Personal stories connect us, inspire us, and move us to action. When we tell our stories, we break down barriers of silence and shame and disrupt the cycle of stigma. That’s why the Speakers Bureau is one of our most effective programs confronting the negative attitudes and beliefs that prevent people from seeking sexual and reproductive health care.

The Speakers Bureau is a project of PPLM’s advocacy arm, the Planned Parenthood Advocacy Fund (PPAF). The program prepares patient advocates to share their experiences of reproductive and sexual health care with a wide range of audiences – including reporters, legislators, supporters, and activists – at press conferences, legislative forums, rallies, and elsewhere. Telling their stories publicly breaks the silence around reproductive health care, from STI testing to abortion, and works to end the social stigma attached to this care. Kate Gannon, PPAF’s manager of patient advocacy and youth organizing, says, “Telling stories about our bodies and our sexuality requires courage. But these stories highlight our shared humanity and help people realize that they are not alone. In that way, storytelling is transformational.”

PPAF’s Speakers Bureau started in 2015 with a small group of volunteers and has grown to include 20 speakers. All speakers participate in an intensive training about the practical, ethical, and personal aspects of storytelling – from structuring the who, what, where, and when of their experiences to answering questions from the media. Then PPAF helps individuals tailor their stories to specific audiences and matches speakers with opportunities.

Every person has a unique story to tell. Some relate how they overcame the social stigma associated with getting tested for STIs, including HIV. Others explain how the lack of medically accurate sex education affected their health or how lack of funds prevented them from accessing basic reproductive health care, like birth control and cancer screenings. Other storytellers describe the difficulty of seeking an abortion in the face of judgment by their families or communities. Parents talk about raising their children; patients talk about how preventive health care services saved their lives. Whatever the context, every story demonstrates how PPLM’s compassionate, nonjudgmental care impacts patients’ lives for the better. Says Krystal, a Speakers Bureau member, “Because of Planned Parenthood, I was able to have children when I wanted to. My life was able to take the path I wanted [it] to….I had control over my future.”

If you are interested in joining the Speakers Bureau or would like to learn more, please email advocacy@pplm.org.
Dear Friends,

Our strategic plan, *Disrupting Disparities, Achieving Equity*, brings renewed resolve and vision to PPLM as we work to improve access to care and promote health equity across the Commonwealth. We have identified stigma as one of the most damaging, persistent barriers to sexual and reproductive health care. In this issue of the Advocate, you’ll read about some of the ways in which PPLM is working to reduce stigma through research, education, and advocacy.

As a physician, I’ve seen the harmful effects of stigma on my patients. I’ve seen how stigma pushes people into isolation, shame, and silence, and how it prevents people from seeking care for STIs, including HIV, birth control, gender affirming hormone therapy, abortion, and other crucial services. At PPLM, I’ve seen how stigma affects entire communities, perpetuating judgment and prejudice, and deterring many people from speaking out or seeking care.

These barriers to care simply cannot stand. Through the work of our strategic plan, PPLM is determined to eliminate the unjust stigma attached to reproductive and sexual health care, and to replace shame and silence with visibility and empowerment. We will rigorously identify and study stigma in our state and develop practical strategies to measurably reduce its effects.

These initiatives can and will improve health outcomes for people across Massachusetts. I’m proud of the work we are doing, and I’m grateful to you for supporting it. Thank you for standing with PPLM as we build a more just and equitable health care landscape in our state.

Jennifer Childs-Roshak, MD
President and CEO

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**advocate spotlight: Agents of Change – PPLM’s Educators at Work**

PPLM’s Get Real Teen Council (GRTC), a committed cadre of trained 13- to 18-year-old peer educators in Boston and central Massachusetts, are working to end the stigma around sex, sexuality, and sexual and reproductive health care. They do so by facilitating open, honest communication about subjects like STIs, protection, healthy relationships, and consent.

In classrooms, school cafeterias, public libraries, and teen centers, GRTC educators answer questions and respond to the needs of their peers, helping them overcome the shame and silence that often surround young people’s emerging sexuality. “We create an empathic, safe space where people feel listened to and respected,” says Worcester-area GRTC member Haley B.

