Promoting Sexual Health through Effective Communication Materials

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Abstract

One of the primary goals of health departments is educating the public on a wide range of health topics. Despite the fact that rates of teen pregnancy in North Carolina are declining, education about contraceptives and STI prevention remains an important priority at the Buncombe County Department of Health and Human Services (DHHS). Not only is it essential for health education materials to have current and accurate information, but overall design and aesthetic quality are also crucial. The goal of this community project was to revise health communication materials disseminated to clients at the Buncombe County DHHS. The process included revising and pretesting a pamphlet focusing on teen sexual health and the DHHS’ same-day birth control campaign, a pap testing brochure, and a family planning welcome letter, as well as conducting an article search to determine the best communication materials for emergency contraception. The project also included pretesting of materials with DHHS clients while they waited for their appointments. This project helps ensure that some of the most heavily distributed materials at the DHHS will effectively promote their services, and clearly communicate the main messages of the materials. Ideally these improvements will help clients better understand certain DHHS examination and related services, and will help promote a healthier community.

Key Words: Buncombe County, sexual health, education materials, community.
Origins of the Project

The Buncombe County Department of Health is responsible for attending to and educating the community on a myriad of health topics, and among the most frequently addressed is sexual health. This project arose from the need of the DHHS to have sexual health communication materials created and pretested for their “Same Day Birth Control” (SDBC) campaign, old materials relating to emergency contraception revised and pretested, and research conducted to determine the best format of materials for particular situations, e.g. pamphlet, z-card, flyer, etc. Another primary objective relating to this project is attracting more teenagers to the DHHS, as the teen population represents the age group that least frequently seeks DHHS services. But statistics indicate teens and young adults need to most assistance with sexual health information and services (Straw and Porter 2012). The SDBC campaign was specifically created for youth aged between 14-19, and other materials were created and revised in a way that would look aesthetically appealing to teens and young adults, as well as broader age populations.

After working with Deborah Gentry and Sara Green at the DHHS for a class project in the Fall 2012 semester, in order to create communication materials including a pamphlet and index-size card promoting the “Same Day Birth Control” services, I understood that they still needed help pretesting and developing the materials. They were enthusiastic about my taking the project through the next steps of developing, pretesting, and revising materials, after the class ended, as my public service project. My community advisors indicated that they would like for me to continue pre-testing the SDBC materials, and also turn my attention to additional health communication materials for revision.

Studies show a recent decline in rates of adolescent pregnancy. However, teenage childbearing in the United States still occurs at higher rates than other industrialized countries (Ruedinger and Cox 2012). Teen pregnancy prevention is an important area of health, and is one of the areas the DHHS most intensely focuses on. Copious research indicates that teen pregnancies cause a myriad of problems for both the mother and child, which can include serious emotional, medical and societal consequences for the mother, and preterm delivery, neonatal mortality, and low birth weight (Black AY et al. 2012). Sexual education materials are a good way of informing a community on ways to prevent pregnancy, how to maintain sexual health, and helps clarify sexual health-related medical procedures (Wilson 2000).

However, people are unlikely to read a material that lacks a certain level of attractiveness (Bull et al. 2001). Therefore making sure that sexual health materials are clear, concise, contain current information, and are aesthetically pleasing to the target audience are important for initially attracting the attention of a potential reader, and for ensuring reader comprehension. The DHHS needed new
materials marketing recent health campaigns, and help editing some of the older communication materials to ensure the aforementioned design elements were present in the materials.

Methods and Work Undertaken

Same Day Birth Control Materials

The first step in the project was meeting with Deborah Gentry and Sara Green to discuss in detail the various facets of the project. I met with Deborah Gentry at the DHHS in early February to finalize a plan and timeline for the tasks at hand. We decided that I would revisit the comments from the earlier pretesting with the YEAH (Youth Educators and Advocates for Health) and draft materials from the SDBC campaign in preparation for continuing to develop those materials. They also asked me to revise a pelvic exam welcome letter, an emergency contraception handout, a pap smear pamphlet and investigate what the best communication material is for emergency contraception. During this meeting I explained that I would need to submit a report documenting what I accomplished by April 8, 2013 and present my work on this project at the UNC Asheville undergraduate research symposium on April 24, 2013. Additionally I mentioned that if there was some aspect of this project that I was unable to complete before these dates that I would continue working on it until it was finished.

