

Association of Reproductive Health Professionals (ARHP)

History and Overview

Introduction

In 2003 ARHP celebrated its 40th anniversary. The history of the ARHP is intrinsically linked to the story of modern birth control and family planning in the United States. Although the concept and practice of birth control is ancient, it was not until 1961, when the pill first became available, that a highly reliable, safe, private means of contraception signaled the start of the modern era.

This era would give women newfound freedom and change society forever. Along with these changes, new social, medical and ethical issues would arise and loom over the field of contraception. To attend to these issues from a medical perspective, in 1963 Planned Parenthood President Dr. Alan Guttmacher founded the American Association of Planned Parenthood Physicians (AAPPP).

AAPPP was the first organization to focus on the medical professional needs of physicians working in the field of family planning. By providing continuing medical education (CME) through annual post-graduate and scientific workshops in conjunction with Planned Parenthood annual meetings, AAPPP ensured that physicians had a forum to discuss and learn about progress in contraceptive research and developments in related social sciences. In this manner, AAPPP provided a bridge between science and the medical profession and the population they serve.

As contraceptive technology advanced and more birth control options became available, AAPPP also enlarged its boundaries. In 1981 the Association opened its membership fully to professionals other than physicians (nurse practitioners, researchers, educators, and others), becoming the Association of Planned Parenthood Professionals. In the same year, however, advocates for reproductive freedom and choice would face their greatest political challenge with the election of Ronald Reagan as U.S. president, signaling 12 long years of struggle ahead.

The Reagan-Bush era presented many challenges to progress in family planning and reproductive health, but it also provided real impetus, kindling passions and commitment that may otherwise have remained dormant. Accepting a major leadership role, AAPPP began to evolve. After weathering a near-fatal financial crisis, AAPPP accepted its first multi-million dollar grant for a public education program in contraception in 1987 and becoming the Association of Reproductive Health Professionals (ARHP) in the same year.

For ARHP, the 1990s would mean expansion and a greatly enhanced profile. A pro-choice president, Bill Clinton, was elected in 1992, giving hope and fostering new partnerships with government in the field of reproductive health. Cementing a mutually beneficial relationship with the National Association of Nurse Practitioners in Reproductive Health (NANPRH), ARHP's membership grew fivefold and registration for its annual meetings skyrocketed. A number of new ARHP publications were produced and public education and visiting faculty programs were launched. These addressed current "hot" topics in reproductive health, such as new hormonal methods of contraception, management of contraceptive problems, unintended pregnancy, HIV/AIDS, and adolescent health.

In addition to new topics, ARHP adopted new methods of teaching, using video, satellite communication, interactive media, and the Internet. Now poised at the beginning of the 21st century, ARHP is prepared to continue the essential work it started in public and clinical education, and to explore new ways to reach its goals. Completing a cycle, ARHP was born, experienced growing pains, evolved, expanded, and is now ready to launch its new programs for the next generation of reproductive health.

Birth of the Organization

Many consider that the advent of the birth control pill was the most socially significant medical advance of the century. The wheels of contraceptive science had begun to turn. During the 1950s and early 1960s, social scientists were greatly concerned about a "population explosion" consuming global resources with disastrous consequences for mankind. Zero population growth (ZPG) was a common goal, and the contemporary forward thinkers were focused on the global environment and population.

Dr. Alan Guttmacher was the most prominent of these forward thinkers. Trained as an obstetrician/gynecologist, Dr. Guttmacher (1898-1974) became president of Planned Parenthood and chairman of International Planned Parenthood's Medical Committee. He was a champion of voluntary regulation of contraception and abortion rights and devoted his career to the improvement of the social and medical welfare of women and minorities through family planning.

"Family planning" became the catchall term that subsumed the concept of educating people about population, responsible use of birth control, the environment, and women's health. By 1963, Dr. Guttmacher recognized a need for a forum in which physicians could learn about and discuss advances in the field of family planning and formed AAPPP. Membership in AAPPP was limited to Planned Parenthood physicians, and the Association was based in the Planned Parenthood offices in New York.

The goals of AAPPP were primarily educational and advisory. The Association was committed to promoting the stability and health of family through responsible parenthood. It was pledged to the advancement of programs of child spacing, treatment of infertility, sex education, Marriage counseling, research in human reproduction, and genetic counseling. To accomplish these goals, AAPPP was committed to working with all public and private health agencies and organizations, and especially the National Medical Committee of Planned Parenthood and its local affiliate medical committees.

