



# Polling Results Are In: **Birth Control Matters**

May 14, 2019

# Key Findings from the KFF Poll: **Public Opinion and Knowledge on Reproductive Health Policy**

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**Essential Access Health Webinar**  
**Polling Results Are In: Birth Control Matters**  
May 14, 2019



Filling the need for trusted information on national health issues.



## Poll Methodology

- This survey was conducted April 23-28, 2019
- Nationally representative random digit dial (RDD) telephone sample of 1,200 adults ages 18+
- Interviews conducted by cell phone (n=895) and landline (n=305)
- Survey conducted in both English and Spanish
- Sample size and margin of sampling error:

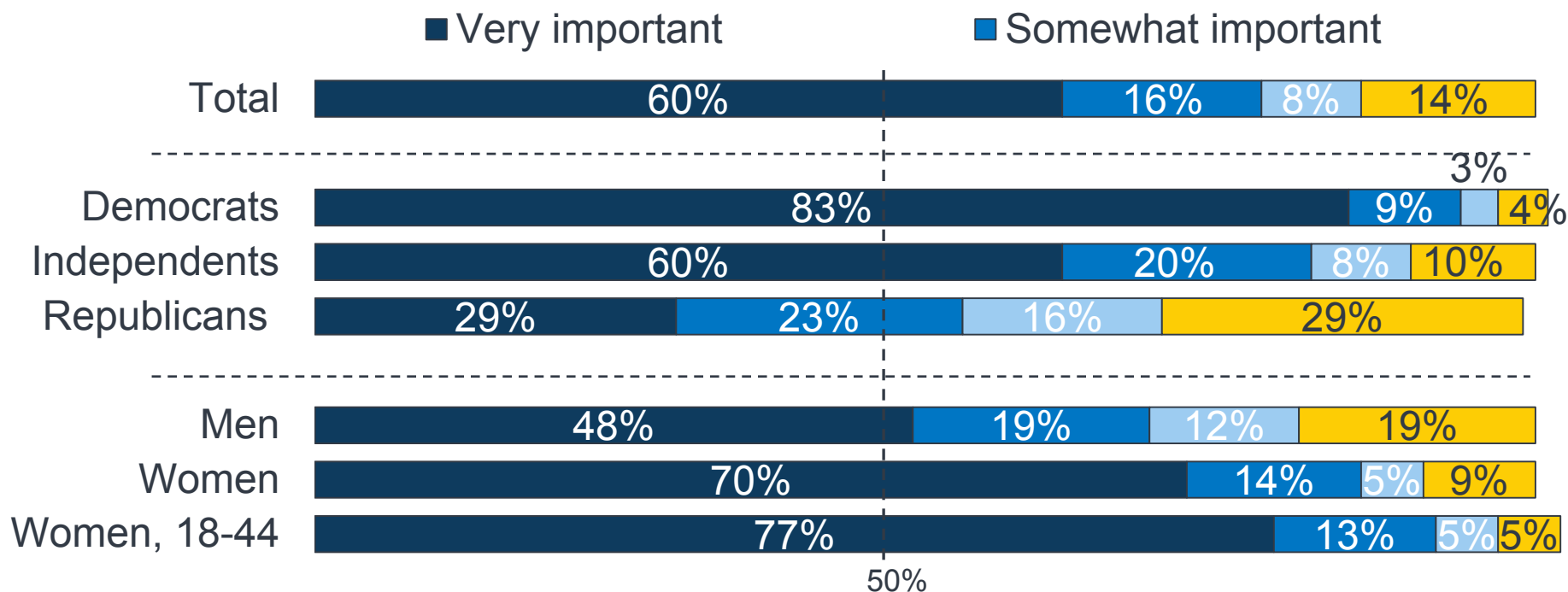
Group	N (unweighted)	M.O.S.E.
Total	1,200	±3 percentage points
Women, 18-44	141	±9 percentage points

- KFF Public Opinion and Survey Research is a proud member of the Transparency Initiative of the American Association for Public Opinion Research

Figure 4

## Majorities Say It Is Important To Provide Funding For Reproductive Health Services For Lower-Income Women

How important is it to you that the federal government provides funding for reproductive health services, such as family planning and birth control for lower-income women?

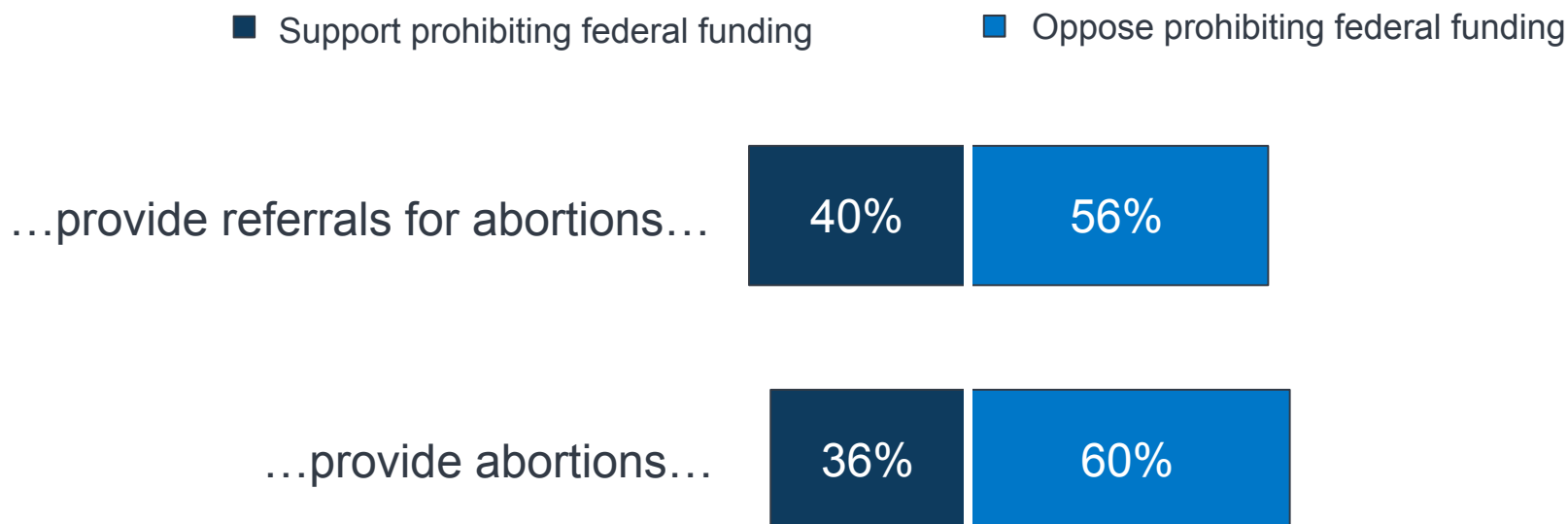


SOURCE: KFF Poll: Public Opinion and Knowledge on Reproductive Health Policy (conducted April 23-28, 2019). See topline for full question wording and response options.

Figure 5

## Majorities Oppose Restricting Federal Funding From Clinics Providing Both Contraceptive And Abortion Services

Do you support or oppose a new rule prohibiting federal funding for reproductive health and preventive care services from going to clinics that ... even though none of the funds could be used for abortions?

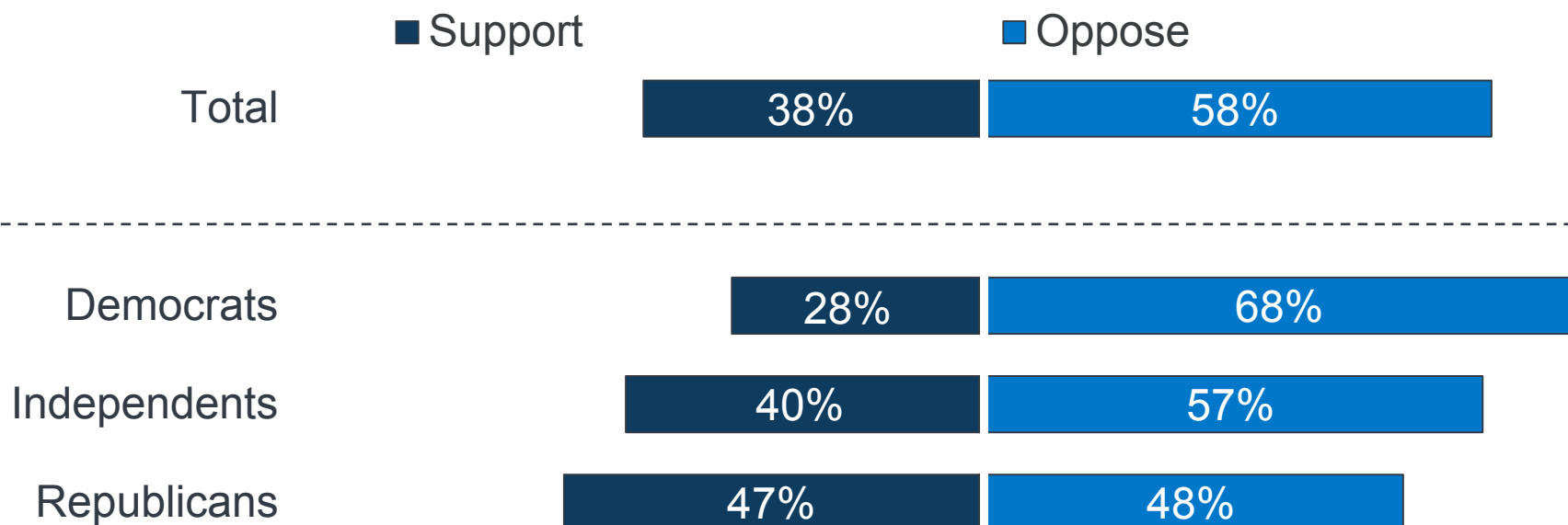


SOURCE: KFF Poll: Public Opinion and Knowledge on Reproductive Health Policy (conducted April 23-28, 2019). See topline for full question wording and response options.

Figure 6

## Democrats And Independents Don't Want Restrictions On Clinics That Provide Both Contraceptive And Abortion Services

Do you support or oppose a new rule prohibiting federal funding for reproductive health and preventive care services from going to clinics that provide abortions or referrals for abortions even though none of the funds could be used for abortions?



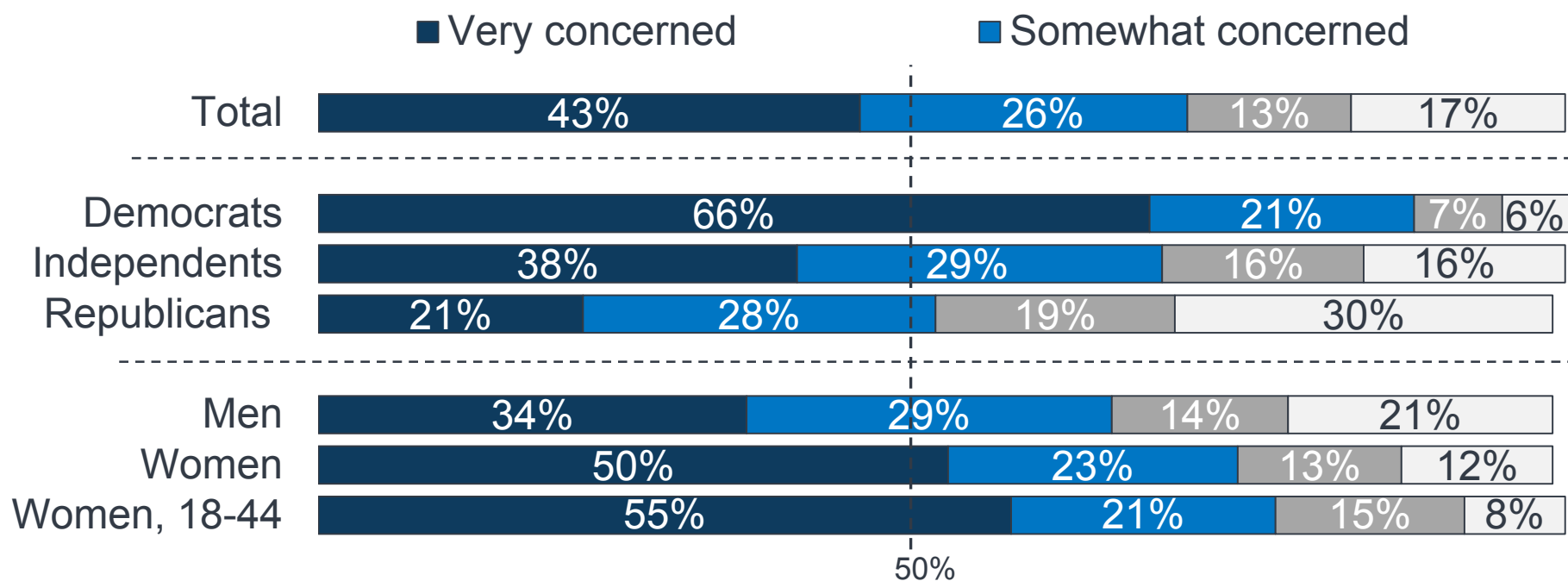
NOTE: Results shown based on combined responses from separate half samples.

