



Recent Trends in Access to Publicly Funded Family Planning Services in California

Over the past three decades, the population of reproductive age womenⁱ in California has grown more rapidly than the total state population – 76% versus 70%.ⁱⁱ By 2010, an estimated 8.1 million reproductive age women will call California home, a half million more than in 2000. In general, women typically want only two children. The average age that a woman first has sexual intercourse is 17 years.ⁱⁱⁱ For a woman who wants only two children it means that she will spend nearly three decades managing her fertility to avoid unintended pregnancy. Therefore, access to safe and effective contraception is critical in helping couples manage their fertility.

In California, both Family PACT (Planning, Access, Care and Treatment),^{iv} and full-scope Fee-for-Service and Managed Care Medi-Cal (California's Medicaid Program) provide comprehensive family planning services to eligible low-income residents.

This policy brief describes trends in access to publicly funded family planning among adolescents and low-income women from Fiscal Year (FY) 1999-00 to FY 2003-04.

Why Are Policymakers Concerned About Access to Publicly Funded Family Planning Services?

Barriers to access, such as socio-cultural issues, excessive distances, or the lack of information can hinder use of effective and appropriate contraceptive methods and lead to unintended pregnancies. Unintended pregnancies have serious negative consequences for the health and well-being of children and families, and often involve significant social and economic costs to taxpayers. In California, nearly 900,000 women become pregnant each year; 59% of these pregnancies result in live births, 26% in induced abortions, and 14% in miscarriages.^v In 2002, about 46% of California women who had a live birth reported that their pregnancies were unintended.^{vi} The rate of unintended pregnancy among those who gave birth was highest among low-income women – 59% among those below the federal poverty level (FPL) versus 42% among those with incomes above

200% FPL. Additionally, the steady decline in the teen birth rate experienced in California since the early 1990's has slowed in recent years and California's teen birth rate remains high compared to other industrialized nations.^{vii}

Access to family planning services among sexually active adolescents and low-income women will help reduce the number of unintended pregnancies and the associated medical and social costs to families and taxpayers. Reducing unintended pregnancy is one of the main goals of the Family PACT Program. Analyzing access in relation to the number of women in need helps policy-makers appropriately allocate program resources, and respond to the needs of population subgroups that need access to publicly funded family planning services and supplies.

How Are Trends in 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.^{viii} In this study, 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% FPL, and at risk of unintended pregnancy,^{ix} or
- Adolescent women ages 15-19, regardless of their parents' income, who are sexually experienced.^x

Women who were enrolled in Family PACT and/or Medi-Cal and had at least one family planning visit^{xi} in a given year were considered to have accessed publicly funded family planning services.^{xii}

Access to family planning is measured by comparing the number of women who received contraceptive method at least once to the total number of women who were in need of these services. The proportion of women in need of services who were served by either Family PACT or Medi-Cal was calculated for FYs 1999-00 through 2003-04.

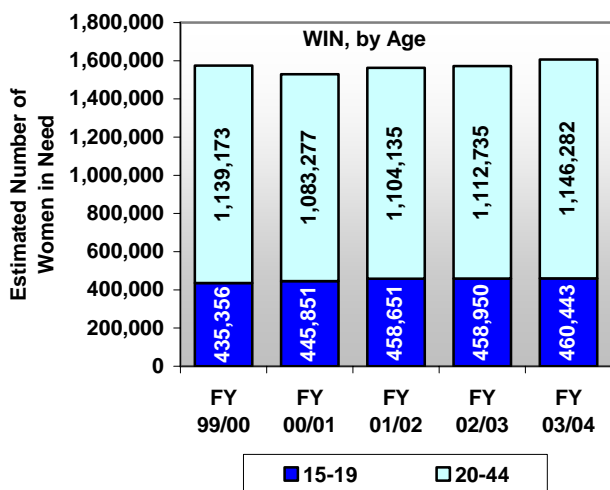
How Many Women Were In Need?

