

Lessons Learned...

Findings from The National Campaign's Learning Tour

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**OFFICE OF THE SURGEON GENERAL, MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
ANCHOR ORGANIZATION**

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Dearborn, Michigan was the second site on The National Campaign's (NC) Learning Tour. In Michigan, The National Campaign partnered with Dr. Kimberlydawn Wisdom, Surgeon General for the state (and member of The NC's board and chair of the SLA Advisory Committee) and her staff to organize the Learning Tour meetings. Sarah Brown, Andrea Kane, Kristen Tertzakian, Jessica Sheets, and Cindy Costello attended this site visit. On September 10th, Sarah Brown and NC staff participated in the final meeting of Michigan's Provider Task Force, which had been asked by Governor Jennifer Granholm to develop an Adult Clinical Guideline to Prevent Unintended Pregnancies.

NC staff then joined the Michigan team, leadership of Planned Parenthood Mid-Michigan Alliance, and staff from Senator Levin's office for a site visit to ACCESS, a community based clinic serving large numbers of Arab-American clients as well as the broader Dearborn community. A discussion was held with ACCESS staff and leadership from Planned Parenthood on the topic of preventing unplanned pregnancy among young adults. This was followed by a dinner meeting for members of The NC's State and Local Advisory Group and selected other leaders to discuss The NC's expanded mission.

On September 11th, a day long meeting was convened with state leaders from across the country, Public-Private Partnerships to Prevent Unplanned Pregnancy. This meeting provided an opportunity to showcase Governor Granholm's Blueprint for Preventing Unintended Pregnancies, to learn about innovative approaches to preventing unplanned pregnancy in a broad cross-section of states, and to hear what states think The NC can do to support their efforts.

This document summarizes the central themes, ideas, and recommendations that came out of the Learning Tour site visit in Michigan. Overall highlights from the site visit are presented first, followed by a summary of individual meetings in Michigan. Note: The summary of the day-long meeting, Public-Private Partnerships to Prevent Unplanned Pregnancy, is attached. This document was prepared by Diversified Management Services and edited by NC staff.

Overall Highlights

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

Cultural barriers

- Arab-American immigrant women, especially more recent immigrants, face significant challenges in accessing reproductive health care including culture, family, religion, legal status, lack of resources, and domestic violence.

Behavior of young adults

- It is not surprising that 25 year olds act like 17 year olds when it comes to decisions about sex and pregnancy since our society fosters dependence among young adults.
- For young adults, there appears to be little connection between sex, pregnancy, and having children.
- Repeat pregnancies are a big problem, even among those who have had one or more abortions.

Cost issues

- Medicaid pays for about half of all births in some states, and the majority of these births are unplanned.
- The price of contraceptives is increasing four-fold and Title X reimbursements are insufficient.
- Client counseling about family planning is not reimbursed by Title X.

Medical family planning waivers

- The ability to enroll women and provide them with the services they need can be challenged by the Center for Medicare and Medicaid (CMS), which rejects claims when the woman has any insurance coverage, whether or not family planning services are covered in that plan.
- Citizenship requirements threaten enrollment levels in Michigan and elsewhere, affecting the enrollment figures that will be used by CMS to evaluate the success of the demonstration projects.

Contraceptive behavior

- Clinicians find that at the beginning of a relationship, two young adults often use condoms consistently but if the relationship lasts for several months, they stop using protection.
- Young adults express fears of certain contraceptive methods, such as IUDs and hormones.
- Many people now think that HIV/AIDS is a disease that can be cured, which may discourage condom use and affect rates of teen and unplanned pregnancy.

Working with men

- The term “male involvement” is negative and suggests that the men are not involved from the start. We need a new, positive term such as “engaging men” or “men as partners.”
- There may be a conflict between empowering and supporting women vs. empowering and supporting men. However, successful projects have done both, by focusing on what is most important for children.
- Since young people are shifting away from marriage, it may be challenging to engage men.
- It does not work to add a male component to a curriculum or overall program; programs need to fully integrate the needs of both men and women from the start.
- Practitioners need to shift the mind frame and meet men where they are.
- There is a question about whether programs should serve the most at-risk young men, or serve men who are somewhat less at risk. This may lead to better results.

Other challenges

- People who have been working on this issue tend to be liberal, and it is difficult for them to tell people to be responsible (but the timing is right because policy-makers are framing other issues, such as welfare reform and health insurance coverage, in terms of personal responsibility).

