

Lessons Learned...

Findings from The National Campaign's Learning Tour

ATLANTA: JUNE 4-5, 2007

WOMEN'S & CHILDREN'S CENTER, EMORY UNIV.
ANCHOR ORGANIZATION

DR. LAURA GAYDOS
ANCHOR LEAD

Atlanta was the first site on The National Campaign's Learning Tour. Sarah Brown and Andrea Kane attended this site visit. The National Campaign partnered with the Women's and Children's Center at Emory University to convene a set of meetings with health care providers, religious leaders, state legislators, leaders from the Latino community, and the director of Georgia's fatherhood programs. National Campaign staff also met with Maureen Downey, reporter for the Atlanta Journal Constitution.

This document summarizes the central themes, ideas, and recommendations that emerged from this site visit. Overall highlights synthesizing the central takeaways from all of the meetings are presented first, followed by a detailed summary of each meeting.

Overall Highlights

What are the barriers to making progress in reducing unintended pregnancy among young adults?

Public opinion barriers

- Unwanted pregnancy is not seen as a crisis (like AIDS or even teen pregnancy).
- With teen pregnancy, there is a visceral reaction of concern; there is a different public perception with unintended pregnancy among twenty-somethings.
- General culture/media depicts sex among young adults as normal.

Public policy barriers

- State legislators unresponsive to issues of poverty and family planning.

- Lack of insurance coverage for contraceptives.
- Limitations in Medicaid (who is covered).

Cultural barriers: Latino community

- Terms like unwanted and unintended not received well in Latino community.
- General distrust of government and "White/Caucasian" organizations with respect to reproductive health (long eugenics history with Latina women).
- Machismo and religious/cultural values shape views about pregnancy.
- Some young women view getting pregnant as a way to get out of high school.
- Underground and unsafe systems of abortion and getting contraceptives.
- Few bilingual providers.
- Transportation to health services is big problem, especially in rural areas.
- Lack of information about how women's bodies work (lots of myths), contraception, resources available, and how health system works.
- Using contraception is stigmatized.
- Control over contraception is one way a male wields power in a relationship.

Cultural barriers: African-American community

- Pervasive distrust of government/large scale initiatives dealing with health in African-American communities, stemming from a long history of mistreatment (Tuskegee) and eugenics in relation to reproductive health.

Religious barriers

- Southern Baptist view prevalent among African-Americans is "pregnancy is God's plan."
- Term unwanted pregnancy could be problematic. Unintended/unplanned is better. Preferred terms: birth spacing/planning, intentional and welcomed pregnancy, readiness for pregnancy and childrearing.

- Young people from conservative upbringing/faith traditions have chance to explore/experiment once they become adults.
- Many youth, on and off campuses, do not have an active faith community.
- Some concern about promoting sex outside of marriage or same sex marriage; most faith leaders willing to discuss what is best for the child and best for the couple.

Access barriers

- Pricing/costs of contraceptives.
- Providers not adequately trained to counsel patients on contraceptive options.
- Providers not adequately reimbursed for counseling.
- Barriers to gaining access to contraceptives in rural areas.
- People believe that EC is form of abortion rather than contraception.

Individual beliefs/attitudes of young women

- Hold belief that “it’s not going to happen to me.” Russian roulette mentality.
- Ambivalence: many young women have pregnancies that are not planned, but not necessarily unwanted.
- Focus on short term issues rather than long-term planning for future.
- Lack of information about contraceptives (have nowhere to get information; public health clinics often do not provide information).
- Lack of understanding about options, including consent forms and Medicaid.
- Women in this age group are hard to reach – scattered, in very diverse circumstances.

Individual beliefs/attitudes of young men

- Many men do not believe that there is a problem.
- Some men see pregnancy as the woman’s fault (she trapped me, she should’ve taken care of birth control, etc).
- Male concern with virility gets in the way of contraception and planning.
- Lack of planning for future
- Men in this age group are hard to reach – scattered, in very diverse circumstances.

How can The National Campaign help?