The number of women in need of publicly funded family planning services was 1.61 million in FY 2003-04, up from 1.57 million in FY 1999-00. The number of women in need did not rise at a steady rate over this five-year period; there was a slight decrease during FY 2000-01 which is partly explained by economic growth in the State^{xiii} resulting in fewer women reporting incomes at or below 200% FPL. After this FY 2000-01, the number of women in need resumed growth each year through FY 2003-04. See Figure 1.

Adolescents in Need: The number of adolescents in need grew steadily over the five-year period. In FY 1999-00, there were an estimated 435,356 adolescents in need. By FY 2003-04, this number had grown to 460,443.

Adults in Need: In FY 1999-00, there were an estimated 1.14 million adult women in need. By FY 2003-04, this number had grown to 1.15 million low-income adult women in need of publicly funded family planning services.

Figure 1: Estimated number of women in need (WIN) of publicly funded family planning services: FY 1999-00 to FY 2003-2004



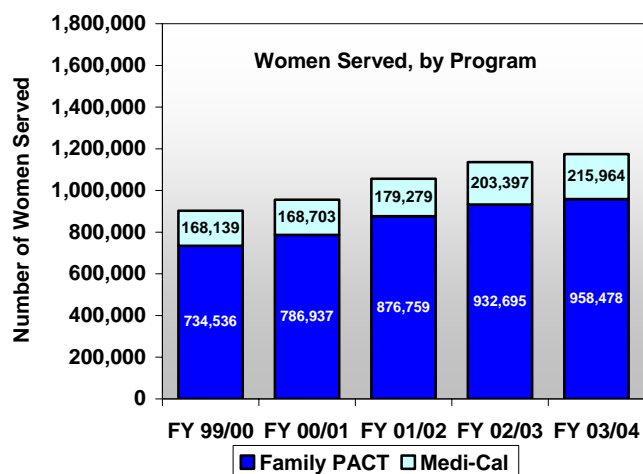
Source: Annual Social and Economic Supplement Files to the Current Population Survey, 2000-2005; State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 1990-1999 & 2000-2050; California Health Interview Survey, 2001 & 2003; California Women's Health Survey, 1998-2004.

How Many Women In Need Were Served?

Over the five-year study period, the number of women who received publicly funded family planning services grew rapidly as the Family PACT program expanded.

In FY 1999-00, Family PACT provided 734,536 women with at least one family planning service. By FY 2003-04, this number had grown to 958,478 women. In FY 1999-00, Medi-Cal provided 168,139 additional women with at least one family planning service and that number grew to 215,964 women in FY 2003-04. See Figure 2.

Figure 2: Number of women provided family planning services, by program: FY 1999-00 to FY 2003-04



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

Adolescents Served: The number of adolescents provided with family planning services in Family PACT grew substantially over the study period. In FY 1999-00, 151,116 female teens were served. This number grew to 204,647 served by FY 2003-04. During the same five-year period, Medi-Cal served 33,522 in FY 1999-00. This number had increased to 42,704 by FY 2003-04.

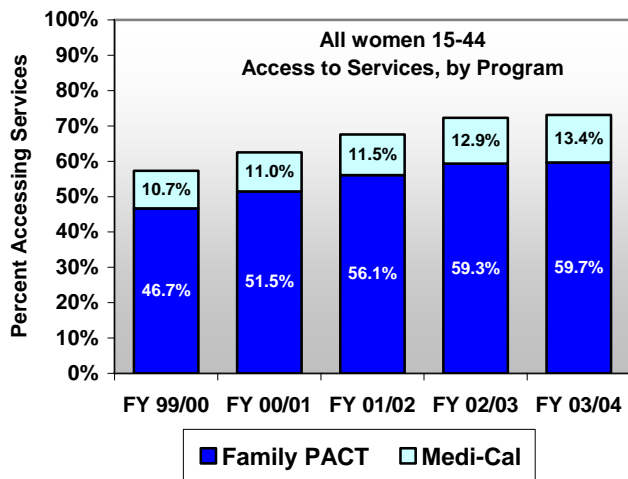
Adults Served: In FY 2003-04, 753,831 adult women received family planning services through Family PACT, up from 583,420 women served in FY 1999-00. Although Medi-Cal served fewer women with family planning services in absolute numbers, those numbers also grew during this period, from 134,617 in FY 1999-00 to 173,260 in FY 2003-04.