- The field is separated into silos that need to be overcome if we are to achieve healthy families.

Promising Approaches and Programs

- Michigan has demonstrated considerable leadership through the first four initiatives of the Governor’s Blueprint for Preventing Unintended Pregnancies:
 - o Plan First! Michigan requested and received a waiver from the federal government to allow expanded access to family planning through Medicaid, for women earning up to 185% of the poverty level.
 - o Talk Early and Talk Often. This innovative program helps parents of middle school children develop the necessary skills to talk to their children about abstinence and sexuality. Note: The NC might want to review this program, and if appropriate, include it on the Parents’ Portal.
 - o Contraceptive Equity. The Governor has called upon the legislature to require that health plans that cover prescription drugs also cover birth control.
 - o New Clinical Guideline. A statewide advisory group of providers developed the Adult Clinical Guideline to Prevent Unintended Pregnancies, approved through the Michigan Quality Improvement Consortium, and a toolkit for physicians and other providers to use in counseling patients on preventing unplanned pregnancies.
- A number of other states are supporting cutting edge work to prevent unplanned pregnancy. Examples include: California (i.e. supporting a multi-faceted approach including a comprehensive Medicaid family planning waiver and an interactive website, www.familypact.org); Texas (i.e. targeting men and encouraging responsible parenting); Indiana (i.e. rolling out a comprehensive Call to Action to Prevent Unplanned Pregnancy); Colorado (i.e. supporting a unique pilot program targeted to changing teen behavior/attitudes that might serve as a model for young adults); Washington (i.e. linking family planning and self-sufficiency; providing contraceptive equity, and implementing a Medicaid waiver providing care for woman for one year after delivery); and Arkansas (i.e. supporting proactive outreach and education). Note: See attached report, Public-Private Partnerships to Prevent Unplanned Pregnancy, for discussion of these and other state examples.
- Medicaid Family Planning waivers are an important vehicle for increasing access to family planning for low-income clients, but recent Medicaid requirements for documenting residency pose barriers as do the burdensome requirements of the waiver process itself.

- Planned Parenthood: Mid-Michigan Alliance (a large Title X family planning recipient serving 50,000 clients in 14 counties with an annual budget of \$10.4 million) attracts clients through attractive facilities with evening and weekend hours. Planned Parenthood finances its work by attracting a mix of those aged 13-46 who can pay and those who cannot pay in order to subsidize the costs of the nonpaying clients.
- Where discussions of “sex” are controversial, one strategy is to frame family planning in terms of “preconception health”.

How can The National Campaign help?

The ideas and recommendations listed below came out of all of the meetings in Michigan including the one day meeting with state leaders, Public-Private Partnerships to Prevent Unplanned Pregnancy.

Frame the national discussion

- Initiate a national conversation about what children need.
- Instead of focusing on negative terms, such as “preventing...”, focus on the positive: planning the pregnancy and having a child when you are ready.
- The real question should be: Do you want to be a parent?
- Make the linkages: more family planning leads to fewer abortions and lower costs.
- The language of personal responsibility is very important and polling data on unplanned pregnancy shows that the public feels strongly that personal responsibility should be a central part of solving this problem.
- Medicaid family planning waivers have been passed when framed as a child spacing issue (as opposed to a family planning issue).

Public education

- Identify national spokespeople for pregnancy planning that twenty-somethings can relate to (both male/female from different race/ethnic backgrounds).
- Form a speaker’s bureau—perhaps a virtual bureau through My Space or Facebook—made up of real teens and young adults who can authentically speak to the issue.
- Work on a national media campaign (influence the entertainment media to insert positive messages about planning pregnancy).
- Provide guidance to state and local leaders in the area of social marketing so they can be more effective in reaching their target audiences (e.g. provide guidance to the Michigan team as they work to get their Guideline out to the public).

Develop User-Friendly Materials

- Provide briefs with talking points that can be used in state advocacy initiatives.
- Develop materials pertinent to preventing unplanned pregnancy among young adults that are similar to those developed for teen pregnancy prevention initiatives, and pay special attention to minorities.
- When targeting underserved groups, make materials brief (one page) based on a grade five literacy level (like the fact sheets developed by MI team).