Please refer to the appendix at the end of the paper for clarification on various materials. N.B. the index card size SDBC material is not included in appendix, but follows the same design elements and revisions as the other SDBC handouts. I got started working on the SDBC materials right away. When the pamphlet and index size card had been pre-tested previously with the YEAH group, the key messages in the materials were highlighting the “same-day birth control”, which can be given out for free without a health exam, low-cost or no-cost services, and 100% confidentiality. These were the main points of the materials, as previously conducted research done by a health department intern and research professionals indicated teens care the most about low cost, confidentiality, and how easy it is to obtain sexual health services. Research also indicates that teens with access to confidential services were three times as likely to initiate reproductive health care than peers without access to such services (McKee et al. 2006). Another study’s findings indicate that teens are more likely to seek out sexual health services from an organization promoting “teen friendly” services (Brindis et al. 2005). Low cost options tend to appeal to most people, but this is especially true of teens, as they typically have limited income (Ralph et al. 2010).

As an inherent result of the target age, looking at birth control and sexual health services materials may embarrass some teens (likely due to the possibility of their parents overseeing the information). Therefore, finding the easiest, most discreet ways of disseminating these materials, and making sure the materials themselves were inconspicuous were of the utmost importance. Without being sensitive to
these adolescent, sexual health marketing techniques, the likelihood of a teen picking up a pamphlet and learning about the great services offered by DHHS decreases significantly.

When originally pretested with the YEAH group (which consisted of 9 teens ranging in age from about 14-17) the youth indicated that the pamphlet and index-size card looked professional, but that a z-card would be best so that someone could put it into their pocket or wallet without anyone else knowing it was there. A z-card is a pamphlet-size material that folds into the size of a business card, and can be distributed in a discreet fashion, yet it still contains the detailed information that a regular pamphlet would contain. While the focus group did indicate that the small size was appealing because it was more discreet, they also acknowledged that the regular tri-fold pamphlet and index card were still good materials for a waiting room, school nurses office, or other similar place.

The youth thought that the materials looked like they were primarily for girls, that the pictures looked like a “club scene” due to bright colors in the background and that there were too many silhouettes. The YEAH group got a bit sidetracked and talked about placing an emphasis on advocating for abstinence and that engaging in sex was “your choice,” and suggested the words on the front of the pamphlet which read “Live your teen life...the way you want!” be changed to something else. While this was not necessarily the intent of the materials, these remarks were taken into consideration.

I then revised pamphlets and index card based on the comments from the original focus group meeting in mind. The changes that were made, which addressed the concerns of the focus group, included changing the picture on the front. Since silhouettes were chosen in order to emphasize confidentiality, silhouettes were still used, but instead of many people it was changed to a silhouette of a girl and a silhouette of a boy. The wording under this image was changed from “Live your teen life...the way you want!” to “Sex is your choice...Live your teen life the way you want!” in an attempt to address the focus group’s concerns about abstinence. Since the focus group liked the color scheme (green and purple) and the general size and placement of other images and text, these elements were not changed. A z-card was created that contained the same information and images as the regular, tri-fold pamphlet, but that folded into a business card size in order to address the demand for such a material from the focus group.

I then pretested these materials in a variety of ways. I conducted pretesting by conducting a focus group meeting with the YEAH group, by interviewing people in the DHHS waiting area, and by interviewing UNC Asheville students. The following questions were asked about all materials:
1. Generally, what do you think of the color scheme, graphics, and text?
2. What service do you think this project is for?
3. Who is the target audience?
4. What is the main message of the material trying to convey?
People agreed that they liked the green and purple, they thought the font, font size, pictures, and picture size all looked really good and were appropriate. Other comments included that the colors were eye catching, since most pamphlets are not so brightly colored. One critique in this area was that one of the images only depicted white teens, and maybe ought to include teens of varying ethnicities. This change has been made for the final products.

When asked about the comprehension of the material, and whether it was clear that the target audience was teens and that the benefits of the services were being clearly conveyed people unanimously responded that both aspects were clear. When the focus group was asked if they would use these services they responded that they would. One person in the YEAH focus group remarked that although they thought both the regular pamphlet and the z-card were effective materials, that the pamphlet was more like something that a parent would pick up in a waiting room, whereas the z-card is something that a teen would pick up.

