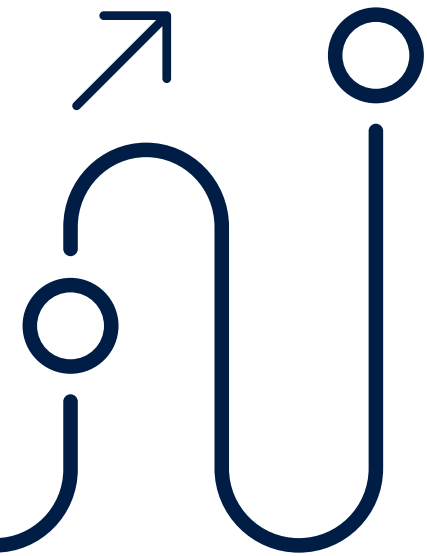


Strategic Plan 2023–2028



A Vision, Expanded





VISION

Just and equitable abortion and contraception informed by science

MISSION

The Society of Family Planning is the source for abortion and contraception science.

This is the time for the Society of Family Planning to advance a vision of just and equitable abortion and contraception informed by science. The imperative for this work was made stark with the decision in the *Dobbs v Jackson Women's Health Organization* case; abortion—long stigmatized, politicized, and unevenly accessible—was made legally out of reach for many. Unprecedented attacks on contraception are also underway.

In this challenging context, there are also new opportunities for the Society. There is an ever-growing and now sizeable community of contributors to science and medicine with a vested and vocal interest in abortion and contraception. There are reinvigorated commitments to ensuring science and medicine redress the long legacy of structural racism to which they have contributed. Decades of clinical practice advancements have resulted in the development and implementation of innovations in abortion and contraception care.

And, findings from years of research are being used to advance healthcare policies and practices that are driven by evidence instead of ideology. These glimmers give us hope for the work ahead.

Our 2023-2028 strategic plan was developed in this transformative moment. Strategic planning consultant Miriam Yeung guided the Board of Directors and staff through its development, which included reckoning with our organizational history and the larger context we have worked within, gathering and making meaning of input from almost 100 Society members and partners, and designing strategies and programming.

We are excited to share our new strategic plan and invite you to join us in this essential work.

Theory of Change

Guiding our work will be our emergent values of community, support, and belonging; openness and inclusivity; growth and transformation; equity, justice, and dignity; and justice-informed expertise and evidence.



- **VISION AND IMPACT** In the years ahead, we will advance a vision of just and equitable abortion and contraception informed by science. By leveraging the powerful tools of science and medicine, we hope to ensure: 1) abortion and contraception practices and policies are grounded in science and center people whose access to care is constrained by systems of oppression, and 2) all people have access to evidence-informed and person-centered abortion and contraception, including people whose access to care is constrained by systems of oppression.
- **STRATEGIES** To achieve our vision and desired impacts, in the years ahead, we will focus on:
 - Convening a diverse, equitable, inclusive, and multidisciplinary community of all engaged in the science and medicine of abortion and contraception
 - Supporting the production and resourcing of research primed for impact
 - Organizing and leveraging research primed for impact
 - Ensuring clinical care is evidence-informed and person-centered through guidance, medical education, and other activities
 - Developing and supporting leaders in abortion and contraception to transform healthcare systems
 - Aligning the organization's governance, operations, and overall resources to be in service of the strategies designed to bring our collective vision to life.

Table 1: Strategies, Rationale, Key Activities, and Learning Questions

TABLE 1.

