

Fulfilling the Promise: Public Policy and U.S. Family Planning Clinics

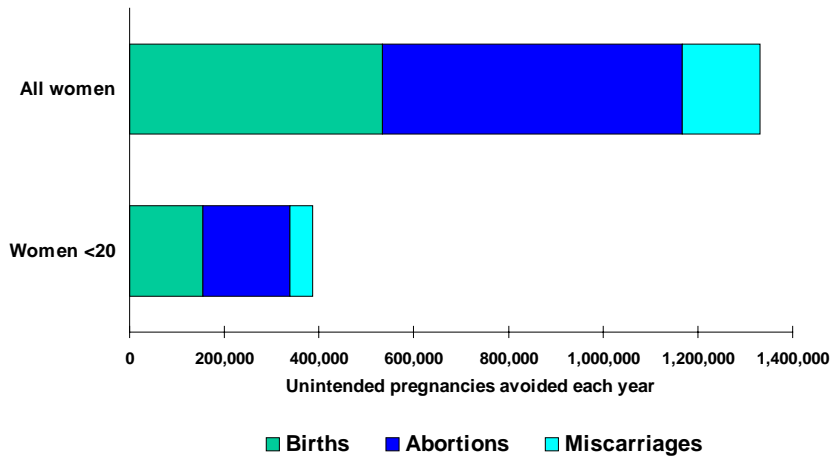
The Alan Guttmacher Institute (AGI)

AGI, *Fulfilling the Promise*, 2000

This presentation is based upon The Alan Guttmacher Institute's 2000 report, *Fulfilling the Promise: Public Policy and U.S. Family Planning Clinics*. It provides an overview of the history and achievements of the U.S. family planning clinic network, as well as the challenges and opportunities that publicly funded family planning service providers face in the years ahead.

Source: The Alan Guttmacher Institute (AGI), *Fulfilling the Promise: Public Policy and U.S. Family Planning Clinics* (New York: The Alan Guttmacher Institute, 2000).

Publicly supported family planning services help women avoid 1.3 million unintended pregnancies each year



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Table 1, p. 44

Publicly funded family planning services enable millions of Americans to decide whether and when to have children.

Each year, these services help women avoid 1.3 million pregnancies. Of these, an estimated 534,000 would have resulted in live births, 165,000 in miscarriages, and 632,000 in abortions.

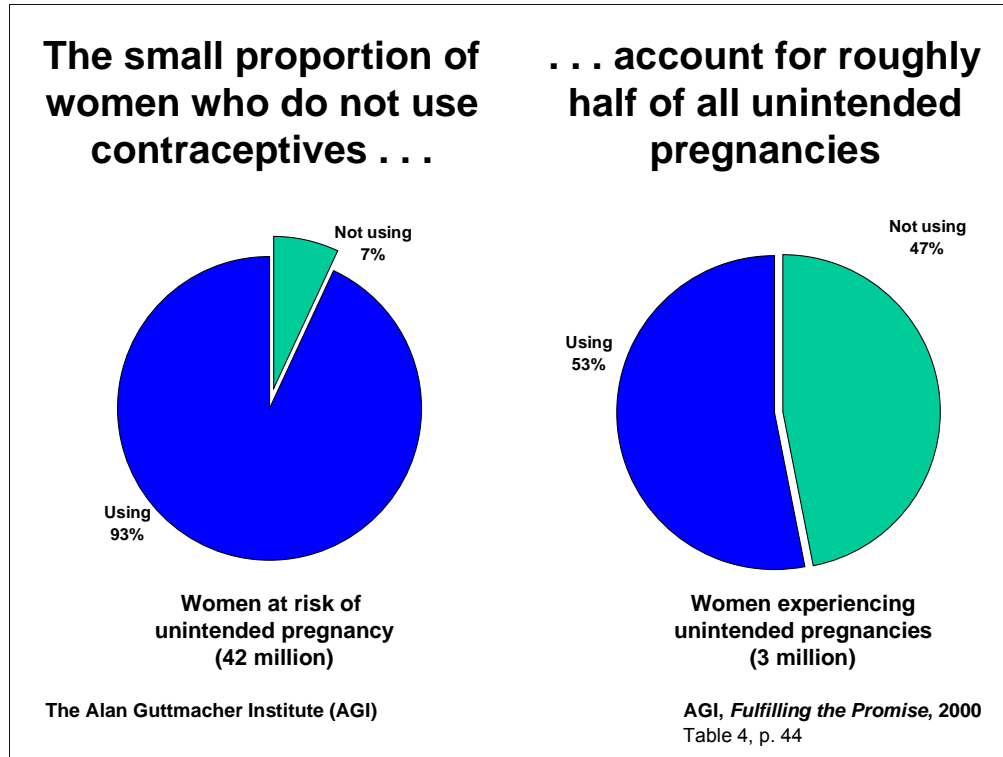
Additionally, 386,000 of the pregnancies that are averted every year due to publicly funded family planning services are to women under the age of 20.