SOURCE: KFF Poll: Public Opinion and Knowledge on Reproductive Health Policy (conducted April 23-28, 2019). See topline for full question wording and response options.

Figure 7

## Seven In Ten Are Concerned About Access To Women's Health Services Under New Rules For Title X Program

How concerned are you that access to women's reproductive health and preventive care services may be limited by the new rules that don't allow clinics who provide abortions or refer for abortions to receive federal funding?



SOURCE: KFF Poll: Public Opinion and Knowledge on Reproductive Health Policy (conducted April 23-28, 2019). See topline for full question wording and response options.

Figure 8

## Majorities Oppose Changes Allowing Federal Funding To Go To Organizations That Provide Limited Reproductive Services

Do you support or oppose allowing federal funding to go to organizations that...



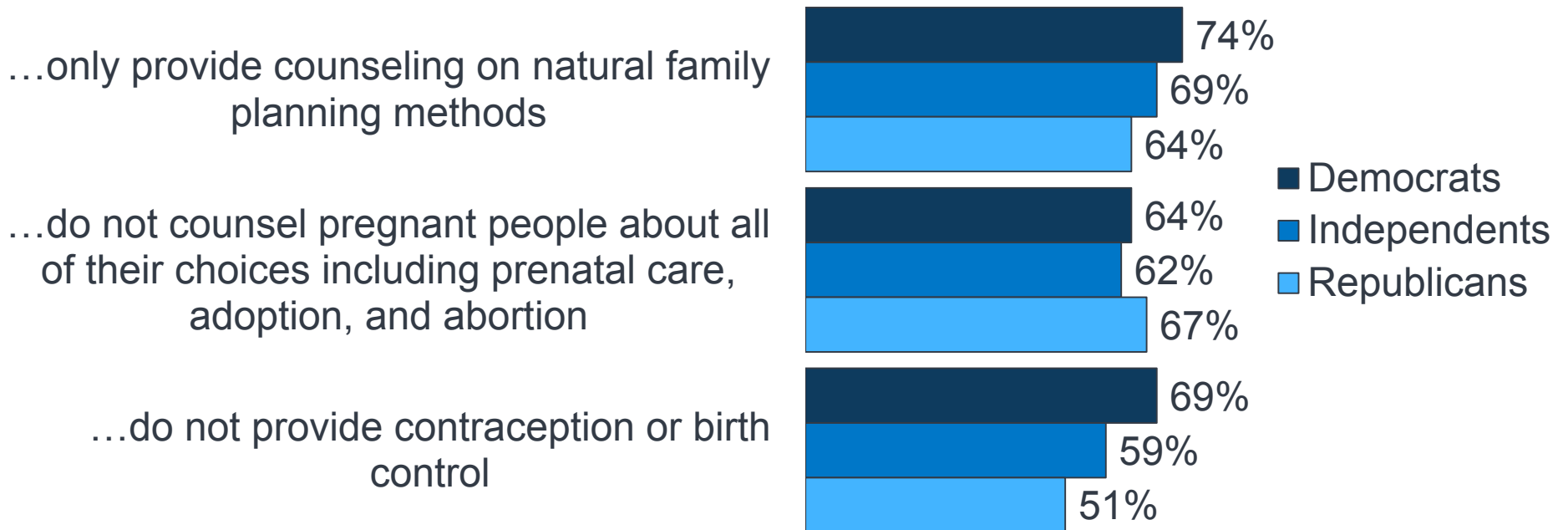
SOURCE: KFF Poll: Public Opinion and Knowledge on Reproductive Health Policy (conducted April 23-28, 2019). See topline for full question wording and response options.



Figure 9

## Across Partisans, Most Oppose Changes Allowing Title X Funding To Go To Groups Providing Limited Reproductive Services

Percent who say they **oppose** allowing federal funding to go to organizations that...

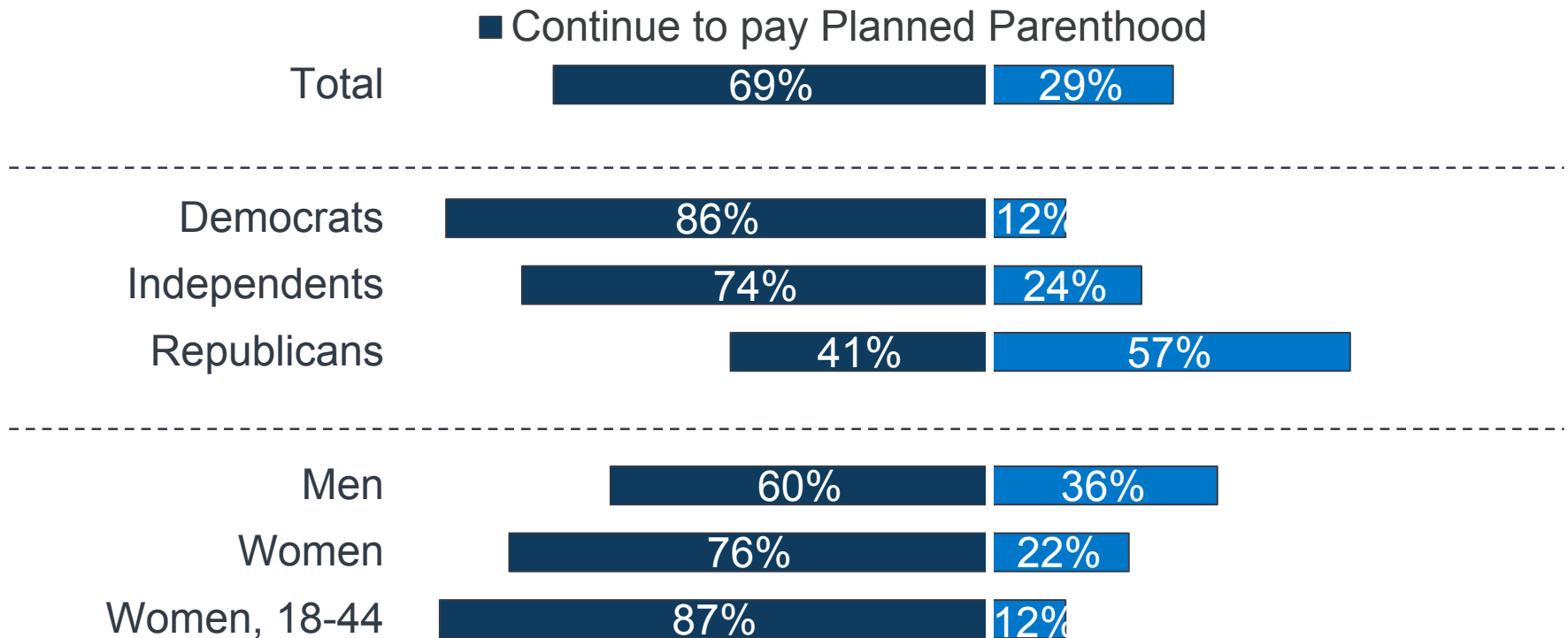


SOURCE: KFF Poll: Public Opinion and Knowledge on Reproductive Health Policy (conducted April 23-28, 2019). See topline for full question wording and response options.

Figure 10

## Most Say Payments To Planned Parenthood Should Continue, Republicans Say Payments Should Be Stopped

Medicaid pays Planned Parenthood clinics for family planning services, other than abortions. Do you think your state should continue to pay Planned Parenthood or should state payments be stopped?

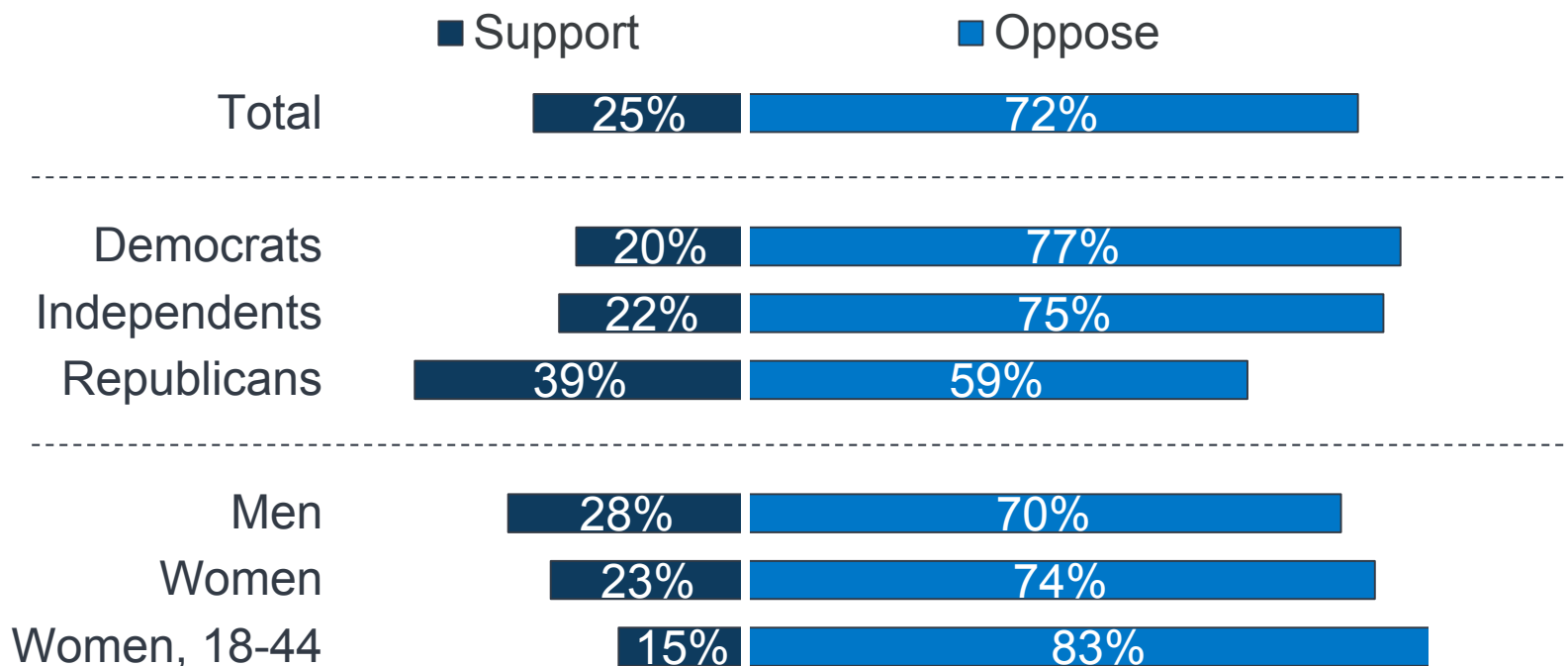


SOURCE: KFF Poll: Public Opinion and Knowledge on Reproductive Health Policy (conducted April 23-28, 2019). See topline for full question wording and response options.

Figure 11

## Majorities Oppose Allowing Federal Funding To Go To Organizations That Only Promote Abstinence

Do you support or oppose allowing federal funding to go to organizations that promote abstinence as the only option and do not teach young people about contraception and STD prevention?



