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University of California San Francisco

## **Access to Publicly Funded Family Planning Services in California, FY 2006-07**

**December 2010**

### **Suggested citation**

Chabot MJ, Lewis, C, Thiel de Bocanegra, H. *Access to Publicly Funded Family Planning Services in California, Fiscal Year 2006-07*. Sacramento, CA.: Bixby Center for Global Reproductive Health, University of California, San Francisco, 2010.

This report was prepared by the Bixby Center for Global Reproductive Health, University of California, San Francisco (UCSF) and was supported by funds from the State of California, Department of Public Health, Office of Family Planning. All analysis, interpretations, or conclusions reached are those of UCSF, not the State of California.

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# Access to Publicly Funded Family Planning Services in California, Fiscal Year 2006-07

December 2010

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**A**ccess to publicly-funded family planning services fills a critical gap in providing family planning as well as important preventive reproductive health services<sup>i</sup> and referrals to primary care that those in need may otherwise forgo. In California, both Family PACT (Planning, Access, Care and Treatment),<sup>ii</sup> and full-scope Fee-for-Service and Managed Care Medi-Cal (California’s Medicaid Program) provide comprehensive reproductive health services to eligible low-income residents.

This report describes access to publicly funded family planning services among women in need of these services in Fiscal Year (FY) 2006-07.

### How Is Access Measured?

Data sources to measure access to publicly funded family planning services include major California-specific health surveys, federal poverty estimates, and administrative claims records.<sup>iii</sup> In this analysis, women are considered to be **in need of publicly funded family planning services** if they are:

- Adult women ages 20-44, with income at or below 200 percent of Federal Poverty Level (FPL), and at risk of unintended pregnancy;<sup>iv</sup> or
- Adolescent women ages 15-19 who are sexually experienced, regardless of their parents’ income.<sup>v</sup>

Women ages 15-44 who were enrolled in Family PACT and/or Medi-Cal and had at least one family planning visit<sup>vi</sup> in FY 2006-07 were considered to have accessed publicly funded family planning services.<sup>vii</sup>

Access to family planning is measured by comparing the number of women who received a family planning service at least once during FY 2006-07 to the total number of women who were in need of these services.

For a full description of the methodology see the report *Access to Publicly Funded Family Planning Services in California, FY 1999-00 to FY 2003-04* at [http://www.familypact.org/research/reports/AccessToCareRptOFP\\_5-25-09.PDF](http://www.familypact.org/research/reports/AccessToCareRptOFP_5-25-09.PDF).

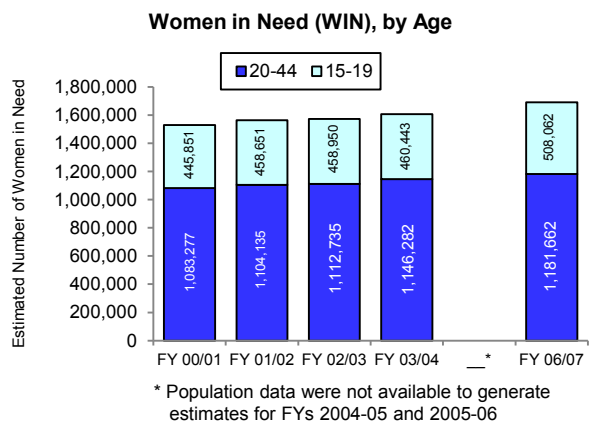
### How Many Women Were In Need of Publicly Funded Family Planning Services?

There were an estimated 1.7 million women in need (WIN) of publicly funded family planning services in FY 2006-07, up from 1.6 million in FY 2003-04. While there was an overall increase of 5.2 percent in WIN, the increase was higher among adolescents ages 15-19 (10.3 percent) than among low-income adult women ages 20-44 (3.1 percent). See Figure 1.

**Adolescents in Need:** An estimated 460,000 adolescents were in need in FY 2003-04. By FY 2006-07, this number had grown to 508,000, representing a 10.3 percent increase.

**Adults in Need:** In FY 2006-07, there were an estimated 1.2 million adult women in need. This represents a 3.1 percent increase from the estimated 1.1 million in FY 2003-04.

**Figure 1: Estimated number of women in need of publicly-funded family planning services: FY 2000-01 to FY 2003-04 and FY 2006-07**



