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An Outcome Evaluation of the Feminist Women's Health Center's: Young Women's Leadership Program

LaShonda Hulbert

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An Outcome Evaluation of the Feminist Women's Health Center's Young Women's Leadership Program

By:

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Bachelor of Professional Studies

University of Memphis



A Thesis Submitted to the Graduate Faculty
of Georgia State University in Partial Fulfillment
of the
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APPROVAL PAGE

An Outcome Evaluation of the Feminist Women’s Health Center’s Young Women’s Leadership Program

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Executive Summary

Program Description

As a part of the community education branch of the Feminist Women's Health Center (FWHC), there is a leadership & advocacy training program for young women called the Young Women's Leadership Program. This project was developed in 1999 at the FWHC as a way to connect young women from all walks of life to different communities and prepare them for reproductive justice activism, advocacy, and organizational leadership. Through this program, young women will have the opportunity to develop invaluable skills that include: how to advocate for social justice and women's rights, how to plan events and recruit new activists, and empowerment through volunteering. The Young Women's Leadership Program has expanded to the Latina community of Atlanta as well as the African American community. Since inception, over 2,200 young women have graduated from the YWLP program ("Young Women's Leadership Project", n.d.). The end result of the YWLP is for the participants to take on leadership roles and to participate actively in the community as well as operate as a board member on a committee at the FWHC.

Evaluation Questions

Three main questions were posed in order to perform an outcome evaluation of the Young Women's Leadership Program. These questions coincided with the agenda of the Program Coordinator because the current goal is to regain external funding for the program. Proof of the success of the program through the outcome evaluation would be helpful in meeting that goal.

- A. Through the activities of the program, did participants feel that their knowledge of reproductive rights and justice was increased?

- i. Was volunteer orientation valuable in increasing participant's knowledge of reproductive health, rights, and justice for women?
- B. Did the participants find the advocacy activities of the program valuable in increasing their advocacy skills?
- C. Did the participants find the leadership activities of the program valuable in developing their leadership skills?
 - i. Did any of the program participant's progress to Tier III leadership roles within the Feminist Women's Health Center? If so, in what capacity?

Summary of Results

To summarize the findings of the evaluation results, a majority of the program participants did have the perception that five of the Young Women's Leadership Program activities did increase their knowledge of reproductive health, rights, and justice. Specifically, volunteer orientation and FOCUS: Reproductive Justice Advocacy workshop seemed to have the largest response rates and were favorable towards participants agreeing that their knowledge had increased as a result of the activity. Also, a majority of the participants did agree that 5 out of 6 activities were valuable in increasing their advocacy skills as well as their leadership skills.

The evaluation question, "Did any of the program participant's progress to Tier III leadership roles within the Feminist Women's Health Center?" returned positive results as there were some 7 participants who moved to Tier III leadership out of 24 participants who responded.

In summary, the participants of the Young Women's Leadership Program, did have a positive perception of the program on increasing the leadership and advocacy skills as well as the knowledge of reproductive health, rights, and justice of the participants surveyed.

Chapter I

Introduction

History of Feminist Women's Health Center

In 1977, a group of Atlanta women decided that they were dissatisfied with the reproductive health care options available to themselves and other women in Atlanta (“Mission, History, and Values”, n.d.). This was a few years after *Roe vs. Wade* was decided. *Roe vs. Wade* was decided in 1973 by the Supreme Court and was a crucial and pivotal decision that gave millions of women the freedom of choice in their reproductive care. Those same Atlanta women founded the Feminist Women's Health Center in Atlanta, Georgia. Prior to the founding of the Feminist Women's Health Center, many women did not have access to legal and safe abortions and often sought dangerous and risky methods to obtain their abortion. Shortly after, the first feminist clinic opened in Los Angeles. This became a way for women to obtain safe and legal abortions. These health centers revolutionized abortion care for women by making abortions safer and gentler for women. The Feminist Women Health Centers across America also pioneered the practice of using informed consent and unbiased counseling before and after an abortion which would ensure that every woman knew all of her options for reproductive care (“Mission, History, and Values”, n.d.).

As of 2008, there were only 32 abortion providers in Georgia, which represents a 6% decrease in providers from 2005. Resilient, Feminist Women's Health Center is proud to be one of the longest standing providers in Georgia especially because 94% of the counties in Georgia do not have an abortion provider available for women (Guttmacher Institute, 2012). The Feminist Women's Health Center at its core places value on reproductive freedom and justice. The FWHC prides itself on respecting the dignity of all individuals through compassion and caring. The FWHC provides quality healthcare and community education regardless of race, ethnicity, sexual

orientation, gender identity, socio-economic or immigration status. The Feminist Women's Health Center comprises two sections, a community education & advocacy department and a health clinic. The health clinic provides medically accurate, comprehensive and respectful education to all clients. A major part of the core values of the community education and advocacy department, is that they recruit and educate future leaders to continue reproductive justice advocacy work ("Mission, History, and Values", n.d.).

Background on Young Women's Leadership Program

As part of the Feminist Women's Health Center's mission to influence policy and develop leaders, a leadership and advocacy training program for young women called the Young Women's Leadership Program was developed in 1999 as a way to connect young women from all walks of life to different communities and prepare them for reproductive justice activism and organizational leadership. Through this program, young women can develop invaluable skills and characteristics that include: how to advocate for social justice and women's rights, how to plan events and recruit new activists, and empowerment through volunteer service. Since its inception, over 2,200 young women have graduated from the YWLP program ("Young Women's Leadership Project", n.d.). The main outcome of the YWLP is for participants to take on leadership roles and to participate actively in the community, which may include operating as a board member on a committee at the FWHC.

Chapter II

Literature Review

Reproductive Justice in America

In 1973, the U.S. Supreme Court ruled in the *Roe v. Wade* case that women, after consultation with her physician, have the constitutionally protected right to choose abortion in the early stages of her pregnancy (Guttmacher Institute, 2014). This was a monumental moment in the fight for reproductive justice, as millions of women gained the right to have a safe and secure abortion. In 1992, the Supreme Court also ruled in favor of Planned Parenthood in the *Planned Parenthood v. Casey* case that upheld women's right to basic abortion procedures however, this ruling also allowed states to expand extreme restrictions on abortion access. Some of the restrictions included having to provide parental consent for women under the age of 18, mandatory counseling sponsored by the state, waiting periods, and limitations on public funding for abortions. Even with all of the restrictions in place, or "TRAP (Targeted Regulation of Abortion Providers) Laws" as many feminist call them, abortions are still one of the safest surgical procedures that a woman can experience in the United States. Less than 0.5% of women experience complications after the abortion procedure (Guttmacher Institute, 2014). In America abortion is a very common procedure. About 1 in 3 women in America will have had an abortion by the time she reaches age 45. Having access to and using contraceptives is an essential alternative to having an abortion. The women in America who are at risk for having an unintended or unwanted pregnancy but are not using contraceptives account for almost 50% of all abortions (Guttmacher Institute, 2014).

Unfortunately, in 2008, 87% of U.S. counties had no abortion provider and 1/3 of American women lived in these counties. This meant that women who wanted or needed access to an abortion provider would have to travel outside of their county to obtain one and sometimes, women traveled at least 50 miles to have the procedure (Guttmacher Institute, 2014). It is

because of women having restricted access to an abortion in many counties in the U.S. that the fight for reproductive justice is still relevant and resilient to this day.

Reproductive Justice Movement

The 1970's was somewhat of a renaissance for the women's health movement. After the *Roe v. Wade* decision in 1973 which legalized abortions, feminist women's health clinics sprouted all across America. In conjunction with those clinics from the earlier days of the movement, also came many of the feminist women's organizations that still exist to this day. The National Women's Health Network was created in 1976 which focused on monitoring Federal health agencies and ensuring that the voices of women from the women's health movement would be heard. Many of these clinics provided and disseminated information about sexual and reproductive health, self-help, patient advocacy, community organizing, and information on or counseling for women who had sexual and reproductive health issues. These clinics were essentially the places where feminist activism and advocacy began. The symbolism of these clinics is at the root of every feminist advocate's quest for reproductive justice (Morgen, 2002). Many of the feminist women's clinics incorporated advocacy training for reproductive rights, health care access, and other women's health issues into their mission and goals. Some of the themes that are synonymous with women's empowerment are education, providing services, advocacy, and political involvement (Morgen, 2002). For many of the women involved in the creation of feminist clinics, the issue was always about "choice" and being respected enough to make their own decisions about their bodies. The creation of feminist clinics was and still is an important part of the movement for women's health and rights (Morgen, 2002).

Firmly grounded in the reproductive justice movement, the founders of the Feminist Women's Health Center recognized that the existing medical system's beliefs and practices were

based primarily on male assumptions of women's health. Once the Feminist Women's Health Center was erected, the founders worked hard to change those norms. Atlanta's Feminist Women's Health Center started with self-help groups that allowed women to ask open questions about their bodies. The founders were inspired by a powerful idea -- to reclaim knowledge about their own body by learning from each other through self-help. "Self-help" is the ability to understand, care for, and make one's own decision about health care. Self-help was a cornerstone concept of the women's health movement.

Prior to the Feminist Women's Health movement, many women with access to limited resources or information at that time sought "back alley" abortions, most risking their fertility, health, or lives. For that reason among others, the first feminist clinic, the Los Angeles Feminist Women's Health Center opened and began providing safe and legal abortions. Other activists opened feminist centers in other parts of California, as well as Iowa, Florida, New Hampshire, Oregon, Washington, and in Atlanta, Georgia soon after. The early feminist clinics had an enormous impact on the way that women's health care is now delivered. They revolutionized many abortion techniques to make them safer and gentler for women. They established the practice of informed consent and unbiased counseling, and made sure that women had complete, uncensored information about their reproductive health and rights.

Today, Feminist Women's Health Center serves as Georgia's only feminist health resource offering accessible comprehensive gynecological health services, community education & outreach, and advocacy for reproductive rights, health, and justice. Over 10,000 women, men, and girls are served by their clinical services and educational outreach, and many more are impacted by the policies that they have helped to pass, amend, or defeat ("Volunteer Orientation

Manual, 2013).

The phrases “Pro-Choice” and “Pro-Life” are often spoken among women, men, feminist, activists, politicians, and more. It often becomes an argument of should women be allowed to terminate a pregnancy or do all children deserve a chance at life? The issue of reproductive rights is far more complex than that. There is a new framework and phrase however that has sparked a movement among women’s health professionals and feminist all over America. That framework is reproductive justice. This phrase was coined in 1994 by women of color who were advocates for reproductive rights after the United Nations conference in Cairo, Egypt (Price, 2010).

Reproductive justice was defined by advocacy group Asian Communities for Reproductive Justice (ACRJ) as the complete physical, mental, spiritual, political, economic, and social well-being of women and girls. It is further defined as the social, economic, and political power and resources that women and girls require to make healthy decisions about their bodies, sexuality, and reproduction (Price, 2010). The reproductive justice movement expands the pro-choice movement to include many issues that plague women besides the right to choose to have an abortion. Some women do not have the economic or political power to access the abortion even if they do elect to have one. Some women, especially women of color and of low-socioeconomic status, are forced or coerced into sterilization. Therefore, the issue cannot be only about choosing to terminate a pregnancy, it has to be about justice for all women and the right to terminate the pregnancy or the right to choose to have their child. The core values of the reproductive justice movement are: the right to have an abortion, the right to have children, and the right to parent those children. Women should be able to liberally exercise these rights without being coerced or forced (Price, 2010). The reproductive justice movement exists to broaden the scope and intentions of the fight for reproductive rights and reproductive freedom. A large part

of the reproductive justice movement is at the grassroots level, where reproductive advocates train and learn about ways to affect national policy and political agendas. If the movement is to be viewed from an ecological standpoint, then politics must be at the heart of the movement because to make changes in the community, you must influence policy.

Reproductive Health in Georgia

In 2011, the State of Georgia ranked 14th out of 51 states, with 1 being the highest, for teen births among females ages 15-19. In addition to that, in 2008 Georgia ranked 10th out of 51 states, with 1 being the highest for teen pregnancy rates (U.S. Department of Health & Human Services, 2013). To put this into a nationwide perspective, Georgia has a teen birth rate of 38.2% while the teen birth rate of the United States is 31.3%. There are also clear disparities in regards to race of teen mothers. Non-Hispanic Black teens in Georgia under the age of 20 had a 46% birth rate in comparison to the Non-Hispanic White teens in Georgia who had a 36% birth rate and Hispanic teens who had a birth rate of 15% (U.S. Department of Health & Human Services, 2013). In 2010, there were 1,189,220 women between the ages of 13-44 who were in need of contraceptive services and supplies in Georgia. Perhaps as a result of the need for contraceptive services, 57% of the pregnancies in Georgia in 2008 were unintended, which means the pregnancy was either unplanned or unwanted. Of those unintended pregnancies, 30% resulted in an abortion (Guttmacher Institute, 2012). The unintended pregnancies in Georgia cost the State of Georgia \$758 million in public spending dollars. Shockingly, only \$142 million of public funds were spent on contraceptive services and supplies for the women of Georgia in 2010. Even though there was only a small percentage of public funding that was spent on pregnancy prevention, the State of Georgia was able to save almost \$200,000,000 in public spending due to the contraceptive services and supplies that they were able to provide as a result

of the \$142 million that was allocated for contraceptive services and supplies (Guttmacher Institute, 2012).

Leadership & Advocacy Among Young Women

In 2013, the president of NARAL (National Abortion and Reproductive Rights Action League) Nancy Keenan announced that she would step down as president. Before she exited office she made a bold statement about the millennial generation, someone who became of age around the year 2000. Keenan proclaimed that the women of the millennial generation were not being aggressive enough in the pro-choice movement. Keenan said that this group of women seemingly have not connected the politics of pro-choice with the personal feelings about the issue. Keenan remarked that this group must put this issue at the top of their lists and they must connect personal issues with voting (Carmon, 2013). One might assume that the millennial generation is experiencing a lack of passion or drive in regards to this issue. Although 6 out of 10 millennials believe that abortion is something that should be accessible to women, and even though 68% believe that health care professionals should be responsible for providing that access, many have no desire to take on this issue. They struggle with whether or not abortion is morally wrong (Cox, Jones, & Laser, 2011). For this reason, some feminists, like Keenan, have little faith in the leadership capabilities of the millennial generation. There is a theory that proclaims if you provide women with exposure to diverse forms of leadership and leadership styles, educate them on the ways to become aware of their social status, environment, challenges, and ways to overcome those challenges, you can empower women to lead in a massive way. A feminist approach to leadership training strays from the traditional leadership roles, giving women a chance to form their own identity and emerge as a leader and a champion of civic engagement. This can create a desire in the young women involved in a program like this to

focus on activism in the community and on a larger scale, political activism. They would gain self-confidence, they would be empowered, and they would have an increased self-efficacy to speak out on the issues that affect their bodies and their lives (Hoyt & Kennedy, 2008).

Academia has a role to play where it concerns educating young women with political advocacy and leadership skills. The Women in Learning and Leadership (WILL) program, founded in 1980 at Westhampton College at the University of Richmond, is an example of that and is a three-pronged approach that consists of coursework in Women's & Gender studies, gender-related programming, and participation in a leadership development organization. WILL promotes a deeper understanding of the female gender, the development of faculty and student relationships, the development of critical thinking skills, a supervised internship, WILL sponsored gender related conferences and workshops, community involved learning projects, as well as formal and informal leadership opportunities. WILL was designed to provide the female student participants with leadership skills and experience, encouragement, increased awareness of obstacles women face, promoting self-esteem and self-confidence, and the development of critical thinking and analytical skills. According to the Wellesley Centers for Research on Women ("WILL: A Unique Model for Higher Education in the 21st Century", 1999) the WILL program is an extremely effective vehicle for empowering and transforming young female students. Westhampton College and Wellesley Centers for Women partnered together to assess program effectiveness beginning in 1995 and the project has continued to date. The research retrieved from this project will assess the short and long term impact of the WILL program on alumni and current students. Through the years, several studies were conducted to assess program effects including: a survey of WILL program alumni from 1980-1995 which compared a random sample of non-program alumni from the same graduating class, annual surveys from

the WILL program that assess participant satisfaction and involvement, surveys to assess effectiveness of program activities, annual focus groups, and a prospective four year longitudinal study of the class of 1999 and 2000 (“WILL: A Unique Model for Higher Education in the 21st Century”, 1999). From the results that researchers have gathered up to this point, WILL participants reported being significantly more likely to report assuming leadership roles, enhanced self-confidence, and the ability to think critically and communicate effectively. The longitudinal qualitative surveys of alumni from 1999 and 2000 indicated WILL participants showed significantly higher levels of self-worth, feminist identity, and leadership skills than non WILL participants from the same graduating class. According to the evaluation, WILL has been successful in encouraging female students to realize their potential by maximizing their abilities, providing role models, and increasing self-confidence. This program has helped to transform the lives of women who participate in ways that would prepare them to meet the demands of the 21st century (“WILL: A Unique Model for Higher Education in the 21st Century”, 1999).