When asked about the z-card, and whether it contained too much information, those helping with the pretesting said that it had just the right amount of information. Another comment was that they liked the way it unfolded because it starts out by just saying “same day birth control,” and opens with a simple question, and as you continued to open it, the z-card elaborates and explains the services and how it works. Beyond a few previously mentioned, small critiques, everyone involved in this second round of pretesting thought that the materials were ready for actual use.

When asked where the materials would be most accessible, the focus group and others involved in pretesting responded that good places for these materials would be in the DHHS waiting area, handed out to teens after being seen at DHHS, and distributed to various Buncombe County school nurses’ offices. Another idea was for DHHS volunteers to hand out these materials on the streets of Asheville. Other thoughts were that these materials could be disseminated to all students indiscriminately during an assembly, or other similar event so there was not a stigma placed upon those who chose to pick up one of the materials of their own volition.

**Emergency Contraception Handout**

One of the other materials I worked on for this project was an emergency contraception handout. Although the information conveyed in the handout was all
relevant and important, there were too many words, the words could have been organized in a more effective way, and the handout was unappealing in black and white. While back and white printing certainly does save money, color printing to most people is far more eye-catching. People are also less likely to choose a handout, or respond to it in a positive way if it is in black and white printing rather than color (Taylor et al. 2006). Unsure whether the DHHS would necessarily want a color version of this handout (trying to be sensitive to potential issues with the cost of color), I went about revising the original handout.

I began revising the materials by deleting redundant or unnecessary sentences, as the handout looked cluttered with all the text. Transforming paragraph format into bulleted sentences since it is easier to read bullets, and also makes the reader think that they are reading something more quickly even if the bulleted sentence is the same length as the original. I changed the font of the section headings from a gothic font, which was somewhat difficult to read, to Arial. Towards the end of the document there was a box that read, “Mistakes happen. Then there’s EC.” I thought this sounded a bit awkward, so I changed it to “Mistakes happen. EC can help!” Above this, the original document read “At the Buncombe County Health Center, you can get a prescription for EC without an appointment! Just walk in.” Which I changed to say, “You can get EC at the Buncombe County Health Center without an appointment! Just walk in!” With these simple changes, the handout became much more inviting because it was easier to read, and did not look so cluttered with superfluous information (Horner et al. 2000).

Although the handout was better than the original, I could not help thinking that it would look much better and even more appealing if it were in color as well. Feeling unsure of what to do, I interviewed 10 UNC Asheville students about the handout in its revised, black and white form. These students were essentially a convenience sample since the students fit the “young adult” age group who most frequently use emergency contraception services at the DHHS, and majority of my time is spent on the UNC Asheville campus due to a heavy course load, which prevented me from doing more frequent pretesting at the DHHS. I asked what their immediate impressions of it were, and eight out of ten people responded that the first thing they thought was that the large, blocky black header boxes looked intimidating, made emergency contraception look scary and daunting due to the colors, and that it would be better if it were in color. People also responded that the overwhelming black boxes with white text were boring and masculine, and that since it was emergency contraception handout and therefore only targeted toward females, a pink or purple color might look nice.

With these comments in mind, I went about revising the already revised handout to include color. Where there were black boxes containing headings and helpful tips about emergency contraception, I changed the boxes to pale lavender. This change alone made the handout look significantly more appealing. I then went about searching for appropriate color pictures in the public domain where the old black and white ones had been. I managed to find ones depicting women in similar poses
as the old pictures, and one of the pictures is exactly the same as the black and white version, but in color. I left the text sizes and fonts the same, and left the text black rather than changing it to another color since I did not want the handout to look overly feminine.

I then asked 10 different UNC Asheville students what they thought of the two different pamphlets, and which one was more appealing to them. Ten out of ten people responded that they preferred the color version of the handout. Other remarks included that they would definitely pick up the color version to read as opposed to the black and white one, and that the pale lavender color was a good color choice. I plan to turn in both the black and white version and the color version of the emergency contraception handout to my community advisors, Deborah Gentry and Sara Green, with a copy of my pretesting findings so that they can decide which version to use. Hopefully, the DHHS will be able to print the color version, but if not they will at least have an improved black and white version for clients.

**Pap Test Pamphlet**

The last material that I was able to work on for this project is the pap smear brochure. Due to formatting issues, I was unable to work from the original document. This is due to the fact that the original tri-fold pamphlet was created in a program that my computer did not have, and therefore could not “read” the document sent by Deborah Gentry. Instead, I had to totally re-create the tri-fold pamphlet in a Microsoft word document using the original in a PDF format. It was this recreated document that I used to create the new, improved pap smear pamphlet.

