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Increasing Access to EC for Latina Immigrants in the Bronx

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Goal of PPNYC's EC Project

To improve awareness of and access to EC among immigrant communities in New York City through advance provision of Plan B and culturally appropriate training and outreach

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Components of PPNYC's EC Project

- Needs Assessment
- Partnership Agreements
- Produce Educational Materials
- PPNYC Clinical and Education Staff Training
- EC Distribution on Mobile Medical Unit
- Teen Outreach
- Adult Outreach
- Immigrant Outreach
- Community Advisory Board meetings
- Capacity Building
- Professional Training
- Professional Forums
- Evaluation

Three years: Bronx, Brooklyn, Manhattan

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Community Issues

- Poor and immigrant women using less effective and sometimes dangerous methods to address reproductive health needs
- National poverty rates and the proportion of adult women who are uninsured have increased in recent years. Currently 40% of poor women and 30% of near poor women are uninsured. Among all poor women of reproductive age who are non-citizen immigrants, more than six in 10 is uninsured.*

*Dreweke, Joerg and Rebecca Wind. "Immigration Reform Must Ensure Access to Critical Reproductive Health Services." <http://www.guttmacher.org/media/nr/2007/03/14/index.html>

"Immigrants and Medicaid After Welfare Reform." The Guttmacher Report on Public Policy. May 2003. Vol. 6, No. 2.

Women's Health Insurance Coverage Fact Sheet. <http://www.kff.org/womenshealth/6000.cfm>

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Why Mexican and Dominican Women?

- Needs Assessment (Year 1)
 - Demographics
 - Who are the most underserved women in our Bronx service area?
 - What communities experience barriers to accessing SRH services (and EC)?
 - Who do we have the capacity to serve (language, experience)?
 - 1999 study of 610 women (largely Dominican) attending three OBGYN clinics in NYC found that 5% had used a single agent abortifacient and another 15% knew of other women who had used cytotec.*
 - Risks include hemorrhage, infection and birth defects

*Rosing, Mark A and Cheryl Archbald. "The Knowledge, Acceptability, and Use of Misoprostol for Self-Induced Medical Abortion in an Urban US Population." JAMWA. 200; 55:183-185.

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Research and Evaluation Design

- Focus Groups to understand barriers, needs and opportunities for EC use for recent Latina immigrants in the Bronx (June, Sept 2007)
 - Focus Populations:
 - Dominican women
 - Mexican women
 - Staff of Community Based Organizations
- Pre- and Post-training surveys (Oct – Feb 2007)
- Exit Surveys (Jan – April 2007)

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Focus Group Results

- Concerns of CBO staff:
 - Fear of job loss, other repercussions
 - Limited knowledge of EC
 - Discomfort playing a health care role
 - Worry that referrals will be taken as directives
 - Concerned about availability

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Focus Group Results

- Key points from Dominican and Mexican women:
 - Women receive SRH care, but pregnancies are often a “surprise”
 - Lack of insurance
 - Fear of side effects of hormonal contraception
 - Is EC safe? Is it an abortion? What are side effects/long terms effects?


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Messages Developed

- EC is for after sex, before pregnancy – it is not an abortion
- EC is safe
- Tell a friend/sister/daughter
- Share the information with your community
- You may not be done with childbearing – but this is a great resource if you don't want to get pregnant now.
- EC can be used up to 5 days after sex, but the sooner the better
- EC can prevent a surprise pregnancy

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La anticoncepción de emergencia puede prevenir un embarazo después de tener sexo. Se toma lo más pronto posible, hasta cinco días después de tener sexo. Llame al 1-800-230-7526 o visite a Planned Parenthood, un centro de salud para la mujer.  www.ppnyc.org



Financiado por el Departamento de Salud y Salud Mental de la Ciudad de Nueva York. Para más información, llame al 311.

Materials

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Training:

PPNYC and CBO Staff and Program Participants

Objectives:

- Familiarize PPNYC staff with the EC project and their role in it
- Increase or reinforce knowledge of EC and comfort level discussing contraceptive methods, including EC
- Provide CBO staff with information on where and how to refer on contraceptive methods, including EC
- Identify ways to integrate culturally appropriate messages about EC into participants' work

Content covered:

- Basic EC information: What it is, how it works, access, myths and facts, PPNYC protocol
- Values around EC use, teen access, and repeated use
- Developing and delivering appropriate messages

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Training Survey Results: Knowledge

- Matched Pre- and Post-Training Surveys administered to participants (n=58)
- Pre-survey mean = 6.6 (sd=2.4); Post-survey mean = 9.1 (sd=1.2)
- Statistically significant increase (paired sample $t = -7.64$, $df = 57$, $p < 0.01$)

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Training Survey Results: Attitudes

- Matched Pre- and Post-Training Surveys administered to participants (n=76)
- Pre-survey mean = 4.3 (sd=0.67); Post-survey mean = 4.5 (sd=0.58)
- Statistically significant increase in positive attitudes (paired sample $t = -3.85$, $df = 75$, $p < 0.01$)

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Training Survey Results: Attitudes

- There was a significant increase in positive EC attitudes on three items:
 - EC should be available to all women who need it, regardless of age ($t=-4.08$, $df=75$, $p<0.01$)
 - All teens should be given information about EC ($t=-2.26$, $df=74$, $p<0.05$)
 - Providing EC is an important option for preventing pregnancy after unprotected sex ($t=-2.28$, $df=75$, $p<0.05$)

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Training Survey Results: Attitudes

- Two items did not show a significant increase in positive EC attitudes
 - EC use by teens will encourage them to have sex without condoms or other birth control ($t=-1.14$, $df=74$, $p=0.26$)
 - I feel more comfortable informing others about EC than I did before ($t=0.40$, $df=55$, $p=0.69$)

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Training Survey Results: Knowledge and Attitudes

- There was a moderate and significant relationship between higher knowledge levels and more positive attitudes about EC ($r=0.485$, $p<0.01$)
- However, the knowledge scores increased more than positive attitudes
- Typical because it is easier to teach information than to change attitudes

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Lessons Learned

- EC remains a well-kept secret
- Social service providers also need and want more EC knowledge
- Changing values, particularly about EC access for teens, is challenging
- Communities respond positively to tailored messages

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Questions?

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