers.

Although Mifegymiso could theoretically increase access to abortion in remote and northern communities, the inaccessibility of ultrasound is a major barrier in these areas. National and international guidelines for Mifegymiso state that ultrasound is not necessary before

medication abortion unless there is reason to suspect that the pregnancy is ectopic³ or above 10 weeks gestation. Yet the consensus among new and existing Mifegymiso providers in our network is that ultrasound should be used before medication abortion. As a result, our 2018 outreach will focus on communities where ultrasound is readily available. In Ontario these include Sudbury, Thunder Bay, Barrie, Timmins, and Huntsville - cities that already function as medical treatment hubs for their respective regions.

³ An ectopic pregnancy is a pregnancy that develops outside the uterus.

REPRODUCTIVE COERCION PROJECT

In March 2017 we received approval to begin a 3-year joint project lead by Planned Parenthood Ottawa and the Ottawa Coalition to End Violence Against Women (OCTEVAW) to focus on reproductive coercion. This project is funded by Status of Women Canada who have shown leadership in addressing the intersections of reproductive health rights and gender based violence.

This project is informed by our 2012-2013 research on reproductive coercion "Bridging Services for Women" which focused on the needs of SRH and VAW service providers in terms of their knowledge, comfort, and resources of each other's areas of expertise concerning reproductive coercion.

Our goal is to build a coordinated community response to reproductive coercion, abuse and sexual and reproductive health by increasing communication and knowledge-sharing between anti-violence workers and sexual and reproductive health workers. This project involves the development of workshop and training materials that will be presented to VAW workers and sexual and reproductive health workers. The materials will work from the understanding that safety and sexual and reproductive health play an important role in every woman's life. Living free of violence is foundational to woman's well-being and equity in society. Similarly, access to accurate sexual and reproductive health information is essential to women's well-being and decision making for her own body. Providing women with sexual health information, (e.g. anatomy, contraception, safer sex, STIs, and pregnancy options) is important in ensuring that women have the tools at their disposal to make the best options for themselves, including when and how many children they will have.

As mentioned above the project is informed by the previous BSWF report published in 2013. The research involved interviews with 160 service providers from the VAW, SRH and other service providers (shelters and transition houses) in the Ottawa region. The report provided information on the gaps and knowledge that service providers may have in recognizing and responding to reproductive coercion and demonstrated that there is a great need in addressing service provider's stigma and judgement, as well as the systemic barriers that many marginalized folks face. It highlighted the importance of improving and creating better networks between these sectors and developing an intersectional approach in order to better serve individuals living at the margins as they most often are stigmatized and at greater risk of falling through the cracks.

This initial stage of the project focused on collecting data and updating our knowledge on reproductive coercion, the literature and resources created in the last five years locally as well as nationally and at an international level. It was important to explore the diverse community responses that have worked, who are the leading experts and most importantly what is missing in the conversation around reproductive coercion and improving access to SRH services in Canada. With the support of our partner OCTEVAW we also have begun outreach within the community to organization that previously participated in the BSWF report, connecting with the leading experts and presenting the project within the community.

The initial outreach efforts and literature scan gave us the opportunity to create and present the following initial workshops:

1. At the Intersections: Increasing accessibility to services for marginalized survivors of sexual assault. - Sexual Assault Support Centre
2. SAN the 101 and Beyond: Enhancing Local Service Providers Response to Survivors of Gender Based Violence - OCTEVAW & SAN
3. PPO Volunteers - Reproductive Coercion 101
4. Nelson House - Shelter for women fleeing violence
5. The Royal's Conference on Women and Mental Health - Reproductive Coercion and RC
6. Amethyst Women's Addiction Centre - Intro to Reproductive Coercion
7. Purple Sisters YSB youth council - Intro to Reproductive Coercion

Challenges

These activities revealed some of the challenges we will have to tackle in the next year:

The last environmental scan on reproductive coercion was conducted five years ago, which means there is a need to rebuild momentum for the project. Although the service providers who responded to the research were all enthusiastic and expressed a need for a community response to the issue, it can be challenging to rebuild the same amount of interest after many years. There is a need in conducting a subsequent needs assessment in order to effectively capture the pulse of the conversation of this issue in Ottawa.

With our main population targets being marginalized communities it is important for us to expand our understanding of reproductive coercion outside of the intimate partner violence dynamic. Following the literature scan, workshops and community meetings it is evident that we would need to build a community response that is rooted in an intersectional approach in order to take in account the systemic barriers that limit access to SRH services for many.

There aren't many Canadian-centered resources or information on responses to reproductive coercion. This is both an opportunity and a challenge to create resources that explore the intersections of gender based violence and SRH that will both be informative to the public, as well as service providers and can be widely used nationally.

FINANCES

PLANNED PARENTHOOD OTTAWA / PLANNING DES NAISSANCES D'OTTAWA

Statement of Operations

For the year ended December 31

Revenue	2017	2016
Program and grants	\$352,001	\$179,771
Fundraising and donations	\$162,910	\$134,360
	\$514,911	\$314,131
 Expenses		
Advertising and promotion	\$363	\$971
Amortization	\$104	\$242
Bank charges and interest	\$69	\$434
Consulting fees	\$23,547	-
Fundraising	\$1,177	\$1,505
Honorarium and outside service	\$9,465	\$356
Insurance	\$2,681	\$2,927
Moving	-	\$9,275
Office	\$43,597	\$13,002
Professional fees	\$9,550	\$3,782
Program contracts	\$9,244	\$5,373
Rent	\$22,763	\$25,763
Salaries and related benefits	\$400,495	\$206,459
Training	\$700	\$1,353
Transportation	\$2,329	\$1,622
	\$526,081	\$273,064
 Excess of (expenses over revenue) revenue over expenses	 \$(11,170)	 \$41,067