Looking at the original pamphlet, the information seemed to be pertinent, but was formatted poorly. The combination of heavy text with poor formatting choices made it somewhat difficult to read. I also thought that the back, centered section could use reformatting, more information, and would look better if it was in a larger font. I liked the picture of three women on the front, but felt there could be more information or a slogan or something, as the front of the pamphlet looked rather sparse. I also felt that some of the information presented in the pamphlet was redundant, but that other information ought to be elaborated on more.

With these initial thoughts I went about creating the new tri-fold pamphlet based off the old one. I thought that the headings of each section should be in a larger font than the rest of the text, so I made the headings 16-point font, and the rest of the information 14-point font. Since it was a PDF and I was unable to tell exactly what font was used for the original, I decided to design the revision using times new roman, as it is neat and easy to read.

On the back, center section of the pamphlet the only information present was the Buncombe County Department of Health Clinical Services address, phone, fax and
website, as well as the DHHS logo. While all of this information is pertinent, I thought that there ought to be something else in this section since it looked bare. So I spaced out the existing information so that it covered the space better, added a couple horizontal lines to make sections and add to the aesthetic quality of the pamphlet, and under Buncombe County Department of Health: Clinical Services added bullets three bullets that said Pap tests, STI testing, family planning...and more!

I found an image similar to the one on the original pamphlet depicting three smiling women of different ethnicities. I added a box around the picture in a dark pink color that matched the headings and titles throughout the pamphlet. On the original pamphlet above the picture it said “Pap Tests,” which I changed to “Pap Tests Save Lives.” I made this change as it is more attention grabbing that just “Pap Tests,” and also is an accurate claim. Under the picture the original pamphlet read “A Healthy Choice,” which I left alone, but I changed the color to the dark pink color of the other headings in the pamphlet. The DHHS logo and phone number were awkwardly placed underneath this on the original pamphlet, so I altered this placement and added the address of the DHHS as well.

On one of the folds of the pamphlet, it explains how a pap test is conducted. I edited some of the confusing language so that it was more succinct. The original pamphlet also had a picture of a speculum, which I changed to a picture of a speculum (and all parts labeled) actually being used during a pap test so that the reader could easily see and understand what actually happens during the exam. In the section titled “Why is a Pap Test Important?” it explains that a pap test can detect cancer in early stages and that almost all cervical cancers are caused by HPV. I added a cartoon rendering of normal cervical cells, precancerous cells, and cancerous cells here, both in order to break up some of the text and also to show the reader what those cellular changes look like.

In the section on how to decrease changes of getting cervical cancer I inserted a picture of a doctor talking to a female client in order to break up some of the text. Under the section titled “What Will My Pap Test Tell Me?” there were asterisks separating where it gave a definition of what positive vs. negative test results meant, a design choice I found to be somewhat counter intuitive. I changed it so that the explanation of what one should do if the tests come back positive or abnormal was in the same panel as the rest of the information, so that the reader does not have to hunt for the information.

I also made other small changes throughout this pamphlet. Some of these included things like fixing capitalization inconsistencies for headings, grammatical errors, and also correcting some of the information presented. For example, the original pamphlet says that “you should have your first pap test at 21 years of age,” but I changed it to say “you should have your first pap test at 21 years of age or when you become sexually active,” as the latter is a more accurate preventive medical guideline than the former (Schwaiger et al. 2012).
At the time of writing this paper, I have not yet pretested this revised material. However, the DHHS has an electronic version of the material as well as a printed version with the revisions I made. Although it is an improvement over the old version, and could be used right away, pretesting the pamphlet would help ensure that the material is the best that it can be. It would be easy for another student volunteer or employee to pretest and change it to be appropriate. The DHHS also will continue to investigate the best communication for emergency contraception.

**Ties to Academia**

Since I am a Health and Wellness Promotion major, this entire project complemented my academic learning with valuable, hands-on experience. One of the required Health and Wellness Promotion classes within the major is health communications. While this class gave me technical information, practice and exposure to effectively communicate health related information, this experience making communication materials for the DHHS built on the foundation I had gained in the classroom. This project allowed me to practice effectively communicating about sexual health via pamphlet and handout design and to take a project more fully through the pretesting and revision process, which we only touched on in our class.