Program Description

Young Women’s Leadership Program

There are three tiers to the Young Women’s Leadership Program that participants must pass through to complete the program. Before beginning Tier I activities, the participants must complete volunteer or intern training (Appendix A), FOCUS: Reproductive Justice Advocacy Training, and attend either tabling or outreach training. Tier I & Tier II training & activities consist of knowledge, skill, and experience increasing activities and opportunities. These activities include fundraising, tabling, outreach, marketing, and leadership development. Examples of specific program activities include: FOCUS: Reproductive Justice Advocacy Workshop, Tabling for outreach, Voice Beyond Choice Advocacy Day at the State Capitol, and

attending Committee meetings. A participant shifts to Tier III (leadership) once they have been recommended or requested to take on a leadership position such as a committee member, FWHC staff, or an intern. Participants are able to sign up for activities through the Volunteer Opportunities flyer (Appendix B) that is sent monthly to participants via email.

During the 2006-2007 fiscal year, the Young Women's Leadership Program lost their grant funding. Since then, the YWLP has experienced a noticeable decrease in branding and a significant change to the structure and capabilities of the program. Without funding, they are not able to market and promote the program as they had in the past. Nevertheless, the program coordinators were able to evolve the program into a volunteer program that would still promote education, advocacy skills, leadership, fundraising, organizing, and outreach for reproductive justice & rights among all of the participants. The lack of branding and financial support for the program could have potential effects on whether or not the participants feel attached to the program or if they feel as if they received any benefits of the program. This outcome evaluation will help program stakeholders determine if the goals and objectives of the program are still being met despite lack of funding. If the data show that most of the participants feel that they have an increase in knowledge and advocacy skills for reproductive health and rights as a result of participating with the FWHC, then it could garner support for future funding.

Theoretical Framework

The Young Women's Leadership Program was constructed using Social Cognitive Theory as its framework. Though not formally bound to the theory, the YWLP does address the constructs of Social Cognitive Theory (Crosby, DiClemente, & Salazar, 2013). Participants are given the opportunity to increase knowledge through skill and experience building activities. This in turn increases the participants' self-efficacy and confidence for adapting leadership

characteristics. Enactive attainment, which is the process of physically guiding or coaching a person through a task, challenge, or event in order to increase self-efficacy. The program coordinator and supervisor is essentially the coach that assists with this process. The program coordinator helps the participants move from Tier I & Tier II and hopefully on to Tier III, which is taking on a leadership role. The outcome expectation from the participants is that they will gain advocacy experience, leadership skills, and knowledge of reproductive justice, health, and rights. If they follow the process from Tier I to Tier III they will have obtained and completed the expectations of the program. The long term outcome of the program is to increase support for women's health and reproductive justice among policy makers in Georgia and the general voting public. With that goal in mind, the participants of the program will strive to absorb as much information as they can from the program so that their goal can become a reality.

Program Goals & Objectives

Goal

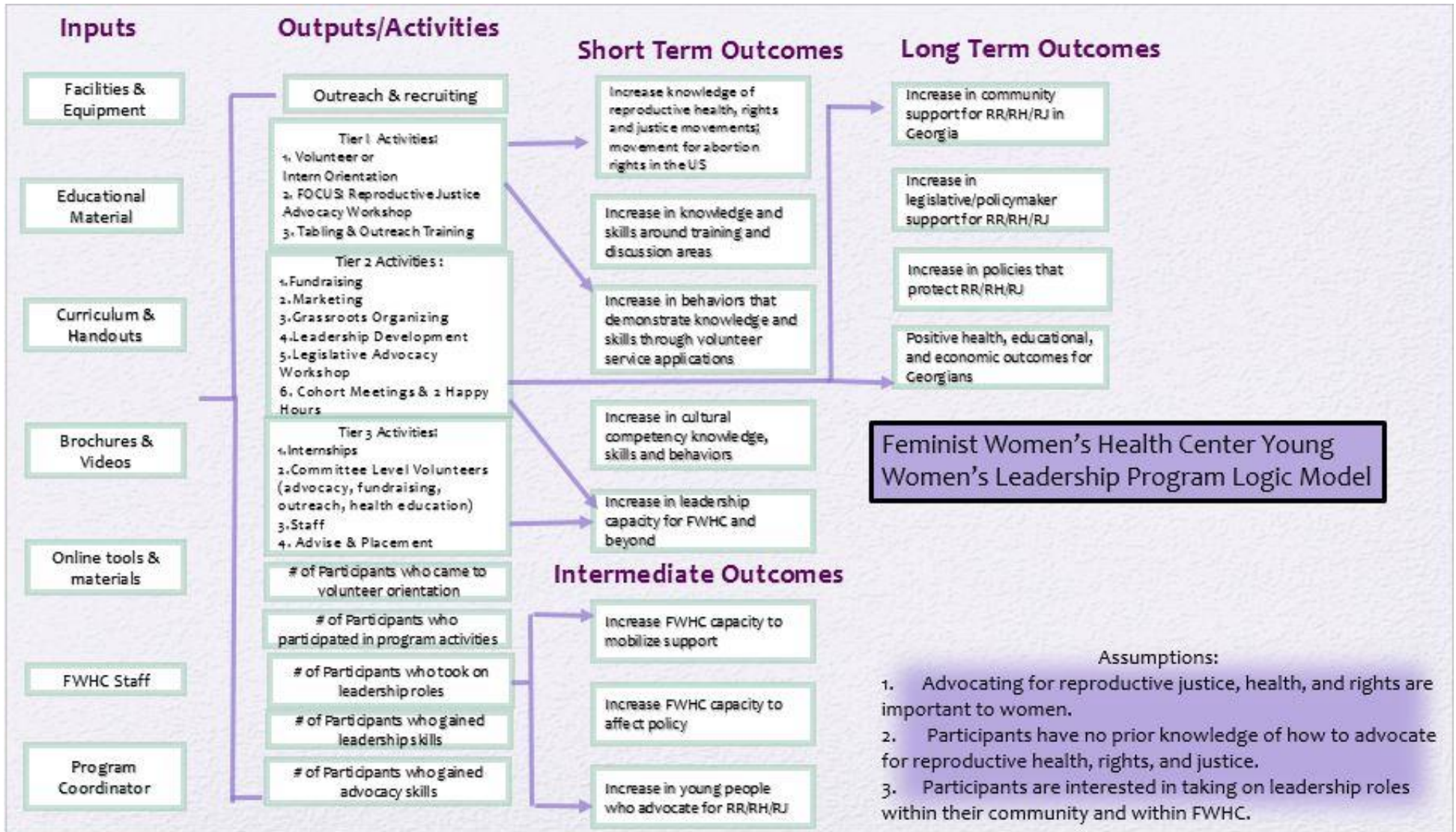
The overarching goal of the Young Women's Leadership Program is to develop Tier I leaders (knowledge, experience, & skill building) to become Tier II leaders (volunteers), with the goals of building FWHC's capacity and building participants' capacity to be leaders in the reproductive health and justice movements. The ultimate outcome will be to develop participants into Tier III leaders (committee members).

Objectives

- After participating in the Young Women's Leadership Program, 80-90% of participants will indicate an increased knowledge of reproductive health, rights and justice movements.

- After participating in the Young Women’s Leadership Program, at least 80-90% of participants will show an increase in behaviors that demonstrate increased knowledge and skills through volunteer service activities.
- After participating in the Young Women’s Leadership Program, at least 90% of participants will show an increase in advocacy knowledge, skills and behaviors as indicated by participant participation in various volunteer activities.
- After participating in the Young Women’s Leadership Program, at least 20 participants will demonstrate an increase in leadership capacity for FWHC and beyond as indicated by leadership placements.

Program Logic Model



Inputs

The inputs of the YWLP include facility space at the Feminist Women's Health Center, program staff, program materials, funding if any, outreach to recruit participants, and trainings for the participants. These materials and resources will be used to carry out the program and without them, the program could not function.

Program Outputs/ Activities

Outreach, community building, experience building, knowledge and leadership skill building and acquirement are the major outputs of the program. The participant will go from Tier I to Tier II and hopefully to Tier III by the end of the program. This process will allow participants to become more knowledgeable and skilled in the reproductive health, rights, and justice movements. The outputs will allow them to build capacity to advocate for change, to become leaders within the community and the FWHC, and build partnerships that will help foster change for the reproductive justice movement.

Program Outcomes

The immediate outcomes of the program are to increase knowledge of reproductive health, rights, and justice as well as increase knowledge and skills around training and discussion areas. The intermediate outcomes for the YWLP will be to increase FWHC capacity to mobilize support, affect policy, and increase the number of participants who advocate for reproductive health, rights, and justice. The long term outcomes focused on increasing community support, increase legislative and policy support, and increases in policies that protect reproductive health, rights, and justice.

Program Stakeholders

There are many people at the Feminist Women's Health Center who take on multiple roles at the center. Therefore, many of the staff members are also stakeholders of the Young Women's Leadership Program. Stakeholders are groups or individuals that have a significant interest in the success and function of a program (Freeman, Lipsi, & Rossi, 2004). The evaluation results must be communicated with the individuals who have the most interest in the outcomes of the program and those who have a responsibility in making decisions for the program (Freeman, Lipsi, & Rossi, 2004). The leaders who emerge from this program could be essential members of the team at the Feminist Women's Health Center for various reasons and activities. Immersing the participants into leadership positions at the FWHC is one of the objectives of the program. The stakeholders are as follows:

-Janelle Yamarick, *Community Education and Advocacy Director*. Janelle Yamarick is considered a stakeholder because she is the Director of the CEAN department under which YWLP falls. She could use the findings to find more funding for the YWLP and also to get an understanding of what direction the program needs to take.

-Kwajelyn Jackson, *Community Engagement Coordinator, Volunteer Coordinator, YWLP coordinator*. Kwajelyn Jackson is a stakeholder because she is the supervisor for the interns, volunteers, and participants of the program. The evaluation will help her to give direction to the program and participants. It will also help Ms. Jackson to determine which aspects of the program are most helpful and which areas need to be improved.

-Carmen Garcia, *Lifting Latina's Voices Initiative Program Manager*. Carmen Garcia is a stakeholder because she stands to gain some integral leaders as a result of their participation in

the YWLP program. Graduating to the Lifting Latina's Voices Initiative program would be considered a Tier III leadership role.

-Board of Directors, *Feminist Women's Health Center*. The board of directors approve funds for the different departments and organizations at the FWHC. The results of the evaluation could be used to determine if internal funds will be allocated to the YWLP.

-YWLP Participants/ Volunteers, *Feminist Women's Health Center*. This group consists of those currently going through the YWLP as well as those who have become volunteers or interns. They are ultimately the most important stakeholder group because without them, the program would not exist. They also have the most to gain from the continuation of the program.

Chapter III

Evaluation Methods

A quantitative analysis approach will be used to answer the evaluation questions. The data collection instrument used for this evaluation was an online survey created through Qualtrics, which was helpful to increase participation due to the large sample size (Appendix C). Links to the survey were distributed by email to 123 participants who participated in Volunteer Orientation at the Feminist Women’s Health Center from January 1, 2013 to December 31, 2013. Using an online survey ensured that all participants in the sample would have the opportunity to complete the survey since all of the participants provided an email address to the program coordinator. The survey consisted of multiple choice questions that asked participants about their involvement with Feminist Women’s Health Center, their involvement, if any, with the Young Women’s Leadership Program, and their opinion on the valuableness of the leadership and advocacy activities in increasing their leadership and advocacy skills.

Example of Knowledge Question

Q26.

Participating in the FOCUS: Reproductive Justice Advocacy Workshop increased my knowledge about reproductive justice and reproductive rights.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

Example of Leadership Question

Q10. Please indicate the leadership roles you have taken on within the FWHC. Check all that apply.

<input type="checkbox"/> FWHC Intern	<input type="checkbox"/> Phone Bank Leader
<input type="checkbox"/> Health Educator	<input type="checkbox"/> Campus Outreach Coordinator
<input type="checkbox"/> Advocacy Team Leader	<input type="checkbox"/> Online Organizing Coordinator
<input type="checkbox"/> Volunteer Legislative Advocate	<input type="checkbox"/> Tabling and Street Team Coordinator
<input type="checkbox"/> FOCUS on Reproductive Justice Advocate	<input type="checkbox"/> Opposition Watch Coordinator

Example of Leadership and Advocacy Question

Q27. Please rate FOCUS: Reproductive Justice Advocacy Workshop according to its' value in:

	Very Valuable	Somewhat Valuable	Neutral	Of little value	Not at all Valuable
Developing your Leadership skills	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing your Advocacy skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The survey was released to participants from February 3, 2014-March 10, 2014 and contained 34 questions. The results of the online survey were analyzed using SPSS version 21 data analysis software.

Evaluation Questions

In order to assess the objectives and outcomes that were set by the Feminist Women’s Health Center for the program participants, three main evaluation questions were proposed.

A. Through the activities of the program, did participants feel that their knowledge of reproductive rights and justice was increased?

i. Was volunteer orientation valuable in increasing participant’s knowledge of

reproductive health, rights, and justice for women?

There were six items from the survey that were used to measure whether or not participants increased their knowledge of reproductive health, rights, and justice. For every program activity, (Volunteer Orientation, FOCUS, Voice Beyond Choice, Volunteer Activities, Tabling, and Committee Meetings) participants were asked whether or not they felt that the activity was effective in increasing their knowledge of reproductive health, rights, and justice. Assessing the valuableness of Volunteer Orientation was selected as a sub-question because it is the gateway to participating with the Feminist Women's Health Center. For many participants, it is their first point of contact with the Feminist Women's Health Center and the leadership and advocacy activities that are available there. There is one, two part question that measures Volunteer Orientation and its' value in increasing leadership skills and advocacy skills.

B. Did the participants find the activities of the program valuable in increasing their advocacy skills?

In the survey, there were six items that measured the valuableness of the program activities in increasing participant's advocacy skills. Participants were asked to evaluate the six program activities, (Volunteer Orientation, FOCUS, Voice Beyond Choice, Volunteer Activities, Tabling, and Committee Meetings), and determine if they were valuable in increasing advocacy skills based on a Likert scale response from Very Valuable to Not at All Valuable. The data were collapsed into three categories after the analysis, Valuable, Neutral, and Not Valuable due to small response rates. Participants were only allowed to answer questions regarding the valuableness of the activity if they had previously indicated that they participated in the activity.

C. Did the participants find the activities of the program valuable in developing their leadership skills?

i. Did any of the program participant's progress to Tier III leadership roles within the Feminist Women's Health Center? If so, in what capacity?

In the survey, there were six items that measured the valuableness of the program activities in increasing participant's leadership skills. Participants were asked to evaluate the five program activities, (Volunteer Orientation, FOCUS, Voice Beyond Choice, Volunteer Activities, Tabling, and Committee Meetings), and determine if they were valuable in increasing leadership skills based on a Likert scale response of Very Valuable to Not at All Valuable. The categories were collapsed to reflect Valuable, Neutral, and Not Valuable due to low response rates of the survey items. Participants were only allowed to answer questions regarding the valuableness of the activity if they had previously indicated that they participated in the activity. As moving to Tier III leadership roles is one of the final outcomes of the program, the number of participants who did assume a leadership role should be measured. This is also a measure of program success. There is one survey item that measures this evaluation sub question. A correlation analysis using Spearman's Rho will be used to determine a relationship between Volunteer Orientation and the other activities of the program in increasing leadership skills.