STRATEGY	RATIONALE	KEY ACTIVITIES	LEARNING QUESTIONS
Convene a diverse, equitable, inclusive, and multidisciplinary community of all engaged in the science and medicine of abortion and contraception	Advancing our vision requires building a crowded table that welcomes all contributors to the science and medicine of abortion and contraception. See Appendix 1 for our reflections on who we have traditionally centered in our community, and how this has harmed people on the margins, fractured our community, and prevented us from achieving desired impacts. Course correction requires continuing to actively integrate our Diversity, Equity, and Inclusion (DEI) Vision Statement into all aspects of our work.	<ul style="list-style-type: none"> ■ Recruit and celebrate people with diverse skill sets, backgrounds, and lived experience, with a focus on those who identify as Black, Indigenous, and people of color (BIPOC) and those with a range of training and disciplinary backgrounds ■ Convene all engaged in the science and medicine of family planning ■ Provide programming to support racial equity work ■ Share aggregated data on the demographics of participants in Society programs 	What strategies are most effective for building an inclusive community where all engaged in the science and medicine of abortion and contraception are valued contributors, and experience the Society as a welcoming academic home?
Support the production and resourcing of research primed for impact	Abortion and contraception policies and practices should be grounded in scientific evidence.	<ul style="list-style-type: none"> ■ Surface research priorities that center people whose access to abortion and contraception is constrained by systems of oppression ■ Advocate for funders to support family planning research ■ Provide programming to support impactful family planning research ■ Offer competitive research funding opportunities 	What is the impact of the Society's investment in research?
Organize and leverage research primed for impact	Scientific evidence alone is an insufficient tool for change. There is a well-documented chasm between research and policy and practice.	<ul style="list-style-type: none"> ■ Synthesize and elevate the evidence base ■ Mobilize the community to promote evidence and take on leadership positions in scientific spaces ■ Connect legal and advocacy partners to the evidence base 	How can the Society leverage its resources to support knowledge translation, supporting links between scholars and partners that use science?
Ensure clinical care is evidence-informed and person-centered through guidance, medical education, and other activities	Evidence-informed and person-centered healthcare improves the delivery of care and healthcare outcomes, and is necessary to support people in making and implementing their own choices about their family size.	<ul style="list-style-type: none"> ■ Support clinician wellbeing ■ Identify gaps in clinical guidance ■ Produce clinical guidance ■ Support implementation of clinical guidance into practice ■ Collaborate with other organizations producing clinical guidance ■ Provide continuing education programming 	What tactics are most effective for diffusing evidence into clinical practice?
Develop and support leaders in abortion and contraception to transform healthcare systems	Leaders in healthcare systems are uniquely positioned to advocate for evidence-informed and person-centered policies and practices.	<ul style="list-style-type: none"> ■ Support Complex Family Planning subspecialists in sustaining care ■ Build relationships with medical organizations across training and specialty ■ Mobilize the community to take leadership positions in medical spaces and serve as institutional change agents 	What tactics are most effective for shaping medical institutions to support abortion and contraception?
Align the organization's governance, operations, and overall resources to be in service of the strategies designed to bring our collective vision to life	Tending to the organization's health is necessary in order to translate our strategic plan into action.	<ul style="list-style-type: none"> ■ Align organizational policies and practices with the Society's vision ■ Build and support a Board ready to serve ■ Recruit and retain talented staff ■ Diversify the Society's financial resources 	How can the Society best leverage its resources in support of the organization's health?

Tables 2–5: Society of Family Planning Theory of Change Detail

TABLE 2.

	ACTIVITY	SHORT-TERM OUTCOME	MID-TERM OUTCOME	LONG-TERM OUTCOME
STRATEGY 1 Convene a diverse, equitable, inclusive, and multidisciplinary community of all engaged in the science and medicine of abortion and contraception	<ul style="list-style-type: none"> Recruit and celebrate the work of scholars, clinicians, and partners with diverse skill sets, backgrounds, and lived experience, with specific focus on those who identify as BIPOC 	<ul style="list-style-type: none"> Scholars, clinicians, and partners feel valued by the Society and find value in being part of the Society 	<ul style="list-style-type: none"> Scholars, clinicians, and partners are organized to use their expertise for action, gathering the full range of people engaged in the science and medicine of abortion and contraception and mobilizing the power needed for impact 	<ul style="list-style-type: none"> Abortion and contraception practices and policies are grounded in science and center people whose access to care is constrained by systems of oppression All people have access to evidence-informed and person-centered abortion and contraception, including people whose access to care is constrained by systems of oppression
	<ul style="list-style-type: none"> Recruit and celebrate the work of all clinicians and partners that directly provide or support the provision of abortion and contraception, embracing those who have traditionally been decentered in Society programming 			
	<ul style="list-style-type: none"> Build authentic partnerships with other academic and medical societies and identify shared work 			
	<ul style="list-style-type: none"> Engage in ongoing reflection on who has been excluded from the Society and field of family planning and work in partnership with communities to repair relationships 			
	<ul style="list-style-type: none"> Serve as a convener of all engaged in the science and medicine of abortion and contraception, creating space for inter- and intra-group connection 			
	<ul style="list-style-type: none"> Provide programming to support members in centering racial equity in their work 	<ul style="list-style-type: none"> The Society is a resource for the field in centering DEI within the science and medicine of family planning 		
	<ul style="list-style-type: none"> Make publicly available aggregated data on the demographics of who participates in Society programming 			