I applied many of the guidelines and theories learned in health communications to revising the materials for this project. Some of the principles of good communication materials include plain language that avoids medical jargon, organized writing, effective layout and design, spacing images and text throughout the material to avoid a cluttered or overwhelming look, and reviewing and pretesting the material. I also utilized instructions for rewriting materials from class, which include restructuring the design elements, sequence of information, examining text, and tone of the material. These communication material fundamentals are what drove my editing decisions throughout the project.

Another significant tie to academia is that I will be continuing my academic endeavors next fall in medical school with the hopes of someday being able to open my own integrative care clinic. Having had this experience both in the classroom and while working on this project with the DHHS, I feel confident that I will be able to create my own pamphlets and other communication materials for this my future clinic, and/or help other clinics develop and improve upon their materials. This DHHS assignment gave me enough real-world practice making health communication materials that I am certain the materials I improved for them will behoove many of their clients in the foreseeable future, and the practice I gained will likely help me make effective materials for my clinic one day as well. Moreover, I gleaned how to successfully target a teen audience by learning about their concerns relating to health care, and addressing those concerns: reassuring confidentiality, advertising discreet care and services, and promoting services as hassle-free are all crucial when communicating with teens.
Throughout my time as a Health and Wellness Promotion major there has been an emphasis on the importance of fostering strong community partnerships. This project is an excellent example of how two different organizations can come together to work on a common goal for the good of the community. In this case the common goal was one of sexual health and creating effective communication materials. Hopefully my work on this project will encourage other UNC Asheville student to work with the DHHS so that both this community partnership and community health continue to grow.

**Challenges Faced and Responses to those Challenges**

The predominant challenge associated with this project was the short time frame in which to accomplish several tasks. It takes a surprising amount of time to create and revise communication materials. I encountered numerous formatting issues trying to transition things from the old pamphlets to the new ones, had to create materials from scratch, and so forth. In order to counter these challenges I simply worked as quickly and efficiently as possible, but took short breaks while working on the materials to avoid frustration. Even though the content is medical, choosing what sentences to omit, what information to change, font size, pictures to include, and overall layout of the materials requires good editing and creative skills to come together.

Finding times to meet with my community advisors was also difficult. Email has been the foremost method of communication, as demanding and incompatible schedules have prevented more frequent meetings. Thus far there was only been an initial meeting, a goal setting meeting, and brief conversation before pretesting materials with the YEAH group. Although electronic copies of the revised materials have been sent to both Deborah Gentry and Sara Green, another meeting to discuss the materials in person will occur in the near future. Although it is helpful to meet in person, electronic communication has been sufficient throughout the duration of the project.

Pretesting was another challenge. It was imperative to have the materials for pretesting ready, otherwise the pretesting sessions would be a waste of time. Getting over to the health department to ask the opinions of clients in the waiting area their opinions of the SDBC materials was a challenge because the time of day I was free to go to the DHHS was when teens were in school, and I would usually only get to ask two or three teens their opinions of the materials before having to leave for my afternoon classes. This challenge was surmounted by going to the DHHS several times, and by utilizing the YEAH focus group to help pretest the materials.

Other challenges were the inability to put together a formal report on the best communication material for emergency contraception. My predominant focus was on the materials that needed revisions because of the necessity to pre test them, and it was difficult to allocate enough time to truly delve into research (of which
there is little) documenting what materials are best for effective communication about emergency contraception. While I did start on this report, the other aspects of the project were so time consuming that I was unable to finish it. However, I plan on continuing to work on this literature search aspect of the project and will turn in a full report to the DHHS in late spring. Even though I will not then be able to go about making those materials I will provide the background for someone else to make appropriate materials based on my findings.

Results

Results of this project include having successfully improved and created several sexual health communication materials for the DHHS. These offer good, detailed, concise information on important sexual health services provided by the DHHS. Hopefully they will help the general Buncombe County population understand the sexual health issues addressed in the materials, and especially alert teens to the SDBC and other health options. Once the SDBC materials are adequately disseminated throughout the community it will be interesting to see if there is an increase in teen clients at the DHHS as a result of those materials.

Working on this project with Deborah Gentry and Sara Green has also helped to strengthen a community partnership between UNC Asheville and the DHHS. I feel that I have represented the Department of Health and Wellness and UNC Asheville as a whole well throughout my involvement in this assignment. I have accomplished a lot in a short time by revising and pretesting several sexual health communication materials, which could all be used immediately in the DHHS for client information.