Funded largely by Planned Parenthood, with some small grants from pharmaceutical companies and membership dues from roughly 650 members, AAPPP's activities were modest in these early years. Starting in 1963, an annual scientific meeting would be held in conjunction with Planned Parenthood-World Population (PPWP). These meetings were the first of their kind, with AAPPP providing the accredited continuing medical educational component. Throughout the 1960s, most of the topical content of the annual meeting related to developments in oral contraceptive research, with some focus on population and other family planning issues.

The proceedings from each AAPPP- Planned Parenthood annual meeting were published under the title *Advances in Family Planning*. This quarterly publication, containing four to six papers in each issue, was edited by Dr. Ralph Wynn, who would become AAPPP board president in 1979, and published by Excerpta Medica in Princeton. *Advances* was sent free of charge to AAPPP members and to organizations such as the Population Council and Planned Parenthood Centers. Individual copies were sold for approximately \$5.00 a piece. *Advances* was published regularly until 1981, when it was discontinued for financial reasons. There would not be another major Association publication until 1987, when the first issue of *The American Journal of Gynecologic Health* appeared.

During these early years of the Association's existence, AAPPP had volunteer leadership, no staff and no office space of its own. The thread holding together its members was the annual meeting and the publication *Advances in Family Planning*. The thread was held by Planned Parenthood, from which AAPPP drew its very lifeblood: AAPPP's funding came largely from Planned Parenthood, nearly all its members were Planned Parenthood physicians, and it was based in the Planned Parenthood offices in New York, with part-time administrative support from Planned Parenthood.

In 1970, Dr. John C. Cobb, executive committee treasurer, suggested that AAPPP might provide post-graduate training workshops in topics related to family planning at the annual meeting, for which the organization could charge a fee. The first of these post-graduate seminars was planned for 1974. It would mark AAPPP's increasingly

"In 1962, when I was first privileged to take leadership of Planned Parenthood-World Population, it appeared to me that physicians had not been given sufficient recognition or responsibility in the Planned Parenthood movement in the United States. I therefore suggested that Planned Parenthood physicians be brought together to see if it were possible to construct a viable organization of doctors with this common interest."

- Dr. Alan Guttmacher, from his presentation of the first Margaret Sanger Award in Medicine, 1963

important role as a provider of accredited continuing medical education in the United States, and the evolution of the Association.

THE ALAN GUTTMACHER LECTURESHIP

Alan F. Guttmacher, MD (1898-1974), a champion of voluntary control of contraception and abortion rights, devoted his career to the social and medical welfare of women and minorities. An obstetrician/gynecologist, Dr. Guttmacher authorized the first paperback on birth control in 1961 and over the course of 40 years, wrote and revised a series of books demystifying pregnancy and childbirth. He was director of the department of Obstetrics and Gynecology at Mt. Sinai Hospital in New York City, and served as president of the Planned Parenthood, chairman of International Planned Parenthood's Medical Committee. With his strong convictions and leadership, he was able to exert considerable influence on public policy decision makers in Washington. Known as a humanist with a strong social consciousness, Dr. Guttmacher saw medicine as a profession that should contribute to the solution of society's problems.

In his honor, AAPPP created in 1973 the annual Alan Guttmacher Lectureship, which is awarded to a major contributor to the field of reproductive health. The lecturer was asked to address major scientific advancements that could have significant reproductive health resonance in both the scientific and medical communities. The lecturer was to be a health care provider or scientist.

AAPPP BOARD PRESIDENTS

1964 to 1965 Edward Tyler, M
1965 to 1967 M. Edward Davis, MD
1967 to 1968 Howard C. Taylor, MD
1969 to 1970 Seymour Romney, MD
1970 to 1971 Richard Frank, MD
1971 to 1972 Donald Minkler, MD
1972 to 1973 John Cobb, MD
1973 to 1974 Donald P. Swartz, MD
1974 to 1975 Celso-Ramon Garcia, MD
1975 to 1976 Schuyler Kohl, MD
1976 to 1977 Elizabeth B. Connell, MD
1977 to 1978 Jack R. Lippes, MD
1978 to 1979 Theodore M. King, MD
1979 to 1980 Ralph M. Wynn, MD

The Early Years

By the 1970s, abortion had become the most controversial issue related to birth control. Advances made in family planning, including the advent of the intrauterine device, new oral contraceptive formulations, and the testing of medroxyprogesterone acetate (Depo-Provera), became overshadowed by the abortion debate. Congress passed the Family Planning and Population Research Act of 1970, theoretically ensuring the availability of family planning measures in the United States for all who voluntarily request them. Although the 1973 Supreme Court decision on *Roe v. Wade* guaranteed this right, the law would be sorely tested throughout the coming years.

