The CAP-MoRE Summit Proceedings

Mobilizing Results for Equity

February 22-23, 2024
Ottawa, Ontario, Canada
ACKNOWLEDGEMENTS

The CART Access Project—Mobilizing Results for Equity (CAP-MoRE) Summit was made possible by the efforts of numerous individuals and organizations.

The Contraception and Abortion Research Team—Groupe de recherché sur l’avortement et la contraception (CART-GRAC), would like to thank The Government of Canada and Health Canada for their support of the CART Access Project: Advancing access to abortion for underserved populations through tools for healthcare professionals and people seeking care, including the CAP-MoRE Summit national meeting funded by the Sexual and Reproductive Health Fund under the federal government’s Health Care Policy and Strategies Program.

We would like to thank Elder Dan Ross of the Algonquin peoples at Pikwakanagan First Nation, for opening the summit and Dr. Bonnie Henry, British Columbia’s Provincial Health Officer and CART Founding Principal Knowledge User for welcoming our delegates. Our work was facilitated by the expertise of Sheffe Consulting Inc, and we are delighted with the summary images created by our graphic facilitator, Kathryn Maxfield of Visual Talks. We would like to thank the CART-GRAC Trainees who acted as note-takers for the summit and thank Dr. Preetika Sharma and Clare Heggie for drafting these proceedings.

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Further, we are grateful for the input throughout the project of the International Advisory Committee members who were not able to attend the summit: Dr. Sharon Cameron (Scotland), Dr. Kristina Gemzell-Danielsson (Sweden), Dr. Danielle Mazza (Australia), and Dr. Michelle Wise (New Zealand).

Finally, CART-GRAC would like to thank the partner organizations, hospitals, community experts, and universities who contributed to the CART Access Project. The valuable insights provided by all partners throughout the project and toward the CAP-MoRE Summit have identified priorities for the continued advancement of abortion access for underserved populations.

• Action Canada for Sexual Health & Rights
• BC Women’s Hospital (BC)
• Canadian Association for Midwifery Education
• Canadian Association of Midwives
• Canadian Association of Schools of Nursing
• Canadian Pharmacists Association
• Centre hospitalier de l’Université de Montréal (QC)
• Health Sciences Centre (MB)
• IWK Health (NS)
• UBC Continuing Professional Development
• University of British Columbia
• University of New Brunswick
• University of Toronto, Youth Wellness Lab
• Wellness Within: An Organization for Health & Justice
• Women’s College Hospital (ON)
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EXECUTIVE SUMMARY

The availability of the abortion pill, mifepristone, has changed the approach to delivery of abortion care services in Canada. However, lack of access to high-quality appropriate abortion care for underserved equity-deserving groups is a challenge. A key problem has been the lack of resources to support healthcare professionals to identify and utilize appropriate approaches and strategies to facilitate equitable access to care. There is also an urgent requirement for culturally appropriate public-facing resources to help patients make informed decisions about their care.

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In response to these gaps, the Contraception and Abortion Research Team-Groupe de recherche sur l’avortement et la contraception (CART-GRAC) developed The CART Access Project: Advancing access to abortion for underserved populations through tools for healthcare professionals and people seeking care, funded by the Sexual and Reproductive Health Fund of Health Canada, Government of Canada. The CART Access Project was developed collaboratively by academics from ten universities, leaders among twenty partner organizations, and a range of diverse clinical and community partners, and trainees. The project goals were to develop and curate tools and resources to support health care providers to provide de-stigmatized and contextually appropriate abortion care for populations facing intersecting systemic barriers, and similarly, to reduce gaps in information available for underserved populations.

With an initial mandate from February 1, 2023 to March 31, 2024 (then an April 2024 extension to March 31, 2025) the CART Access Project plan included a key national summary meeting to facilitate dissemination and sustainability of all outputs. The CART Access Project- Mobilizing Results for Equity (CAP-MoRE) Summit was convened for two days in Ottawa in the penultimate month (February 2024) to share outputs from all project partners, mobilize knowledge, and explore opportunities for future integration, cross-utilization, and sustained use and relevance of the newly developed CART Access resources.

Summit participants included front-line health care providers (midwifery, family medicine, pharmacy, gynecology and social work), regulators, health professional associations, researchers, health system and service leaders, community organization representatives, and community experts including many with a wide range of relevant lived experiences.
The CART Access Project- Mobilizing Results for Equity (CAP-MoRE) Summit was convened for two days in Ottawa in the penultimate month (February 2024) to share outputs from all project partners, mobilize knowledge, and explore opportunities for future integration, cross-utilization, and sustained use and relevance of the newly developed CART Access resources.

The first day focused on discussing the outputs of ten CART Access sub-projects and considered how to leverage partnerships and connections for dissemination and cross-project integrations. Participants throughout the second day worked to identify strategies for sustainability within and between sub-projects and to understand persistent access gaps still to be addressed, with an eye to developing next-step solutions.

The Summit closing plenary reviewed the intersectional approaches and learnings throughout the projects and welcomed a facilitated discussion of what had been achieved together overall. Members of the CART Access Project International Advisory Committee, experts present from the United Kingdom and Sweden, provided reflections throughout the summit, drawing comparisons across contexts and highlighting areas for future collaboration and knowledge-sharing.

The summit closed with a discussion on the need for an equity-based lens to advance abortion access; the importance of mentorship; and the value of cross-sectoral, cross-disciplinary collaboration. By dismantling silos and working in partnership, we can promote the uptake and sustainability of CART Access resources, and together address persistent and emerging challenges to abortion access.

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DAY 1: THURSDAY FEBRUARY 22, INTRODUCTION

Land Acknowledgment and Welcome

Delegates were welcomed to meet on the traditional lands of the Algonquin peoples by Algonquin Elder Dan Ross of the Pikwakanagan First Nation. Elder Dan expressed gratitude for the opportunity to gather together and acknowledged the diverse natural beauty of the area. He thanked the Creator for the day and the gifts bestowed upon each of us as individuals. He emphasized the importance of recognizing and utilizing these gifts responsibly. He acknowledged the animals as teachers who have imparted wisdom for centuries, teaching gathering techniques, survival skills, and various life lessons.

Welcome from BC’s Provincial Health Officer and CART Principal Knowledge User

Dr. Bonnie Henry set the Summit tone by bringing a historical overview of CART-GRAC’s impact in the 12 years since inception. Highlighting a range of projects and collaborations which improved equitable family planning population and public health policy, systems and services in BC, she spoke of the unique and impressive effectiveness of the CART collaborative cross-sectoral and interdisciplinary approach.

In particular, Dr. Henry noted CART’s role to inform the 2023 introduction in BC of universal free contraception, the 2016 introduction of free post-abortion contraception, and the wide range of CART implementation research approaches to drive uptake of primary care abortion provision throughout Canada. Dr. Henry welcomed delegates to the work of the Summit, encouraging them to consider the potential impact of their work to improve equitable, accessible abortion care for all peoples in Canada.

CART-GRAC is a national, interdisciplinary, cross-sectoral collaboration performing research to support health services and policies to ensure equitable access to high-quality family planning knowledge, methods and services for people and families throughout Canada.

Introduction by Dr. Wendy Norman

In her address, Dr. Norman articulated an overview of the research network: CART-GRAC is a national, interdisciplinary, cross-sectoral collaboration performing research to support health services and policies to ensure equitable access to high-quality family planning knowledge, methods and services for people and families throughout Canada. The CART-GRAC network incorporates priority healthcare questions identified by key health policy leaders, health system decision makers, patient and community partners, and primary healthcare professionals.

Concurrently, we build capacity for long term solutions through researcher-training and develop approaches to measure meaningful national
reproductive health indicators in Canada. Our goal is to undertake family planning research that will lead to improvements in the equitable ability of people throughout Canada to achieve their own goals for whether and when to have children.

Dr. Norman emphasized the vital role of collaborating with diverse stakeholders, including researchers, government decision makers, a wide range of healthcare professional disciplines and leaders, and advocacy groups, to identify and prioritize contraception and abortion access gaps, and strategize on solutions.

Dr. Norman also emphasized the need for equitable healthcare services and highlighted initiatives aimed at bridging gaps in access and knowledge dissemination. Acknowledging the contributions of various partners, including academic leaders, health organizations, government representatives, and community experts, Dr. Norman stressed the importance of inclusivity in decision-making processes, and the significance of diverse perspectives and experiences to shape and implement effective solutions.

Dr. Norman outlined the agenda for the meeting, which included presentations on developed tools and opportunities for interactive discussions and reflections. She reviewed the meeting aims which are to articulate strategies for dissemination and sustainability of The CART Access Project outputs, and to articulate any remaining gaps in equitable abortion access potentially suitable for next step initiatives. She expressed gratitude for the rich diversity of participants present, reflecting on the critical importance of the wealth of insights brought to the table.

Overall, Dr. Norman’s address underscored the collective commitment to address the complex challenges surrounding sexual and reproductive healthcare access in Canada, and the winning potential for a focus on collaboration, inclusivity, and innovation.
OVERVIEW OF CART ACCESS PROJECTS

Members of CART faculty from universities across Canada initiated the event by providing concise, seven-minute presentations on five of the sub-projects. CART Faculty presentations offered comprehensive insights into each project outlining the progress made, challenges encountered, and milestones achieved, and outputs created to advance the objectives of The CART Access Project.

Sub-Projects:

Patient Decision Aid: It’s My Choice

Dr. Sarah Munro, PhD Assistant Professor, University of Washington; CART-GRAC Co-director

Dr. Sarah Munro presented on the translation and cultural adaptation of the Patient Decision Aid (PtDA, see Appendix C: Abbreviations) It’s My Choice, an online interactive abortion method decision tool for patients seeking early abortion up to ten weeks gestation. The PtDA has been translated and culturally adapted in three additional languages to date (French, Punjabi, and Mandarin).

Dr. Munro explained how cultural adaptation goes beyond translation alone, considering things like gendered language and cultural history. In addition to the adaptation of the PtDA, project outputs included a two-minute video explaining It’s My Choice, translated and culturally adapted into four languages. The website and video are available on www.sexandu.ca in spring of 2024.