Sampling

Convenience sampling was used to recruit program participants because only participants who attended volunteer orientation were selected. All of the 2013 program participants who attended volunteer orientation were invited via email to complete the online survey. These participants were sampled because they were considered to be best able to describe the current structure of the program and also they would be best able to determine program effectiveness in increasing knowledge, leadership, and advocacy skills. The Program Coordinator maintained a

listserv through Donor Perfect of all volunteers in 2013 who indicated an interest in the YWLP on their initial application. There were 123 young women identified on this e-mail listserv, and were all sent an email with the link to the survey. The e-mail explained the purpose of the evaluation and emphasized participant confidentiality and at will-participation. The survey was open from February 3, 2014 until March 10, 2014. Participants received reminders at 14 days and 28 days after the release of the survey. There were 24 participants who responded to the survey via the email link, representing a 20% response rate.

Chapter VI

Results

Demographics

There were 24 participants that responded to the online survey representing a 19.5% response rate. There were 23 participants who identified as female, no participants identified as male, and there was one participant that identified as other.

Table 1

<i>Gender of participants in the Young Women's Leadership Program</i>		
	<u>Frequency</u>	<u>%</u>
Female	23	95.8
Male	0	0
Other	1	4.2
Total	24	100

Most of the participants, 45.8%, reported having a Bachelor's degree, 29.2% reported having a Master's degree, and 16.7% reported having a High School Diploma or GED. There was 1(4.2%) participant that reported having less than a High School Diploma.

Table 2

<i>Education of Participants in the Young Women's Leadership Program</i>		
	<u>Frequency</u>	<u>%</u>
Less than High School	1	4.2
High School Diploma/GED	4	16.7
Associates	1	4.2
Bachelors	11	45.8
Masters	7	29.2
Doctorate	0	0
Total	0	100

There were 12(50%) participants who reported being 25 years of age and older, 8(33.3%) participants reported being between the ages of 21 to 24, and 4(16.7%) reported being between the ages of 18-20.

Table 3

<u>Age Range of Participants in the Young Women's Leadership Program</u>		
<u>Ages</u>	<u>Frequency</u>	<u>%</u>
18-20	4	16.7
21-24	8	33.3
25+	12	50
Total	24	100

Of the respondents, 14(58.3%) were White/Caucasian. There were 9(37.5%) participants that reported being African American/Black and 1(4.2%) reported being Hispanic/Latina.

Table 4

<u>Race/Ethnicity of Participants in the Young Women's Leadership Program</u>		
	<u>Frequency</u>	<u>%</u>
White/Caucasian	14	58.3
Hispanic/Latina	1	4.2
African American/Black	9	37.5
Asian/Pacific Islander	0	0
Native American	0	0
Multi-Racial/Bi-Racial	0	0
Other	0	0
Total	24	100

Evaluation Question 1.1

Through the activities of the program, did participants feel that their knowledge of reproductive rights and justice was increased?

The results of the first evaluation question revealed that 18 participants (94.7%) out of the 19 that responded to this question “agreed” that Volunteer Orientation did increase their knowledge of reproductive rights and justice. There was 1 participant (5.3%) who selected “neither agree nor disagree.”

Table 5.1

<i>Participants Response to: Volunteer Orientation Increased my Knowledge about Reproductive Justice & Rights</i>		
Participants Response	Frequency	Valid %
Agree	18	94.7%
Neither Agree Nor Disagree	1	5.3%
Disagree	0	0%
Total	19	100%

In response to FOCUS: Reproductive Justice Advocacy workshop and whether or not participants agreed that their knowledge of reproductive justice & rights was increased as a result of that workshop, 11 (91.7%) participants out of the 12 who responded “agreed” that their knowledge of reproductive justice & rights was increased. There was 1 (8.3%) respondent who “disagreed” in regards to whether or not FOCUS increased their knowledge of reproductive rights and justice.

Table 5.2

*Participants Response to: FOCUS: Reproductive Justice Advocacy Workshop
Increased my Knowledge about Reproductive Justice & Rights*

Participants Response	Frequency	Valid %
Agree	11	91.7%
Neither Agree Nor Disagree	0	0%
Disagree	1	8.3%
Total	12	100%

There were 14 (87.5%) of participants out of the 16 who answered that “agreed” that Volunteer Activities of the program increased their knowledge of reproductive rights and justice. Two participants (12.5%) out of the 16 who answered reported that they “neither agreed nor disagreed” that Volunteer Activities increased their knowledge of reproductive justice and rights.

Table 5.3

*Participants Response to: Volunteer Activities Increased My Knowledge about
Reproductive Justice & Rights*

Participants Response	Frequency	Valid %
Agree	14	87.5%
Neither Agree Nor Disagree	2	12.5%
Disagree	0	0.0%
Total	16	100%

There were only 6 survey participants who responded to the question about Tabling and whether or not their knowledge of reproductive justice and rights were increased as a result of

tabling. Out of the 6 respondents, 5 (83.3%) said that they “agreed” that tabling increased their knowledge of reproductive justice and rights and 1 (16.7%) respondent indicated that they “neither agreed nor disagreed” with the statement.

Table 5.4

Participants Response to: Tabling Increased my Knowledge of Reproductive Justice & Rights

Participants Response	Frequency	Valid %
Agree	5	83.3%
Neither Agree Nor Disagree	1	16.7%
Disagree	0	0.0%
Total	6	100%

There were only 4 participants who responded to the question regarding Committee Meetings increasing their knowledge about reproductive justice and rights. 4 out of 4 (100%) “agreed” that Committee Meetings increased their knowledge about reproductive justice and rights.

Table 5.5

Participants Response to: Committee Meetings Increased my Knowledge about Reproductive Justice & Rights

Participants Response	Frequency	Valid %
Agree	4	100%
Neither Agree Nor Disagree	0	0%
Disagree	0	0%
Total	4	100%

None of the 24 participants answered the question about whether or not Voice Beyond Choice: Advocacy Day at the State Capitol increased their knowledge of reproductive rights and justice. No respondents indicated that they attended Voice Beyond Choice: Advocacy Day at the State Capitol. In summary, 5 out of the 6 program activities that were assessed were successful in increasing participant’s knowledge of reproductive justice and rights.

Unfortunately there was no data to assess the Voice Beyond Choice activity in increasing participant’s knowledge of reproductive rights and justice, so we cannot accurately determine if the performance objective, “After participating in the Young Women’s Leadership Program, 80-90% of participants will indicate an increased knowledge of reproductive health, rights and justice movements” was actually achieved. However, based on the 5 activities that were assessed, the program was successful in increasing knowledge.

Evaluation Question 1.2

Was volunteer orientation valuable in increasing participant’s knowledge of reproductive health, rights, and justice for women?

To answer the question of whether or not Volunteer Orientation increased participant’s knowledge of reproductive health, rights, and justice for women, participants were asked two questions. The first question assessed increases in knowledge of reproductive rights and justice as a result of volunteer orientation (Table 5.1). The results previously showed that 18 participants (94.7%) out of the 19 that responded to this question “agreed” that Volunteer Orientation did increase their knowledge of reproductive rights and justice. There was 1 participant that selected “neither agree nor disagree” representing 5.3% of the survey question.

Table 5.1

Participants Response to: Volunteer Orientation Increased my Knowledge about Reproductive Justice & Rights		
Participants Response	Frequency	Valid %
Agree	18	94.7%
Neither Agree Nor Disagree	1	5.3%
Disagree	0	0%
Total	19	100%

The second question assessed whether or not volunteer orientation increased the participant’s knowledge of the health needs and concerns of women (Table 5.6). The results of that question revealed that 16 participants answered this question and 10 (62.5%) “agreed” that Volunteer Orientation increased their knowledge of the health needs and concerns of women. There were 6 (37.5%) respondents that selected that they “neither agreed nor disagreed” with that statement.

Table 5.6

<i>Participants Response to: Volunteer Orientation Increased my Knowledge about the Reproductive Health Needs & Concerns of Women</i>		
Participants Response	Frequency	Valid %
Agree	10	62.5%
Neither Agree Nor Disagree	6	37.5%
Disagree	0	0%
Total	16	100%

In summary, Volunteer Orientation was successful in increasing participant’s knowledge of reproductive rights and justice, as 94.7% of participants surveyed agreed. Volunteer Orientation was also successful in increasing participant’s knowledge of the health needs and concerns of women, as 62.5% of respondents agreed. This performance measure relates to the objective, “After participating in the Young Women’s Leadership Program, 80-90% of participants will indicate an increased knowledge of reproductive health, rights and justice movements”

Evaluation Question 2.1

Did the participants find the program activities to be valuable in increasing their advocacy skills?

There were 5 activities out of 6 that participants responded to in regards to which activities they felt were valuable in increasing their advocacy skills. Those five activities were: Volunteer Orientation, FOCUS: Reproductive Justice Advocacy workshop, Tabling, Volunteer Activities, and Committee Meetings. Out of the 22 participants who responded to whether or not they felt volunteer orientation (Table 6.1) was “valuable” in increasing their advocacy skills, 15 (68.2%) said that it was valuable, 6(27.3%) said neutral, and 1(4.5%) said that it was not valuable.

Table 6.1

Value of Volunteer Orientation in Increasing Participants Advocacy Skills		
Participants Response	Frequency	Valid %
Valuable	15	68.2%
Neutral	6	27.3%
Not Valuable	1	4.5%
Total	22	100%

There were 11 participants who responded to whether or not FOCUS (Table 6.2) was valuable in increasing their advocacy skills. Out of those respondents, 8(72.7%) said that FOCUS was “valuable”, 2(18.2%) were neutral, and 1(9.1%) said that it was not valuable.

Table 6.2

Value of Focus in Increasing Participants Advocacy Skills		
Participants Response	Frequency	Valid %
Valuable	8	72.7%
Neutral	2	18.2%
Not Valuable	1	9.1%
Total	11	100%

Volunteer activities (Table 6.3) was surveyed and there were 15 participants that responded to this question. There were 10(66.7%) participants who selected that volunteer activities was “valuable” in increasing their advocacy skills, 4(26.7%) selected “neutral”, and

1(6.7%) said that it was not a “valuable” activity.

Table 6.3

Value of Volunteer Activities in Increasing Participants Advocacy Skills		
Participants Response	Frequency	Valid %
Valuable	10	66.7%
Neutral	4	26.7%
Not Valuable	1	6.7%
Total	15	100%

There were 5 participants that answered the question of the valuableness of Tabling (Table 6.4) in increasing their advocacy skills. There were 4(80.0%) participants who said that Tabling was “valuable” in increasing their advocacy skills, and 1(20.0%) participant selected “neutral”.

Table 6.4

Value of Tabling in Increasing Participants Advocacy Skills		
Participants Response	Frequency	Valid %
Valuable	4	80.0%
Neutral	1	20.0%
Not Valuable	0	0%
Total	5	100%

Four participants responded to whether or not Committee Meetings (Table 6.5) were

valuable in increasing their advocacy skills. 4 out of 4 (100%) participants selected that Committee Meetings were “valuable” in increasing their advocacy skills.

Table 6.5

Value of Committee Meetings in Increasing Participants Advocacy Skills		
Participants Response	Frequency	Valid %
Valuable	4	100%
Neutral	0	0%
Not Valuable	0	0%
Total	4	100%

There were no participants who responded to the value of Voice Beyond Choice (Table 6.6) in increasing advocacy skills.

Table 6.6

Value of Voice Beyond Choice in increasing advocacy skills			
		Frequency	Percent
Missing	System	24	100.0

Evaluation Question 3.1

Did the participants find the activities of the program valuable in developing their leadership skills?

There were 5 activities out of 6 that participants responded to in regards to which

activities they felt were valuable in increasing their advocacy skills. Those five activities were: Volunteer Orientation, FOCUS: Reproductive Justice Advocacy workshop, Tabling, Volunteer Activities, and Committee Meetings. Out of the 22 participants who responded to whether or not they felt volunteer orientation (Table 7.1) was “valuable” in increasing their leadership skills, 11 (50.0%) said that it was valuable, 9(40.9%) said neutral, and 2(9.1%) said that it was not valuable.

Table 7.1

Value of Volunteer Orientation in Increasing Leadership Skills

Participants Response	Frequency	Valid %
Valuable	11	50.0%
Neutral	9	40.9%
Not Valuable	2	9.1%
Total	22	100%

There were 12 participants who responded to whether or not FOCUS (Table 7.2) was valuable in increasing their leadership skills. Out of those respondents, 8(66.7%) said that FOCUS was “valuable”, 1(8.3%) were neutral, and 3(25.0%) said that it was not valuable.

Table 7.2

Value of FOCUS: Reproductive Justice Advocacy Workshop in Increasing Participants Leadership Skills

Participants Response	Frequency	Valid %
Valuable	8	66.7%
Neutral	1	8.3%
Not Valuable	3	25.0%
Total	12	100%

Volunteer activities (Table 7.3) was surveyed and there were 15 participants that responded to this question. There were 9(60.0%) participants who selected that volunteer activities was “valuable” in increasing their leadership skills, 2(13.3%) selected “neutral”, and 4(26.7%) said that it was not a “valuable” activity.

Table 7.3

Value of Volunteer Activities in Increasing Participants Leadership Skills

Participants Response	Frequency	Valid %
Valuable	9	60.0%
Neutral	2	13.3%
Not Valuable	4	26.7%
Total	15	100%

There were 6 participants that answered the question of the valuableness of Tabling (Table 7.4) in increasing their leadership skills. There were 5(83.3%) participants who said that Tabling was “valuable” in increasing their leadership skills, and 1(16.7%) participant selected

“neutral”.

Table 7.4

Value of Tabling in Increasing Participants Leadership Skills

Participants Response	Frequency	Valid %
Valuable	5	83.3%
Neutral	1	16.7%
Not Valuable	0	0
Total	6	100%

Four participants responded to whether or not Committee Meetings (Table 7.5) were valuable in increasing their leadership skills. 4 out of 4 (100%) participants selected that Committee Meetings were “valuable” in increasing their leadership skills.

Table 7.5

Value of Committee Meetings in Increasing Participants Leadership Skills

Participants Response	Frequency	Valid %
Valuable	4	100.0%
Neutral	0	0%
Not Valuable	0	0%
Total	4	100%

There were no participants who responded to the value of Voice Beyond Choice (Table 7.6) in increasing leadership skills.

Table 7.6

Voice Beyond Choice Value in increasing Leadership skills

	Frequency	Percent
Missing System	24	100.0

Evaluation Question 3.2

Did any of the program participant’s progress to Tier III leadership roles within the Feminist Women’s Health Center? If so, in what capacity?

There were 12 possible Leadership Roles that participants could have selected as being a part of. Out of those 12 possible roles, there were 5 roles that participants took on. Health Educator, Volunteer Legislative Advocate, FOCUS on reproductive Justice Advocate, Online Organizing Coordinator, and Other (volunteer and event coordinator). This correlates with Tier III activities which encourage participants to progress to leadership roles. 1(14.3%) participant progressed to the health educator role, 2(28.6%) participants were volunteer legislative advocates, 1(14.3%) participant progressed to a FOCUS: reproductive justice advocate role, 1(14.3%) participant progressed to online organizing coordinator, and 2(28.6%) participants selected “other” as their leadership role (one participant indicated they were a volunteer and the other participant progressed to an event coordinator).

As a part of the Program Coordinator dataset of participants from January 1, 2013- December 31, 2013, there were 14 participants who progressed to a leadership level. These participants progressed to a number of different leadership roles including: committee member, tabling leader, staff, or intern. This information was taken from the DonorPerfect software used

by the Program Coordinator. This study only captured half of the participants who progressed to a Tier III leadership role so in all there were 7 additional participants representing 14 out of 123 who took on a leadership role at the Feminist Women’s Health Center in 2013.

