The National Network of Abortion Funds (NNAF) thanks the 107 member funds of the Network for their dedicated work to increase access to EC for low-income women, women of color, and young women across the United States.

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Introduction to the Second Edition

This manual was developed to help you design a grassroots emergency contraception (EC) access campaign in your community. It draws on the experiences of the Emergency Contraception Initiative of the National Network of Abortion Funds (NNAF), which in the past five years has supported 57 grassroots EC projects carried out by local abortion funds across the country. Since publication of the first edition of this manual in 2005, the FDA has approved EC for over-the-counter (OTC) sale for women ages 18 and over. The manual has been updated to incorporate projects, strategies, and information regarding the shifting landscape of EC access. The projects described in this manual have used an array of creative strategies and materials to increase access to EC within diverse low-income communities.

Information exchange between projects is one of the most important aspects of the EC Initiative. Funds benefit from the opportunity to learn from the experiences of other projects, to adapt their strategies, to share their materials, to replicate their successes. With that in mind, this manual is designed to more widely share best practices and lessons learned—for the benefit of abortion funds as well as other organizations working to ensure EC access at the grassroots.

The Need for EC Access

If EC were widely used, it could cut the number of unintended pregnancies by one-third and the need for abortions by more than half, according to the Guttmacher Institute (“Emergency Contraception: Increasing Public Awareness,” Issues in Brief, 2003). The sooner EC is taken, the more effective it is at preventing pregnancy. EC is up to 95% effective when taken within 24 hours of unprotected intercourse. When taken within 72 hours of unprotected intercourse, EC can reduce the risk of pregnancy by up to 89%.

Other research reveals generally unknown but important truths about EC. Effectiveness begins to wane within hours; after 12 hours, the odds of getting pregnant increase by 50%. Much of the contraceptive activity is gone after 72 hours, although there may be some residual effect until 120 hours, or 5 days, after unprotected intercourse. In addition, use of EC may delay ovulation, making women fertile later than usual in their cycle; therefore, women must be sure to use contraception until the start of the next cycle in order to prevent pregnancy. (Frank Davidoff, MD and James Trussell, PhD, "Plan B and the Politics of Doubt," Journal of the American Medical Association, October 2006.)

Despite the widely acknowledged safety and efficacy of EC, usage rates in the United States are low. Many of the women and girls who would benefit from EC remain unaware or misinformed. A survey conducted by Seventeen Magazine and the Kaiser Family Foundation in 2004 reported that 40% of teens surveyed had never heard of EC. Of those who knew of EC, over a quarter mistakenly thought that EC caused an abortion. Yet most of those who knew about EC said that they would use it, pointing to the continued importance of getting the word out about this safe, effective method of reducing unintended pregnancies.

Lack of information and access to EC disproportionately harms low-income women, women of color, and teens, who have higher rates of unintended pregnancies than other women. Not only do low-income women have the highest unintended pregnancy rates, but these rates are also on the rise. Unintended pregnancy is becoming ever more concentrated among low-income women: the 16% of women at risk of unintended pregnancy who are

In August 2006, after several years of refusing to grant over-the-counter (OTC) status to EC, the Food and Drug Administration (FDA) approved EC for sale without a prescription for women aged 18 and older. Women 17 years of age and younger must still have a prescription to obtain EC. Because women must show proof of age to purchase EC directly from a pharmacist, the FDA ruling effectively places EC “behind-the-counter.” While the ruling goes a long way to reduce barriers to EC for many women, major obstacles remain and the ruling itself has created some new barriers for women most in need.

By restricting its behind-the-counter availability to women age 18 and older, the FDA has missed an unparalleled opportunity to improve access for young women under age 18. In addition to the restriction for young women, the cost of EC (approximately $40-45) is a significant barrier for low-income women. According to the Back Up Your Birth Control campaign, women have reported paying $20 to $90 for behind-the-counter EC.

Low-income women on Medicaid also face barriers to behind-the-counter EC. Medicaid programs are not required to cover non-prescription drugs, although most states do cover some non-prescription family planning supplies. Many Medicaid programs at the state level are not designed to handle products that can be purchased both with and without a prescription, also known as drugs with a “dual label.” In some states, women on Medicaid can only receive coverage of EC if they have a prescription for it, which means that they miss out on the benefits of behind-the-counter access. Other states have stopped covering EC altogether, or are threatening to do so – even EC obtained with a prescription. At the same time, states like New York, Washington, Illinois, and Hawaii have recently taken steps to provide Medicaid coverage for behind-the-counter EC.

In addition to the Medicaid barrier, the requirement that women show proof of age creates a new barrier for undocumented women, who will in many cases be unable to provide the necessary ID.

At the pharmacy counter, women continue to face many of the same obstacles that existed before EC became available without a prescription. Not all pharmacies keep EC in stock or readily available. Some pharmacists refuse to dispense EC and not all pharmacies guarantee that women who request EC will receive it without discrimination or delay. Many pharmacists still need training to better understand policies regarding behind-the-counter EC, EC use, efficacy, and the need for timely access. In addition, pharmacies in low-income neighborhoods and communities of color typically offer lower quality services and less access to EC than those in more affluent communities.