Abortion Doulas & Service Needs of People in Prison

Dr. Martha Paynter, RN PhD, Assistant Professor, University of New Brunswick; CART-GRAC Director of Nursing Research

Dr. Martha Paynter presented on two projects conducted at the University of New Brunswick (UNB) in collaboration with the not-for-profit organization “Wellness Within”. The first project aimed to understand the role of abortion doulas (Project 1), while the second aimed to identify what family planning professionals need to know about providing care to people with experience of incarceration (Project 2). These projects were conducted in collaboration with abortion doula and lived experience experts.

Project 1 created a national database of abortion doulas and identified the role of abortion doulas in abortion care through national qualitative interviews. Abortion doulas fill in for health system information gaps, help navigate access to care, and provide physical and emotional support. Findings from Project 1 informed the creation of a comprehensive abortion doula toolkit.

Project 2 identified the abortion access experiences of incarcerated people through focus groups held in collaboration with Elizabeth Fry Societies in Nova Scotia, New Brunswick, Ontario, and BC. Project 2 learned that people who have been incarcerated reported experiences of stigma, reproductive coercion, delays to care, and threats to confidentiality. These findings informed the creation of a toolkit for family planning care professionals providing abortion care to people who are currently or have been incarcerated, and
resources for Elizabeth Fry Societies and other frontline community-based organizations on how to support their client’s in accessing an abortion.

**KEY INSIGHT:**
Abortion doulas may fill gaps in care and navigate unique needs among people from equity-deserving groups. People in prison face systemic barriers to access equitable, ethical, and timely reproductive care.

## Amplifying Youth Voice in Advancing Access to Abortion with Underserved Populations

**Stephanie Begun, Ph.D., MSW, RSW, Associate Professor, Factor-Inwentash Faculty of Social Work, University of Toronto; Co-Founder and Co-Director, Youth Wellness Lab; CART-GRAC Director of Social Work Research**

Dr. Stephanie Begun presented on behalf of her team’s project, which aimed to identify new ways of making abortion information more accessible, affirming, and comfortable for equity-deserving groups, including youth, through youth-led reverse focus groups and individual interviews and individual interviews with healthcare and allied helping professionals.

Youth-led qualitative data collection identified the need for more resources to support safe and non-judgmental abortion care for transgender and non-binary individuals; expanded outreach and tools to increase youths’ understanding of their rights to privacy and confidentiality in seeking abortion care; and focused social work education and continuing professional development trainings and resources to better prepare social workers to assist clients as they seek abortion information and care.

Project findings informed the creation of youth-led knowledge translation products, including infographics, checklists, posters and advocacy materials, and tools that may be used by providers and/or patients when discussing abortion information and making connections to care.

Efforts from this project also paved the way for the creation of a Reproductive Justice and Social Work course to be developed and offered at the University of Toronto starting in 2025, and the dissemination of continuing professional development materials through partnerships with nationwide groups including the Canadian Association of Social Workers.

**KEY INSIGHT:**
Engaging youth can enhance access and inform tools and training.
National Hospital Mentorship Hubs Network

*Dr. Sheila Dunn, MD, Associate professor, University of Toronto; Director of Family Practice Research, Women’s College Hospital, CART-GRAC Co-Founder.*

Dr. Sheila Dunn presented on the development of a national hospital-based network of mentorship hubs for abortion providers. The five hubs are situated in academic tertiary care women’s hospitals in Halifax, Montreal, Toronto, Winnipeg, and Vancouver, and aim to support clinicians and primary healthcare providers who may be new to medication abortion care.

Building on a need identified from the CART Community of Practice for abortion providers, the hubs aimed to provide real time guidance, resources, and formalized mentorships for new and ongoing abortion providers. The hubs network creates a foundation for an expanded National Abortion Access Network, which will aim in the next year of The CART Access Project to facilitate expanded access to second and third trimester abortion and expedited referral pathways.

**KEY INSIGHT:**
Expanding abortion provider workforce and clinician mentorship advances access for underserved groups.

The Virtual Community of Practice Project

*Dr. Abdul-Fatawu Abdulai, PhD, MSc, BSN, Assistant Professor, School of Nursing, University of British Columbia (UBC), CART-GRAC Director of Digital Sexual Health Research*

Dr. Abdul-Fatawu Abdulai presented on the development of an improved, open access Virtual Community of Practice (vCoP). The vCoP was first developed as a member-only community for research purposes by CART in 2017. The aim of this project was to curate and review new medication abortion information, update and synthesize the vCoP into an open access online resource, and evaluate the usability and effectiveness of the updated vCoP for healthcare professionals.

The vCoP is targeted towards health professionals, professional organizations, and relevant regulatory bodies. The website was developed through an iterative and user-focused process, with engagement of potential users with diverse backgrounds prioritized in design and testing. The new open access virtual platform will be hosted on the website of the Society of Obstetricians and Gynecologists of Canada and includes updated resources on prescribing dispensing, and billing, updated supporting resources, and integrated links to partner hosted tools like *It’s My Choice*.

**KEY INSIGHTS:**
Virtual communities of practice benefit from national partners who can support the hosting and ownerships of resources, and from iterative and end user focused development processes.
Following these first five sub-project presentations, there was a 30-minute Nutrition & Networking Break, providing attendees with an opportunity to engage in informal discussions and foster connections. Presentations then continued for five sub-projects led by CART partner organizations: Canadian Association of Schools of Nursing (CASN), Canadian Pharmacists Association (CPhA), Canadian Association of Midwives (CAM), University of British Columbia – Continuing Professional Development division (UBC-CPD), and Action Canada for Sexual Health and Rights (ACSHR).

Fostering Change in Entry-to-Practice Education Programs for Nurses

Leah Watts, Canadian Association of Schools of Nursing (CASN)

CASN’s project aimed to increase access to abortion care by promoting competencies in nursing programs. The primary target audience of the project were nurse educators across Canada, with over 11,000 faculty members in Canadian Schools of Nursing and nursing students, and around 12,000 graduates annually. The project identified limited abortion care content in nursing programs and highlighted the role of healthcare provider education in enhancing access to abortion care.

CASN conducted advisory committee meetings that articulated a key challenge that there were limited clinical rotations in sexual and reproductive health care during nursing pre-licensure curricula. A validation survey indicated that educators often viewed abortion content as a specialty consideration and not a core reproductive health curricular area. Abortion care competencies and indicators were developed through consultations and surveys involving nurse educators nationwide. The final national recommended nursing abortion curriculum document includes six competencies and 29 indicators for inclusion in undergraduate nursing education, along with an additional competency and six indicators for nurse practitioner education. All of these focus on nursing excellence and care relevance.

The outputs are curricular guides for competency in English and French, with plans for an education forum in March 2024 to assist educators to become familiar with and to integrate these competencies into nursing education programs nationwide.

CASN notes that nurses, as the largest group of healthcare providers, have a crucial role to improve access and care for underserved populations, particularly in rural and remote areas where Registered Nurses (RNs) and Nurse Practitioners (NPs) play a vital role in expanding healthcare services.

KEY INSIGHTS:
Integrate abortion care content into nursing education to improve access, targeting nurse educators and students, with the goal to equip them with essential abortion care competencies.
A Toolkit for Pharmacists and Patients

Tomilola Grant, Canadian Pharmacists Association (CPhA)

The CPhA project aimed to identify safe and stigma-free pharmacy environments for underserved individuals and to address knowledge gaps among pharmacists and patients. The focus was on providing comprehensive, free, and easily integrable resources for pharmacists, with secondary benefits reaching a wider audience including physicians and pharmacy students.

Engagement with pharmacists provided valuable insights, emphasizing the importance of quick and easily integrated tools. Inclusive and non-gendered language was highlighted as essential for increasing access. The outcome was the development of a sexual and reproductive health toolkit organized into sections focusing on medication abortion, contraception and pregnancy. The toolkit included micro-learning videos, infographics dispelling myths about abortion, posters promoting universal access, and resources for contraception services.

Feedback from pharmacists indicated increased confidence in prescribing contraception due to the toolkit’s assessment tool. Education through such interventions plays a vital role in dispelling stigma and misinformation surrounding abortion, empowering individuals to make informed decisions about their reproductive health.

The impact of the campaign was significant, with over seven million impressions of the online resources, 12,000 engagements, more than 25,000 clicks, and over 150,000 views of the toolkit. Notably, within two months of launch, nearly 25,000 views were recorded on the webpage. Views came from various regions globally, including Canada, the United States, South America, Australia, Africa, Asia, Europe, and the Middle East.

The success of the CPhA campaign was evident through its reach and engagement across different continents during the two-month period that launch announcements ran on platforms like Facebook and Google Display Network.

KEY INSIGHTS:
A toolkit for pharmacists and patients will enhance access to contraception and medication abortion, promoting safe and stigma-free pharmacy environments for underserved individuals and will address knowledge gaps.
Midwife-Led Abortion Care

Valérie Perrault, Canadian Association of Midwives (CAM)

CAM’s presentation focused on the tools they developed to advance abortion access nationally through midwifery-led abortion care. The team put comprehensive efforts to create a national strategy, for the distinct context supporting activities in Quebec, nationally they conducted a public engagement campaign, and they developed knowledge translation tools specifically tailored to serve gender diverse individuals, including Two-Spirit and LGBTQI+ people. The primary audience targeted by this initiative were midwifery members of CAM, related midwifery associations and regulators, midwifery policy makers, and collaborating health professionals. CAM emphasized that integrating a reproductive justice framework into the project’s work was deemed essential by their CAM CART Access Project advisory committee.

Under this project, data collection methods included focus groups, 26 key informant individual interviews, and engagement activities during the annual CAM conference. Data reflected the strong stance of the participants on the importance of abortion care as an integral part of midwifery services. This sentiment was echoed through consultations with members, emphasizing the need to continue integrating and sustaining such care.

The outcomes of the project were multifaceted:

- A social media campaign realized significant engagement with 10,000 views, with particular success for the Instagram reels platform. This campaign on International Safe Abortion Day (September 28th) featured videos on normalizing abortion, on access to abortion and highlighting the role of midwives as abortion providers. CAM has future plans for public engagement campaigns, and the development of podcasts.
- A national strategy document was developed: “A National Strategy for Midwife-led Abortion Care in Canada”.
- Policy resources were created targeting decision-makers to facilitate expanded midwifery scope of practice.
- A midwife-led advocacy roadmap was produced to aid midwifery associations in their advocacy efforts.

