

**Family Planning Evaluators
Conference Call
March 13, 2006, 1.00-2.00 pm EST**

Participants

Evaluators: Mario Ariet, Paul Buescher, Janet Bronstein, Dave Murday, Jeff Roth
State Staff: Joe, Holliday, Bernie Operario, Betsy Wood
Sheps Center Staff: Priscilla Guild, Ellen Shanahan
Guest: No one

Not on the Call

Evaluators: Lynne Cossman
State Staff: Bonnie Cox, Janet Sheridan, Cindy Thames, Lori Williams
Sheps Center Staff: no one

Pris started by introducing Betsy Wood to the group. Betsy is the Director of Infant, Maternal, and Reproductive Health in Florida. Since Faye Alexander, the Title X Director in Florida, has resigned, Betsy will be joining our calls at least until the position is filled.

Pris reported that Adam Sonfield at AGI never called her so she called him before this call and left a message for him to call her. When she hears from him she will let the group know if or how he would like to be involved in our calls. (See February minutes for more details.)

On the grid, item 13 (Budget Neutrality) continued as the topic for this conference call. The following two questions were addressed:

- What is the best way to get an estimate of the population of women eligible for SOBRA in the pre-waiver baseline year(s) (the denominator for the first method)?
- How could the estimated baseline fertility rate (pre-waiver SOBRA births / pre-waiver SOBRA eligible women) be corrected to account for secular trends in fertility rates over time and to calculate “expected” births in a given demonstration year? Could we use general trends in fertility rates, or does it need to be more specific to the segment of the population served by the waivers?

The group was pleased that Paul Buescher was able to join us for the call because his demographic training will be helpful with these questions. Paul mentioned that he had not thought much about the waiver evaluation since Cathy Melvin’s contract was cancelled by Medicaid, none-the-less, his input was very valuable in the discussion.

Best way to get an estimate of the population of women eligible for SOBRA in the pre-waiver baseline year(s):

After discussion of the various issues there was agreement that there is not a perfect way to do this. The issues discussed included the best source on income data, age-adjusting or not, and basing the estimate on one or multiple years.

Three potential sources of income data to estimate the population of women between certain ages and between certain percents of poverty include the Current Population Survey (CPS) [used by AL, NC, and SC], the Integrated Public Use Microdata Series (IPUMS) [FL] maintained by the University of Minnesota (<http://www.ipums.umn.edu/>), and the Pregnancy Risk Assessment Monitoring System (PRAMS) [used by one of the states in Janet Bronstein has worked with]. The CPS gives income estimates by age and sex for the years between Censuses using a sample survey of the total US population while the IPUMS gives these estimates for the years between two Census years using a straight-line estimation procedure. The main drawback of the CPS is that the sample is selected to give national estimates, so for smaller states and age/sex/race groups within a state the numbers are small and the estimates might have large confidence intervals. With the IPUMS data, estimates after 2000

would not be available. Not all states have PRAMS but those who do could get statewide estimates of live births to SOBRA-eligible women from this survey. The remaining discussion relates to using the CPS, although some of the points would also be relevant to the IPUMS and PRAMS.

If numbers allow reasonably stable estimates it would be good to age-adjust the estimates since the Medicaid Waiver population is probably younger than the total SOBRA population. Due to sample size, if age-adjusting is done the following three age-groups are recommended (15-24, 25-34, 35-44).

Also to correct for small numbers, the estimates should be made using three years of data prior to the waiver rather than one.

For this region we might want to consider using the same dataset (say CPS) for estimating the eligible population and contract out calculation of the numbers to a group that works closely with this survey to make sure they are done consistently and in the best way. For the national evaluation Janet Bronstein had a group at Emory University do this.

Correcting the estimated baseline fertility rate (pre-waiver SOBRA births / pre-waiver SOBRA-eligible women) to account for secular trends in fertility rates over time to calculate “expected” births in a given demonstration year:

Since there did not appear to be a good way to do this, and the estimation procedure might introduce loss of undetermined error, it is not recommended that the baseline rates be adjusted.

Several other related issues were also discussed.

What to do with women who get a pregnancy test on their first waiver visit and are determined to be pregnant:

Although it is recognized that family planning services are designed to help women better plan their pregnancies and not to totally eliminate pregnancies, it seemed reasonable when calculating fertility rates after the program that only live births to women who were NOT pregnant on the first family planning waiver visit be included.

Measuring the number of SOBRA births:

These are being taken from the Medicaid data files. The main problem is including emergency Medicaid births if they are primarily to women that would not be eligible for the Family Planning Waiver due to residency status. If states can identify which emergency Medicaid birth to remove because they would not be eligible for the Waiver they could be removed, but this type of woman should also be removed from the SOBRA-eligible population estimates. If they cannot be removed from both the numerator and the denominator, they should not be removed in calculating the fertility rates. In most cases this will probably not be a large number.

Target population for the waiver:

What group should be considered the **target population for the waiver** (financially eligible population, enrollees, or participants)? Since it would be difficult to measure the birthrate for the eligible population and some of this group might have some other way to pay for family planning services, the group should not be used as the target population. As would be expected, the waiver will impact the participants more than enrollees but the program should have outreach services that will move the enrolled population to participate. For this reason it was decided that the target population for the waiver evaluation should be the enrolled population. Since most women are enrolled in the hospital after they have given birth it is felt that most of the financially eligible population eligible for the waiver would be enrolled.

Discussion on the April conference call will center around defining the optimal interconceptional period. Jeff Roth will lead the discussion and Betsy Wood will send Pris the literature search that they have done in Florida on this topic. Pris will share this with the group.

Next Call(s): The next two calls have been scheduled for:

April 10th and

May 8th.

from 1 until 2 PM EST. The phone number for all the calls will be 919-962-2740.