Since the GRTC’s launch in 2013, nearly 23,000 young people and community members have benefitted from the program, and last year alone, 25 GRTC educators reached over 7,000 young people. But the program’s impact extends well beyond workshops and professional trainings – many participants have gone on to publicly advocate for reproductive freedom, and GRTC members often find that their friends, families, and communities look to them to provide accurate and nonjudgmental information about sexuality and sexual health.

“Really, everything our peer educators do is stigma-busting, whether it’s demonstrating how to use a condom at a health fair or having a one-to-one conversation outside school,” says Shira Cahn-Lipman, PPLM’s manager of youth education. “By naming stigma, we can fight it.”
Dr. Elizabeth Janiak is PPLM's director of social science research and an assistant professor at Harvard Medical School. Her research examines the multiple factors that affect access to sexual and reproductive health care.

You are a public health researcher who brings an interdisciplinary perspective to your work. How do you approach stigma and the ways in which sexual and reproductive health is stigmatized?

EJ: Stigma — defined as a set of negative attitudes and beliefs — is a powerful framework for thinking about health generally, and to help us understand why people have different health outcomes. If we understand how stigma works, we can develop ways of countering its effects and disrupting existing disparities.

What aspects of stigma are you investigating right now?

EJ: Last June, the PPLM research team testified to legislators about the harmful effects of the parental consent law on young people seeking abortions in Massachusetts, and we’re still engaged in the campaign to pass the ROE Act. Another focus is identifying barriers experienced by people who use opioids who are seeking an abortion. We’re also looking at how we can encourage male partners to support women around the experience of abortion. The compounded effects of stigma form the background to these studies, and to all our work.

Does your research extend to groups other than patients?

EJ: Yes, we’re interested in workforce development – helping providers cope with occupational stress and stigma. PPLM offers trainings to medical and nursing students, ob-gyn and radiology residents, and others, and we find that the current generation of students is concerned about health care equity in the context of social justice. That’s cause for optimism.

You and your team of PPLM researchers have published influential papers, testified to legislators, presented at conferences, and generally advanced knowledge about the field. What’s next?

EJ: Our next step is to use our research results to develop and test concrete tools and strategies to address stigma in reproductive health care delivery. Our research can result in improved clinical services, better policies, and compassionate laws. We’re very fortunate that in Massachusetts, PPLM has the expertise, resources, and infrastructure essential to achieve health equity and make care accessible to all.

What effects of stigma are you most concerned with?

EJ: Stigma is a major driver of poor health outcomes for two reasons. First, stigma deters people from seeking medical care, particularly if they are young, are people of color, have low incomes, or face other systemic barriers to accessing care. Second, people internalize the negative beliefs perpetuated by stigma, which causes stress that further affects health.
faces & places

The FY19 PPLM Annual Report is available online! We invite you to learn more about the work your investment in PPLM made possible by visiting PPLM.org/FY19AR.

Celebration of Choices
March 31st: Join us for Celebration of Choices to benefit the Planned Parenthood Advocacy Fund of Massachusetts. 6:30pm, Fairmont Copley Plaza, 138 St. James Avenue, Boston.
Visit pplmvotes.org/MAChoices for details.

Above: Planned Parenthood Federation of America Acting President and CEO Alexis McGill Johnson, PPLM President and CEO Dr. Jen Childs-Roshak, and Joanne Egerman at the President’s Society Sponsor gathering in October (Credit: Russ Mezikofsky). Middle: Supporters at the PPAF ROE Act Advocacy Day in November (Credit: Adelaide Downs). Left: Young Friends of PPLM members at the Young Friends Halloween Big Bash in October in Boston. Right: Panelists Ndidiamaka Amutah-Onukagha, president and founder of Amaka Consulting and Evaluation Services; Mugdha Mokashi, medical student and president-elect of Harvard Medical Students for Choice; and Lennie M., Boston GRTC member, at the President’s Society Conference in November.

Please support PPLM today by visiting www.pplm.org/donate or emailing development@pplm.org.