Change public opinion

- Delineate problem of unintended pregnancy for broad audiences, including opinion leaders, using research and messaging.
- Frame issue of preventing unintended pregnancy in careful and compelling way:

- o Frame: What is best for the kids?
- o Frame: This isn’t about preventing pregnancy; it’s about promoting healthy pregnancy.
- o Frame: What are the consequences of not having a plan? Unintended pregnancy (e.g. children are treated differently, child abuse, etc).
- o Frame: healthy outcomes and taking pregnancy seriously.
- o Need a creative acronym to capture the message of planning.
- o Possible language: intended, wanted, welcomed, planned.

Influence public policy

- Need to make a compelling policy argument for why state legislators should focus on this issue. Focus arguments on 1) improving the lives of children and families; 2) need to improve birth outcomes; 3) costs of poor birth outcomes are borne in the community.
- Increase Title X funding.
- Reduce price of contraceptives.
- Increase availability of generics.
- Partner with those lobbying for coverage and access to contraception.
- Build public awareness about need for insurance coverage of contraceptives.
- Draw on Family Planning Fellows program (at Grady) to advocate/ testify.

Address cultural barriers (in this case, Latinos)

- Use positive messages about healthy bodies and healthy families.
- Develop materials to educate Latinas about contraception using message of empowerment, planning for healthy families, or healthy women/healthy bodies.
- Use existing channels and relationships to reach out to Latinos.
- Piggy-back on existing forums that promote health/women’s health/ etc., such as health fairs, which provide one of the best vehicles for reaching this target group.
- Provide small incentives such as offering makeovers and providing completion certificates for women who attend events.
- Partner with messenger of information with ethnic ties to the community.
- Develop ideas/strategies/messages for including Latino men who are often excluded; they often have different views and make the family planning decisions.
- Use radio, technology (e.g. cell phones), and Latino celebrities as communication vehicle.

Address religious barriers

- To hook faith leaders, frame message around what is best for the child and best for the couple.
- Promote the message that abstinence is best, but if you are having sex, need to use contraception.
- Provide materials to faith leaders framed in lexicon of young adults around themes of 1) planning for the future, including impact of having children on finances; 2) recapturing sense of self; and 3) responsibility.
- Provide materials to faith leaders on college campuses, to faith institutions that have groups for young adults and singles, and to youth ministries.

Improve access

- Educate providers by developing/distributing materials, perhaps with other organizations (e.g. ACOG) on how to communicate with young women/men about planning for the future, importance of long-acting methods, real side effects vs. feared ones, etc.
- Provide incentives/rewards to reach young adults, improve contraceptive use, and improve clinical follow-up.

Influence individual beliefs/attitudes of young women

- Educate women about need for reproductive life plan. Ask: What do you want as opposed to what are you trying to prevent? What is the optimal age for pregnancy? What is the best plan for you and your future children?
- Provide information to and educate women about options for specific types of contraception, including EC.
- Continue working on improving use of long term methods for those accessing services and reaching out to those who aren't using anything.
- Go where young women are: (community and technical) colleges, college health centers, clinics, workplaces, religious institutions, etc.
- Use new technologies to reach them: text messaging, chat rooms, positive blogging, cell phones, and virtual world programs, such as Second Life.

Influence individual beliefs/attitudes of young men

- Need campaign specific to men that links to fatherhood, responsibility, caring for the kids you already have, being role model for your children, link between responsibility and planning.
- Promote programs where men talk to men about sensitive health issues – trust and privacy are key.
- Help men understand that pregnancy affects them too and that pregnancy has consequences – legal, financial, etc.

- Use new technologies (see point under reaching women) to reach many men. For others, vehicles include radio, community forums and distributing leaflets through utility companies.
- Prepare “Questions you were afraid to ask” pamphlet to teach men how to talk to their kids (about sex, pregnancy prevention, etc).