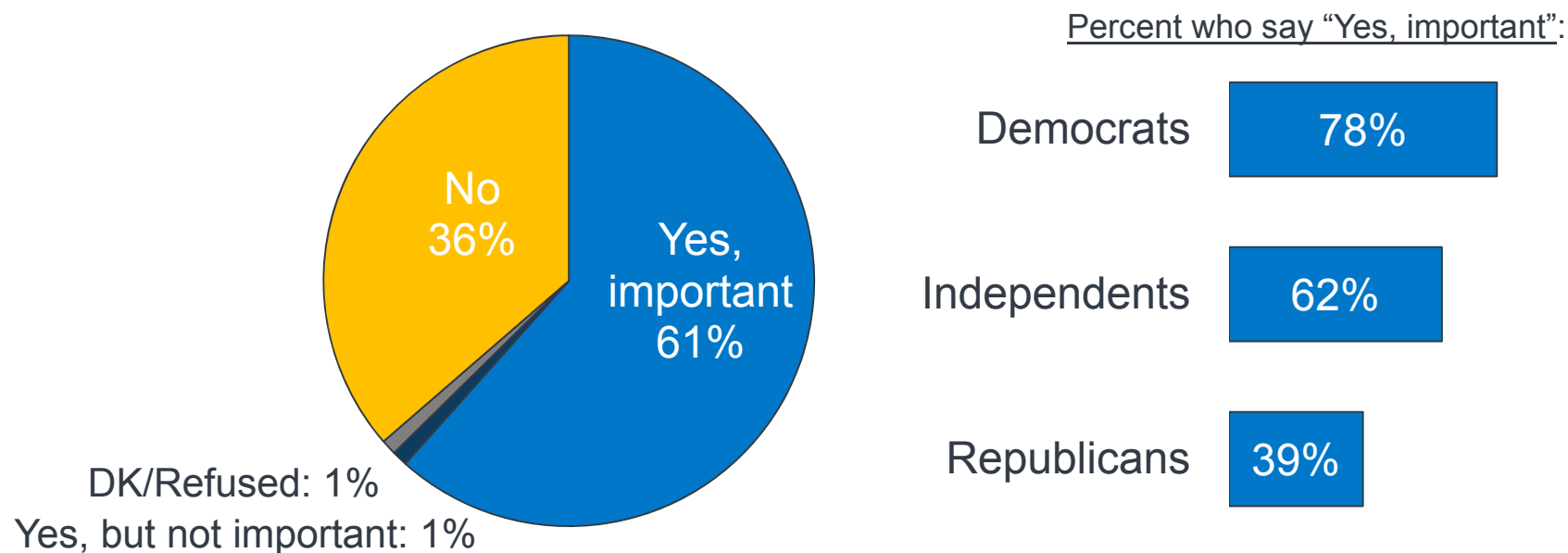
SOURCE: KFF Poll: Public Opinion and Knowledge on Reproductive Health Policy (conducted April 23-28, 2019). See topline for full question wording and response options.

Figure 12

## Six In Ten Think It Is Important For Teenagers To Get Confidential Health Services Without Parental Involvement

Do you think teenagers, under the age of 18, should be able to get confidential health services like an STD test, birth control or pregnancy test without their parents' involvement?

**IF YES:** is it important for teenagers to be able to get confidential health services?



SOURCE: KFF Poll: Public Opinion and Knowledge on Reproductive Health Policy (conducted April 23-28, 2019). See topline for full question wording and response options.



# Thank you!

For more details on the poll and on Title X:

## **KFF Poll: Public Opinion and Knowledge on Reproductive Health Policy**

<https://www.kff.org/womens-health-policy/>

# Attitudes Toward Family Planning and Proposed Changes to Title X

Findings based on a statewide survey of likely  
2020 California voters

May 2019

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# Methodology

Lake Research Partners designed and administered this survey conducted by telephone and online from March 28 – April 8, 2019. The survey reached a total of 1,000 likely voters in California with oversamples of 100 African American women under age 50 in low income zip codes, 100 Latina women under age 50 in low income zip codes, 100 Asian American/Pacific Islander women under age 50 in low income zip codes, 100 Millennial women, 100 Central Valley residents, and 100 Inland Empire residents. The oversamples were pulled from a file of low-income zip codes. The phone survey reached 500 completes and the online survey reached 500 completes in the base sample; the oversamples were conducted by telephone.

The base sample was weighted by gender, region, age, race, party identification, and educational attainment. The Millennial women sample was weighted by region, age, race, and party identification. The African American women under age 50 from low income zip codes oversample was weighted by age and educational attainment. The Latina women under age 50 from low income zip codes oversample was weighted by age. The Asian American/Pacific Islander women under age 50 from low income zip codes oversample was weighted by age and educational attainment. The Central Valley oversample was weighted by gender, age, and party identification. The Inland Empire oversample was weighted by gender, age, race, and educational attainment. The Millennial, Central Valley, and Inland Empire oversamples were weighted down into the base to reflect their proportion of the actual population.

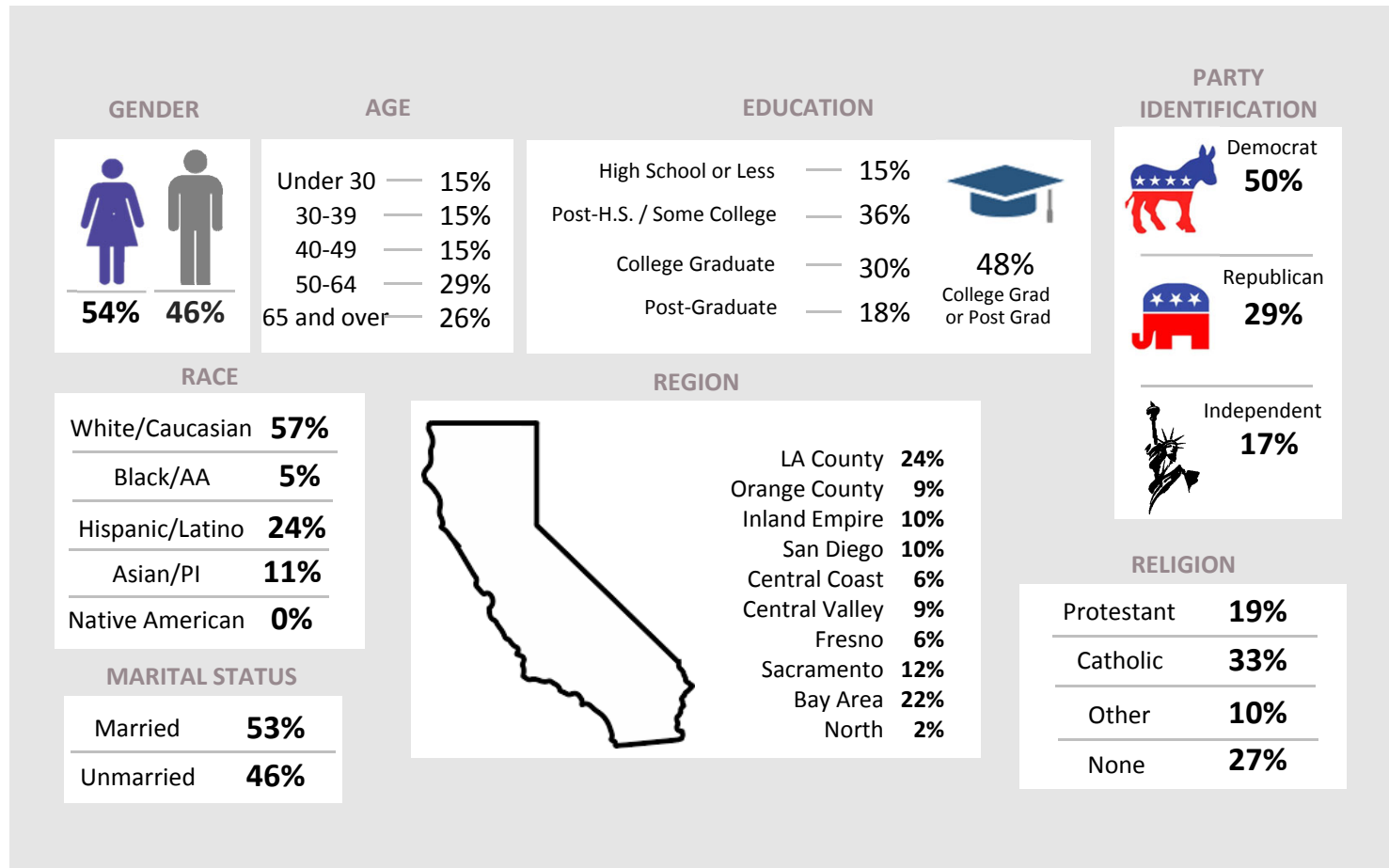
The margin of error for the total sample is +/-3.1%.

# Definitions of Variables

- LA County - Residents of Los Angeles County.
- Orange County - Residents of Orange County.
- Inland Empire - Residents of Riverside and San Bernardino counties.
- San Diego - Residents of Imperial and San Diego counties.
- Central Coast - Residents of Monterey, San Benito, San Luis Obispo, Santa Barbara, and Ventura counties.
- Central Valley - Residents of Fresno, Kern, Merced, Madera, San Joaquin, Stanislaus, Tulare, and Kings counties.
- Fresno - Residents of Fresno, Inyo, Kern, Kings, Madera, Mariposa, Merced, and Tulare counties.
- Sacramento - Residents of Alpine, Amador, Calaveras, Colusa, El Dorado, Mono, Nevada, Placer, Sacramento, San Joaquin, Solano, Stanislaus, Sutter, Tuolumne, Yolo, and Yuba counties.
- Bay Area - Residents of Alameda, Contra Costa, Lake, Marin, Mendocino, Napa, San Francisco, San Mateo, Santa Clara, Santa Cruz, and Sonoma counties.
- North - Residents of Butte, Del Norte, Glenn, Humboldt, Lassen, Modoc, Plumas, Shasta, Sierra, Siskiyou, Tehama, and Trinity counties.



# Demographics of Likely 2020 Voters in California



# Summary of Key Findings

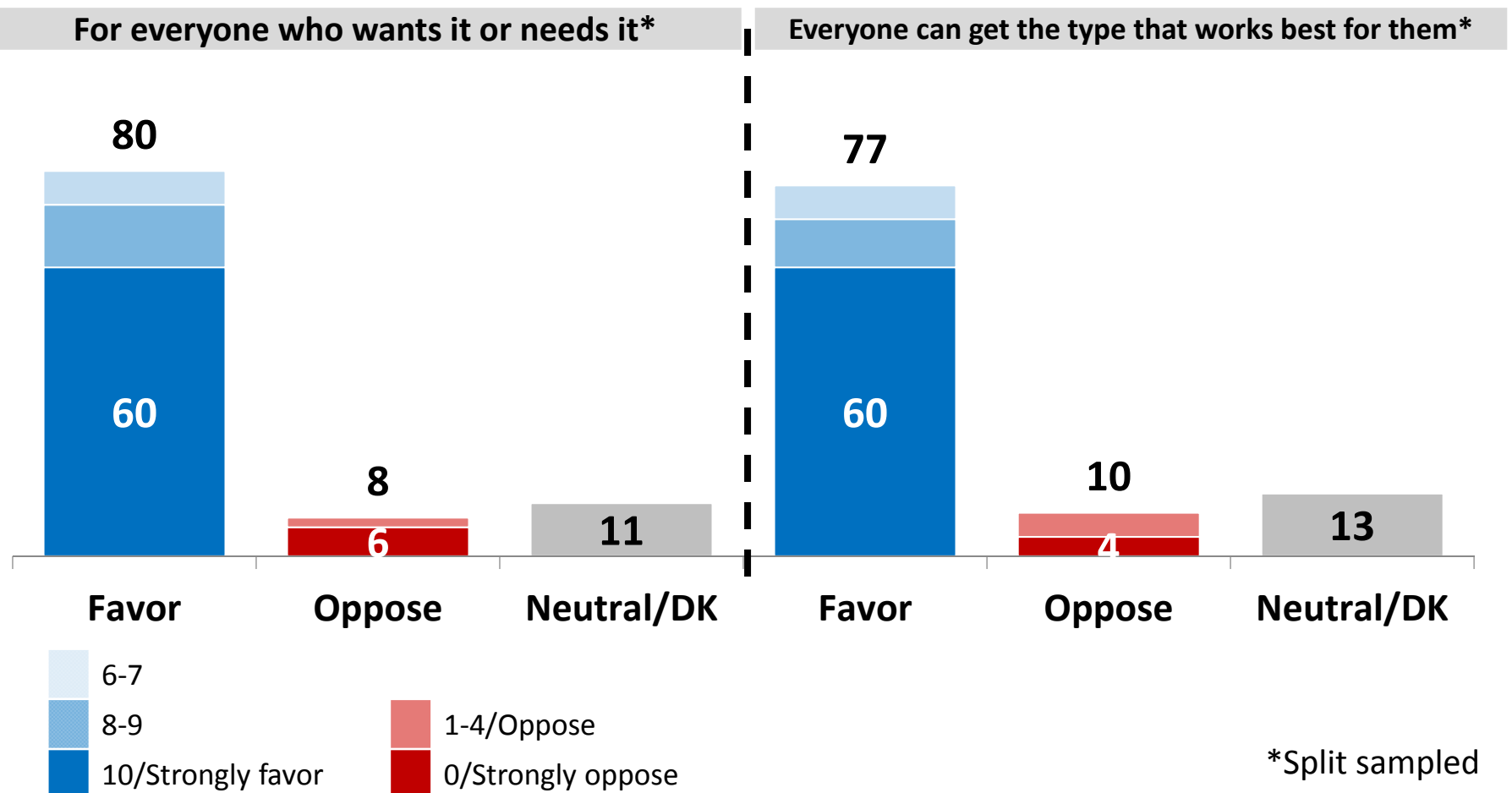
- Voters favor and think it is important that people should have access to birth control and family planning regardless of their ability to pay.
- The strongest value is: women should have the freedom to plan if and when to have children
  - Voters also respond well to access to birth control allowing women to decide if and when to have children and making sure all women have access to affordable birth control
- Voters are most concerned about the Title X policy change that eliminates the requirement to give women information about all pregnancy options
- The best message focuses on all women having access to family planning and birth control, this is preventive care, and should be the same regardless of where a woman lives, her income, or her insurance status.
- In both values and messaging, many subgroups respond to the same language. For the most part, we can have the same message across the board, which helps build consensus and movement.
- Birth control and family planning are seen as “preventive services” and are very popular and important to voters.