Key learning question: What strategies are most effective for building an inclusive community where all engaged in the science and medicine of abortion and contraception are valued contributors, and experience the Society as a welcoming academic home?



TABLE 3.

	ACTIVITY	SHORT-TERM OUTCOME	MID-TERM OUTCOME	LONG-TERM OUTCOME
STRATEGY 2 Support the production and resourcing of research primed for impact	<ul style="list-style-type: none"> Surface priority topics in need of research, with a focus on topics that center people whose access to abortion and contraception is constrained by systems of oppression 	<ul style="list-style-type: none"> The Society elevates research priorities aligned with the needs of the field 	<ul style="list-style-type: none"> Funders support research that is aligned with the needs of the field Funders provide more constructive reviews, and award more family planning grants 	<ul style="list-style-type: none"> Abortion and contraception practices and policies are grounded in science and center people whose access to care is constrained by systems of oppression
	<ul style="list-style-type: none"> Connect funders with opportunities to support identified research priorities 	<ul style="list-style-type: none"> Funders are aware of research priorities and connected to opportunities to engage in family planning research 		
	<ul style="list-style-type: none"> Advocate for increased funding for family planning research and researchers and for improved processes for reviewing family planning research 	<ul style="list-style-type: none"> Funders understand the value of supporting family planning research Funders have improved skills for reviewing family planning research 		
	<ul style="list-style-type: none"> Support scholars in the development and implementation of research primed for impact by providing research capacity building programming and infrastructure 	<ul style="list-style-type: none"> Scholars have the skills and connections needed to develop and implement research primed for impact 	<ul style="list-style-type: none"> Scholars' research leads to changes in clinical practice, public policy, and health service delivery 	
	<ul style="list-style-type: none"> Provide programming to support scholars in developing the skills and relationships to translate knowledge into policy and practice 	<ul style="list-style-type: none"> Scholars have the skills and connections needed to translate knowledge into policy and practice 		
	<ul style="list-style-type: none"> Offer competitive research funding opportunities on priority topics, focusing on research that centers people whose access to abortion and contraception is constrained by systems of oppression 	<ul style="list-style-type: none"> Scholars' research leads to new knowledge on priority topics 		
STRATEGY 3 Organize and leverage research primed for impact	<ul style="list-style-type: none"> Use the Society's platform to synthesize, organize, and elevate research by sharing resources and bringing the community together to develop resources 	<ul style="list-style-type: none"> The evidence base related to specific topic areas is readily accessible and digestible 	<ul style="list-style-type: none"> The science of abortion and contraception is visible and widely used by those working within and outside of the field of family planning 	
	<ul style="list-style-type: none"> Organize scholars to take leadership positions in scientific spaces 	<ul style="list-style-type: none"> The Society and its members are seen as trusted sources for science on abortion and contraception 		
	<ul style="list-style-type: none"> Mobilize scholars, clinicians, and partners to promote evidence and serve as a bold public voice of the science 			
	<ul style="list-style-type: none"> Build and sustain relationships with legal and advocacy partners and others that use science, serving as a connector to the evidence base 	<ul style="list-style-type: none"> Legal and advocacy partners are aware of the relevant evidence base and opportunities to use family planning research 		
<p>Key learning questions: What is the impact of the Society's investment in research? How can the Society leverage its resources to support knowledge translation, supporting links between scholars and partners that use science?</p>				

TABLE 4.