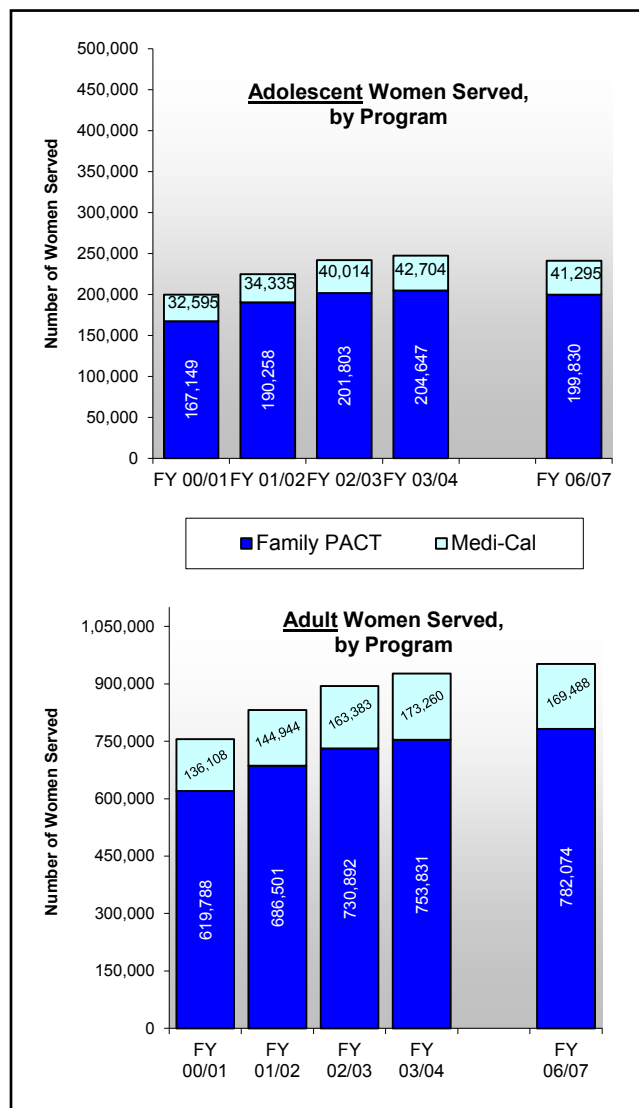
Sources: Annual Social and Economic Supplement Files to the Current Population Survey, 2006-08; State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000-2050; California Health Interview Survey, 2005 and 2007; California Women’s Health Survey, 2006-08. Data for FY 2000-01 to FY 2003-04: [http://www.familypact.org/research/reports/AccessToCareRptOFP\\_5-25-09.PDF](http://www.familypact.org/research/reports/AccessToCareRptOFP_5-25-09.PDF).

## How Many Women In Need Were Served?

The number of women, both adolescents and adults who received publicly funded family planning services grew rapidly as the Family PACT program expanded in its early years. For example, there was a 22 percent increase in number of women served between FYs 2000-01 and 2003-04. However, between FYs 2003-04 and 2006-07 the increase slowed down to three percent.

In FY 2000-01, Family PACT provided 786,937 women ages 15-44 with at least one family planning service. By FY 2006-07, this number had grown to 981,904 women. Medi-Cal provided 168,703 additional women with at least

**Figure 2: Number of women provided family planning services, by program: FY 2000-01 to FY 2003-04 and FY 2006-07**



Source: Family PACT and Medi-Cal administrative claims data.

one family planning service in FY 2000-01 and that number grew to 210,783 women in FY 2006-07.

**Adolescents Served:** Between FYs 2000-01 and 2003-04, the number of teens served by Family PACT increased by 22 percent. Thereafter, the number served reached a plateau, and a two percent decline occurred between FYs 2003-04 and 2006-07. In Medi-Cal, the number of teens served with at least one family planning service increased by 31 percent between FYs 2000-01 and 2003-04. Similar to the trend observed in Family PACT, the number of adolescents served through Medi-Cal decreased by three percent between FYs 2003-04 and 2006-07. See Figure 2.

**Adults Served:** While Family PACT continued to serve an increasing number of adult women and has not seen a decline in numbers served, the increase is slowing down. The number of women served between FYs 2000-01 and 2003-04 increased by 22 percent. Between FYs 2003-04 and 2006-07 the increase slowed down to four percent. Medi-Cal also served an increasing number of women with family planning services, but experienced a decline between FYs 2003-04 and 2006-07. The number of women served by Medi-Cal with a family planning service declined by two percent between FYs 2003-04 and 2006-07. See Figure 2.

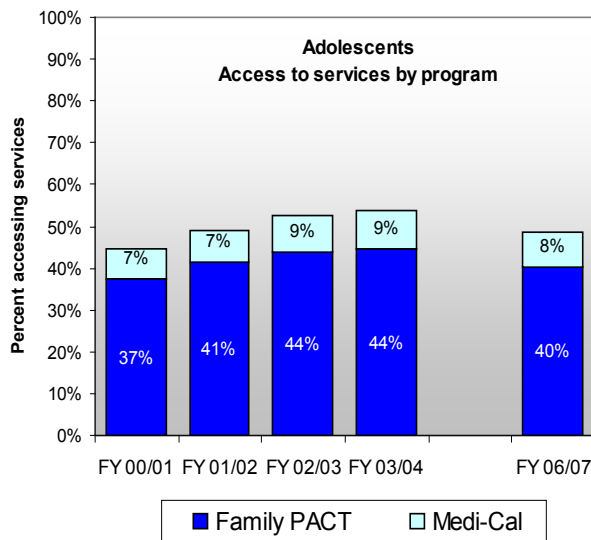
## Has Access to Publicly Funded Family Planning Services Increased?

Access to publicly funded family planning services among California women in need steadily increased until FY 2003-04, but has recently declined. Overall, use of publicly-funded family planning services increased from 62 percent in FY 2000-01 to 73 percent in FY 2003-04 among women in need ages 15-44. In FY 2006-07; however, access by women in need dropped by two-percentage points to 71 percent. This slight decline in access occurred because the number of women served did not keep up with the number of women in need, particularly among adolescents ages 15-19.