Dissemination and outreach

- Get the information out about how to prevent unplanned pregnancy through providers (clinics/ hospitals/ medical schools); religious leaders; families; and schools and colleges (both four year and two year). Also, target patients who are sitting in waiting rooms.
- Publicize and promote Michigan’s new Clinical Guideline as a model for other states around the country.
- Publicize and promote evidence-based programs, such as Michigan’s Talk Early, Talk Often (perhaps through NC web-site).
- Provide assistance to states about how to talk with parents of teens about this topic.
- Share best practices and success stories from campaigns that focus on Hispanics of all ages.

Reach out to men

- Conduct research on male involvement in pregnancy planning – what works (modeled on Emerging Answers)?
- Develop materials, messages, and approaches that will resonate with men and increase their responsibility for planning pregnancy and enhance their parenting/paternity awareness (example: “be the best father you can be”).
- Identify and share examples from reproductive health and other fields about strategies and programs to engage men in pregnancy planning.
- Consider developing a section on Stay Teen for guys only.

Improve practices of providers

- Develop a standard set of questions for health risk appraisals that can be part of a tool kit for private and public health settings.
- Encourage providers to look for multiple opportunities to discuss contraception, e.g. linking discussion of HPV vaccine and contraception.

- Work with the American Medical Association to development a Current Procedural Terminology (CPT) code that will enable providers to bill for preconception and interconception services, including counseling.
- Work with the National Committee on Quality Assurance (NCQA) to develop a Healthcare Effectiveness Data and Information Set (HEDIS) measure that will evaluate health plan performance in providing preconception and interconception counseling to members.
- Conduct outreach to the pharmacists who fill prescriptions for family planning.

- Advocate for the establishment of a consistent and logical coordination of benefits policy from CMS.
- Pursue elimination or relaxation of the citizenship requirement for waiver program eligibility.
- Advocate that CMS allow states to offer family planning services by filing a plan amendment, rather than pursuing a section 1115 waiver

PROVIDER TASK FORCE FOCUS MEETING

Sarah Brown and NC staff attended the final meeting of Michigan's Provider Task Force. The goals of this meeting were to celebrate the progress made in finalizing the new Adult Clinical Guideline to Prevent Unintended Pregnancies, to finalize the rollout out and communications strategy for the Guideline, and to discuss plans for developing an adolescent guideline.

At the request of Governor Granholm, a statewide advisory group of providers developed this evidence-based Clinical Guideline and a toolkit for physicians and other providers to use in counseling patients. The Governor intends that this Clinical Guideline and toolkit will be used by Michigan health care providers to engage their male and female patients of childbearing age in conversations about family planning. The Clinical Guideline encourages provider assessment of risk of an unintended pregnancy, with questions about sexual activity, abuse, pregnancy intention, and birth control.

The meeting of the Provider Task Force was convened by Dr. Kimberlydawn Wisdom (Michigan's Surgeon General) and chaired by Dr. Thomas Petroff (Assistant Professor MSU-COM Osteopathic Surgical Services, MSU/CHM Dept. of Internal Medicine and Chair, Medical Directors' Committee, Michigan Association of Health Plans). The task force included a diverse group of health providers specializing in women's health as well as representatives of Michigan's Primary Care Consortium and the Michigan Quality Improvement Consortium (MQIC), a consortium of health plans and provider groups with six million covered lives.

Highlights

- Sarah Brown commended the Task Force for its leadership in developing the Adult Clinical Guideline to Prevent Unintended Pregnancies. She underscored that the provider community has a large impact on peoples' lives, and noted that it is highly unusual for the Governor and a high level leadership group to focus on unplanned pregnancy, especially among adults.
- The purpose of this Adult Clinical Guideline is to assist providers in assessing patient risk of unintended pregnancy and in counseling

Data and research

- Examine the reasons for declining enrollment in Medicaid family planning waiver programs.
- Collect and share statistics from states that have family planning waivers and those that don't.
- Encourage consistent PRAMS data collection in all states.
- Conduct a cost study on the impact of unplanned pregnancy for 20-somethings with dollar bills for each state (modeled on By the Numbers).

