

OPA RESEARCH & EVALUATION UPDATE

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Office of Population Affairs, Office of Research and Evaluation

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Office of Population Affairs (OPA)- funded principle investigators have recently published a variety of peer-reviewed journal articles on a range of family planning topics. When available, links to abstracts in PubMed or full articles in open-access journals are provided.

OPA-Funded Research Publications

Study Finds Demand for Couple-Focused Services in Family Planning Clinics

This study was designed to represent the dual, but complementary perspectives of providers at Title X-funded family planning clinics and their adult clients. Both of these perspectives are essential to understanding and measuring the potential demand for and capacity to develop, implement, and evaluate couple-focused services within these clinics. Researchers collected two core sets of information from the perspectives of both women and clinics: (a) interest in couple-focused services, both current and potential; and (b) factors that are likely to be strongly associated with interest in and capacity to provide these services. Responses from 2,113 female clients revealed that the topic most women wanted addressed in a couples' setting was "planning when to have a baby" (58%). In addition, female clients expressed a high interest (65%) in clinics providing medical services for male partners that the males could access on their own.

A survey of 68 Title X clinic administrators revealed that few believed their clients were interested in couple-focused services. The survey also found that clinics were more likely to offer couples' counseling about "choosing and using birth control" than about pregnancy planning. Clients' strong interest in couple-focused services point to a need for such care. However, serious financial constraints present a challenge for providers seeking to meet this need. Providers may want to assess low-cost strategies that might be possible. At a minimum, providers should try to capitalize on the presence of partners in the waiting room and provide them with educational materials.

Zolna, M.R., Lindberg, L.D., & Frost, J.J. Couple-Focused Services in Public Funded Family Planning Clinics: Identifying the Need, 2009. (2011). *Guttmacher Institute*, 1-69.

Available at <http://www.guttmacher.org/pubs/Couples-Services.pdf>

Analysis Shows Link of Risky Sexual Behaviors during Adolescence on Adulthood

Researchers at Child Trends analyzed data from the National Longitudinal Study of Adolescent Health to assess whether individuals who engaged in risky sexual behaviors during adolescence had increased risk of negative reproductive health outcomes in young adulthood. The analysis found that four in 10 youth reported at least three sexual risk factors during adolescence. The most common were: having multiple sexual partners during adolescence and using contraception inconsistently with at least one partner; young adults who were exposed to an increasing number of risks during their teen years were more likely to have had multiple sex partners in the last year; adolescents who used contraceptives inconsistently and had multiple partners or more casual relationships during adolescence were more likely, as young adults, to have multiple sexual partners in the last year; and young adults who used contraception inconsistently and who didn't discuss contraception with a partner during adolescence were more likely to have an unintended birth. These findings suggest that teens' sexual behaviors have both short-term and long-term consequences, and that interventions that focus on multiple domains of risk may be the most effective in helping to promote broad reproductive health among young adults.

Scott, M.E., Wildsmith, E., Welti, K., Ryan, S., Schelar, E. & Steward-Streng, N.R. (2011). Risky Adolescent Sexual Behaviors and Reproductive Health in Young Adulthood. *Perspectives on Sexual and Reproductive Health*, 43(2), 110-118.

Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/21651710>

Use of Contraceptives Among Young Adults Analyzed

A second article from Child Trends analyzed relationship-level data from the National Longitudinal Survey of Youth to examine the associations between characteristics of young adult dating relationships and contraceptive use within these relationships. Findings indicated that, in three-quarters of dating relationships, young adults had used some method of birth control at last intercourse. Twenty-six percent used a condom only, 26% used a hormonal method or long-acting method alone, and 23% used dual methods (a condom combined with a hormonal or long-acting method). Findings also showed that increasing levels of relationship conflict and partner differences in age, racial/ethnic background, and educational attainment were linked to reduced birth control use at last sex. These findings suggest reduced contraceptive use in relationships that have power imbalances. Other findings indicate that young adults in longer relationships and in relationships with higher levels of intimacy were more likely to use hormonal or long-acting methods and young adults in more committed relationships were less likely to use birth control at last sex, particularly condoms and dual methods. The latter finding may reflect a willingness to occasionally miss using contraception with a more committed partner. These findings highlight high levels of contraceptive non-use in young adult dating relationships (1 in 4 young adults in a dating relationship did not use contraceptives at last intercourse) and the need for pregnancy prevention programs to address the important role of relationship context in decision-making about contraceptive use.