CAM’s presentation emphasized the pivotal role of midwives to enhance access to care for underserved groups across diverse communities nationwide. CAM stressed the importance of providing equity-driven, culturally safe care rooted in supporting bodily autonomy while calling for the removal of regulatory barriers hindering full implementation of these crucial abortion care services.

KEY INSIGHTS: Highlights efforts to advance abortion access in Canada through midwifery-led care, emphasizing the importance of integrating a reproductive justice framework and tailoring initiatives to serve gender diverse individuals, with outcomes including a national strategy policy resources and advocacy roadmaps to enhance access for underserved groups.
Contextualizing Access to Abortion Care for Healthcare Providers

Yona Gellert, The University of British Columbia’s Continuing Professional Development division (UBC-CPD)

UBC-CPD’s session focused on their development of abortion care continuing professional development (CPD) resources for primary care providers. The larger aim of the UBC-CPD project was to normalize abortion care by portraying it as a routine aspect of pregnancy care and to shed light on the barriers faced by underserved populations in accessing abortion services in Canada. The project sought to outline the roles that primary care providers, including physicians, practitioners, midwives, and registered nurses, can play in delivering abortion care within their communities. Through a needs assessment involving interviews and focus groups with a wide range of healthcare professionals and individuals with lived experiences, the critical role of primary care providers in addressing barriers to abortion care was elicited.

The UBC-CPD session highlighted the importance of timely clinical support and the impact of intersectionality and social determinants of health on access to abortion services. It stressed the need for quick access to information for both patients seeking abortions and healthcare providers offering support. The development process emphasized the significance of a diverse planning committee to ensure nuanced perspectives were considered.

The project produced an accredited online course in English and French, covering topics such as normalizing abortion care, contextualizing access through intersectionality and reproductive justice frameworks, and included a range of suggested strategies for implementation. The course highlighted case studies illustrating diverse scenarios of individuals seeking abortion across Canada. Outputs included a need assessment summary, the online course, and plans for course expansion. The ultimate goal was to empower healthcare providers with the knowledge and tools needed to improve access to abortion care for underserved populations and enhance their confidence in providing this essential care.

KEY INSIGHTS:
UBC Continuing Professional Development produced an accredited online course providing enhanced knowledge and tools to empower primary care providers to engage in abortion care. This novel course aims to improve access and confidence in providing abortion care among a broad range of interdisciplinary health professionals nationwide.
Asking for an Abortion: A Pocket Guide

Laura Salamanca, Action Canada for Sexual Health and Rights (ACSHR)

ACSHR’s presentation highlighted the development of a novel resource to assist people seeking an abortion to access an appropriate service, particularly through primary care.

ACSHR’s research findings revealed a rapid and large increase in healthcare professionals providing medication abortion care, with many integrating it into their general practice, but that it was hard for people seeking abortion to find these services.

The key aim of this project was to empower individuals to request medication abortion from a primary care provider (particularly when the perspective of that professional on abortion provision was unknown). Their tool aims to dispel misinformation that could hinder access to care. Thus, ACSHR created a pocket guide called “Asking for an Abortion,” available online as an app for easy access. The guide aims to normalize discussions around abortion and empower individuals to seek care from primary care providers. It includes steps for accessing abortion services and resources for healthcare professionals interested in providing such services.

Future ACSHR plans include releasing a print version of the guide to cater to specific populations with diverse needs.

**KEY INSIGHT:** "Asking for an Abortion” pocket guide is now available online to empower individuals seeking care from primary care providers and to dispel misinformation.
REFLECTIONS ON PROJECTS

Facilitator: Nora Sheffe

Meeting attendees were led in facilitated small-group discussions, followed by a question-and-answer period. Attendees gathered in small, interdisciplinary discussion groups to share key takeaways, reflections, and ideas for next steps.

Groups reported back to a larger group discussion, which identified key takeaways from The CART Access Project outputs, and highlighted areas of importance for future consideration.

Overall Reflections and Takeaways

All projects demonstrate the value of collaborative work and knowledge sharing across and between the health professions and the project perspectives to raise the bar across the board, facilitating equitable, appropriate abortion access for underserved populations.

Delegates observed that the developed tools will need to be sustainably implemented for maximum impact. Encouraging all subprojects to assist in disseminating and sustain partner project outputs could go a long way to do so.

National and international partnerships can promote innovative implementation.

Highlighted Areas for Future Consideration

- Reaching patients who lack internet access and/or digital literacy.
- Implementation of tools and mentorship for frontline providers in rural, remote, and Indigenous communities.
- Additional resources and support for Francophone providers (note that all CART Access Project outputs are required to be in both official languages).
- Advancement of Indigenous and underserved representatives in CART.
- There is potential to utilize search engine optimization to promote evidence-based abortion information.
- Addressing provincial licensing barriers to abortion within scope of practice (e.g., for midwives, registered nurses and potentially for pharmacists).
Networking Fair of All Projects

During the lunch break a Networking Fair was presented across several rooms. Each project providing a booth with representatives, handouts, materials, and a poster summarizing their project (see Appendix D), while all Summit delegates visited Fair booths across all rooms. Lively and engaging discussions abounded, and many participants expressed keen satisfaction to learn more details on a range of the projects presented in the morning sessions.

Calls to Action

- Advance the portability of, and recognize the emergent nature of, abortion care.
- Recognize abortion as a part of midwifery scope of practice.
- Identify healthcare professional educator’s key role in the advancement of abortion access through training and curricula.
INTERNATIONAL ADVISORY COMMITTEE PANEL

Facilitator: Dr. Sarah Munro

Dr. Munro led a lively panel discussion with the International Advisory Committee (IAC) featuring esteemed speakers Dr. Rebecca French, Dr. Patricia Lohr, Dr. John Reynolds-Wright, and Dr. Annette Aronsson. Each speaker provided structured reflections on the presentations and drew connections to relevant aspects of programs, activities, or research in their respective countries. Following each speaker’s presentation audience questions to each individual facilitated further clarification and engagement.

A final lively facilitated discussion with the audience and all panel members provided a platform for deeper exploration of ideas, sharing of perspectives, and collaborative problem-solving. This session effectively leveraged international expertise and insights, assisting summit attendees to formulate key strategic directions that extend what we have collectively learned in this initiative, while addressing ongoing priority gaps for equitable abortion access.

Dr. Patricia Lohr, MD, MPH
Director of Research and Innovation, British Pregnancy Advisory Service, London, UK

Dr. Lohr led off describing the legal landscape of abortion in the UK, including the 1967 Abortion Act in Great Britain, and total decriminalization in Northern Ireland. Reflecting on the CART Access Project, Dr. Lohr highlighted the need for education and workforce development across a range of specialties and the need for continued mentorship and partnership to advance access to abortion in underserved communities.

Dr. Lohr presented her own program of research and her work to implement a number of recent service changes to advance abortion access in Great Britain, including teleconsultation, nurse-led services, no-test medication abortion via telemedicine, and early medication abortion only units.

Dr. Lohr also discussed workforce development initiatives, including Abortion Talk, which provides education to reduce stigma, open access e-learning resources, and the British Society of Abortion Care Providers (BSACP), a multiprofessional organization promoting best practice, education, training, and research in abortion care.

John Reynolds-Wright, MBChB, PhD
NHS Education for Scotland/Chief Scientist’s Office Clinical Lecturer in Community Sexual & Reproductive Health, University of Edinburgh, Scotland

Reflecting on the CART Access Project, Dr. Reynolds-Wright highlighted the importance of protecting a diversity of care options in the process of democratization of abortion through medication abortion. In particular, he noted that the majority
of abortion care will inevitably shift in Canada, as it has in Europe, to delivery through medication abortion services. Canada should recognize the current opportunity to be proactive to ensure adequate and equitable access to procedural abortion, particularly for second and third trimester care. Acknowledging that a growing workforce will lead to variations in care and practice, he encouraged tolerating variation, and to establish core competencies for provision of safe care when developing guidelines.

Dr. Reynolds-Wright presented the CAIRN research program (Contraception and Abortion Research Network, University of Edinburgh) which advances access to abortion and contraception in Scotland. Current active studies on contraception include an efficacy trial for subcutaneous contraceptive injection in partnership with FHI360, a pilot project of sexual and reproductive health service delivery in community pharmacies, an evaluation of the new over-the-counter progestin-only pills, and an efficacy trial of a digital package for postpartum contraception.

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Annette Aronsson, MD, PhD
Director WHO Coordinating Centre for Abortion Research, Karolinska Institute, Stockholm, Sweden

Dr. Aronsson described the legal landscape of abortion in Sweden. Abortion up to 18 weeks has been available in Sweden since 1974, with patients able to apply to the health authority to access abortion from 18+1 weeks to 21+6 weeks. Reflecting on the CART Access Project, Dr. Aronsson emphasized the value of the projects’ equity-based lens. Dr. Aronsson highlighted the valuable contribution to access in Canada provided by the CART Access Project’s workforce development projects. Sharing examples from Sweden, Dr. Aronsson discussed advancing access to abortion through midwife-led care (the standard of care for the majority of first trimester abortions in Sweden) and the importance to institute mandatory abortion curricula in medical, nursing, and midwifery programs.

Dr. Aronsson proceeded to share with summit delegates a range of key findings from studies examining contraceptive counselling with migrant women and youth in Sweden.

Rebecca French, MSc, PhD
Associate Professor, Faculty of Public Health & Policy, London School of Hygiene & Tropical Medicine, London, UK

Reflecting on the CART Access Project, Dr. French drew comparisons to the UK context where the prospect of potential abortion decriminalization has provided the impetus for policies and clinical guidelines supporting high quality and accessible care.

Dr. French highlighted the need for patient-centered information on the range of abortion experiences and the critical and in the UK required contributions on the research team and throughout the projects of patient and public participants. She shared several examples of options to advance access and discussed the
transferability of the It’s My Choice PtDA to the UK.

Dr. French presented a range of examples from her research program to advance abortion access in the UK, including England’s national reproductive health survey, research on quality care for complex clinical and social needs, and the SACHA Study (*Shaping Abortion for Change: Creating an evidence base to guide new directions in abortion care in the UK*). The study surveyed health care professionals, interviewed patients, and consulted key stakeholders with the aim of understanding how abortion should be regulated and what the optimal models of care for abortion are, including who should provide abortion and where.

