

Family Planning Medicaid Waiver Evaluators Conference Call

November 5, 2007, 1.00-2.00 pm EST

Participants

Evaluators: Mario Ariet (FL), Janet Bronstein (AL), Molly Carpenter (VA), Rajeeb Das (FL), Kathy Langlois (MS), Dave Murday (SC), and Jeff Roth (FL)

State Staff: Danni Atkins (FL), Sydney Atkinson (NC), Susan Barber (TN), Kellie Caswell (FL), Tysha David (NC), Geneva Fearington (NC), Karen Jackson (FL), Margaret Major (TN), Catherine McGrath (FL), Bernie Operario (NC), Lynn Smith (FL), Marcia Swartz (NC), and Janet Temkin (FL),

Sheps Center: Priscilla Guild and Ellen Shanahan

Others: Adam Sonfield (Guttmacher),

Not on the Call

Evaluators: Paul Buescher (NC), Kim Dauner (SC), Holly Felix (AR), Andrea Johnson (NC), Debeshi Maitra (SC), Bo Martin (NC), Mike Resnick (FL), and Ila Sarkar (MS), Catherine Sreckovich (NC),

State Staff: Emily Anderson (KY), Sondra Burns (LA), Bonnie Cox (GA), Joe Holliday (NC), George Johnston (NC), Lois Lockett (LA), Marie Melton (FL), Traci Perry (LA), Tahirah Rashdeen (LA), Bill Sappenfield (FL), Cliff Schmidt (FL), Janet Sheridan (SC), Cindy Thames (MS), Tri Tran (LA), Betsy Wood (FL), and Ron Young (LA)

Sheps Center: No one

Others: Sherry Armstead (CMSO), Nancy Dieter (CMSO), Kathleen Farrell (CMSO), Meredith Robertson (CMSO), and Paul Youket (CMSO)

Today's conference call was set-up as a follow-up discussion on the usefulness of unintended pregnancy rate as an outcome measure for the Medicaid Family Planning Waiver. Dave Murday and Adam Sonfield led the discussion

Dave started the discussion by briefly summarizing the experience he has had using the proportion of births that were unintended as a outcome measure in South Carolina. The data on this were sent out and discussed on the September 10th call. The proportion of births that were unintended was measured in two ways, one using PRAMS data and another using data from a survey that was done on a sample from three population groups: enrollees who participated in the program, enrollees who had not participated in the program, and the eligible population who had not enrolled. In both of these cases he found little or no effect on the proportion of births that were unintended comparing waiver participants to non-participants. He also linked the Medicaid Waiver participant population with the PRAMS population and looked at the PRAMS proportion of births that were unintended for waiver participants and again found no effect comparing them to non-participants with similar income. In Dave's review of the literature, which is supported by Bill Sappenfield who could not be on the call, little seems to be available that directly supports the fact that use of contraception affects unintended pregnancy.

Adam pointed out that there had been several multi-state studies that have shown some decline in the unintended pregnancy rates or overall birthrates as a result of state waiver programs. The references to three of them are:

- Edwards J, Bronstein J and Adams K, *Evaluation of Medicaid Family Planning Demonstrations*, The CAN Corporation, CMS Contract No. 752-2-415921, November 2003;
- Lindrooth RC and McCullough JS, The effect of Medicaid family planning expansions on unplanned births, *Women's Health Issues*, 2007, 17(2):66-74; and
- Kearney MS and Levine PB, Subsidized contraception, fertility, and sexual behavior, National Bureau of Economic Research Working Paper Series, available at: <http://www.nber.org/papers/w13045>.

He also pointed out that assuming that a woman who chooses to participate in a Medicaid Family Planning Waiver probably does not want to become pregnant, if this women becomes pregnant it is most likely due to the failure of a contraceptive method and one might expect them to have a higher proportion of births that are unintended than non-waiver participants. He also emphasized the distinction between the unintended birth rate and the proportion of births that were unintended. They are completely different measures, and he argued that it is the unintended birth rate (and related measures, such as the unintended pregnancy rate) that is of interest to waiver programs.

Priscilla said that since the correct use of a contraceptive method usually prevents a pregnancy it is unlikely that a woman who wants to become pregnant at particular point in time will use a contraceptive method at that time and thus the use of contraceptives is probably preventing unintended pregnancies. The difficulty arises around how to measure this.

The answer one receives when asking a question about the intendedness of a pregnancy can vary with the same women depending on when the question is asked. A woman may not have wanted the child before she got pregnant but once the child is born, this feeling may change. The PRAMS survey asks the question after the birth while choosing to use a contraceptive method occurs before the pregnancy. Since women use contraceptive methods in order to have some control over the timing of their pregnancy, depending on when the PRAMS survey is completed, they may have prevented an earlier pregnancy but planned the one the PRAMS is following up on. Sample size is also a potential problem but even when combining years to increase the size effects are not always seen.

There was then some discussion about other ways this might be measured. Because women do not use contraception to avoid intended births, the fact that birth rates are going down implies a reduction in unintended pregnancies and births. Measurement of births averted could be considered a measure of unintended pregnancies averted.

Finally there was discussion of the role of counseling in providing an effective contraceptive method. No one knew of any studies of this. Pris will look into whether the results of the Sheps Center's Women's Reproductive Assessment Program (WRAP) have been published. This randomized controlled trial in primary care settings examined the consistency and effectiveness of a woman's chosen contraceptive method. The "study" participants received one-on-one contraceptive counseling, using an innovative application of motivational interviewing, while the "control" participants received general women's wellness counseling about diet and exercise only. Outcome measures included incidence of unintended pregnancy, chlamydia, and self-report of changing behaviors, such as consistency of contraceptive and condom use, that mediate risk.

Apparently SC is the only state in the Region that has chosen the measurement of unintended pregnancy as one of its outcome measures. Given the difficulty measuring this, it might better be considered a goal of the waiver but not one its outcome measures.

No topic was selected for the December call. Kim Dauner still wants to discuss STDs and Pris will check to see if she can still do it in December. She will also survey participants to see if there are other topics of interest.

Next Call: December 10th from 1 until 2 PM EST. The call-in number for all the calls is (919) 962-2740.