I have also noticed an improvement in my communication material writing and design skills. Having revised numerous materials, I can now very easily pick out things to change a pamphlet design that would make it easier for the reader to understand. I also have gained an improvement in my understanding of the process of creating a material, pretesting it, revising it, and going through the cycle repeatedly until it is as close to perfect as it can be. These are valuable skills to have, and mine would not be as polished if it were not for my involvement with this project.

Sustainability

The health communication materials I helped to create and revise not only are of great help to the DHHS’s employees, who are extremely busy, but are of great help to those seeking additional information on several topics relating to sexual health. The efficacy of these various materials will help people better understand what the DHHS has to offer them, and how procedures and medicines work.

Moreover, this project is very sustainable because these materials will not need to be updated for several years given that they were just updated, and reflect the current procedures and policies at the DHHS in relation to the services described
in the revised materials. Additionally, whenever there is a policy change or the pamphlets and other handouts need to be updated for some reason, it will be very easy for a DHHS employee or volunteer to revise the materials. The DHHS has been sent electronic versions of these materials in a Microsoft word format, so that they can be easily modified by anyone with basic computer skills.

Furthermore, this project represents a larger relationship between the DHHS and the UNC Asheville Department of Health and Wellness. It is likely that Health and Wellness Promotion majors, and others students working with the DHHS in the future, will be engaged in taking this project forward. Not only could students continue to improve upon materials created specifically for this project, but it can also serve as a model for how to successfully create, pretest, and revise materials for the DHHS or other community organizations promoting health.

**Conclusion**

Ultimately, this project has been very successful in a number of ways, including preparing health communication materials for a widely recognized organization, and in doing so raising awareness and clarifying information about DHHS’s sexual health services. Hopefully these materials will help teens, as well as other age populations, better understand the services offered by DHHS in an aesthetically pleasing, concise way.

Personally, I improved my skills to create, improve, and pretest health communication materials, and helping to strengthen the relationship between UNC Asheville and the DHHS. I was able to apply what I learned from the Department of Health and Wellness to help provide the DHHS with more efficient communication materials, so that we could together help create a healthier community.
Appendix
Same Day Birth Control Pamphlet: Original

Who can receive it?
Everyone, especially teens between the ages of 14-19 years old.

What does it include?
- Condoms
- Pills
- Emergency Contraception
- Dental Dams
- Nuva Ring
- And More

Other Resources
- badaboom.org
- thenationalcampaign.org
- appacnc.org
- 211wnc.org

Other Services
- STI testing and treatment
- Referrals for pregnancy options
- Male and female health exams

You can afford it!
- Payments are based on level of income.
- Most people 17 and under receive it FOR FREE
- And if not, costs are very low!

What is it?
Same day birth control allows individuals to get birth control without an exam on the same day they come into the BCHD!

What are the benefits?
- It’s confidential.
- It fits in your busy schedule.
- It’s convenient.
- It decreases the amount of trips to the BCHD.
- You can become protected as soon as possible.
- You can decrease the risk of STIs and teen pregnancy.
- You can live your life the way you want!

Nobody has to know!
- Our services are 100% confidential.
- No parental consent is required.
- You can get the birth control on the same day and won’t have to come back for another 3 months.

No exam, free or low cost, and only you have to know!
Same Day Birth Control Pamphlet: Final

Who can receive it?
Everyone, especially teens between the ages of 14-19 years old.

What does it include?
- Condoms
- Pills
- Emergency Contraception
- Nuva Ring
- And More

Other Resources
- bedside.org
- thenationalcampaign.org
- apppoe.org
- 211wnc.org

Other Services
- STI testing and treatment
- Referrals for pregnancy options
- Male and female health exams

You can afford it!
$$ $$ $$
- Payments are based on level of income.
- Most people 17 and under receive it FOR FREE
- And if not, costs are very low!

What is it?
If you’ve made the choice to have sex, you can get birth control from the BCHD without an exam on the same day you come in!

Nobody has to know!
- Our services are 100% confidential.
- No parental consent is required.
- You can get the birth control on the same day and come back later for follow-up.

What are the benefits?
- It’s confidential.
- It fits in your busy schedule.
- It’s convenient.
- It decreases the amount of trips to the BCHD.
- You can become protected as soon as possible.
- You can decrease the risk of STIs and teen pregnancy.
- You can live your life the way you want!

Sex is your choice...
LIVE YOUR TEEN LIFE THE WAY YOU WANT!
Same Day Birth Control Z-Card: Final

- Who can receive it?
  - Everyone, especially teens ages 14-19 years old.