**Facilitated Discussion and Audience Questions**

Dr. Sarah Munro led CART Summit attendees in a facilitated discussion and question period with the CART Access International Advisory Committee. Dr. Munro encouraged summit attendees to consider how to leverage examples and advice from the IAC members to assist Canada to effectively scale up and implement the novel tools and activities developed through the CART Access Project. Key discussions included:

**What does midwifery-led abortion care look like in Sweden?**

Dr. Aronsson shared more information about the Swedish model, where midwife-led abortion clinics operate with physician support. Midwives can practice in both obstetrics and gynecology departments, along with other specialties. Midwives are proud to be abortion providers and engage in research and mentorship to advance abortion access.

Dr. Munro highlighted CART’s past national midwifery summit conferences on advancing midwifery led prevention and management of unintended pregnancy (https://med-fom-cart-grac.sites.olt.ubc.ca/files/2018/10/Midwifery-Planning-Meeting-Proceedings.pdf), and noted the interest and need for a future summit or conference bringing together midwives to discuss the development of midwifery-led abortion care in Canada.

The examples from the UK highlight the importance of protecting access to procedural abortion services, particularly second and third trimester care, as medication abortion is implemented. How can we learn from these experiences in the Canadian context?

Dr. Lohr provided context for England and Wales. Most abortions are performed in the independent sector, contracted by the National Health Service (NHS), however these settings are poorly equipped to provide workforce training and not at all to expose the range of health care professional trainees usually present in hospital settings to the importance and competencies required for these aspects of abortion care. Procedural abortion...
services were retained in the independent sector after the implementation of medication abortion, recognizing the importance of having a choice. Post-COVID, with the introduction of telemedicine, some areas, particularly health system hospitals, have struggled to get their procedural services availability back to pre-COVID operations.

Dr. Reynolds-Wright provided context for Scotland, where most abortions are provided within the National Health System (including hospitals). The geography of Scotland and the concentration of services within a central belt of territories makes skills acquisition and maintenance challenging for smaller volume providers. There has also been a shift to community sexual and reproductive health taking on abortion provision which reduces OBGYN competency and training opportunities in procedural abortion.

Reflecting on the IAC’s experiences, Dr. Norman highlighted the value of engaging with teaching hospitals ensuring they lead across Canada for second and third trimester abortion care. This would support skills acquisition and workforce development across the broad range of trainees present in hospitals, serve to destigmatize these crucial aspects of care, and ensure opportunities for pre-licensure students and trainees to advance their skills in procedural abortion and complex second and third trimester care.

Canada will need to act now to ensure a process to maintain an adequate workforce of abortion providers regionally distributed with teaching hospitals leading mentorship and training to protect patient access to procedural services for complex and second and third trimester abortion care.
BREAKOUT SESSIONS

The summit participants participated in a range of breakout workshops held in four distinct rooms. Three different sessions were held across the two-day Summit, to allow a focus at each session on one of the themes of:

1. Dissemination (Day 1)
2. Sustainability (Day 2), and
3. Remaining gaps and potential future steps to improve abortion access (Day 2).

Each workshop room at each session brought together representatives from both CART-led and CART-partner projects, fostering collaborative discussions and knowledge sharing. While invited participants and community partners were encouraged to select a room based on their interests and expertise, those affiliated with a CART project were expected to join their respective group’s discussion. The fourth room was solely for discussion on the National Hospital Network hubs.

During the breakout sessions, attendees engaged in brainstorming activities and prioritized ideas to address key challenges and opportunities. Various methods, such as sorting ideas on walls using notecards, were employed to facilitate the process of idea generation and consensus-building. The tables below provide summaries of the discussions held within each breakout session, capturing the diverse perspectives and innovative solutions proposed by the participants.
## BREAKOUT SESSION 1: DISSEMINATION

<table>
<thead>
<tr>
<th>PROJECT</th>
<th>Virtual Community of Practice (vCoP)</th>
<th>Society of Obstetricians &amp; Gynecologists of Canada (SOGC)</th>
<th>Patient Decision Aid (PtDA)</th>
<th>Health Professional abortion training course (UBC-CPD)</th>
<th>Canadian Association of Pharmacists (CPhA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>STRATEGIES</td>
<td>Leverage health organizations’ communications</td>
<td>Include in SOGC e-courses</td>
<td>‘Press releases’ for professional associations</td>
<td>In-house marketing team/expertise</td>
<td>Collaborate with provincial colleges of pharmacy</td>
</tr>
<tr>
<td></td>
<td>Promote e-Courses for GPs, OB/GYNs, RNs, RMs, Pharmacists</td>
<td>Promote during national SRH events/dates</td>
<td>10-minute orientation video for health care providers</td>
<td>Tapping into target audience networks – national reach</td>
<td>Translation of patient resources</td>
</tr>
<tr>
<td></td>
<td>Implement search engine optimization</td>
<td>Vignettes and stories on social media with links to resources</td>
<td>Social marketing strategy for the public</td>
<td>Leveraging UBC CPD’s platform to enhance CART partner projects</td>
<td>Insertion into pregnancy tests/menstrual products/over-the-counter emergency contraceptive pills</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROJECT</th>
<th>Canadian Association of Midwives (CAM)</th>
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<th>Canadian Association of Schools of Nursing (CASN)</th>
<th>Wellness Within (UNB/WW)</th>
<th>Action Canada for Sexual Health &amp; Rights (ACSHR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>STRATEGIES</td>
<td>Podcast</td>
<td>Arts-based, Creative, and Digital Content (via social media and community networks)</td>
<td>Host webinars to engage users</td>
<td>Workshops with providers about abortion doulas</td>
<td>Marketing and comms strategy to bring info to people instead of only making it available when they are looking for it.</td>
</tr>
<tr>
<td></td>
<td>Public engagement</td>
<td>KT “Resources/ Swag” (e.g., transit, bathrooms, community bulletin boards, in actual product boxes, resource scavenger hunts, etc.)</td>
<td>Hard copy mailed to heads of Schools of Nursing</td>
<td>Distribution of Abortion Doula Toolkit to doula directory membership</td>
<td>Outreach to groups and organizations that are not working specifically on sexual health to know how to refer people for information.</td>
</tr>
<tr>
<td></td>
<td>Social media campaign (TikTok, IG reels, Facebook Webinar for members)</td>
<td>Empowering Youth Leaders/ Health Promoters (campuses, schools, student services)</td>
<td>Distribute outputs via CASN listserv (~4500 people)</td>
<td>E Fry societies and prisons print resources</td>
<td>Create printed materials</td>
</tr>
</tbody>
</table>
Workshops Combining Projects

VCOP, PtDA and SOGC

This group emphasized the importance of understanding the diverse needs of different cultures and demographics in order to improve awareness and education surrounding abortion. They proposed utilizing existing channels used by equity-deserving groups. This could involve integrating tools like the PtDA into commonly used digital platforms and distributing materials through community spaces and hospital settings.

They discussed sharing resources with healthcare professionals through newsletters and web stories, as well as integrating abortion education into medical training and potentially high school sex education curricula. To ensure widespread reach, strategies like search engine optimization and engaging professional advertising firms for social media campaigns were suggested.

The group’s conversation highlighted central themes of educating medical professionals and students, raising awareness among patients, and tailoring communication to diverse cultural and demographic groups.

UBC-CPD, CPhA, CAM, UofT/YWL

The general discussion highlighted various strategies and considerations for improving access to information about abortion. Key points included providing accessible tools to midwives to increase comfort and confidence, collaborating with menstrual product manufacturers to include abortion information on products, and increasing information about abortions on pregnancy tests for enhanced accessibility.

Additionally, the group discussed the importance of informal information sharing through peer mentors, leveraging community resources and partnerships, and providing culturally appropriate care through culturally adapted and translated multimedia resources, such as videos.

The discussion culminated in three main themes:
1. Public/private partnerships to disseminate information,
2. Mapping and tapping into local community networks to target cultural sites and existing networks for championing, and
3. Using culturally and population-specific multimedia storytelling and visual interactivity, including social media, interactive
multimedia, and arts-based interventions in high-traffic areas. Suggestions also included leveraging marketing experts and influencers for wider reach and impact.

CASN, UNB/WW, ACSHR

During the discussion, the group emphasized the importance of strategic dissemination based on the target population. For example, to reach incarcerated populations, they suggested placing posters on prison bulletin boards to provide information about informed choice and contraception.

Translation services were deemed crucial for reaching linguistically diverse communities. Additionally, the group stressed the necessity of involving non-clinical and allied professionals in dissemination efforts, recognizing that solely targeting healthcare professionals might not effectively reach underserved populations.

Community workers, including abortion doulas, were highlighted as important allies, particularly in smaller communities where trusted relationships exist with those in need.

Strategies such as providing physical copies of materials alongside digital resources and engaging marketing and communications experts were seen as essential for effective dissemination. Educational webinars, outreach to student medical centers, and bundling abortion resources with other services were also suggested strategies.

Moreover, the group discussed the potential development of a federal portal sponsored by Health Canada and the importance of communicating values such as harm reduction and choice through communications campaigns and physical resources. Three sub-strategies emerged: leveraging expert knowledge, ensuring well-executed printed materials connected to marketing, and engaging in community outreach with frontline experience. Finally, the group discussed problematizing the language of “choice” in line with insights from the reproductive justice movement, recognizing its limitations in reflecting the complexities of abortion decision-making.

National Hospital Network Hubs

The session began with introducing the five National Hospital Network Hubs around Canada explaining their approach towards making abortion accessible. The hubs consist of BC Women's Hospital (Vancouver), The University of Manitoba Health Sciences Centre Hospital (Winnipeg), Women's College Hospital and the University Hospital Network (Toronto), The CHUM Hospital Network (Montreal), and The IWK Women's Hospital and Nova Scotia Health Services (Halifax).

1. BC Women's Hospital: Provides abortion services and collaborates with community-based clinics and hospitals. The focus is on coordination within the province, leveraging tools, identifying gaps, locating resources, and mutual support among hubs.