During these early years, the Association itself was undergoing its own tests of strength. A financial crisis at Planned Parenthood meant that AAPPP had to seek funding from outside the organization. This provided a catalyst for AAPPP's move toward financial autonomy and semi-independence from Planned Parenthood. The new relationship between them would become one of liaison and mutually beneficial cooperation, with AAPPP's president sitting on the Planned Parenthood board of directors, and the Planned Parenthood medical committee chair sitting on AAPPP's board.

Taking the first step, AAPPP requested from Planned Parenthood an administrative secretary, office space, telephone and office expenses for the conduct of the Association's official business. This arrangement would be on a temporary, transitional basis. Following two shorter-term employees, Ms. Reina Carbonero was hired in 1974 and provided administrative services for the Association until 1986. Ms. Carbonero was responsible for keeping the Association accounts, which she organized and disbursed with commendation from the executive committee. Fundraising plans at this time included increasing membership dues and annual meeting registration fees and, importantly, attracting more members.

In an effort to attract international members, in 1973, "American" was dropped from the name of the association, and AAPPP became simply the Association of Planned Parenthood Physicians (APPP). This change was promoted at an executive committee meeting by Drs. George Langmyhr, who was the Planned Parenthood Medical Committee chair and AAPPP executive secretary at the time, as well as by Dr. Donald Minkler. In the discussion that followed, the question of whether AAPPP should be an organization for all family planning professionals, including PhD.s, or continue to be limited to physicians was raised.

By the 1970s, a particular group of health care providers had become increasingly important in family planning services--nurse practitioners, Nurse practitioners, having received specialty training, were no longer just physicians' aides; they had become frontline providers of a number of reproductive healthcare services. Although nurses had always been allowed to join the Association, they had not been given full member status. The question of whether or not to change this policy sparked heated debate within the organization. The feeling among a significant number of APPP's members at that time was that only physicians could act as leaders in the field of family planning, and the inclusion of nurses would dilute the prestige of the Association and turn it into just another health care organization. Over the years, their admittance was strongly supported by a number of executive committee members, especially Drs. Betty Connell and Louise Tyrer. By the time it became clear that the times had changed, and nurses were vital, even essential, as full members of APPP, some physician members of APPP actually resigned in protest. This would not happen, however, until 1981.

"In a pluralistic society, the religious and moral beliefs of those who regard abortion as preferable to compulsory childbearing deserve the same respect as the beliefs of those to whom abortion is unacceptable. We reaffirm our policy that states that "it is the right of every woman to decide whether and when to bear a child."

- Dr. Richard M. Frank, AAPPP
President, Letter to President Nixon,
1971

Evolution

With the election of Ronald Reagan as U.S. President in 1981, the world of family planning and reproductive freedom would have to face new obstacles and old fears. So many advances had been made in contraceptive technology, with refinement of the pill, the IUD, research into other hormonal methods, such as Depo-Provera and Norplant, and new barrier methods. Yet family planning suddenly came under the lash of political revisionism. Reproductive health research and contraceptive technology would meet new political stumbling blocks, and abortion rights would be severely challenged once again.

In response to President Reagan's agenda, APPP's first order of advocacy business was a letter of opposition to the proposed Human Life Amendment and Statute, passage of which would make abortion illegal. At the urging of executive committee member Dr. Louise Tyrer, APPP gave a grant to Physicians for Free Choice, a group of physicians organized by Planned Parenthood who had taken an advocacy role and were writing to officials on matter related to reproductive freedom.

The world of reproductive freedom and family planning would need all the help it could get. In a move that would ultimately increase its potency and political impact, in 1981 APPP became the Association of Planned Parenthood Professionals. At last, health professionals other than-physicians could join the Association as full members, a subject that had been debated for a long time. Full membership in the new APPP was open to all family planning service professionals: nurse practitioners, nurse midwives, pharmacologists, physician assistants, scientists, researchers, educators, and others. The relationship between APPP and nurse practitioners in family planning would prove to be a symbiotic one.

By 1981, it was recognized that nurse practitioners were providing the majority of family planning services. Although by this time they had formed their own organizations, including the National Association of Nurse Practitioners in Family Planning (NANPFP), nurse practitioners in family planning were interested collaborating with APPP. They also sought representation on the program planning committee for APPP's annual meetings, since many nurse practitioners attended the meeting. NANPFP even scheduled the date of their annual meeting to coincide with the APPP meeting. Furthermore, it was suggested that continuing nursing medical education (CNME) might be provided through APPP.