The women with the least access to resources are the hardest hit by gaps in information and access to EC. Low-income women, women of color, and teenagers often face limited access to medical providers who could offer information and access to EC as part of comprehensive family planning services. Low-income women are twice as likely as women with more resources to not have health insurance. For immigrant women and other women of color, culturally and linguistically appropriate materials are rarely available. In many rural areas, women in need of information and timely access to EC must contend with barriers ranging from their remote location to a conservative climate that limits and distorts public awareness of the issue. Compounding these factors is the aggressive misinformation campaign being carried out by anti-choice groups who continue to conflate EC and medical abortion or claim that EC is an abortifacient.
Despite the many obstacles, EC’s new availability without a prescription presents a crucial opportunity to continue the momentum for increased access for low-income women, women of color, and teens. If we can expand Medicaid coverage of EC, reduce other pharmacy-level barriers, and increase public knowledge of EC efficacy and availability, women in underserved communities will significantly benefit from EC’s expanded availability and will be better equipped to prevent unintended pregnancy.

The National Network of Abortion Funds and its EC Initiative

The National Network of Abortion Funds (NNAF) is a national organization dedicated to increasing access to abortion and related reproductive health care for low-income and vulnerable women and girls nationwide. Founded in 1993 by 24 grassroots abortion funds, NNAF has grown to include 107 funds in 43 states and the District of Columbia. NNAF promotes direct financial support for abortions for low-income women and girls, and conducts grassroots and national organizing, public education, and policy advocacy to ensure that those in greatest need have access to abortion as well as other basic reproductive health care. NNAF’s work is national in scope and vision, while member funds operate at the local level in communities across the United States. Member funds of the Network provide direct financial support to low-income women and girls for abortions and emergency contraception, assist with transportation, temporary housing, and childcare, and also advocate for improved access to the full range of reproductive health services. Our work is deeply rooted in the experiences of women at the grassroots level.

The Network began our EC Initiative because we realized that our member funds were uniquely well suited to do grassroots EC work with women and girls who are most in need. These local abortion funds know, from their direct experience with women seeking abortion funding, that low-income and vulnerable women are too often uninformed about EC as an important option for preventing unplanned pregnancies. With NNAF assistance and mini-grant support, participating member funds in states across the country have successfully increased access to EC for the constituency of women the funds assist—low income women, women of color, teens, and non-English speakers. The EC Initiative, which is ongoing, has been generously funded by the John Merck Fund since 2002 and by the Compton Foundation, Inc. since 2005.

Each new project is able to draw on the know-how gained from implementing and evaluating the earlier projects through an “Organizing Kit” distributed by NNAF containing information, tools, and resources shared by member funds. Such sharing of strategies has proven extremely useful in helping each project avoid re-inventing the wheel and use its limited resources most effectively. This manual takes the information sharing a step further to help you design a grassroots EC access campaign in your own community. Here you will find a summary of lessons learned and obstacles faced by earlier projects, as well as highlights of individual projects. We present examples of materials developed by NNAF-funded projects, as well as a list of additional useful resources. For more information about NNAF, the EC Initiative, or to contact a member fund for information about using materials created (including billboards, radio scripts, ads, pharmacy campaigns, and creative giveaways), please contact NNAF at info@nnaf.org or 617-524-6040.
Educating the Community about EC — Lessons Learned and Obstacles Confronted

The grassroots EC projects carried out by NNAF member funds have targeted a diverse range of communities and employed a variety of strategies, including public education campaigns, education campaigns for providers, campaigns to assess and increase access at local pharmacies, and one-to-one outreach. Specific materials were developed to reach audiences such as urban women, rural women, teens, medical and social service providers, young adults in popular social settings, women with little formal education, women who ride public transportation, and immigrants who speak languages from Bosnian to Spanish. Because of the uniqueness of each campaign and its audience, much can be learned by focusing on specific projects and materials. At the same time, common themes and lessons emerge which should be considered when developing a grassroots access campaign for EC:

• **Target your efforts.** To maximize limited resources, focus on reaching the communities in greatest need and those you know best. This may mean choosing to run an ad in an alternative newspaper that reaches young people who may be living on the margins rather than a college newspaper read by students who have EC access through their school’s health services. It can mean running a billboard in a low-income rural community rather than a higher-visibility billboard near a city center. You can do some basic research to find the best ways to reach your audience. Learn about the non-mainstream newspapers and radio stations in your area, including those that reach non-English speaking communities. Ask your clients how they get their information and where they hang out and target your efforts there.

• **Use existing resources.** Many organizations committed to improving access to EC are more than willing to share their materials. These include NNAF and the projects included in this handbook, as well as the additional organizations listed in the Resources section. Some organizations may provide you with ready-made or camera ready materials, while others may have examples that your organization can copy or adapt to suit your needs. (Before using or adapting materials created by member funds or other organizations, please contact the group to find out if there are copyright considerations or other information you should be aware of.) NNAF also has digital copies of many of the materials referenced in this manual; please contact NNAF for more information.