2. The University of Manitoba Health Sciences Centre Hospital (Winnipeg): Offers abortion care, predominantly led by general practitioners, with more complex cases handled in Women's hospitals. The hub aims to enhance centralized intake and access, particularly for Northern communities.
3. Women’s College Hospital and the University Hospital Network (Toronto): Provides both medical and procedural abortion services, albeit with limited access outside of Toronto. Utilizing telemedicine and seeking partnerships with community organizations, the hub aims to improve dissemination, accessibility, and increase gestational limits.

4. The CHUM Hospital Network (Montreal): Operates a small family planning team at CHUM, with limited medical abortion services. Coordination of abortions for the province and beyond, including all trimesters, is facilitated through CLAC clinics. The hub aims to network, train fellows in tertiary care, and provide expertise for medical abortion, as well as complex cases.

5. The IWK Women’s Hospital and Nova Scotia Health Services (Halifax): The Rose clinic offers procedural abortions up to 16 weeks, with a goal to extend to 18 weeks. Medical abortions are provided by community providers. Affiliated with IWK Hospital, the hub focuses on learning from other clinics to push gestational limits, establish connections for referrals across the province, and navigate regulations and policies effectively.

Discussion on Dissemination

Community partners, represented by ACSHR and international Advisors, Dr. Patricia Lohr, from the UK (England) and Dr. John Reynolds-Wright from the UK (Scotland), discussed various aspects of abortion care. ACSHR emphasized their role in coordinating spaces and political efforts related to abortion care, expressing interest in collaborating with hubs to enhance access, especially for underserved populations. They also sought opportunities for funding, connections, and support mechanisms for patients navigating the system, alongside programs for procedural training and extending gestational limits.

Dr. Lohr highlighted the lack of specialized hospitals in England, emphasizing regional funding requirements and the necessity for at least one site offering services up to 24 weeks gestation. She stressed the importance of training for complex sites and additional funding. Dr. Reynolds-Wright noted the absence of third-trimester services in Scotland, indicating a focus on developing such services.
Report Back: Dissemination

After the breakout room discussions on strategies to disseminate tools, Dr. Sheila Dunn moderated a report back from each room. The groups came back to share their points with the larger group. The first group primarily focused on global dissemination strategies. They highlighted the importance of awareness raising, reach, and education. Suggestions included optimizing keyword searches to counteract the prevalence of anti-abortion information online.

To reach patients, ideas included distributing information through hospital flyers, abortion information centers, and targeting parents considering family planning. For healthcare providers, suggestions involved creating newsletters and web stories posted by relevant organizations.

The second group emphasized the utilization of public-private partnerships and tapping into local community networks for dissemination. They proposed unconventional methods such as inserting informational materials into pregnancy and menstrual products and targeting cultural sites like bars and other community spaces. Additionally, they emphasized the importance of culturally specific multimedia storytelling, including leveraging social media platforms like TikTok and incorporating indigenous stories into visual resources.

In the third group, the discussion revolved around community involvement, printed materials, and expertise in dissemination. They emphasized the importance of frontline workers and community organizations in disseminating information effectively. They also stressed the need for printed materials alongside digital content, noting that printed materials have a more immediate impact on individuals. Furthermore, they highlighted the necessity of expertise in dissemination, including marketing and public relations guidance. Lastly, they accentuated the importance of accessibility and culturally sensitive approaches, particularly in translation work.

Overall, Dr. Dunn commended each group for their innovative ideas and efficient brainstorming. Closing comments emphasized the importance of products that empower patients and providers, highlighting the need for government attention to address activation, enabling, and resourcing in areas such as midwifery curricula. It also stressed the significance of nursing education in laying sustainable foundations.

The discussion included cautionary reminders about future directions, emphasizing the necessity of flexibility in providing safe care. Additionally, there was a strong emphasis on preserving choice, particularly regarding procedural abortion, as an essential aspect of healthcare.
DAY 2: FRIDAY FEBRUARY 23, INTRODUCTION

**Facilitator: Dr. Abdul-Fatawu Abdulai**

Dr. Abdul-Fatawu Abdulai opened Day 2 by reflecting on the opportunities to address abortion stigma nationally through education and effective dissemination of the CART Access Project resources and recommendations to both providers and patients. Dismantling stigma will advance access to underserved populations.

Dr. Abdulai encouraged meeting attendees to use the breakout group discussions to think about how to extend resources beyond healthcare disciplines, and how to ensure that we continue to have innovative ideas that propel our agenda of advancing abortion access to underserved populations.

**Breakout sessions:**
**Sustainability, and, Remaining Gaps and Potential Future Steps to Improve Abortion Access**

As was the case on Day 1 for the dissemination breakout workshops, summit participants were grouped into four separate workshop rooms for each of the next two breakout session topics.

The first session was dedicated to exploring sustainability, then the later (and with a re-mix of leading project groups within each workshop) session participants engaged to explore Remaining Gaps and Potential Future Steps to Improve Abortion Access.

The two breakout sessions were separated by a nutrition and networking break. Each session welcomed representatives from both CART-led and CART-partner projects, fostering collaboration and knowledge exchange. While invited participants and community partners had the freedom to select a room based on their interests, there was an implicit expectation for individuals affiliated with a CART project to join their corresponding group's discussions. The fourth room was solely for discussion on National Hospital Network Hubs.

The tables on pages 29, 31 and 32, provide a comprehensive overview of the discussions held within each breakout session.
### BREAKOUT SESSION 2: SUSTAINABILITY

<table>
<thead>
<tr>
<th>PROJECT</th>
<th>Virtual Community of Practice (vCoP)</th>
<th>Society of Obstetricians &amp; Gynecologists of Canada (SOGC)</th>
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<th>Canadian Association of Pharmacists (CPHA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>STRATEGIES</td>
<td>Identify revenue streams for ongoing maintenance</td>
<td>Initial and follow up training.</td>
<td>Core funding</td>
<td>Maintain CART relationships to maintain standards (keep content current)</td>
<td>Webinar(s) to inform pharmacists &amp; other healthcare providers</td>
</tr>
<tr>
<td></td>
<td>Use AI to adapt content to diverse users</td>
<td>Communities of practice/networks of providers</td>
<td>Printable versions for accessibility</td>
<td>Collaboration with regulators + educators to expand/sustain use and reach of content</td>
<td>Webpage update/ accreditation on a regular basis</td>
</tr>
<tr>
<td></td>
<td>Use technology to support every step of the resource curation workflow</td>
<td>Maintain collaborations with partners</td>
<td>If permissible with copyright and intellectual property laws, a customizable decision aid that can be adopted by other organizations</td>
<td>Mechanisms to support ongoing learning</td>
<td>Curriculum update: 11 Schools of pharmacy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
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<th>Wellness Within (UNB/WW)</th>
<th>Action Canada for Sexual Health &amp; Rights (ACSHR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>STRATEGIES</td>
<td>Accessibility and visibility of project outputs</td>
<td>Use/Promote YWL website to share materials</td>
<td>Ongoing promotion via CASN newsletter, AGM etc.</td>
<td>Hosting doula toolkit on WW site, other partners</td>
<td>Relationship building with community organizations (does it make sense to do various cultural adaptations? How can we support other community led projects?)</td>
</tr>
<tr>
<td></td>
<td>Cross-posting</td>
<td>Research Mentorship Pipeline + Network (adolescents, young adults, emerging adults &gt;30</td>
<td>Maintain website</td>
<td>Agreement with designer to allow updates</td>
<td>KT led by community members</td>
</tr>
<tr>
<td></td>
<td>Working with our CART partners/ COP</td>
<td>Cultivate relationships beyond the grant cycle!</td>
<td>Continue engagement with newly established networks</td>
<td>Integrate doula toolkit into NS doula trainings</td>
<td></td>
</tr>
</tbody>
</table>
Workshops Combining Projects

vCoP, CAM, CASN

To ensure the sustained effectiveness and relevance of resources produced by the groups over the period of one year, the group emphasized the importance of establishing a robust revenue stream that supported ongoing maintenance and continuous content updates. Leveraging technology presented significant opportunities for streamlining processes, such as documenting curation workflows and utilizing AI to tailor content to the diverse needs of users.

Collaboration with partners was deemed essential, as it fostered synergy and enabled the organization to inform midwives about advocacy avenues. The incorporation of mandatory competencies related to abortion and regulatory processes for nurses and Registered Midwives (RMs) would ensure comprehensive skill sets within the workforce.

Additionally, proactive outreach efforts through newsletters, AGMs, social media campaigns, and webinars were employed to amplify the message and engage the audience effectively. Supporting start-ups in the field was seen as beneficial, as it fostered innovation and enriched the broader healthcare landscape. They discussed these strategies to maximize the impact of their initiatives, empower stakeholders, and ultimately advance the quality and accessibility of care in the field of abortion.

UofT/YWL, PtDA, ACSHR, UNB/WW

During their discussions, participants in the room from the Youth Wellness Lab, UBC, Action Canada for Sexual Health & Rights and Wellness Within explored various strategies to sustain the resources they had developed. They emphasized the importance of intentional inclusion and collaboration with Indigenous and BIPOC communities, and the need to continue to work toward further and authentic partnership approaches. They mentioned the potential of partnering with program administrators, student centers, and student groups across schools, colleges, and universities to facilitate pro-choice outreach and to sustainably share resources created through the project.

For patient decision aid, the participants suggested spreading awareness through various channels, including government outreach and potentially hiring dedicated personnel for maintenance of the patient decision aid. Collaboration and co-ownership opportunities with other organizations were also considered, alongside governance models prioritizing Indigenous and BIPOC perspectives. Further ideas included implementing chatbot tools to answer users’ questions around next steps, establishing paid partnerships with relevant organizations, and engaging volunteers, like university students, for outreach.

They also stressed the importance of embedding resources in end-user and healthcare provider education, collecting feedback from end-users for continuous improvement and adaptation, and addressing challenges such as funding cycles and self-care among team members. These discussions underscored a holistic and community-centered approach to sustaining resources in youth wellness and abortion care, aiming to meet the diverse and evolving needs of their target audience.
During their discussions, the group explored various strategies centered around collaborative practice to sustain the resources they had developed. They emphasized the importance of working with other organizations and providing education not only for physicians but also for other healthcare providers (HCPs). Recognizing the influential role organizations play in shaping practice, they advocated for collaboration between different organizations to influence practice positively.

