

Call 1-888-NOT-2-LATE: Promoting Emergency Contraception in the United States

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In 1997, the nonprofit Reproductive Health Technologies Project and the Office of Population Research at Princeton University, together with the communications firm Elgin DDB, planned and executed a mass media campaign to advertise the Emergency Contraception Hotline and more generally to further awareness of emergency contraception as a last chance means of pregnancy prevention in the United States. We produced a variety of public service announcements (PSAs) including television and radio spots in English and Spanish and several print versions adaptable for newspapers and magazines as well as outdoor settings such as billboards, transit shelters, and the sides of buses. Working with local coalitions, we succeeded in placing the PSAs free of charge in six pilot cities. We also generated coverage about the campaign in local and national news outlets. We chronicle the development of the media campaign, discuss the challenges

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and obstacles faced, and conclude with a review of the principal lessons learned.

Nearly half (48%) of all US women age 15 to 44 have had at least one unintended pregnancy.¹ Yet only 1% have ever used emergency contraception (EC), and only 11% have heard of it, know that it can be used up to 72 hours after unprotected sex to prevent pregnancy, and know that it is available in the United States.² To increase awareness of EC, the Office of Population Research at Princeton University and the Reproductive Health Technologies Project launched the Emergency Contraception Hotline (1-888-NOT-2-LATE) on February 14, 1996. The Hotline is an automated, toll-free, confidential service available 24 hours a day in English and Spanish. In addition to basic information, each caller hears a recording of the names and telephone numbers of the five closest EC providers.

The 1995 book *Emergency Contraception: The Nation's Best-Kept Secret* included a directory of 1,477 EC providers in the United States.³ While the book was a valuable resource for consumers, it was not widely distributed, and the directory of providers was soon outdated. An English and Spanish website (<http://opr.princeton.edu/ec/>) established at Princeton University in conjunction with publication of the book has been more effective because access is immediate and free and because information can be updated on a regular basis. Its audience was limited at first because few people had access to the Internet. We reasoned that a toll-free telephone hotline would be far more useful than the website because virtually everyone has access to a telephone, and the telephone is increasingly used as a communication medium for health education.⁴

In preparation for the Hotline launch,

we laid extensive groundwork with the press, explaining what EC is, and what the various methods are. We stressed the central message that EC works by preventing pregnancy.^{5,6} Public reception of the Hotline has been excellent. By mid-July 1998, the Hotline had received more than 105,000 calls and the website more than 275,000 visits. The directory of providers currently exceeds 2,700 entries, with members from every state, the District of Columbia, and Puerto Rico.

With the modest budget we had for press outreach, we were able to garner a fair amount of favorable publicity at and immediately after the launch. During the first few months, calls to the Hotline averaged more than 1,000 per week. We also relied on reproductive and women's health advocacy groups for promotion, and we created wallet cards for distribution to clinics around the country to help people remember the Hotline number.

Media coverage in a particular location increased the number of calls from that area. When the *Los Angeles Times* ran a prominent story, for example, the number of calls from the area jumped from several dozen on one day to several hundred the next. The most dramatic result from such media coverage, however, came from a 30-second story about the Hotline in an MTV newscast that led to a record 4,200 calls in two days.

Media Campaign Development

We recognized that relying on news coverage alone would not be effective in advertising the Hotline over time. We set a goal of raising \$1 million (reached with help from the Irving Harris Foundation, David and Lucile Packard Foundation, John Merck Fund, and Kaiser Family Foundation among others) to launch a substantial media campaign and hired Elgin DDB, a premier commercial advertising firm whose corporate clients include McDonalds, Nordstrom, and Anheuser-Busch, to help plan and implement it. Although Elgin DDB had no

experience with the politics or science of EC, we brought that expertise and concluded it was wise to select a firm with proven expertise in mass marketing.