- What does it include?
  - Condoms
  - Pills
  - Emergency Contraception

- Other Services
  - STI testing and treatment
  - Referrals for pregnancy options
  - Male and female health exams

- No exam, free or low cost, and only you have to know!

- Opening Sequence

- What are the benefits?
  - It fits in your busy schedule.
  - It’s convenient.
  - It decreases the amount of trips to the BCHD.
  - You can become protected as soon as possible.
  - You can decrease the risk of STIs and teen pregnancy.
  - You can live your life the way you want!

- Nobody has to know!
  - Our services are 100% confidential.
  - No parental consent is required.
  - You can get the birth control on the same day and come back later for follow-up.

- You can afford it!
  - Payments are based on level of income.
  - Most people 17 and under receive it FOR FREE
  - And if not, costs are very low!

40 Coxe Avenue, Asheville, NC 28801
828-250-5000
duncombecounty.org
Hours: M-F 8am-6pm
Emergency Contraception: Original

Emergency Contraception
Your birth control back-up plan

What is emergency contraception?
Emergency contraception (EC) is a form of birth control. It is used after unprotected sex. You can use EC if:
- your regular birth control failed (or the condom broke)
- you forgot to take your birth control pills
- you had sex without using any birth control
- you were forced to have sex

EC is sometimes called the “morning after pill.”

How do I use EC?
Take EC right away after having unprotected sex. You can take the first dose within 120 hours (5 days) after having unprotected sex, but the sooner you take it, the better it works!

How does EC work?
EC can:
- prevent your ovaries from releasing an egg,
- prevent an egg from being fertilized by sperm,
- or prevent a fertilized egg from attaching itself to the wall of the uterus.

EC is not the same as the medicine known as the “abortion pill” and will not cause an abortion.

How effective is EC?
EC can be very effective if it is used in time. If used within 72 hours of unprotected sex, it can reduce the risk of pregnancy by 75% to 89%. Remember — EC will work best when taken as soon as possible after unprotected sex.

Using EC regularly is less effective than using other methods of birth control (like birth control pills, shots or condoms). EC should not be your main type of birth control. EC does not prevent HIV/AIDS or other sexually transmitted infections.

Are there any side effects?
Some women feel sick to their stomachs after they take EC. Your doctor can give you medicine that may help you feel better. If you throw up within one hour of taking the pills, you may need to take another dose. Talk to your doctor.

When do I need to start using my regular birth control again?
- If you use condoms or a diaphragm, you may go back to using them right away after taking EC.
- If you use the pill, shot, patch or vaginal ring, talk to your doctor about when to start using it again.

After you take EC, your period may come earlier or later than usual. Call your doctor if you do not get your period within 21 days after taking EC.

Where can I get EC?
- If you are 18 or older, you can get EC from a pharmacy without a prescription.
- If you are 17 or younger, you need a prescription.

Talk to your doctor about how to get EC, or about having a prescription on hand in case you need it. You can also call 1-888-NOT-2-LATE.

Mistakes happen. Then there’s EC!

At the Buncombe County Health Center, you can get a prescription for EC without an appointment!
Just walk in.

Emergency Contraception Handout: Final

Emergency Contraception
Your birth control back-up plan

What is emergency contraception?
Emergency contraception (EC) is a form of birth control used after unprotected sex. It is sometimes called the “morning after pill.” EC can be used if:
- Your regular birth control failed
- You forgot to take your birth control pills
- You had sex without using any birth control
- You were forced to have sex

How do I use EC?
Take EC right away after having unprotected sex. You can take the first dose within 120 hours (5 days) after having unprotected sex, but the sooner you take it, the better it works!

How does EC work?
EC can:
- prevent your ovaries from releasing an egg,
- prevent an egg from being fertilized by sperm,
- or prevent a fertilized egg from attaching itself to the wall of the uterus.

EC is not the same as the medicine known as the “abortion pill” and will not cause an abortion.

How effective is EC?
EC can be very effective if it is used in time. If used within 72 hours of unprotected sex, it can reduce the risk of pregnancy by 75% to 89%. Remember — EC will work best when taken as soon as possible after unprotected sex.

Using EC regularly is less effective than using other methods of birth control (like birth control pills, shots or condoms). EC should not be your main type of birth control. EC does not prevent HIV/AIDS or other sexually transmitted infections.