### Access among Adolescents

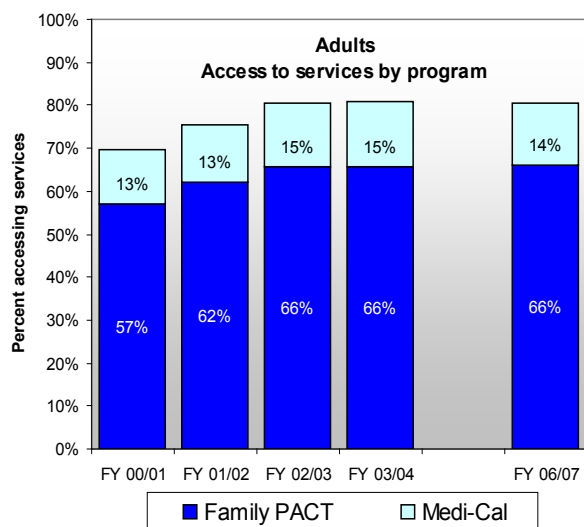
Family PACT has made substantial progress in improving access to publicly funded family planning services among adolescents in need. The proportion of adolescents in need that

**Figure 3: Percent of adolescents in need accessing publicly-funded family planning services, by program: FY 2000-01 to FY 2003-04 and FY 2006-07**



Source: State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000-2050; California Health Interview Survey, 2005 and 2007; California Women's Health Survey, 2006-07; Family PACT and Medi-Cal claims files. Data for FY 2000-01 to FY 2003-04: [http://www.familypact.org/research/reports/AccessToCareRptOFP\\_5-25-09.PDF](http://www.familypact.org/research/reports/AccessToCareRptOFP_5-25-09.PDF)

**Figure 4: Percent of adults in need accessing publicly-funded family planning services, by program: FY 2000-01 to FY 2003-04 and FY 2006-07**



Source: State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000-2050; California Health Interview Survey, 2005 and 2007; California Women's Health Survey, 2006-07; Family PACT and Medi-Cal claims files. Data for FY 2000-01 to FY 2003-04: [http://www.familypact.org/research/reports/AccessToCareRptOFP\\_5-25-09.PDF](http://www.familypact.org/research/reports/AccessToCareRptOFP_5-25-09.PDF)

received a family planning service through Family PACT increased seven percentage points, from 37 percent in FY 2000-01 to 44 percent by FY 2003-04. However, by FY 2006-07 the number of adolescents in need increased 10 percent while the overall number of adolescents receiving a family planning service through Family PACT declined by two percent. This resulted in the decline of access to Family PACT from 44 percent in FY 2003-04 to 40 percent in FY 2006-07. See Figure 3.

Medi-Cal provided services to an additional eight percent of adolescents in need in FY 2006-07, a decrease of one percentage point from nine percent in 2003-04.

#### Access among Adults

More than half (57 percent) of adult women in need accessed family planning services through Family PACT in FY 2000-01. By FY 2006-07, two-thirds (66 percent) of women in need accessed services through Family PACT. While access among adults did not decline, it has been flat since FY 2002-03. See Figure 4.

Medi-Cal served an additional 14 percent of adult women in need in FY 2006-07, a slight decline from the 15 percent served in FY 2003-04. See Figure 4.

#### **How Did Access Vary by Race/Ethnicity in FY 2006-07?**

The overall trend in access by race/ethnicity in FY 2006-07 was consistent with the trend shown in FY 2003-04. Hispanic women are the largest group of clients in Family PACT and the group with the highest access rate among both adolescents and adults. Access to family planning services provided by Medi-Cal was highest among African-American women, for both adolescents and adults.

#### Access among Adolescents

Among adolescents in need of publicly funded family planning services, those reporting Hispanic ethnicity had the highest access rate in FY 2006-07. A little over half (52 percent) of Hispanic adolescents in need accessed Family PACT (43 percent) and Medi-Cal (nine percent). See Figure 5.

African-American adolescents in need had the lowest proportion accessing family planning services in Family PACT (33 percent); however, access to these services through Medi-Cal was

the highest among this population sub-group (17%) as compared to other groups (Hispanic, nine percent; White, seven percent; Asian/PI, five percent).

The Asian/Pacific Islander (Asian/PI) and White populations have an equal proportion of teens in need who accessed services; in each group, 42 percent accessed services through Family PACT or Medi-Cal. See Figure 5.

**Access among Adults**

Family PACT plays a major role in providing access to family planning services for all low-income women. More than 7 in 10 Hispanic women in need received family planning services through Family PACT in FY 2006-07. Additionally, Medi-Cal served 1 in 10 Hispanic women in need. See Figure 5.

Similar to adolescents, African-American adults in need have the lowest proportion accessing family planning services through Family PACT in FY 2006-07; but the contribution of Medi-Cal to this population made the group rank second, next to Hispanic women, in the proportion of women in need who accessed family planning services. Adult Asian/PI women in need have the lowest overall proportion accessing family planning services. See Figure 5.