• **Know your allies and collaborate.** Many of the projects described in this manual are examples of successful collaborations. While collaborating with other organizations can be more work than launching a campaign organized by a single group, the effort will be worth it if it means an opportunity to improve your message, better reach your audience, conduct a broader campaign with deeper impact, and develop allies around the issue. Through collaboration, a campaign initially designed to focus solely on EC may be broadened to embrace other issues, such as health care access or safer sex. As described in this manual, NNAF projects formed collaborations with organizations such as health care providers, rape crisis and domestic violence programs, family planning and HIV/AIDS prevention programs, youth-serving agencies, and religious organizations.
• Get creative and be bold. Some groups have used creative tactics in order to get attention from the media or to overcome a challenge. One group sent a “Morning After Valentine’s Day” Emergency Basket to popular radio DJs to inspire on-air banter about EC. Another group’s strongest recommendation to others was to be bold in asking for in-kind donations from radio stations, newspapers, promotional companies, and businesses. They were able to secure free radio public service announcements and reduced fee newspaper ads. In addition, a pharmaceutical company covered the cost of their EC training for pharmacists. Your efforts may attract more allies than you think, so don’t be afraid to ask!

• Multiply your impact with media coverage. If your organization conducts an educational campaign about EC, you’ll have an impact on the people directly affected by the campaign. If, in addition, your organization gets press coverage for your campaign (by issuing a press release, getting someone at the local paper or news station to cover your efforts, or by writing your own op-ed or letter to the editor) you’ll also reach all the people who see or hear the coverage. Several of the NNAF projects were successful at getting media coverage for their campaigns.

• Develop materials appropriate to your audience. Make sure all your materials work within your target community. The best way to do this is to field test your materials with individuals and/or small groups from your community. If you have funding, you can pay people for their time and input. For example, you may have a great message in your brochure, but do the pictures reflect and respect your constituency? Translating materials into other languages adds another challenge. For materials on EC, it is important to work with translators who understand reproductive health, have expertise in EC, and are fluent—preferably native speakers—in the language being used. They must recognize regional differences within a language, particularly when it comes to discussion of anything pertaining to sexuality. For example, a Spanish translation of EC materials by a native Mexican speaker may not be appropriate—or may even be offensive—for a Dominican audience. Again, field testing new materials can prevent mistakes, embarrassment, and delays. Another option is to use materials already created and field tested by another organization, like the Spanish and Bosnian materials included in this manual. However, to make sure these materials are appropriate for your specific community, it is still important to run these materials past someone who knows about EC and is very familiar with the community you seek to reach.

• Evaluate effectiveness. Many NNAF projects were able to track calls about EC or prescriptions given during their campaigns. Projects have reported increases in EC utilization ranging from 15% to 70% during their outreach campaigns as compared to activity in previous months. Organizations also tracked the number of materials distributed and trainings given, as well as the number of billboards and newspaper/radio spots and the estimated number of women reached through these. While it is certainly useful to track the immediate impact of your campaign in these ways, it is also important to consider the long-term picture. For example, NNAF is now researching how best to continue our EC work. Several projects will assess whether, six months after the close of their campaigns, their educational message is holding or whether it needs to be repeated. Such post-campaign evaluation can help your organization determine how to develop future campaigns and where they are most needed. For example, one NNAF project has established a permanent billboard to sustain the impact of their campaign.
• **Anticipate and confront challenges.** Several of the projects described here faced unforeseen challenges that hindered their progress. Try to prepare for challenges as you plan your campaign, and if unanticipated barriers arise, confront them and move ahead. Obstacles faced by NNAF projects included:

**Hostile climate:** Some projects, particularly those in rural or heavily religious areas, faced a strongly hostile climate toward EC. This made it even more imperative to get the message out as broadly as possible, to present information in a way that individuals could obtain it discreetly, and to counter misinformation wherever possible. One organization in a very conservative area chose to run billboards, another put information in women’s bathroom stalls, another developed information targeted specifically to the concerns of a religious audience.

Other projects faced outright roadblocks by anti-EC forces. For example, one project described here faced media conglomerates that refused to run their billboards and placed prohibitive conditions on television ads. The project was able to regroup, however, and placed newspaper and radio ads.

Such obstacles may be unavoidable. At the same time, it pays to do as much background work as possible when you are planning campaigns. If you are doing a billboard or media campaign, find out who owns these media in your area; learn about their politics/beliefs and whether they influence their willingness to do business with organizations like yours. If possible, talk to people who have worked with them on similar campaigns to compare notes and share strategies. If you are working in a school or other institution, make sure your efforts are approved by someone with the authority to make decisions, not just a single ally within a larger organization.

**Ambivalence:** Now that EC is available without a prescription, you may face a new obstacle in carrying out your campaign. Funds have encountered ambivalence towards their EC access projects from pharmacists and other campaign allies who believe that access to EC is no longer an issue because of the FDA’s decision to approve behind-the-counter sales of EC. These encounters demonstrate the need to educate the community about the many barriers to EC that women continue to face, especially low-income women, women on Medicaid, and young women.

**Misinformation:** Health care providers and consumers are often misinformed about EC. Common misconceptions include the belief that EC causes an abortion, and the concern that EC—particularly repeated use—will cause physical damage to the woman. Any education campaign must target and correct whatever misinformation is circulating in your community. Many of the materials included here demonstrate ways to communicate that EC is safe and does not harm a pregnancy. Surveys to assess awareness, knowledge, and beliefs about EC are a useful way to both learn about perceptions in your audience and to correct misinformation on the spot. NNAF member funds have conducted surveys of pharmacists, hospital emergency rooms, and women in their communities, and have shared the results of these surveys with policy makers, the media, and the general public in order to improve knowledge of EC.
Campaign Models and Strategies

Over the last five years, campaigns funded through NNAF’s EC Initiative have used a variety of innovative strategies to increase awareness of and access to EC for poor women, women of color, young women, rural women, and limited-English speakers. Many of the campaigns used more than one strategy to reach their audiences, and several represented collaborations among local organizations. Here are descriptions of a sample of the projects, including information on strategies chosen for the particular audience, lessons learned, and obstacles faced.

Public Education in Underserved Communities

RADIO

Many EC Initiative campaigns used the mass media—radio, television, the internet—to promote EC awareness. The Emma Goldman Clinic/deProsse Access Fund in Iowa City ran English and bilingual radio ads on seven stations selected because they reached specific communities. These included radio stations with rural audiences, those offering bilingual programming for the growing Bosnian population in Iowa, college stations and commercial stations reaching college-age and other young people, and two African American owned and operated radio stations targeting communities of color and offering Spanish language programming.

Other projects were able to leverage free radio airtime through public service announcements (PSAs) or appearances on scheduled programs. For example, the ACCESS Fund of Oakland, California had a representative appear ten times over a five-month period on a local Spanish radio show to talk about women’s health issues, including EC and birth control in general. These programs included caller questions and discussion, and an opportunity to engage in community-based dialogue. ACCESS has been invited back to the show to discuss the difference between EC and medical abortion because coverage on the other Spanish radio stations in the area has reportedly confused these issues. In addition, ACCESS created and played two different radio spots on the station for several months. The project, which also included ads in a Spanish language newspaper, was particularly aimed at Spanish-speaking immigrants, documented and undocumented, low-income, and uninsured.

EC Initiative projects have created dozens of PSAs over the past five years. NNAF has many of these available as either audio files or in script format; please contact us for copies. When creating a PSA, be sure to include information about how listeners can get more information about EC either via the internet or phone. Many PSAs have directed listeners to Princeton University’s 1-888-not-2-late EC hotline while others provide the project or organization’s website or phone number. The Choice Fund of WV FREE also referred listeners to their website for a list of pharmacies in the state that dispense EC.
60 Second PSA Script
Choice Fund of WV FREE
(Conversation between two young women)
First woman (cautiously): Hey, do you have a second?
Second woman (friendly, concerned): Yeah, hey, what’s up? Is everything ok?
First woman: Well, I sorta slept with my boyfriend last night…
Second woman (interrupts): Okay…?
First woman (sheepish): We sorta didn’t use protection. And I missed a pill this month.
Second woman (in charge): Ok, first of all, there’s no “sort of,” and oh no, you need EC.
First woman: EC? Isn’t that an abortion pill?
Second woman: No. It’s Emergency Contraception. Sometimes called the Morning After Pill. It can be used within 120 hours of the so-called incident. It prevents pregnancy, it won't harm an existing one, so we need to get you over to the family planning center or over to the pharmacy NOW!
Announcer: Scared you might be pregnant? Have you recently had unprotected sex? One night does not have to lead to an unwanted pregnancy. Find out how Emergency Contraception can prevent unwanted pregnancy up to 5 days after having sex. EC works by preventing ovulation. Go to WV FREE.org to find out which clinics and pharmacies can help you get Emergency Contraception. Your entire future does not have to hinge on one night. Call 1-888-not-the number two -late or go to WV FREE.org. This message is provided by WV Free for Reproductive Freedom.

15 Second PSA Script
Women’s Emergency Network, South Florida
(Conversation between two young women)
First woman (frantic): I had sex last night and the condom broke!
Second woman (reassuring): Don’t freak out. The same thing happened to me, and I got the Morning After Pill at the drug store.
First woman: Well, I sorta slept with my boyfriend last night…
Second woman (interrupts): Okay…?
First woman (uncertain): You mean the abortion pill?
Second woman: No. This is emergency birth control. It doesn’t cause an abortion and it won't hurt the baby if you are pregnant. Just ask the pharmacist for Morning After birth control and show your ID to prove you’re 18.
First woman: Does it work?
Second woman: Yea, it works, and it’s safe. I took it right away and I’m not pregnant. The sooner you take it after sex, the better it works. So hurry!
First woman: Thanks, girl. I’m going to buy the Morning After Pill right now.
Announcer: Call 1-888-not-the number two-late for more information about emergency contraception.

The Women’s Emergency Network in South Florida recently began airing this PSA as a part of their EC access public education campaign.
PSAs are a great way to get basic information about EC out to your target audience. However, because PSAs are only 15 to 60 seconds long, your ability to provide in depth information on how EC works or where to get it is restricted. In order to reach their target audience with more detailed information about EC, the Women’s Emergency Network (WEN) in Florida decided to purchase “banter time” with the DJs of the most popular radio stations among African Americans, Haitians, and Latinas. When local radio stations refused to allow the Fund to purchase “banter time” about EC, the Fund tried a creative approach to engaging the three DJs they felt were most likely to discuss EC access on air. Two days before Valentine’s Day 2007, WEN assembled “Morning After Valentine’s Day” Emergency Baskets and delivered them to the DJs. Each basket featured items women may need if they “have to go to ‘Plan B’ the morning after the hottest dates of their lives,” including a sample of Plan B. The basket also included on-air talking points about EC and a scripted PSA. WEN’s tactics successfully inspired banter between the DJs of the most popular area radio station on the morning after Valentine’s Day. A fund volunteer was also invited back for a half-hour interview about the benefits of using EC and about where listeners can purchase EC. The letter WEN sent along with their baskets is reproduced here:

February 14, 2007
Big Lip Bandit, Supa Cindy and Benji Brown
WEDR-FM  99 JAMZ
2741 N. 29th Ave
Hollywood, FL  33020

Dear Big Lip:
You have probably been spending time planning a romantic evening with your “special someone” for Valentine’s Day. But the large number of female listeners you attract on 99 JAMZ may not be so prepared for their hot Valentine’s dates.

That’s why we’re sending you this “Morning After Valentine’s Day” Emergency Basket to share with them – just in case they have to go to “Plan B” the morning after the hottest dates of their lives:

• Peppermint foot lotion – to soothe their throbbing feet from all that dancing
• Bottled water – to re-hydrate them after a night of partying
• Hand-held fan – to cool them off after a hot night
• Ibuprofen – to calm their aching head
• Sleep Mask – for the nap they need to catch up on their sleep
• Toiletry items (e.g., perfume, shampoo, soap, lotion samples) – to help them freshen up after a long night
• Samples of Morning After Emergency Birth Control pills (Plan B® brand)– just in case their passion led them to get too carried away last night (or, if they experienced an “oops, the condom broke!” emergency). Tell them to make sure they go to their local pharmacy TODAY as Emergency Contraception works best when taken within 24 hours of unprotected sex
• Fun, colorful condoms – to be prepared for next time
• A chocolate rose – to help them keep it romantic and sweet

We also hope you will let your listeners know about the recent availability of Plan B® OTC at pharmacies in our community. We hope you will incorporate some of this vital information about Emergency Birth Control in your morning discussions or provide call-in opportunities for listeners. We have included “talking points” about the Morning After Pill to include in your morning show, as well as a script for a PSA that you can easily produce at the station. So, be safe, and stay cool.

Compliments of the South Florida Coalition to Promote Emergency Birth Control
THE INTERNET
While barriers to internet access still exist for many of those most in need of EC information, the internet nonetheless represents a unique opportunity to reach community members around the clock, in privacy, and at no cost. Several of the EC Initiative projects’ educational materials provided links to additional online information. The Roe Fund of the Oklahoma Religious Coalition for Reproductive Choice used the internet to target clergy, religious leaders, and other members of faith communities. They designed a new section of their website with this audience in mind, addressing the impact of unplanned pregnancy, the use of EC, and the difference between EC and medication abortion (or the “abortion pill”), with links to national sites covering relevant aspects of EC education. After launching the expanded website, the organization reported an increase in traffic by an average of 22 hits per day compared to the previous year. The A-Fund in Kentucky worked with a coalition of groups to create an educational website with information about EC specific to Kentucky, www.911birthcontrol.org. They also conducted a public education campaign featuring bus shelter ads, newspaper ads, brochures, and fact cards that directed people to the website.

NEWSPAPERS
Many of the EC Initiative projects used newspapers and other print media, either as a sole strategy or in combination with other educational activities. For example, several organizations ran ads in local newspapers. As with running radio ads, the key to success of this strategy is finding the media that can best reach a target audience. In Yakima, Washington, the Yakima Women in Need Fund of the Cedar River Clinics ran ads in a new local Spanish newspaper in an effort to reach young Latinas. Several funds, in both urban and rural settings across the country, used newspaper ads in university, alternative, and entertainment publications to reach underserved college students. In Ohio, two funds collaborated to reach rural women with newspaper ads across seven counties, with a special emphasis on health and fitness sections.

While running ads gives an organization control over its message, space is generally limited and a campaign can become expensive over time. To obtain more in-depth (not to mention free) coverage, several of the EC Initiative projects used media outreach to generate articles about EC access. Their strategies for generating press coverage included press releases about their EC campaigns, media kits...
about EC, and press conferences on local EC access issues. For example, the Women in Need Fund at the Virginia League for Planned Parenthood capitalized on local politics by launching a two-week media blitz timed to coincide with the state legislature's debate over an EC access bill. Their efforts included press releases, newspaper and radio ads, and outreach to local organizations. For the cost of mailing press releases, the Hardesty Justice Fund of Planned Parenthood of Omaha-Council Bluffs garnered an impressive three print news stories and one radio interview as part of their project to reach rural residents and underserved college communities in Nebraska. As part of a multiyear campaign to improve pharmacy access to EC, African American Women Evolving held a press conference to report the results of a survey on EC availability at 299 Chicago area pharmacies. In response to a pharmacist training initiative by the New Mexico Religious Coalition for Reproductive Choice, The Clovis News Journal in eastern New Mexico ran a feature story on EC including interviews with the Director of the Religious Coalition, a member of the New Mexico Pharmacist's Association, and a Presbyterian pastor who supports EC access.

AUGUST 1, 2005

MORNING-AFTER PILL SPARKS DEBATE

By Marlena Hartz: CNJ staff writer

It wasn't until Joan Sanford held her baby daughter in her arms that her world-view, and pro-choice convictions, crystallized. "Something about having a daughter made me feel my responsibility toward working to provide women with more choices," Sanford said. "I wanted to make sure that she had all or more of the opportunities I had."

Ever since, the Albuquerque resident has been an advocate for the protection and expansion of birth control rights for women. Her daughter, and the daughters of countless other women, Sanford says, need easy access to all birth control methods. Proof, she says, can be found in statistics. According to a 2000 New Mexico Department of Health surveillance report, 40 percent of 2,210 live births in New Mexico were unwanted.

Sanford began her pro-choice crusade as a volunteer telephone operator. She is now the director of the New Mexico Religious Coalition for Reproductive Choice, one branch of an umbrella assembly of 18 denominations and 40 organizations, formed in 1973 to counter the threatened reversal of Roe vs. Wade.

The reproduction debate, partly because of the New Mexico Religious Coalition for Reproductive Choice, has landed on the doorstep of local pharmacists. They are now able to lawfully distribute emergency contraceptives, or the "morning-after pill," without a prescription, pending certification. New Mexico law, passed in 1978, allows provision of contraception without parental consent, regardless of the age of the patient, with one speed bump — the age of consent to sexual activity in the state is 13, so pharmacists must notify authorities if a person under that age attempts to purchase contraceptives.

Sanford and company sponsored a three-hour long certification session for eight local pharmacists and pharmacist technicians Saturday at Plains Regional Medical Center. "We felt it was important — as a faith-based organization — to put our money where our mouth is and sponsor this training," Sanford said. It is the first training session the New Mexico coalition has sponsored, and the first held in the eastern region of the state. Clovis, Sanford said, was the ideal place to start...
**BILLBOARDS**

Billboards advertising EC availability were a component of a handful of projects by abortion funds, particularly those affiliated with abortion clinics. The Fund for Choice at Planned Parenthood of the Susquehanna Valley in Pennsylvania posted two English and Spanish billboards as part of a campaign that also included brochure distribution and media coverage. The Spanish billboards prompted the first requests at the clinic for EC from the Latino community. After the billboards went up, the clinic saw a 36% increase in EC requests over the previous year. The Abortion Assistance Fund at Planned Parenthood of New Mexico estimated a 20% increase in EC usage at their clinic during the year they ran a billboard. Recognizing the likelihood that these gains would drop off once the billboard came down, the organization decided to post a permanent billboard to reach an estimated audience of over 80,000 per day.

While billboards can be an effective way to reach rural and suburban communities where cars are the primary means of transportation, it takes other strategies to reach women in cities, who may rely on public transportation. For example, to reach the women of color living in their urban community, the Central Florida Women’s Emergency Fund teamed up with Planned Parenthood of Greater Orlando to run 50 commercials per month for six months on the city buses’ closed circuit TV system. They saw a 15% increase in women seeking EC during this period.

**Outreach Strategies**

Most of the projects funded through the EC Initiative relied, in part, on distribution of educational materials — brochures, information cards, and creative giveaways. The success of such interventions depends both on the appropriateness of the materials for the intended audience (in terms of literacy level, language, and design), and on the strategy for getting these materials to that audience. In some cases, this means developing collaborations before initiating a campaign. In West Virginia, the WV FREE Choice Fund had been unsuccessful in reaching many rural teens with an EC message, but that changed when they began collaborating with the Appalachian Women’s Leadership Project (AWLP), an organization that works with young women in rural areas. AWLP accepted WV FREE’s offer to distribute brochures and purple zippered change purses with a rhyming EC message on them to the youth participants in AWLP’s program. As a result of the relationship between the two organizations, a young woman from AWLP began serving on the WV FREE board. The Fund for Choice of Planned Parenthood of the Susquehanna Valley also discovered the importance of laying the groundwork for successful collaboration. When the fund approached a health clinic serving the local Latino community about distributing EC brochures on site, they first had to persuade the clinic coordinator that EC is not the “abortion pill” she thought it was—and strongly disapproved of. After the clinic coordinator better understood how EC works, she took the brochures and agreed to make them available to clients.

Several projects featured creative outreach activities at unusual venues. The Reproductive Equality Fund of Boulder Valley Women’s Health Center in Colorado provided middle and high school students with pens and water bottles promoting its Teen Clinic, thereby avoiding restrictions placed on them by some area school districts. (This campaign was followed by a 37% increase in demand for EC at the Teen Clinic.) The Roe Fund of Planned Parenthood of Southwest and Central Florida distributed 4,000 customized condoms and 100 t-shirts as part of its “Safe Sex on the Beach” campaign for college students on spring break. The Peggy Bowman Second Chance Fund in
Lawrence, Kansas, handed out brochures at three performances of The Vagina Monologues. In the state of Washington, the Women in Need Fund of Cedar River Clinics-Yakima had an EC booth at a very popular Latino “back to school” festival that attracts over 4,000 visitors. The Emma Goldman Clinic/deProsse Access Fund in Iowa City placed EC ads at eye level in women’s restroom stalls at popular hangouts.

The Choice Contingency Fund in Florida was successful in reaching young women, low-income women, and women of color in South Palm Beach and Broward County. The New Times, a popular free weekly newspaper, ran a full-color EC ad for eight weeks at a reduced fee. In addition, the New Times Street Team, a group of promoters who visit popular nightspots, distributed a postcard version of the ad to young club patrons. Finally, the project worked with GoCards, a company that distributes free postcard ads in popular restaurants, bars, and other venues, to print and distribute 40,000 full color EC postcards in 28 venues in the Palm Beach and Broward County area for a six week period. About 32,000 cards, or 80%, were taken by venue patrons.