Manlove, J., Welti, K., Barry, M., Peterson, K., Schelar, E. & Wildsmith, E. (2011) Relationship Characteristics and Contraceptive Use Among Young Adults. *Perspectives on Sexual and Reproductive Health*, 43(2), 119-128.

Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/21651711>

Copper T380A IUD Use By Adolescent Mothers

Researchers examined IUD continuation rates among adolescent mothers who elected to use the Copper T380A. Authors also present data on IUD expulsion and pregnancy diagnosis among these users. The study sample consisted of 39 teen mothers between the ages of 15 and 21 whose index delivery occurred before age 18 years. Index refers to the pregnancy associated with entry into the study. All of these mothers participated in a teen secondary pregnancy prevention program in Washington, DC. In this sample, 26% requested removal within 24 months of IUD placement and 15% experienced partial or complete expulsion. Overall, 10% of users become pregnant. Of those who became pregnant, more than two-thirds had a device in place at the time of conception. Limitations of this study include its retrospective design and the limited number of patients. Nonetheless, this is one of only a few recent studies reporting on a contemporary sample of adolescent mothers using an IUD. Findings suggest that pregnancies among adolescent mothers using IUDs may occur more frequently than reported, and that continuation of the method may be more limited than ideal. Potential users may benefit from counseling regarding other long-acting reversible contraceptive methods.

Patchen, L. & Berggren, E.K. (2011). Use of the Copper T380A Intrauterine Device by Adolescent Mothers: Continuation and Method Failure. *Journal of Pediatric and Adolescent Gynecology*, 24, 71-73.

Immigrant Latino Men and HIV/STI Risk

This study explored how migration-related, socio-cultural, and environmental factors interact to render immigrant Latino men residing in rural Oregon at increased risk for HIV and sexually transmitted infections (STIs). The study sample consisted of 49 sexually active Latino men aged 18-30 years from rural counties in Oregon. These men had been in the U.S. for an average of six years and their level of acculturation was relatively low. Participants described numerous dynamics, including instability in work, employment that was difficult if not sometimes dangerous, low incomes, destabilizing cultural differences between one's home country and the U.S., and a pervasive sense of loneliness and isolation. These factors collectively gave rise to risky sexual behavior, including engaging in sex with multiple partners and prostitutes, and supported the conditions that exacerbated risky behavior, such as excessive alcohol consumption and use of other drugs.

This research points to a need for more research and prevention efforts focused on social network dynamics and social isolation among immigrant Latino men, as well as research on the availability and social economy of sex workers. Enforcement of workplace policies to protect temporary and migrant workers and attention to immigration reform also are recommended.

Winnet, L., Harvey, S.M., Branch, M., Torres, A., & Hudson, D. (2011). Immigrant Latino Men in Rural Communities in the Northwest: Social Environment and HIV/STI Risk. *Culture, Health & Sexuality*, 13(6), 643-656.

Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/21462005>

Research by OPA-Funded Principal Investigators

Public Costs of Unintended Pregnancies: National and State-Level Estimates

Researchers at the Guttmacher Institute used state-level data from 2006 to estimate public costs of births resulting from unintended pregnancies in the U.S. The study found that two-thirds of births resulting from unintended pregnancies—more than one million births—are publicly funded, with the proportion topping 80% in several states. The study concluded that investing in publicly funded family planning to help women avoid unintended pregnancy has a proven track record, given the estimated savings of \$11.1 billion over one year. In the absence of the services provided at publicly funded family planning centers, the costs of unintended pregnancy would be 60% higher than they are today.