The group also highlighted the significance of identifying leaders in the country in education, regulatory bodies, and practice, with the aim of working together to ensure the content remains relevant and accessible. To facilitate communication and engagement, they suggested establishing points of contact for individuals to reach out to. Additionally, they emphasized the importance of fostering a community of practice and a network of providers to facilitate ongoing learning and support. Strategies such as keeping resources up to date, accrediting them regularly, providing follow-up training were identified as crucial themes. Overall, the main themes that emerged from their discussions were fostering collaboration among organizations and promoting lifelong learning through training and community engagement.

The discussion on sustainability and the extension of abortion services from 12 to 24 weeks gestation involved various perspectives and strategies from different regions. Julie Thorne and Jennifer Price highlighted their Women’s College Hospital approach, which included engaging staff through surveys, securing grants for education and training, and gradually extending services to meet the needs of underserved populations while addressing cultural barriers. Genevieve Roy from CHUM in Montreal inquired about their engagement methods and outpatient clinic practices, emphasizing the importance of cultural shifts and moral injury prevention.

Cheryl Davies from BCWH stressed broader engagement and decolonizing care, aiming to provide comprehensive support and avoid patients seeking services across borders. Representatives from Nova Scotia discussed plans for a province-wide number and a network of medical abortion prescribers to improve access, with emphasis on education, training, and overcoming logistical challenges. Patricia Lohr from the UK highlighted the need for tailored guidelines and a 24/7 advice line for patient support. The overarching goal was to streamline patient access through a centralized system, with a single point of contact for assessment and clinic allocation.
WORKSHOPS COMBINING PROJECTS

**vCoP, CPhA, ACSHR**

The group outlined several key next steps to advance their initiatives. Firstly, they proposed engaging with community organizations such as community centers and childcare centers to broaden the reach of their resources, recognizing the potential interest in contraception and medication abortion among parents utilizing these services. Secondly, they emphasized the importance of tailoring content to be more accessible to diverse groups, including considerations for color-blindness and incorporating voice-reading functions.

Additionally, they suggested implementing mandatory cultural competencies training for research, healthcare, and advocacy organizations to ensure the development of culturally sensitive materials. Monitoring and evaluation were highlighted as essential, with plans to gather feedback from end-users to assess resource effectiveness.

Collaboration with other healthcare providers, patient organizations, and student bodies was also prioritized to increase awareness of their tools. Standardizing and centralizing all resources, translating patient resources, expanding the scope of the Action Canada pocket guide, providing professional training, and adapting tools to different provincial contexts were among the other key next steps identified.
<table>
<thead>
<tr>
<th>PROJECT</th>
<th>Canadian Association of Midwives (CAM)</th>
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<th>Wellness within (UNB/WW)</th>
<th>Action Canada for Sexual Health &amp; Rights (ACSHR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify resources for this work</td>
<td>Launching our Posters (e.g., checking for accuracy, member-checking with research participants + community) – did we get it right and is this useful to you?</td>
<td>Develop easy to use resources for nurse educators</td>
<td>Abortion clinic consultation – integration of doula support</td>
<td>Ongoing evaluation and adaptations of the tool based on end user feedback</td>
<td></td>
</tr>
<tr>
<td>Connections and partnerships</td>
<td>Maintaining and growing relationships developed here at the Summit @youth wellness lab (hint!)</td>
<td>Ongoing feedback from end users to improve resources</td>
<td>Resources for community workers/ frontline staff - E Fry</td>
<td>Support abortion doulas to start communities of practice</td>
<td></td>
</tr>
<tr>
<td>Support advocacy efforts</td>
<td>Specific focus on meaningfully co-creating resources with trans and non-binary communities/orgs (including arts + self-expression + storytelling opportunities, partnering with artists)</td>
<td>Building new networks with other HCP and social workers to share resources</td>
<td>SOGC Guidelines for HCPs re people who have experienced prison</td>
<td>Create infographic resources on the lived experience of abortion care</td>
<td></td>
</tr>
</tbody>
</table>

**SOGC, UofT/YWL, CASN**

During this break-out conversation, key discussion points focused on strategies to disseminate resources within the Contraception and Abortion Research Team (CART) network and partner organizations. This included emphasizing the importance of member-checking and fact-checking processes to maintain accuracy.

Plans were also outlined for an upcoming education conference in Calgary, where efforts would be made to distribute copies of nursing competencies and network with other schools to integrate these competencies into their programs. Additionally, innovative dissemination methods were explored, such as placing tools and resources in ‘third spaces’ like libraries and washrooms.

Collaborative efforts with school boards and affiliated workers were discussed, with a particular interest in forming advisory committees in Catholic school boards to navigate potential challenges related to anti-choice values. The discussion concluded with an emphasis on curriculum integration, community engagement, creative interventions, and navigating political landscapes and emerging risks, reflecting a comprehensive approach to advancing reproductive healthcare access and education.
The discussion within CAM centered on several key points and initiatives. Starting with the goal of establishing a successful model in one province to serve as a blueprint for others, the group emphasized formalizing midwifery provision of abortion care and promoting the midwife’s role beyond birth through media strategies and international standards.

Mobilizing midwifery master’s students and involving students in project dissemination were highlighted as means to maintain momentum despite limited funds. A formal mentorship strategy and mechanisms for gathering feedback from staff and trainees were proposed to ensure ongoing development of the resources.

Additionally, plans were outlined to expand current tools, reach young people through diverse channels, address copyright issues, and explore novel funding opportunities. The group discussed establishment of a private CART Hub to keep everyone, including trainees, connected and encourage collaboration and connection. CAM emphasized that they need to work with midwifery educators and discussed how to integrate project outcomes into curriculum revision. They identified the need to plan and secure resources beyond federal funding, exploring alternative funding sources.

Collaboration to share resources was highlighted, with questions about who would convene and coordinate these efforts. There was interest in rebranding midwifery and taking a holistic approach to reproductive care, spreading it across disciplines. Investing in and embedding reproductive health into primary care was seen as crucial, along with identifying gaps and reducing barriers. Reflections on wellness hubs and doula work were mentioned as leverage points for project outcomes. There was a consensus on the importance of strategic dissemination of information. The concept of “micro-dosing” information was suggested, and the need to centralize information through a core hub, possibly utilizing vCoP, was emphasized.

**National Hospital Network Hubs**

The discussion on remaining gaps and potential future steps to improve abortion access of the project encompassed a comprehensive array of strategies and considerations aimed at expanding and sustaining abortion services across provinces.

Specific priorities included:

**A. New Funding and Resource Allocation**

- Secured funding from Health Canada to establish a national networking office.
- Allocation of resources for staffing, including one day a week for Julie Thorne as a clinical director, and budgeting for Jill Doctoroff to gather resources.
- Emphasis on identifying individual and shared objectives to guide collaborative efforts among the hubs.

**B. Addressing Barriers to Access**

- Acknowledgement of challenges faced by patients, including late pregnancies due to difficulty in seeking care and complex cases.
- Identification of gaps in the health system, particularly for newcomers from the US with uncertain health coverage.
- Recognition of the need for immediate action to prevent unwanted pregnancies.
C. Sustainability and System Improvement
– Focus on resource optimization and sustainability to ensure ongoing relevance and effectiveness.
– Exploration of the benefits of complex care management for clinics and hospitals.
– Importance of embedding necessary changes into infrastructure and treating them as permanent solutions.

D. Government Engagement and Policy Advocacy
– Efforts to raise awareness among government officials about existing gaps and barriers in abortion care.
– Proposal to maintain ongoing dialogue with government bodies and highlight issues during relevant periods, such as elections.
– Sharing success stories and building connections across government departments to prioritize abortion care.

E. Clinical Considerations and Compensation
– Concerns raised about compensation for clinicians treating T2/T3 patients without insurance or on alternative payment plans.
– Need for a comprehensive needs assessment in each hub to understand gaps and issues.
– Exploration of the impact of alternative payment plan funding on services provided.

F. National Coordination and Communication
– Enthusiasm for the opportunity to coordinate efforts nationally, reducing the complexity of communication for government entities.
– Recognition of the importance of a centralized platform to streamline communication and resource-sharing.
– Proposal to develop mechanisms for defining and reporting the status of hubs, as well as setting both individual and shared priorities.

G. Training and Advocacy
– Identification of the need for ongoing training programs for providers and students.
– Proposal to create an advocacy agenda to address complex patient cases and policy barriers.
– Importance of mentoring programs to expand the reach and impact of the hubs.

H. Evaluation and Documentation
– Proposal to develop an implementation toolkit for abortion care, documenting lessons learned and individual priorities.
– Plan to publish and disseminate case studies comparing the progress of each hub.
– Recruitment of mentees, trainees, and residents to expand the hubs’ reach and impact.

Overall, the discussion highlighted the importance of comprehensive planning, collaboration, and advocacy to ensure equitable access to abortion care across provinces.
Report Back & Discussion: Sustainability & Future Steps

After the breakout session on “Sustainability” and the session on “Remaining gaps and potential future steps to improve abortion access”, everyone reconvened to share insights and detailed ideas for advancing the project’s goals. The session began with Dr. Wendy Norman announcing that Health Canada had just confirmed their intention to fund the CART Access Project for the coming year. The session was moderated by Dr. Stephanie Begun. She requested each team to come forward and reflect on the morning breakout sessions about various aspects of sustainability. Several ideas were shared. Ideas regarding community building emphasized the importance of inclusive spaces and amplifying Indigenous voices. Participants also stressed the significance of fostering relationships, particularly through professional networks and mentorship pipelines. Additionally, discussions revolved around the development of practical tools, such as interactive platforms and chatbots, to facilitate access to resources and information.

In the “Remaining gaps and potential future steps to improve abortion access” discussion participants brainstormed actionable strategies to propel the project forward. This included adapting resources to diverse environments and languages, incorporating comprehensive training for healthcare professionals, and leveraging digital platforms for education and professional development activities. There was also a strong emphasis on collaboration, with suggestions ranging from breaking down silos among organizations to advocating for policy changes that prioritize sexual and reproductive health care.

Furthermore, participants highlighted the importance of addressing gaps in research and education, particularly concerning marginalized communities such as trans and non-binary individuals. Ideas for curriculum changes, public engagement campaigns, and targeted outreach initiatives were proposed to ensure inclusivity and accessibility across all levels of society.