	ACTIVITY	SHORT-TERM OUTCOME	MID-TERM OUTCOME	LONG-TERM OUTCOME
STRATEGY 4 Ensure clinical care is evidence-informed and person-centered through guidance, medical education, and other activities	<ul style="list-style-type: none"> Enhance clinician wellbeing and resilience 	<ul style="list-style-type: none"> Clinicians have the tools and support to maintain resilience in challenging work environments 	<ul style="list-style-type: none"> Clinicians provide, teach, and advocate for clinical care that is evidence-informed and person-centered 	<ul style="list-style-type: none"> All people have access to evidence-informed and person-centered abortion and contraception, including people whose access to care is constrained by systems of oppression
	<ul style="list-style-type: none"> Identify priority topics in need of clinical guidance 	<ul style="list-style-type: none"> Clinical guidance is aligned with the needs of the field 		
	<ul style="list-style-type: none"> Produce clinical guidance and companion learning resources on priority topics, ensuring material addresses inequities driven by racism 	<ul style="list-style-type: none"> Clinicians have the information needed to guide their clinical practice and teaching 		
	<ul style="list-style-type: none"> Collaborate with organizations producing clinical guidance to align best practices for providing abortion and contraception care 	<ul style="list-style-type: none"> Medical organizations have shared standards for providing care 		
	<ul style="list-style-type: none"> Explore how to best support the implementation of clinical guidance into practice 	<ul style="list-style-type: none"> Clinicians and partners build their capacity to implement clinical guidance into practice 		
	<ul style="list-style-type: none"> Support ongoing learning and development of clinicians through continuing education programming, with a focus on providing equitable, anti-racist, and person-centered care 	<ul style="list-style-type: none"> Clinicians maintain and develop their knowledge and skills 		
STRATEGY 5 Develop and support leaders in abortion and contraception to transform healthcare systems	<ul style="list-style-type: none"> Support Complex Family Planning subspecialists in sustaining family planning training and care at their institutions 	<ul style="list-style-type: none"> Clinicians trained in complex abortion and contraception provide care at medical institutions and shape institutions' policies, practices, and training 	<ul style="list-style-type: none"> People can get abortion and contraception care wherever they need it 	
	<ul style="list-style-type: none"> Build relationships with medical organizations and develop shared goals to advance family planning across specialty and training 	<ul style="list-style-type: none"> Medical organizations serve as a united voice supporting abortion and contraception care 		
	<ul style="list-style-type: none"> Organize clinicians and partners to take leadership positions in medical spaces 	<ul style="list-style-type: none"> Clinicians and partners shape medical spaces in support of abortion and contraception care 		
	<ul style="list-style-type: none"> Activate clinicians, scholars, and partners to serve as institutional change agents 	<ul style="list-style-type: none"> Clinicians, scholars, and partners advocate for change in their local and national communities 		
	<ul style="list-style-type: none"> Build and sustain relationships with partner organizations that support the clinical care of abortion and contraception 	<ul style="list-style-type: none"> Medical institutions and stand-alone family planning practices work together to provide evidence-informed and person-centered care 		

Key learning questions: What tactics are most effective for diffusing evidence into clinical practice? What tactics are most effective for shaping medical institutions to support abortion and contraception?



TABLE 5.

	ACTIVITY	SHORT-TERM OUTCOME	MID-TERM OUTCOME	LONG-TERM OUTCOME
<p>STRATEGY 6 Align the organization's governance, operations, and overall resources to be in service of the strategies designed to bring our collective vision to life</p>	<ul style="list-style-type: none"> ■ Ensure all organizational policies and practices support the Society's vision 	<ul style="list-style-type: none"> ■ The Society has person-centered policies and practices, and a well-rounded leadership team that provides unified direction and support and is focused on and accountable to our vision 	<ul style="list-style-type: none"> ■ The Society has the governance, operations, financial, and other resources to translate its strategic plan into action 	<ul style="list-style-type: none"> ■ Abortion and contraception practices and policies are grounded in science and center people whose access to care is constrained by systems of oppression ■ All people have access to evidence-informed and person-centered abortion and contraception, including people whose access to care is constrained by systems of oppression
	<ul style="list-style-type: none"> ■ Build and support a Board ready to lead the organization in its next iteration 			
	<ul style="list-style-type: none"> ■ Increase transparency around and member engagement with governance 	<ul style="list-style-type: none"> ■ The Society's values and work are transparent and accessible, and it serves alongside its members as a source for science 		
	<ul style="list-style-type: none"> ■ Enhance communication to members and partners about the Society's work 	<ul style="list-style-type: none"> ■ The Society has the staff needed to execute its vision 		
	<ul style="list-style-type: none"> ■ Recruit and retain a talented staff committed to the Society's vision 	<ul style="list-style-type: none"> ■ The Society is a valued partner for philanthropy and has a range of financial resources 		
	<ul style="list-style-type: none"> ■ Communicate the Society's value as a grantmaker to philanthropic partners 			
	<ul style="list-style-type: none"> ■ Diversify the Society's financial resources 			
<p>Key learning question: How can the Society best leverage its resources in support of the organization's health?</p>				