Table 7.6

Participants Leadership Roles in FWHC		
Participants Response	Frequency	Valid %
Health Educator	1	14.3%
Volunteer Legislative Advocate	2	28.6%
FOCUS on reproductive justice advocate	1	14.3%
Online Organizing Coordinator	1	14.3%
Other	2	28.60%
Total	7	100.00%

Chapter V

Discussion & Interpretation

To summarize the findings of the evaluation results, a majority of the program participants did agree from their perception that five of the Young Women's Leadership Program activities did increase their knowledge of reproductive health, rights, and justice. Those five activities were: Volunteer Orientation, FOCUS: Reproductive Justice Advocacy Workshop, Tabling, Volunteer Activities, and Committee Meetings. Specifically, volunteer orientation and FOCUS: Reproductive Justice Advocacy workshop seemed to have the largest response rates and were favorable towards participants agreeing that their knowledge had increased as a result of the activity. Also, a majority of the participants did agree that those same 5 activities from their perception were valuable in increasing their advocacy skills as well as their leadership skills. Unfortunately, participants were only asked to respond to activities that they participated in, and none of the 24 participants indicated that they attended Voice Beyond Choice Advocacy Day at the State Capitol. However, from January 2013-December 2013, Voice Beyond Choice was not advertised as an activity for participants to attend.

The program objective, "after participating in the Young Women's Leadership Program, at least 20 participants will demonstrate an increase in leadership capacity for FWHC and beyond as indicated by leadership placements", was not able to be accurately assessed and therefore not met. However, the evaluation question, "Did any of the program participant's progress to Tier III leadership roles within the Feminist Women's Health Center?" returned positive results as there were some participants who moved to Tier III leadership roles regardless of how many. There were 7 participants that did move to leadership roles out of the 24 participants that responded to this survey and additional data showed that there were 14 total participants who actually moved to a leadership role in 2013. That is an achievement for the

Young Women's Leadership Program that possibly could be affected if more emphasis was placed on development of Tier III leaders.

In summary, the Young Women's Leadership Program, though underfunded and little to no branding, did have a positive effect on the participant's perception of the increases in their leadership and advocacy skills as well as their knowledge of reproductive health, rights, and justice. If the program had the opportunity to build capacity and take the program to a larger scale, there may have been more participants that were not only willing to participate in the survey, but would have also possibly indicated greater satisfaction with the objectives of the program.

Limitations

Although there were 163 participants that had access to the survey link via email, only 24 participants responded leaving the evaluation with a small sample size. According to a meta-analysis completed by Berzelak, Bosnjak, Haas, Manfreda-Lozar, & Vehovar (2008) online survey data is often 11% lower for web surveys versus a mail-in survey. Due to the small sample size, there were low response rates for many of the Likert scale questions which resulted in collapsing the categories to reflect larger response rates. The low response rate could also have been due to the way participants were recruited into the evaluation. The email that was sent to participants did not contain the name or identity of the Program Coordinator, Kwajelyn Jackson. This may have caused some participants to be doubtful about responding to the survey as they did not associate the evaluation with the program coordinator. Although it did indicate that the survey was for the YWLP, including the program coordinator on the email could have increased response rates.

Although all of the respondents indicated that they participated in Young Women's

Leadership Activities, only one participant answered that she was “not sure” if she had participated in the Young Women’s Leadership Program. Which means that 23(99%) of the participants in the sample did not relate the activities of the program with the program itself. This could be due to the loss of funding and therefore decreased branding of the program.

This evaluation is based on survey responses which might have yielded inaccurate or unintentionally inaccurate results due to self-report of participants. This was combated with strategies to increase recall by listing and naming all of the activities that they would have noticed on their monthly volunteer newsletter. Also, participants were not allowed to answer questions about activities that they previously indicated they did not attend so that decreased self-report error as well. The survey also only assessed participant’s perceived increase in knowledge of reproductive health, rights, and justice and leadership and advocacy skill development. Therefore, we cannot say with confidence that the participant’s actually obtained an increase in knowledge and skills. Pre and post assessments for knowledge, advocacy, and leadership would have been helpful in collecting that information.

This study is not generalizable to all women ages 18 and over or all participants. The women in this survey were interested and open to advocacy and leadership training about reproductive health, rights, and justice. There were also some racial and ethnic categories that were not represented in this sample. A majority of the participants indicated that they were Caucasian/White. This program may not have yielded the same results if the program were implemented in a different city or political climate that may or may not be concerned with reproductive health, rights, and justice advocacy.

Recommendations

The Young Women's Leadership Program was effective in increasing knowledge, advocacy skills, and leadership skills as indicated by participants. The program may benefit in the future from continuous monitoring, re-branding, increased staffing, and increased funding.

The evaluation of Young Women's Leadership Program was an outcome evaluation, however, a process evaluation would have been helpful to make sure the objectives of the program were being met and attempted. A continuous process evaluation would be a tool used to collect pre and post data for the program, as opposed to retrospective data to determine program effectiveness. Pre and post assessment data would be ideal for determining actual increases in knowledge and skills of participants.

Initially, the Young Women's Leadership Program was advertised for participants to enroll. After the loss of funding, participants were shifted through the program without the initial structure of the program and was branded as a volunteer program. Re-branding the program with the original structure and format, even without funding, could increase participant enrollment and participation. The program would possibly benefit from utilizing social media such as Facebook, Twitter, or Instagram in order to peak participant interest in the program. A manual should also be developed that guides the participants through the three tier's of the program and in turn it would give them something to strive for and look forward to. The program could also benefit.

Staffing is a limitation of the Young Women's Leadership Program. There is one program coordinator and the task of ensuring that all program objectives are being met is too great for one person to bear. A program coordinator to manage the program and three program

assistants to guide the participants between each tier of the program could increase program effectiveness. This would give the participants more chances for individual coaching to proceed to leadership roles. Increased staffing could also assist with advertising and promoting the program. Previous graduates of the program would be ideal for this as they are well suited to promote the program in a positive way. However, increased staffing would require increase of funds, which is a limitation of the program as previously stated.

The Young Women's Leadership Program lost funding but did not lose sight of the mission of creating leaders and advocates for the Feminist Women's Health Center and for the greater Atlanta community. They continued to promote advocacy and leadership among the participants and also were successful in increasing knowledge. These positive results could be used to seek and acquire funds for the program. Continuous monitoring and evaluation could be crucial in sustaining the funding source and the program. There are many organizations that could fund the program if the program is continually monitored for effectiveness.

Contribution to Public Health

One of the long term goals of the Young Women's Leadership Program is to increase support for policies that promote and protect reproductive health, rights, and justice. This is critical for women's health and rights. Reproductive health and rights are a public health issue and they are a global health issue. Women, internationally, need and deserve proper reproductive health care and reproductive rights. Without advocates and leaders who can be entrusted with taking women's health and rights to the next level as far as policy, the women's rights movement would be diminished. Making positive changes in the community by educating people is also a long term goal, but influencing policy is where large-scale differences can be made and seen. This is one of the reasons why training and education of the participants who are willing to

becoming advocates and leaders in the reproductive health movement, is so important. Without programs like the Young Women's Leadership Program, advocates and leaders would be ill-equipped to take on the political aspect of the movement. This program empowers and encourages participants to not only become a leader and advocate in their community and at Feminist Women's Health Center, but a nationwide leader and advocate for those women who are unable to stand up for their own reproductive health and rights.

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Appendices

Appendix A

Volunteer Orientation Manual

Welcome Letter

March 29, 2014

Dear Volunteer,

It is with great excitement that we welcome you to Feminist Women's Health Center's volunteer program! We assume you are here because you share our passion for social and reproductive justice and beliefs in the importance of equality across all cultures, races, classes and genders. Our volunteers seek to make a difference in these issues, and our primary goal is to match your interests and talents with the organization's needs in order to further the advancement of health care for all.

The individuals who volunteer at Feminist Women's Health Center play an integral role in the empowerment of women through service, education and advocacy. We depend on volunteers to spread awareness of this important non-profit health resource, as a place that works continuously to improve women's health by providing quality care and community education. Our active volunteer force is well-trained, so you will become knowledgeable enough to carry out effective and meaningful projects. Understanding that education and knowledge are essential to an individual's ability to make health care decisions, our volunteers dedicate their time to help ensure that all have access to these opportunities and rights. When you become a part of the Feminist Women's Health Center's community, we want to work with you to create a meaningful, empowering volunteer experience that will help you to grow as an activist.

This manual will provide you with the general practices of our Center with regard to volunteers. We encourage you to become familiar with the contents of this manual, as it answers many questions and outlines how volunteers contribute to the work of the Center. We reserve the right

to amend any of the policies and descriptions included in this manual.

We are excited and grateful to have you join our committed team! Get energized as you acquire new skills, such as advocating for social justice and women's rights, planning special events and recruiting new activists. Most importantly, we hope you encounter meaningful learning experiences, so that you are able to find a unique way to contribute to the mission of protecting and advancing women's health care.

Until Justice,

Betty Barnard

Community Engagement Coordinator

Feminist Women's Health Center - Community Education & Advocacy Network

About Feminist Women's Health Center

Mission & Shared Values

The mission of the Feminist Women's Health Center is to provide accessible, comprehensive gynecological healthcare to all who need it without judgment. As innovative healthcare leaders, we work collaboratively within our community and nationally to promote reproductive health, rights and justice. We advocate for wellness, uncensored health information and fair public policies by educating the larger community and empowering our clients to make their own decisions.

- We provide quality healthcare and community education regardless of race, ethnicity, sexual orientation, gender identity, socio-economic or immigration status;
- We respect the human dignity of all individuals;
- We act with compassion and caring;
- We remain committed to reproductive freedom and justice;
- We actively include those who experience unique barriers to both education and healthcare access including non-English speakers, youth, GLBTQI, all racial/ethnic/cultural communities and people with varied capabilities;

- We provide medically accurate, comprehensive and respectful education;
- We actively seek collaborations within our community to accomplish shared goals;
- We recruit and educate young future leaders to continue our advocacy work;
- We utilize resources in a way that provides the same high quality education and healthcare within our scope of practice to as many clients as possible; and
- We provide a work environment for all employees that is affirming, empowering and respectful of them as individuals while encouraging success.

Our Story

Honoring Our Past & Celebrating Our Future

Early Beginnings: In California, before the Roe v Wade and Doe v Bolton Supreme Court decisions made abortion legal nationwide, most abortions were done in hospitals at a cost of \$3000. In order to get an abortion, two doctors needed to certify the pregnancy would cause a woman physical or mental harm, or that she had been raped. Abortion methods were traumatic to women's bodies, and no one knew which doctors performed abortion, legally or illegally, or where to go for help. Carol Downer and Lorraine Rothman, California activists, wanted to make abortion legal and safe. When they realized some abortion providers were not even doctors, they figured early abortion just could not be that complex, and it was time to learn more. Carol went with a friend to her gynecologist's appointment. During the exam, Carol got a glimpse of her friend's cervix, and decided women could do this. "It was a shock to learn how simple and accessible our anatomy is." When the doctor left the room, Carol took the plastic speculum.

That night at a meeting of activists, Carol pulled out the speculum saying, "I'd like to share something with you." She climbed up on a desk and inserted the speculum allowing the amazed group to see her cervix. As Lorraine recalls, it was "Of course. What did women do before there were doctors? Let us stop the humiliation of trying to persuade the powers that be to legalize abortion. Let's just take back the tools, the skills, and the information to perform early abortions and be in charge of our own reproduction." One woman in the group brought out the abortion instruments from the illegal clinic where she worked - a cannula and large plastic syringe. Lorraine, who had been studying medical texts, saw some weaknesses in these tools. Over the next week, using material that could be purchased in most any town, Lorraine invented an apparatus she named the 'Del Em'. With this device and a plastic speculum, a woman's menstrual period could be suctioned out around the time her period was due. If she happened to be newly pregnant, the tiny cells of an early pregnancy would also be removed. If women knew when to expect their periods, they could safely perform "Menstrual Extraction" on each other to

stay pregnancy free.

A National Movement Though not on the official agenda at the 1971 N.O.W. conference, the 'West Coast Sisters' rented a hotel room and shared 'self-help' with conference participants. From those connections, Carol and Lorraine put together a national tour, 23 cities in six months, sharing self-help and menstrual extraction. One of the self-help groups founded during their trip to Midtown Atlanta sparked Lynn Thogersen and Lynne Randall to found our Center in 1977.

When Roe v Wade and Doe v Bolton were decided in 1973, the Abortion Referral Service [also founded by Carol and Lorraine] quickly became the Los Angeles Feminist Women's Health Center providing safe legal and empowering abortion services. Other self-help groups soon followed suite in other parts of California, as well as Oregon, Iowa, Florida, Washington, New Hampshire ...and the Atlanta Feminist Women's Health Center was started in 1977 by Lynn R. and Lynn T (both 24 years old) after they borrowed \$500.00 from their parents to buy an old house at 580 14th street which they converted into a clinic. The early feminist clinics completely revamped abortion techniques to make them safer and gentler for women. They institutionalized the practice of informed consent and unbiased counseling, making sure women had complete uncensored information about all options.

The women's health movement started with a powerful idea - to reclaim knowledge about our own bodies by learning from each other and ourselves. A local midwife was quoted in the Atlanta Constitution in a story related to the Atlanta founding mothers, "They were very brave...and changed the balance of power in women's health care". The movement forever changed the manner in which abortion and birth were controlled by hospitals and doctors, and the relationship thousands of women have with their bodies. Sources: A Woman's Book of Choices and Voices for Choice, Washington State

THEN NOW

Self-help groups, each woman with her own speculum Collaborative health care
partnerships that honor self-help strategies & team input

2 unpaid co-directors working other jobs to finance the clinic, 1 contract physician & 4
volunteers: Initial budget of \$500 borrowed from relatives 26 employees, 6 contract physicians,
2 nurse practitioners. 30 volunteers: Annual budget of \$2,000,000

When clients did not have enough money to pay for a procedure, we went around the clinic
passing the hat An internal Women in Crisis Fund with contributions from supporters &
foundations helping women & families with limited resources

No computers, hand written checks & messages 23 work stations networked with 3 servers

and 5 printers, intranet & internet web presence, 2 newsletters, voice & email.

A Clinic with self-help groups and surgical abortion A Center offering Community Outreach & Public Policy services with specialty GYN & FA services, medical & surgical abortion, assisted reproduction, Young Women's Leadership Programs with Latina Outreach, refugee women's program and a Public Policy Advocacy program.

BIOGRAPHY: A FEW HIGHLIGHTS

Our Center has remained steadfast in providing high quality reproductive health services for over 30 years. Due to our commitment to providing abortion care, the Center has received no government funding. Instead, fees for services, donations and grants from both individuals and foundations have supported our work. Both community support and a dedicated team of employees has allowed us to average approximately 10,000 new and cycle client visits annually in addition to sharing reduced fees for more than 52% of the women we serve in our clinic annually. Additionally, we reach over 6,000 people annually in Community Outreach and millions more have benefited from the Public Policies we help pass or defeat. Although we learn and contribute globally through our Internship program and by presenting at events such as the 4th World Conference on Women (Beijing, 1995) and 8th International Women's Health Conference (Rio De Janeiro, 1997) as well as at meetings from Canada to Korea, we primarily serve the southeastern region within our Cliff Valley Clinic.

Professional Contributions:

- Co-authored, with the Federation of Feminist Women's Health Centers; How to Stay out of the Gynecologist's Office; A New View of a Woman's Body and Woman Centered Pregnancy & Childbirth.
- Pioneered a new safe barrier method of birth control, the cervical cap, by participating in clinical trials and traveled in both the USA and internationally to educate other health practitioners internationally in its use.
- Served as an investigational study site for the Yama Lea's Shield Vaginal Contraceptive Device, Dr. Christine Mauck, Clinical Research Coordinator, Contraceptive Research & Development Program
- Our Founders visited France to study the use of RU486 and returned to write an article published in Ms Magazine on medical abortion. FWHC later (1994) served as the only clinical trial site in the Southeast for the Population Council, US mifepristone/misoprostol clinical trial eventually approved by the FDA (2000) allowing "mifeprex" on the market in the United States. This (FDA) protocol established that a medical abortion would be done in a clinic with observation of medical professionals.
- Served as a Clinical Trial site for four University of Rochester clinical trials (1996-2000)

on mifepristone/misoprostol that developed the (NAF) protocol for medical abortion which established more effective dosage and administration of mifepristone and misoprostol and demonstrated women could safely complete the medical abortion and timing of the 2nd medication at home rather than in a clinic setting, thus enabling them more control.