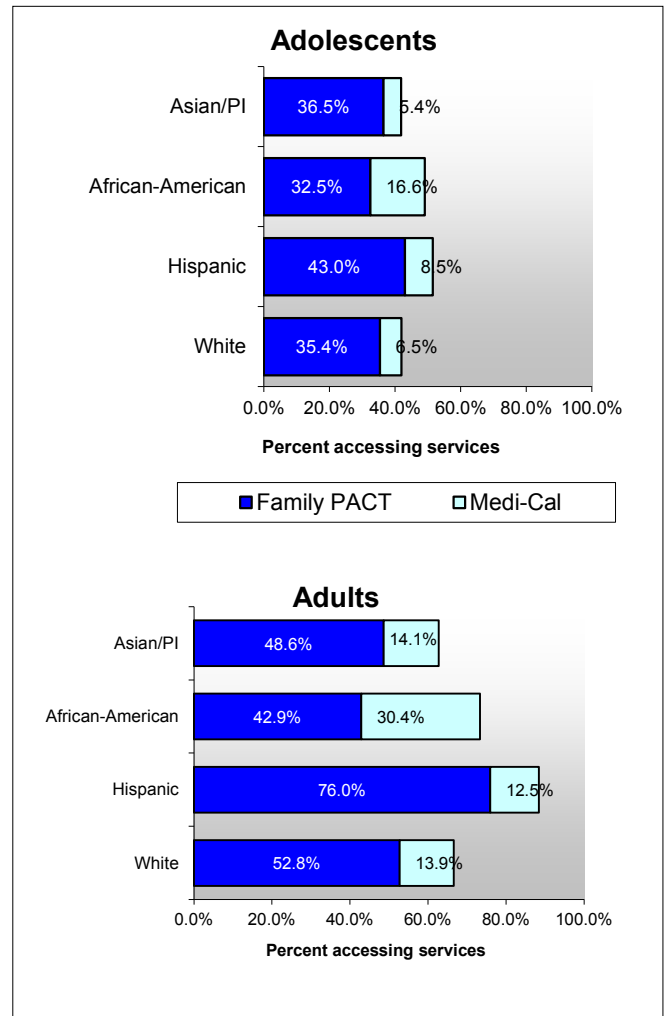
**Were there Variations in Access Across California Counties in FY 2006-07?**

Statewide, the proportion of reproductive age women in need of publicly-funded family planning services who received services through Family PACT or Medi-Cal in FY 2006-07 was 71 percent. Examination of individual county data, however, shows that substantial variation existed across the 58 counties and within Los Angeles County's Service Planning Areas (SPAs).<sup>viii</sup> Of the 10 counties with the highest number of women in need ages 15-44, the proportion accessing services ranged from 46 percent in San Bernardino County to 75 percent in San Diego County. While 60 percent of women in need accessed services in Los Angeles County, wide variation in access existed within Los Angeles County across SPAs. The access rate by SPA in Los Angeles County ranged from 28 percent in Antelope Valley to 68 percent in San Fernando Valley.

The two maps presented in the next two pages show the proportion of teens (Figure 6) and adults (Figure 7) in need that accessed at least

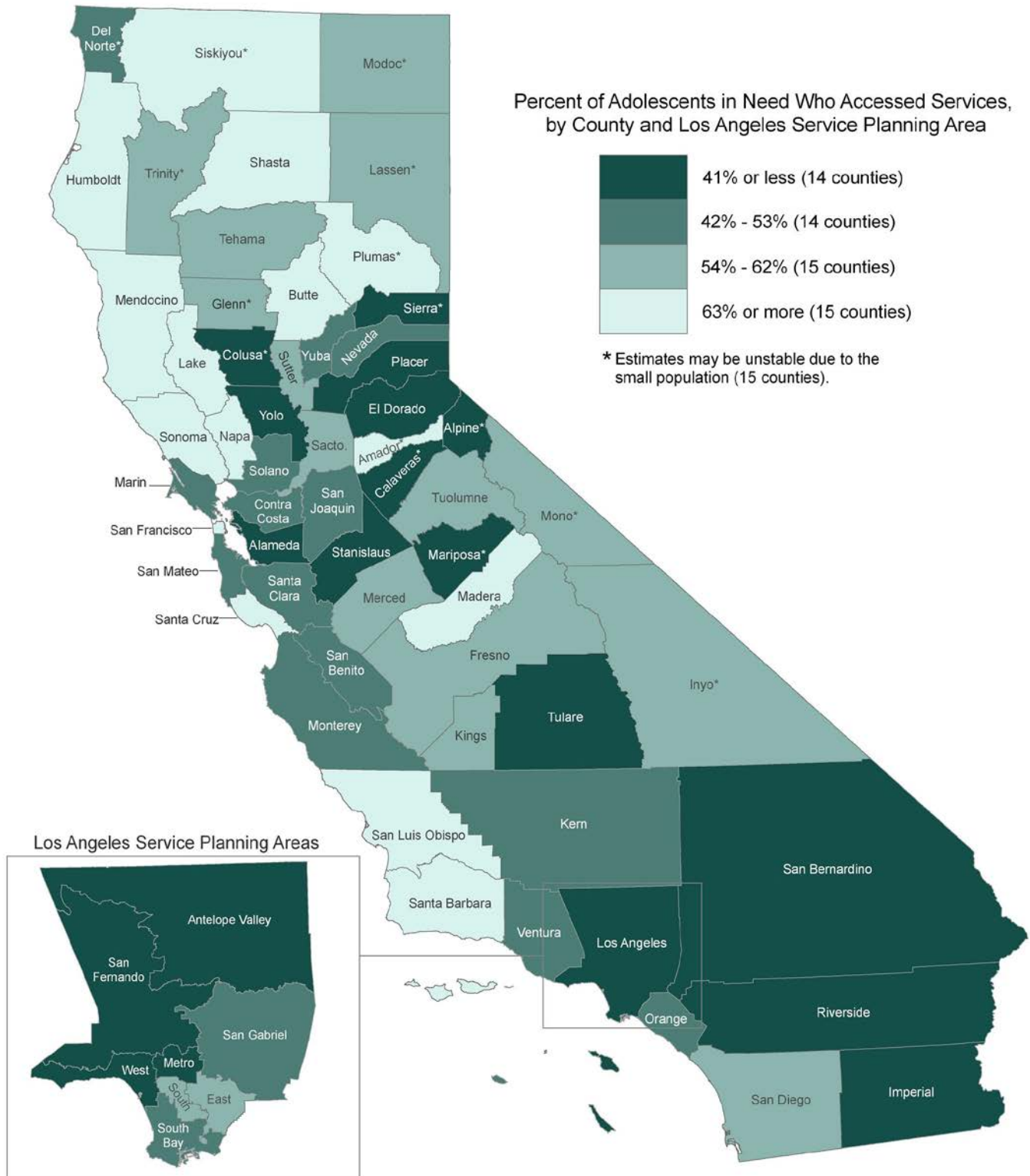
one family planning service through Family PACT or Medi-Cal in FY 2006-07 by geographic area.