Sonfield, A, Kost, K, Gold, R.B. & Finer, L.(2011).The Public Costs of Births Resulting from Unintended Pregnancies: National and State-Level Estimates. *Perspectives on Sexual and Reproductive Health*, 43(2), 94–102.

Available at <http://www.guttmacher.org/pubs/psrh/full/4309411.pdf>

Women and Long-Acting Reversible Contraceptive Methods

Researchers examined characteristics of U.S. women that are associated with use of long-acting reversible contraceptives (intrauterine devices [IUDs] and subdermal implants) and changes in these characteristics between 2002 and 2006–2008. Data were analyzed from two nationally representative samples of women aged 15–44 in the National Survey of Family Growth, including 7,643 women in 2002 and 7,356 women in 2006–2008. Findings indicated that use of long-acting reversible contraception (LARCs) among U.S. women using contraception increased from 2.4% in 2002 to 5.6% in 2006–2008. The largest increases in LARC use during this time occurred among the youngest and oldest age groups, non-Hispanic white and non-Hispanic African American women, foreign-born women, and those in the highest income group. High prevalence of long-acting reversible contraception use in 2006–2008 was seen among women who had given birth once or twice (10%), foreign-born women (8.8%), and Hispanic women (8.4%).

IUDs and implants are among the most effective contraceptives, with failure rates of less than 1%. However, notwithstanding the substantial increase in the use of long-acting reversible contraception, use of these methods in the United States remains among the lowest of any developed country. Researchers speculate that more widespread use could play an important role in lowering rates of unintended pregnancy in the United States.

Kavanaugh, M.L., Jerman, J., Hubacher, D., Kost, K., Finer, L.B. (2011). Characteristics of Women in the United States Who Use Long-Acting Reversible Contraceptive Methods. *Obstetrics and Gynecology*, 117(6), 1349-1357.

Abstract available at <http://www.ncbi.nlm.nih.gov.ezproxyhhs.nihlibrary.nih.gov/pubmed/21606745>

Cost of Unintended Pregnancy Higher for Immigrants in Oregon

The authors estimated the long-term costs of implementing citizenship documentation requirements in a Medicaid expansion program for family planning services in Oregon. Documentation of U.S. citizenship was not required until 2006. Restricting access to contraception for new immigrants results in increased financial losses for the state and society due to the direct costs of care for unintended pregnancy, including coverage of obstetrical delivery. Findings suggest that screening for citizenship results in a loss of \$3,119 over 5 years for the state. Specifically, the cost of obstetrical delivery is \$42,501 compared to \$39,382 for family planning services. For society, screening for citizenship among adult women results in a loss of \$4,209; namely, \$63,391 for obstetrical delivery compared to \$59,182 for family planning services. Among adolescents, there would be slightly higher loss of \$3,123 for the state. The authors conclude that screening for citizenship status in publicly funded family planning clinics leads to financial losses for the state and society.

Rodriguez MI, Angus L, Elman E, Darney PD, Caughey AB. (2011) Financial Effect of Instituting Deficit Reduction Act Documentation Requirements in Family Planning Clinics in Oregon. *Contraception*, 83(6), 537-541.

Influence of Competing Norms on College-Bound Teens' Sexual Behavior

The influence of parents, close friends, and other peers on teens' sexual behavior has been well documented. However, researchers know little about the processes through which these reference groups' oftentimes competing norms impact teens' own sexual norms and behaviors. Drawing on qualitative data from 47 interviews conducted with college-bound teens, researchers investigated the processes through which perceived parental, close friend, and other peer norms about sex influenced teens' decisions about whether and when to have sex. Although virtually all teens perceived that most of their peers were having sex and that parents were almost universally against teen sex, some teens had sex and others did not. Findings demonstrate that teens who remained virgins and those who were sexually active during high school often negotiated different sets of competing norms. Differences in understandings of age norms, in close friends' sexual norms and behaviors, and in communication about sex with parents, close friends and other peers were related to different levels of sexual behavior for teens who otherwise shared many similarities in social location (e.g., class, race, and educational status). While virgins reported an individualized process of deciding whether they were ready for sex, their behavior fits within a traditional understanding of an age norm because of the emphasis on avoiding negative sanctions. Sexually experienced teens, on the other hand, explicitly reported abiding by a group age norm that prescribed sex as normal during high school. Finally, parents' normative objections to teen sex – either moral or practical – and the ways they communicated with their teen about sex had important influence on teens' own sexual norms and behaviors during high school.