- Participated in the University of Rochester gestational study that established that women are very accurate in their estimates of their pregnancy gestation (length of pregnancy) during the first trimester.
- Clinical Site for the Doctoral dissertation; Andrews, J.L. & Boyle, J. A, African American Adolescents' Experience of Unplanned Pregnancy and Elective Abortion.
- Training of Post Residency Fellows from Emory University in 2nd trimester abortion medicine.
- Training and internship site for medical students, nurses/NPs, medical students for Choice & counselors.
- Honored by the Feminist Majority Foundation (1996) for Outstanding Contributions in Reproductive Justice.

The "founding mothers" recognized the existing medical system's beliefs and practices were based primarily on male assumptions of what was "best" for women. In the new center they created, they changed those norms. Atlanta's feminist clinic started with self-help groups that allowed women to ask frank questions about their bodies. Our founding mothers were inspired by a powerful idea -- to reclaim knowledge about their own body by learning from each other and ourselves through self-help. "Self-help" is the ability to understand, care for, and make one's own decision about health care. Self-help was a cornerstone concept of the women's health movement.

It was only a few years prior that safe and legal abortions were not available for most American women. Women with access to limited resources or information at that time sought "back alley" abortions, most risking their fertility, health, or lives. Shortly after the U. S. Supreme Court announced its 1973 decision in *Roe v. Wade* and *Doe v. Bolton* (*Doe* was *Roe's* companion case from Georgia, represented by Margie Pitts Hames), legalizing the right for women to choose the outcome of their pregnancy. The first feminist clinic, the Los Angeles Feminist Women's Health Center opened and began providing safe and legal abortions.

Other activists soon opened feminist centers in other parts of California, as well as Iowa, Florida,

New Hampshire, Oregon, Washington . . .and here in Atlanta, Georgia. The early feminist clinics had an enormous impact on the way that women's health care is now delivered. They completely revamped abortion techniques to make them safer and gentler for women. They institutionalized the practice of informed consent and unbiased counseling, and made sure that women had complete, uncensored information about their options.

Today, FWHC is Georgia's only feminist health resource offering accessible comprehensive gynecological health services, community education & outreach, and advocacy for reproductive rights, health, and justice for all. Over 10,000 women, men, and girls are served by our clinical services and educational outreach, and millions more are impacted by the policies we help to pass, amend, or defeat.

Organizational Chart

Contact Information

Title Name Email

Board Chairs Bill Polk

Rosemary Robertson bill@rwhdesign.com

rroberts@gpc.edu

Executive Director Nancy Boothe nnboothe@feministcenter.org

Community Education & Advocacy Director Janelle Yamarick janelley@feministcenter.org

Community Engagement Coordinator

Betty Barnard

nextwave@feministcenter.org

LLVI Program Manager Maria Azuri latinaoutreach@feministcenter.org

Marketing & Outreach Assistant

Jane Gatimu

janeg@feministcenter.org

Hours of Operation

Cliff Valley Clinic (CVC) is open Monday through Saturday: 7:30 a.m. to 5:30 p.m. (Hours are subject to change). Our Community Education & Advocacy Network hours of operation vary according to volunteer needs, special events and programs, and the state legislature. Generally, our offices are open from 9am-5pm most weekdays (excluding major holidays).

- Volunteer Nights, FOCUS Workshops and all trainings are held on Tuesdays and Wednesdays from 6-8:30pm.
- Film Forums and Committee Meetings are held Mondays and Thursdays from 7-9pm.

- Volunteer Days are held on the second Saturday of each month from 1-4pm.
- Other events are held as scheduled - please check our website at www.feministcenter.org for the Google Calendar and Schedule of Activities, updates monthly.

New Volunteer Guide to Services

At FWHC, we have two goals: to provide outstanding, sensitive, and supportive reproductive health care services to all at our Cliff Valley Clinic AND to empower our community through educational initiatives while advocating for reproductive justice and reproductive rights in our Community Education & Advocacy.

Cliff Valley Clinic

(404-728-7900 or 800-877-6013)

FWHC's Cliff Valley Clinic is a safe, supportive, and affordable place for your reproductive health care needs. We welcome all races, ethnicities, sexual orientation, gender identity or expression, socio-economic status and abilities. On a typical day, four languages are spoken, and additional translators can be arranged, as needed.

Listed below are the medical services available. For more information, ask any staff member!

Abortion Care

- o Abortion by pill
- o First Trimester
- o Second Trimester
- o Fetal Anomalies
- o Trauma Survivor
- o FAQ's

Comprehensive GYN & Wellness Services

- o Annual Wellness Exam
- o Birth Control Options
- o Emergency Birth Control

- o STD/STI/HIV Testing
- o Trauma Survivor

Division of Reproductive Medicine

- o Donor Insemination 101
- o Fertility Assessment
- o "Maybe Baby" Educational Series

Trans Health Initiative

- o Robert Eads Health Project Fair

Community Education & Advocacy

(404-248-5445)

FWHC empowers women AND men through a variety of program initiatives responding to a community-identified need. For more information on programs and services, please see the next section.

Volunteer Programs

Young Women's Leadership Project - Under Construction

Launched in 1999 by the Feminist Women's Health Center, the Young Women's Leadership Project is a great way for young women from all walks of life and communities to prepare for activism, advocacy, or organizational leadership.

As a participant you will have an opportunity to develop hands-on skills, including how to advocate for social justice and women's rights, powerful event planning and recruitment skills. We want to empower you with volunteer projects, learning experiences, workshops, and the mutual exchange of ideas so you can find your own way to protecting and advancing women's health.

These activities serve not only to empower participants but also to diversify Atlanta's reproductive justice movement. As the Project expands its programming, we deepened our outreach strategies to educate and empower all young women. In 1992, we sought to expand our current efforts to reach more young African-American women, and in 2005, we responded to a growing Hispanic population within our community and expanded our efforts to reach young Latinas, the Lifting Latina Voices Initiative.

After all, since the Project was implemented in 1999, over 2,200 young women have graduated from the Project -- join us and you too can find your own way to protecting and advancing women's health, rights and justice!

Lifting Latina Voices Initiative - The Lifting Latina Voices Initiative (LLVI) empowers metro-Atlanta Latinas through education and outreach to develop a diverse group of women making informed decisions about their sexual and reproductive health.

Fully implemented in 2007, LLVI is the only program in Georgia to specifically address comprehensive reproductive and sexual health issues that Latinas face, especially those who are low-income and uninsured. From providing basic sex education information on sexually transmitted viruses and diseases, to fostering communication skills amongst friends, mothers, and daughters, LLVI cultivates Latina self-awareness, growth and empowerment.

LLVI provides opportunities for leadership for Latinas by outreach to this community through the Latina Leadership Committee, educational workshops, grassroots organizing, and related projects. Through our advocacy trainings and programs, we will work to ensure that Latinas' voices are heard and counted in the policy debates that affect their lives, realities and communities.

LLVI's goal is to develop a diverse group of Latinas to become our future leaders, activists and engaged citizens. There are many important issues affecting Latinas today. Come learn how cultural norms, stereotypes, communication modalities and gender inequities continue to silence Latinas and suppress personal and interpersonal health and growth. LLVI works to continuously create, relevant and dynamic discussions, workshops and leadership and mentoring opportunities in an open and safe environment with the goal being; Latina empowerment, growth and increased sexual and reproductive awareness and health.

We are a powerful voice . . .

- There are 40 million Latinos residing in the U.S., representing a 58% increase from 1990-2000.
- There are over 18 million Hispanic American/Latina women in the U.S. and it is estimated that by the year 2050 1 out of every 4 women in the U.S. will be Latina.
- The major trend to move away from major immigrant states has impacted Georgia greatly- from 1990-2000; Georgia had the second largest Hispanic growth rate at 233%.

We Have the Right to a Healthy Life!

- Latinas have the highest rate of uninsured women from any racial/ethnic group.
- Latina women are more likely to feel that their doctors do not take the time to answer all of their questions as compared to other groups and are more likely to leave the doctor's office without understanding all of the information they received.

Advocacy – FWHC The Feminist Women's Health Center launched its Advocacy programs in 1996, and since then we have become a leader in the movement for reproductive justice in Georgia. We have a direct lobbyist in addition to our grassroots lobbying work and collaboration with coalition partners. Our Voice Beyond Choice campaign is the foundation of our advocacy efforts – we approach advocacy from a reproductive justice framework that ties reproductive rights and health to broader social justice issues. The right and access to safe and legal abortion still needs support. However, this is only one issue that women and families face. There are many overlapping issues involved, and we need to expand our vision to best advance and protect reproductive health and rights. Our advocacy efforts include:

- o Advocacy Days at the State Capitol – Join us at the Capitol on the fourth Tuesday of each month of the legislative session as we lobby on current issues and legislation.

- o Feminist Advocacy Network (FAN) Listserve – Sign up with your email, address and phone number to receive email updates on current legislation, along with instructions on how to do some “armchair activism” and call or email your elected official. FAN is one of the easiest ways to make an impact by raising your voice.
- o Legislative Advocacy Workshop – Each year we hold a day-long workshop to prepare advocates for the upcoming legislative session. FWHC will also take a shortened version of this workshop on the road! Contact us to schedule a Legislative Advocacy Workshop for your campus group, social justice group, a temple or a church group, or class. We are glad to offer this important program to help your supporters, members, and volunteers speak out for the causes important to you.
- o Voice Beyond Choice House Parties - Supporting our “Voice Beyond Choice Campaign” is as easy as having friends over for coffee & dessert. Be a House Party Host - It’s a fun, interesting, and powerful way to make a difference! With a very challenging political situation in Georgia, it is vital that we reach out to supportive people. Throughout the state, dedicated people just like you will host wine and cheese parties, coffee klatches, and dessert parties for their friends, families, neighbors, and co-workers as part of this campaign to educate, engage, mobilize and advocate for an expanded vision of reproductive health and rights

Men for Equality & Reproductive Justice – Under Construction As advocates for positive social change, we recognize, along with others, that throughout the world there is an incredible need for institutions that are cooperative rather than competitive, feminist rather than patriarchal, egalitarian rather than domineering. In responding to this need for such change, FWHC began collaborating with the National Organization for Men Against Sexism (NOMAS). Their collaborative outreach and community education efforts have evolved into MERJ, a program that works to develop male allies and leaders in the reproductive justice movement.

Black Women’s Health Forum – Under Construction Lead by interns, the Black Women’s Health Forum works to educate community members on reproductive health care disparities for Black women in Georgia. We host forums with our community partners, screen films, and collaborate with local organizations to provide education and access to reproductive health care at our Cliff Valley Clinic.

Feminist Film Forum - Watch. Learn. Discuss. Mobilize. Join us as we explore issues of sexuality, gender and reproductive freedom through film. On the third Thursday of each month, the Feminist Film Forum Committee brings you a free screening of an edgy, engaging film, a lively post-screening discussion, and of course, popcorn. The Feminist Film Forum Committee is a volunteer-run committee of dedicated film enthusiasts. Volunteers plan, promote, and put on our screenings.

Refugee/Immigrant Women's Health Project - In collaboration with other local community organizations, we work to overcome social, cultural, and economic barriers to provide vital reproductive health information and services to an often ignored population of women. We host workshops on family planning and reproductive health and collaborate with local organizations to provide education and access to reproductive health care at our Cliff Valley Clinic.

Volunteer Roles

Volunteers at Feminist Women's Health Center play an integral role in the empowerment of women through service, education and advocacy. We offer unique ways to contribute to the mission of protecting and advancing reproductive justice.

When you become a part of FWHC's community, we want to work with you to create a meaningful, empowering volunteer experience that will help you to grow as an activist. We assume you want to volunteer with us because you share our passion for social and reproductive justice and beliefs in the importance of equality across all cultures, races, classes and genders. Our volunteers seek to make a difference in these issues, and our primary goal is to match your interests and talents with the organization's needs in order to further the advancement of health care for all.

The individuals who volunteer at FWHC play an integral role in the empowerment of women through service, education and advocacy. We depend on volunteers to spread awareness of this important non-profit health resource as a place that works continuously to improve women's health by providing quality care and community education. Our active volunteer force is well-trained, so you will be knowledgeable enough to carry out effective and meaningful projects. Understanding that education and knowledge are essential to an individual's ability to make health care decisions, our volunteers dedicate their time to help assure that all have access to these opportunities and rights.

We are excited and grateful to have new volunteers join our committed team! Get energized as you acquire new skills, such as advocating for social justice and women's rights, planning special events and recruiting new activists. Most importantly, we hope you encounter meaningful learning experiences so that you are able to find a unique way to contribute to the mission of

protecting and advancing women's health care.

We use the Midwest Academy model of leadership development in our volunteer program. In a nutshell, we match volunteers to low-level tasks initially so that they get comfortable working with FWHC and understanding our mission and processes. Those who show commitment and want to take on more are given further training to develop the skills and education to take on more responsibility. Eventually, once these folks continue to show commitment and ability to handle responsibility they are given more training and high level tasks to become leaders. These volunteers often serve on committees or work on special projects. Each level of volunteerism is critical to our work – just do what you can and have fun!

Volunteer Orientation and Training Process

There are several important steps to beginning your volunteer experience at the Feminist Women's Health Center, as follows:

- Fill out the Volunteer Application. You can either use our new online volunteer application or download the printable form to fax in (404-417-0878) or bring it with you to your Volunteer Orientation.
- Schedule a Volunteer Orientation. Your hour-long orientation will cover ways your interests, skills, and availability will match our organizational needs. You will receive a tour of our facility, a packet of information and guidelines, and have a chance to ask questions.
- Attend our Focus: Reproductive Justice Advocacy Workshop as soon as possible (held monthly - check the Schedule of Activities for the next date). You can begin volunteer activities before you attend our Focus workshop, but we highly recommend you attend the workshop as soon as possible after your orientation.

Volunteer Job Descriptions

Outreach

Outreach volunteers help us recruit more participants in the community. Some specific duties may include:

- o Recruit other volunteers
- o Phone supporters for events
- o Staff a table at a festival/events

- o Street teaming
- o Liaison with campus

Requirements: Comfortable with public speaking or a willingness to learn. Professional and personable demeanor preferred. Outreach volunteers must be oriented, attend a FOCUS Workshop, and an Outreach Training.

Commitment: Volunteers must commit to a minimum of 4-5 hours a month for at least 3-6 months. Most outreach activities such as phone banking and tabling take place April-October.

Community Education

Community Education volunteers help us be a strong voice in the community. Volunteers help us educate the public on health issues, reproductive rights, and connections to social justice movements and health services. Some specific duties may include:

- o Health education
- o Public speaking
- o Training / Workshop facilitation
- o Staff a health fair

Requirements: Comfortable with public speaking or a willingness to learn. Professional and personable demeanor required. Community Education volunteers must be oriented, attend a FOCUS Workshop, and an Outreach Training. They must also have prior experience and/or ability to attend trainings to develop needed skills.

Commitment: Volunteers must commit to a minimum of 4-5 hours a month for at least 6 months. Speaking engagements and workshops are scheduled sporadically and require commitment and consistent communication with the Community Engagement Coordinator.

Advocacy

Our advocacy volunteers have been absolutely critical to promoting fair legislation in Georgia. We work to pass, defeat or amend legislation and public policies to protect reproductive justice in Georgia. Some activities may include:

- o Lobbying
- o Legal research – prior experience required
- o Hosting a house party
- o FAN membership

- o Attending or helping to organize rallies and protests
- o Attending or helping to organize Advocacy Days

Requirements: Comfortable with speaking to elected officials or a willingness to learn. Professional and personable demeanor preferred. Advocacy volunteers must be oriented, attend a FOCUS Workshop, and an Advocacy Day or Legislative Workshop Training. Prior experience is required for legal research volunteers.

Commitment: Volunteers must commit to a minimum of 4-5 hours a month for at least 3 months. Most advocacy activities take place January-April depending on the legislative session.

Marketing support

Marketing support volunteers help us stay visible in the community. Some tasks include:

- o Photography
- o Translating brochures
- o Graphic design
- o Web design/maintenance
- o Videography
- o Flyer design

Requirements: Other than assisting with mailings, prior skills in each area are preferred. Marketing volunteers must be oriented, attend a FOCUS Workshop, and a one-on-one training with their staff supervisor.

Commitment: Volunteers must commit to a minimum of 2-4 hours per month; at least a 6 month commitment is preferred. May perform work at FWHC or from their own office or home.