Advocacy

- Develop state-specific fact sheets to share with legislators about teen pregnancy and unplanned pregnancy in young adults and their impact on use of limited state resources.
- Promote attention to a wide range of family planning services, not just abstinence education.
- Advocate for loosening the regulations in Title X program to allow for more flexible use of money.
- Promote contraceptive equity across states.
- Advocate for nominal drug pricing for contraceptives.
- Work with health plans and insurance carriers that cover contraceptive and family planning service to remove barriers, such as limits on the number of cycles reimbursed.
- Promote successful programs, and help to generate and retain political will for programs that work.
- Advocate for the growing number of undocumented women and children who cannot be served by government-funded programs.
- Support universal health care.
- Advocate for comprehensive approach to assisting Arab women to plan their pregnancies that includes empowerment and education.

Medicaid advocacy

- Provide guidance to states that don't have waivers; convene meetings with states that do and don't have waivers for educational purposes.



patients about how to avoid unintended pregnancy. In developing this guideline, the Provider Task Force adapted the guideline from the Centers for Disease Control and Prevention.

- The evaluation plan is to survey providers about whether and how they have used the Guideline to counsel patients, and whether they have placed information about the Guideline in their newsletters and on their websites. Plans are underway to use the CAP survey, which all MI health plans are required to administer, to ask providers about their use of the Guideline.
- The Task Force finalized its rollout strategy for the new Adult Clinical Guideline, and a press release announcing the Guideline was scheduled to be released later that week.
- MQIC is spearheading the communication strategy through provider magazines/journals and fax blasts. The Provider tool kit, PowerPoint Presentation, and fact sheets (which will be translated into Spanish and Arabic) can be downloaded from the Surgeon General's web site. The fact sheets will be distributed directly to providers, including nurse practitioners, and through emergency room settings, community clinics, nursing schools, and faith communities.
- The group discussed next steps for developing a guideline for adolescents. Laurie Bechhofer, MI Dept of Education, emphasized that teens have unique needs, such as the need for longer counseling sessions at an initial appointment, that should be reflected in a guideline.
- Bechhofer noted that MI does not have a statewide organization to prevent teen pregnancy, which means that efforts are somewhat fragmented. Michigan has a model abstinence-based curriculum that addresses HIV and pregnancy prevention with two optional birth control lessons, and includes lots of skill building.
- Parents can play a critical role in deciding sex education curricula through sex education advisory boards (which must be 50% parents). These boards report to the district school boards, which in turn determine policy regarding sex ed curricula. (Parent surveys show that parents want sex ed taught in schools because they are uncomfortable with the topic.)
- Sarah noted that NC focus groups show that the last time young adults received any organized information about sex/pregnancy was in high school. One idea is to develop web-based sex education for young adults.
- MQIC will take the lead in putting together a Provider Task Force to develop adolescent guidelines for preventing unintended pregnancy.

How can The National Campaign help?

- Provide social marketing guidance to the Michigan team as they

work to get the Guideline out to the public.

- Publicize and promote Michigan's new Guideline as a model for other states around the country.
- Investigate options for adding a CPT code to allow payment for provider counseling about preventing unintended pregnancy as well as options for adding a HEDIS measure for family planning.
- Form a speaker's bureau—perhaps a virtual bureau through My Space or Facebook—made up of real teens and young adults who can authentically speak to the issue.
- Ideas for Stay Teen: Consider developing a section for guys only and/or a section on dating violence (suggested by Jessica Sheets).
- Develop materials targeted to a grade five literacy level (based on level in fact sheets developed by MI team).
- Think about reaching out to the pharmacists who fill prescriptions for family planning.

ACCESS COMMUNITY HEALTH & RESEARCH CTR.

FOCUS MEETING

Attended by ACCESS Clinic Staff: Dr. Anis Abdulgafour, Dinah Ayna, Joanna Ladki, Elizabeth Hughes, Mona Farroukh; Michigan staff: Dr. Kimberlydawn Wisdom, Nancy Combs, Paulette Dobyne-Dunbar, Carrie Tarry, Taggart Doll; Planned Parenthood Mid-Michigan Alliance: Lori Lamerand and Melissa Steuber Senator Levin staff: Gale Govaere.

Dr. Wisdom, Sarah Brown, and staff from the NC and the Michigan Department of Community Health toured the ACCESS Center, a community health center serving large numbers of Arab-American clients as well as the broader Dearborn community. Many of the clients at the ACCESS clinic are newly arrived Arab immigrants from India, Lebanon, Iraq, Yemen, Asia, Africa, and Europe. The clinic provides pregnancy testing and counseling as well as HIV/STI testing. A discussion was held with Center staff and leadership from Planned Parenthood: Mid-Michigan Alliance.