Without these services, the U.S. abortion rate would be 40% higher than it is, and the teenage birthrate would be 25% higher.

Moreover, these services are cost-effective: for every \$1 of public money spent on family planning services, \$3 are saved in Medicaid costs for pregnancy-related and newborn care.*

*Forrest JD and Samara R, *Impact of publicly funded contraceptive services on unintended pregnancies and implications for Medicaid expenditures*, *Family Planning Perspectives*, 1996, 28(5):188-195.

Source: AGI, *Fulfilling the Promise*, pp. 6-7.



The likelihood of pregnancy in the absence of contraceptive use is so great that the 7% of American women aged 15-44 using no method while at risk of unintended pregnancy account for nearly half (47%) of all unintended pregnancies.

Although contraception is key to helping women and their partners realize their family-size goals, historically, contraception has not been equally available to all women. In the 1960s, many women had more children than they desired - especially if they had low incomes. Research demonstrated that it was unequal access to contraceptives, not a preference for more children, that was responsible for these differences between lower- and higher-income women's family sizes.*

Research also showed that there were negative health and financial consequences associated with unintended pregnancy.

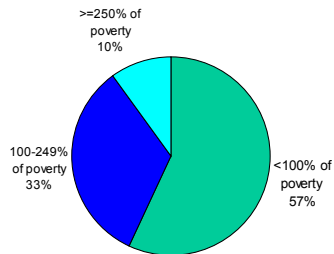
But many women cannot afford contraceptives on their own -- because they are poor, underinsured or uninsured, or young.

*Ryder NB and Westoff CF, *Reproduction in the United States: 1965*, Princeton, NJ: Princeton University Press, 1971.

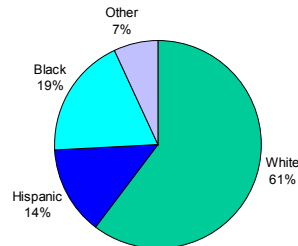
Source: AGI, *Fulfilling the Promise*, pp.10, 11, 13.

Most women using publicly supported family planning clinics are . . .

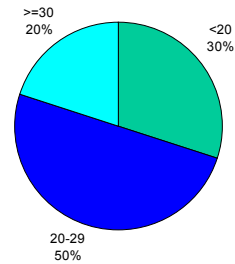
...low-income,



... white and



... younger than 30



**Female clinic clients
(6.5 million each year)**

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Table 7, p. 45

In response to the need for publicly subsidized family planning services, in 1970 Congress enacted Title X (Ten) of the Public Health Service Act, which today remains the centerpiece of the U.S. family planning program. Title X was intended to make contraceptive services and supplies available to anyone in need, regardless of their income.

Title X is the only federal program devoted solely to the provision of family planning services on a nationwide basis, but additional public support for family planning comes from Medicaid, the maternal and child health block grant, the social services block grant and state contributions.