Has Access to Publicly Funded Family Planning Services Increased?

Access to publicly funded family planning services among California women in need has steadily increased. Access to Family PACT among women in need increased 13 percentage points over this period, from 47% in FY 1999-00 to 60% in FY 2003-04. Medi-Cal provided family planning services to an additional 11% of women in need in 1999-00, growing to 13% of women in need by FY 2003-04. See Figure 3.

Overall, 73% of women in need accessed family planning services through either Family PACT or Medi-Cal by FY 2003-04.

Figure 3: Percent of women in need accessing publicly funded family planning services, by program: FY 1999-00 to FY 2003-04

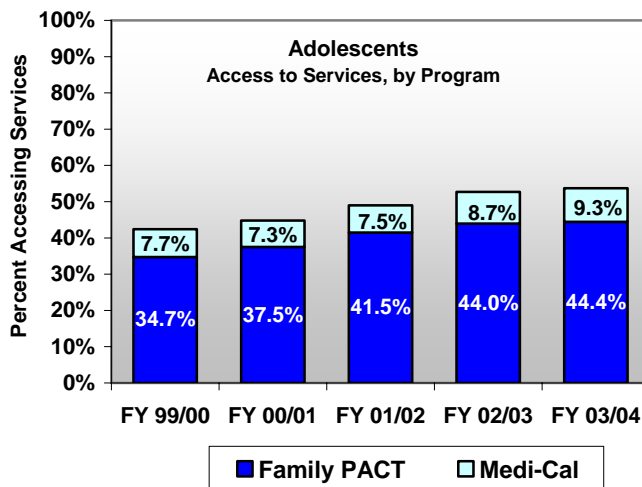


Sources: Annual Social and Economic Supplement Files to the Current Population Survey, 2000-2005; Department of Finance projected population counts, 1999-2004; California Health Interview Survey, 2001 & 2003; California Women's Health Survey, 1998-2004; Medi-Cal and Family PACT claims data, 1999-2004.

Access among Adolescents

Family PACT made substantial progress in improving access to publicly funded family planning services among adolescents in need. The proportion of adolescents in need who received a family planning service through Family PACT increased nine percentage points, from 35% in FY 1999-00 to 44% by FY 2003-04. Medi-Cal provided services to an additional 8% of adolescents in need in 1999-00, and 9% in FY 2003-04. See Figure 4.

Figure 4: Percent of adolescents in need accessing publicly funded family planning services, by program: FY 1999-00 to FY 2003-04

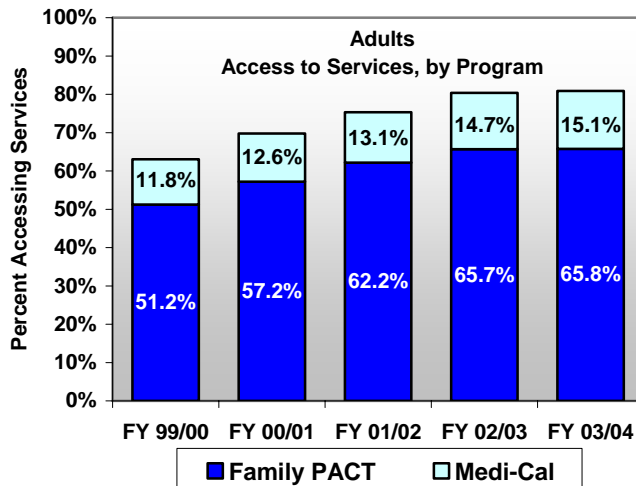


Source: State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 1990-1999 & 2000-2050; California Health Interview Survey, 2001 & 2003; California Women's Health Survey, 1998-2004; Family PACT and Medi-Cal claims files.

Access among Adults

In FY 1999-00, about half (51%) of adult women in need accessed family planning services through Family PACT. In FY 2003-04, two-thirds (66%) of women in need accessed services through Family PACT. Medi-Cal served an additional 12% of adult women in need in FY 1999-00, growing to 15% by FY 2003-04. See Figure 5.