Assumptions

Underlying our theory of change are the following assumptions, which we will continuously reflect on and reassess.

- Advancing our vision requires leveraging our existing positions of influence from within academia and medicine and intentionally building power alongside those working outside of those systems. This new way of working will require creativity, embracing discomfort, and learning by doing.
- The tools of science and medicine can be wielded to benefit or harm, and have a long history of being used to perpetuate systemic racism. Thus, we must take meaningful actions to advance [our commitment to DEI](#).
- [Scientific knowledge is one component of change](#). For it to be impactful, links are needed between the many people, communities, and organizations working towards similar goals. Time and resources must be dedicated to partner alignment and engagement, and to broadly sharing scientific knowledge in formats designed to reach the intended user of the science.
- [The impact of newly generated scientific and medical knowledge is often not immediately evident](#). Instead, impact is usually demonstrated many years after the research is complete, which requires long-range and foresighted thinking. On occasion, transformational opportunities related to [public health](#), [politics](#), or other cultural forces are able to accelerate the impact of scientific knowledge.
- Ensuring clinicians are able to offer evidence-informed and person-centered abortion and contraception care requires seeking to influence institutional environments in which they work, while also supporting their ongoing education about abortion and contraception.
- Clinical guidance is one component of ensuring people have access to evidence-informed and person-centered healthcare. [Very few clinical guidelines lead to better care or better health outcomes without attention to implementation](#). Therefore, sustained attention to strategies for implementing clinical guidelines must accompany their development.
- Resources, and in particular time and money, are finite. At the same time, there is a rich and resourceful community of people, communities, and organizations working towards similar goals. We focus on our niche—abortion and contraception at the juncture of science and medicine in the US—and seek to work in concert, not competition, with those working in other spaces who are also addressing abortion and contraception.
- Our work requires us to learn deeply and rapidly, and to call on lessons learned from our own work and the work of those who came before us. We harm the very people we serve when we do not build reflection and learning into our work.



Key Learning Questions

To accelerate our work and ensure its impact, we will focus on the following key learning questions:

- **Which strategies are most effective for advancing our vision? What will be gained and lost by implementing those strategies? And, who stands to gain or lose when those strategies are implemented?**
- **What strategies are most effective for building an inclusive community where all engaged in the science and medicine of abortion and contraception are valued contributors, and experience the Society as a welcoming academic home?**
- **What is the impact of the Society's investment in research?**
- **How can the Society leverage its resources to support knowledge translation, supporting links between scholars and partners that use science?**
- **What tactics are most effective for diffusing evidence into clinical practice?**
- **What tactics are most effective for shaping medical institutions to support abortion and contraception?**
- **How can the Society best leverage its resources in support of the organization's health?**



Appendix I: Key Decision Points in Our History

Lessons from our past are foundational to our decisions about our future. As we look back at our history, we are in awe of what we have accomplished (see Appendix 2). At the same time, we are also keenly aware of the tradeoffs we made along the way, leading to the exclusion of many key contributors to the field of family planning. We focus here on these tradeoffs as, unlike our successes, the tradeoffs are less well documented. All histories are incomplete and we recognize that this history may look different depending on an individual's vantage point, so we welcome all who have shaped our work to add to our shared history.

A NOTE ON LANGUAGE

When we refer to “us” or “we,” we are discussing the joint work of two organizations that came together in 2020: *the Society of Family Planning* and *the Fellowship in Family Planning*. When we discuss those organizations before this merging, we describe them as *the Society* or *the Fellowship*.