Detailed Summaries

CARRIE CWIAK, MD

DIRECTOR OF FAMILY PLANNING, GRADY HEALTH SYSTEM

Grady has a Title X funded clinic and has been known for innovative programs in (teen) pregnancy prevention, including programs targeted to males. Teens come to the clinic for their first visit and get their annual exam and education about reproductive health, contraception, use of contraception, etc. Dr. Cwiak's immediate reaction to The National Campaign's expanding mission: “We need all the help we can get on unintended pregnancy,” though she also saw some risk of diluting teen focus.

What are the problems and barriers to using and accessing contraception and preventing unintended pregnancy?

- Among patients, sees a lot of ambivalence, focus on short term issues that preclude long-term planning. (Many women have pregnancies that are not planned, but not necessarily unwanted.) Women are in the “fog zone.” Need to be educated on their options.
- At same time, many are trying to plan/space but face barriers: issues with Medicaid (GA doesn't cover postpartum contraception, Medicaid isn't available for the undocumented, and Medicaid is being cut); even if have Medicaid, confusion about how it works (for example, people think you must have a Pap test before getting contraception); lack of information about contraception, especially IUDs and Emergency Contraception (EC).
- Teen pregnancy numbers are going down but minority numbers are up across the board in all age and socioeconomic categories. Socioeconomic factors large barrier: people are worried about paying rent, not family planning. Many cannot afford a \$300 IUD, can't get a tubal ligation, or they don't understand the consent form.
- Particular concerns regarding patient access to contraceptive services. Chief among these concerns are the very high costs of contraceptives (although Grady is able to negotiate some lower rates) and lack of adequate, up to date, provider training.
- Need to increase use of post-partum contraception.

- Pricing influences what methods the clinic stocks. Problem with long-acting methods is high up front cost. One idea is to get Gates and similar foundations to provide Implanon for free.
- On the pricing side, Carrie noted that her clinic assesses “all contraceptive pills as the same.” Therefore, the clinic only carries oral contraceptives with very good prices. Other contraceptive methods, such as Mirena, may or may not be available depending on pricing.
- Loss of insurance is a big problem in accessing coverage for contraceptives.
- Especially when it comes to males, many do not believe that there is a problem. Virility is an issue; men need to understand the “consequences”. Frame in terms of “taking care of your family.”
- Need better understanding of cultural sensitivities – especially Southern Baptist view prevalent among African Americans, i.e. pregnancy is God’s plan. Also need more research on ambivalence and how views are shaped.

Other points

- Preventing pregnancy may not be the best framing for the patients she sees (mainly low income, disenfranchised, minority); maybe best to put it in positive way, i.e. what do you want?
- At clinic, most of focus is on contraception – though this is not typical. Doctor’s discussion then further reinforced by nurse. They dispense contraception onsite. Also discuss EC. With generally young, healthy patients, she tries to get doctors to change mindset – less about Paps, breast exams, etc. and more about counseling on contraception. (Be careful though – doctors are rewarded for return visits and this could undercut long-lasting contraception.)
- IUDs are highly effective and safe but pricing is an issue. Ditto with the ring – providers find that they need to show patients how to use it. Good success with teens and adults with both methods, but room for improvement in terms of education. There are urban myths about IUD’s; many people don’t know about or understand IUD’s.
- RX by mail is good only for the pill; not other types of contraception.
- With teens, clinic does get reimbursement for counseling, not sure about adults but thinks there are ways to creatively look at CPT codes.
- Hard to track continuation in use of birth control based on return rates since individuals may be coming back for different method. Be careful about rewarding frequent returns if it deters long-acting methods.
- Title X clinics like hers dispense contraception so don’t have to deal with limits on how many months of prescription. They do 6 months worth of pills.
- Issue with Lybril is that if you can only get one month at a time, it doesn’t present any real advantages – and is very expensive. They’ve

told Wyeth that if they dropped the price, that would make it more attractive. Seasonale better because get three months worth in a pack.

- Focus on the groups who are trying to access services but having trouble doing so.

How can The National Campaign help?