The next step was to define our target audience and determine locations. We chose women age 18 to 34 because they are the easiest-to-reach standard media age group with the largest number of unintended pregnancies.¹ We then chose five initial target cities—Chicago, Los Angeles, Miami, San Diego, and Seattle—and added Philadelphia in early 1998. Criteria used to select these cities included the strength of their EC provider networks, the competitive nature of the local media, wide geographic dispersion, diverse ethnic populations, and the jurisdictional interests of some of the project’s funders. In order to reach as many people as possible with limited funds, we planned to expand the multi-city campaign into national coverage whenever possible.

Our \$1 million budget was sufficient to *produce* first-rate, commercial-quality spots for television, radio, and print, but not to cover substantial paid advertising. Elgin DDB recommended that we pursue free placements as public service announcements (PSAs) instead. Many colleagues in the family planning community doubted that radio and especially television would accept paid advertising, much less free PSAs. Elgin DDB pretested several ideas, however, and PSA directors reacted favorably.

The Elgin DDB creative team faced

the challenge of designing PSAs that would be understandable to our target audience and also appeal to PSA directors, who wanted either safe sex messages or messages that were not explicitly sexual. Healthy tension developed between the creative team—who, unconstrained, could produce very powerful and visually stunning messages—and the marketing team, who had to convince PSA directors to run what the creative team produced.


Elgin DDB developed three print designs (two of which were adapted for use in outdoor venues), three television spots, and two radio spots (all can be seen and/or heard at <http://opr.princeton.edu/ec/press.html>). The messages of each PSA are that you can do something to prevent pregnancy after sex and that you can learn how by calling the Hotline or your own health care provider. A third message—that the time window in which to act is limited to 72 hours after unprotected sex—is included whenever possible.

Three print PSAs were created to offer different options to PSA directors (see below). A dangling telephone receiver bears the caption “When used correctly, can prevent pregnancy up to 72 hours after sex.” An open oral contraceptive package shows two missed pills in the first week with a line of text adjacent to them: “Right about now you might be interested in emergency contraception.” A broken condom bears the same line of text at the location of the break. In addition to being the most striking image,

the condom points out that EC is an important option even for people who use contraceptives consistently and correctly. The telephone PSA was designed as a “G-rated” spot for easiest and widest acceptance, while the more eye-catching broken condom is decidedly “R-rated.”

The radio and television PSAs also emphasize that EC is an important option in the event that contraception fails. We created different versions of the radio PSAs in English and Spanish, and both versions mention condoms. The English spot, an operatic interpretation of a love scene, includes a man saying that “of course” he has a condom. In the Spanish radio PSA, we hear a very worried woman calling her friend for advice about what to do after her partner’s condom broke.

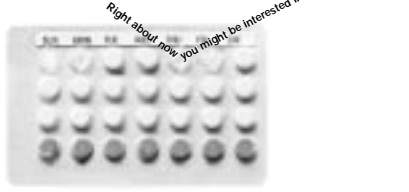
Elgin DDB created 10-, 15-, and 30-second PSAs in order to take advantage of as much available airtime as possible. The 10-second spot gives only a simple message and the Hotline phone number against a black screen. The 15-second spot is a black screen with sound effects suggesting the sudden trauma of a condom break when a man’s voice exclaims “Uh oh!” The 30-second spot uses the analogy of a tsunami (tidal wave) to convey how natural disasters can overcome manmade barriers. It alternates old film footage of citizens rushing about boarding up windows accompanied by the sound of a warning siren, with images of a couple kissing on the beach accompanied by romantic music. When the giant



When used correctly,
can prevent pregnancy
up to 72 hours after sex.