Our foundational years (1991-2009) were focused on becoming recognized as legitimate within academia and medicine.

In the early 90's, the Fellowship launched and began training recent Ob/Gyn residency graduates in complex abortion and contraception care. At the time, most abortion care had moved from hospitals to outpatient clinics staffed by “[thinning ranks](#)” of physicians willing to work in a low-prestige field doing “[dirty work](#)”. Training in abortion care was limited in residency programs due to a lack of qualified educators and training sites, alongside other barriers such as abortion stigma, fear of protest, barriers to hospital privileging, ambivalent or unsupportive leadership, and more. Research on abortion and contraception was minimal and largely unsupported by federal sources. The Fellowship worked to be an antidote to this context, creating programming to support Ob/Gyns working within academic medicine to develop careers that balanced clinical care, research, and educational expertise in two critical aspects of obstetrics and gynecology: abortion and contraception. As this was a time of [extreme disruption within academic medicine](#), there was recognition of the need for new and innovative training programs focused on leadership development with medical specialties. And, by 2009, the Fellowship had many hard-earned successes, including creating a necessary community of support that counteracted stigma and isolation, establishing 15 Fellowship sites in academic institutions across the US, training over 100 fellows in providing high-quality family planning, advancing the science and clinical care of family planning, and advocating for institutional change (read more about this history [here](#)).



For the Fellowship to reach its goal of becoming an accredited medical subspecialty, it needed an academic home. As such, in 2005, the Society was founded to serve as the academic home to the Fellowship, modeling itself closely after other Ob/Gyn subspecialty societies by establishing membership criteria, grant programming, clinical guidelines, an annual academic meeting, and an official journal, [Contraception](#) (read more about this history [here](#)).

Just a few years after launching, the Society found there was a growing community of family planning clinicians and scholars outside of the Fellowship who also felt their disciplinary homes lacked in their attentiveness to abortion and contraception. The Society soon took shape as a broader community. That broadening community meant more people working together, and also more competition for grant funding and time at scientific meetings. As such, new subcommunities were born within the Society, and leading thinkers of those groups created platforms for connection and resource sharing, such as “the Social Scientists’ Meeting” and the “Family Medicine luncheon” that was held annually with the Society’s conference (then held jointly with the Association of Reproductive Health Professionals and Planned Parenthood).

In our middle years (2010-2022), we moved to mainstreaming abortion and contraception into academia and academic medicine.

Feeling progress towards achieving legitimacy, and emboldened by our growing community, we worked to integrate our clinical and scholarly work into medical and scientific spaces, continuing to rely largely on the models of other medical societies to shape our work.

The Fellowship was continuing to find success, having established 30 Fellowship sites in academic institutions across the US, and trained nearly 400 fellows. At this time, the program included both Ob/Gyn and Family Medicine sites as physicians within Family Medicine programs also brought needed expertise to abortion and contraception care, and they mirrored their Ob/Gyn colleagues in that they were post-residency, employed at an academic institution, conducting research, and engaged in teaching.

Family Medicine’s involvement with the Fellowship changed after a long-debated and contentious decision was made to seek becoming the subspecialty in Complex Family Planning. Family Medicine sites and fellows, previously part of the Fellowship in Family Planning, could not be part of an Ob/Gyn subspecialty fellowship. Also, there were philosophical differences in Ob/Gyn and Family Medicine, as at the time, some in Family Medicine felt it was antithetical to their perspective of healthcare to pursue subspecialty.

Those in favor of becoming a subspecialty saw it as [a 30-years in the making success story](#), and believed it had “always been the plan.” With formal recognition as a subspecialty came legitimacy and resources: seats at tables to which the Fellowship previously had not had access (such as on the ACOG board), [the ability to formally partner with other Ob/Gyn organizations](#), prestige, and (it was hoped) financial support from academic medicine which would help ensure the sustainability of Fellowship programs and jobs for Fellowship graduates.