- Increase public awareness of scope of problem among adults (there is general misconception among the public, especially adults, that there is a problem). Ideas for framing: “What is best for kids?” “This isn’t about preventing pregnancy; it’s about promoting healthy pregnancy.”
- Clearly delineate problems with unintended pregnancy – translate available data for broader audience.
- Partner with those lobbying for coverage and access to contraception.
- Regarding provider training, one suggestion was to access the national Family Planning Fellows program (Dr. Cwiak is Interim Director of this program at Grady). There are approximately 15 fellowships in the United States -- physicians who receive an additional year of training in contraception and abortion. Would be great for advocacy/testimony, etc.
- Need to arm providers/patients with arguments to combat concerns about side effects – as compared to what? How about compared to pregnancy. Only serious issue about weight gain is with Depo.
- Partner with groups doing advocacy on insurance (but building public awareness needs to happen first in order to influence policy change).
- Help people develop skills of long term thinking and planning.
- Need a campaign specific to men (they have a young men’s component in Grady’s teen services clinic) that links to fatherhood, responsibility, caring for the kids you already have, and tying responsibility to planning. Concept of fatherhood and responsibility very strong in Southern Baptist culture.
- Need to both continue working on improving use of long term methods for those accessing services and reaching out to those who aren’t using anything.

KAY SCOTT

DIRECTOR, GEORGIA PLANNED PARENTHOOD

Also in attendance: Mary Driscoll, CFO, and Leola Reis, VP, Communications, Education, and Research.

What are the problems and barriers to using and accessing contraception and preventing unintended pregnancy?

- There is a strong need for information among college-aged young adults who are emancipated from their families for the first time, but have not received enough information in High School educational programs, which are often abstinence-only in Georgia. This contrasts with the European approach to framing and discussing parenthood. (Note: Kay mentioned a Danish study on this topic.) There is ignorance – a lack of any concept of this kind of plan among young adults. Need to combat the “it’s not going to happen to me, Russian roulette mentality”.
- Several issues specific to Georgia were discussed. As in the meeting with Carrie Cwiak, the issue of costly contraceptives was discussed. Planned Parenthood clinics also limit their contraceptive offerings based on price. As family planning funding has been continually cut, this issue is at the forefront. They are offering IUDs and Implanon, but cost is an issue.
- If Title X funding to the state were doubled, this would make a significant impact in ability to offer contraceptive services.
- May need to switch to generics for price reasons, but find patients feel wedded to their brands.
- In Georgia, there are barriers to gaining access to contraceptives in rural areas.

Other points

- Polling shows that men in GA are more liberal than women on issues of abortion and family planning (women more judgmental); blacks more supportive than whites. Presents opportunity to reach out to men – pregnancy affects them too. Referred to Boys 2 Men program, which helps them understand the law and think about the financial consequences of pregnancy.
- Surprisingly, emergency contraception is not making a big difference. There are still issues about lack of knowledge and assumption that EC is abortion not contraception. Kay would have expected that especially given how hard it is to get an abortion in GA, more people would be interested in EC. As a general matter, existing contraceptors are switching to different types of contraception, and she is not seeing overall uptake in number of people using contraception.
- Could use incentives/rewards to reach young adults, improve contraceptive use, and improve clinical follow-up. (Rph DiClemente at Emory is currently researching this, and may be a good resource in the future.)

How can The National Campaign help?

- The National Campaign can promote the idea of a reproductive life plan or planning future fertility as a framework for addressing unintended pregnancy. There is a lack of reproductive planning or any reproductive life plan. Nobody asks: What do you want as opposed to what are you trying to prevent? What is the optimal age for pregnancy?
- What is the best plan? What is the advantage of having a “family life plan”? What are the consequences of unintended pregnancy (e.g. children are treated differently, child abuse, etc?) We need to ask these questions, and guide young adults to ask these questions themselves.