ACCESS CLINIC

Background

- Many of the Arab-American women served by ACCESS have several children by the time they are 18 or 20. The Arab-American teens who become pregnant typically are married, and virginity at marriage is highly valued.
- The newly arrived immigrants are the most tied to their traditional culture; the longer Arab-American women live in the US, the more likely they are to learn English and the more comfortable they become with accessing family planning services.

- Those who are second generation and speak English are the least tied to traditional culture. The children of immigrants are behaving differently -- increasingly, ACCESS staff are seeing young women who request family planning services that are not consistent with their culture.
- When serving Arab-Americans, family planning professionals need to deal with the issue of unplanned pregnancy in the context of family, community, and religion. It also has to be marketed as part of a comprehensive health package.

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

- Newly arrived Arab-American immigrants face challenges in accessing reproductive health care. Barriers include culture, family, religion, legal status, lack of resources, and domestic violence.
- Rarely do they see Arab women who are unmarried and pregnant as teens. If a woman is unmarried and not a virgin, it is shameful and can be dangerous. The woman will have trouble staying in the community and marrying, and may even be the victim of violence.
- In the Arab-American community, pregnancy planning is often controlled by the husband, and domestic violence is a serious problem. The man can control the woman by forcing her to have a child (and she may not have legal papers). Often the husband is a U.S. citizen and the wife is not. "Pregnancy is not planned for the wife but it is for the husband as a strategy of control."
- The traditional women are concerned about their reputation; they feel shame and fear if asked questions in the clinic about sexual preference, pregnancy tests, and birth control. Nineteen-year-olds who are unmarried but not virgins will not allow invasive tests to be done.
- The Arab community is very religious: If a woman is married, it is not a sin to use birth control. Abortion is against the religious beliefs of Arab clients in general – unless it is medically necessary and/or performed in the first two months. Also, religious beliefs discourage tubal ligation.
- Services are confidential but sometimes a young woman comes in with a relative and the clinic must explain the confidentiality policy since these notions do not exist in their native countries.
- Reaching out to parents is a challenge: ACCESS has a teen advisory committee where parents bring their concerns on a quarterly basis to the clinic.

PLANNED PARENTHOOD (PP)

Background

- PP has a three-pronged approach: 1) conduct education/outreach

- 2) provide clinical services and 3) advocate, e.g. educate legislators about the consequences of eliminating nominal pricing.
- PP Mid-Michigan recently merged with the Southeastern Alliance. It now serves 14 counties and is the largest Title X family planning recipient; PP's model is to attract a mix of those aged 13-46 who can pay and those who cannot pay in order to subsidize the costs of the nonpaying clients.
- PP expects to serve 50,000 clients in 2008 with an annual budget of \$10.4 million; it provides abortion services, vasectomies, Pap smears, and prenatal care for low-income women in two sites. PP attracts clients through attractive facilities with evening and weekend hours.
- At four sites, 50-70 percent of clients are low-income; there is no residency or income requirement.
- Legally, PP can provide contraceptives to girls of any age without parental consent.
- Quite a few Arab American women are seeking family planning or abortion services at PP since they will not be recognized there.

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

- The biggest barrier to accessing reproductive health services is the cost of contraceptives. Price of contraceptives is increasing four-fold.
- Although PP is known for client counseling, these services are not reimbursed by Title X. (PP covers these costs through private donations.)
- Federal guidelines and Title X regulations do not take into account financial and other challenges faced by clinics. PP receives \$155 per patient per year from Title X, which is supposed to cover all of the client's exams and birth control (cost of IUD is \$355 and cost of pills for one cycle is \$41.) Title X assumes that the clinics have other sources of revenue, but these sources do not cover the increasing costs of contraceptives.
- Although the Medicaid Plan First program should bring more clients through the doors of PP, the program requires people to show legal residence and a birth certificate, which discourages participation.

How can The National Campaign help?

- Advocate for nominal drug pricing for contraceptives.
- Advocate for loosening the regulations in Title X program to allow for more flexible use of money.
- Advocate for comprehensive approach to assisting Arab women to plan their pregnancies that includes empowerment and education of women.
- Provide assistance in how to talk with parents of teens about the issue.