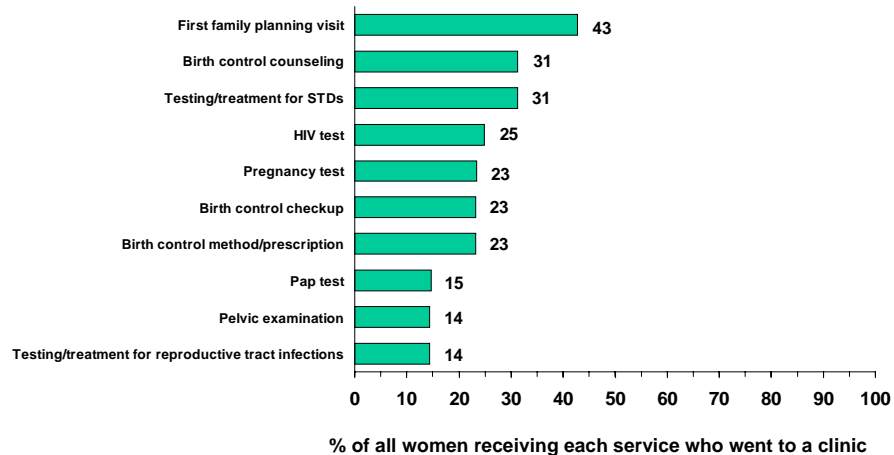
Each year, 7,000 publicly funded clinics serve 6.5 million clients.

Clinic clients are largely low income, white, and between 20 and 30.

Nine in ten clinic clients report family incomes below 250% of poverty (for a single person, up to \$18,674 in 1995 and up to \$20,874 in 2000). One-third are teenagers, and one-half are women in their twenties.

Source: AGI, *Fulfilling the Promise*, pp. 16-17.

Many women rely on family planning clinics for their reproductive health care



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Table 10, p. 46

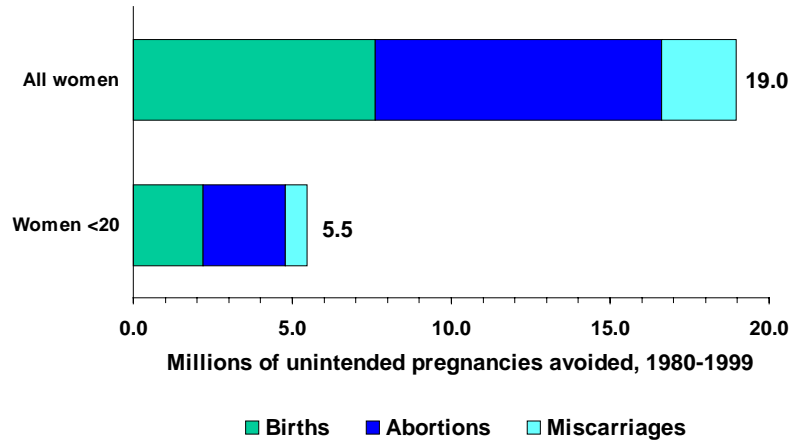
Family planning clinics are places where women can get confidential, sensitive contraceptive counseling and choose from a wide range of methods.

The clinic network has also become an integral part of the broader American health care system, offering important preventive health services including Pap smears, breast and pelvic examinations, and screening and treatment for sexually transmitted diseases.

Over four out of 10 women make their first family planning visit to a clinic, rather than a private doctor's office, highlighting just how important clinics are as a source of care for young people. Three in 10 women who get birth control counseling, do so at a clinic. One in four women who obtain birth control checkups and prescriptions do so at a clinic. One in seven women receiving Pap smears do so at a clinic. And one in four women of reproductive age obtaining HIV tests each year, and one in three obtaining other STD services, get these services at a clinic.

Source: AGI, *Fulfilling the Promise*, p. 20.

Women getting contraceptives from Title X-supported clinics avoided almost 20 million unintended pregnancies over the last 20 years



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Table 13, p. 46

The impact of Title X has been enormous. Over the last two decades, Title X-supported clinics have helped to prevent almost 20 million unwanted pregnancies, nine million of which would have ended in abortion.

The Title X program has also played a major role in reducing pregnancies among teenagers. By helping to prevent 5.5 million adolescent pregnancies, Title X-supported clinics have helped young women avoid more than two million births and two million abortions over the last two decades.

Without Title X, the number of teenage pregnancies would have been 20% higher than it was for this period.

Source: AGI, *Fulfilling the Promise*, pp. 24-25.

Title X-supported services protect women's health

- **STD tests**
 - 19 million between 1995-1998
 - includes 1.4 million HIV tests
- **Breast examinations**
 - 54.4 million over the past 20 years
- **Pap smears**
 - 57.3 million over the past 20 years
 - early detection of some 55,000 cases of invasive cervical cancer

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In addition, Title X-supported clinics have helped many women detect and obtain early treatment for a range of dangerous and even life-threatening medical conditions. Between 1995 and 1998, these providers performed 19 million tests for STDs, including 1.4 million for HIV. Over the past 20 years, an estimated 54.4 million breast examinations have been conducted at Title X-supported clinics, as well as an estimated 57.3 million Pap smears, which resulted in the early detection of as many as 55,000 cases of invasive cervical cancer.