Other points

- It is important to use existing channels and relationships to reach out to Latino communities.
- There is a general distrust of both government and “White/Caucasian” organizations, which are not perceived to have Latino interests at heart. This is especially true with reproductive health issues, where there exists a long, deep-seeded eugenics history with Latinas.
- Working through those with existing community ties (such as the advocates attending these meetings) would be critical to achieving legitimacy. It is important that the messenger of information have ethnic ties to the community.
- Also using the radio, technology (e.g. cell phones), and Latino celebrities can be an effective vehicle for communicating with Latinas.
- Positive messaging with Latino populations is key. Positive messaging about healthy bodies and healthy families is much more likely to succeed than terms like preventing unwanted pregnancy (although unintended is a bit better).
- Immigration policy in Georgia is shaping the issue. As of July 1, 2007, an immigration bill (SB 529) will take effect, which is one of the toughest immigration bills in the country.
- The average age of Hispanic women in Georgia is 25. Mostly first generation, low education levels, about 2/3 Mexican, 1/3 Central American. Undocumented students in GA have to pay 20k to go to state colleges. There is currently one Latino at GA Tech.
- Another issue is that within Latino families, a major concern is abuse of power and child abuse.
- Also, many young women view getting pregnant as a way to get out of high school.

How can The National Campaign help?

- Develop materials for Latino community: There is great need for education on contraception in the Latino community. What works is to talk with Latina women about empowering themselves (with information), especially if the information relates to what to do with their bodies. Something like planning for healthy families works better; or healthy women, healthy bodies. When providing print materials to young women, it is important to provide graphics and limited text.
- Piggy-back on existing forums that promote health/women's health/etc., such as health fairs, which provide one of the best vehicles for reaching this target group. Providing small incentives such as offering makeovers and providing completion certificates for women who attend events may be very effective with Latina women. (Idea: the NC could partner with a cosmetics company to provide free cosmetics to Latinas at health fairs.)
- Develop ideas/strategies/messages for including men in this work – they are often excluded and they often have different views. Men also tend to make the family planning decisions. Need messages geared to them and ways to spark conversations.
- Partnership opportunity: Venus does health fiestas in 23 cities (inside and outside Georgia). She also trains hospital staff and others how to reach Latinas on health issues. She has focused on HIV and domestic violence, but not yet pregnancy prevention (except some work with teens at Cross Keys high school). Very interested in doing more and working with the NC.

RELIGIOUS LEADERS

FOCUS MEETING

In attendance: Reverend Kathy Chavous, Assistant Pastor (Women's Ministry) Providence Missionary Baptist Church; Minister Rob Hughes, (Youth Minister) Providence Missionary Baptist Church; Claire Hertzler, North Avenue Presbyterian Church; Rabbi Don Seeman, Emory University/Young Life Congregation; Ethel Ware Carter, Regional Council of Churches; Carol Hogue, Emory Women's and Children's Center.

What are problems and barriers to accessing contraception and reducing unintended pregnancy?

- Some of the religious leaders thought that the term unwanted pregnancy could be problematic. Some were open to using unintended/unplanned; others were more comfortable with terminology of birth spacing/planning that did not refer to a specific pregnancy in a negative manner. Liked intentional and welcomed.

- Readiness may also be a frame that is acceptable to most faith leaders – either to be a parent or have another child.
- For young adults, becoming sexually active parallels with new-found freedoms. Many are away from home for first time, have their own income, etc. Rob further noted that there is a sense of sexual exploration that may accompany other new freedoms and accomplishments – this may not include effective contraceptive behavior.
 - Young people come from conservative upbringing/faith traditions, but once they move away, have chance to explore/experiment.
 - Unwanted pregnancy is not seen as a crisis (whereas HIV/AIDS is) – it's part of our society, no big deal. Until this changes, it will be hard to mobilize people.
 - Even if responsible behavior is taught in churches/religious institutions, it is not what is seen in the general culture (e.g. media). This makes it hard for religious institutions to be effective. Presbyterian Church showed video on sex in youth culture, which is depicted as all fun, with no consequences. They also did a weekend on this topic. When pastor preached on the topic, he was well received.
 - Many youth, on and off campuses, do not have an active faith community or they may be part of a non-denominational community. How do we reach out to them?