Sennott, C. & Mollborn, S. (2011). College-Bound Teens' Decisions About the Transition to Sex: Negotiating Competing Norms. *Advances in Life Course Research* 16:83-97. DOI: 10.1016/j.alcr.2011.05.001

Abstract available at <http://www.sciencedirect.com/science/article/pii/S1040260811000153>

Influences of Contraception Use Among Young Latinas

A recent study sought to better understand the factors influencing use of very effective methods of contraception Latina adolescents and young adults and the relative contribution of psychosocial factors to contraceptive choices among younger and older Latinas. The study participants were 267 non-pregnant, Mexican American females, who were either adolescents (ages 13-20) or young adults (ages 21-25). Face-to-face interviews were conducted in either English or Spanish. Three factors were found to be statistically significant predictors of effective contraceptive use, but only one factor was significant for both age groups. The number of children was a strong predictor for both adolescents and young adults. Partner communication was a predictor among adolescents and acculturation level was a strong predictor among young adults. No significant associations were found for family- and peer-related factors and autonomy in contraceptive decision-making.

One limitation of the study is that the findings cannot be generalized to all Latino subgroups, since study participants were Mexican-American. However, findings demonstrate the need to tailor messages to Latina adolescents and young adults to reduce unintended pregnancy. Also, interventions to improve effective contraceptive use among Latina adolescents should promote effective forms of contraception in conjunction with communication with their partners about birth control. In contrast, efforts to address unintended pregnancy among Latina young adults should be sensitive to the degree of acculturation.

Gilliam, M.L., Neustadt, A., Whitaker, A., Kozloski, M. (2011). Familial, Cultural, and Psychosocial Influences of Use of Effective Methods of Contraception Among Mexican-American Adolescents and Young Adults. *Journal of Pediatric and Adolescent Gynecology*, 24 (2011), 79-84.

Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/21126893>

Emergency Contraception Use and Counseling after Changes

The present study aimed to estimate the prevalence of counseling about and use of emergency contraception (EC) in the United States since U.S. Food and Drug Administration (FDA) approval of over the counter (OTC) access to EC and to describe the relationship between receipt of counseling, use of EC, and women's demographic and reproductive health characteristics. Data were drawn from the 2006-2008 National Survey of Family Growth's (NSFG) female respondent questionnaire, a representative sample of 7,356 women aged 15-44 years in civilian non-institutionalized households. Only 3% of respondents indicated that they had received counseling about EC in the past year and the majority of EC users (61%) had used EC only once.

Several changes have occurred since the conclusion of the 2006-2008 NSFG that may affect EC use in the U.S. in the future: the 2009 expansion of OTC EC access to age 17 years, the 2009 FDA approval of EC product Plan B One-Step, and the 2010 FDA approval of Ella. Counseling continues to be one of the strongest predictors of use of EC; however, counseling regarding EC remains low. Also, as a result of poor incorporation of EC counseling into routine visits, women's knowledge about how to obtain and use EC, as well as its safety and efficacy, has been inadequate. Alternative methods of informing women about EC, such as a mass media campaign or a community outreach educational campaign, may therefore warrant further consideration.

Kavanaugh, M.L., Williams, S.L., & Schwarz, E.B. (2011). Emergency Contraception Use and Counseling after Changes in United States Prescription Status. *Fertility and Sterility*, 95 (8), 2578-2581.

Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/21457957>

Related Research Publications

Brookings Researchers Estimate National Cost of Unintended Pregnancies

Researchers at the Brookings Institution estimated the cost of unintended pregnancy in the U.S. using 2001 national estimates of the outcomes of publicly-financed unintended pregnancies (births, abortions, miscarriages, and need for infant medical care) and multiplying those counts by the average cost per outcome. The estimates of the cost to taxpayers of providing medical services to women who experience unintended pregnancies and to the infants who are born as a result of such pregnancies range between \$9.6 and \$12.6 billion per year and average \$11.3 billion. The estimates of the public savings that would result if these unintended pregnancies were prevented range from \$4.7 billion to \$6.2 billion per year, and average \$5.6 billion. The researchers conclude that the incidence of unintended pregnancy can be curbed by well-crafted, evidence-based policies, such as comprehensive teenage pregnancy prevention programs, expansions in subsidized family planning services, and media campaigns encouraging contraceptive use.

Monea, E & Thomas, A. (2011) Unintended Pregnancy and Taxpayer Spending. *Perspectives on Sexual and Reproductive Health*, 43(2),88–93.

Available at <http://www.guttmacher.org/pubs/psrh/full/4308811.pdf>

Discouraging Trends in Reproductive Health Service Use

The study used data from two waves, 2002 and 2006-2008, of the National Survey of Family Growth (NSFG) to investigate reproductive health service utilization among women aged 15-24 years. Over half of the women (4,421) reported lifetime family planning clinic and recent reproductive health service use, including contraceptive (48%), gynecological exam (47%), and counseling (73%) services. Lifetime family planning service use declined by 15% from 2002 to 2008 and recent reproductive health service use declined by 8%. Trends were similar, but smaller in magnitude, among sexually experienced women, with a 5% decline in both reproductive health and contraceptive service use. Research is needed to more rigorously account for other possible determinants, such as pregnancy intentions or contraceptive method preference, and to more directly examine associations between reproductive health service use and outcomes. Overall, findings highlight worsening reproductive health and contraceptive service use among women in the U.S. Public health and policy strategies are needed to facilitate improved sexual and reproductive health outcomes for all young women, their families, and society.

Hall, K.S., Moreau, C., Trussell, J. (2011). Discouraging Trends in Reproductive Health Service Use Among Adolescent and Young Adult Women in the USA, 2002-2008. *Human Reproduction*, 0(0), 1-8.

Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/21672925>

Racial Disparities in Human Papillomavirus (HPV) Awareness Impact Morbidity

Although Human Papillomavirus (HPV) awareness appears to be increasing, recent studies suggest HPV awareness may still be relatively low among minorities. Because HPV awareness is associated with uptake of the HPV vaccine, it is critical to assess HPV awareness in the population and identify any racial/ethnic gaps. This study used nationally representative data collected by the National Survey of Family Growth (NSFG) between July 2007 and December 2008. The sample size consisted of 4,088 women, aged 15-44, who lived in the 50 U.S. states and the District of Columbia. HPV awareness was chosen as the primary outcome measure and HPV vaccine awareness was chosen as the secondary outcome measure. Researchers also looked at various demographic factors and examined receipt of a Pap smear within the last 12 months and receipt of sexually transmitted infection counseling, testing, or treatment within the last 12 months. Hispanic and black women overall were significantly less likely to have heard of HPV compared to white women in the same age group. Healthcare providers and programs should be aware of discrepancies in HPV awareness in certain populations in order to provide effective educational interventions and reduce the racial gap.

Gelman, A., Nikolajski, C., Schwarz, E.B., & Borrero, S. (2011). Racial Disparities in Awareness of the Human Papillomavirus. *Journal of Women's Health*, 20(8), 1165-1173.