Grassroots fundraising support

These volunteers help us to plan, staff, and conduct our fundraising events. They are crucial partners in our fundraising efforts, and often get to have a lot of fun! These volunteers plan, coordinate and manage events for the clinic/organization, including logistical details for the events, promotion and marketing of the events, record keeping for the events, volunteer recruitment & management for the events, and securing resources needed to successfully hold the events.

Fundraising volunteers also assist with writing grants, solicitation of donors and community leaders to support the clinic, assist with preparing acknowledgement letters for donors, prepare mailings and other promotional materials to announce fund raising opportunities to the

community, keep records of donors updated in database.

Requirements: Comfortable with team work and collaboration. Attention to detail and ability to take direction are important qualifications. Professional and personable demeanor preferred. Grassroots fundraising volunteers must be oriented, attend a FOCUS Workshop, and a Fundraising Training.

Commitment: Committee and planning volunteers must commit to a minimum of 4-5 hours a month for at least 6 months. Event support volunteers need only spend 4-5 hours per week a month before and the day of the event. Our major fundraising events take place in January, April and September or October of each year.

Office support during the day

Office support volunteers enable us to fulfill our mission by providing administrative help. While sometimes tedious and hardly glamorous, office support volunteers help us stay organized, track our efforts, and do research we couldn't do otherwise. Some tasks typically include:

- o Receptionist
- o Data entry
- o Making packets for trainings
- o Arts & Crafts
- o Mailings
- o Medical Records/Clinic Admin.

Requirements: Must be friendly, respectful and welcoming of patients and visitors to FWHC; protective of client and staff privacy; fluency in more than one language is helpful but not required. Professional and personable demeanor preferred. Prior experience in specific role is preferred. Office support volunteers must be oriented, attend a FOCUS Workshop, and a one-on-one training with their supervisor.

Commitment: Two to four shifts per month, of 3 hours each shift for at least 3-6 months. Most outreach activities such as phone banking and tabling take place April-October. Office support volunteers work on week days during office hours, generally 9am-6pm. Volunteers must make an appointment to volunteer with the Community Engagement Coordinator to ensure adequate supervision and resources.

Leadership Roles

Some volunteers become leaders once they demonstrate commitment, dedication and passion,

and willingness to take on additional responsibilities. Specific tasks for volunteer leaders include planning, promotion, strategizing, and delegating tasks for specific programs and events. These volunteers enhance our capacity to coordinate additional volunteers and conduct vital programs that advance our mission. Some roles include:

- o Volunteer coordination
- o Feminist Film Forum Committee
- o Refugee Workshop volunteers
- o MERJ Committee
- o Health Education Training Committee
- o Legislative Advocacy Committee
- o Events Planning Committee

Volunteer leaders are invited to serve in this capacity – they are not self-selecting. Some requirements and expectations include:

- o Be a volunteer in good standing with Feminist Women’s Health Center - have attended an orientation and FOCUS training and demonstrated at least 6 months of prior commitment to volunteering
- o Serve for at least 1 year and preferably more
- o Prepare for all meetings: review minutes and agenda, perform tasks as delegated
- o Attend all meetings and actively participate
- o Serve as a spokesperson for FWHC
- o Make every effort to attend all program events
- o Participate in performance evaluation
- o Contribute to mission-based decision making
- o Monitor the changing environment and participate in strategic planning
- o Actively serve on standing and ad hoc committees
- o Maintain confidentiality
- o Recognize and report any personal or professional conflicts of interest
- o Maintain appropriate lines of communication

- o Participate in an annual review and update of policies and procedures
- o Differentiate between these responsibilities and any additional responsibilities you choose to take on as a (non-committee member) volunteer for FWHC

Volunteer Rights & Responsibilities

- All personal information pertaining to any patient must remain confidential and secure in our clinics and/or administrative offices. Under no circumstances is a patient's condition or situation discussed outside the clinic organization (or within earshot of others within the clinic.) Federal law mandates that all patient information is to be kept confidential and secure, and even the fact that someone has come to the clinic for services is included in the confidentiality law. Discussion of any patient outside the organization may result in the termination of a volunteer. Volunteers must sign a copy of the organization's confidentiality policy.
- If volunteers are unable to report for their scheduled shift, they must notify their supervisor as soon as the absence and/or change in volunteer is certain. If the volunteer plans to be absent for an extended period of time, that should be communicated as soon as possible.
- Should a volunteer remain absent for more than a month without notifying his/her supervisor, and if the volunteer does not respond to contacts from FWHC, it will be assumed that the volunteer has resigned.
- All day volunteers should log in and out for their shift on the front office's daily log sheet. It is important to track volunteer hours for our external relations and fundraising efforts. Inreach events have a separate log-in sheet. If you work offsite, please email the Community Engagement Coordinator your hours at nextwave@feministcenter.org.

Volunteer Policies & Procedures

Age

Volunteers of all ages are welcome to apply to Feminist Women's Health Center. However, we do have some guidelines for minors:

- 18 and over: no restrictions
- 17-16: notification of parent or guardian
- 15-14: written consent of parent or guardian submitted to Community Engagement Coordinator
- 13-12: parental/guardian supervision while volunteering
- Under 12: Not advisable unless worked out with the Community Engagement Coordinator.
- FWHC does not provide childcare for volunteers, interns, clients or visitors. While in almost all cases you are welcome to bring children, the parent/guardian is responsible for their care while at FWHC.

Please speak to the Community Engagement Coordinator about your specific circumstances.

Attendance

To maintain a productive work environment, FWHC expects volunteers to be reliable and punctual in reporting for scheduled work. Absenteeism and tardiness place a burden on other volunteers, as well as FWHC. In the rare instance when a volunteer cannot avoid being late to work as scheduled, the volunteer should notify his/her manager as soon as possible before scheduled work time. If the volunteer is unable to reach his/her manager, please contact the Community Engagement Coordinator. Absences for reasons of personal business shall ordinarily require prior approval from his/her manager.

All volunteers are expected to be ready to work at their scheduled time. Poor attendance and excessive tardiness may lead to disciplinary actions, including termination of volunteer employment.

Care and Use of Feminist's Property and Equipment

Negligence or improper conduct leading to damage of employer-owned or client-owned property may result in disciplinary action up to and including suspension or termination of volunteer employment. Volunteers will find more information in the HR Policy: Volunteer Rules of Conduct, in the FWHC's Human Resources Manual.

Care and Use of the Computers

FWHC computers are maintained and strictly managed by the System Administrator. The computer system represents a considerable investment by the agency and is to be used for FWHC purposes only. The System Administrator or her agent are the only staff authorized to download or add any software, or troubleshoot or add any equipment. All disks from outside FWHC must first be inspected and accepted by the System Administrator.

The rules of conduct for computer use are contained in the HR and Administrative Policy Manual located on the intranet and in employee dining areas. Within your first two weeks here, you will need to read through the computer policies to learn about all IT precautions.

As a health care facility with HIPAA requirements to protect patient privacy and as an organization considered to be high risk for criminal mischief, we take security precautions seriously. Volunteers should log off your computer when it is not in use. Volunteers who do not need internet access as part of their job responsibilities are asked not to use internet access on any of the computers for personal business. It is unacceptable to allow someone access to network resources (i.e., internet, email, or files, etc.) through the use of your login and password under any circumstance unless granted permission by the System Administrator. Because we monitor computer security within our network closely, you should also be aware that all of the data and emails on your computer are considered work product and subject to review by the administration.

Additionally, volunteers are not allowed to access computers or take data with them when a volunteer position is terminated. Any volunteer found in violation of the policies summarized here or detailed in the administrative manual will face disciplinary action up to and including suspension or termination. Anyone found using FWHC computers in an unauthorized fashion as well as any volunteer, who aided them, by sharing passwords or allowing them access to a higher security level, will face disciplinary action up to and including termination.

o FWHC's Cliff Valley Clinic is subject to the rules and guidelines set forth in the HIPAA guidelines for the protection of client information. The HIPAA security officer for FWHC's Cliff Valley Clinic and all FWHC systems is the System Administrator who will monitor that we

are in compliance with all HIPAA guidelines.

- o Email: The email system is for official FWHC use only. Only volunteers who are authorized by the System Administrator may use email. No unauthorized volunteer shall use email to send, receive or retrieve any email, using the FWHC addresses or any outside service, unless first authorized by the system administrator. All authorized users must only use the email addresses authorized by the System Administrator. All users must follow the guidelines for email security and etiquette, set forth by the System Administrator and the Computer Policies to protect the system security and FWHC's reputation.
- o Again, please refer to the computer and internet technology policies and procedures in the HR/ Administrative manual for more detailed guidelines and acceptable protocols.

Rules of Conduct

To assure orderly operations and provide the best possible environment for our volunteers and clients, FWHC expects that certain rules of conduct will be maintained by all of us when we are representing the work of our organization.

It is not possible to list all the forms of behavior that are considered unacceptable in the workplace, so the following list is not intended to be inclusive of all inappropriate behavior. The following are examples of infractions of rules of conduct that may result in disciplinary action up to and including suspension or termination of volunteer employment.

- o Theft or inappropriate removal or possession of property
- o Misrepresentation of facts, including falsification of timecard and/or other timekeeping records and information or records related to volunteer employment
- o Working under the influence of alcohol or illegal drugs
- o Possession, distribution, sale, transfer or use of alcohol or illegal drugs in the workplace while on duty or while operating employer owned vehicles or equipment
- o Fighting or threatening violence in the workplace or while representing FWHC
- o Boisterous or disruptive activity in the workplace or while representing FWHC
- o Negligence or improper conduct leading to damage of employer-owned or client- owned property
- o Insubordination or other disrespectful conduct including refusal to carry out assigned tasks, take direction or conform to Human Resources policies
- o Violating client or employee confidentiality within or outside FWHC

- o Critical, judgmental or disrespectful attitude or interaction with any client
- o Violation of any security or safety rules
- o Smoking in prohibited areas
- o Sexual or other unlawful harassment
- o Possession of dangerous or unauthorized materials such as explosives or firearms in the workplace
- o Unauthorized absence from work station during the workday
- o Unauthorized use of telephone, mail system, computers, email system or other employer-owned equipment
- o Unauthorized disclosure of business strategy “secrets” or confidential business information
- o Unsatisfactory performance or conduct including failure to arrive on time
- o Actions which could result in damage to FWHC’s reputation in the community
- o Actions, words, jokes or comments based on an individual’s sex, race, size, sexual orientation, ethnicity, age, religion or any other legally protected characteristic
- o Serious or chronic inability to create and maintain a satisfactory relationship with FWHC employees, managers or clients served
- o Violation of policies regarding prescription drugs

Confidentiality

The protection of confidential client, coworker, or business information and trade secrets is vital to the interest and the success of FWHC. Such confidential information includes but is not limited to the following examples:

- o Compensation data
- o All client information and records
- o Financial information
- o Employee and vendor information lists (Name, address, telephone numbers, etc.)
- o Fundraising and donor information
- o Computer systems information
- o Billing procedures and practices

- o Detailed protocol information
- o Administrative procedures
- o Security procedures
- o Volunteers, Board of Directors and Physician information
- o Center Strategic or Business Plans
- o Donor and Volunteer Database

**To further stress the importance of confidentiality, all volunteers are required to read and sign agreements of HIPAA confidentiality compliance and FWHC Non-Disclosure requirements as a condition of volunteer employment. Some volunteers may also be required to read and sign “Work-made for Hire”, “non-compete” and/or “Proprietary Information Agreements” as a condition of volunteer employment.

Conflict of Interest

FWHC requires that volunteers avoid any business or financial relationship, transaction, or event that may be viewed as a potential conflict of interest between a volunteer’s work at FWHC and an outside party. Please see the attached form to sign and verify that you understand this policy and how to recuse yourself.

Contact Information

It is the responsibility of each volunteer to promptly notify FWHC of any changes in personnel data. Personal mailing and email addresses, telephone numbers, names of dependents, individuals to be contacted in the event of emergency, educational accomplishments and license or other such status reports should always be accurate and current. The Community Engagement Coordinator should be notified immediately if you would like to change who you want to be contacted in a personal emergency or if that person’s contact information has changed.

Feedback vs. Corrective Discipline

We strive to give each other constructive feedback often and in a supportive way. Feedback may be either written or verbally delivered, and is a good way for all of us to become better at what we do. Although showing up for work and satisfactory performance are the minimum requirements for continued volunteer employment, we would all like to excel. Supporting each other with suggestions and feedback is a good tool for growth. Please do not confuse feedback with corrective discipline.

A Corrective Action and Disciplinary process is designed to have positive outcomes and direct communication about the seriousness of the situation is generally present. Common forms of corrective action include being temporarily removed from a work setting, verbal discussion with clearly defined goals, written warnings, probation and/or immediate termination of volunteer employment, as a necessary consequence of unacceptable work performance. Steps of the disciplinary process as outlined in the HR manual may be eliminated or amended dependent upon the nature and seriousness of the infraction.

Dress Code

It is the policy of FWHC that all volunteers dress in a professional manner appropriate to a clinical and business setting. Good personal hygiene and professional dress suitable in a health care or outreach setting are important. Our choice in attire can enhance our clients' and the public's trust in our competence as health care providers, educators and advocates. Additionally, the Department of Human Resources regulates some dress codes in an Ambulatory Surgical Center clinical setting.

Appropriate:

- o Fingernails should be kept reasonably short (clinical areas)
- o Scrubs or lab coat (clinical areas)
- o Closed toe shoes (clinical areas)
- o Name tags at all times (clinical areas)
- o Normal work dress is "Business Casual"

Inappropriate:

- o Shorts above the knee
- o Un-ironed/dirty clothes
- o Casual or rubber thonged sandals (clinical areas)
- o Protruding rings (clinical areas)
- o Excessive, outwardly visible piercings
- o Valuable jewelry should be left at home
- o Clothes of a revealing nature

- o Blue jeans that are cut off or have tears, stains or “sew-ons”
- o Perfume (clinical areas)

When in the clinic, volunteers need to be sensitive to the population they are serving and avoid style trends that may be alarming to some of our clients. Volunteers who appear inappropriately dressed will be sent home and directed to return to work in proper attire.

Since some dress standards may vary according to the work assignment, volunteers should consult their supervisor if questions arise regarding what constitutes “appropriate” attire in the assigned work setting.

Parking

Free parking is provided for volunteers in the lower parking lot near Cliff Valley Way on non-clinic days, or in the Unitarian Universalist Church’s parking lot across the street on clinic days. Volunteers with circumstances allowing them to park in the clinic lot on clinic days may be asked to move their car if the space is needed for clients. Unless special arrangements are made with a manager, volunteers are asked not to use the parking spaces in the rear lot. We generally reserve these spaces for our clients and guests.

Workplace Safety

It is the policy of FWHC to maintain a safe and secure environment; therefore the presence of firearms or other dangerous weapons is strictly prohibited unless authorized for the security of the agency.

Our policy with protestors and dissenting observers is one of “total non-engagement”. This means we do not respond to their questions, accusations or statements in any way. As a matter of fact, we generally avoid eye contact with protestors and encourage our clients to do the same if they ask for our advice.

Work Schedules

Managers will advise all volunteers of the times their work schedules are expected to begin and end. However, the needs and operational demands of a nonprofit healthcare facility could necessitate variations in both starting and ending times as well as variations in the total hours that may be required in certain situations. If an extended workday is needed and poses a problem for

you, please let your supervisor know so that plans for coverage can be made.

Communications

Every volunteer is expected to provide complete contact information including phone, email, and address. Volunteers must also apprise the Community Engagement Coordinator in any changes to their contact information.

Volunteers will receive a bimonthly newsletter with upcoming volunteer events and news. Sometimes volunteers may receive additional updates or alerts. Volunteers are expected to read each newsletter and RSVP to any events you would like to attend.

We maintain a volunteer calendar on our website at <http://www.feministcenter.org/get-involved/activity-calendar>. Volunteers may subscribe to this calendar to receive timely updates. More information on each event can also be found at <http://www.feministcenter.org/get-involved/volunteering-at-fwhc/schedule-of-activities>. A hardcopy is available at FWHC during each volunteer activity and event.

We sometimes post news and opportunities on our Facebook account. We encourage volunteers to like our page at Fwhc Activists, and to use this page to communicate and dialogue with other volunteers and activists.