Other points

- Teach safe sex as a parallel to issues of retirement planning – planning for the future. Financial frame seems to be effective.
- For minors, talk to parents first. Let them know what you will be doing.
- Frank discussions aimed at young adults in their own lexicon are often difficult for religious leaders, but need to reach people where they are.
- It is important to place conversations in the context of the life period that young adults are currently in. They may be able to see ahead to their 30s, but not their 60s.
- Need to recapture sense of self: "if I value myself, I will be foolish if I don't use protection."
- Help young people understand what they can offer, bestow sense of responsibility to reduce risk taking. What do I need today to reach my goals later?
- College campuses may be a good place to start these discussions. Religious institutions may have the ability and responsibility to talk about sexual and family responsibility on campus. Opening these dialogues could be helpful (need to get beyond just health services).

- Lots of churches have young adults, singles groups – good place to tap into.
- Some faith leaders are concerned about promoting certain messages, particularly the message that promotes sex outside of marriage or same sex marriage. Most are willing to discuss what is best for the child and best for the couple. Could also agree that it would be better not to have “willy nilly” pregnancy or childbearing.

How can The National Campaign help?

- Target technical schools, community colleges, but don’t leave out elite schools.
- Focus on responsible policies, responsible behavior.
- Several youth ministries in Atlanta are starting to work together and share ideas/tools. This may be an opportunity to reach out to a larger group.

STATE LEGISLATORS

FOCUS MEETING

In attendance: Representative Mary Margaret Oliver; Representative “Able” Mable Thomas; Senator Renee Unterman; Tharon Johnson, District Director, Office of Hon. John Lewis; Jared McKinley, Outreach Director, Office of Hon. John Lewis; and Carol Hogue.

What are the problems and barriers to accessing contraception and reducing unintended pregnancy?

- Dealing with an issue like unintended pregnancy in Georgia is, at best, an uphill battle. Issues like poverty, and other related topics, are not a focus in the GA legislature. Family planning is almost not addressed, as the legislature is so unresponsive at this point.
- Is it within the purview of state legislators to look at adult reproduction (not our business)? Need to make a compelling policy argument for why state legislators should focus on this issue.
- There is pervasive distrust of government/large scale initiatives dealing with health in African-American communities, stemming from a long history of mistreatment (Tuskegee) and eugenics in relation to reproductive health. [Note: Black clergy in Atlanta took a strong stand against having the state fund HPV vaccines, an outgrowth of this general distrust of government. African-American legislators and advocates must be present at the table for every step of the process, if this issue is to be seen as legitimate in the African-American population.]
- Shock value is powerful – AIDS is a crisis, pregnancy isn’t.

- Contraception is demonized – need to hear more preachers say abstinence is best, but if you are having sex, need to use contraception.

Other points

- Focusing on trying to improve the lives of children and families is a good approach.
- Would be interesting to see things presented in a medical model (i.e. because of poor birth outcomes, these costs are borne in the community). Financial arguments would be most successful in the capital, although it would still be a hard sell. However, many African-Americans in GA would have problems with “putting a price on a child’s life.”
- Didn’t find reducing abortion argument all that persuasive; somewhat more interest in costs; reducing non-marital childbearing, child abuse, and neglect; and ensuring healthy babies. As one participant said: it’s not my business what a 27 year old does, but it is my business if she has a baby she’s not prepared for who ends up costing taxpayers a lot.
- There are two Georgias – need to find a “third way”, middle ground. Preventing pregnancies should transcend class.

How can The National Campaign help?

- NC needs to think about the terms of freedom/responsibility (responsible behavior and parenthood), as there was a mixed response among the participants. Idea of taking sex and pregnancy seriously resonated, as did saying its okay to say no to sex under certain circumstances (different than saying abstinence until marriage).
- Potential partnership: Rep. Lewis’ office is sponsoring a health fair later in June, and this is an excellent venue for materials. His staff said they were very supportive and Rep. Lewis would do whatever he could to help.
- Sen. Unterman also mentioned a group of southern women leaders who the NC could reach out to – she is involved and willing to help.