"The year of 1981 will provide several major challenges to our Association. The new Reagan Administration has given some post election hints that their sympathies may be somewhat divergent from our Association's principle objectives..."

- Dr. Howard J. Tatum, AAPP
President, From a letter to the membership, 1981

For practical reasons, increasing both membership and annual meeting attendance was important for APPP at this time. The Association was heading toward a financial crisis, running on a deficit for much of the early 1980s even though membership dues, postgraduate course fees, and meeting registration fees had been raised. Membership dropped to less than 500 and the executive committee discussed skipping a year and instituting a biannual meeting. Financial problems had arisen as a result of a number of factors. These included: decreased attendance at meetings due to increased competition from other organizations; fiscal problems resulting from executive committees and presidents that were inexperienced in fiscal matters; and a large reduction in Planned Parenthood's annual subsidy to APPP, due to Planned Parenthood's own financial problems.

To cut costs, APPP discontinued its journal *Advances in Planned Parenthood* in 1981. An arrangement was made so that APPP members would instead receive a reduced-rate subscription to the *Journal of Reproductive Medicine*, in which some papers presented at APPP meetings were published. By 1985, it was determined that contracting an outside meeting and management organization to run the Association could reduce expenses. HAB Associates was chosen and in 1986, APPP administration was "moved" to Chicago under a one-year time-share arrangement. This move cut immediate overhead costs for the Association, but had unfortunate consequences for much of its early archives, as they were lost.

In another move that must have been particularly gratifying for Dr. Michael Burnhill, who had championed such a change since 1981, APPP finally became the Association of Reproductive Health Professionals in 1987. It was a pivotal year for the Association in many ways. In July ARHP effectively moved to Washington, DC, under management of the National Abortion Federation (NAF). For the next two years, Administrative Director Susan Shermer would run ARHP from her NAF office, managing meetings, finances and administration. In October ARHP entered a new era. Thanks to the efforts of Drs. Michael Burnhill and Richard Derman, the Association received a \$3

million grant from Ortho Pharmaceutical Corporation for a print and media campaign to promote oral contraceptives, called TruthRumor.

TruthRumor was designed to spread the word to the public on the relative risks and advantages of oral contraception through a series of four advertisements addressing common misperceptions about the pill. These included information on the lessened hormone content of the pill; the positive effect of the pill on ovarian and uterine cancer; on the mistaken idea that taking a break from the pill is a good thing to do; and on the risks associated with smoking and oral contraception. The advertisements were published in 17 journals and on television nationwide, and generated a lot of press coverage.

The campaign's success launched ARHP into a new league. It attracted much attention from the media, and effectively allowed the Association to negotiate a separation from Planned Parenthood. ARHP was given custody of the Alan Guttmacher bequest, with the commitment to sponsor an annual lectureship in his name at Planned Parenthood annual meetings. With the willingness of Ortho to contribute additional funds to the organization, ARHP now had a unique opportunity to expand its outreach and at the same time develop programs aimed at attracting and recruiting members. Most importantly, ARHP was faced with the decision to accept a higher profile and take on new opportunities in the realm of public education. To do this, ARHP needed to grow; membership had dropped to around 300.

In October 1988, NAF suggested that ARHP hire its own staff and find office space. NAF Executive Director Barbara Radford offered to conduct a search for an executive director. At the end of the year, Scott Dills, former associate director of Planned Parenthood of Seattle, was recruited as ARHP's first executive director and space was found to rent in the offices of the American College of Obstetricians and Gynecologist (ACOG). A number of possible avenues of growth for ARHP were debated. These included: becoming certified to provide CNME; forming a speakers bureau; publishing more written materials and developing audio-visual educational materials; cultivating the media; collaborating on programs with other organizations; finding new sources of funding; and recruiting new members. A new era for ARHP had started.

THE IRVIN M. CUSHNER LECTURESHIP

Irvin Cushner, MD, MPH (1924-1986) was an influential leader in the fields of modern reproductive health care and public health. As director of the Center for Social Studies in Human Reproduction in Baltimore, he helped develop the field of social obstetrics. The social aspects of reproductive health had previously attracted little attention in the study of traditional obstetrics and gynecology. Dr. Cushner helped develop guidelines for the legalization of abortion in the state of Maryland and was active with many public welfare and health care institutions, including the American Public Health Association, the Association for the Study of Abortion, Planned Parenthood, and the Alan Guttmacher Institute. He taught at Johns Hopkins University and UCLA, and served as deputy assistant secretary for population affairs of the U.S. Department of Health, Education, and Welfare. An outstanding speaker, well-loved and highly respected individual, Dr. Cushner is remembered as a true champion of reproductive rights and social welfare in the United States.