Source: AGI, *Fulfilling the Promise*, pp. 24-25.

Political Controversies/Unfounded Accusations

1. Accusations about teenagers and sex
2. Accusations about abortion

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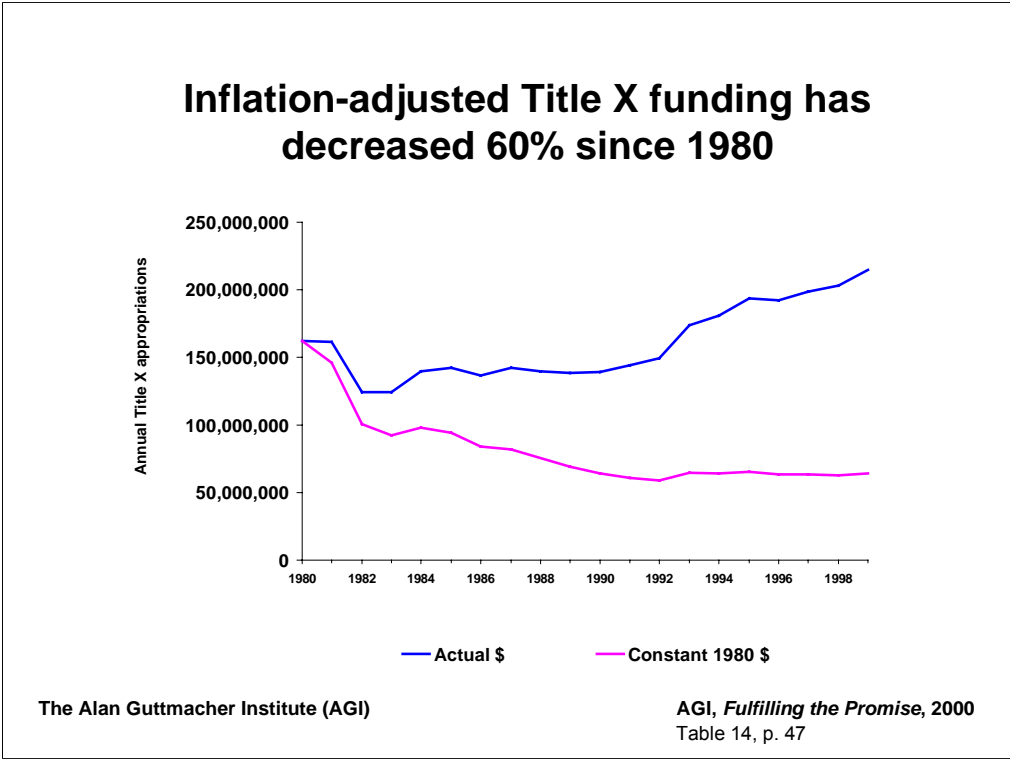
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Although nine in 10 Americans support publicly funded family planning, the Title X program has been plagued by political controversy.

One major objection raised by opponents of the Title X program, but unsupported by research data, is that it promotes sexual activity among teenagers. The accusation is unfounded. The availability of contraceptives at clinics does not encourage teenagers to have sex; in fact, the average teenager does not visit a family planning provider until 14 months after she has become sexually active. In addition, 75% of recent declines in teenage pregnancy in the United States is due to improved contraceptive use, rather than increases in abstinence, as critics of the program allege.

The second, similarly unfounded objection Title X opponents raise is that the program promotes abortion, and that family planning clinics have a vested interest in steering women facing an unintended pregnancy towards choosing abortion. To the contrary, non-directive pregnancy counseling ensures that women facing an unintended pregnancy can make the choice that is best for them. Moreover, by law, Title X funds may not be used to pay for abortions. Finally, by enabling women to avoid unintended pregnancies, Title X funding has prevented millions of abortions.

Source: AGI, *Fulfilling the Promise*, pp. 25-27.

