Family Planning Update on Issues and Trends

Prepared for
Region IV Family Planning Directors’ and Training Coordinators Meeting
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by
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How Are We Doing?

• Meeting the Need: Title X
• Availability of Resources
• Consequences of Unmet Need
• Health Care Reform Update
Trends in Rates and Disparities:

- In-need Population
- Numbers Served
- Need met
- Unmet Need
- Consequences of Unmet Need
  - Increased Unintended Pregnancy
  - Abortion
  - Rapid Repeat Pregnancy
  - Short Birth Intervals
  - STDs/RTIs
  - Unhealthy Pregnancies
  - Poor Birth Outcomes
Women in Need of Publicly Funded FP
Region IV
1998--2008

Number

Ten-Yr Trend: Women In Need of Publicly Funded FP Services Region IV 1998 - 2008

Age 15-19

Age 20-44
Title X FP Users (in thousands) < 150% FPL by Race
Region IV 1999-2009

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Region IV  Clients served (6 years)

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Change in # Title X Users by Race-Ethnicity Region IV States 2005-09

- White: +10,488 users 1.8% increase
- Black: -32,602 users 8.7% decrease
- Latino: +28,413 18.5% increase
- Total: -42,013 4.0% decrease
Title X FP Users by Race in Region IV
FPAR Data, 1999-2009

Number

White
Black

1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009

White
Black
Ratio of Women Served by Title X to Number of Women In Need of Publicly Funded Family Planning Services, Region IV

Number Served per 100 in Need

Year
- 1998
- 2000
- 2002
- 2004
- 2006
- 2008
Estimated Number of Women (Age 15-44)  
In Need of Publicly Funded Family Planning Services  
And Number of Women Served by Title X Clinics, Region IV, 1998-2008

- W-I-N numbers going up  
- Numbers served through Title X fairly constant over time  
- Gap in need being met by Medicaid? Or not at all?  
- Look at indicators of effectiveness to decide
What About Our Resources Over Time?

- Title X Funding History
- Title X Dollars per Woman in Need, Over Time
- Revenue Sources, Region IV and US
- Mix of Title X, Medicaid, Private, Uninsured
Title X Dollars per Woman in Need  
1999-2009

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Region IV  five year funding history

- 2007  $55,361,530
- 2008  $55,361,530
- 2009  $57,023,530
- 2010  $58,551,500
- 2011  $60,300,320
- 2012  $ (Edie has these?)
**National Title X Funding History: Key Years**

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<td>2012</td>
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* (Edie has these figures?)
Family Planning Program Revenue Sources
United States 1999 - 2008

- Title X
- Medicaid & SCHIP
- State Govt Grants & Contracts
- Other
Family Planning Program Revenue Sources
Region IV 1999 - 2009

Percent

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

1999 2001 2003 2005 2007 2009

Title X  Medicaid & SCHIP  State Govt Grants & Contracts  Other

[Bar chart showing revenue distribution for Title X, Medicaid & SCHIP, State Govt Grants & Contracts, and Other for Region IV from 1999 to 2009]
Title X Users by Insurance Status
Region IV  2005 - 2009

Rates shown exclude those with unknown insurance status
Region IV
Title X Users In-Need and Not Served
2000-2006

[Bar chart showing the number of Title X users in-need and not served from 2000 to 2006. Each year shows a steady increase in the proportion of in-need not served.]
Consequences of “Not Meeting the Need” in our Region

- Unintended Pregnancy
- Rapid Repeat Pregnancy
- Abortion
- Infection (RTIs, HIV)
- Preterm Delivery
- Repeated (Serial) Preterm Deliveries
- Increased Hospital Costs
Repeat Pregnancies in the Early Childbearing Years
Live Births and Fetal Deaths that were Rapid Repeat Pregnancies (%)
Estimated Births to Women with Previous Preterm Birth

- Percent

White

Black
Estimated Hospital Charges for Region IV Preterm and Term Live Births

Average charges for NC births in hospitals applied to Region IV Live Births by GA
Induced Abortion Rate for Women 15-44 years
Region IV 1998-2008
(# Abortions / # women) x 1000

Rate

How Does Region IV Compare with US Total?

Induced Abortion Rate (Age 15-44) per 1,000
Indicator of Unmet Need: Rates of Short Birth Interval
New Pregnancy within 6 Months of Previous Delivery
Indicator of Unmet Need: Declining Rates of Healthy (2-5 yr) Spacing
Optimal Birth Interval Rates in Region IV
1998-2008
Teen Pregnancy Rates by Race in Region IV
1998-2008

Rate

White
Black

What % of Teen (<18 yrs) Pregnancies are Aborted?