At any point in time please contact the Community Engagement Coordinator at nextwave@feministcenter.org or via the direct line at 404-248-5452. We highly encourage you to be a proactive volunteer – our volunteer program consists of over 200 volunteers, and it is not possible to maintain personal contact! We greatly appreciate your support and want you to have a meaningful experience, so if you have any questions or concerns that require one-on-one communications please contact the Community Engagement Coordinator at any time.

Community Room Use

One of the appealing aspects of our building is that we have a large community room available for our own meetings including ones initiated by employees, and meetings held by 501(c)(3) non-profits or other groups consistent with the mission of FWHC. A specific policy has been created which spells out both the requirements and responsibilities of using the community room, however, there is generally no usage charge for this room unless there are admission fees or some type of fundraising occurring the use of the room. To make a request for the use of the community room, it must be sent to the Operations Manager for approval through appropriate

channels and the schedule for the community room is posted on the FWHC intranet site as well as the doors of the community room.

Marketing Guidelines

To build visibility and identity for FWHC, all materials or items offered to clients, volunteers, donors, or the public must include a proper logo and appropriate contact information. Requests by outside entities to offer materials or items to our clients or in our outreach or marketing efforts should be forwarded to the Marketing and Communications Manager for evaluation.

Many times referrals from outside parties such as doctors, social workers, psychologists, related non-profits and other professionals result in clients, volunteers, or donors being introduced to FWHC. One of the goals of the Marketing Department is to develop and enhance those relationships so when requests for information are received, it is important to forward those requests to the Marketing Department.

Everyone in this organization may have times when good marketing opportunities present themselves such as when:

- o You started attending a progressive church that has a community bulletin board where you could post our community event flyers;
- o Your physician asks you about where you work and wants to know about making referrals of clients to FWHC and you say you will have our Marketing and Communications Manager get in touch with her or him;
- o And many more! Please speak to the Marketing and Communications Manager for further information.

Sexual Harassment

FWHC is committed to providing a work environment that is free of discrimination and unlawful harassment. Actions, words, jokes, or comments based on an individual's sex, race, sexual orientation, ethnicity, age, religion, or any other legally protected characteristic will not be tolerated. As an example, sexual harassment (both overt and subtle) is a form of volunteer misconduct that is demeaning to another person, undermines the integrity of the volunteer employment relationship, and is strictly prohibited. Any volunteer who encounters sexual harassment should immediately report it to a manager.

Disability Accommodation

FWHC is committed to complying fully with the Americans with Disabilities Act (ADA), ensuring equal opportunity employment for qualified persons with disabilities. All volunteer employment practices and activities are conducted on a non-discriminatory basis.

Qualified individuals with disabilities are entitled to equal pay and other forms of compensation (or changes in compensation) as well as in-job assignment, classifications, organizational structures, position descriptions, lines of progression and seniority. Leave of all types will be available to all volunteers on an equal basis.

Grievance Policy

A grievance is any significant volunteer concern that arises in the application of personnel breaches or in the violation of personnel practice, either between volunteers and their co-workers or between employer and volunteer.

Complaints Involving Another Volunteer: Volunteers are encouraged to take complaints involving a co-worker directly to that person for discussion and resolution. If the two volunteers are unable to resolve their differences, they may at any time request a mediation meeting with their manager where both volunteers are present. If a satisfactory resolution cannot be obtained, the manager may ask that the Clinic Director or Community Education and Advocacy Director meet with them.

If the complaint remains unresolved at that level, a third mediation meeting can be arranged with the Executive Director. The resolution of the Executive Director will be considered final.

Complaints Involving FWHC: The procedure set forth in the HR Manual is intended to serve as a means for peaceful settlement of disputes that arise between volunteers and FWHC. Specifics regarding the sequence of steps and the timing of a formal grievance procedure are outlined in the manual and may be amended through mutual written agreement of the parties involved. Failure by the volunteer to comply with any steps or limitations shall constitute withdrawal of the grievance. Failure by management to comply with the time limitations shall constitute the right of the volunteer to proceed to the next step of the grievance procedure.

1. Step 1: Try to work it out with your manager. If discussions fail to resolve the issue, you must submit the substance of your grievance in writing to the manager. The manager must in turn convey her/his decision in writing back to you within 5 working days of receiving your written grievance. If you find the decision unsatisfactory, move on to the next step.
2. Step 2: You must submit your grievance in writing to the Clinic Director or Community

Services Director within 5 working days of receiving your manager's decision. The manager's documentation should also be forwarded to the involved Director. The appropriate Director should contact you within 5 days to schedule a meeting. If the matter is mutually acknowledged as resolved at this level, no further action is required and a copy of the resolution and disposition of the grievance will be placed in your personnel record. However, if the discussion fails to resolve the issue, you will need to submit a written notice outlining the grievance to the Executive Director within the next 5 days.

3. Step 3: The Executive Director will schedule a meeting including you and appropriate others followed by a decision conveyed in writing to you within 5 working days. Decisions of the Executive Director are ordinarily considered final. If the grievance has been resolved, the process shall be reported at the next regularly scheduled Board HR committee meeting.

4. Step 4: If the grievance remains unresolved, the Board Chair of the Human Resources committee will convene the Human Resources committee within 10 days to review the process and determine an appropriate course of action. At the request of the committee, the volunteer shall have the right to be present and be accompanied by a person she /he feels would substantiate or provide representation with the grievance.

Clinic Discount Policy

We greatly appreciate our volunteers, and we want to show it by offering a discount on certain services in our clinic. Volunteers who serve 20 hours or more are qualified to receive a 15% discount on certain clinical services (any available services that qualify for a lesser rate, excluding ultrasound, Depo-Provera, Emergency Contraception, Gardasil, Implanon, and other IUD's). Please check with a Health Educator on applicability of this discount. To receive the discount, you must email or call the Community Engagement Coordinator to confirm you have fulfilled the minimum hours of service, and s/he will submit a letter confirming the discount to the clinic staff.

Mandated Reporters

As of July 1 2012, all volunteers of reproductive health centers are required to report suspicions of child abuse to state authorities. A report of suspected child abuse must be made about a patient if the patient is less than 18 years old and a mandatory reporter had reasonable cause to suspect that the patient has been sexually abused or exploited by anyone. In addition, a report must be made if a mandatory reporter has reasonable cause to believe that a minor has been physically abused, neglected, or exploited by a parent or caretaker.

Mandatory reporters do not have an obligation to ask a minor patient whether s/he has been abused in any of the manners described above. If the patient volunteers the information, however, or if anything s/he says to a mandatory reporter gives rise to a reasonable suspicion that abuse has occurred, then a report must be made.

Even if you believe that law enforcement and/or child welfare authorities are already aware of the minor's situation, it is advisable to make a report. That way no one can accuse you later of failing to fulfill your legal obligations.

The law requires that child abuse reports be made either by "the person in charge" of a medical clinic or a "designated delegate thereof." Therefore, if you know or suspect an instance of child abuse please report it immediately to the Community Engagement Coordinator or your staff supervisor.

Volunteer Evaluation Form

To help us continue to improve the operation of Feminist Women's Health Center, we would greatly appreciate your taking a few minutes to complete and submit this evaluation of our volunteer program. Thank you in advance for your comments, and thank you for volunteering!

Please evaluate your volunteer experience by checking the appropriate box:

Excellent Very Good Good Fair Poor

Overall Volunteering Experience

Clinic Staff

Interaction with other Volunteers

What was the date of your volunteer work?

Was your volunteering experience as you expected? If not, how did it differ?

What was the best part of your volunteering experience?

How could your experience have been better?

What would you like to see FWHC do differently?

May we have permission to use your comments and your name in our volunteer recruitment materials? _ Yes _ No

Please return by fax, mail, or e-mail.

Thank you for helping us to improve our volunteer program!

Appendix B



Volunteer Opportunities & News

Atlanta's leading nonprofit feminist health care resource needs YOUR volunteer support! Visit www.feministcenter.org for more details!
RSVP required at www.feministcenter.org/rsvp

VOLUNTEER ORIENTATION

Saturday, August 10, 10:30am-noon @ FWHC

Want to get involved? Fill out an application online and RSVP for an orientation!

VOLUNTEER DAY – Tabling Prep

Saturday, August 10, 1-4pm @ FWHC

Help us prepare for upcoming trainings and advocacy efforts. You're guaranteed to meet other feminists when you lend a helping hand. Munchies and drinks provided!

TABLING TRAINING

Tuesday, August 13 6-8:30 pm @ FWHC

All tabling and outreach volunteers are required to attend this training.

WORKSHOP: FOCUS Reproductive Justice Advocacy

Tuesday, August 20, from 6-8:30pm @ FWHC

What's reproductive justice? How can you be an advocate? All volunteers must attend this primer on the history of FWHC, Georgia politics, and reproductive justice.

MEET YOUR GENITAL HEALTH: THE NEXT GENERATION WORKSHOP

Thursday, August 22, 6:30-9pm @ FWHC

Join our Health Education Training Committee for a mind-blowing discussion about how things aren't always what they seem. RSVP mandatory.

TABLING OPPORTUNITIES ABOUND!

Saturday and Sunday, August 24-25 – Grant Park Summer Shade

All tabling and outreach volunteers must have attended a tabling training.

Sign up for FAN, the Feminist Advocacy Network email alert list!

Are you concerned about recent legislation that restricts women's health? Do you want to get timely insider updates on reproductive health rights, and justice issues? Sign up today at <http://www.feministcenter.org/advocacy/take-action/fan-email-alerts>!

Get in touch with us! We are located at 1924 Cliff Valley Way Atlanta, GA 30329. You can always call or email the Volunteer

Coordinator at 404.248.5445 or nextwave@feministcenter.org



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VOLUNTEER NIGHT – Tabling and Unruly Night Prep!

Wednesday, September 11, 6-8:30pm @ FWHC

Help us prepare for upcoming trainings and advocacy efforts. You're guaranteed to meet other feminists when you lend a helping hand. Munchies and drinks provided!

VOLUNTEER ORIENTATION

Wednesday, September 11, 6:30-8pm @ FWHC

Want to get involved? Fill out an application online and RSVP for an orientation!

VOLUNTEER ORIENTATION

Saturday, September 14, 10:30am-noon @ FWHC

Want to get involved? Fill out an application online and RSVP for an orientation!

VOLUNTEER DAY – Tabling and Unruly Night Prep!

Saturday, September 14, 1-3:30pm @ FWHC

We need your help to prepare for upcoming Tabling and our annual FUNraiser event. RSVP required.

WORKSHOP: FOCUS Reproductive Justice Advocacy

Tuesday, September 17, from 6-8:30pm @ FWHC

What's reproductive justice? How can you be an advocate? All volunteers must attend this primer on the history of FWHC, Georgia politics, and reproductive justice.

TABLING OPPORTUNITIES ABOUND!

Saturday September 14 – Wheelbarrow Fest

Saturday, September 21 – East Atlanta Strut

All tabling and outreach volunteers must have attended a tabling training.

SPECIAL EVENT: An Unruly Night of Political Misbehavin'!

Thursday, September 26th, 7-9:30pm @ The Shelter - Tickets: \$15.00 in advance, \$18.00 at the door (price includes a drink!) Email us to volunteer, and visit <http://unrulynight2013.eventbrite.com/> to buy tickets!

Get in touch with us! We are located at 1924 Cliff Valley Way Atlanta, GA 30329. You can always call or email the Volunteer

Coordinator at 404.248.5445 or nextwave@feministcenter.org



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Appendix C

2014 Feminist Women's Health Center Survey

2014 Evaluation of the Young Women's Leadership Program

This survey is being conducted to understand participants' knowledge, involvement, and feelings about the Young Women's Leadership Project (YWLP) at the Feminist Women's Health Center (FWHC). Your input is helpful in determining YWLP's success and will be used to make programmatic changes. Thank you for your participation and please note that you may end the survey at any time if you do not wish to continue. Your information will not be stored for any intents or purposes other than this survey. This survey should take about 10-15 minutes to complete.

Q2 Please choose the gender that you identify with:

- A. Female
- B. Male
- C. Other _____

Q3 What is your age range?

- a. 18-20
- b. 21-24
- c. 25+

Q4 Select the best choice that describes your race/ethnicity:

- D. White/Caucasian
- E. Hispanic/Latina
- F. African American/Black
- G. Asian/Pacific Islander
- H. Native American
- I. Multi-racial/Bi-racial
- J. Other

Q5 What is your highest level of educational attainment?

- K. Less than high school
- L. High School Diploma/GED
- M. 2 year college degree (Associates)
- N. 4 year college degree (Bachelors)
- O. Masters Degree (MPH, MBA, etc.)
- P. Doctorate Degree (PhD.)

Q6 What is your current zip code?

Q7 How long have you been involved with the Feminist Women's Health Center (FWHC)?

- Q. Less than 6 months
- R. 6 months-1 year
- S. 1-2 years
- T. More than 2 years

Q8 How many times have you been to a FWHC-sponsored event/activity in the past year? Check one

- U. 0 Times
- V. 1-2 Times
- W. 3-5 Times
- X. 6 or more times

Q9 <p>Before becoming involved with FWHC, did you have any experience in reproductive health, rights, and/or justice advocacy?</p></o:p></o:p></p>

- Y. Yes
- Z. No

Q10 <p>Please indicate the leadership roles you have taken on within the FWHC. Check all that apply.<o:p></o:p></p>

- d. FWHC Intern
- e. Health Educator
- f. Advocacy Team Leader
- g. Volunteer Legislative Advocate
- h. FOCUS on Reproductive Justice Advocate
- i. Workshop Trainer
- j. Phone Bank Leader
- k. Campus Outreach Coordinator
- l. Online Organizing Coordinator
- m. Tabling and Street Team Coordinator
- n. Opposition Watch Coordinator
- o. Other: _____

Q19 <p>Please select all of the activities in which you have participated in 2013 with the FWHC: <o:p></o:p></p>

- p. Volunteer Orientation
- q. FOCUS: Reproductive Justice Advocacy Workshop
- r. Advocacy Day at the State Capitol
- s. 12th & Delaware Film Screening
- t. Meet your Genital Health Workshop
- u. Volunteer Day/Night
- v. Tabling/Tabling Prep/Tabling Training
- w. Letter Writing Event
- x. Stand up for Reproductive Justice (SURJ) Fundraiser
- y. Dance Practice: Walk in my Shoes, Hear our Voice
- z. Volunteer-a-thon phone bank
- aa. Committee Meetings
- bb. Other _____

Q11 Have you ever, to your knowledge, participated in the Young Women's Leadership Program (YWLP) at the Feminist Women's Health Center?

- AA. Yes
- BB.No
- CC.I Don't Know
- DD. Not Sure

If No Is Selected, Then Skip To Are you registered to vote?

Q12 When or If you participated in the YWLP, what method of contact was the most convenient for you?

- EE. Phone
- FF. Email
- GG. Word of Mouth

Q13 What do you think would be another helpful method of contact for the YWLP?

- HH. Text messaging
- II. Facebook
- JJ. Instagram
- KK. Twitter
- LL. Other: _____

Q14 <p>Since starting the YWLP, I am better able to...<o:p></o:p></p>

- cc. Talk to people about reproductive rights and justice
- dd. Recruit support from the public for the reproductive justice movement
- ee. Plan events
- ff. Empower others to become involved in the reproductive justice movement

Q15 Since starting the YWLP, I:

- gg. Have established friendships with other program participants
- hh. Feel connected to the FWHC community
- ii. Feel connected to the broader reproductive justice community

Q16 <p>Since starting the YWLP, have you taken on any leadership roles outside of the FWHC? <o:p></o:p></p>

- MM. Yes
- NN. No

Q17 Since starting the Young Women's Leadership Program, have you ever written or called any of your elected legislators?

- OO. Yes
- PP. No

Q18 Are you registered to vote?

- QQ. Yes
- RR.No

Q20 Participating In Volunteer Orientation:

	Increased my knowledge about reproductive justice and reproductive rights	Increased my knowledge of the reproductive health needs and concerns of women
Strongly Agree	SS.	TT.
Agree	UU.	VV.
Neither Agree nor Disagree	WW.	XX.
Disagree	YY.	ZZ.
Strongly Disagree	AAA.	BBB.