APPP/ARHP BOARD PRESIDENTS

1980 to 1981	Howard J. Tatum, MD, MPH
1981 to 1982	George Huggins, MD
1982 to 1983	Kenneth R. Niswander, MD
1983 to 1984	Ward Cates, Jr., MD, MPH
1984 to 1985	Johanna Perlmutter, MD
1985 to 1986	Richard Soderstrom, MD
1986 to 1987	Michael S. Burnhill
1988 to 1989	Judith Tyson, MD
1989 to 1990	Richard Derman, MD

In his honor, in 1993 ARHP created the annual Irvin Cushner Lectureship, which is awarded to a lay person, public figure, or health care professional. The lecture, presented during a luncheon at an ARHP annual clinical conference, addresses a pressing current issue in the field of health care, especially as it may pertain to reproductive health and related public welfare issues. The presenter is someone who has raised public awareness of the issue and inspired public policy debate.

The first Irvin M. Cushner Lecturer was Dr. Joycelyn Elders, then-director of the Arkansas State Department of Health and President Bill Clinton's Surgeon-General-designate.

Expansion

George Bush was elected U.S. President in 1988, continuing the Reagan march to achieve the right-wing social agenda. With increasing pressure from right-wing--especially Christian--organizations and even violence, the U.S. political climate was rife with new developments touching on human sexuality and contraception, issues related to HIV/AIDS, unintended pregnancy, and the continuing abortion debate. Supreme Court cases began to narrow the Right to Choose. Increasingly, the job of educating the public and clinicians on these matters crossed political lines. ARHP needed a new executive director with political savvy and fundraising expertise. This director was found in Dennis Barbour, JD, former executive director of the Association of Teachers of Preventive Medicine.

Barbour was hired in 1990, the same year the Association was incorporated in Washington, DC. At the time, ARHP's program activities consisted of a one-day seminar in conjunction with the Planned Parenthood annual meeting; co-sponsorship of a medical risk reduction seminar with Planned Parenthood; continuation of the TruthRumour campaign; and completion of a brochure about the organization.

Under Barbour's tenure, the pace of developments would be astounding for ARHP, and the breadth of accomplishments wide. Within a year, Barbour drew up the Association's first strategic plan, hired four full-time staff members and found appropriate office space at 2401 Pennsylvania Avenue, NW. A continuing medical education (CME) Mission Statement was drafted and an ARHP information sheet was drawn up, to be used as text for the first ARHP brochure. All of these elements would work toward one of Barbour's first major projects--to raise the Association's national visibility by expanding the Association's education programs.

"We must make sure that every child born in America is a planned, wanted child and will have the opportunity to grow up healthy, educated, motivated, and with hope for the future... We must begin to address our problem of unplanned, unwanted children and stop letting our people keep falling in and being washed down the river of poverty, ignorance, and enslavement."

- Dr. Joycelyn Elders, US Surgeon General, 1993

In 1991, with a \$1.2 million grant from Wyeth-Ayerst Laboratories, ARHP inaugurated a professional education program with a training series on Norplant, which was approved for marketing in the United States in December 1990. Through this program, *New Developments in Contraception* and a Practicum on the Norplant® System, ARHP trained more than 1,700 clinicians in the insertion and removal of the Norplant® contraceptive system in 34 training sessions in more than 20 cities.

With the success of the Norplant Program, Barbour was able to secure funding in 1993 for an ARHP educational program on reversible methods of contraception. Following FDA approval of depomedroxyprogesteroneacetate, or Depo-Provera, for use as a contraceptive, the Association launched a national educational outreach program to patients and health care providers. The program was designed to raise awareness among women, their partners, and health care providers about reversible contraceptive options through a series of brochures, educational videos, and a visiting faculty program. The Upjohn Company supported the effort with a \$2.4 million grant.

While expanding in its role as a provider of professional and public education programs, ARHP was at the same time assuming a public policy advocacy role. One of Barbour's first orders of business in the political arena was for ARHP to confront the gag rule in 1991. This was a counseling ban instituted during the Reagan-Bush era that would have prohibited medical professionals at Title X clinics from counseling, advising or providing information about abortion and from referring women to health care facilities that offered abortion counseling or services. Health care providers would have been required to tell women who requested information about abortion that "abortion is not an appropriate method of family planning," even when the pregnancy threatened the woman's life

Joining a group of leading medical groups, including the American Medical Association and the American College of Obstetricians and Gynecologists, ARHP opposed the gag rule and signed onto a petition to stop its enforcement.