**Figure 5: Percent of women in need accessing publicly-funded family planning services, by race/ethnicity and program, FY 2006-07**



Sources: State of California Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000-2050; California Health Interview Survey, 2005 and 2007; California Women's Health Survey, 2006-08; Family PACT and Medi-Cal claims files.

**Figure 6: Percent of adolescents in need<sup>a</sup> that accessed publicly-funded family planning services,<sup>b</sup> by county and Los Angeles service planning area, FY 2006-07**

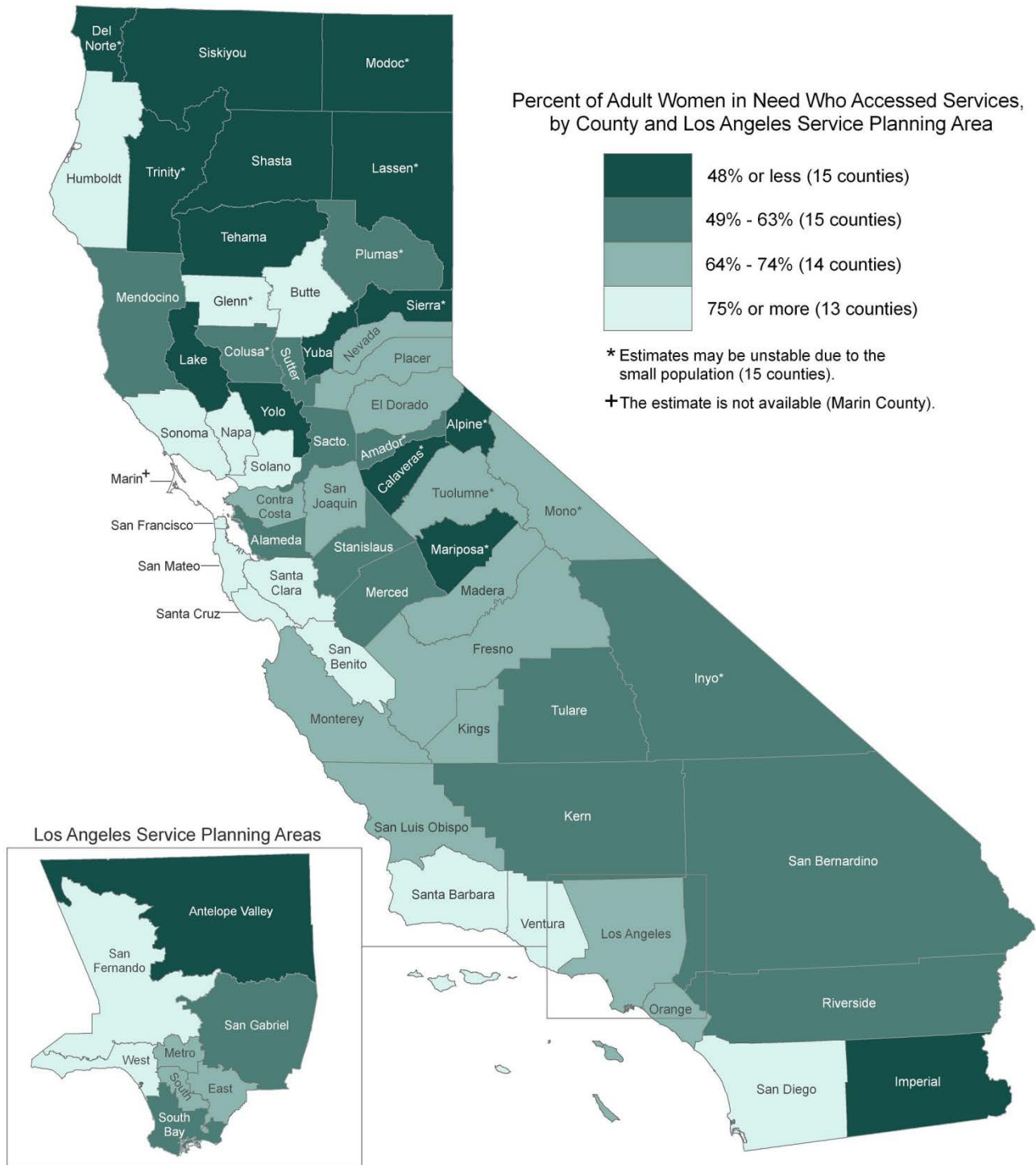


<sup>a</sup> Includes sexually experienced adolescent women ages 15-19 regardless of parental income.

<sup>b</sup> Publicly-funded family planning services are provided by Medi-Cal and the Family PACT Program.

Data Sources: State of California, Department of Finance, *Race/Ethnic Population with Age and Sex Detail, 2000-2050*. Sacramento, CA, July 2007; California Health Interview Survey, 2005 and 2007; California Women's Health Survey, 2006-08; Medi-Cal and Family PACT claims data, 2006-07.

**Figure 7: Percent of adult women in need<sup>a</sup> that accessed publicly-funded family planning services,<sup>b</sup> by county and Los Angeles service planning area, FY 2006-07**



<sup>a</sup> Includes women ages 20-44 at or below the 200 percent of Federal Poverty Level who are at risk of unintended pregnancy, that is, they were neither pregnant, seeking pregnancy, nor infertile.

<sup>b</sup> Publicly-funded family planning services are provided by Medi-Cal and the Family PACT Program.

Data Sources: State of California, Department of Finance, *Race/Ethnic Population with Age and Sex Detail, 2000-2050*. Sacramento, CA, July 2007; California Health Interview Survey, 2005 and 2007; California Women's Health Survey, 2006-08; Medi-Cal and Family PACT claims data, 2006-07.

Among the top ten counties with the largest share of adolescents in need, Riverside County had the lowest proportion that accessed family planning services (35 percent) while San Diego County had the highest (59 percent) in FY 2006-07. It should be noted that in 2007, San Diego County had a far lower teen birth rate than Riverside (34.8 vs. 43.4 births per 1,000 female ages 15-19).

Of the 10 counties with the highest number of adult women in need, San Diego County had the highest proportion that accessed family planning services (82 percent), while San Bernardino County had the lowest (49 percent). While published unintended birth rates among low-income women are not currently available, survey data<sup>ix</sup> for 2006 suggested that San Diego had a lower proportion of unintended births among all adult women as compared to San Bernardino (41.3 percent vs. 49.9 percent).