At the same time, [some opposed](#) what was seen as the harmful prioritizing of Complex Family Planning physicians over other clinicians providing abortion care, and a way to retain elite status at the expense of others. They also

expressed concerns that some states would further restrict abortion provision by limiting care to Complex Family Planning subspecialists. And, it felt unclear who held decision making power about pursuing subspecialty—be it the lone funder of the Fellowship, the leadership of the Fellowship, or the participants in the Fellowship. What is clear, is that it was a difficult decision, with a slim majority of support. With certification as a subspecialty just two years under the Fellowship's belt at the time of this writing, the anticipated gains and losses are still being realized, and there remains unresolved opposition, and unintended harms.

Meanwhile, the Society continued to grow, from 48 founding and charter members to over 1,400 members. It also established itself as an essential supporter of the science and clinical care of abortion and contraception, and as one of the few public grantors of abortion and contraception scholarship. [An evaluation](#) of the impact of the Society's grantmaking showed its grants helped build the research capacity of emerging and established scholars, and were essential for supporting the creation of a robust scholarly evidence base. In addition, some research led to changes in clinical practice at healthcare facilities, such as modifying cervical preparation protocols, and was used in support of state-level policy change.

The Society's [first strategic plan](#), launched in 2018, was a time of regeneration. Existing programs were refreshed and new programs were developed. Notable changes were the [democratization of membership requirements](#), opportunities for members to connect via [special interest groups](#), an [independent Annual Meeting](#), [significant investments in medication abortion research](#), [career support grants for scholars of color](#), [topical clinical guidance](#), and [unbiased educational supports](#).

Notably, the 2018 strategic plan was also the Society's first formal effort to direct attention to integrating DEI into its work. In a survey of members who self-identified as people of color, the Society found that though the majority of respondents felt their work connected to the Society's mission and that they belonged at the Society, they did not feel that DEI was an organizational priority at the Society, as reflected by the lack of effort to recruit members of color into leadership positions and Society programs. Also, at around the same time, Fellowship graduates [invited the Fellowship](#) to explicitly address racism in family planning. Long overdue (and ongoing) efforts at the Society to address the toxicity of oppression based on race and ethnicity in science and medicine included creating and supporting a [DEI Vision Statement](#) and a DEI Committee, and integrating DEI into every aspect of its governance and programming.

Another significant change during this time period: in 2020, the Fellowship and Society, having always worked towards similar goals, integrated under the legal status of the Society to operate as a unified and powerful force for the science and medicine of family planning. Evidence of this long-standing work together is seen in the [landmark report from the National Academies of Sciences, Engineering, and Medicine](#) that summed decades of clinical practice and research, work that was largely conducted by the Fellowship and Society community, to definitively state that abortion is safe, effective, and high quality. Also, per the original hope, the formal recognition of Complex Family Planning as a subspecialty has encouraged some academic institutions to provide institutional support for their training program.

In our first two years, now jointly working under the banner of the Society, we have had great successes in sharing resources and programming.



Like all changes, this coupling has had its pain points. Some in the Fellowship community have mourned the loss of intimacy of the previous chapters of the Fellowship. And, some Society members have questioned if working together with the Fellowship meant deprioritizing other groups within the Society, and impairing the sense of belonging for those not engaged in clinical care. These questions have co-occurred with ongoing reflections on how we can further advance our DEI vision.

With this new strategic plan, we find ourselves more forthrightly answering a question that has gone unanswered since our collective beginning: who is welcome at our table?



Appendix 2: Brief Accomplishments

Our future direction builds on key decision points in our history (see Appendix 1) and decades of accomplishments. As our successes have been readily shared in [summative books](#), [landmark celebrations](#), and [annual reports](#), we only briefly sum some of our accomplishments here.

- Built and supported a growing and powerful community of over 1,400 members united to advance a vision of just and equitable abortion and contraception informed by science.** Members work across the US in a variety of academic, medical, and health settings and bring expertise in a range of clinical specialties and academic disciplines.
- Honored 48 esteemed leaders in abortion and contraception, providing an important touchstone for recognizing and celebrating individuals working against the odds.**
- Supported the establishment of 30 Complex Family Planning Fellowship sites and the training of over 400 Complex Family Planning fellows.**
- Hosted, or co-hosted, 17 scientific meetings that provided forums for discussion, debate, and learning about the latest in research and clinical practice on abortion and contraception.**
Thousands of people have attended these meetings and built essential networks and collaborations.