The following year, ARHP endorsed a petition related to the testing and use of RU486, drafted by the Feminist Majority Foundation. Following meetings in France to assess the potential of RU486, Feminist Majority Foundation leaders found it to offer a wide range of potential benefits for women. In 1989 the Foundation had launched the nation's largest public education drive on RU486, the Campaign for RU486 and Contraceptive Research.

In 1990, the campaign would have particular resonance for ARHP: In the first direct challenge to the FDA import alert on RU486, a pregnant American woman, Leona Benten, returned from England with the RU486 medication for

personal use. Customs officials seized the RU486 upon the arrival of Benten and Larry Lader of Abortion Rights Mobilization at JFK Airport. ARHP's present medical director, Dr. Louise Tyrer, was also at the airport and made a statement to the press.

Other ARHP advocacy activities have included an ARHP editorial supporting the Centers for Disease Control and Prevention's marketing campaign, published in the Washington Times (February 2, 1994), and 1994 congressional testimony in support of over-the-counter status for Zovirax.. These and other ARHP events were well covered by the national media.

As well as raising the profile of ARHP, Barbour was determined to strengthen bonds with Association members and other organizations. Working relationships with other organizations were formed, especially with the National Association of Nurses in Reproductive Health (NANPRH), formerly the National Association of Nurses in Family Planning (NANFP).

In 1990, NANPRH Executive Director Susan Wysocki proposed joint membership recruitment and other collaborative activities with ARHP. As a result, NANPRH began co-sponsorship of ARHP's annual meeting in conjunction with Planned Parenthood.

The relationship between ARHP and NANPRH would become increasingly symbiotic, including co-sponsorship of contraceptive training programs and annual meetings, and exchange of professional medical expertise. NANPRH would relocate to the ARHP offices for five years, with Susan Wysocki acting as the Association's onsite medical consultant and newsletter editor.

The idea of publishing a newsletter had been bandied about in ARHP executive committee meetings since the 1960s. The idea culminated in 1991 with the publication of the ARHP magazine *Health & Sexuality*. Designed to keep members in touch with the Association and with each other, and up to date on current developments in reproductive health, *Health & Sexuality* has won a number of awards over the years, including the 1993 Gold Ozzie, 1992 Silver Ozzie, and 1992 ASAE Gold Circle Award for Achievement. Issues have been timed to cover topics that complement new ARHP clinical and educational programs.

As a clinical partner to *Health & Sexuality*, Barbour developed *Clinical Proceedings*, which provides CME for clinicians. *Clinical Proceedings* presents a comprehensive summary of clinical conference presentations, focusing on evaluated highlights. *Clinical Proceedings* is also timed to complement ARHP's clinical and educational programs.

In addition to the first issues of *Health & Sexuality* and *Clinical Proceedings*, in 1991 ARHP also published a clinician's handbook, *Maximizing Oral Contraceptive Effectiveness*. This handbook serves as a simple, comprehensive reference tool and for nearly a decade has remained popular among members of ARHP and others.

From 1991 to 1997, ARHP's membership increased to nearly 2,000, reflecting the growing dynamism and broadening scope of the Association. ARHP began to hold bigger meetings, use a variety of educational methods, and tackle new issues in reproductive health. These issues included unintended pregnancy, injectable contraceptives, and health benefits of contraception.

Many of these issues have been addressed by ARHP's visiting faculty programs and professional education campaigns, such as *New Developments in Contraception* and a Practicum on the Norplant® System. A number of visiting faculty programs were developed over the years, successfully placing expert, trained speakers in venues as varied as grand rounds, managed care facilities, and national health association meetings. Final curriculum for each program includes slide sets, teaching points, and supplementary materials.

While continuing to sponsor scientific sessions at the PPFA annual meeting, in 1991 ARHP began holding biennial clinical meetings on the perimenopause and adolescent reproductive health, as well a number of clinical consensus conferences. One of the most outstanding of these was the 1992 consensus conference to plan a campaign to reduce unintended pregnancy nationwide.