1-888-NOT-2-LATE

If your contraception fails, you can still prevent pregnancy. Used within 72 hours after sex, emergency contraception substantially reduces your risk of pregnancy. It is safe and easy to use. Ask your health care provider or call 1-888-NOT-2-LATE for information and a list of local providers.
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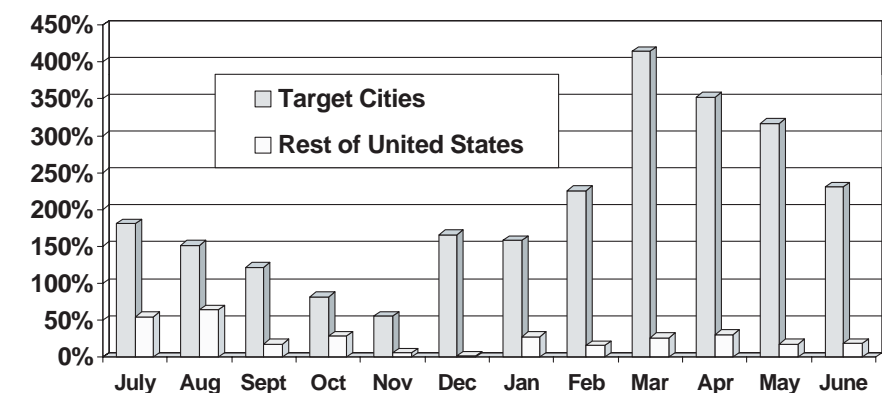
tsunami crashes through a building, a calm voice says “Even the best protection can fail.” The television PSAs depict situations in which couples are using contraception in order to underscore that EC should be used *only* as a backup method and to avoid associating it with “irresponsible” sex.

As Elgin DDB was pitching PSAs to PSA directors in each of the pilot cities, we worked with existing local coalitions of reproductive health advocates and providers or helped to develop new ones. This effort helped build the provider base in the cities and prepare clinicians for the anticipated increase in demand. These coalitions demonstrated community support for EC at local campaign kick-off events and provided credible spokespeople to talk with television, radio, and print journalists about the campaign.

Results

The PSAs have appeared in a variety of public places in the pilot cities, including on the sides of buses, in transit shelters, and on billboards. The television and radio PSAs have run at various times during many kinds of shows on both cable and major television networks, and on both AM and FM radio. Running the PSAs on television was a major breakthrough: to our knowledge, this represents the first time any method of contraception has been promoted on broadcast television. Even the advertising industry recognized the PSAs. *Creativity* awarded the 30-second “Tsunami” television PSA a gold medal and the condom print PSA a silver. “Tsunami” was also recognized as a finalist in the New York Festival’s 1997 International TV & Cinema Advertising Competition. Of all the venues used, however, the TV PSAs were the least successful, running infrequently, usually between midnight and 6 am.

A few PSAs were placed nationally, and a large number of articles about EC appeared in such popular magazines as *Cosmopolitan*, *Glamour*, *Seventeen*, *Elle*, *Essence*, *Playboy*, *Self*, *New Woman*, *Mirabella*, and *Playgirl*. Taken together, this national PSA and editorial coverage had a combined circulation of more than 35 million. The media campaign also received attention from major newspapers



Impact of media campaign on Hotline call volume showing percent increase in hotline calls over baseline.

distant from our target cities, including *The New York Times*, *Washington Post*, and *The Boston Globe*.

We are monitoring the impact of the media campaign by tracking the number of calls to the Hotline and hits on the website. Using an average of the monthly calls in April, May, and June 1997 as our baseline, we determined that the number of calls to the Hotline from the target cities more than doubled after the media campaign started. Moreover, it is clear that our focus on the pilot cities was effective, because although call volume increased across the country as a result of national magazine articles and PSA placements, it increased to a much greater extent in the target cities (see figure). Visits to the website—the address is included on the wallet cards and print PSAs and has been included in many of the stories in national magazines—have also increased dramatically: the site received 37,849 visits in the first quarter of 1998, a 61% increase over the baseline period.

Discussion

Our experience taught us five important lessons. First, although we were concerned that some groups might mount a vocal countereffort intended to confuse EC with medical abortion, no such organized opposition has materialized in our target cities. The response of the ABC affiliate in Los Angeles is representative of feedback from other public service directors: “it’s an important issue for our community. We’ve had absolutely no problem running [the spots] in appropriate programming at our station.” Only

21 of the more than 51,000 calls the Hotline has received since the campaign started in July 1997 objected to the subject material; five of these objected to the condom billboards (48’ by 14’ in size!) in Los Angeles, which were seen an estimated 13 million times.

