

## Facilitation Guide: Health Disparities in Abortion and Family Planning

### Abortion Disparities, A Public Health Approach

#### Workshop Objectives:

At the end of the workshop, learners will:

- Understand the potential for a judgmental reaction to interfere with the patient-doctor relationship.
- Identify strategies for maintaining a positive relationship with patients who make decisions about health care with which you may disagree.
- Acknowledge implicit bias and develop strategies to minimize its interference with patient-doctor relationship.

#### Activity 1: Applying a public health approach to abortion.

#### **Video Lecture Learning objectives:**

By the end of the video lecture, learners will be able to:

- Identify primary and secondary prevention strategies to reduce disparities in abortion.
- Describe 3 structural causes for disparities in unintended pregnancy and abortion access.
- Describe the limitations of the public health approach to addressing disparities in abortion.

#### **Access the video lecture on [innovating-education.org](http://innovating-education.org)**

[innovating-education.org/2016/02/abortion-disparities-a-public-health-approach-2/](http://innovating-education.org/2016/02/abortion-disparities-a-public-health-approach-2/)

#### Case Study: 1

Directions: At time marker around 8:20 pause video lecture and break learners into groups of 3-4. Read the case aloud to the group and ask them to discuss the questions listed below.

Sarah is a 23 year old presents to the family planning clinic after an abortion. This was her 6th abortion. During the counseling session, when you ask her if

she would like to discuss birth control at this visit she replies, “No” and makes it clear she does not wish to discuss this further.

1. How would you proceed with this counseling session?
2. What are some of the reasons Sarah would not wish to discuss contraception today?
3. Are there aspects of the patient's life (current or past situations, experiences, beliefs, feelings, values, environment) that may explain or help you understand their behaviors?
4. What, if any, feelings do you have about Sarah’s decision?

#### Facilitation Notes: Teaching Points Case 1

- You may have a desire to encourage contraceptive use in this high risk patient.
- However, this can conflict with a focus on providing the care that is consistent with her preferences.
- Maintaining a continuing relationship with patient may be best means of helping her meet her family planning needs.
- Recognize that patients may prefer to risk pregnancy rather than use a method that is not acceptable to them.

#### Case Study 2

Directions: At time marker 16:00 pause video lecture and return to the larger group to read case number 2 aloud. Ask learners to return to their small groups to discuss the questions below.

Tania is 22 years old and presents at the clinic at 23 weeks. She is thoughtful and introspective. Her situation is complicated by the fact that she is losing her housing shortly and expects to be homeless. Tania grew up primarily in foster care. Neither her biological or foster families are willing to house her to continue the pregnancy. She has moral conflict with abortion and also desires to parent at this time.

1. What are some things that you initially can say to Tania to establish rapport?
2. How can you tactfully explore her moral conflict with abortion?
3. Demonstrate how you would work with Tania to facilitate continuing this pregnancy given the publicly available resources in your community.

4. What, if any, feelings do you have about Tania's decision?

#### Facilitation Notes: Teaching Points Case 2

- One pregnancy decision is not "more moral" than another; she is a good person making a moral decision for herself.
- There is no knowledge that you possess about the answer to her dilemma that she does not.
- Create a space where patients feel that it is safe to ask questions.
- Building rapport with patients starts with establishing trust that you are giving them accurate unbiased information and don't have an agenda.
- Establish an environment free of stigma around pregnancy decisions by modeling unbiased language.

#### Activity 2: Health Disparities in Family Planning

##### **Video Lecture Learning objectives**

By the end of the video lecture, learners will be able to:

- Define health disparities in family planning and describe examples of these disparities.
- Describe the etiologies of disparities in family planning.
- Describe ways in which their own biases can further perpetuate health disparities.

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[innovating-education.org/2016/02/health-disparities-in-family-planning-2/](http://innovating-education.org/2016/02/health-disparities-in-family-planning-2/)

##### Case study 3:

Directions: At time marker around 11:34 pause lecture and break learners into groups of 3-4.

Michelle is in your clinic for discussion of vaginitis. After addressing her concerns you also take the time to discuss contraception. She relates to you that she has a partner for the past year and is unsure about whether she wants to be pregnant soon and but for now wants to continue with condom use. She tells you she graduated from high school and is currently working in a clothing store.

You feel the instinct to discuss different forms of contraception, specifically LARC methods. You try to start a conversation about contraception by discussing the efficacy of LARC and are immediately met with resistance.

1. What are you assuming about Michelle's life circumstances?
2. Why might Michelle not want to use LARC?
3. How can a providers values, beliefs, and bias effect patient-centered care?
4. What, if any, feelings do you have about Michelle's decision?

### Facilitation Notes: Teaching Points Case 3

- Patient preferences may stem from community, personal, family history of reproductive abuse or coercion.
- Implicit attitudes affect verbal communication and non-verbal behavior (eye contact, indicators of friendliness).
- When verbal and non-verbal do not match, patients rely on non-verbal cues believing verbal was not sincere.
- Building rapport with patients greatly improves outcomes.
- Studies show that patients who perceive their providers as kind and nonjudgmental are more likely to:
  - be satisfied
  - follow treatment plans
  - return for follow-up
  - take better care of themselves overall