# Attitudes Toward Family Planning

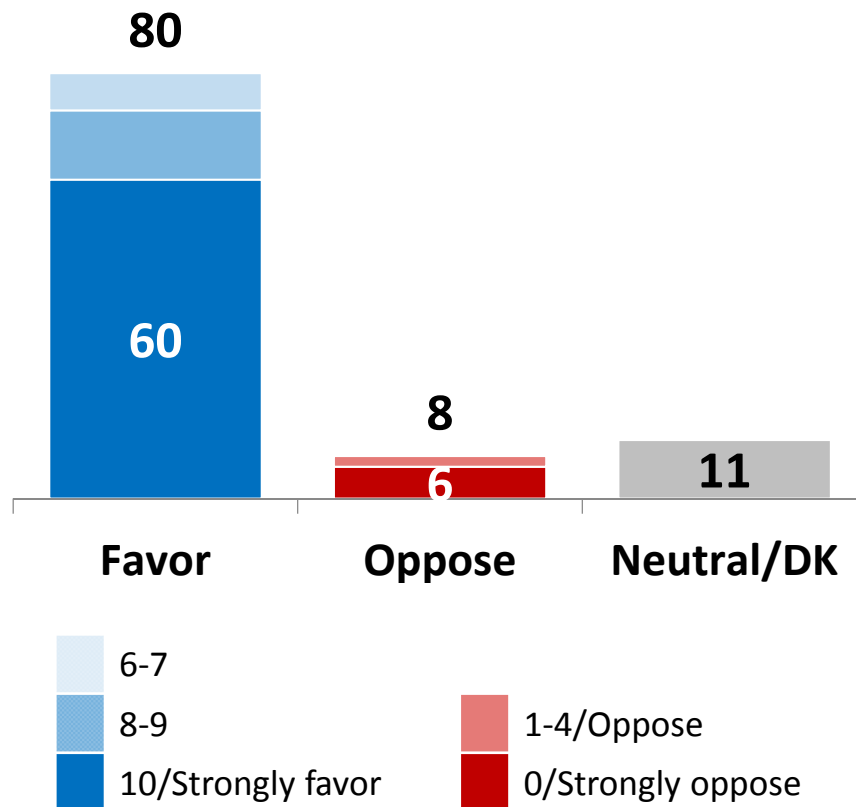
**Voters solidly favor access to birth control for everyone who wants it or needs it as well as making sure everyone can get the type that works best for them – regardless of a person’s ability to pay.**

### **Favorability of Access to Birth Control – Regardless of Ability to Pay**



**Low income younger women of color, younger Latinas, pro-choice voters, Democrats, Millennial women, unmarried women, and secular voters are the core of support for access to birth control for everyone who wants it or needs it.**

**Favorability of Access to Birth Control for Everyone Who Wants It or Needs It – Regardless of Ability to Pay\***



Subgroups who are most likely to favor (rate 8-10) access to birth control for everyone who wants it or needs it include:

- Low income younger Asian/Pacific Islander women^ – 92%
- Younger Latina women – 90%
- Pro-choice voters – 89%
- Democrats – 88%
- Low income younger African American women^ – 88%
- Low income younger Latinas^ – 86%
- Millennial women – 85%
- Unmarried women – 82%
- Secular voters – 81%

\*Split sampled

^Note small sample size

**Across every demographic subgroup, a majority favors access to birth control for everyone who wants it or needs it. Every group, with the exception of anti-choice voters, favors everyone getting the type that works best.**

## Favorability of Access to Birth Control – Regardless of Ability to Pay

### For everyone who wants it or needs it\*

	Favor	Oppose	Margin
Men	76	10	66
Women	84	7	77
Millennial	85	4	81
Under 30	89	5	84
30 to 39	82	3	79
40 to 49	84	7	77
50 to 64	78	11	67
65 and over	75	10	65
Democrat ID	93	2	91
Independent ID	76	9	67
Republican ID	62	19	43
Pro-choice	92	2	90
Conflicted	74	13	61
Anti-choice	53	26	27
White	76	11	65
Latinx	86	6	80
Asian	83	1	82

African American subgroup too small for analysis

### Everyone can get the type that works best for them\*

	Favor	Oppose	Margin
Men	69	15	54
Women	84	6	78
Millennial	81	6	75
Under 30	87	5	82
30 to 39	77	5	72
40 to 49	75	14	61
50 to 64	73	15	58
65 and over	78	7	71
Democrat ID	90	3	87
Independent ID	70	13	57
Republican ID	61	19	42
Pro-choice	89	5	84
Conflicted	75	12	63
Anti-choice	41	28	13
White	74	12	62
Latinx	79	11	68
Asian	83	1	82

\*Split sampled

# Across region and among low income younger women of color, voters favor access to birth control regardless of a person's ability to pay.

## Favorability of Access to Birth Control – Regardless of Ability to Pay

### For everyone who wants it or needs it\*

	Favor	Oppose	Margin
Latina <50 Low Income^	88	7	81
AA women <50 Low Income^	89	8	81
API women <50 Low Income^	92	5	87
LA County	84	6	78
Inland Empire	72	11	61
San Diego	81	7	74
Central Valley	77	13	64
Fresno	80	12	68
Sacramento	67	19	48
Bay Area	86	4	82

Orange County and Central Coast subgroups too small for analysis

### Everyone can get the type that works best for them\*

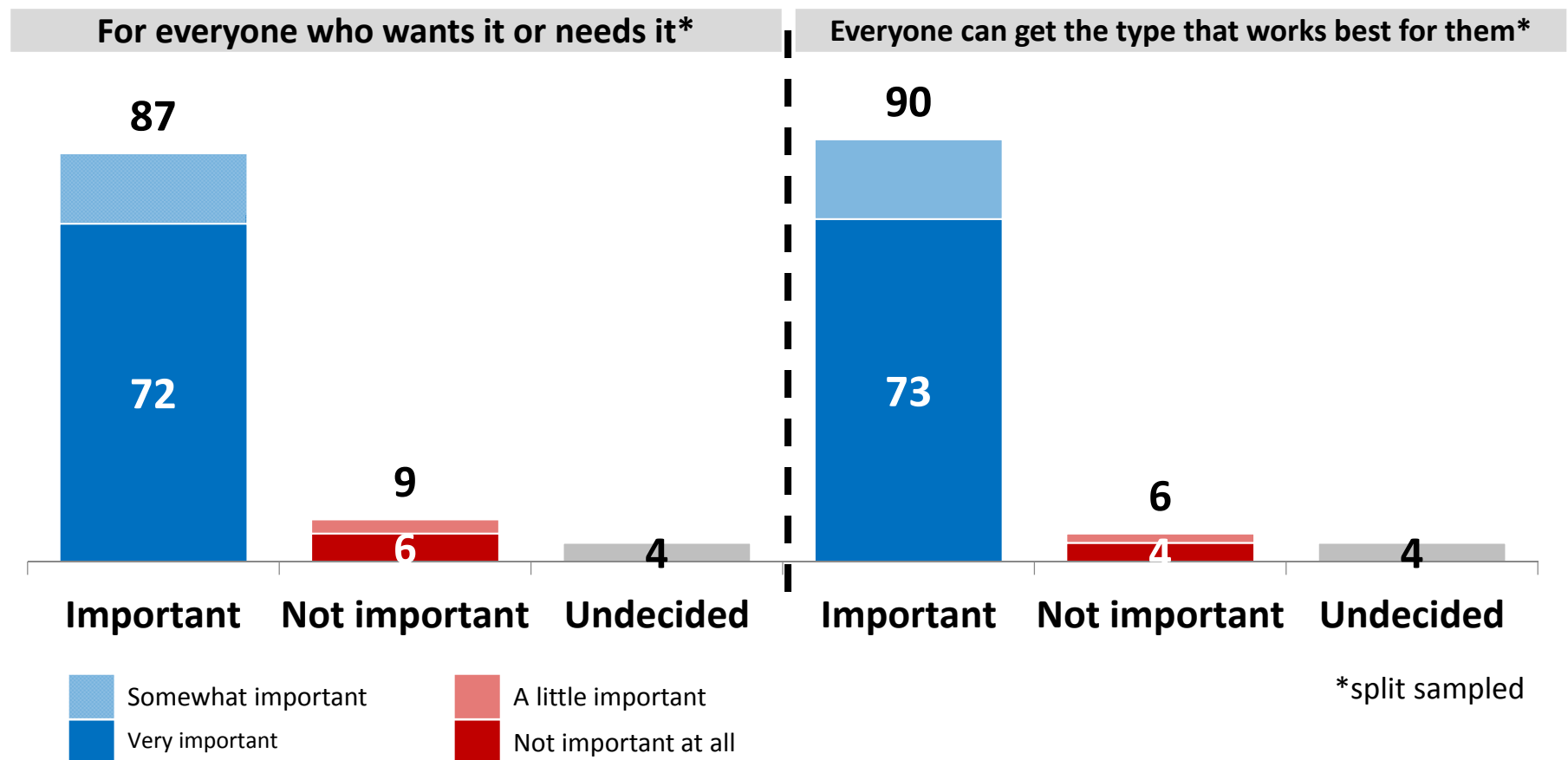
	Favor	Oppose	Margin
Latina <50 Low Income^	91	0	91
AA women <50 Low Income^	97	2	95
API women <50 Low Income^	87	5	82
LA County	84	5	79
Inland Empire	75	13	62
San Diego	69	14	55
Central Valley	76	17	59
Fresno	75	19	56
Sacramento	75	10	65
Bay Area	78	5	73

\*Split sampled

^Note small sample size

The importance of access to birth control is nearly universal. Nine in ten voters believe it is important and two-thirds think it is very important.