ARHP BOARD PRESIDENTS
1980 to 1981 Howard J. Tatum, MD, MPH

Unintended pregnancy had become a major concern in the social and medical sciences. In 1991 The Alan Guttmacher Institute published Preventing Pregnancy, Protecting Health: A New Look at Birth Control Choices in the United States, which presented shocking data from a number of surveys. Among other things, the surveys found that more than half the pregnancies in the United States were unintended and about half of these end in abortion.

1990 to 1992 Herbert P. Brown, MD
1992 to 1994 Andrew Kaunitz, MD
1994 to 1996 Steven Sondheimer, MD
1996 to 1999 Kirtly Parker Jones, MD
2000 to 2002 Trent MacKay, MD, MPH
2002 to 2004 Felicia Stewart, MD

The economic and social consequences of the situation were clearly disturbing, and straddled all sectors of family planning. Unintended pregnancy became a political issue, and Dr. Joycelyn Elders, who served on ARHP's board of directors, made it clear from the start of her designation as U.S. Surgeon General that reducing unintended pregnancy was one of her main goals.

ARHP's consensus conference attracted more than 100 attendees from the fields of medicine, religion, politics, the media, and the social and behavioral sciences, as well as representatives of foundations, government, and pharmaceutical companies. The resultant Highlights & Recommendations laid the groundwork for a major undertaking, the National Program to Prevent Unintended Pregnancy. This multi-year, multi-million dollar campaign aimed at reducing the incidence of unintended pregnancy through improved contraceptive usage and greater awareness of the consequences of sexual behavior.

Guided by a task force co-chaired by Drs. Herbert Brown and Michael Burnhill, the National Program to Prevent Unintended Pregnancy would raise the profile of ARHP significantly. The program's various components would include a visiting faculty program in reversible methods of contraception, a clinician's tool, a contraception hotline, patient education materials for nurse clinicians, a patient CME panel, and a National Program newsletter. It would also spawn another new partnership focused on the problems of adolescent reproductive health.

To examine the public policy component of a newly-recognized health crisis population, ARHP hosted What Works--Adolescent Health: STD and Pregnancy Prevention, in October 1993. The meeting was co-sponsored by the American Social Health Association and the Centers for Disease Control and Prevention, in collaboration with the Women's Health Task Force of the Congressional Caucus for Women's Issues. U.S. Surgeon General Dr. Joycelyn Elders gave the keynote address and served as honorary chair of the meeting.

The clinical originator of the policy meeting, the first in a new biennial, clinical conference series devoted to issues related to adolescent reproductive health was held in November 1993, Adolescent Reproductive Health '93--Clinical Update: Protecting the Sexual Health of Teens in the 1990s. One month later, in December 1993, the Adolescent Health Initiative was developed as a component of the National Program to Prevent Unintended Pregnancy.

The Initiative evolved into the National Adolescent Reproductive Health Partnership (NARHP) by 1994, a coalition of organizations and individuals with a common interest in making adolescent reproductive health a national priority. Over 70 organizations and more than 300 individuals have become NARHP "partners." Over the years, NARHP's many activities have included a teen CME panel, Internet clearinghouse, teen hotline and the NARHP quarterly newsletter. In 1995, Let's Talk About Sex, the Emmy award-winning, NARHP-sponsored video designed to educate teens on abstinence, birth control, STDs, and pregnancy was aired on PBS. And NARHP also developed a kit featuring a teen sexual history-taking tool to help adolescents and their health care providers address subjects such as birth control and STDs.

Programs such as the Adolescent Health Initiative and the National Program to Prevent Unintended Pregnancy helped define a certain era for ARHP. They attracted new--and lasting--interest in the Association from sources beyond the purely medical sector, and included the participation of well-known and pivotal decision-makers in government, politics, industry, and the media. When Barbour left the Association in early 1998, this era effectively came to an end, while germinating a new beginning: Fortified with increased membership, new partnerships, and successful, ongoing professional programs and meetings, ARHP was ready to meet a new generation.

"Reproductive health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so."

- From the United Nations Report of the International Conference on Population and Development Special Report on Family Planning, Cairo, Egypt, September 1994

The Next Generation

Established as a leader in reproductive health education, ARHP today is in a healthy financial position, enjoys a reputation as a credible source of reproductive health education for clinicians, and is considered a useful resource by individuals, organizations, the media, and industry. ARHP has excellent potential for future growth, positioned as a bridge between clinicians, government agencies, NGOs, and industry, and with a core clinical constituency that is multidisciplinary, providing a broad and unique audience for reproductive health programs.