The eight SPAs within Los Angeles County also demonstrated differences in access among teens and adults. The lowest level of access for both adolescents (16 percent) and adults (34 percent) occurred in Antelope Valley. Review of related health outcome indicators in Antelope Valley suggests that this low access is consistent with the results of other health studies.<sup>x</sup> For example, in 2007, 13 percent of all live births in Antelope Valley were to young women below the age of 20 as compared to 9.7 percent countywide. It also had the highest proportion of women who had a live birth with late or no prenatal care received, 4.3 percent versus 2.3 percent across Los Angeles County as a whole in 2007. Moreover, this high proportion of women with late or no prenatal care might have led to Antelope Valley having the highest rate across all SPAs of very low birth weight births at 16 per 1,000 live births.

Additional analyses, beyond the scope of this report, are needed to fully explore the reasons underlying the observed variations in access to care, unintended pregnancy, and teen birth rate across counties. Such analyses should assess provider capacity and how access to publicly funded family planning services is associated with other health indicators such as utilization of prenatal care and the incidence of low birth weight.

### **What are the Strengths and Potential Limitations of the Study?**

Studies that rely on survey data have special strengths and limitations. Data from the state sponsored surveys such as the California Women's Health Survey and the California Health Interview Survey (CHIS) provide information that cannot be gleaned from administrative data. They also represent a better description of the Family PACT target population than do national-level survey data.

All survey data are subject to potential limitations. The proportion of sexually experienced teens was based on a telephone survey, CHIS, in which only teens whose parents gave permission to discuss sexual issues were included. This may have resulted in an underestimation of the number of teens who were sexually experienced. Teens may also have been reluctant to disclose sexual behavior accurately to the interviewer, leading to under-reporting of sexual behavior and hence a smaller estimate of teens in need. In addition, no survey data exist to identify teens who are contemplating becoming sexually active in the near future. Therefore, the estimates presented exclude teens who are in need of contraceptive services in advance of first sexual intercourse. These factors could result in an overestimate of the access rate.

For adults, the survey data were adjusted for age and race/ethnicity discrepancies between the survey sample and California's general population, but not for income differences. Additionally, the Census Bureau did not adjust for any undercount in its 2000 census, thus the potential population size eligible to enroll in the program may be larger than estimated here. For these reasons, there may be more women in need who have not yet accessed services than are reflected in this report and an overestimate of the access rate.