Figure 5: Percent of adult women in need accessing publicly funded family planning services by program: FY 1999-00 to FY 2003-04



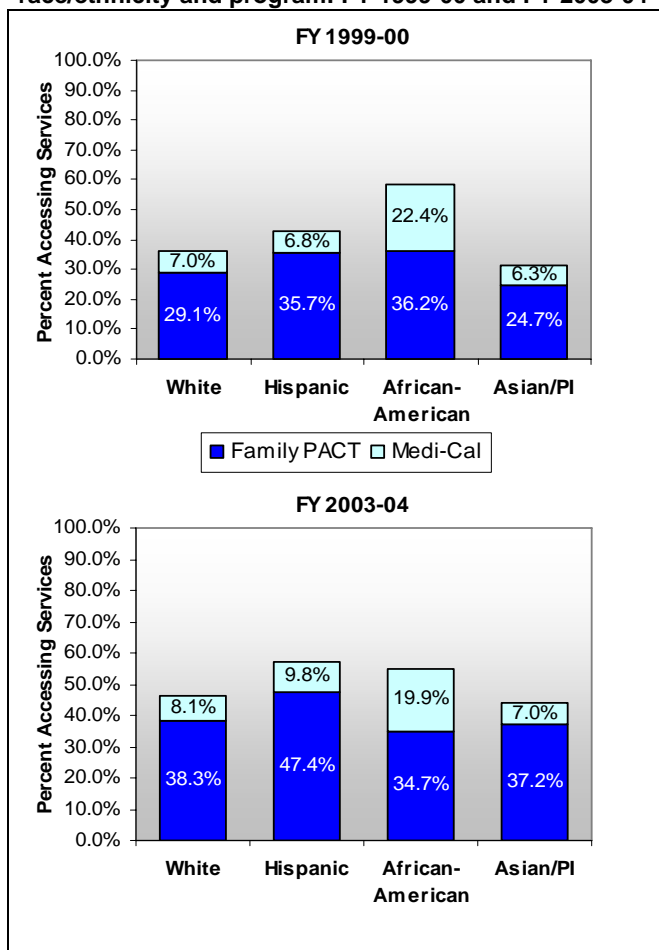
Source: Annual Social and Economic Supplement Files to the Current Population Survey, 2000-2005; State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 1990-1999 & 2000-2050; California Women's Health Survey, 1998-2004; Family PACT and Medi-Cal claims files

How Does Access Vary by Race/Ethnicity?

Access among Adolescents

The proportion of teens in need who access family planning services each year varies by race/ethnicity and has changed over time. Access was highest among African-American adolescents in FY 1999-00. However, by FY 2003-04, access had increased among all groups except African-American adolescents, for whom access actually declined. See Figure 6. The number of African-American adolescents in need grew faster than the number who accessed services.

Figure 6: Percent of adolescent women in need accessing publicly funded family planning services, by race/ethnicity and program: FY 1999-00 and FY 2003-04



Source: State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 1990-1999 & 2000-2050; California Health Interview Survey, 2001 & 2003; California Women's Health Survey, 1998-2004; Family PACT and Medi-Cal claims files.

While African-American adolescents in need had the lowest proportion accessing family planning services in Family PACT, the contribution of Medi-Cal to this population means that, overall, access to family planning services lags only a few percentage points behind Hispanic teens. Asian/Pacific Islander (API) teens have the lowest proportion of