In February 1998, the ARHP board of directors appointed Wayne Shields to the position of president. Shields inherited a strong organization with almost 2,000 members, an annual *Reproductive Health* meeting and two alternating biennial meetings, *Perimenopause* and *Adolescent Reproductive Health*. The *Health Benefits of Contraception* public and professional education campaign had been launched, including a successful CME visiting faculty lecture program. And another new program had been initiated, *Treatment Partners: Patient and Provider Forums on New Treatments and Clinical Management Options for HIV/AIDS*, a clinician and patient education program co-sponsored by the National Minority AIDS Council (NMAC).

Following ARHP's first "generation" of growth, Shields and the board plan to help the organization meet new challenges during its next phase. Among these were to expand the types of programs offered by ARHP; help raise awareness about ARHP among clinicians, the media, legislators, and others; encourage collaborative efforts with other organizations; and to position ARHP as a significant source of information and education for clinicians and the public; among others.

In the fall of 1998, ARHP launched a new public and professional education campaign to encourage successful contraception, *Today and Every Day: Contraceptive Confidence*. This program grew out of an ARHP consensus meeting on contraceptive compliance and was shaped by a comparison of two nationwide ARHP surveys on knowledge and attitudes about contraception; one polled patients and the other physicians. While complementing ARHP's *Health Benefits of Contraception* Program, *Today and Every Day: Contraceptive Confidence* maintains a strong focus on achieving successful contraception and provides a set of adhesive reminders for women who take the pill.

In addition to these ARHP CME meetings and programs, the adolescent reproductive history form developed by NARHP was evaluated with a grant from the Office of Population Affairs, Department of Health and Human Services. New issues of *Health & Sexuality* and *Clinical Proceedings* have been published on the topics of successful contraception and treatment strategies for HIV in women, and other major ARHP publications have been reprinted-- *Perimenopause: Pathways to Change*, and English and Spanish versions of the brochures *Better Choices Better Health* and *Choosing a Birth Control Method*.

Three new issues of *Clinical Proceedings* are in various stages of development and production. Topics include new developments in contraception, an expanded issue on health benefits of contraception, and a special issue reporting the results of a consensus conference of experts on appropriate contraceptive choice and usage. And an issue of *Health & Sexuality* is planned on pregnancy prediction methods.

During a summer 1998 retreat, ARHP board and staff addressed many issues, the first of which was to re-evaluate ARHP's mission statement to reflect changing focus and expanding horizons. Approved by the ARHP board, it succinctly reads as follows:

The Association of Reproductive Health Professionals (ARHP) is an interdisciplinary association composed of professionals who provide reproductive health services or education, conduct reproductive health research, or influence reproductive health policy.

ARHP, founded in 1963, has a mission to educate health care professionals, public policy makers, and the public. The organization fosters research and advocacy to promote reproductive health.

Shields has launched a long-term educational initiative, the *Fund for the Future of Reproductive Health*. The goal of the Fund is to provide seed money with which to develop the innovative projects and programs outlined in the white paper. The Fund will be guided by recommendations from an independent panel of ARHP members, who will be charged with identifying projects that foster collaborative efforts among nonprofit reproductive health organizations.

Raising and maintaining support from new and diverse sources will be a prime focus of ARHP in its new generation. In October 1998, the Association was awarded its first major foundation grant--\$500,000 from the David and Lucile Packard Foundation--to develop, launch and evaluate a national train-the-trainer program on emergency contraception. Led by board member Dr. James Trussell, ARHP's main partners in this venture include Planned Parenthood and the Reproductive Health Technologies Project.

In addition to charting new educational courses, creating new partnerships, and making new "friends," ARHP President Shields has plans to cross borders. Guided by the ARHP board, Shields will attempt to fulfill the early promise of the Association by beginning the process of shaping it into a truly international organization.

ARHP accepts the charge to help create a world in which reproductive health is the norm and not the exception. To achieve this, ARHP is committed to three main goals. The first is to normalize conversation about sexuality in order to reach a world where all people have the information, knowledge, understanding, and freedom to make appropriate and responsible decisions about sexual activity, family planning, and overall sexual health. The second is to advocate for reproductive health research, education, and access, including ample funding for research, abundant educational programs and resources to encourage the next generation of reproductive health educators, respect and recognition in Congress, and universal access to critical health services. Finally, ARHP is committed to looking beyond traditional parameters and seek new possibilities, to be inclusive and sensitive to the reality that reproductive health touches all stages of life, all cultures, and all belief systems.

The future holds vast promise, and recognizing that reproductive health is essential for full and satisfying life, the potential for achievement for ARHP, through its board of directors, staff and members, can not be underestimated.