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After you take EC, your period may come earlier or later than usual. Call your doctor if you do not get your period within 21 days after taking EC.

Where can I get EC?
- If you are 18 or older, you can get EC from a pharmacy without a prescription.
- If you are 17 or younger, you need a prescription.

You can get EC at the Buncombe County Health Center without an appointment! Just walk in.

Mistakes happen. EC can help!
Pap Test Pamphlet: Original

How can I decrease my chances of getting Cervical Cancer?

- Have a pap test as often as recommended to help with early detection.
- Practice safer sex: Always use a condom.
- Limit your number of sexual partners—the higher your number of partners, the greater risk you have for cervical cancer.
- Abstinence—not having sex—greatly reduces your risk of cervical cancer.
- Postpone sexual intercourse. Having sex before age 18 puts you at higher risk of getting cervical cancer.
- Do not smoke

What is a Pap Test?
A Pap Test, also known as a "Pap Smear," is done during a pelvic exam. Your doctor puts a tool—called a speculum—into the vagina and uses a small brush to get a few cells from the opening of your uterus known as the cervix.

What will my Pap Test tell me?
After a few weeks, the results from your Pap Test will come back and will be labeled as either:

- Negative which means the cells looked normal
- Positive/abnormal which means that there were changes in the cells**

Why is a Pap Test important?
Pap Tests can detect cancer cells in early stages. Almost all cancers of the cervix are caused by HPV—Human Papilloma Virus. HPV is a virus that is passed along through sexual contact and may not show symptoms. This is why it is important to get a Pap Test because it is the only way to catch it early.

When should I get a Pap Test?
- You should have your first Pap Test at 21 years of age.
- You should have a Pap Test every 2 years between the ages of 21 and 29.
- If you are 30 years of age and have had three negative Pap Tests in a row, you may be screened once every 3 years.
- If you are 65 years of age or older or have had a hysterectomy, you should discuss getting a Pap Test with your doctor

**It is important to follow up with your doctor if your results are positive/abnormal. They may recommend one of the following:
- Another Pap Test
- A closer examination of your cervix—a colposcopy
How Can I Decrease My Chances of Getting Cervical Cancer?

• Have a pap test as often as recommended by your doctor to help with early detection.

• Practice safer sex: always use a condom!

• Limit your number of sexual partners—more partners increase cancer risk.

• Abstinence also reduces cervical cancer risk.

• Do not smoke.

• Delay sex: having sex before age 18 puts you at higher risk of getting cervical cancer.

• Research shows a connection between prolonged use of the birth control pill and cervical cancer.

• Get a Gardasil® vaccine to help prevent HPV—a leading contributor of cervical cancer.

What is a Pap Test?

• Your doctor puts a tool, called a “speculum,” into the vagina, which gently opens the vagina so the cervix can be seen.

• A small brush is used to collect cells from your cervix (see diagram below)

What Will My Pap Test Tell Me?

The results from your Pap Test will come back labeled either:

• Negative: this means your cells looked normal.

• Positive/abnormal: this means there were changes in the cells.

Follow up with your doctor if results are positive/abnormal. They may recommend:

• Another Pap Test

• A colposcopy: a closer examination of your cervix using a tiny scope.

Why is a Pap Test Important?

• The Pap Test is the best way to find conditions that may lead to cervical cancer.

• Human Papilloma Virus (HPV) causes almost all cancers of the cervix.

• HPV is a virus that is sexually transmitted, and may not show any symptoms.

• Only regular Pap Tests will be able to catch HPV and cervical cancer early!

• When cancer is caught in the early stages it is more treatable, and chances of survival are higher.

When Should I Get a Pap Test?

• You should have your first Pap Test at 21 years of age, or whenever you become sexually active.

• Between the ages of 21-29 you should have a Pap Test every two years.

• If you are 30 years of age, and have had three negative Pap Tests in a row, you may be screened once every three years.

• Some doctors may require annual Pap Tests if you take birth control because it increases your risk of cervical cancer.

• If you are 65 years of age or older or have had a hysterectomy, you should discuss your need for continued Pap Tests with your doctor.
References


Taylor KSM, Counsell CE, Harris CE, Gordon JC, Fonseca SCC, Sofia CC, Lee AJ. In a randomized study of envelope and ink color, colored ink was found to increase the response rate to a postal questionnaire. Journal of Clinical Epidemiology. 2006; 59(12): 1326-1330.