The session concluded with a sense of optimism and determination as participants reaffirmed their commitment to advancing equitable access to abortion and sexual and reproductive health care in Canada. Plans for ongoing collaboration, mentorship, and advocacy were underscored, with a focus on amplifying the voices of underrepresented communities and driving meaningful change at both local and national levels.

Overall, the session served as a platform for diverse perspectives and innovative ideas, demonstrating the collective dedication of participants to creating a more equitable and inclusive healthcare landscape supporting more equitable abortion access for all Canadians.
Facilitator: Professor Wendy Norman

Dr. Wendy Norman presented on how CART Access projects implemented an intersectional approach. The intersectionality evaluation results identify intersections that create barriers to access for underserved and equity-deserving groups, and share how projects responded to intersectionality-related challenges.

Intersectionality Evaluation Results

Dr. Norman presented the definition used by the project for intersectionality as “addressing the interconnected impact of various social identities (race, gender, socioeconomic status, sexuality, etc.) on both healthcare providers and patients. It emphasizes understanding how these factors intersect to influence health outcomes and experiences, promoting a more inclusive and equitable approach to healthcare delivery.”

Members of equity-deserving groups may face a large number of overlapping areas of systemic oppression and power imbalances. The aim of the intersectionality evaluation was to look across all projects at how these kinds of interesting barriers may have affected recruitment, the ability of projects to collect data, the creation of tools and resources, the engagement of people with lived experience, and increasing the awareness of these barriers.

Dr. Norman shared specific examples of intersectional barriers related to project recruitment. Examples included the tension of asking someone with lived experience to act as a representative for a diverse group of people with different patient needs and interesting identities, the lack of diversity of experts in some professional fields, and discomfort being involved in abortion work given the complexity of the topic.

Projects responded with how they felt they were able to address some of these barriers and incorporate a more humble and respectful approach to engaging lived experience experts and community partners. Examples of responses including targeted outreach through existing networks, connecting across projects and partners, the engagement of lived experience experts,

Key learnings from responding to these challenges were the need to be flexible and adaptable to circumstances and feedback, and to use an iterative process to find out how to usefully engage diverse and under-represented populations. Many projects engaged expert advisors, demonstrating the value and expertise of those with lived experience. We need a diverse network of partners in order to work together to reduce systemic barriers.

“We intentionally designed our questionnaire to include specifics but also expansive sections focusing on barriers faced by underserved populations and resources that health professionals wish they had to be able to better support individuals and communities facing inequitable barriers and challenges.”

– Youth Wellness Lab
Another example of an intersectional challenge was language and communication. Challenges included the need for effective translation that includes cultural adaptation, and the process of identifying what languages to prioritize based on prevalence.

Projects responded to these challenges by recognizing that cultural adaptation goes beyond translation alone. Effective translation can bring forward contextually appropriate, inclusive, and respectful language for a range of education levels and backgrounds. Cultural adaptation allowed people with a diverse range of backgrounds to be able to engage in tool development and testing.

The need to use inclusive language was identified during our engagement with members of BIPOC communities. For instance…saying “one in three people who can become pregnant will have an abortion at some point in their lives” instead of “one in three women will have an abortion at some point in their lives.”

– Canadian Pharmacists Association

“We found ways to have more opportunities for French speakers to be engaged in the development process of material rather than just having those translated once developed.”

– Canadian Association of Schools of Nursing

Overall, results of the intersectionality evaluation demonstrate the value of trying to understand intersecting barriers and how our projects were able to leverage this understanding to reduce these challenges. Our CART Access Project approach to incorporating Intersectionality as a lens for all that we do has enabled us to improve equity in our projects, tools, and resources.

**Key Learnings – Facilitated Discussion with IAC**

**Facilitator: Nora Sheffe**

To close Day 2, meeting attendees were led in a facilitated discussion with the IAC Panel on key learnings from the CART Summit. Key discussion points included:

**Political Advocacy**

Fred Chabot, the Acting Executive Director of Action Canada, reflected on how the changing political landscape provincially and nationally could impact sexual and reproductive healthcare access. Acknowledging that threats to gender-affirming care will also impede access to abortion and contraceptive care for youth and other underserved groups, it is important for meeting attendees to connect across sectors, disciplines, and regions to be national and organized in efforts to protect access to care.

Dr. Sheila Dunn commented on the role of Canada’s health system, policy and government decision makers to ensure equitable access to medical care and the role of Canada’s Charter of Rights and
Freedoms in upholding the rights of women and pregnancy capable people to the full range of options for reproductive care.

**Importance of Allies and Stakeholders**

Dr. Lohr raised the importance of allies and stakeholders across sectors. Advocacy is more powerful when we have allies who are not directly in our field. Dr. Lohr shared examples of the British Pregnancy Advisory Service’s collaborative advocacy campaigns with disability rights groups, hyperemesis patient advocacy groups, and weight stigma advocacy groups. Dr. Lohr encouraged the CART Access core team to consider who is missing from the room and what groups could be engaged and prioritized to promote intersectionality.

Dr. Stephanie Begun reflected on her experience as a community organizer and the process of engaging with potentially unlikely allies to advance shared goals of improving access to equitable care. Dr. Begun shared an example of effective partnerships with groups such as “Religious leaders for Choice,” “Catholics for Choice,” and also to find common ground with other important movements (e.g., Disability Justice, Environmental Justice, 2SLGBTQ+ movements) to build critical mass and momentum when advocating for policy change and the protection of rights and freedoms, including abortion.

**Importance of Mentorship**

Dr. Lohr reflected on the importance of mentorship to remove barriers to abortion access, and encouraged representatives of different sectors and disciplines to think about how to utilize mentorship to promote reproductive autonomy, including mentoring students and trainees to continue this work into the future. Several attendees spoke about increasing the abortion curricula in health professional programs and addressing intersectional barriers to accessing health professional education.

**Intersectionality**

Several attendees spoke about the importance of advancing the leadership of Indigenous leaders, providers, and existing networks. It is important to defer to and center community leadership and be respectful of local context, including historical and ongoing experiences of violent reproductive coercion.

Dr. Lohr reflected broadly on the value of the equity-based approach of the CART Access Project; if you focus on the groups at the most need of equitable access, it helps increase access for the population as a whole.

**Advancing Access Through Healthcare System Innovation**

Dr. Reynolds-Wright spoke about efforts to democratize abortion through making providing safe medication abortion as simple as possible. He encouraged meeting attendees to see what can be taken from the UK and other settings with longer duration use of medication abortion and apply to the Canadian context in a national, unified way, for example, introducing low sensitivity urine pregnancy tests to confirm complete abortion instead of in-person follow up, and extending the upper limit of home medication abortion to 12 weeks in line with WHO (and Scottish) guidance.

Dr. French discussed embedding CART Access Project tools into the healthcare system, including resourcing and identifying responsibility for updating of tools and materials.

Dr. French also spoke about embedding and integrating abortion into the broader reproductive healthcare system, organizations, and educational programs in an effort to normalize abortion care.
CLOSING REMARKS

Dr. Norman closed the meetings by thanking the IAC panel, CART Access Project leads, CART Access Project partners, members of the public and all Summit attendees. The two-day meeting has presented a year’s work from national health professional organizations and other partners across the country to develop the shared range of projects and novel tools for healthcare professionals and patients.

These tools are intended to be used nationally and potentially internationally to improve access to high quality, equitable, appropriate, and timely care. These tools will be ready and usable by March 31st, 2024.

The CART Access Project demonstrated the need to work together and dismantle silos. Each project’s success was amplified by the cross-sector, cross-discipline collaboration, including the engagement of community partners and lived experience experts.

The discussions over the course of the two-day summit identified ongoing, new, and emerging challenges to advance equitable abortion access. Dr. Norman closed the meetings with a reminder to hold the light of progress and the advancement of access as we collectively move forward.
APPENDICES

Appendix A: Agenda

Day 1 February 22

7:00 – 8:00  Registration and Breakfast
8:00 – 8:30  Welcome and Setting the Stage
8:30 - 9:45  Plenary Session 1: 5 CART-led Projects
9:45 -10:15  Nutrition & Networking Break
10:15 - 11:30 Plenary Session 2: 5 Partner-led Projects
11:30 – 12:00 Facilitated Plenary Reflection
12:00 – 13:00 Lunch
13:00- 13:30 Market Fair
13:30– 14:30 Panel Discussion with International Advisory Committee
14:30 – 14:50 Nutrition & Networking Break
14:50 – 15:30 Breakout Groups Session 1: Dissemination
15:30 – 16:00 Plenary: Report Back From Breakout Session / Summary of Key Learnings of the Day
17:45 – 21:00 Dinner at Lago Bar and Grill Starting @ 18:30

Day 2 February 23

8:00 – 9:00  Breakfast
9:00 – 9:20  Plenary: Key Learnings From Yesterday, Aims For Today
9:20 – 10:00 Breakout Groups Session 2: Sustainability
10:00 – 10:30 Nutrition & Networking Break
10:30 – 12:00 Breakout Groups Session 3: Next Steps
12:00 – 12:45 Lunch
12:45 – 13:30 Plenary: Report Back from Breakout Groups
13:30 – 14:30 Plenary: Review Intersectionality Evaluation Results / Facilitated Discussion with IAC Panel on Key Learnings and Next Steps
14:30 – 15:00 Summit Conclusion
15:00 – 15:30 Nutrition & Networking Break
# Appendix B: List of Participants

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<tr>
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<tr>
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### Appendix C: Abbreviations

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<td>BIPOC</td>
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<td>2SLGBTQI+</td>
<td>Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer (or Questioning)</td>
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Appendix D: Market Fair Posters

Asking for an Abortion: A Pocket Guide
Action Canada for Sexual Health and Rights

Having an abortion is a common and normal experience. In Canada, any doctor and nurse practitioner can prescribe medication abortion. Midwives in Quebec are also allowed. If you are looking for medication abortion, you have the option to ask a doctor, nurse practitioner, or midwife for this service.
Advancing Access to Abortion In Canada Through Midwife-Led Abortion Care

Canadian Association of Midwives
Fostering Change in Entry-To-Practice Education Programs for Nurses in Canada to Increase Equitable Access to Abortion Services

Canadian Association of Schools of Nursing

Increasing access to abortion care by promoting abortion care competencies in undergraduate and nurse practitioner education programs

Aim of Project
The aim of this project is to increase access to abortion care by promoting abortion care competencies in undergraduate and nurse practitioner education programs.