Abstract available at <http://www.ncbi.nlm.nih.gov.ezproxyhhs.nihlibrary.nih.gov/pubmed/21668381>

Active & Absent: A Tale of Two Fathers

The share of fathers who are residing with their children has fallen significantly in the past half century. In 1960, only 11% of children in the U.S. lived apart from their fathers. By 2010, that share had risen to 27%. Fathers' living arrangements are strongly correlated with race, ethnicity, and socioeconomic status as measured by educational attainment. Black fathers are more than twice as likely as white fathers to live apart from their children (44% vs. 21%), while Hispanic fathers fall in the middle (35%). Among fathers who never completed high school, 40% live apart from their children. This compares with only 7% of fathers who graduated from college. Overall, today's fathers get mixed grades for the job they are doing as parents. Only 24% of all adults say fathers are doing a better job than their own fathers did. However, nearly half (47%) of fathers say they are doing a better job than their own father did and 47% say they are about the same as their own dads.

Taylor, P., Parker, K., Livingston, G., Wang, W., Dockterman, D. A Tale of Two Fathers: More Are Active, but More Are Absent (2011). *Pew Social Trends*, 1-31.

Available at <http://pewsocialtrends.org/files/2011/06/fathers-FINAL-report.pdf>

Presentations by OPA-Funded Principal Investigators

Teens' Decisions about the Transition to Sex: Negotiating Competing Normative Systems was presented by Christie Sennott and Stefanie Mollborn from the Institute of Behavioral Science at the University of Colorado at Boulder at the Population Association of America 2011 Annual Meeting, April 2011, Washington, DC.

Teenage sex has been constructed as a social problem in the U.S. because of the potential risks, like teenage pregnancy, but also because many adults are simply uncomfortable with teens having sex. Drawing on qualitative data from 47 interviews conducted with college-bound teen boys and girls, researchers investigated the processes through which perceived parental and peer norms about sex and the communication of those norms influence decisions about whether and when to have sex. Findings demonstrate that differences in understandings of age norms alongside differences in close friends' sexual norms and behaviors, and varying levels of communication with close friends and parents about sex contribute to differences in sexual behavior for virgins and sexually experienced teens. Additionally, parents' objections to sex – either moral or practical – and the ways they communicate with their teen about sex influence whether teens decided to “go all the way” during high school.

Explaining the Health and Development of Young Children with Young Parents poster was presented by Stefanie Mollborn and Jeff Dennis from the Institute of Behavioral Science at the University of Colorado at Boulder at the Social Determinants of Child Health Symposium, hosted by the University of Michigan/Robert Wood Johnson Foundation, May 2011, Ann Arbor, MI.

The transmission of social disadvantage from teenage mothers to their children is well established, but less is known about the emergence of disparities in the early life course. Using recent nationally representative data from the Early Childhood Longitudinal Study-Birth Cohort, this study investigated the relationship between teenage parenthood and children's cognition, behavior, and health from infancy through shortly before the transition to school. Developmental disparities between teenage parents' children and others were largely nonexistent at 9 months but increased steadily with age. Having a teenage parent was associated with compromised development across several domains. Paternal coresidence and maternal age explained the effects of teenage fatherhood. Preexisting social disadvantage, household resources, and to a lesser extent, parenting quality accounted for much of the relationship between early motherhood and children's development. These findings suggest that resources provided in early childhood may improve the developmental outcomes of children with young mothers.

Data on Teen Mothers in Foster Care was presented by Jennifer Manlove, Karin Malm, and Kate Welti from Child Trends at Young Mothers in Foster Care: Lessons from the Field, hosted by The National Crittenton Foundation, May 2011, Washington, DC.

An overview of existing research on teen births in the U.S., teen pregnancy risk factors for teens in foster care, and teen parents in foster care was presented. A review of the research indicates that teens in foster care are more likely to become pregnant or impregnate a partner and to become teen parents than those not in foster care. Teens in foster care exhibit risk factors commonly associated with teen pregnancy and childbearing including disadvantaged family background, family turbulence, low educational performance and engagement, adolescent problem behaviors, and sexual risk-taking. Overall, little is known about the living arrangements, educational progress, and health and well-being of teen parents from foster care and their children. Better data on a national level would lead to a better understanding of these issues and would help to inform policies and programs to improve the lives of teen parents from the foster care system as well as their children.