Q24 Please rate Volunteer Orientation according to its' value in:

	Very Valuable	Somewhat Valuable	Neutral	Of Little Value	Not at All Valuable
Developing your leadership skills	CCC	DDI	EEE	FFF	GGG
Developing your advocacy skills	HHI	III.	JJJ.	KKK	LLL

Q25 In 2013, did you participate in a FOCUS: Reproductive Justice Advocacy workshop?

- MMM. Yes
- NNN. No
- OOO. I Don't know
- PPP. Not Sure

If No Is Selected, Then Skip To In 2013, did you participate in the V...

Q26 Participating in the FOCUS: Reproductive Justice Advocacy Workshop increased my knowledge about reproductive justice and reproductive rights.

- QQQ. Strongly Agree
- RRR. Agree
- SSS. Neither Agree nor Disagree
- TTT. Disagree
- UUU. Strongly Disagree

Q27 Please rate FOCUS: Reproductive Justice Advocacy Workshop according to its' value in:

	Very Valuable	Somewhat Valuable	Neutral	Of little value	Not at all Valuable
Developing your Leadership skills	VV	WW	XX	YY	ZZ
Developing your Advocacy skills	AA	BB	CC	DD	EE

Q28 <p>In 2013, did you participate in the Voice Beyond Choice Advocacy Day at the State Capitol?<o:p></o:p></p>

- FFFF. Yes
- GGGG. No
- HHHH. Not Sure
- III.I Don't Know

If No Is Selected, Then Skip To Have you participated in any Voluntee...

Q29 Participating in Advocacy Day at the State Capitol increased my knowledge about reproductive justice and rights

- JJJJ. Strongly Agree
- KKKK. Agree
- LLLL. Neither Agree nor Disagree
- MMMM. Disagree
- NNNN. Strongly Disagree

Q30 Please rate Advocacy Day at the State Capitol according to its' value in:

	Very Valuable	Somewhat Valuable	Neutral	Of Little Value	Not at all Valuable
Developing your leadership skills	OOO	PPP	QQQ	RRR	SSS
Developing your advocacy skills	TTT	UUU	VVV	WWW	XXX

Q31 <p>In 2013, did you participate in any Volunteer activities at the FWHC?</p></o:p></o:p></p>

- YYYY. Yes
- ZZZZ. No
- AAAAA. Not Sure
- BBBBB. I Don't Know

If No Is Selected, Then Skip To In 2013, did you participate in Tabli...

Q32 Participating in Volunteer Activities increased my knowledge about reproductive justice.

- CCCCC. Strongly agree
- DDDDD. Agree
- EEEEE. Neither Agree nor Disagree
- FFFFF. Disagree
- GGGGG. Strongly Disagree

Q33 <p>Please rate Volunteer activities according to their value in:</p>

	Very Valuable	Somewhat Valuable	Neutral	Of Little value	Not at all Valuable
Developing your leadership skills	HH	IIII	JJJJ	KK	LLI
Developing your advocacy skills	MM	NN	OO	PPF	QQ

Q34 In 2013, did you participate in Tabling (i.e. at festivals, college campuses)?

- RRRRR. Yes
- SSSSS. No
- TTTTT. I Don't Know
- UUUUU. Not Sure

If No Is Selected, Then Skip To Have you participated in a committee ...

Q35 Participating in Tabling increased my knowledge about reproductive justice and rights:

- VVVVV. Strongly Agree
- WWWWW. Agree
- XXXXX. Neither Agree nor Disagree
- YYYYY. Disagree
- ZZZZZ. Strongly Disagree

Q36 Please rate Tabling according to its' value in:

	Very Valuable	Somewhat Valuable	Neutral	Of Little Value	Not at all Valuable
Developing your leadership skills	AA	BB	CC	DD	EE
Developing your advocacy skills	FFF	GG	HH	III	JJJ

Q37 In 2013, did you participate in a committee meeting?

- KKKKKK. Yes
- LLLLLL. No
- MMMMMM. Not Sure
- NNNNNN. I Don't Know

If No Is Selected, Then Skip To End of Survey

Q38 <p>Participating in Committee Meetings increased my knowledge about reproductive justice and rights. <o:p></o:p></p>

- OOOOOO. Strongly Agree
- PPPPPP. Agree
- QQQQQQ. Neither Agree nor Disagree
- RRRRRR. Disagree
- SSSSSS. Strongly Disagree

Q39 Please rate attending Committee Meetings according to its' value in:

	Very Valuable	Somewhat Valuable	Neutral	Of Little Value	Not at all Valuable
Developing your leadership skills	TTT	UUU	VVV	WWW	XXX
Developing your advocacy skills	YYY	ZZZ	AAA	BBB	CCC

Thank you so much for completing this survey! Your participation is extremely helpful for the future success of volunteer activities at the FWHC and the Young Women's Leadership Program!

Appendix D

2014 Young Women’s Leadership Program Evaluation

Codebook

Full Variable Name	SPSS Variable Name	Coding Instructions
Unique ID	ID	
Sex	Sex	1=female, 2=male, 3=other
Age range	Age	1=18-20, 2=21-24, 3=25+
Race/Ethnicity	Race	1=white/Caucasian, 2=Hispanic/latina, 3=African American/black, 4=Asian/pacific islander, 5=native American, 6=multiracial/bi-racial, 7=other
Education	Educ	1=less than high school, 2=high school diploma/GED, 3=Associates, 4=Bachelors, 5=Masters, 6=Doctorate
Involved with FWHC	InvFWHC	1=less than 6 months, 2=6months-1year, 3=1-2 years, 4=more than 2 years
FWHC sponsored activity	ActFWHC	1=0 times, 2=1-2 times, 3=3-5 times, 4=6 or more times
Experience in Reproductive health, rights, justice advocacy before FWHC	AdvFWHC	1=yes, 2=no
Leadership roles in FWHC	LeadFWHC	1=FWHC intern, 2=health educator, 3=advocacy team leader, 4=volunteer legislative advocate, 5=FOCUS on reproductive justice advocate, 6=Workshop trainer, 7=phone bank leader, 8=campus outreach coordinator, 9=online organizing coordinator, 10=tabling and street team coordinator, 11=opposition watch coordinator, 12=other
Specific FWHC Activities	SpecFWHCAct1-	1=volunteer orientation,

	SpecFWHCAct13	1=FOCUS: Reproductive justice advocacy workshop, 1=12 th & Delaware film screening, 1=Meet your genital health workshop, 1=volunteer day/night, 1=tabling, tabling prep, tabling training, 1=letter writing event, 1=stand up for reproductive justice (SURJ) fundraiser, 1=Dance practice: walk in my shoes, hear our voice, 1=volunteer-a-thon phone bank, 1=committee meetings, 1=other
Have you ever participated in YWLP?	ParYWLP	1=yes, 2=no, 3=I don't know, 4=not sure
What method of contact was most convenient for you?	ConYWLP	1=phone, 2=email, 3=word of mouth
Another helpful method of contact?	HelpConYWLP	1=text messaging, 2=facebook, 3=Instagram, 4=twitter, 5=other
Since starting the YWLP, I am better able to	BetterYWLP1-BetterYWLP4	1= talk to people about reproductive rights and justice, 1=recruit support from the public for the reproductive justice movement, 1=plan events, 1=empower others to become involved in the reproductive justice movement
Since starting the YWLP I:	StartYWLP1-StartYWLP3	1=have established friendships with other program participants, 2=feel connected to the FWHC community, 3=feel connected to the broader reproductive justice community
Since starting the YWLP, have you taken on any leadership roles outside of the FWHC?	LeaderFWHC	1=yes, 2=no
Since starting the YWLP program, have you ever written or called any of your elected legislators?	LegislatorFWHC	1=yes, 2=no

Are you registered to vote?	Vote	1=yes, 2=no
Participating in volunteer orientation at FWHC increased my knowledge of:	KnowVolOri 1 and KnowVolOri 2	1=strongly agree, 2=agree, 3=neither agree nor disagree, 4=disagree, 5=strongly disagree
Please rate volunteer orientation according to its' value in:	ValVolOri 1 and ValVolOri 2	1=very valuable, 2=somewhat valuable, 3=neutral, 4=of little value, 5=not at all valuable
In 2013, did you participate in a FOCUS: Reproductive Justice Advocacy Workshop?	Focus	1=yes, 2=no, 3=I don't know, 4=not sure
Participating in the FOCUS: Reproductive Justice Advocacy Workshop increased my knowledge about reproductive justice and rights.	KnowFocus	1=strongly agree, 2=agree, 3=neither agree nor disagree, 4=disagree, 5=strongly disagree
Please rate FOCUS: Reproductive Justice Advocacy Workshop according to its value in:	FocusVal1 to FocusVal2	1=very valuable, 2=somewhat valuable, 3=neutral, 4=of little value, 5=not at all valuable
In 2013, did you participate in the voice beyond choice advocacy day at the state capitol??	VBCDay	1=yes, 2=no, 3=not sure, 4=I don't know
Participating in advocacy day at the state capitol increased my knowledge about reproductive justice and rights:	KnowVBCAdv	1=strongly agree, 2=agree, 3=neither agree nor disagree, 4=disagree, 5=strongly disagree
Please rate advocacy day at the state capitol according to its value in:	VBCVal1 to VBCVal2	1=very valuable, 2=somewhat valuable, 3=neutral, 4=of little value, 5=not at all valuable
In 2013, did you participate in any volunteer activities at the FWHC?	Activities	1=yes, 2=no, 3=not sure, 4=I don't know
Participating in volunteer activities increased my knowledge about reproductive justice, health, and advocacy.	KnowVolAct	1=strongly agree, 2=agree, 3=neither agree nor disagree, 4=disagree, 5=strongly disagree
Please rate Volunteer activities	ActVal1 to ActVal2	1=very valuable, 2=somewhat

according to their value:		valuable, 3=neutral, 4=of little value, 5=not at all valuable
In 2013, did you participate in Tabling (i.e. at festivals, college campuses)?	Table	1=yes, 2=no, 3=I don't know, 4=not sure
Participating in tabling increased my knowledge about reproductive justice and rights:	KnowTable	1=strongly agree, 2=agree, 3=neither agree nor disagree, 4=disagree, 5=strongly disagree
Please rate tabling according to its' value in:	TableVal1 to TableVal2	1=very valuable, 2=somewhat valuable, 3=neutral, 4=of little value, 5=not at all valuable
In 2013, did you participate in a committee meeting?	Committee	1=yes, 2=no, 3=not sure, 4=I don't know
Participating in committee meetings increased my knowledge about reproductive justice and rights:	KnowCommitt	1=strongly agree, 2=agree, 3=neither agree nor disagree, 4=disagree, 5=strongly disagree
Please rate attending Committee Meetings according to its' value in:	ValCommitt1 to ValCommitt2	1=very valuable, 2=somewhat valuable, 3=neutral, 4=of little value, 5=not at all valuable
Reversed Variables	RKnowVolOri1	5=strongly agree, 4=Agree, 3=Neither agree nor disagree, 2=disagree, 1=Strongly Disagree
Reversed Variables	RKnowVolOri2	5=strongly agree, 4=Agree, 3=Neither agree nor disagree, 2=disagree, 1=Strongly Disagree
Reversed Variables	RKnowFocus	5=strongly agree, 4=Agree, 3=Neither agree nor disagree, 2=disagree, 1=Strongly Disagree
Reversed Variables	RKnowVBCDay	5=strongly agree, 4=Agree, 3=Neither agree nor disagree, 2=disagree, 1=Strongly Disagree
Reversed Variables	RKnowVolAct	5=strongly agree, 4=Agree, 3=Neither agree nor disagree, 2=disagree, 1=Strongly Disagree
Reversed Variables	RKnowTable	5=strongly agree, 4=Agree, 3=Neither agree nor disagree, 2=disagree, 1=Strongly Disagree

Reversed Variables	RKnowCommittee	5=strongly agree, 4=Agree, 3=Neither agree nor disagree, 2=disagree, 1=Strongly Disagree
Reversed Variables	RValOri1	5=Very Valuable, 4=Valuable, 3=Neutral, 2=Of little Value, 1=Not at all Valuable
Reversed Variables	RValOri2	5=Very Valuable, 4=Valuable, 3=Neutral, 2=Of little Value, 1=Not at all Valuable
Reversed Variables	RFocusVal1	5=Very Valuable, 4=Valuable, 3=Neutral, 2=Of little Value, 1=Not at all Valuable
Reversed Variables	RFocusVal2	5=Very Valuable, 4=Valuable, 3=Neutral, 2=Of little Value, 1=Not at all Valuable
Reversed Variables	RVBCVal1	5=Very Valuable, 4=Valuable, 3=Neutral, 2=Of little Value, 1=Not at all Valuable
Reversed Variables	RVBCVal2	5=Very Valuable, 4=Valuable, 3=Neutral, 2=Of little Value, 1=Not at all Valuable
Reversed Variables	RActVal1	5=Very Valuable, 4=Valuable, 3=Neutral, 2=Of little Value, 1=Not at all Valuable
Reversed Variables	RActVal2	5=Very Valuable, 4=Valuable, 3=Neutral, 2=Of little Value, 1=Not at all Valuable
Reversed Variables	RTableVal1	5=Very Valuable, 4=Valuable, 3=Neutral, 2=Of little Value, 1=Not at all Valuable
Reversed Variables	RTableVal2	5=Very Valuable, 4=Valuable, 3=Neutral, 2=Of little Value,

		1=Not at all Valuable
Reversed Variables	RValCommitt1	5=Very Valuable, 4=Valuable, 3=Neutral, 2=Of little Value, 1=Not at all Valuable
Reversed Variables	RValCommitt2	5=Very Valuable, 4=Valuable, 3=Neutral, 2=Of little Value, 1=Not at all Valuable
Collapsed Categories Knowledge	KnowVolOri1Rec	5=Agree, 4=Agree, 3=neither agree nor disagree, 2=disagree, 1=disagree
Collapsed Categories Knowledge	KnowVolOri2Rec	5=Agree, 4=Agree, 3=neither agree nor disagree, 2=disagree, 1=disagree
Collapsed Categories Knowledge	KnowFocusRec	5=Agree, 4=Agree, 3=neither agree nor disagree, 2=disagree, 1=disagree
Collapsed Categories Knowledge	KnowVolActRec	5=Agree, 4=Agree, 3=neither agree nor disagree, 2=disagree, 1=disagree
Collapsed Categories Knowledge	KnowTableRec	5=Agree, 4=Agree, 3=neither agree nor disagree, 2=disagree, 1=disagree
Collapsed Categories Leadership	ValOri1Rec	5=Agree, 4=Agree, 3=neither agree nor disagree, 2=disagree, 1=disagree
Collapsed Categories Leadership	FocusVal1Rec	5=Agree, 4=Agree, 3=neither agree nor disagree, 2=disagree, 1=disagree
Collapsed Categories Leadership	VBCVal1Rec	5=Agree, 4=Agree, 3=neither agree nor disagree, 2=disagree,

		1=disagree
Collapsed Categories Leadership	ActVal1Rec	5=Agree, 4=Agree, 3=neither agree nor disagree, 2=disagree, 1=disagree
Collapsed Categories Leadership	TableVal1Rec	5=Agree, 4=Agree, 3=neither agree nor disagree, 2=disagree, 1=disagree
Collapsed Categories Leadership	ValCommitt1Rec	5=Agree, 4=Agree, 3=neither agree nor disagree, 2=disagree, 1=disagree
Collapsed Categories Advocacy	ValOri2Rec	5=Agree, 4=Agree, 3=neither agree nor disagree, 2=disagree, 1=disagree
Collapsed Categories Advocacy	FocusVal2Rec	5=Agree, 4=Agree, 3=neither agree nor disagree, 2=disagree, 1=disagree
Collapsed Categories Advocacy	VBCVal2Rec	5=Agree, 4=Agree, 3=neither agree nor disagree, 2=disagree, 1=disagree
Collapsed Categories Advocacy	ActVal2Rec	5=Agree, 4=Agree, 3=neither agree nor disagree, 2=disagree, 1=disagree
Collapsed Categories Advocacy	TableVal2Rec	5=Agree, 4=Agree, 3=neither agree nor disagree, 2=disagree, 1=disagree
Collapsed Categories Advocacy	ValCommitt2Rec	5=Agree, 4=Agree, 3=neither agree nor disagree, 2=disagree, 1=disagree