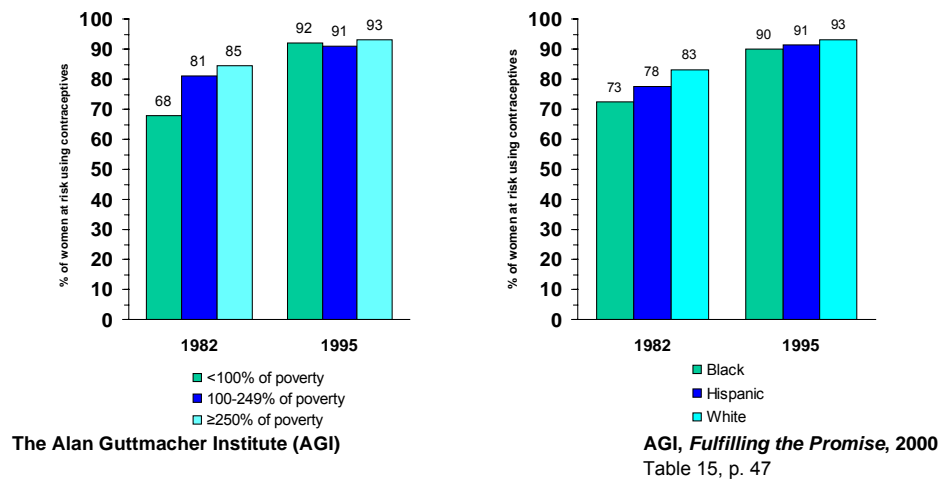


Despite their lack of foundation, these controversies have taken a serious toll in terms of depressed program funding. Taking inflation into account, Title X funding in 1999 was 60% lower than it had been 20 years earlier. In annual funding reviews, opponents of Title X have sought either to eliminate the program completely or to impose restrictions that have the potential to cripple service delivery.

These ongoing attacks have cast a cloud over all clinics, not just those with Title X funding, making it more difficult for family planning providers to do their job of providing care to all in need.

Source: AGI, *Fulfilling the Promise*, pp. 27-28.

Publicly funded family planning services have nearly eliminated historic differences in contraceptive use



The family planning clinic network has improved the public health and enabled couples to take advantage of economic opportunities that might not have been available to them had they not had the ability to decide whether and when to have children.

A key achievement of publicly funded family planning is that contraceptive use among poor, low-income and minority women has increased dramatically. Between 1982 and 1995, the proportion of women at risk of unintended pregnancy who were using a contraceptive method rose among poor and black and Hispanic women to levels comparable to those among higher-income and white women.

Levels of contraceptive use are now high among all women, regardless of subgroup.

Source: AGI, *Fulfilling the Promise*, p. 30.

New financial challenges

- **New and rising costs**
 - New contraceptive methods
 - State-of-the-art technology
 - Medical personnel
- **A changing health care marketplace**
 - Rising uninsured population
 - Managed care
 - Caring for increasingly diverse communities

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Preserving and building upon the gains of the past 30 years depends on clinics' continued ability to serve the millions of women who rely on them for family planning services, at a time when family planning clinics face serious financial challenges.

Clinics must find ways to pay for extremely effective, but also expensive, new contraceptive methods and technologies for detecting cervical cancer and STDs. For example, a clinic can provide three women with an annual supply of oral contraceptives for less than the cost of providing one woman with the three-month injectable for a year. Yet the injectable is increasingly popular among clinic clients and is now used by 18% of clients at Title X-supported clinics. Clinics are caught between their commitment to offer women a true choice of contraceptives and the realities of what they can afford to provide.

Clinics must also recruit trained personnel who are familiar with the languages and customs of local communities, especially as they attempt to serve increasingly diverse populations. They must also find ways to staff longer hours and weekends to be more responsive to clients' schedules.

And they must serve increasing numbers of Americans without any health insurance, while coping with a rapidly changing health care marketplace that is increasingly dominated by managed care.

A renewal of the political and financial commitment to family planning that spurred the government's involvement 30 years ago -- and of the commitment to social justice that lay at the heart of that effort--is crucial to fulfilling the promise to give all Americans the ability to achieve their childbearing goals and enhance their reproductive health.

Source: AGI, *Fulfilling the Promise*, p. 30-34.