



University of California San Francisco

**Access to Publicly Funded Family Planning Services in California,
Fiscal Year 2007-08 to Fiscal Year 2011-12**

**June 2014
Revised October 2014**

Suggested citation

Chang R, Navarro S, Swann D, Thiel de Bocanegra, H. *Access to Publicly Funded Family Planning Services in California, Fiscal Year 2007-08 to Fiscal Year 2011-12*. Sacramento, CA: Bixby Center for Global Reproductive Health, University of California, San Francisco, 2014.

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 Health Care Services, 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:

**FY 2007-08 to
FY 2011-12**

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This report was prepared by staff of the Bixby Center for Global Reproductive Health in the Department of Obstetrics, Gynecology, & Reproductive Sciences at the University of California, San Francisco.

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Introduction

One of the objectives of the Department of Health Care Services (DHCS), Office of Family Planning (OFP) is to improve access to reproductive health services to California's low-income population. This report presents an estimate of the number of reproductive age women in need (WIN) of publicly funded family planning services and the access rate, defined as the proportion of women in need who access these services through publicly funded programs in California. Publicly funded family planning services provide important reproductive health services and referrals to primary care. This includes providing the resources to prevent unintended pregnancy, not only for those who wish to limit the number of children, but also for those who wish to achieve healthy birth spacing or to postpone childbearing until a later age. Providing access to family planning services is one of the objectives of the Healthy People 2020, (Objective FP 15): *Increase the proportion of females in need of publicly supported contraceptive services and supplies who receive those services and supplies.* This report measures the progress towards this objective during the five-year period from Fiscal Year (FY) 2007-08 to FY 2011-12.

This report focuses on the two largest programs in California that provide publicly funded family planning services to low-income residents; Medi-Cal, California's Medicaid program, and the Family Planning, Access, Care, and Treatment (Family PACT) program, California's Medicaid expansion program. During the time period covered by this report (2007-12), Medi-Cal had narrow eligibility requirements that excluded the majority of healthy, working low-income individuals from enrollment, unless they were disabled or parenting minor children. In contrast, the Family PACT Program provides contraception and other reproductive health services to California residents, at or below 200 percent of the federal poverty guideline (FPG), with no other source of reproductive health care.

Since the inception of Family PACT in 1997, the University of California, San Francisco (UCSF) has periodically provided the OFP with assessments of the number of women at-risk of unintended pregnancy in California and the proportion that access publicly funded family planning services through Family PACT and Medi-Cal. This report complements previous reports for FY 1999-00 to 2003-04ⁱ and FY 2006-07.ⁱⁱ No other studies have attempted to measure the relative contribution of both the Medi-Cal and Family PACT Programs to overall access among women in need.

Conducting this study provides information to aid in identifying populations and geographic areas in need of improvement in access to family planning services and the trends in access rates over time. The assessment of the need for services is useful in

determining how effective Medi-Cal and Family PACT are at reaching their target population of low-income Californians and is critical for identifying gaps in contraceptive service provision.

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 Medi-Cal and Family PACT administrative claims and eligibility records. Access to family planning is measured by comparing the number of women who received a contraceptive service at least once during FY 2007-08 to 2011-12 to the total number of women who were in need of these services.

In these analyses, women are considered to be **in need of publicly funded family planning services** if they are:

- Adolescents ages 15-17 (Source: California Health Interview Survey [CHIS])
 - Sexually experienced (have had a male sex partner)¹
- Adolescents ages 18-19 (Source: California Women's Health Survey [CWHS])
 - Sexually Active (had a male sex partner within the past 12 months)
 - Not currently pregnant
 - Able to become pregnant/not sterilized
- Adult women ages 20-44 (Source: CWHS)
 - Sexually active (had a male sex partner within the past 12 months)
 - Not currently pregnant
 - Able to become pregnant/not sterilized
 - Income at or below 200 percent of the FPG

Women ages 15-44 who received a contraceptive method² reimbursed through Family PACT or Medi-Cal³ in a given fiscal year were considered to have accessed publicly funded family planning services. We calculated access for each fiscal year from FY 2007-08 to FY 2011-12.

¹ The CHIS was the only available data source for adolescents of this age range, so having initiated sex was used to determine risk of unintended pregnancy.

² Includes clients with a paid claim in the fiscal year for contraceptive pill, patch, vaginal ring, injection, implant, intrauterine contraception, sterilization, emergency contraception, and/or barriers including condoms, spermicide, cervical cap, and diaphragm.

³ Includes clients served through Medi-Cal Fee-for-Service or Managed Care Medi-Cal.

Overview of Calculating Trends in Access

Access to Family PACT	= (A1 ÷ B) * 100
Access to Medi-Cal	= (A2 ÷ B) * 100
Percent of women who had at least one family planning service	= Family PACT + Medi-Cal

Where:

- A1** = # of female clients ages 15-44 who had at least one contraceptive service via Family PACT
- A2** = # of female clients ages 15-44 who had at least one contraceptive service via Medi-Cal
- B** = # of WIN - females ages 15-44 who were in need of publicly funded family planning services

Who were counted in A?

- A1** = *Unduplicated⁴ female clients ages 15-44 who were dispensed at least one method of contraception reimbursed through Family PACT in a given year*
 - A2** = *Unduplicated female clients ages 15-44 who were dispensed at least one method of contraception reimbursed through Medi-Cal in a given year*
- About six percent of the total female clients received services from both Family PACT and Medi-Cal and were noted as such.⁵

Who were counted in B?

- Females ages 15-19 who were at risk of unintended pregnancy (sources: CHIS for ages 15-17 and CWHS for ages 18-19)*
- Plus
- Females ages 20-44 who were at or below 200 percent FPG and at risk of unintended pregnancy (sources: American Community Survey (ACS) for income;⁶ CWHS for risk of unintended pregnancy)*

Who were at risk of unintended pregnancy?

Females ages 15-44 who were sexually active and neither pregnant, seeking pregnancy, sterilized, nor infertile

What data sources were used?

In counting A1 or A2, the numerator:

- A1:** *Family PACT claims data*
- A2:** *Medi-Cal claims and encounter data (Fee-for-Service and Managed Care)*

In counting B, the denominator:

- Department of Finance projected population, 2007 to 2012*
- American Community Survey 2012*
- California Health Interview Survey, 2009 & 2011-2012*
- California Women's Health Survey, 2008 to 2012*

⁴ Data was unduplicated among programs and between Family PACT and Medi-Cal using a complex probabilistic linking method developed by UCSF.

⁵ A portion of women may receive family planning services in both Family PACT and Medi-Cal in the same fiscal year. This can occur when women receiving Medi-Cal benefits give birth, receive family planning services during sixty days of post-partum, and then enroll in the Family PACT program for on-going family planning management and reproductive health services. Roughly 77,921 women, or six percent of the total women, were served by both programs in FY 2011-12.

⁶ The proportion of low-income women at or below 200 percent FPG by county was obtained from the 2012 ACS and by Service Planning Area in Los Angeles by the 2009, 2011-12 CHIS.

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

There were an estimated 1.9 million women in need of publicly funded family planning services, ages 15-44, in FY 2011-12, up from 1.6 million in FY 2007-08. While there was an overall increase of 18 percent in WIN, the increase was driven by adults (+28 percent), while the adolescents (ages 15-19) in need decreased (-6 percent). See Figure 1.

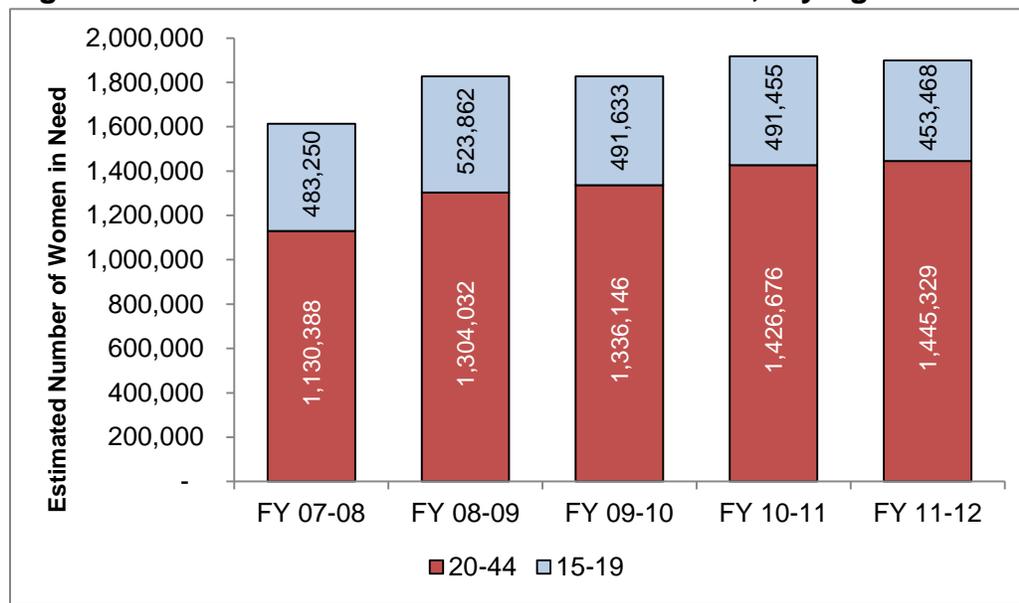
Adolescents (Ages 15-19)

Female adolescents ages 15-17, who ever had a male partner were considered sexually-experienced and in need of publicly funded family planning services. Additionally, sexually active female adolescents ages 18-19, who had a male partner in the past 12 months and were capable of becoming pregnant, were also considered to be in need of publicly funded family planning services. All adolescents 15-19 with these criteria were considered in need regardless of income level. The number of adolescents in need increased from 483,250 to 523,862 (+8 percent) from FY 2007-08 to FY 2008-09. Following that, the number of adolescents in need steadily decreased down to 453,468 by FY 2011-12. Over the course of the five-year period, the number of adolescents in need decreased by six percent, mainly driven by a decrease in the number of overall teens present in California in this period. See Figure 1.

Adults (Ages 20-44)

Adult women ages 20-44, with income at or below 200 percent of the FPG and at risk (sexually active and able to become pregnant) of unintended pregnancy were considered in need. The number of adult women in need increased over a five-year period from 1.13 million in FY 2007-08 to 1.45 million (+28 percent) in FY 2011-12. See Figure 1.

Figure 1: Trend in the Number of Women in Need,^a by Age



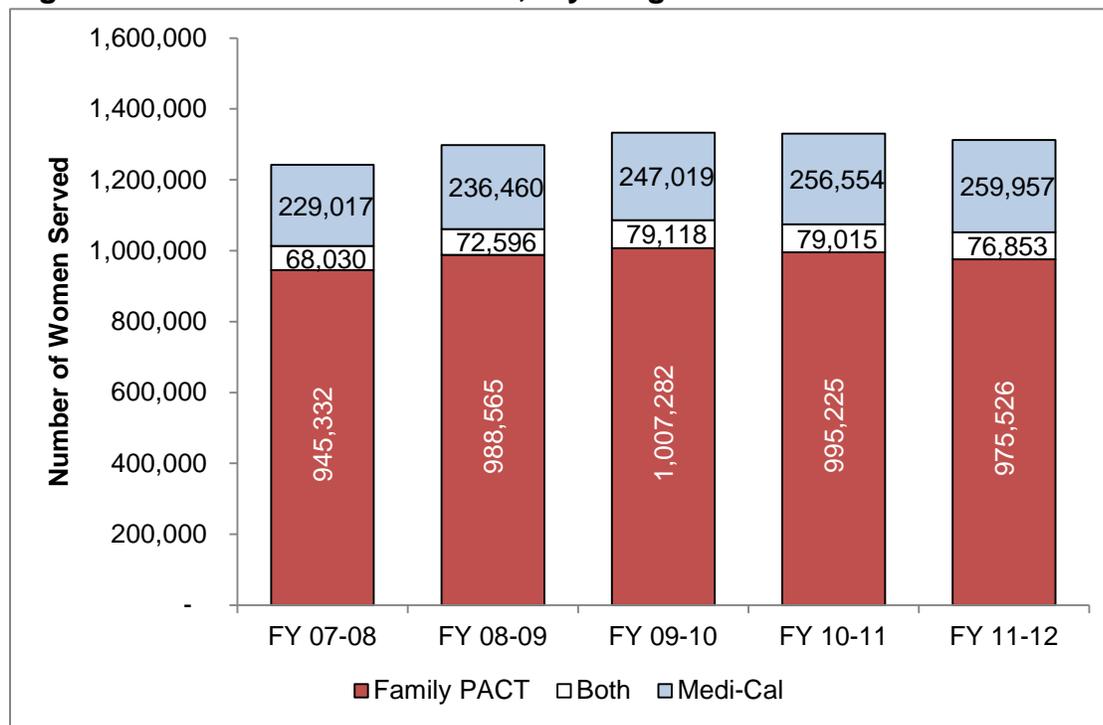
^a Adolescents ages 15-17 who were sexually experienced, adolescents ages 18-19 who were sexually active (had a male sex partner within the past 12 months), not currently pregnant, and able to become pregnant/not sterilized and adult women ages 20-44, sexually active (had a male sex partner within the past 12 months), not currently pregnant, able to become pregnant/not sterilized, income at or below 200 percent of the FPG.

How Many Women in Need Were Served?

The number of all women, both adolescents and adults, who received publicly funded family planning services, grew rapidly as the Family PACT program expanded in its early years and leveled off over time. Prior UCSF reports on access identified an upward trend in clients served – a 25 percent increase between FY 2000-01 and FY 2006-07.ⁱⁱ

In this report, the trend in clients served continued upward, though at a more modest pace of six percent between FY 2007-08 and FY 2011-12 – from 1,242,379 women to 1,312,336 women respectively. Looking by program, the more modest pace is reflected by clients served through Family PACT where growth was just three percent from 945,332 women in FY 2007-08 to 975,526 in FY 2011-12. Although the number of individuals served through Medi-Cal accounts for a much smaller proportion of the total receiving contraceptive services, the growth rate of 14 percent between FY 2007-08 and FY 2011-12 is more substantial – from 229,017 to 259,957 women respectively. A relatively small proportion, five to six percent, of women received contraceptive services from both Family PACT and Medi-Cal within a given fiscal year, generally due to changes in a woman’s financial situation or transition between pregnancy-only Medi-Cal aid codes and Family PACT after the post-partum period. In FY 2007-08, 68,030 clients received contraceptive services from both Family PACT and Medi-Cal, and by FY 2011-12, the number of clients served grew to 76,853 (+13 percent). See Figure 2.

Figure 2: Trend in Women Served,^a by Program

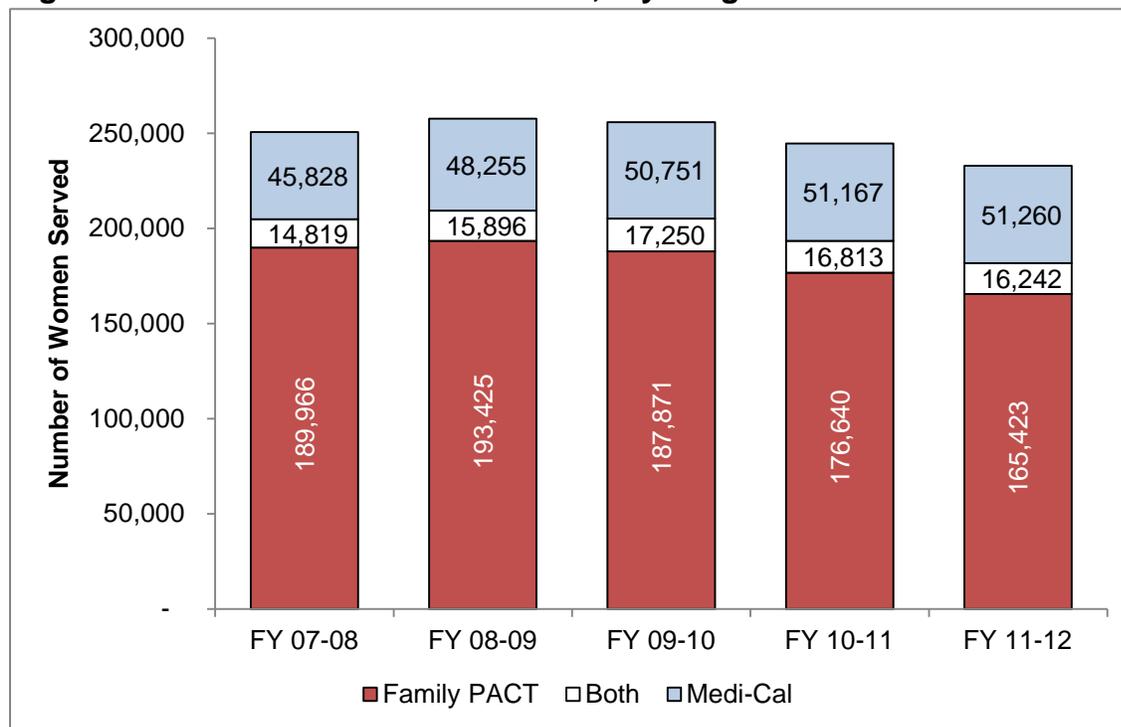


^a Includes female clients, ages 15-44, with a paid claim in the fiscal year for contraceptive pill, patch, vaginal ring, injection, implant, intrauterine contraception, sterilization, emergency contraception, and/or barriers including condoms, spermicide, cervical cap, and diaphragm.

Adolescents Served:

In FY 2007-08, Family PACT served 189,966 female adolescents ages 15-19 with contraceptive services. By FY 2011-12, the number dropped to 165,423, a net decrease of 13 percent over the five-year period. In Medi-Cal, there was a 12 percent increase in adolescents being served over the five-year period from 45,828 to 51,260. The number served by both programs in a fiscal year represented six to seven percent of the total adolescents served and increased from 14,819 to 16,242 (+10 percent). See Figure 3.

Figure 3: Trend in Adolescents Served,^a by Program



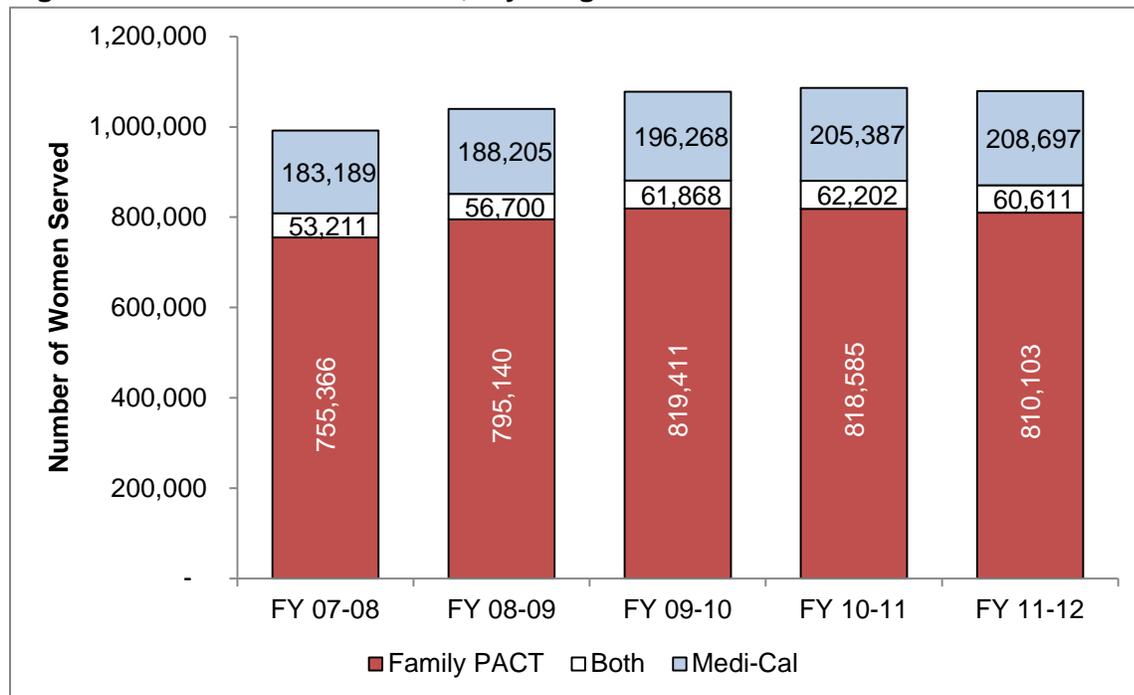
^a Includes clients, ages 15-19, with a paid claim in the fiscal year for contraceptive pill, patch, vaginal ring, injection, implant, intrauterine contraception, sterilization, emergency contraception, and/or barriers including condoms, spermicide, cervical cap, and diaphragm.

Adults Served:

Family PACT served 755,366 adult women, ages 20-44, with contraceptive services in FY 2007-08, which increased to 810,103 by FY 2011-12 (+7 percent). The number served had plateaued by FY 2009-10 and declined slightly (-9,308) from FY 2010-11 to FY 2011-12 (-1.1 percent).

Medi-Cal served a growing number of adults with contraceptive services, from 183,189 in FY 2007-08 to 208,697 in FY 2011-12 (+14 percent). The women served by both programs increased from 53,211 to 60,611 over the five years (+14 percent). See Figure 4.

Figure 4: Trend in Adults Served,^a by Program

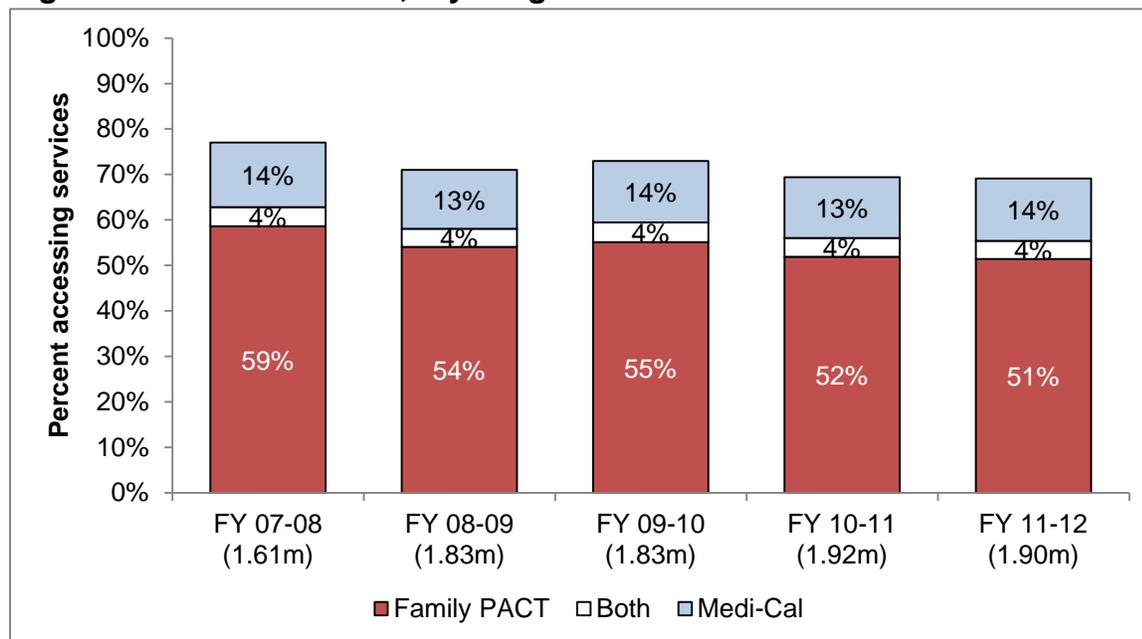


^a Includes clients, ages 20-44, with a paid claim in the fiscal year for contraceptive pill, patch, vaginal ring, injection, implant, intrauterine contraception, sterilization, emergency contraception, and/or barriers including condoms, spermicide, cervical cap, and diaphragm.

Has Access to Publicly Funded Family Planning Services Changed?

Access to publicly funded family planning services among California women in need has steadily declined since FY 2007-08 from 77 percent to 69 percent by FY 2011-12. Access through Family PACT decreased from 59 percent in FY 2007-08 to 51 percent in FY 2011-12. The percentage decline in access reflects a population of women in need growing faster than the number of women served. In Medi-Cal, access remained relatively stable (13-14 percent) between FY 2007-08 and FY 2011-12. The overlap in women accessing services through both programs remained stable at four percent over the five fiscal years. See Figure 5.

Figure 5: Trend in Access,^a by Program



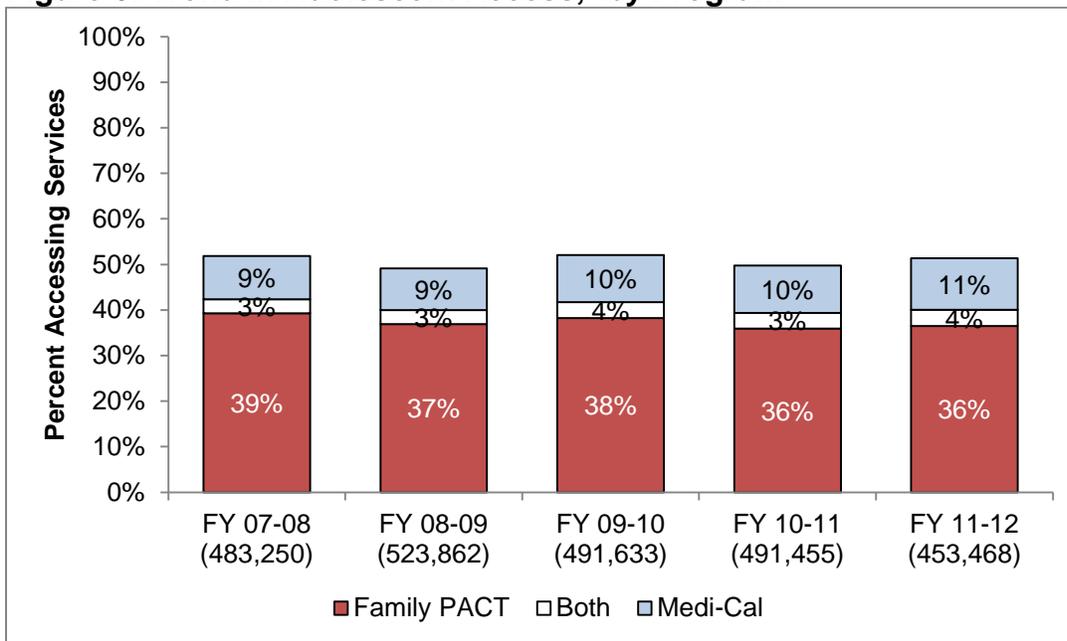
^a Access to family planning is measured by comparing the number of females, ages 15-44, who received a contraceptive service at least once during a fiscal year to the total number of women who were in need of these services.

Access among Adolescents:

Overall access to publicly funded family planning services among adolescents ages 15-19 fluctuated within a narrow margin around 52 percent between FY 2007-08 and FY 2011-12. Access through Family PACT fluctuated between 39 percent of women in need in FY 2007-08 and 36 percent in FY 2011-12, ending with a net decrease of three percentage points over the five-year period.

Medi-Cal accounted for an additional nine percent of adolescents in need provided with contraceptive services in FY 2007-08 and an additional 11 percent in FY 2011-12, a net increase of two percentage points. Clients accessing services from both programs remained fairly stable; representing access rates of three to four percent of women in need each year (net increase of one percentage point). See Figure 6.

Figure 6: Trend in Adolescent Access,^a by Program



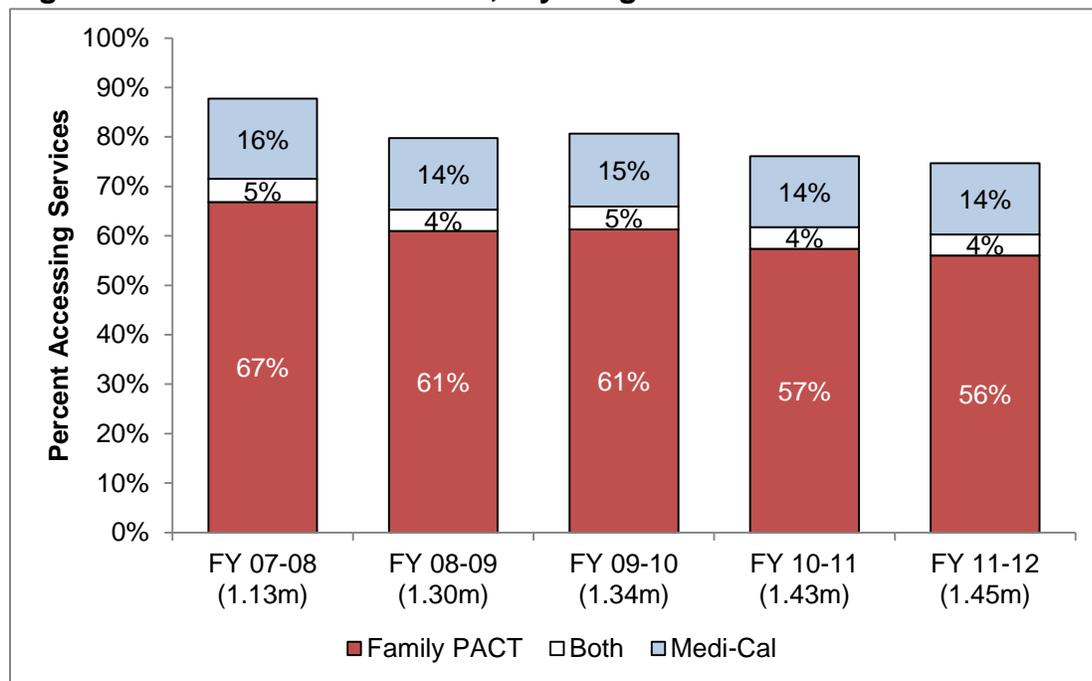
^a Access to family planning is measured by comparing the number of females who received a contraceptive service at least once during a fiscal year to the total number of women who were in need of these services.

Access among Adults:

Access to publicly funded family planning services among adults in need has decreased since FY 2007-08 from 88 percent to 75 percent by FY 2011-12. Two-thirds (67 percent) of women in need accessed services through Family PACT in FY 2007-08. By FY 2011-12, however, the percentage accessing Family PACT dropped down to 56 percent. From FY 2007-08 to FY 2011-12, the number of adult women in need increased by 28 percent, which greatly exceeded the seven percent increase in women being served in Family PACT for contraceptive services.

Access to Medi-Cal services for adult women remained relatively stable, fluctuating between 14-16 percent of women in need over the five years (FY 2007-08 to FY 2011-12), as it did for women receiving access from both programs (four to five percent). See Figure 7.

Figure 7: Trend in Adult Access,^a by Program



^a Access to family planning is measured by comparing the number of females who received a contraceptive service at least once during a fiscal year to the total number of women who were in need of these services.

How did Access Vary by Race/Ethnicity in FY 2011-12?

Of the estimated 1.9 million women in need of publicly funded services, ages 15-44, Latina women comprised the largest proportion (54 percent), followed by White (25 percent), Asian/Pacific Islander (API) (11 percent), and African-American women (seven percent).

In Family PACT, Latinas were served at a highest proportion (58 percent), followed by White women (23 percent), API women (eight percent), and African-American women (six percent). A higher proportion of Latinas (58 percent) accessed Family PACT services than was found in the population of WIN that was comparable to it (54 percent). However, a lower proportion of White, African-American, and API women were served through Family PACT than their respective proportion found in the California population of WIN.

In Medi-Cal, Latinas were also served at a highest proportion (50 percent), followed by White women (24 percent), African-American women (14 percent), API women (seven percent). A higher proportion of African-American women were served through Medi-Cal (14 percent) than was found in the population of WIN (seven percent); however, a lower proportion of Latina, White, and API women were served relative to their respective proportions of WIN.

For women served through both Medi-Cal and Family PACT, Latinas represented the largest proportion of clients (70 percent), followed by White (13 percent), African-American (nine percent), and API women (four percent). Latina (70 percent) and African-American (nine percent) women were served at a higher proportion than the relative proportions in the population of WIN (54 percent and seven percent), while White and API were served at lower proportions. See Figure 8.

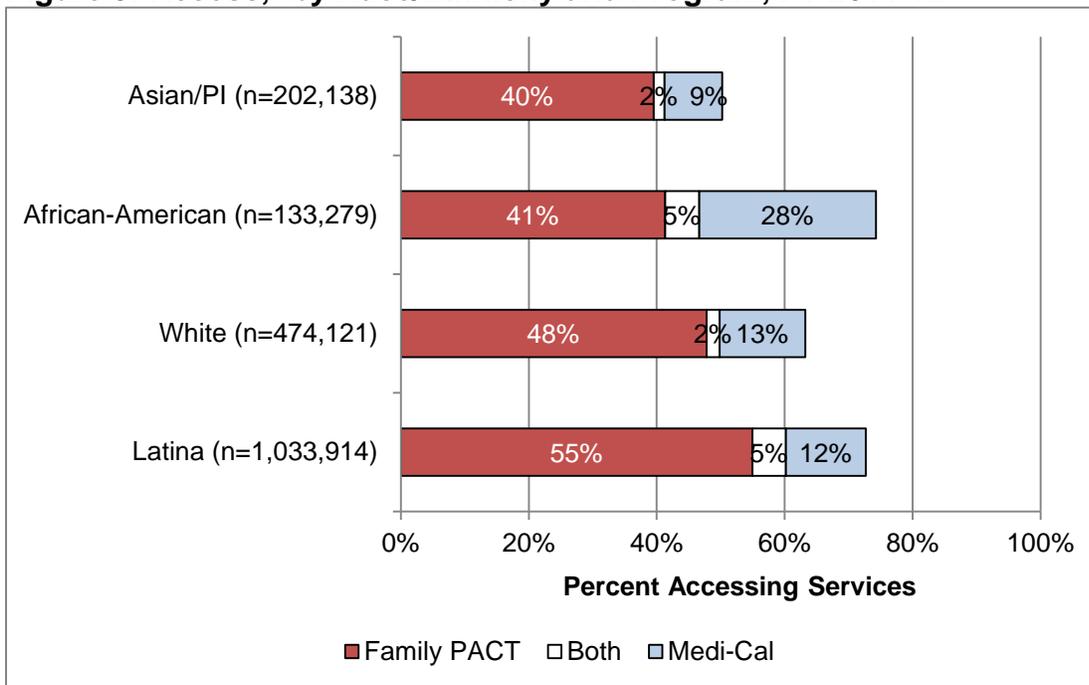
Figure 8: Women in Need and Women Served by Program, by Race/Ethnicity, FY 2011-12

Race/ Ethnicity	Women in Need		Women served by Family PACT		Women Served by Medi-Cal		Clients served by Both	
	No.	%	No.	%	No.	%	No.	%
Latina	1,033,914	54%	568,408	58%	129,186	50%	53,736	70%
White	474,121	25%	226,503	23%	63,363	24%	9,833	13%
African- American	133,279	7%	55,094	6%	36,879	14%	7,051	9%
API	202,138	11%	79,904	8%	18,229	7%	3,381	4%
Other/ Unknown	59,099	3%	45,619	5%	12,752	5%	2,852	4%
Total	1,902,551	100%	975,528	100%	260,409	100%	76,853	100%

Overall Access by Race/Ethnicity:

In FY 2011-12, African-American women had the highest proportion (74 percent) of women in need of publicly funded family planning who accessed services. This was closely followed by Latinas (73 percent), then Whites (63 percent), and APIs (50 percent). Latina women accessed services at the highest proportions in Family PACT (55 percent); however, they were served on the lower end in Medi-Cal (12 percent). Conversely, African-American women were served on the lower end in Family PACT (41 percent), but were the highest served in Medi-Cal (28 percent). In both Latina and African-American ethnic groups, five percent of women received services from both Medi-Cal and Family PACT, while API and White women were served at a lower proportion (two percent). See Figure 9.

Figure 9: Access,^a by Race/Ethnicity and Program, FY 2011-12



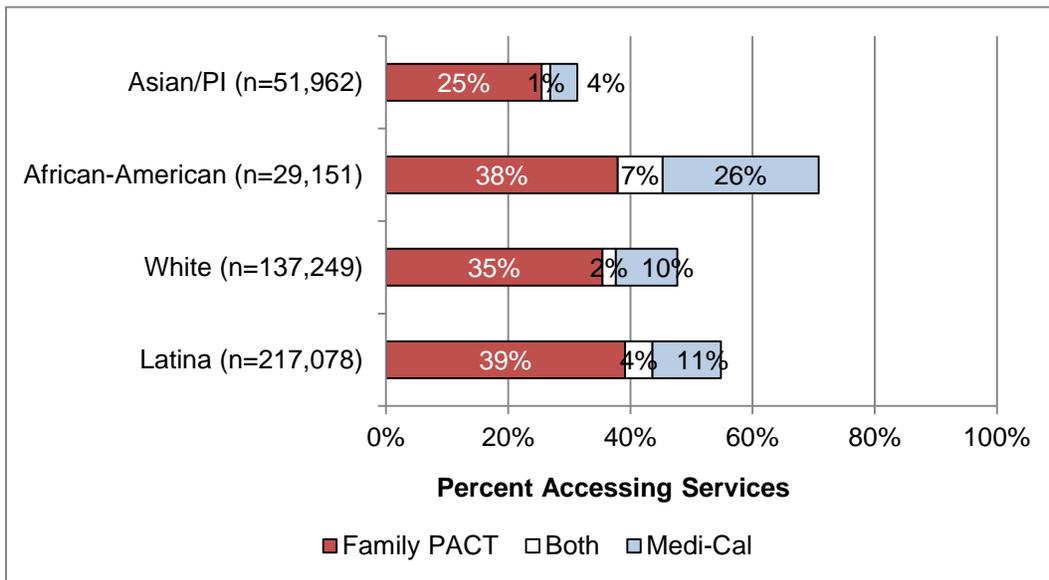
^a Access to family planning is measured by comparing the number of females, ages 15-44, who received a contraceptive service at least once during a fiscal year to the total number of women who were in need of these services.

Access among Adolescents, by Race/Ethnicity:

The overall trend of WIN by race remained consistent among the population of adolescents, ages 15-19. Latinas represented the highest proportion in need (48 percent), followed by White (30 percent), API (11 percent), and African-American (six percent) adolescents. The proportions served by program were mostly the same, except the proportion of Latinas served by Medi-Cal matched the population of Latina teens in need (48 percent) and African-American teens served by Family PACT (seven percent) slightly exceeded the population in need (six percent). (Data not shown).

Through Family PACT, access was highest among Latina adolescents (39 percent) with Medi-Cal serving an additional eleven percent, and four percent, receiving services from both; a total of 54 percent with access. African-American adolescents in need accessed services through Family PACT at the next highest proportion (38 percent), while they accessed Medi-Cal at the highest proportion in the program (26 percent) with an additional seven percent receiving services from both. As a result, African-American adolescents had the highest access rate at 71 percent. Among Whites, 35 percent had access served through Family PACT, 10 percent through Medi-Cal, and two percent through both programs. Asian/Pacific Islander adolescents received access at the lowest rates with 25 percent served through Family PACT, four percent through Medi-Cal, and one percent through both overlapping programs. See Figure 10.

Figure 10: Adolescent Access,^a by Race/Ethnicity and Program, FY 2011-12



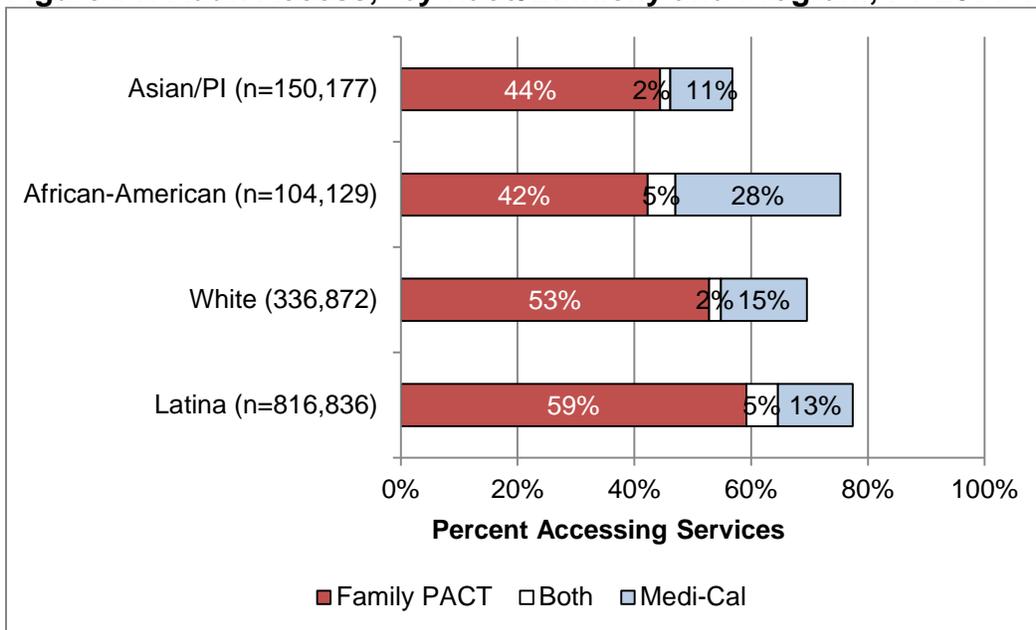
^a Access to family planning is measured by comparing the number of females, ages 15-19, who received a contraceptive service at least once during a fiscal year to the total number of women who were in need of these services.

Access among Adults:

The overall trend of WIN by race also remained consistent among the population of adults, ages 20-44. Latinas represented the highest proportion in need (56 percent), followed by White (23 percent), API (10 percent), and African-American (seven percent) adults. The proportions served by program were also mostly the same, except the proportion of White women served by Medi-Cal (24 percent), slightly exceeded the population of WIN comparable to it (23 percent). (Data not shown).

Family PACT served over half of the adult Latina women in need (59 percent), with Medi-Cal serving an additional 13 percent, and five percent receiving services from both programs. Thus, 77 percent of adult Latinas accessed family planning services, the highest proportion of any race/ethnicity. Three-fourths (75 percent) of African-American adults in need accessed contraceptive services in FY 2011-12. African-American adults accessed Family PACT at the lowest percentage (42 percent), while conversely, they accessed Medi-Cal at the highest proportion (28 percent), with an additional five percent accessing both programs, pushing the group to the second highest combined proportion of adult women who accessed family planning services. White women had the second highest percentage of access in Family PACT (53 percent) and the second highest proportion in Medi-Cal (15 percent), and a lower proportion served by both programs (two percent). Asian/Pacific Islander women were served at a low proportion in Family PACT (44 percent), Medi-Cal (11 percent), and both overlapping programs (two percent). See Figure 11.

Figure 11: Adult Access,^a by Race/Ethnicity and Program, FY 2011-12



^a Access to family planning is measured by comparing the number of females, ages 20-44, who received a contraceptive service at least once during a fiscal year to the total number of women who were in need of these services.

Were there Variations in Access across California Counties in FY 2011-12?

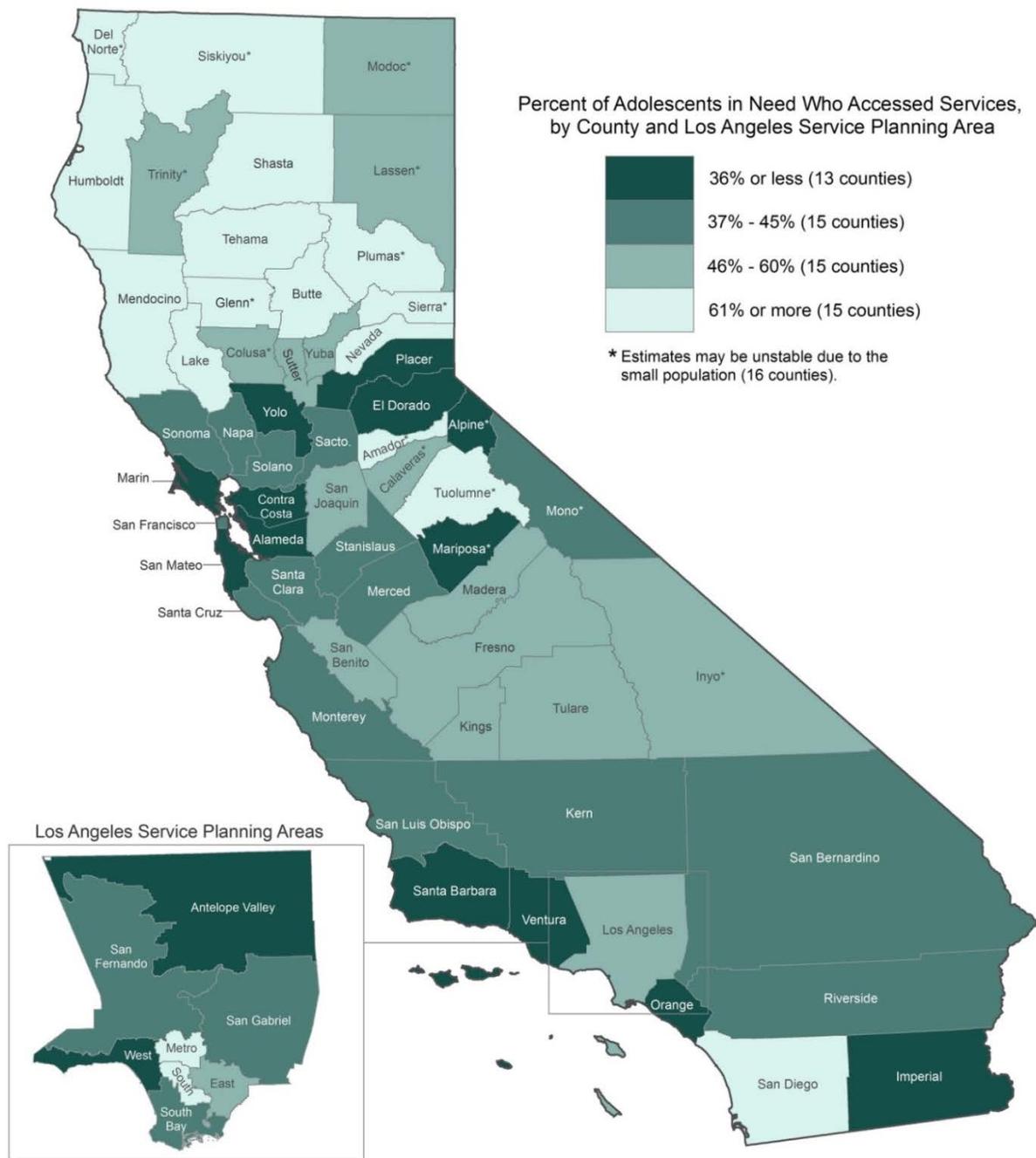
Statewide, the proportion of reproductive age women in need of publicly funded family planning services who received services through Family PACT or Medi-Cal in 2011-12 was 69 percent. Examination of county level data shows substantial variation across the 58 counties and within the eight Los Angeles County Service Planning Areas.⁷ Of the 10 counties with the highest volume of women in need ages 15-44, the proportion accessing services ranged from 48 percent in Kern County to 74 percent in San Diego County. See Figure 14.

While 65 percent of women in need accessed services in Los Angeles County, wide variation in access existed across service planning areas. The proportion of access was highest in the Metro Service Planning Area at 74 percent, followed by South at 70 percent, San Fernando at 63 percent, East at 56 percent, South Bay at 51 percent, San Gabriel at 51 percent, West at 49 percent, and Antelope Valley at 34 percent.

The two maps presented in the next two pages show the proportion of adolescents and adults in need that accessed at least one contraceptive service through Family PACT or Medi-Cal in FY 2011-12 by geographic area. County access rates were divided into quartiles.

⁷ Source: July 1, 2012 Population Estimates, prepared by Hedderson Demographic Services for Los Angeles County Internal Services.

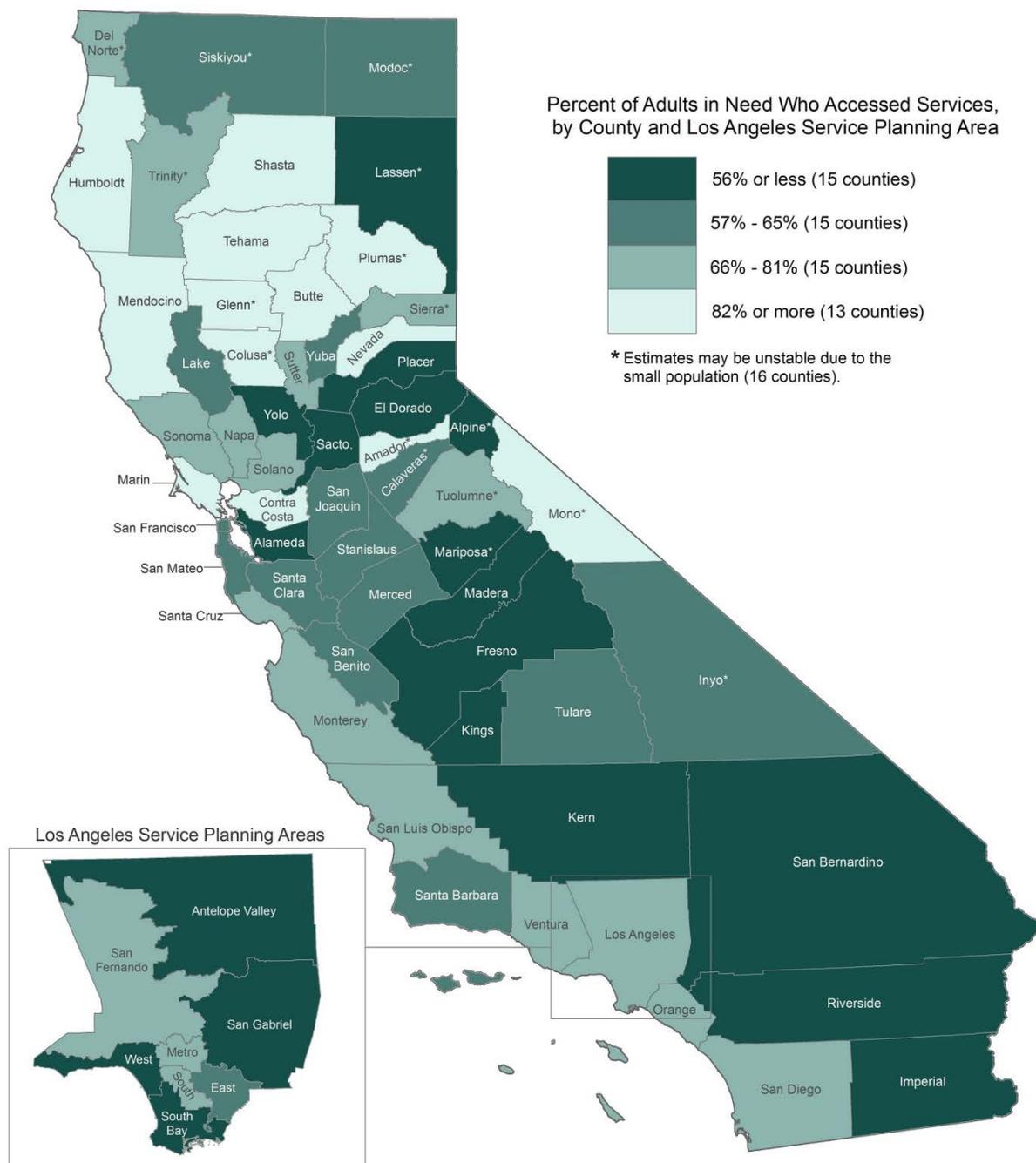
Figure 12: Adolescent Access^a by Geographic Area, FY 2011-12



^a Access to family planning is measured by comparing the number of females, ages 15-19, who received a contraceptive service at least once during a fiscal year to the total number of females who were in need of these services. Contraceptive services include paid claims in the fiscal year for contraceptive pill, patch, vaginal ring, injection, implant, intrauterine contraception, sterilization, emergency contraception, and/or barriers including condoms, spermicide, cervical cap, and diaphragm. Females in need include adolescents ages 15-17 who were sexually experienced, and adolescents ages 18-19 who were sexually active (had a male sex partner within the past 12 months), not currently pregnant, and able to become pregnant/not sterilized.

Data Sources: State of California, Department of Finance, State and County Population Projections by Age, Race/Ethnicity, and Gender, 2010-2060; California Health Interview Survey, 2009 & 2011; California Women's Health Survey 2008-2012; Medi-Cal and Family PACT claims data, 2011-12.

Figure 13: Adult Access^a by Geographic Area, FY 2011-12



^a Access to family planning is measured by comparing the number of females, ages 20-44, who received a contraceptive service at least once during a fiscal year to the total number of females who were in need of these services. Contraceptive services include paid claims in the fiscal year for contraceptive pill, patch, vaginal ring, injection, implant, intrauterine contraception, sterilization, emergency contraception, and/or barriers including condoms, spermicide, cervical cap, and diaphragm. Women in need include women ages 20-44, sexually active (had a male sex partner within the past 12 months), not currently pregnant, able to become pregnant/not sterilized, income at or below 200 percent of the Federal Poverty Guideline.

Data Sources: State of California, Department of Finance, State and County Population Projections by Age, Race/Ethnicity, and Gender, 2010-2060; California Health Interview Survey, 2009 & 2011; California Women's Health Survey 2008-2012; Medi-Cal and Family PACT claims data, 2011-12.

Of the top 10 counties with the largest volume of adolescents in need, San Diego had the highest proportion of access (62 percent), while Ventura had the lowest (27 percent). For adults, of the 10 counties with the highest number of adult women in need, San Diego County also had the highest proportion of access (78 percent), while Kern had the lowest (49 percent). See Figure 14.

The eight service plan areas within Los Angeles County also demonstrated differences among adolescents and adults. In adolescents, South had the highest proportion of access (64 percent), followed by Metro (63 percent), East (55 percent), San Fernando (40 percent), San Gabriel (38 percent), South Bay (37 percent), Antelope Valley (27 percent), and West (26 percent). In adults, Metro had the highest proportion of access (76 percent), followed by South (71 percent), San Fernando (70 percent), West (58 percent), East (57 percent), South Bay (55 percent), San Gabriel (54 percent), and Antelope Valley (36 percent).

Figure 14: Top Counties with Women in Need, FY 2011-12

Adolescents, Ages 15-19			Adults, Ages 20-44			All Women, Ages 15-44		
County Name	Volume (WIN) ^a	Percent Access ^c	County Name	Volume (WIN) ^a	Percent Access ^c	County Name	Volume (WIN) ^a	Percent Access ^c
Los Angeles	132,874	46%	Los Angeles	484,873	71%	Los Angeles	617,748	65%
Orange	41,170	33%	San Diego	116,119	78%	San Diego	150,270	74%
Riverside	34,274	38%	Orange	108,734	70%	Orange	149,904	60%
San Diego	34,151	62%	San Bernardino	107,535	55%	San Bernardino	140,127	51%
San Bernardino	32,592	38%	Riverside	105,267	56%	Riverside	139,541	51%
Santa Clara	21,762	41%	Sacramento	71,007	53%	Sacramento	91,951	50%
Alameda	21,719	35%	Fresno	65,530	55%	Santa Clara	81,491	56%
Sacramento	20,944	39%	Santa Clara	59,729	61%	Fresno	81,091	54%
Ventura	16,746	27%	Alameda	56,863	56%	Alameda	78,582	50%
Contra Costa	15,702	35%	Kern	48,543	49%	Kern	62,514	48%
Subtotal Top 10 Counties	371,935		Subtotal Top 10 Counties	1,224,200		Subtotal Top 10 Counties	1,593,219	
Subtotal Other Counties	172,214		Subtotal Other Counties	432,777		Subtotal Other Counties	607,907	
Total California	544,149		Total California	1,656,977		Total California	2,201,126	

^a Includes adolescents ages 15-17 who were sexually experienced and ages 18-19 who were sexually active (had a male sex partner within the past 12 months), not currently pregnant, and able to become pregnant/not sterilized.

^b Women in need include women ages 20-44, sexually active (had a male sex partner within the past 12 months), not currently pregnant, able to become pregnant/not sterilized, and income at or below 200 percent of the FPG.

^c Access to family planning is measured by comparing the number of females who received a contraceptive service at least once during a fiscal year to the total number of females who were in need of these services.

What Are the Strengths and Potential Limitations of the Study?

The Census Bureau did not adjust for any undercount in the 2000 and 2010 censuses. The populations for minority and immigrant groups were more likely to be undercounted in the census, as were mobile or renter populations and people residing in unconventional housing, thus the potential population size eligible to enroll in the program may be underestimated here.ⁱⁱⁱ

State-wide survey data such as the CWHS and the CHIS provide information used to calculate the number of women at risk of unintended pregnancy and in need of publicly funded services. The CWHS is a telephone based survey, which does not include cell phones in the sampling. Considering the growth of cell phone usage, potential non-coverage bias and subsequently, underestimation of the number of women at risk, becomes an issue.

Another limitation is that the CWHS data were adjusted for age and race/ethnicity discrepancies between the sample and California's general population, but were not adjusted for income. The CWHS sample showed a higher proportion of low income respondents than the California's general population; however, nine percent of the respondents declined to provide their household income. To the extent that unintended pregnancy risk is higher among low income women, the number in need of services would be overestimated.

The CHIS includes both a landline sample and a cell phone sample in their survey methodology. In this analysis, 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 an under-reporting of sexual behavior and hence a smaller estimate of teens in need. The 2011-12 CHIS survey reported that 15.2 percent of female adolescents (14-17) statewide were sexually experienced and 17.1 percent were sexually experienced in Los Angeles County, relatively low proportions compared to the Youth Risk Behavior Surveillance System (YRBSS). The YRBSS is another data source for information on adolescent sexual behavior in California and is conducted as a self-administered questionnaire survey in high schools around the country, collected to represent data on national and various local levels. While statewide estimates are currently unavailable in the YRBSS for California, using data from 2011, 34.2 percent of female high school participants in Los Angeles County and 45.6 percent of female high school participants nationwide reported ever having sexual intercourse. A follow up analysis should use YRBSS prevalence of sexually active teens to assess the impact of the underestimation in the California counties where YRBSS is available.

Discussion and Conclusion

The State has continued to serve a large number of women in need of family planning services, as reflected by the trend in Family PACT and Medi-Cal women served. The demand for publicly funded family planning services also increased, as anticipated, given the economic downturn. While the growth in contraceptive service provision remained reasonably progressive, the decline in access indicates that continued efforts are required to meet this need.

Between FY 2007-08 and FY 2008-09, estimates for the women in need increased greatly, concurrent with the Great Recession^{iv} (December 2007 – June 2009). Women of reproductive age (15-44) were particularly impacted by the recession, which influenced both their reproductive health preferences as well as their ability to access health services. The demand for publicly funded services increased greatly as more women lost coverage by private insurance during the economic downturn, causing many to turn to safety-net providers for free or subsidized care.^v Additionally, according to a 2009 study, nearly half of low- and middle-income women decided to delay pregnancy or limit the number of children they have, but faced major problems in affording and accessing the care they needed to achieve this goal.^{vi} The number of women served through Family PACT increased in this time frame, but was short of matching the growth in the number of women in need.

The Teen Birth Rate declined in the 2007–2012 time-frame among California females ages 15-19, dropping from 40.1 births per thousand in 2007 down to 25.7 births per thousand in 2012.^{vii} The decreasing trend suggests that adolescents in need of family planning services are continuing to receive contraception, whether through Family PACT or another payer source. The age structure of the Family PACT program also shifted in this period, with a decline in the number of adolescent females served, which resulted in fairly stable access proportions in Family PACT (36-39 percent) through FY 2011-12.^{viii} A study exploring factors contributing to the decline of adolescent females suggests that one factor may be a more systematic screening of clients for eligibility of other payer sources, such as the Medi-Cal Minor Consent Program or coverage through parental health insurance.^{ix} One early (beginning in 2010) provision of health care reform was that most insurance plans that cover children must make coverage available up to age 26, which allowed for adolescents to transition to or continue to be covered by their parents' policies.^x

The definition of “access” is based on a one-time encounter with the health care system. If a woman has at least one visit, she has the potential to receive contraception and can be educated on how to use the system effectively. However, access estimates need to be complemented by studies on contraceptive coverage and continuation and quality of care to have a more comprehensive understanding of how services are utilized.

Special attention to the category of women who received family planning services by both the Family PACT and Medi-Cal program in one year is deserved. We did not assess in the current study whether women were first seen by the Family PACT program, suggesting that Family PACT was the entry point to health care, or first by the Medi-Cal program, suggesting that women had lost Medi-Cal coverage, for example, after the postpartum period. It remains important to closely monitor access rates to ensure that women transitioning to Medi-Cal receive contraception and that publicly funded family planning services continue to meet the growing target population of women with family planning needs.

This access report can serve as a baseline to monitor changes in access to family planning services due to the Affordable Care Act (ACA). We will monitor the extent to which the ACA facilitates access to publicly funded contraceptive services. As more women are expected to transition from Family PACT to Medi-Cal services, we anticipate that the proportion of women who are receiving their family planning services through Medi-Cal will increase.

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