1,400+ MEMBERS
30 FELLOWSHIP SITES
400+ FELLOWS
17 SCIENTIFIC MEETINGS
THOUSANDS OF ATTENDEES

- Brought the power of science and medicine to numerous efforts to advocate for just and equitable abortion and contraception informed by science, including:**
 - [Participating in a collective action with other leading specialty and subspecialty organizations to address racism](#)
 - [Advocating for abortion to be treated as essential healthcare during the pandemic](#)
 - [Summarizing what happens when abortion is out of reach](#)
 - [Advocating to the FDA for family planning policies and practices to be grounded in evidence](#)
 - [Celebrating the range of safe and effective options to obtain abortion.](#)
- Invested over \$70 million in abortion and contraception research.**
 - Funded [the production of the definitive research in the field](#)
 - Improved the rigor of the field's research
 - Supported the implementation of evidence-informed practices and policies



7. **Provided career development support for nearly 300 emerging, mid-career, and established scholars who have shaped the science and medicine of abortion and contraception.**

8. **Supported the production and dissemination of almost 500 scholarly publications that have been relied upon by academics, traditional and social media, and other sources, and are frequently among [the most talked-about family planning-related publications](#).**

9. **Produced, co-produced, or endorsed [over 40 clinical guidelines](#) providing practical, teaching, and advocacy resources to ensure abortion and contraception care is informed by the best available evidence.**

10. **Provided nearly 70 hours of unbiased, evergreen educational content including resources for:**

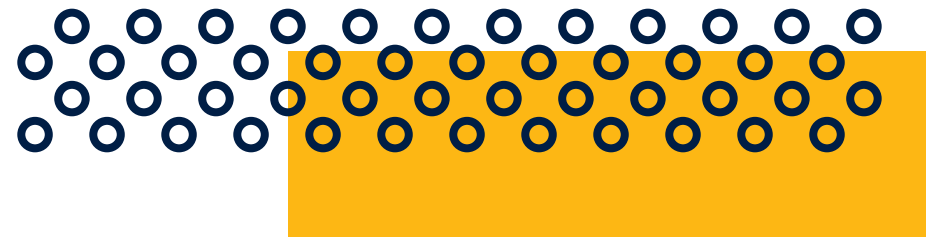
- [Managing post-abortion hemorrhage](#)
- [Providing post-partum contraception](#)
- [Conducting research in restrictive environments](#)
- [Securing reimbursements](#).

300+ SUPPORTED
SCHOLARS

ALMOST 500 SCHOLARLY
PUBLICATIONS

40+ CLINICAL GUIDELINES

NEARLY 70 HOURS OF
EDUCATIONAL CONTENT



Acknowledgments

We thank all who shaped this strategic plan.

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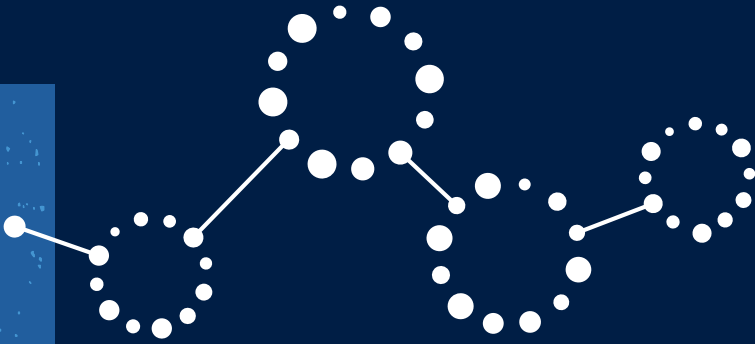
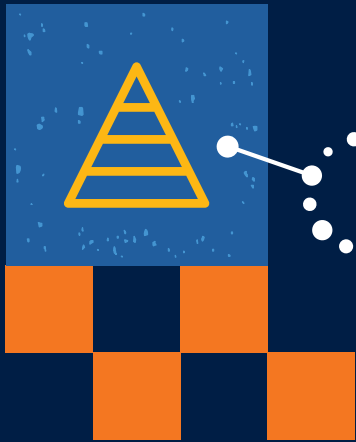
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