Target audience
The target audience for this project is nurses educated across Canada.

What we learned
- There is currently limited abortion care content in nursing programs in general.
- Health care provider education plays a large role in increasing access to abortion care (Panter, 2002; Cannon et al., 2023).
- Clinical rotations in sexual and reproductive health care are scarce and challenging for schools of nursing to find.

Methods
- Established Advisory Committee
- Completed environmental scan
- Drafted competency and indicators
- Held s virtual consultation forum
- Revised draft competencies
- Online validation survey of competencies and indicators
- Final competency and indicator document for nursing education

What we produced
- Six competencies with 29 accompanying indicators for undergraduate Nursing Education
- One additional competency with 6 accompanying indicators for Nurse Practitioner Education
- One day Education Forum with presenters on the following topics:
  - Abortion care in nursing education – survey results
  - Breaking down barriers to abortion access
  - Integrating abortion care competencies into curricula
  - Prescribing for MA; scope of practice for RNs and NPs

How this will improve abortion access for underserved groups
Nurses are the largest group of health care providers and work in all areas of care across the country. Nurses are often the first point of care and provide care in many underserved communities. Having nurses better prepared in abortion care can help increase access for underserved groups.

Reference / Bibliography

Acknowledgement
Financial contribution: Health Canada
Abortion Access in Prisons

University of New Brunswick, Wellness Within

Abortion access in prisons
Martha Paynter, RN, PhD 1, Clare Heggie MA 2, Melanie Mahler 3, Lisa Adams 3
1. University of New Brunswick
2. Conviction Justice Society
3. Elizabeth Fry New Brunswick

Aim of Project
Women, trans and nonbinary people who have experienced incarceration face severe constraints accessing reproductive health services. Studies have found most incarcerated women in Canada report experiencing an unintended pregnancy at some point in their lives and most experience unmet contraceptive needs. The aim of this project was to identify key issues family planning professionals must consider in their provision of abortion care to people who have or are experiencing incarceration, from the perspective of people with lived experience.

Target audience
Family planning professionals, all of whom may at some point care for people who have or are experiencing incarceration.

What we learned
• Participants experienced stigma and reproductive coercion accessing care.
• Reproductive healthcare may be crowded out by patient's unrelated needs for support with mental health and substance use.
• Institutional procedures may result in significant delays accessing timely care.

Family planning professionals must attend to the trauma, gendered violence, and stigma facing people who have experienced criminalization.

What we produced
Study findings informed:
• Key recommendations for family planning professionals.
• Resources to support frontline community service organizations supporting clients seeking family planning services during and after incarceration.

How this will improve abortion access for underserved groups
People who have or are experiencing incarceration face systemic barriers to access equitable, ethical, and timely reproductive care, including abortion services. By centering the perspectives of people with lived experience or incarceration, study results and resources can inform best practices among institutional health care staff and community-based family planning professionals to promote reproductive autonomy.

Acknowledgement

CAP-MoRE SUMMIT
Improving Access to Contraception and Medication Abortion: A Toolkit for Pharmacists and Patients

Canadian Pharmacists Association
National Hospital Mentorship Hubs Initiative

Women's College Hospital,
Dalhousie University / IWK,
British Columbia Women's Hospital,
University of Montreal Health Centre,
Health Sciences Centre Winnipeg

What we produced
- National network of abortion providing academic women’s hospitals that support expansion of abortion care into community practices
- Strategies for optimizing the Hub functions sharing of resources and troubleshooting problems through developed relationships and learning within the network.
- Foundation for the expanded National Abortion Access Network planned for the CART-Access Extension, starting April 2022.

How this will improve abortion access for underserved groups
- By increasing the number of abortion care providing healthcare professionals from across Canadian provinces, patients and potentially other people in their communities will gain improved geographic access
- By disseminating resources developed in CART-Access Project tailored for these groups.
- The Mentorship Hubs’ successive National Abortion Access Network will coordinate tertiary care hospital-based abortion services across the country to create 2nd and 3rd trimester abortion pathways reducing the need for travel within Canada and to the US.

The National Abortion Access Network will
1. Improve the pathways for patients and staff to access the closest most appropriate complex care across the country
2. Network hospital-based services to jointly coordinate access of quality-of-care initiative (training, clinic protocols, etc.)
3. Collect data on the number of calls, reasons and type of provider to assess utilization of reach.

Acknowledgement

Financial contribution:

The University of British Columbia.
Cultural Adaptation of the *It’s My Choice* Patient Decision Aid for Method of First Trimester Abortion

University of British Columbia

It's My Choice is a patient decision aid that provides information and support for diverse people choosing method of early abortion in Canada.

**What we learned**
- Individuals from all language groups (n=16) found the website and video met the cultural needs of their communities, with several key modifications:
  - Culturally relevant comparisons; e.g. using “olive” instead of “grape” to describe a gestational sac in Punjabi.
  - Culturally relevant terms; e.g. describing an IUD as a “ring” in Mandarin.
  - Gender-inclusive edits for French verbs.
  - Diverse imagery of abortion seekers of different cultures, genders, and abilities.

**What we produced**
- We culturally adapted It’s My Choice into French, Punjabi, and Mandarin.
- We produced a 1-minute short video that explains the tool and its purpose, with closed captioning for translations.
- The website also connects users with tools to access an abortion provider closer to home.

**How this will improve abortion access for underserved groups**
- It’s My Choice provides abortion seekers in Canada with culturally-appropriate information to choose and access the abortion method that best matches their values and needs.
- The website and video will be published in spring 2024 on www.wenda.ca

**Acknowledgement**

The lead investigator gratefully acknowledges invaluable contributions to the development and testing of the tool, including support for the multidisciplinary research team from our institutional partners.

**Financial contribution:**

Health Canada, Status Canada.
Host and Broaden Access to Information on Abortion Care

Society of Obstetricians and Gynaecologists of Canada (SOGC)

What we did
New section of SOGC.ca:
- What is an abortion
- What are my abortion options
- What to expect

PLUS
It's My Choice decision tool
Dr. Sarah M. Munro

Medication Abortion Website
*CAPS* on SOGC.org
- Co-create with UBC, U of A
- Migrate
- Host
- Launch
- Maintain

How this will improve abortion access for underserved groups
- bandwidth-friendly for rural and remote settings
- gender-affirming and culturally sensitive abortion resources

Acknowledgements
Dr. Sarah M. Munro
Dr. Melissa Brooks
Dr. Eleni Strouka and team,
University of Alberta (UofA)

Financial contribution:
Abortion Care CPD for Primary Care Providers

University of British Columbia Continuing Professional Development

Building an online course to contextualize access to abortion care for health-care providers

What we learned
Through our needs assessment findings:
• The critical role of the primary care provider and the importance of empathy
• The impacts of intersectionality and social determinants of health on access and barriers to abortion care
• The need for communities of practice and timely access to resources/education to support providers

Through our development process:
• The importance of diversity within our planning committee to ensure our content is nuanced and represents various Canadian experiences
• The role of people with lived experience in developing education for health professionals

What we produced
A bilingual online course with content covering:
• Normalizing abortion care
• Contextualizing access/barriers to abortion care
• Implementation strategies and considerations

How this will improve abortion access for underserved groups
This continuing professional development education will equip primary care providers with the knowledge and tools needed to alleviate barriers to abortion care where possible and better serve their communities.

Acknowledgement
Sincere thanks to all the CART Access Project partners or their support with the needs assessment and content review of the online course.

Financial contribution:
The Virtual Community of Practice Platform

University of British Columbia,
Society of Obstetricians and Gynaecologists of Canada,
University of Alberta

An open-access online community of practice platform that provides educational and mentorship resources for current and prospective providers of abortion in Canada

https://caps.sogc.org/

What we produced
- An updated educational and mentorship resources on abortion
- An updated clinician billing codes
- An open-access online platform with integrated links to:
  - Educational resources
  - Patient Decision Aid
  - Patient counseling resources for clinicians and support personnel (e.g., social workers)

How this will improve abortion access for underserved groups
- Low bandwidth connectivity for access to HCPIs is rural and remote areas
- Access to billing information for HCPIs
- Culturally-safe and gender-affirming abortion resources

Reference / Bibliography
2. https://community.medfeat.com/caps

Acknowledgement
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- Action Canada for Research Health and Rights
- Canadian Pharmacists Association
- CMB, CPD
- Perinatal Health Canada
- National Federation of Abortion Canada
- Women's Midwives
- Obstetricians, University of Toronto
- Lovelace Women's Clinic, Australia

Financial contributor:
SOGC

THE UNIVERSITY OF BRITISH COLUMBIA
The Role of Doulas in Abortion Care

University of New Brunswick, Wellness Within
Amplifying Youth Voice in Advancing Access to Abortion with Underserved Populations through Tools for Healthcare Professionals and People Seeking Care

Youth Wellness Lab, University of Toronto

Work we produced:
- Scoping review protocol developed in consultation with U. Toronto Library Scientist
- Scoping review on social workers role in abortion care from 1973-present (4,723 articles screened, 79 included in analysis): prepared for PLoS One
- Youth-led knowledge translation efforts
  - Infographics
  - Youth-friendly guides
  - Practitioner checklists
  - Abortion affirmations
  - Social media posts, IG Live conversations
  - Arts-based knowledge mobilization (e.g., digital shorts, zine, result/knowtest pieces)
- Social work curricula and CPD materials
  - Reproductive Justice and Social Work course approved for 2025 (U. Toronto)
  - Infographics, webinar/flash-and-learn trainings for social workers across Canada
  - Peer-reviewed conferences (NAR, SOC, CARWE, ESC, SSWR, PIPAC, AIAK, GSP, ASSM)
- Peer-reviewed journal articles (from youth-led qualitative focus group data collected)

How this will improve abortion access for underserved groups
Researchers can enhance abortion access and experiences by with, and for equity-deserving groups across Canada. This knowledge also informs tools and training for social workers, who receive little abortion education to prepare them for their work with equity-deserving groups in myriad practice-based contexts.

References

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Financial contribution: