

# **Birth Right**

**A Family Planning Education and Advocacy Program**

**Project Proposal**

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## **EXECUTIVE SUMMARY**

Birth Right is a proposal for a citywide initiative to 1) reduce unintended pregnancies in New York City, and 2) improve family planning knowledge among New York City families.

For this proposal family planning will include but not be limited to:

1. Access to and use of contraceptives.
2. Planning the timing of pregnancies to ensure that
  - a. Adequate nutrition is maintained (including the use of folic acid to prevent birth defects).
  - b. Adequate maternity leave is available.
  - c. Parents have at least minimal training in child psychology, and child development.
  - d. Socioeconomic resources are in place to cater to the needs of the newborn.
  - e. A strong family support system is in place.
  - f. Prenatal care, labor and delivery, and pediatric care are adequately covered by health insurance.
  - g. Appropriate genetic tests are done.
  - h. High-risk behaviors are assessed, and plans are in place to eliminate or reduce them.
3. Strengthening togetherness of families.
4. Planning the future of children, primarily their financial and educational future.

Birth Right will seek to build bridges between the availability of family planning services, and people in New York City communities who are in need of these services. New York is home to immigrants from different parts of the world with varying family planning practices. Birth Right will work with immigrant groups to design individualized outreach efforts to reach immigrants, particularly newly arriving immigrants.

By addressing inadequacies in access to contraception through advocacy, and promotion of family planning through educational outreach the incidence of unintended pregnancies can be reduced. It is with this firm conviction that Birth Right was envisioned.

Birth Right will employ the following strategies to achieve its objectives:

1. Educational outreach to providers aimed at reducing barriers to the use of contraception.
2. Advocacy to enact legislation to assure access to contraception, and other family planning services, as well as legislation to increase the length of time given for maternity leave.
3. Follow-up and referrals through a family planning hotline.
4. Family planning educational outreach through community forums, health fairs, MIC and sexually transmitted disease (STD) clinics, and educational presentations for community-based organizations (CBOs) such as faith-based organizations and parent teachers associations.
5. Use of the electronic and print media to deliver educational messages to target communities.

6. Form partnerships with local, state and federal public agencies, faith-based organizations, other community-based organizations, and health outreach organizations

## **PROGRAM DESCRIPTION**

### **The Problem**

About 50% of pregnancies in the United States are unintended. By national estimates about 50% of live births result from unintended pregnancies. Looking at New York City's pregnancy related statistics for 1997:

Live births	118,902
Induced abortions at 15 weeks or less	91,596
Total pregnancies reported (Live births + induced abortions + spontaneous terminations)	236,478

Even using a conservative estimate that 30% of live births in New York City result from unintended pregnancies, leads to an estimate that 54% of pregnancies in New York City are unintended. Data from the field sites run by our Maternal, Infant & Reproductive Health Program shows that more than 70% of the pregnancies, based on interview after a positive pregnancy testing conducted at the field sites, are unintended.

Most unintended pregnancies are not unwanted pregnancies, but rather pregnancies that are poorly timed. Women who have unintended pregnancies are more likely to have late or no prenatal care, they are more likely to be uninsured or underinsured, they are also more likely to be depressed and to engage in high risk activities such as use of drugs, tobacco and alcohol. Studies show that folic acid can prevent certain birth defects, especially if taken prior to pregnancy. Women who did not intend to get pregnant are likely not to have taken folic acid. All these factors contribute to higher incidence of poor pregnancy outcome for births resulting from unintended pregnancies. Infant mortality rates, and the incidence of low birth weight pre-term births are higher among women who have unintended pregnancies. Maternal mortality and morbidity are also more likely for women who have unintended pregnancies. Considering the high costs associated with prenatal care, labor and deliver, hospitalization for complications of pregnancy, care of a children with physical and/or mental disability, and maternal morbidity and mortality, the cost effectiveness of pregnancy planning is clear.

Over the last few years, the United States has seen a decrease in induced abortions. New York City on the other hand has seen a yearly increase in the number of induced abortions being performed in the City. There are speculations that there may be an influx of people from other states to partake of abortions services in New York City. However the data does not support this - numbers of induced abortions have been decreasing in New York State exclusive of New York City, and for 1997 the year for which CDC began separating abortion data based on residence only 5,684 of the 100,926 abortions performed in the City were to non-residents of New York City.

Comparison of 1997 pregnancy related statistics for New York City and New York State creates an interesting picture.

	New York City	Rest of New York State
Teenage pregnancy (per 1,000 women aged 15-19).	134.4	57.3
Infant mortality (per 1,000 live births).	7.0 (2.6-12.4)	6.5
Number of induced abortions.	104,344	40,990

Number of spontaneous fetal deaths.	13,232	8,974
Number of out of wedlock live births.	53,494	37,079
Medicaid covered live births.	61,933	34,680

New York City sees a disproportionately large number of unintended pregnancies (over 100,000 per year), and is clearly an ideal location for a program such as Birth Right.

### **Program Phases**

- Phase 1 (year 1) activities:    Advocacy  
    Provider educational outreach  
    Building partnership
- Phase 2 (year 2) activities:    Advocacy (continued from phase 1)  
    Provider educational outreach (continued from phase 1)  
    Building partnership (continued from phase 1)  
    Professional development of Birth Right staff  
    Family planning hotline referral service  
    Media outreach                -    Radio  
                                           -    Television  
                                           -    Internet  
                                           -    Print  
    Community outreach

### **Advocacy**

The United States administration is potentially the most powerful entity in achieving the objective of a reduction in unintended pregnancies. In light of this Birth Right will, as much as possible, inform and involve elected officials in its efforts. The 3 main goals of advocacy will be:

1. Getting health plans to cover all contraception 100%. The first step will be to work with the administration of the City of New York to ensure that all health plans that cover city employees offer 100% coverage for contraceptives. The next step will be to ensure that all civil servants in the City of New York, whether they are City, State or Federal employees are covered. This plan will in effect cover several hundred thousand employees in the City. Ensuring that people covered by Medicaid, and the Family Health Plus waiver for the uninsured are covered; this will include immigrants who are undocumented, and those cut from Medicaid due to Welfare Reform. From there it will be fairly easy to get coverage for the rest of the people in the city – namely those working for private companies.
  2. Get an increase in the length of maternity leave. Studies show that the most important developmental period in a child's life is the period 0-2 years, yet currently the maternity leave allowed to an employee in the United States is 12 weeks unpaid. Most other developed countries have better maternity leave benefit, up to a maximum of three years with full or partial pay. Employees are able to get more time if they have unused sick leave, or if they work for a company that has special maternity leave package. Some categories of workers, such as those who are in a provisional status, are not even allowed the 12 weeks.
  3. Get performers and television personalities to endorse the family planning agenda by outputting family planning messages. Also Birth Right staff will try to get as much exposure as possible, by doing interviews on local programs such as Good Day New York.
- Other advocacy efforts will include:
- a. Getting an increase in the number of contraceptives that are available without a prescription.

- b. Increase the number of categories of people who can prescribe and/or distribute oral contraceptives – nurses, midwives, community-based health workers, pharmacists, pharmacy clerks.
- c. Increase number of community based distribution sites for communities with high pregnancy rates – clinics, pharmacies, supermarkets, malls and shopping centers, etc.
- d. Increase time that providers spend with patients to discuss contraception – mandated ½ hour appointment for first contraception consultation.
- e. Work with manufacturer to put together simplified field-tested version of contraception insert.
- f. Increase State enforcement of family planning aspects of public health laws regarding offering family planning counseling to clients of abortions services (CRR NYS: 756.3), and maternity and postpartum services (CRR NYS: 405.21).
- g. Link family planning counseling to other health services, such as pap smear screenings, gynecological exam, postnatal exam, WIC, TANF & Medicaid applications, child healthcare.
- h. Ensuring teenagers have access to family planning services via Child Health Plus and Medicaid, and that their rights to privacy is not violated.

### **Provider Education**

Many studies show that provider knowledge is critical in ensuring client's effective use of contraceptives, particularly oral contraceptives which is the most common type in use currently. Educating providers at Community-based clinics, private practice family physicians and OB/GYNs, hospital-based clinics, perinatal networks, and maternity wards will be a major component of Birth Right. Since a woman may not know how well her body will handle a particular contraception method prior to using it, it's important for gynecologists to be willing to offer free contraceptives for trial purposes. Birth Right will work with manufacturers to increase the number of free samples that providers are given to ensure they have a wide choice of contraceptives to offer women.

Birth Right will start provider education by focusing on those facilities that are licensed to provide family planning services in New York City. Based on the family planning access survey of these facilities conducted by the Office of Family Health a number of areas which can be addressed through provider education have been highlighted:

1. The rights of minors, particularly their right to confidentiality.
2. Existence of and appropriate use of emergency contraception.
3. Appropriate use of approved drugs for early abortion.
4. Need for training of receptionists regarding the provider's policies to ensure incorrect information is not passed on to clients over the telephone.
5. The importance of eliminating institutional barriers, such as -
  - ❖ Having long waiting periods for appointments. Emergency contraception can be effective if used within 72 hours. A pregnancy can be averted if a woman who thinks she might be pregnant is able to obtain and use emergency contraceptives in a timely manner.
  - ❖ Requiring teens to bring their parents to a family planning appointment.
  - ❖ Having appointments tied to strict document requirements, and extensive intake forms.



- ❖ Requiring a separate appointment for registration.
- Other activities over the long term will include:
- ❖ Informing family physicians of the need to counsel teens about contraceptives.
  - ❖ Collaborating with New York State Department of Health in educating providers.  
There are a number of statutes regulated by the State Health Department, which required certain facilities provide family planning services.
  - ❖ Ensure more literature on family planning is available at provider sites.
  - ❖ Working with providers to increase the number of sites that offer early abortions.

### **Forming partnerships**

Forming partnerships with local, state and national entities involved in women's reproductive issues will be critical in enabling Birth Right to achieve one of its objectives, that of building bridges between access and availability. Working relationships have been established with a number of such entities. Included are:

- |                    |   |
|--------------------|---|
| <u>Locally</u>     | <ul style="list-style-type: none"> <li>- Northern Manhattan Perinatal Partnership</li> <li>- Brooklyn Perinatal Network</li> <li>- Medical and Health Research Association</li> <li>- March of Dimes – Greater New York Chapter</li> <li>- New York City pediatric clinics</li> <li>- Caribbean Women's Health Association</li> <li>- Maternity hospitals</li> <li>- Citywide Healthy Start Consortium</li> <li>- Family planning clinics</li> <li>- Community boards</li> <li>- School district offices</li> </ul> |
|                    | <ul style="list-style-type: none"> <li>- Other Department divisions               <ul style="list-style-type: none"> <li>- School Health</li> <li>- Health Care Access</li> </ul> </li> </ul>   |
| <u>State level</u> | <ul style="list-style-type: none"> <li>- New York State Department of Health divisions               <ul style="list-style-type: none"> <li>- Bureau of Women's Health</li> <li>- Bureau of Child &amp; Adolescent Health</li> </ul> </li> </ul>  |
| <u>Federal</u>     | <ul style="list-style-type: none"> <li>- Centers for Disease Control (CDC) Pregnancy Risk Assessment Monitoring System (PRAMS)</li> </ul>   |

To further its goals Birth Right will seek partnerships with:

1. Organizations serving newly arriving immigrants – one such group has expressed an interest in establishing a working relationship with the Office of Family Health.
2. Community-based groups that serve distinct ethnic groups.
3. Family planning clinics.
4. Community-based service organizations that provide reproductive services.
5. Community Boards, school district offices and parent teachers associations in schools in areas of highest need.
6. CDC Division of Reproductive Health

The Office of Family Health is working towards being a grantee of the March of Dimes through an RFP that is due on February 1, 2001. The Citywide Healthy Start Consortium has decided to make the reduction of unintended pregnancies its next major project.

These partnerships will seek to not only assist Birth Right in bridging the gaps between access and availability, but will provide added funding for Birth Right. An added benefit of partnership building is that it will enable Birth Right to deliver culturally sensitive educational materials and presentations to target communities.

### **Community outreach**

Birth Right will employ a number of strategies to ensure effective community outreach.

1. Outreach to target audience through provider sites such as WIC and HRA offices. In addition Birth Right will work with health plans and facilitated enrollers, and encourage providers to get training in patient navigation to improve access.
2. Counseling through workshops on contraceptives, planning your children's future, and child development and child psychology, etc. The workshops will be conducted at the field sites of the Maternal, Infant & Reproductive Health Program. Also referrals will be made to other entities that do workshops not conducted at the field sites such as relationship counseling for married/unmarried partners.
3. Birth Right will conduct small community health forums (20-200 people), and community and employer-sponsored health fairs through partnership with community groups and the Community Educational Services Unit of the Maternal, Infant & Reproductive Health Program (MIRHP).
4. Birth Right will train people from the community, and assist them in getting into the field of public health. A scholarship program will be established for this purpose, with a requirement that on completion graduates give service to their community through work with New York City Department of Health. Also health care professional in training – epidemiologists, doctors in residence training, nurses, physician's assistants, etc can get hands on experience by volunteering, doing residency or working as college aides. Arrangements can be made to allow college credits for services rendered where appropriate.
5. Use of community translators to do culturally appropriate presentations.
6. The Annual West Indian Day Parade held every year in Brooklyn is an opportunity for Birth Right to reach over a million New Yorkers with its message. A Birth Right float at annual Labor Day Parade in Brooklyn, or just a number of volunteers with appropriate banners can prove to be an immense awareness campaign. In addition Birth Right can offer counseling, education and pregnancy testing through the use of a booth on Eastern Parkway.

### **Media Outreach**

From observing the climate in the field of public health, it is clear that outreach through media and community involvement is the appropriate direction of action.

### **Radio outreach**

Birth Right will start its radio outreach with a 30minute call-in segment hosted by our medical consultant which will air as part of a New York City radio station's evening program. The segment will include a 5-minute presentation of up to the minute family planning related information presented by the regular host or a guest speaker booked in

advance. Following the presentation the telephone lines will open up for the call-in segment wherein listeners can call in and ask family planning related questions.

To ensure the success of the radio program listenership will have to be assured. Having the program as part of an established evening program rather than as a stand-alone segment will benefit maintaining listenership. In addition the radio program will be promoted during all outreach activities, over Birth Right's telephone hotline, as part of public service announcements and included in Birth Right's advertisement in public and private places such as libraries, public clinics, private clinics, hospitals, day care centers, and on all materials produced for use with Birth Right activities.

In subsequent years plans will be made to extend the program to include a morning segment which will include giveaways, health advertisements, announcements of coming events being conducted by Birth Right and affiliates, as well as announcements concerning scholarships and internships.

### **Television**

There are limitations to talk radio, namely the inability to use the power of the visual. To address this problem Birth Right will complement its radio outreach with television outreach. For its television outreach Birth Right will put together a series of tapes that can be played in waiting rooms of doctors' offices, Channel 25 and other public television, hospital waiting rooms, hospital patient rooms, WIC offices, HRA offices, and other places that provide a captive audience. Some of the tapes will also be made available to school for use as teaching aids. Segments will include information on immunization, breastfeeding, blood lead levels, contraception, preventive screening, and importance of prenatal care. The tapes will maintain a strong focus on promoting effective use of contraceptives.

Each tape will have Birth Right's hotline numbers and schedules of Birth Right workshops. The series will be entitled DEMO, and will also feature:

- ✓ Interviews – Interviews with health professionals in the field of obstetrics, gynecology, marriage counseling, pediatrics, financial planning, child psychology, child development, etc. Interviews with entertainers and athletes, and other public figures that are model parents.
- ✓ Cooking – healthy eating for pregnant women presented by a nutritionist.
- ✓ Hotline number, and address for viewer comments.
- ✓ In house health advertisements.
- ✓ Demonstration of proper use of contraceptives to the extent possible with television props.
- ✓ Clips of community health forums conducted by Birth Right and affiliates.
- ✓ Health information running on the screen, health facts at the breaks.

In addition Birth Right will air public service announcements on public and commercial television. Birth Right will attempt to get makers of contraceptives to sponsor as many commercial television announcements as possible.

### **Internet**

Birth Right's will maintain a web site which will include an archive of radio and television segments by topic in the form of audio and video clips, an archive of family planning related articles, as well as links to other sites with family planning related

information. As in the other media tools, the web site will have Birth Right's contact information and hotline number. The web site will also announce the airing times of radio and television segments.

### **Print media**

Birth Right will run Public service announcement in newspapers. Birth Right will also work with newspapers to get press releases published, and articles written about Birth Right's activities in New York City communities.

### **Referral, follow-up, and support services**

To place special emphasis on referral, follow-up, and support services Birth Right will maintain a hotline for follow-up and referral. The hotline will be maintained as part of the Department of Health's Call Center for general referrals as dictated by Birth Right. Where appropriate calls other than those for general referrals will be transferred to Birth Right staff. Training will be ongoing for hotline staff, to ensure effectiveness of the hotline. Referral through the hotline will be made to specific provider contact, preferably a patient navigator. These services will be facilitated by collaborations established with providers and other community groups, as well as through connections with other local, state and federal agencies, and other divisions within the NYC Department of Health. For support services, the hotline will refer callers to appropriate workshops and support groups being conducted by Birth Right or affiliates.

## **BUDGET JUSTIFICATION**

### **Personnel needs justification**

The success of CORIC will be dependent on the extensiveness of the working partnerships formed. In addition staff will be needed for outreach to providers, community outreach to the 5 boroughs of the City, and to maintain media outreach.

#### **Program Director (Administrative SA I – 1 full time staff)**

The program will be a significant endeavor at the Office of Family Health, and thus will require a full time Program Director to oversee and manage all the activities and collaborations involved.

Responsibilities of the Program Director:

1. Give general direction and supervision to the program staff.
2. Communicate and network with appropriate health care establishments.
3. Work with family planning staff, MIRHP Field Services and Educational Units, other programs of the Department of Health, local and national agencies and organizations, and Managed Care Organizations to establish working relationships.
4. Facilitate access to family planning services by coordinating Birth Right's advocacy efforts.

#### **Administrative Assistant (Health Services Manager – 1 full time staff)**

The administrative assistant will assist the program director with administrative issues.

Responsibilities of the Administrative Assistant:

1. Manage the Program in the absence of the Program Director.
2. Attend meetings on behalf of the Program Director as needed.
3. Handle all personnel matters related to the Program.
4. Handle budgetary allocations for the Program.
5. Organize written correspondences between Program Director and staff of the Program.

#### **Media Programmer (Public Health Epidemiologist – 1 full time staff)**

The need to gather, analyze and present current data, and design strategies for obtaining needed data is important to the quality assurance of Birth Right, particularly due to the dynamic nature of the population of the City

Responsibilities of the Media Programmer:

1. Gather, Analyze and present timely data, including socio-demographic data, and data on reproductive health.
2. Conduct research for media programs, book guests, arrange cohosting, participate in program design, write scripts, prepare audio/visual presentations.
3. Keep abreast of the literature and new developments in reproductive health.
4. Develop and test educational materials. Train health educators in the use of educational materials.

#### **Medical Consultant (City Medical Specialist I – 1 part time)**

The Program needs a medical director to give clinical expertise to the program, and specifically to:

1. Give advice on research projects to the Media Programmer.
2. Review educational materials and curricula for clinical accuracy.
3. Conduct the radio and television outreach with the assistance of the media programmer.
4. Make presentations to medical providers.
5. Provide training for health educators.
6. Collaborate with hospitals, clinics and research institutions in improving access.
7. Advise community organizers on the scientific background of community interventions that Birth Right undertakes.

#### **Community Organizer (Assistant Director, Health Education – 1 full time staff)**

A community presence is a necessary ingredient in the success of Birth Right's objectives.

Responsibilities of the Community Organizer:

1. Work with the community to strengthen Birth Right's community outreach.
2. Use scientific knowledge to design community interventions.
3. Assist community groups in organizing health related functions such as health fairs.
4. Supervise Health Educators.
5. Educate staff from community-based organizations on family planning issues.
6. Conduct workshops and give presentations at community sites for clients.

#### **Health Educators (Assistant Director, Health Education – 4 full time staff)**

Health education will be critical to ensuring the success of interventions that Birth Right undertakes. The Outreach Workers will be responsible for bridging the gap between access and availability by reaching out to women in the communities and educating them about available services. They will distribute educational materials to women at churches, beauty shops, women's associations, and other places that women congregate. In addition they will collaborate with hospitals and clinics in the areas they serve. The health educators will be distributed as follows: One each for Brooklyn, Bronx, and Queens, and one to serve Manhattan and Staten Island.

Responsibilities of the health educators:

1. Conduct outreach activities, particularly in neighborhoods with large numbers of disadvantaged women.
2. Give presentations, and conduct screening at health fairs, community health forums, etc.
3. Do educational outreach via providers. Hand out educational materials as part of such educational outreach.
4. Provide referrals to NYCDOH health services, and to services outside NYCDOH where applicable.

## **Other than personnel (OTPS) needs and justification:**

### **Computers and printers**

The program will need 5 desktop computers for use by Program staffs. For printing reports and other documents. The staff will use other computer support services already available in the Office of Family Health.

### **Membership in organizations and associations**

Membership in organizations and association that have a national reach, and deal with issues relating to family planning will be sought. This will enable the program to keep abreast of family planning activities around the country, and gain timely knowledge of intervention strategies that are successful in other places and may be adaptable to New York City.

### **Out-of-town travel**

At least 5 person trips per year for the Program Director, Media Programmer and Community Organizer to attend conferences and meetings on women's health.

### **Local travel**

The Community Organizer and the Health Educators will need to travel to community sites 4-5 days per week.

### **Training**

The Health Educators will spend a significant amount of time conducting training sessions in communities. In addition, Birth Right's staff will need to attend training for professional development.

### **Materials Development**

The development and printing of fact cards and other educational materials will have to take place on an ongoing basis. In addition the Program will mount a small media campaign in the Subway. In addition funds will be used to purchase demonstration kits for use by the health educators.

### **Media outreach**

This will include the cost sponsoring air time for the radio segment, production cost for taping the television series, fees for maintaining the internet site, and cost of running newspaper advertisements.

### **Consultants**

Consultants will assist the program, on a per hour basis, with activities for which the program has no full time personnel, such as writing grants for additional funding through government agencies such as Human Resources & Services Administration (HRSA), the Centers for Disease Control and Prevention (CDC), and New York State Department of Health (NYSDOH).

## **EVALUATION**

On a continuing basis data will be collected on health care inadequacies in access to family planning services in the communities we serve. In addition, the following will be collected on an ongoing basis for evaluation purposes.

- ✓ Attendance at public forums.
- ✓ Listenership of radio program.
- ✓ Viewership of television program.
- ✓ Visits to website – number of hits.
- ✓ Improved access to contraceptives.
- ✓ Health plan coverage for contraceptives.
- ✓ Mandated length of maternity leave.

Regarding access to contraceptives, responses will be collected by the use of questionnaires to conduct telephone access surveys of providers. Birth Right's address, email address, fax and phone numbers will be advertised to enable people to contact us with comments and suggestions – these comments and suggestions will also comprise our ongoing evaluation.