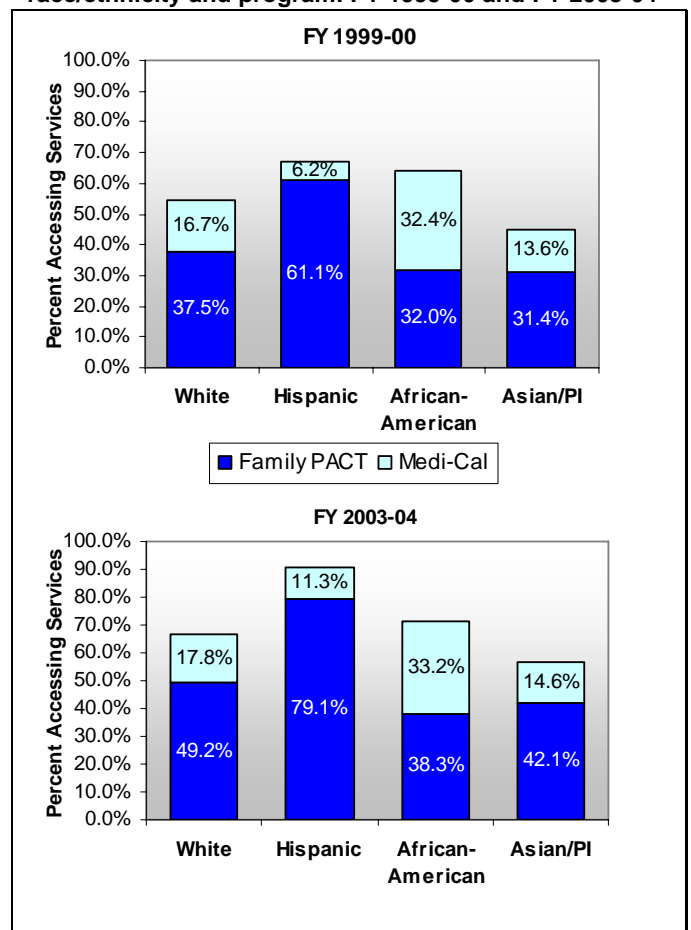
teens in need that have accessed services through either program.

Access among Adults

Among adult women in need, gains in access were made for all race/ethnic groups. Family PACT plays a major role in providing access to family planning services for all low-income women. This is particularly the case among Hispanic women, who experienced the largest growth in access due to sizeable increases in those served through Family PACT. See Figure 7.

Similar to adolescents, African-American adults in need have the lowest proportion accessing family planning services in Family PACT in FY 2003-04; but the contribution of Medi-Cal to this population means that they do not have the lowest proportion overall. The adult API women in need, like their adolescent counterparts, have the lowest overall proportion accessing family planning services.

Figure 7: Percent of adult women in need accessing publicly funded family planning services by race/ethnicity and program: FY 1999-00 and FY 2003-04



Source: State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 1990-1999 & 2000-2050; California Health Interview Survey, 2001 & 2003; California Women's Health Survey, 1998-2004; Family PACT and Medi-Cal claims files.

Were there Variations in Access Across California Counties in FY 2003-04?

Statewide, the proportion of reproductive age women in need of publicly funded family planning services who received such services through Family PACT or Medi-Cal was 73% in FY 2003-04.

Examination of individual county data, however, shows that substantial variation exists across the 58 counties and within Los Angeles County. Of the ten counties with the highest number of women in need, the proportion accessing services ranged from 47% in Riverside County to 67% in Los Angeles County. However, wide variation in access among women in need also existed within Los Angeles; access rate ranged from 17% in Antelope Valley to 75% in San Fernando Valley.

Among the ten counties with the largest share of adolescents in need, Riverside County had the lowest proportion that accessed family planning services (32%) while Sacramento County had the highest (62%). Among the ten counties with the highest number of adult women in need, Los Angeles County had the highest proportion that accessed family planning services (73%), while San Bernardino County had the lowest (51%).

However, variation in access also exists within Los Angeles County. Of the eight Service Planning Areas,^{xiv} the proportion of low-income women in need who accessed services ranged from 35% in Antelope Valley and 84% in San Fernando.

What are the Potential Limitations of the Study?

The definition of women at risk of unintended pregnancy differs between adolescents and adults. Adolescents were considered to be at risk if they were sexually experienced, while adults were considered at risk if they were sexually active in the last 12 months. All survey data is subject to biases which can affect these results such as recall bias (failure to remember past events), or social-desirability bias (giving the socially-acceptable answer). These biases may affect estimates of teen sexuality more than adults. The proportion of sexually experienced teens was based on a telephone survey in which only teens whose parents gave permission to discuss sexual issues were included, which may have resulted in an underestimation of the number at risk of unintended pregnancy. Additionally, teens may have been

more reluctant to accurately disclose sexual behavior to the interviewer, leading to underreporting of sexual behavior and a smaller estimate of teens in need. For adults, the survey data were adjusted for age and race/ethnicity discrepancies between the survey sample and the 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.