### Importance of Access to Birth Control – Regardless of Ability to Pay





**A strong majority of voters believe it is important that everyone who wants it or needs it can access birth control, and that everyone can get the type that works best. About two-thirds of anti-choice voters believe this is important.**

## Importance of Access to Birth Control – Regardless of Ability to Pay

### For everyone who wants it or needs it\*

	Important	Not	Margin
Men	84	11	73
Women	90	7	83
Millennial	93	6	87
Under 30	93	5	87
30 to 39	92	7	85
40 to 49	85	10	74
50 to 64	88	11	77
65 and over	82	10	72
Democrat ID	97	1	96
Independent ID	83	9	74
Republican ID	73	23	50
Pro-choice	96	2	94
Conflicted	85	12	73
Anti-choice	62	34	28
White	82	13	70
Latinx	94	6	88
Asian	96	1	95

African American subgroup too small for analysis

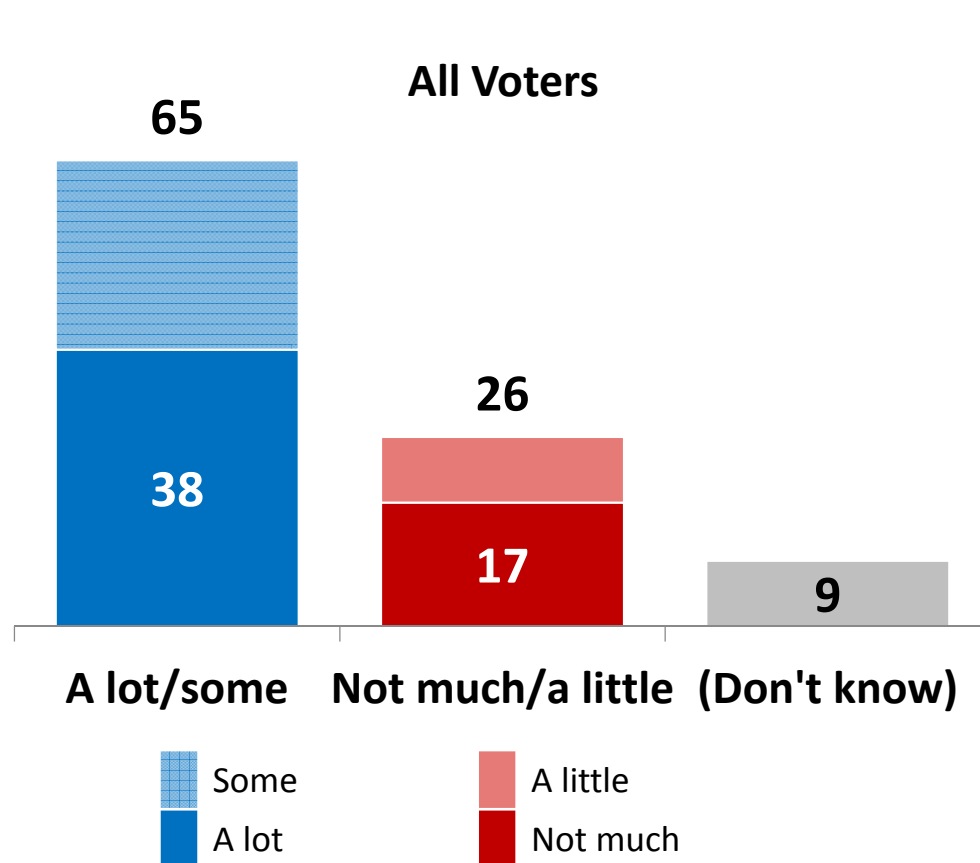
### Everyone can get the type that works best for them\*

	Important	Not	Margin
Men	87	9	78
Women	92	4	88
Millennial	95	4	91
Under 30	98	2	96
30 to 39	93	5	88
40 to 49	84	11	74
50 to 64	85	7	79
65 and over	90	8	83
Democrat ID	96	3	93
Independent ID	85	11	74
Republican ID	81	10	71
Pro-choice	97	2	96
Conflicted	87	9	79
Anti-choice	66	21	45
White	87	8	79
Latinx	93	4	89
Asian	92	5	87

\*Split sampled

Two-thirds of voters say low-income women have a lot or some difficulty getting access to their preferred birth control method, but there is lower intensity of those saying a lot of difficulty. Republicans and anti-choice voters are more skeptical that this is difficult.

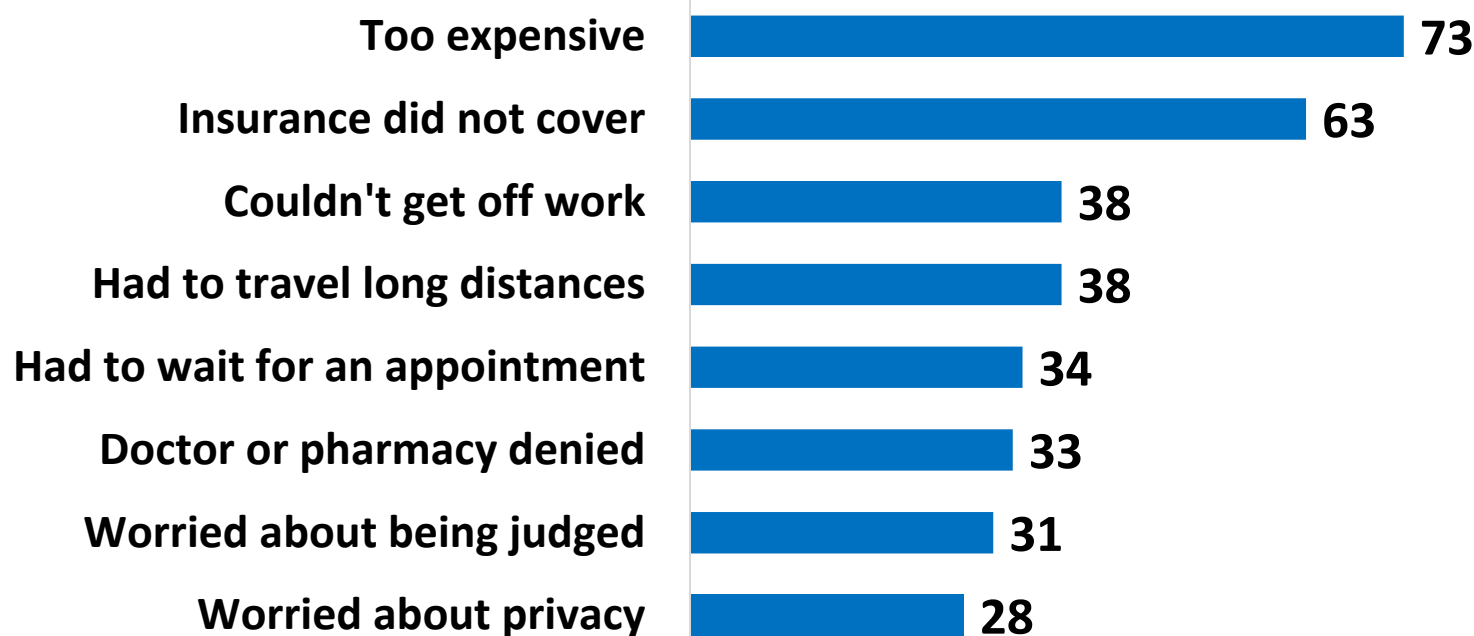
How much difficulty do you think low-income women may have getting access to their preferred birth control method?



	A lot/some	Not much/A little	(DK)
Men	60	28	11
Women	68	25	7
Under 30	82	14	4
30 to 39	68	24	8
40 to 49	65	26	8
50 to 64	59	33	8
65 and over	58	29	13
Democrat ID	80	14	6
Independent ID	56	34	10
Republican ID	45	43	12
Pro-choice	77	16	7
Conflicted	57	35	8
Anti-choice	39	47	15
White	63	26	11
African American	74	25	0
Latinx	65	31	4
Asian	70	21	9

## Voters believe low-income women may face financial or insurance difficulties when trying to get their preferred birth control method. In a second tier are logistical hurdles, medical refusals, and personal concerns.

(Among those who said a lot or some difficulty:) What kind of difficulty do you think low-income women may experience trying to get their preferred birth control method? [multiple response]

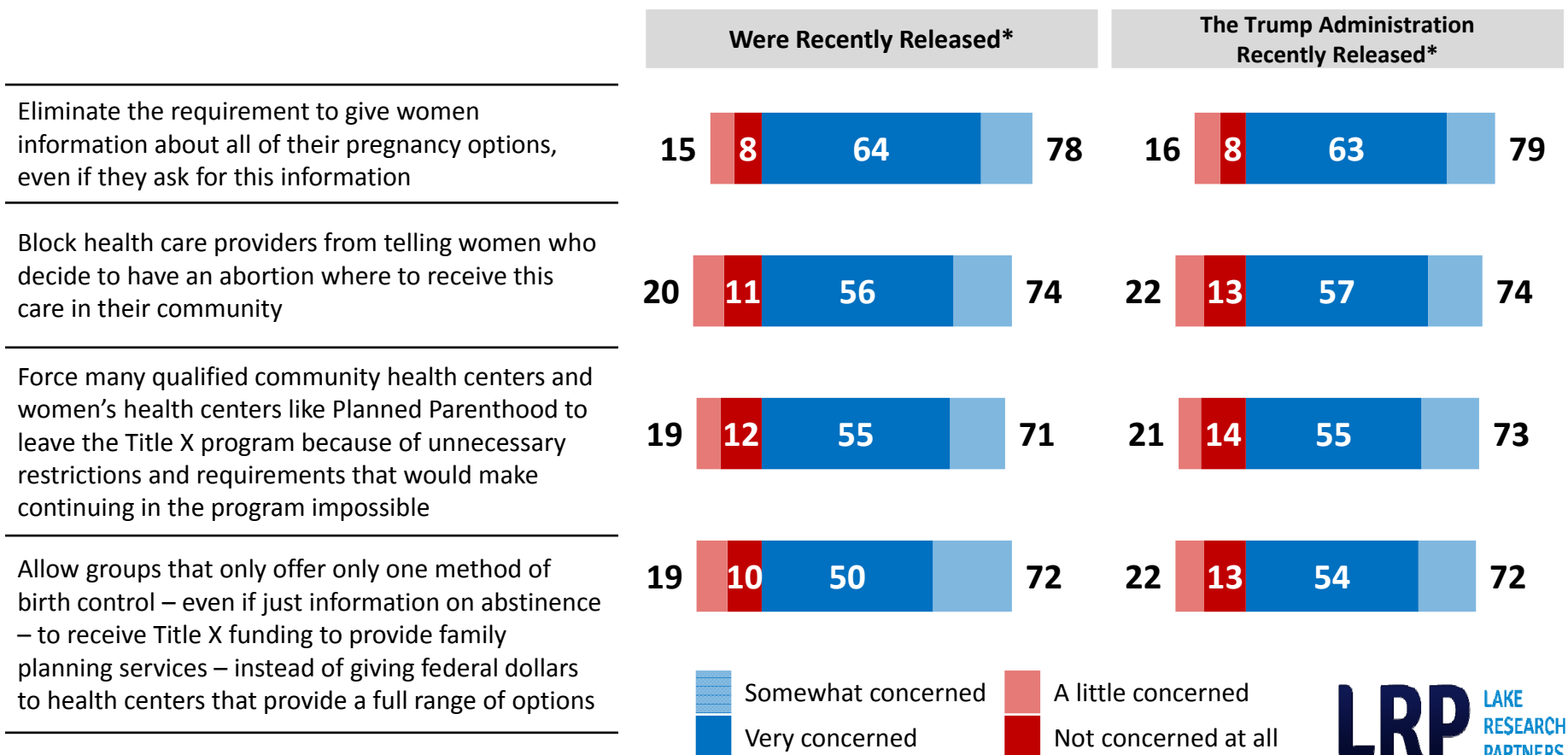


\*Excludes other and don't know

# Title X Policy Changes

## Voters are concerned about the Title X policy changes, especially eliminating the requirement to give women information about their pregnancy options. Adding the Trump Administration as the actor behind the changes does not increase the sentiments.

Now let me read you some new policy changes that [were/the Trump Administration has] recently released for the federal Title X (ten) family planning program for low-income people. Please tell me how concerned each one would make you.