Given our limited budget and our decision to run the campaign in multiple sites, we think the decision to use PSAs instead of paid advertising was correct. We spent resources on the production of the highest quality print and broadcast spots, which enhanced their chances of being placed. Elgin DDB exerted additional clout with television and radio stations due to the enormous quantity of time the firm buys from these stations for its commercial clients. The total equivalent cost of the time and space donated to this campaign is approximately \$675,000. Even this amount, however, is trivial compared to typical advertising budgets, and we recognize that PSAs alone cannot increase knowledge significantly.

News media coverage is an invaluable addition to PSA placement. Local spokespeople, particularly physicians and nurse practitioners who can articulate information in a knowledgeable and nonjudgmental manner, are critical to receiving such coverage. Journalists are also eager to talk with women who have actually used EC, and local providers are the key to identifying them.

For women trying to gain access to EC, the most important person in an office or clinic is the person who answers the telephone. In verifying information supplied by providers on the Hotline,

however, we discovered that telephone receptionists are often uninformed. A partial solution to this problem is a laminated card we developed to remind receptionists that the clinic does provide EC, that some people may ask for it as "the morning-after pill," and that women need to take the first dose of pills within 72 hours of unprotected intercourse.

Maintaining an accurate provider database is challenging, expensive, and time consuming. Clinic staff often do not fill out our annual request for verification of basic information (name, address, telephone number, restrictions if not open to all new patients), and the high rate of staff turnover makes it especially difficult to maintain an administrative contact at each of the providers in the directory.

We are developing two new components, the first of which is an intensive media effort in Seattle and Philadelphia aimed at women age 18 to 34. Instead of relying exclusively on PSAs, we will use paid advertising. Switching from donated to paid time will allow us greater control over when and how often the spots run and give us the opportunity to reach a much larger audience. Our goal is to see whether or not awareness of EC can be raised significantly in targeted metropolitan areas by spending approximately \$200,000 in Seattle and \$400,000 in Philadelphia. This venture will be evaluated using random telephone surveys performed by the Kaiser Family Foundation before and after the campaign. The initial results are encouraging; in the first two weeks of paid advertising, the daily Hotline call volume averaged 138 in Philadelphia (versus 7 in the preceding month and 4 during that period in 1997) and 57 in Seattle (versus 20 and 4, respectively).

The second component will focus more narrowly on low-income women of color in Los Angeles and Philadelphia, who may be less likely to obtain information through mainstream media outlets. We will conduct this component in collaboration with experts in culturally appropriate public education campaigns. We will use focus groups to explore whether EC is an appropriate method within the cultural and economic contexts of those communities, whether the

To join the Emergency Contraception Hotline, order Hotline wallet cards and posters for your office or clinic, or speak to someone about using our PSAs, please call the Reproductive Health Technologies Project at 202-530-2900, send us an email at rhtp@basshowes.com, or leave us a voice mail message on the Hotline (1-888-NOT-2-LATE).

Emergency Contraception Hotline would be a useful service for them, and what the local barriers to access might be. If we find that these communities would be receptive to further education, we will work closely with local community organizations to develop appropriate messages and means of communication.

Half of all pregnancies in the United States each year are unintended.¹ Because EC prevents pregnancy after unprotected sexual intercourse, it has the potential to reduce significantly the incidence of unintended pregnancy and the consequent need for abortion.⁷ Emergency contraception is especially important for the 3.1 million women who are at risk of pregnancy but not using a regular method.⁸ In addition, although EC does not protect against sexually transmitted infection, it does offer reassurance in case of condom slippage or breakage to the 7.9 million women who rely on condoms for protection against pregnancy.⁸

To reach this potential for reducing unintended pregnancy, women must be informed. We encourage individual providers to mount their own grass-roots campaigns using our materials. Access would be greatly expanded if all internal medicine, family practice, adolescent health, and obstetrics/gynecology clinicians routinely discussed EC with clients in advance—before the need arises—and prophylactically provided prescriptions for emergency contraceptive pills during routine visits for later use should the need arise.

Our objective from the beginning has been to work ourselves out of a job. We look forward to the day when the Emergency Contraception Hotline will be unnecessary because every woman will know that she can contact her own

health care provider when she needs EC—or just visit her local pharmacy. ☐

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