Caution should be used when attempting to compare statistical estimates of access between FYs 2003-04 and 2006-07. In FY 2006-07, improved unduplication processes using probabilistic linking methodology were implemented on Family PACT administrative data. This resulted in a more accurate count of unique individuals who received at least one family planning service in FY 2006-07, which reduced the count of women served. In addition, this methodology was applied when determining which clients were served by both Family PACT and Medi-Cal in FY 2006-07.<sup>xi</sup>

## Discussion and Conclusion

The State has achieved considerable success in improving access to publicly funded family planning services as shown by the large number of clients the Family PACT Program serves. The provision of family planning services through Family PACT in 2007 averted an estimated 296,200 unintended pregnancies, which translated into avoiding approximately \$1.88 billion in public costs from conception to age 2.<sup>xii</sup> Family planning services are highly cost-effective; these services provide a high rate of return when the public expenditures for unintended pregnancies are considered.

Family PACT has been able to expand and diversify its provider network since the receipt of federal funding through the Centers for Medicare and Medicaid 1115 Waiver Program Demonstration Project, which has led to substantial increases in access since FY 2000-01. The success of Family PACT in meeting the family planning needs of its target population has increased, not only as the provider network has expanded, but also as the state has focused on factors influencing client decision making. These factors include eliminating barriers through streamlined enrollment and providing high quality clinical services.<sup>xiii, xiv</sup> Expanding access to family planning services to all eligible state residents continues to be a crucial goal of the program. An increased availability of family planning services will benefit individuals, couples, and taxpayers alike.

The latter part of 2006 and early part of 2007, which is the period included in this Access report for FY 2006-07, was generally a stable economic time for the state and prior to the recent recession. With the economic downturn, the demand for publicly funded services is likely to have increased as more women are reporting a desire to postpone childbearing<sup>xv</sup> and more women are likely to be eligible for Family PACT due to unemployment and/or loss of health insurance. This would result in greater demand for publicly funded family planning services in more recent years, and the state could see subsequently lower rates of access as demand outstrips the ability of the program to grow quickly enough to meet this need.

The comparison of teen birth rates and access to family planning services in counties with large populations of adolescents in need suggests that counties that support access to publicly funded family planning services could reduce their teen

birth rate. Further studies that control for potential mediating factors are needed to confirm this observation across all California counties.<sup>xvi</sup>

As the Family PACT Program matures, one of the challenges the program faces is to identify and locate the most hard-to-reach populations in need of family planning services. A survey of community-based organizations serving low-income clients reported that one of the primary benefits of collaboration with Family PACT was the enhanced ability to meet their clients' needs but many reported a need for more information on Family PACT services and eligibility.<sup>xvii</sup> Local and regional collaborative efforts between community agencies and public health providers serving areas and populations with low access will help to create effective linkages, outreach, and referrals to family planning services among those who are potentially in need of Family PACT services.

While continuing to provide broad access to family planning services through outreach efforts and a wide network, it is also crucial to understand and address the full range of barriers that individuals experience in using contraception consistently. These barriers may not be related to access, per se, and may be of a psychological, socio-cultural, linguistic, or geographic nature.<sup>xviii, xix</sup> One of the reasons women at risk of unintended pregnancy report for not using contraception is ambivalence about their own pregnancy intentions; other common reasons mentioned by women are method-related such as a history of experiencing side effects and/or the fear of side effects.<sup>xx</sup> Based on these reasons, health care providers are in a special position to conduct regular assessments of pregnancy intentions and birth control method difficulties and dissatisfaction experienced by women, and provide a wide range of contraceptive options compatible with women's current needs.<sup>xxi, xxii</sup>

In sum, the Family PACT Program plays an important positive role in helping women meet their contraceptive needs. It continues to serve a diverse group of women in need, and helps prevent teen births and unintended pregnancies. Variations in access continue by county, SPA, and race/ethnicity groups. Demographic and economic trends mean California is likely to experience continued growth in demand for publicly funded family planning services. The State will need to continue investing in Family PACT to be able to continue meeting this need in the future.