\*Split sampled

**Adding the Trump Administration does not increase intense concern among Democrats, except for the change that would allow groups that only offer information about abstinence to receive Title X funding. There is not much impact on Republican voters either.**

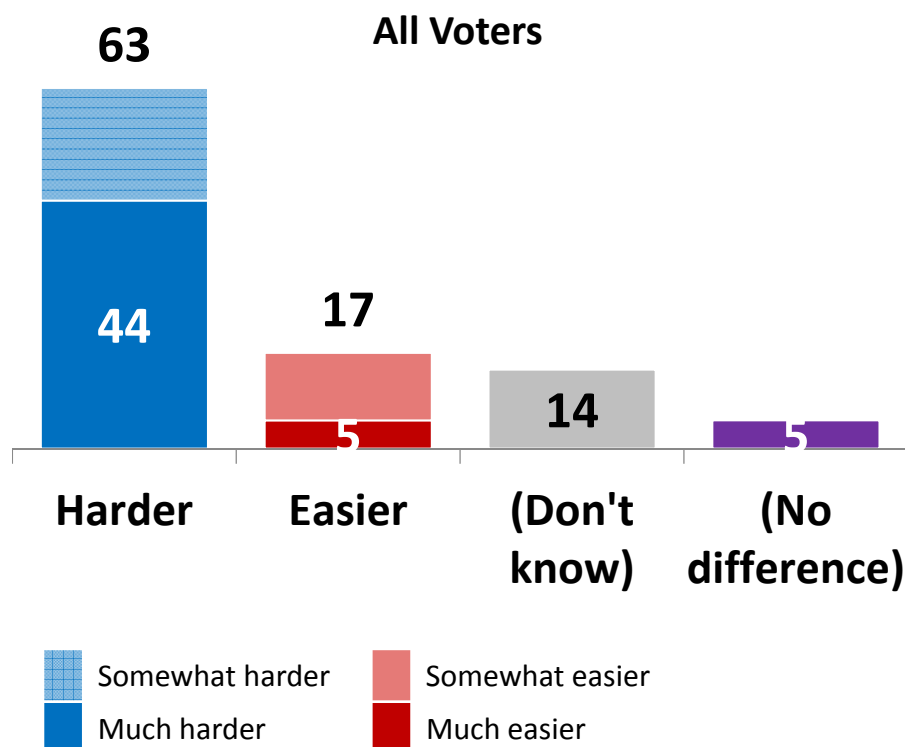
**Now let me read you some new policy changes that [were/the Trump Administration has] recently released for the federal Title X (ten) family planning program for low-income people. Please tell me how concerned each one would make you.**

<b>Very concerned by PID</b>	<b>Were Recently Released*</b>			<b>Trump Administration Recently Released*</b>		
	<b>Dem</b>	<b>Ind</b>	<b>Rep</b>	<b>Dem</b>	<b>Ind</b>	<b>Rep</b>
Eliminate the requirement to give women information about all of their pregnancy options, even if they ask for this information	77	56	45	78	55	41
Block health care providers from telling women who decide to have an abortion where to receive this care in their community	73	45	34	73	53	32
Force many qualified community health centers and women's health centers like Planned Parenthood to leave the Title X program because of unnecessary restrictions and requirements that would make continuing in the program impossible	73	43	30	75	48	25
Allow groups that only offer only one method of birth control – even if that's just information about abstinence – to receive Title X funding to provide family planning services – instead of giving federal dollars to health centers that provide a full range of options	65	35	31	73	37	28

\*Split sampled

After hearing these policy changes, voters believe it will be harder for women to access birth control. With the exception of Republicans and anti-choice voters, a majority across subgroups believe it will be harder.

Now thinking about the proposed policy changes to birth control and family planning services, do you think it will be easier or harder for women to access their preferred birth control method, including low-income women?



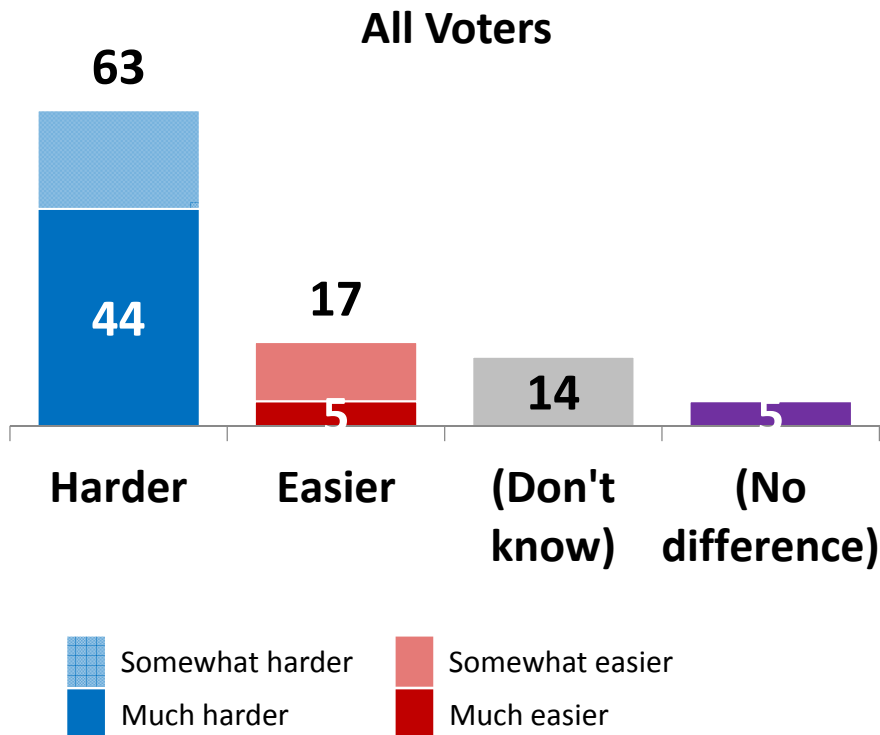
	Harder	Easier	(DK)	(No diff.)
Men	57	21	16	5
Women	69	14	12	6
Millennial	61	22	9	9
Under 30	62	24	4	9
30 to 39	61	19	11	8
40 to 49	61	18	16	5
50 to 64	63	14	18	4
65 and over	67	15	15	3
Democrat ID	78	13	2	8
Independent ID	61	16	8	23
Republican ID	39	26	10	36
Pro-choice	72	15	10	2
Conflicted	63	18	12	6
Anti-choice	36	22	29	13
White	64	15	17	5
African American*	77	17	3	3
Latinx	66	20	8	6
Asian	55	24	15	6

\*Note small sample size



## Younger women of color in low income zip codes and voters across region believe the proposed policy changes will make it harder for women to access their preferred birth control method.

Now thinking about the proposed policy changes to birth control and family planning services, do you think it will be easier or harder for women to access their preferred birth control method, including low-income women?



	Harder	Easier	(DK)	(No diff.)
Latina <50 Low Income	81	8	8	3
AA women <50 Low Income	75	16	3	5
API women <50 Low Income	75	8	11	5
LA County	65	17	14	4
Orange County	59	19	13	9
Inland Empire	55	21	14	10
San Diego	71	17	11	0
Central Coast*	71	12	17	0
Central Valley	63	15	12	10
Fresno	63	15	12	10
Sacramento	49	22	20	9
Bay Area	70	16	12	3

\*Note small sample size



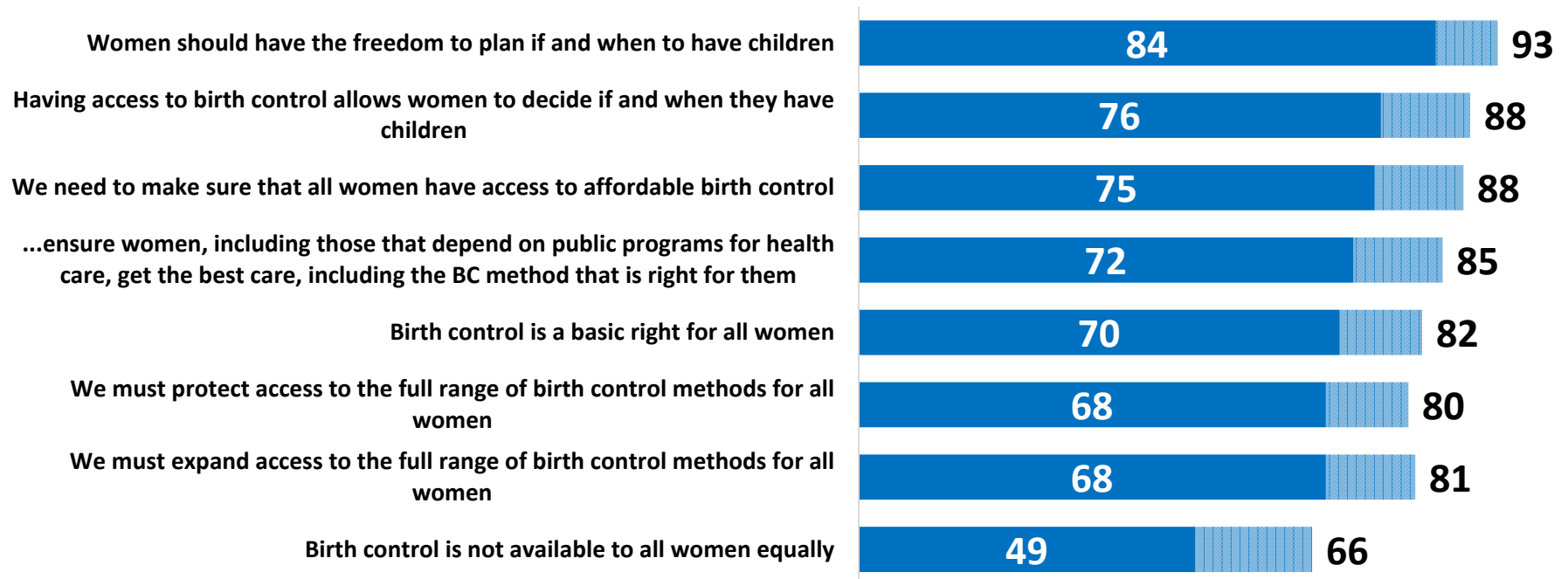


## Family Planning Values Statements



Most of the core statements are quite strong; many are so strong that they are like values. The strongest value is women should have the freedom to plan if and when to have children. Voters are less likely to see inequality in availability.

Now let me read you some different statements and tell me if you agree or disagree with each.\*