The Hersey Abortion Assistance Fund of Pro-Choice Resources in Minneapolis created several different giveaways to reach a variety of audiences, including EC wallet cards for women who had received abortion funding in the past, women recently released from prison, and youth participating in comprehensive sex education workshops.
Training of Physicians and Other Key Personnel

Because many physicians and other health and service providers remain uninformed or misinformed about EC, provider training can be an important component of an EC access campaign. Facing the challenge of how to promote EC in a socially conservative environment, Sarah’s Circle of the Intermountain Planned Parenthood in Missoula, Montana, implemented an EC education project that advocated EC access as a means of decreasing the need for abortion. To do this, the project targeted Montana’s 2,000 physicians, particularly those in rural, isolated regions who serve predominately low-income women. A cover letter and new brochure provided information on EC to doctors and encouraged them to prescribe EC as an effective means to decrease the need for abortions. In the months immediately following this mailing, Sarah’s Circle reported an increase in the number of women requesting EC.

Recognizing that many personnel other than physicians and pharmacists act as gatekeepers of EC information and access, the Seneca Women’s Fund in Baltimore, Maryland, designed and implemented a program to train student health and social service workers, peer educators, and other key personnel to pass along an accurate EC message at local colleges and universities. In particular, the public institutions, which reach the broadest range of low-income students and women of color, were highly receptive to the trainings and have requested that they continue.

Pharmacy Access

Pharmacies and individual pharmacists continue to be key gatekeepers for EC access. As noted, the FDA ruling places EC behind the pharmacy counter, where women or men aged 18 or older can obtain it from a pharmacist with proof of age.

Before EC became available behind the counter, nine states passed “pharmacy access” laws to circumvent the need for a doctor’s prescription. In California, Alaska, Washington State, New Mexico, Hawaii, Vermont, Massachusetts, New Hampshire, and Maine, pharmacists are permitted to provide emergency contraceptive pills without requiring a woman to see anyone except the pharmacist. In these states, youth under age 18 and women without identification can still obtain EC directly from specially trained pharmacists, just as they could before the FDA’s ruling. These states’ policies provide expanded access to EC for teens and undocumented women in particular, in spite of the FDA restrictions on behind-the-counter EC.

Today, pharmacist education and training are still important strategies for activists to employ in their efforts to expand access to EC. When pharmacists are better trained about EC, they are able to serve as an invaluable resource to women in their communities. To this end, several organizations have initiated EC projects targeting pharmacies. Many of the projects described below were undertaken before EC became available behind the counter. However, the strategies and activities they employed are still relevant.

The Chicago-based African American Women Evolving (AAWE) ran a multiyear campaign that included a survey of pharmacies in the greater Chicago area, development and distribution of a comprehensive report, and community action to improve EC access at area pharmacies—with a focus on increasing access for African American and low-income women. In 2002, AAWE surveyed nearly 300 area pharmacies, identified which ones knew about and could supply EC to customers, and rated the accuracy of their information and the quality of their services. AAWE compiled its key findings in the “Chicago Area Emergency Contraception Survey: A State of Emergency,” which was distributed—in print
and CD ROM format—to NNAF member funds as well as to women’s and community organizations in the Chicago area that work with low-income women, women of color, and young women. In 2004, AAWE released a report entitled “Access to Emergency Contraception at Chicago and Suburban Pharmacies” that provides a detailed analysis of pharmacies, recommendations to improve access to EC, sample surveys and charts, sample pharmacy letters, and tips for data collection and analysis. Toni Bond, co-founder and President/CEO of AAWE and the board president of NNAF, presented this work at the annual EC Jamboree event, held October 1, 2004 in New York City. Sponsored by the American Society for Emergency Contraception, the event provided a critical opportunity for activists from around the country to share strategies to improve access to EC.

In the current phase of their EC project, AAWE is developing strategic partnerships to expand access in Illinois. In addition to distributing its policy report to all the Chicago area pharmacies initially surveyed, AAWE plans to work with the Chicago office of the state Board of Pharmacy and the American Public Health Association to encourage pharmacies to provide HIV testing information to all customers who request EC information. AAWE is also developing a local public education campaign that encourages anyone who has been denied EC access at a pharmacy to contact AAWE. AAWE will keep records of people denied and send volunteer teams to do another round of surveys at the reported pharmacies. At the state level, AAWE plans to present its policy report to the Illinois Department of Public Health, the Illinois Board of Pharmacy, and the Illinois Pharmacy Association with the aim of becoming a valued “frontline” resource on improving EC access in poor communities. AAWE has also distributed the policy report to lawmakers, activists, and directly to African American and low-income women.

The Choice Contingency Fund of Planned Parenthood of South Palm Beach & Broward Counties in Boca Raton, Florida organized EC training for 150 pharmacists and 50 pharmacy students. The training was designed to increase the pharmacists’ willingness to dispense EC by increasing their understanding of the pharmacology of EC and the role pharmacists can play in reducing unintended pregnancy. The training included a discussion of women’s health, methods of birth control, the history of the FDA’s delay in approving EC for over-the-counter sales, and Florida’s “conscience clause,” which allows pharmacists to refuse to dispense EC without finding another pharmacist to do so. The Fund secured sponsorship for the training from critical partners, including the Broward County Pharmacy Association, which also provided Continuing Education Credits. Other sponsors included the Nova Southeastern University School of Pharmacy, which has the highest enrollment of Latino doctoral pharmacy students in the nation, as well as Duramed Pharmaceuticals, which underwrote peripheral training costs.