These potential data limitations equally affect all of the women in need estimates for each of the five study years and every comparison group. Therefore, despite these limitations, the time trends, race/ethnic differences, and geographic disparities presented in this report are considered valid observations.

What are the Implications for the Family PACT Program?

Family PACT plays an important role in providing family planning and other related reproductive health services, not only to women, but to men as well, who otherwise might not access these services. Many low-income Californians do not qualify for Medi-Cal because they are not parenting or their income is too high for Medi-Cal eligibility. Clearly, the Family PACT Program has a critical role in helping those in need of publicly funded family planning services obtain such services to avoid unintended pregnancy.

Though the State is achieving considerable success in improving access to publicly funded family planning services, continued population growth and change in the population composition will present challenges in meeting future demands. California is a diverse state; population data show that no single racial or ethnic group now forms a majority. The age composition of the population is changing as well. Each year, higher numbers of women enter their reproductive years. In effect, California will need to serve more women who have more years of both pregnancy prevention and childbearing ahead of them.

Key Recommendations

- Identify outreach strategies targeting teens, particularly African-American adolescents, who are sexually active but have not accessed family planning services.
- Identify program strategies to attract API and African-American women who are eligible to participate in Family PACT to narrow the gap in access between them and other race/ethnic groups.
- Continue to identify and target geographical areas with low access to publicly funded family planning services; these areas may represent a potential target for expanding the provider network.
- Complement this analysis with further analyses of the impact of publicly funded family planning services on birth spacing and birth rates of the focus population.
- Continue collaborating and developing new strategies to link publicly funded family planning services with existing programs that serve similar populations.
- Identify factors that make publicly funded family planning services inaccessible to the program's target population.
- Analyze whether the finding that a low proportion of API women in need accessed family planning services is driven by large disparities across specific API subpopulations.
- Identify approaches for collaboration with community-based organizations to promote publicly funded family planning services to women who might face barriers that inhibit access to services.
- Monitor demographic trends for changes in the population size and composition in order to keep pace with the number of women in need.

Source: Chabot, MJ, Lewis, C., Thiel de Bocanegra, H. (2009). *Access to Publicly Funded Family Planning Services in California, Fiscal Year 1999-00 to Fiscal Year 2003-04*. UCSF, Sacramento, CA.

Endnotes

ⁱ Reproductive age women are those 15-44 years old.

ⁱⁱ UCSF analysis of the Department of Finance projected and population counts, 1970-2010

ⁱⁱⁱ Chabot M. Data Points (forthcoming Office of Women's Health website) Parity and Birth Control Use Among California Women Ages 18-44. California Women's Health Survey (CWHHS), 2004-2005

^{iv} 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.

^v Guttmacher Institute, Contraception Counts, 2004. http://www.agi-usa.org/pubs/state_data/states/california.pdf

^{vi} Unintended pregnancy among women giving birth, 2002. Maternal, Child and Adolescent Health, California Department of Public Health: http://www.mch.dhs.ca.gov/documents/pdf/Unintended_Pregnancy_Fact_Sheet_2005.pdf

^{vii} Constantine NA, Nevarez CR. No Time for Complacency Teen Births in California. Public Health Institute. 2006 Spring Update

^{viii} 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.

^{ix} Women are at risk of unintended pregnancy if they are sexually active and neither pregnant, sterilized, postpartum, seeking pregnancy, nor infertile

^x 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 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 also 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

^{xi} Unduplicated counts of women who received family planning related services excluding women who received only pregnancy testing or fertility services, because they may have been pregnant or seeking pregnancy, and therefore not at risk of unintended pregnancy.

^{xii} 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. Roughly 3.3% of Family PACT women were also served by Medi-Cal in FY 2003-04.

^{xiii} Based on economic indicator of civilian unemployment rate showing that during the five-year study period, unemployment rate was lowest in 2000 and 2001. Available at http://www.dof.ca.gov/HTML/FS_DATA/LatestEconData/FS_Employment.htm

^{xiv} 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.