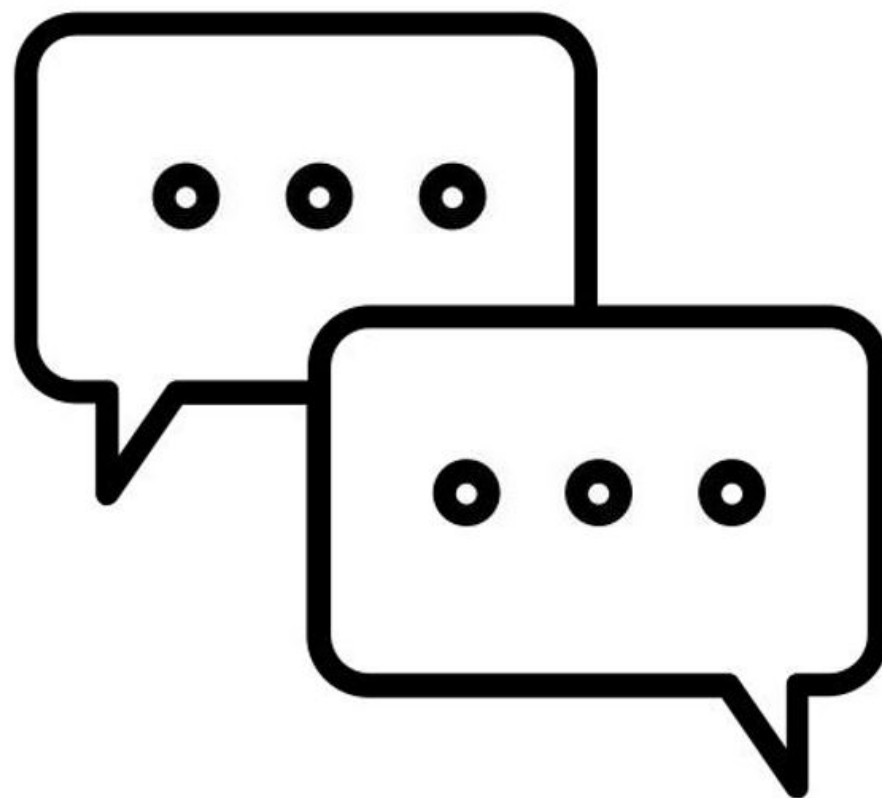


 Strongly agree

 Somewhat Agree

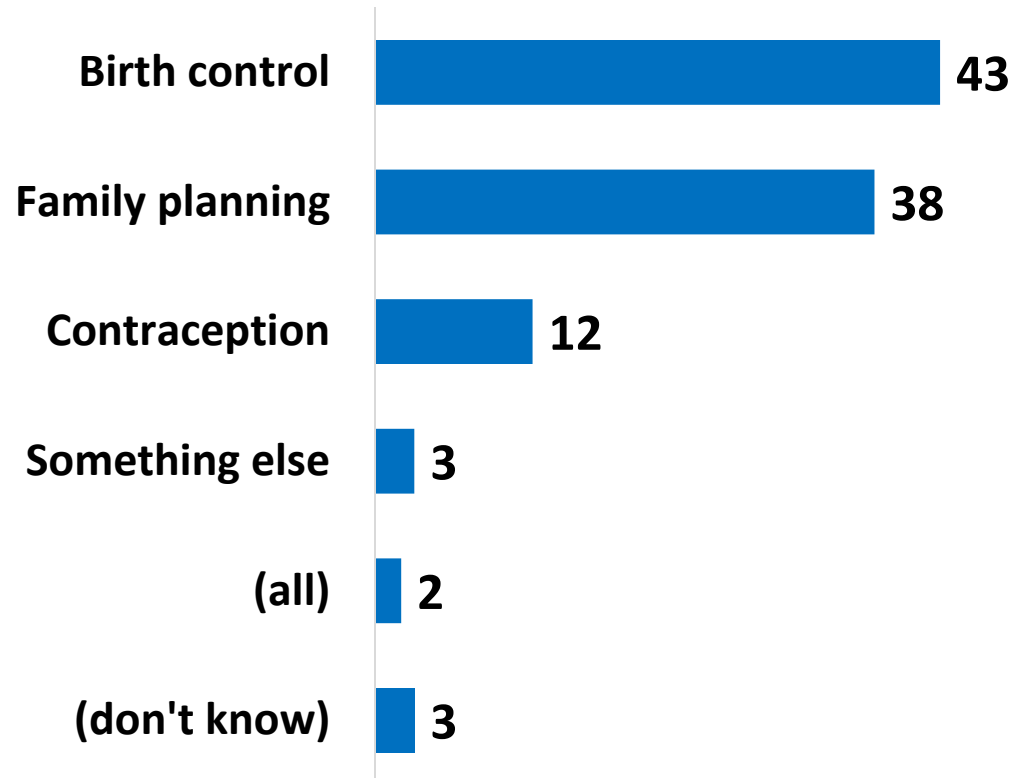
\*Split sampled

# Messages



## Voters tend to call services that help prevent pregnancy “birth control,” followed by “family planning.”

When you think about services that help prevent pregnancy, what do you call the services?



**Groups who are more likely to use the term “family planning” are Seniors, voters with a high school degree or less education, strong and older Democrats, and Asian voters.**

**When you think about services that help prevent pregnancy, what do you call the services?**

### **Birth Control**

- Under 30 – 57%
- Republican – 47%
- Independent women – 49%
- Single – 51%
- Fresno – 51%
- African American\* – 49%

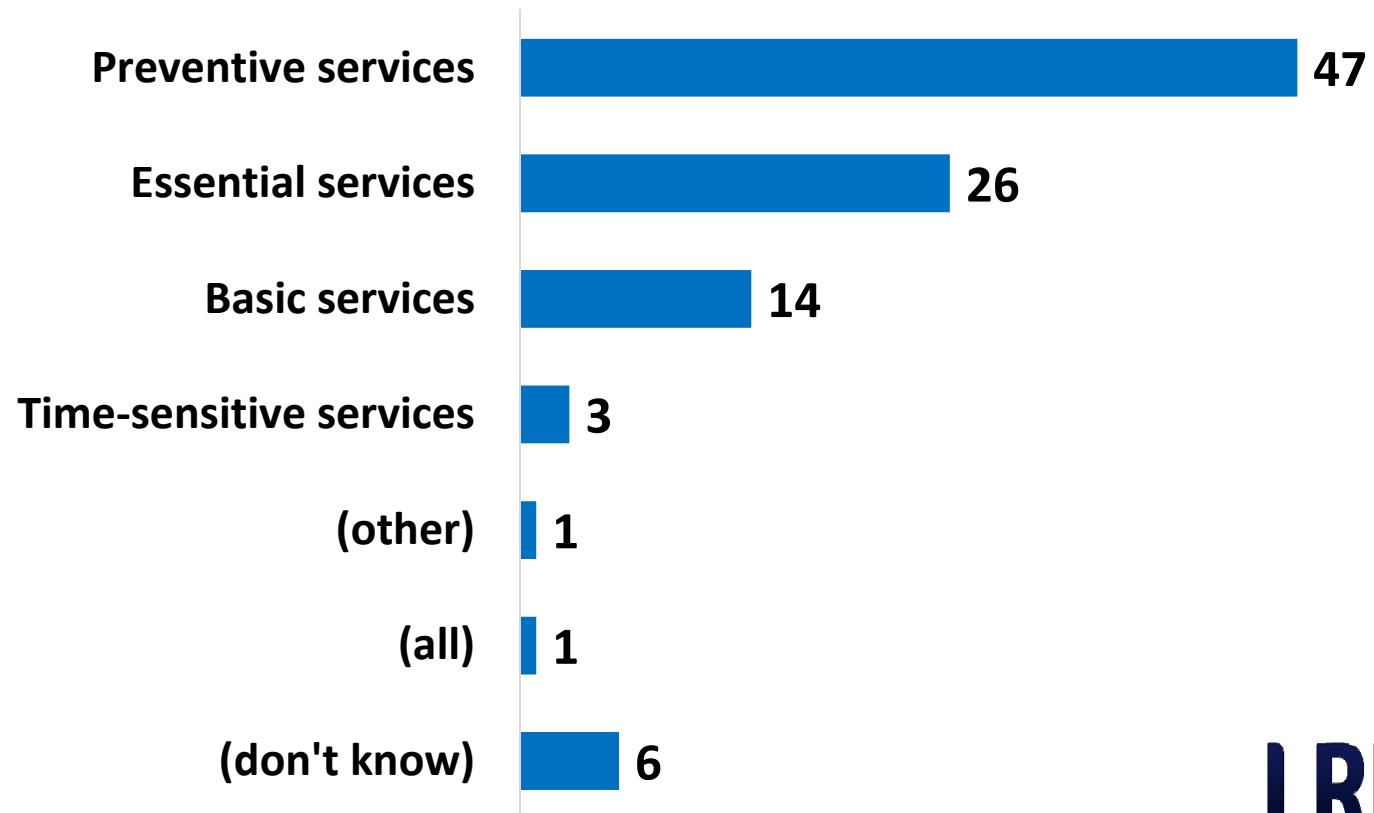
### **Family Planning**

- 65 and over – 46%
- High school/less – 42%
- Strong Democrats – 46%
- Older Democrats – 53%
- Asian – 43%

\*Note small sample size

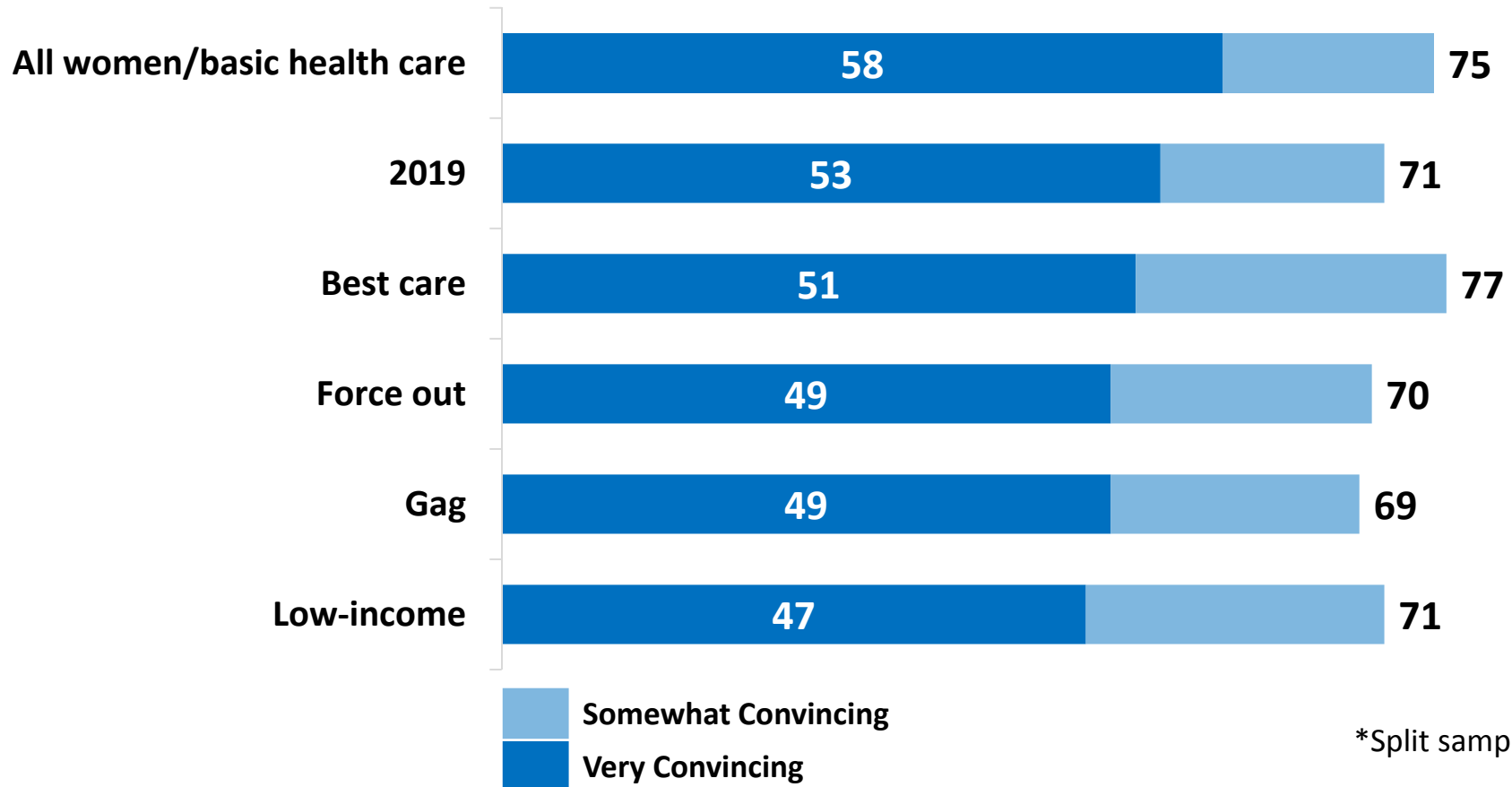
## The top association with family planning, contraception, or birth control is preventive services.

When you think about family planning services, contraception, or birth control, which ONE of the following best describes these services?



Every message has strong intensity and good reach. This will be a matter of message discipline because the best message: “All Women/Basic Health Care” has higher intensity.

How convincing is each statement to oppose these changes to birth control and the federal family planning services program?\*



# Full Text of Messages

**{All women/basic health care}** All women should have access to birth control and other reproductive health services. This is basic health care for women for a large part of their lives. Access should be equally available for all women – regardless of where they live, how much money they have, or if they have health insurance.

**{2019}** Access to birth control helps women plan their families and futures and allows women to more fully and equally participate at work and in their communities. It's outrageous that in 2019, we're still fighting about birth control and a woman's right to make their own personal decisions about their health.

**{Best care}** Patients must be able to trust that their health care providers will give them complete information about their health options, so they can make informed decisions. The government shouldn't put policies in place that sets up a lower standard of care for low-income women and denies them their right to get the best care possible.

**{Force out}** These regulations would force local health centers to lose a critical funding source, causing patients to wait longer for appointments and travel farther to get time-sensitive health services like birth control, STD tests, and cancer screenings. These delays could increase women's risk for unintended pregnancies and make other undetected health issues worse.

**{Gag}** The new regulations go against clinical guidelines, medical ethics, and best practices outlined by the CDC. They block providers from giving patients full information about their pregnancy options and referrals for abortion care in their local communities. This is wrong - and unconstitutional. The government should stay out of conversations in the exam room.

**{Low-income}** These changes will make it more difficult for low-income Californians to get the information and care they need. The federal government shouldn't make it harder for women to get birth control. These regulations will likely increase wait times and travel distances for women to get their health care and preferred type of birth control.