STATE & LOCAL ADVISORY PANEL/ OTHER STATE LEADERS FOCUS MEETING

Attended by SLA members: Dr. Kimberlydawn Wisdom (chair), Carol Mendez Cassell, Linda Dominguez, Larry Humbert, Joan Henneberry, David Sundwall, Tasha Toby, and Laurie Weaver; other state leaders: Tasha Toby, Crystal Allen, Brad Planey; Michigan staff: Nancy Combs, Donna Garrison, Carrie Tarry, Brenda Fink, Tagg Doll; Foundation staff: Peter Belden, Hewlett; Judy DeSarno, Buffett.

Sarah Brown and Dr. Wisdom welcomed everyone to the dinner, and invited guests to introduce themselves. (Note: Several SLA members were unable to make the meeting due to travel delays.) Sarah provided the context for the NC's decision to take the organization up the age scale while continuing its focus on teens. Attendees were invited to discuss the challenges behind preventing unplanned pregnancy among young adults, and ideas for how the NC can best address this problem.

Highlights

- Sarah Brown noted that while the teens have been making progress in bringing down teen pregnancy rates, rates of unplanned pregnancy among young adults have been stagnating or increasing among some groups. The National Campaign's plan is to work with men and women in their twenties, with the goal of preventing unplanned pregnancy among single young adults (while retaining the organization's strong focus on teen pregnancy prevention). Also, the NC wants to start a conversation about personal responsibility and responsible policies with respect to preventing unplanned pregnancy.
- Joan Henneberry noted that the language of personal responsibility is very important; on a related public policy issue, health insurance for the uninsured, the language used is "personal and shared responsibility." Consumers are asked to take responsibility for their own health with respect to stopping smoking, going to the doctor, etc. She said that policy discussions among the Governors have shifted to the frame of personal responsibility.
- Peter Belden said that the polling data on unplanned pregnancy shows that the public feels strongly that personal responsibility should be a central part of solving this problem. The polling data also shows that a comprehensive approach, including a range of strategies, is the way to solve the problem.
- David Sundwall noted that pursuing a comprehensive approach to preventing unplanned pregnancy is consistent with other health initiatives, such as health education aimed at children, which teaches them to think about their health in a comprehensive way.
- Sarah described the research by Bill Galston, Senior Fellow at the Brookings Institute and NC Board member, which shows that a much larger percentage of young adults live at home during and after college than was the case 20 years ago. They are "practicing" adulthood rather than living it. She said that we need to send a message that part of being an adult is taking responsibility for pregnancy. This is what is in the best interest of women, men, and children. One of the best ways to frame this issue is in terms of benefits to children and families.
- Joan H. said that we should not be surprised that 25 year olds act like 17 year olds when it comes to decisions about sex and pregnancy since we foster dependence among young adults. She also noted that some young adults in their late twenties with an unplanned pregnancy decide to have the child.
- Laurie Weaver noted that we face a challenge because many people now think that HIV/AIDS is a disease that can be cured.
- David S. said that rates of STD's have increased 400 percent in Utah; people are not afraid of STD's.
- Sarah stated that teen pregnancy rates may go up if people are less afraid of STD's.
- Peter B. responded that teens are more concerned about pregnancy while young adults are more concerned with STD's.
- Linda Dominguez said that she finds that at the beginning of a relationship, two people use condoms consistently. If the relationship lasts for two months, the people stop using STD protection.
- Joan H. noted that the real question should be: Do you want to be a parent? Sarah responded that there appears to be little connection between sex, pregnancy, and having children. Joan H. said that the people who have been working on this issue their whole lives are liberal, and it is difficult for them to tell people to be responsible. But the timing is right because the fiscal policies of Democrats and Republicans have come together on issues like welfare reform where the states have said they will not pay for additional children born to women on welfare.
- Judy D. underscored that the field is separated into silos and she hopes that we can stitch together the silos so that those who work on health care reform can work with those who work on preconception care, etc. The result would be healthy families.
- Joan H. noted that the Medicaid family planning waiver was passed when it was framed as a child spacing issue; Attendees discussed the barriers associated with certain contraceptive methods, such as fear of IUD's and hormones.
- Linda D. noted that providers need to look for multiple opportunities to discuss contraception, e.g. linking discussion of HPV vaccine and contraception. Judy D. reported on a survey of abortion patients conducted by Washington University at St. Louis. Patients who got pregnant following an abortion reported that they "did not think they could get pregnant."