## Endnotes

- <sup>i</sup> See [http://www.familypact.org/Files/Provider/Fact%20Sheets/FS\\_Methods\\_11-24-08.pdf](http://www.familypact.org/Files/Provider/Fact%20Sheets/FS_Methods_11-24-08.pdf).
- <sup>ii</sup> The Family PACT Program was enacted by the State Legislature in 1996 and in December 1999 state funding was supplemented by a federal Medicaid Section 1115 Waiver. The Office of Family Planning within the California Department of Public Health administers the program.
- <sup>iii</sup> Three surveys were used (California Women's Health Survey, California Health Interview Survey, and the US Census Bureau's Current Population Survey) as well as population data from the California Department of Finance, and Family PACT and Medi-Cal administrative records.
- <sup>iv</sup> Women are at risk of unintended pregnancy if they are sexually active and neither pregnant, sterilized, postpartum, seeking pregnancy, nor infertile.
- <sup>v</sup> While some teens may use their parents' health insurance or other resources to obtain contraception, it is often difficult for teens to do so and maintain their sense of privacy and confidentiality. Therefore, all sexually experienced teens aged 15-17 and teens aged 18-19 at risk of unintended pregnancy are considered in need of publicly funded family planning services. Note, however, that underreporting of sexual activity in surveys is probable, which may lead to undercounting teens who are sexually experienced. Research, however, shows that "CHIS 2001 data on sexual activity are consistent with other data sources." Available at [http://www.healthpolicy.ucla.edu/pubs/files/CA\\_Adolescents\\_RT\\_030105.pdf](http://www.healthpolicy.ucla.edu/pubs/files/CA_Adolescents_RT_030105.pdf).
- <sup>vi</sup> Unduplicated counts of women who received family planning related services, excluding women who received pregnancy testing or fertility services only, because they may have been pregnant or seeking pregnancy, and therefore not at risk of unintended pregnancy.
- <sup>vii</sup> A small proportion of women may have been enrolled and served in both Family PACT and Medi-Cal during the same year. These women were counted only in the number served by Family PACT. This situation can occur if a woman gave birth in Medi-Cal, received family planning services during her six-months of post-partum Medi-Cal coverage, and moved to Family PACT for on-going family planning services for the rest of the year. Approximately seven percent of Family PACT women were also served by Medi-Cal in FY 2006-07.
- <sup>viii</sup> Service Planning Areas (SPAs) are commonly used in the evaluation of health care services and health status in Los Angeles County. The eight SPAs are Antelope Valley, San Fernando, San Gabriel, Metro, West, South, East, and South Bay.
- <sup>ix</sup> Data for San Bernardino was combined with two other southeastern California counties of Imperial and Riverside. Available at <http://www.cdph.ca.gov/data/surveys/Pages/StatewideTablesfromthe2006MaternalandInfantHealthAssessment%28MIHA%29survey.aspx>.
- <sup>x</sup> UCSF analyses of the 2007 Birth Statistical Master File for Los Angeles County and the eight SPAs.
- <sup>xi</sup> In FY 2003-04, roughly 3.3 percent of Family PACT clients were found in Medi-Cal using a simple deterministic linking methodology. About seven percent of Family PACT clients were found in Medi-Cal in FY 2006-07 using the probabilistic linking methodology.
- <sup>xii</sup> Biggs, MA, Foster, DG, Hulett D, Brindis C. (2010) Cost-Benefit Analysis of the California Family PACT Program for Calendar Year 2007, San Francisco, CA. Submitted to the CA Department of Public Health, Office of Family Planning Division, March 2010. Bixby Center for Global Reproductive Health, University of California San Francisco, CA.
- <sup>xiii</sup> Final Evaluation Report of Family PACT, August 2005. Available at <http://bixbycenter.ucsf.edu/publications/files/FinalEvaluationReportFamilyPACTAug2005>
- <sup>xiv</sup> Gold, R.B. California Program Shows Benefits of Expanding Family Planning Eligibility. October 2000. Available at <http://www.guttmacher.org/pubs/tgr/03/5/gr030501.pdf>.
- <sup>xv</sup> The Guttmacher Institute. *A Real-Time Look at the Impact of the Recession on Women's Family Planning and Pregnancy Decisions*. September 2009.
- <sup>xvi</sup> This report describes the estimated number of women in need of publicly funded family planning services and the number that were served with these services in Family PACT and Medi-Cal. Explanation of factors that contribute to the increase or decrease in the numbers mentioned above is beyond the scope of this report. However, a supplemental report describing the provider capacity, teen birth rates, and the proportion of births to low-income adult women is planned.
- <sup>xvii</sup> Schwartz S and Brindis C. Bixby Center for Global Reproductive Health, UCSF. *Findings from the Family PACT Evaluation: 2008 Survey of Community-Based Organizations*. San Francisco, CA. Submitted to the CA Department of Public Health, Office of Family Planning Division, June 2009.
- <sup>xviii</sup> Davida Becker, Ann C. Klassen, Michael A. Koenig, Thomas A. LaVeist, Freya L. Sonenstein and Amy O. Tsui. Women's Perspectives on Family Planning Service Quality: An Exploration of Differences by Race, Ethnicity, and Language. *Perspectives on Sexual and Reproductive Health*: September 2009, 41(3).
- <sup>xix</sup> Henry J. Kaiser Foundation. Putting Women's Health Care Disparities on the Map: Examining Racial and Ethnic Disparities at the State Level. June 2009. Available at <http://www.kff.org/minorityhealth/upload/7886.pdf>.
- <sup>xx</sup> Chabot MJ, Swann D, Lewis C, Thiel de Bocanegra H, and Darney P. *Prevalence and Determinants of Contraceptive use/non-use among foreign- and US-born women in California*. American Public Health Association Annual Meeting; October 2008; San Diego, CA.
- <sup>xxi</sup> Frost, J., Singh, S. Finer, L. Factors associated with Contraceptive Use and Nonuse, United States, 2004. *Perspectives on Sexual and Reproductive Health*, 2007, 39(2):90-99.
- <sup>xxii</sup> Bankole, A. and Malarcher, S. Removing Barriers to Adolescents' Access to Contraceptive Information and Services. *Studies in Family Planning*, 2010, 41:117-124.