![Graph showing the percentage of teenage pregnancies that are aborted over the years 1998 to 2008 for White and Black populations. The graph indicates a slight decrease in the percentage over time for both groups.]
Fraction of Adult Pregnancies Ending in Abortion (Age 18+)

Percent


White  Black
Method Failure: What are Trends in Our Region?

Estimate of Women With a Live Births Using a Contraceptive Method at the Time of Pregnancy Region IV

PRAMS Data: 1998 - 2008
Region IV
Women Not Trying to Become Pregnant (but) Using No Contraception
PRAMS 1998-2008

![Graph showing percent of women not trying to become pregnant but using no contraception over years, with two lines representing White and Black populations. The graph shows a trend of decreasing percent over time.]
Female Title X Users by Contraceptive Method Mix
Region IV   2005 - 2009

Rates exclude women who were using no method, pregnant or seeking pregnancy.
Consistency of Contraceptive Method Use All Year, 2002

43 Million US Women at Risk of Unintended Pregnancy

- Consistent Use 65%
- Inconsistent Use 19%
- Nonuse 16%

Consistency of Contraceptive Method Use Month before Conception, 2001

- Consistent Use: 5%
- Inconsistent Use: 42%
- Nonuse: 53%

3.1 Million Unintended Pregnancies

### Reported Cases of HIV Infection (not AIDS)

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Prevalence of HIV Infection or AIDS (per 100,000 population) 2007 [CDC data]
HIV Infection or AIDS (Children Age <13)
2007 [CDC data]
Female Title X Users That Were Tested for Chlamydia
Region IV       2005 - 2009

Percent

2005       2006       2007       2008       2009
<18  18-24  25+
0%  10%  20%  30%  40%  50%  60%  70%

<18  18-24  25+
2005  2006  2007  2008  2009
Female Title X Users Obtaining a Pap Test
Region IV    2005 - 2009

Percent

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Title X Users That Received a Clinical Breast Exam
Region IV       2005 - 2009

Percent

2005  2006  2007  2008  2009
Health Care Reform: Key Opportunities

- 12 million women gain coverage by 2014
- Insurance reforms provide new protections
- Expands coverage for preventive services $11 billion
- Special appropriations for:
  - Home visiting (Ex: Mississippi MIME and DIME) $1.5 billion
  - Services for teens, esp pregnancy prevention ($375 million) and parenting teens ($125 million)
  - Treatment of conditions in post-partum period ($15 million for PP depression)
  - CHCs $11 billion, shift to primary care focus
Health Care Reform Opportunities (cont.)

- **Bright Future’s for Women** (parallel Children’s)
  - Preconception health, prevention
  - Smoking cessation for pregnant women
- **FP Waiver and SPAs**
- **Medicaid S for establishing “health homes”**
  - $25 million in planning grants
- **CHC and primary care capacity expansion**
  - Training (NHSC)
  - Operations ($$)
  - Residency supports
Cost Savings of Improved Access to Prevention

- If five preventive services were utilized effectively:
  - colorectal screening
  - breast cancer screening
  - flu vaccines
  - counseling on smoking cessation
  - regular aspirin use

- Avert 100,000 deaths each year
  - Effective cancer screening, early treatment ==> reduce the cancer death rate by 29 percent

- We need current data on cost savings and investments in Family Planning
Cost Savings of Improved Access to Family Planning:

- **Lengthened intervals between pregnancies:**
  - **Oklahoma:** % women using contraceptive services six months after Medicaid-funded delivery rose 20% in two years
  - **Arkansas:** repeat births @ 12 months dropped 85% for women enrolled in the family planning expansion, 2001 - 2005
  - **Rhode Island:** % women w/ Medicaid-funded birth becoming pregnant again within 18 months plummeted following initiation of the state’s family planning expansion in 1993
  - By 2000, for the first time, Medicaid enrollees in **Rhode Island** less likely to have short inter-pregnancy interval than privately insured women

Source: RB Gold, 2009
Family Planning Clinics As Medical Home

- “More than six in 10 women who obtain care at a family planning center consider the center to be their usual source of medical care.”

- “The package of basic, preventive sexual and reproductive health services routinely provided in family planning centers—along with contraceptive services and supplies—is essentially the same package of care a private physician offers a woman during her annual gynecologic exam.”

Title X Users by Insurance Status
Region IV       2005 - 2009

Rates exclude those with unknown insurance status.
Importance of Title X in Preventing Unintended Pregnancy

• “In the absence of publicly funded family planning, levels of unintended pregnancy and abortion would be nearly two-thirds higher among women overall and teens, and close to twice as high among poor women.”