Understanding & Improving Family Planning Through Language Assistance was presented by Dina Refki, Stergios Roussos and Grace Mose from the Center for Women in Government & Civil Society, Rockefeller College of Public Affairs & Policy, University at Albany at the Annual Research Meeting of Academy Health, June 2011, Seattle, WA.

The contributions of poor language assistance services to unsafe, ineffective and unequal quality of care for limited English proficient (LEP) patients are well documented. Title X family planning programs throughout the U.S. are struggling to address the needs of the rapidly increasing rate of limited LEP patients. Researchers presented results of a study which examined the challenges facing family planning clinics in New York State in identifying and attending to the needs of LEP patients. Through surveys with 60 family planning clinics, the authors analyzed the barriers and offered recommendations on improving language access to healthcare services in the context of family planning. They found wide variations among family planning health clinics. These clinics occupy different positions on the continuum of language access. Knowledge about the need for language assistance does not automatically translate into the creation of systems of care that provide such assistance. Clinics face internal and external challenges which include funding, human resource shortage, inability to keep up with change in language needs, and lack of tools and best practices that can help centers transcend barriers. Clinics need to broaden and deepen their approach on how they evaluate the effectiveness of their services. Health indicators of the community and community demographic profiles need to inform the extent, nature, and design of community outreach. Clinics need to raise the standards they adopt for language access. Issues of language access were often downplayed and treated lightly. Clinics need to mainstream language assistance policies, practices, and protocols into their organizational systems to ensure quality of healthcare services and sustainability of language assistance provided to their LEP patients.

News from Federal Agencies

New OPA website

The Office of Population Affairs recently unveiled its new website. New features include: ready-to-print Reproductive Health fact sheets; online publication ordering; new section for grantees, "Grantee's Corner"; on-demand downloading of the family planning directory; enhanced "find a family planning clinic" widget; new OPA logo; rotating top news banner; and page-to-page corresponding Spanish site. The new website is located at www.hhs.gov/opa

Affordable Care Act Ensures Women Receive Preventive Services at No Additional Cost

Historic new guidelines that will ensure women receive preventive health services at no additional cost were announced on August 1, 2011, by the U.S. Department of Health and Human Services (HHS). Developed by the independent Institute of Medicine (IOM), the new guidelines require new health insurance plans to cover certain women's preventive services without charging a co-payment, co-insurance or a deductible. These services include: human papillomavirus (HPV) DNA testing for women 30 years and older; sexually-transmitted infection counseling; human immunodeficiency virus (HIV) screening and counseling; and FDA-approved contraceptive methods and contraceptive counseling. The IOM's report relied on independent physicians, nurses, scientists, and other experts to make these determinations based on scientific evidence. New health plans will need to include these services without cost sharing for insurance policies with plan years beginning on or after August 1, 2012. The brief and full report can be accessed at <http://www.iom.edu/Reports/2011/Clinical-Preventive-Services-for-Women-Closing-the-Gaps.aspx>

Promising Approaches Symposium Held

The Office of Adolescent Pregnancy Programs within the Office of Population Affairs, in collaboration with other federal and national partners, hosted "Promoting What Works: A Symposium of Approaches for Supporting Pregnant and Parenting Adolescents" on May 18, 2011 in Washington, D.C. The purpose of this symposium was to convene a dialogue with leading experts on what works in caring for pregnant adolescents and helping them build strong young families. The goal of the symposium was to increase awareness of effective and promising or emerging interventions that support young families in healthy decision making. As a result, these interventions will be more broadly utilized in an effort to improve outcomes for pregnant and parenting adolescents and their families. Webcast and presentation materials are available at <http://oapp.jsi.com/>

Title X Family Planning National Grantee Meeting Held

The Office of Family Planning within the Office of Population Affairs hosted its biennial grantee meeting August 2-4, 2011 in Miami Beach, FL. The goal of the meeting was for all Title X grantees to share current information on a variety of topics relevant to the provision of high quality Title X family planning services, including health care reform, teen pregnancy prevention, and the National HIV/AIDS Strategy. Several OPA-funded researchers presented at plenary, breakout and poster sessions.