The Hersey Abortion Assistance Fund of Pro-Choice Resources in Minneapolis also undertook a pharmacy campaign, working to educate local pharmacists about EC and to encourage them to assist women in need. Pharmacists received in-person visits, as well as educational postcards and pens. Hersey also created a mock prescription notepad to educate their volunteers about the importance of working for pharmacy access. The notepad reads, “Birth control pills: $30. Emergency Contraception: $35. A pharmacist who dispenses my pills instead of their morality: Priceless.” Hersey received a letter from the wife of one pharmacist, thanking them for their campaign, offering her support, and noting her outrage that some pharmacists will not dispense EC.
In West Virginia, the Choice Fund of West Virginia FREE targeted pharmacists as part of a broad public awareness and grassroots advocacy campaign to increase EC access for rural women in hospital emergency rooms as well as pharmacies. Working together, WV FREE, the Foundation for Rape Information and Services of West Virginia, the Clara Bell Duvall Reproductive Freedom Project at the American Civil Liberties Union (ACLU) Foundation of Pennsylvania, and the ACLU of West Virginia surveyed emergency rooms and pharmacies to determine the state of EC availability. The survey results were analyzed and compiled in the form of fact sheets for public awareness initiatives. To execute a project of this scale, West Virginia FREE has developed alliances with a variety of diverse organizations and individuals, including family planning clinics and the state family planning program, sexual assault prevention and service groups, rural community based organizations, the state pharmacists' association, and the Women's Health Center of West Virginia. Describing the importance—and excitement—of collaboration, West Virginia FREE reports that “we have found that EC projects can bring together an amazing and broad assortment of people and groups and we are forging new partnerships and deepening existing ones.”

The Hersey Fund also created this postcard (front and back) to educate pharmacists about the need to help their clients gain access to EC.

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The Hersey Abortion Assistance Fund of Pro-Choice Resources in Minneapolis, Minnesota, created notepads with this “priceless” message to spread the word about the need for pharmacy access.

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The Choice Fund of West Virginia Free used this survey, developed by the Clara Bell Duvall Reproductive Freedom Project of ACLU-PA, to determine the current state of EC availability in pharmacies. (First few questions shown)
Securing Medicaid Coverage of Behind-the-Counter EC

As discussed earlier, Medicaid is not required to cover non-prescription drugs, although most states do cover some non-prescription family planning supplies. In addition, many Medicaid programs at the state level are not designed to handle products that can be purchased both with and without a prescription, also known as drugs with a “dual label.” In some states, women on Medicaid can only receive coverage of EC if they have a prescription for it, which means that they are excluded from the benefits of non-prescription EC. Other states have stopped covering EC altogether, or are threatening to do so. At the same time, New York, Washington, Illinois, and Hawaii have taken steps to provide Medicaid coverage for behind-the-counter EC.

Because of EC’s unique dual label nature, there is no clear road map to EC coverage for states to follow. However, this also means that there are numerous opportunities for advocates to become involved in securing Medicaid coverage of behind-the-counter EC.

If you would like to develop a project to promote Medicaid coverage of EC in your state, a good first step is to find out whether or not your state Medicaid program currently covers EC in both its prescription and non-prescription forms. Then, you can survey clients and/or women in your community to learn about their experience seeking Medicaid coverage of EC. Educational materials like “consumer tips” are a great way to share the information you learn with the women who need it most. Another route towards increasing access to EC for women on Medicaid is to work with your state Health Department to help develop systems and policies to facilitate Medicaid coverage of EC. Please contact NNAF for more information and additional materials to help you develop a project that addresses the needs of women on Medicaid in your state.

Emergency Contraception Web Resources

http://www.not-2-late.com
http://ec.princeton.edu
The Emergency Contraception Website, operated by Princeton University, the Office of Population Research and the Association of Reproductive Health Professionals
Dosage information; a list of providers by state; news on emergency contraception; information available in English, Spanish, French and Arabic; and a searchable database of public education campaign materials from national and international reproductive health organizations.

http://www.backupyourbirthcontrol.org
Back Up Your Birth Control Campaign
A campaign toolkit (fact sheets, talking points, poster, brochure, outreach letters, op-ed, press releases); materials for providers and pharmacists.

http://www.plannedparenthood.org/ec
Planned Parenthood’s Accidents Happen Campaign
Locate a clinic by zip code; fact sheet in English and Spanish; and links to other websites with information about emergency contraception.
EC at the Grassroots: Next Steps

NNAF is committed to assisting other groups interested in increasing access to EC for women in need, particularly low-income women, women of color, young women, and rural women. We hope the project descriptions, lessons learned, and sample materials from our member funds will serve as sources of inspiration, as general guidelines, or as actual blueprints when you develop programs for your own communities.

Please don’t hesitate to contact us for more information about campaigns, materials, and other resources. We are happy to share new materials as they become available.

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