Sorted by % Very Convincing



# The best message works across demographic subgroups: All Women/Basic Health Care.

How convincing is each statement to oppose these changes to birth control and the federal family planning services program?\*

% Very Convincing	All	Gender		Age				Race			PID		
		M	W	Mill.	<30	<50	50+	W	Lat.	Asian	D	I	R
All women/basic health care	58	50	65	59	69	58	59	56	62	56	74	59	30
2019	53	47	58	59	61	57	49	46	68	51	68	47	28
Best care	51	49	54	56	59	52	51	52	51	45	64	51	29
Force out	49	41	56	54	55	54	45	43	64	43	66	39	25
Gag	49	43	54	53	58	48	49	43	62	45	66	33	28
Low-income	47	38	54	47	55	45	48	44	53	36	62	48	20

In addition to All Women/Basic Health Care, **2019** is strong among voters ages 30-39, Latinx voters, and Protestant voters.

**Best Care** is strong among men, white voters, and Independents.

**Force Out** is also strong with Latinx voters.

While Republicans are aligned on many of the core attitudes throughout the survey, their response to the messages is tepid.

African American subgroup too small for analysis

\*Split sampled

# All Women/Basic Health Care works well across subgroups. There are a few nuances by region.

**How convincing is each statement to oppose these changes to birth control and the federal family planning services program?\***

% Very Convincing	All	Low Income Younger Women^			Region						
		Latina	AA	API	LA	Inland Empire	San Diego	Central Valley	Fresno	Sac.	Bay Area
All women/Basic health care	58	83	81	69	60	59	65	51	62	36	69
2019	53	60	69	67	54	44	44	62	56	45	58
Best care	51	76	70	75	56	52	63	45	47	32	60
Force out	49	64	70	71	55	43	39	62	53	35	58
Gag	49	68	66	62	48	49	45	55	48	40	56
Low-income	47	66	62	49	49	52	46	45	50	35	54

In addition to All Women/Basic Health Care, **2019** is strong among low-income younger African American women and Asian/Pacific Islander women, LA voters, and Central Valley voters.

**Best Care** is strong low income younger women of color, LA voters, and San Diego voters.

**Force Out** is also strong with LA voters and Central Valley voters.

Sacramento voters are less convinced by the messages. The best message is 2019.

Orange County and Central Coast subgroups too small for analysis

\*split sampled

^Note small sample size

# Messaging Recommendations

<b>Strongest Statement</b>	<b>Women should have the freedom to plan if and when to have children.</b>	This value resonates strongly across gender, age, race, choice stance, party identification, and religious affiliation.
<b>Strongest message</b>	<b>All women should have access to birth control and other reproductive health services. This is preventive health care for women for a large part of their lives. Access should be equally available for all women – regardless of where they live, how much money they have, or if they have health insurance.</b>	This message taps into core values about access, prevention, responsibility, and fairness. Voters across gender, age, race, and religious affiliation respond well. Our base (Democrats and pro-choice voters) and swing voters (Independents and conflicted voters) also respond well.

# Messaging Recommendations

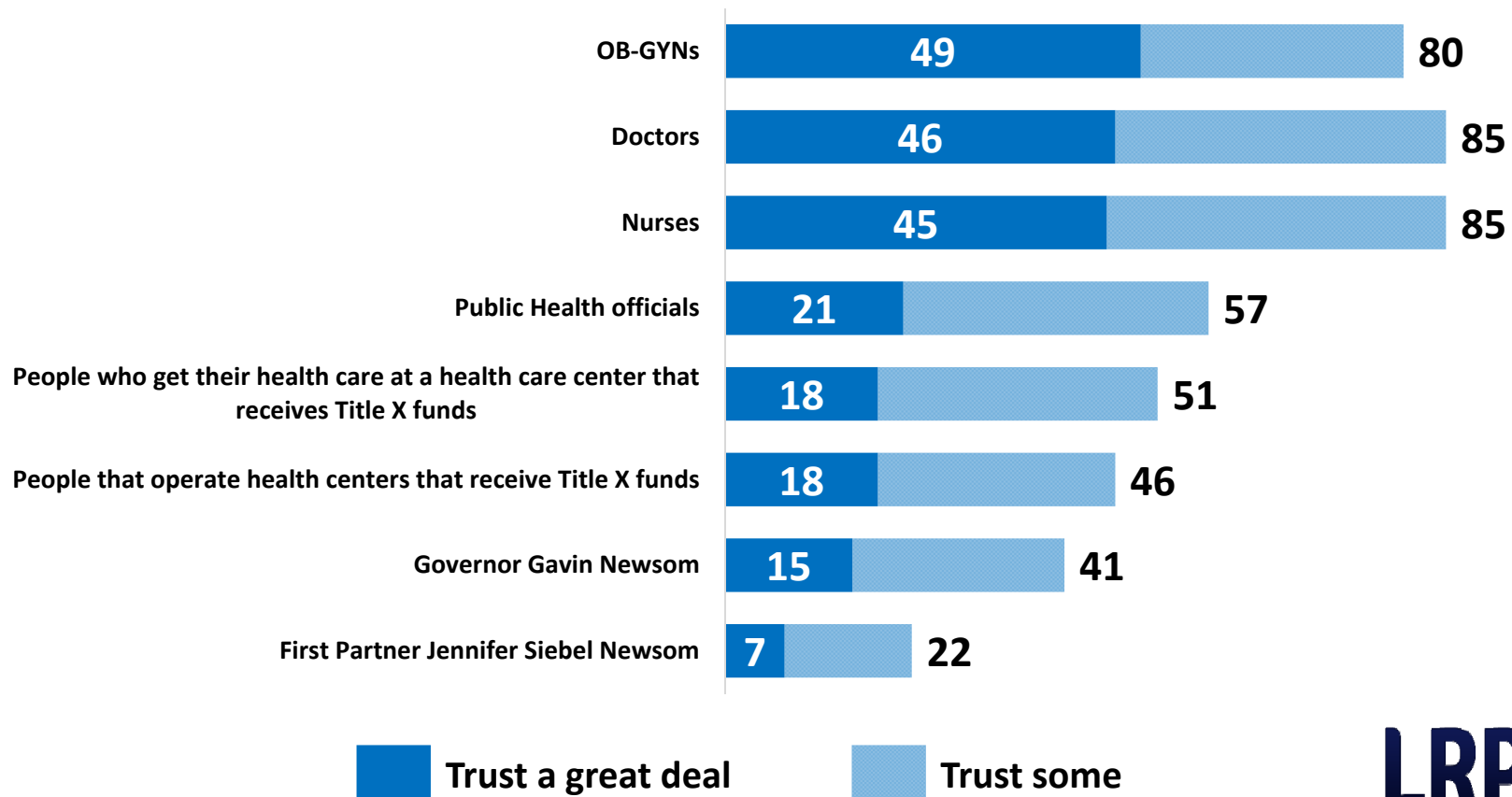
<b>Be values-oriented</b>	Access to birth control and family planning is a core value rather than a policy debate. Voters have less intense attitudes when we bring in Title X and focus on the policy rather than the goals, outcome, and values that underpin the Title X program. Voters think the policy changes are a terrible idea.
<b>Combine birth control and family planning</b>	We want it to be clear that this is about access to different options of birth control and family planning services, because people believe that condoms are widely available.
<b>Use the word freedom</b>	The strongest value is “women should have freedom to plan if and when to have children.” Use the value of freedom. It is the number one value for Americans, but the right uses it more than the left does.
<b>This is about access, not availability</b>	Because this operates at a values level, we do not want to shift the frame into something women are buying or consuming.
<b>Lift up information and prevention</b>	Prevention is tied to information; people want the information to be successful at prevention. People, women especially, think our society is too focused on fixing problems after they happen instead of stopping bad things before they happen.

# Language Do's and Don'ts

Say...	Instead of...
Birth control for everyone who wants it or needs it	Birth control that works best for them
Freedom	Equality
To plan if and when to have children	Not available to all women equally
All women have access to affordable birth control	The full range of birth control methods for all women
All women	Low-income women
Preventive services	Basic services
Birth control/family planning	Contraception

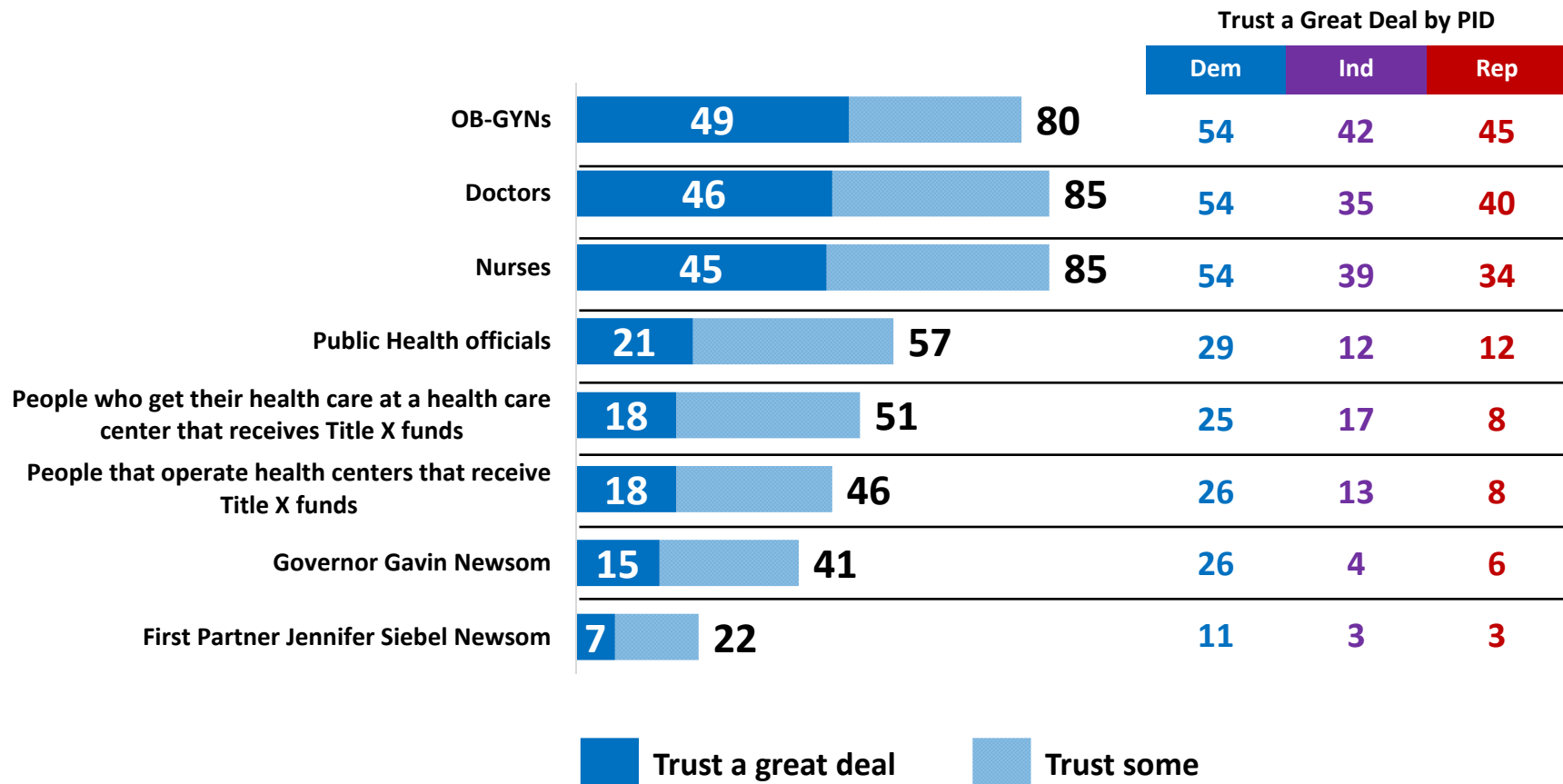
# The best messengers are health providers.

Now let me read you some people and groups who may take a position on this policy.  
For each one please tell me how much you would trust information  
provided by that person or group.



## OB-GYNs are trusted across party identification. Independents trust nurses more than doctors, while Republicans trust doctors more than nurses.

Now let me read you some people and groups who may take a position on this policy. For each one please tell me how much you would trust information provided by that person or group.







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# Questions?



# Thank You!

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