

The Numbers Tell the Story: The Reach and Impact of Title X

By Susan A. Cohen

Access to family planning services for low-income women in the United States will continue at least through the current fiscal year. This was not at all clear until mid-April, when Congress and the administration finally agreed on a spending bill to fund the federal government for the rest of FY 2011, already half-over by that point. For the remainder of this year, \$299 million is appropriated for the Title X national family planning program, a 5% cut below last year's level. Earlier, conservative Republicans who control the House of Representatives passed a bill that—while exacting deep cuts in a wide array of federally funded activities—would have eliminated funding for Title X entirely. Separate and apart from defunding Title X, that bill also would have disqualified all Planned Parenthood affiliates from receiving Title X or any federal funds, including Medicaid reimbursement. The standoff over Planned Parenthood between the House, on the one side, and the Senate and Obama administration, on the other, almost shut down the government. It also obscured the underlying direct assault on the availability of contraceptive services for low-income women regardless of whether they are provided by Planned Parenthood health centers, health departments or other freestanding health centers.

Title X likely survived, in no small part, because the evidence is so clear that it is precisely the kind of government program that should be strengthened, not gutted. Because Title X exists, there are far fewer unintended pregnancies, teenage pregnancies and abortions—nationally and in each of the 50 states and the District of Columbia—than there otherwise would be.

Moreover, by helping almost a million low-income women to prevent unplanned births every year, Title X-supported services save the states and federal government billions of dollars in medical costs that otherwise would be paid for by Medicaid. If all that were not enough, the many thousands of family planning centers around the country that receive Title X funding remain the entry point into the health care system for large numbers of young and low-income women.

What Success Looks Like

Some lawmakers may have doubts about the value of Title X, but women do not. Because Title X not only subsidizes contraceptive services directly, but also provides the essential support to create and sustain the network of health centers where women go to obtain these services, it is the lynchpin of the national family planning effort. In fact, one-fourth of all poor women who obtain contraceptive services in the United States do so at a Title X-supported center.¹ In addition, Title X-supported centers are major sources of STI counseling, testing and treatment services. In 2009, Title X-supported centers reported that 2.5 million clients were tested for chlamydia, 2.6 million for gonorrhea, 740,000 for syphilis and one million for HIV.² Beyond contraceptive and STI services, women at Title X-supported centers also receive a set of closely related, critical preventive health care services, including Pap tests to detect early signs of cervical cancer and breast exams to detect warning signs of breast cancer. Not surprisingly, therefore, six in 10 women obtaining care at Title X-supported centers consider them to be their usual source of health care.³

Although Title X's mission is to provide comprehensive preventive reproductive health care (by law from its inception in 1970, Title X funds may not be used to pay for abortion), the program exists—first and foremost—to enhance access to contraceptive services. Title X is the nation's only federal program devoted solely to this purpose. By and large, its primary grantees are state governments, which in turn subcontract with public health departments, community health centers, Planned Parenthood affiliates and other independent, community-based agencies (see chart).^{4,5} The program places a priority on meeting the reproductive health needs of low-income women, and young women and men.

Two-thirds of the 7.1 million women obtaining care at publicly funded family planning centers receive services at the more than 4,000 Title X-supported sites nationwide.⁶ In fact, these sites are able to serve one-quarter of the 17 million women in this country who are in need of publicly supported contraceptive services; seven in 10 of these clients have incomes below the federal poverty level.^{2,6} The services provided at these sites enabled women to avoid 973,000 unplanned pregnancies in a single year. As a result, 433,000 unplanned births and 406,000 abortions did not occur. Put another way, without the services provided at Title X-supported cen-

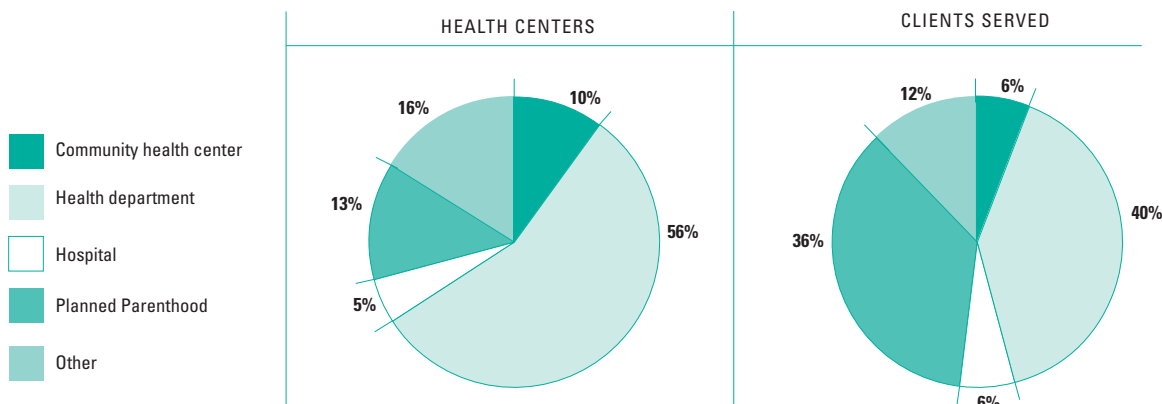
ters, levels of unintended pregnancy and abortion in the United States would be one-third higher than they are.¹ In addition, by helping so many low-income women and couples determine themselves how many children to have and when to have them, the services provided at Title X-supported centers conservatively saved the federal government and the states \$3.4 billion in costs that otherwise would have been borne by Medicaid for prenatal care, delivery and infant care—amounting to \$3.74 saved for every \$1 spent on contraceptive care.⁶ The dramatic impact of Title X can be seen at the level of the individual states as well (see table, page 22).^{1,2,6-11}

Beyond the Numbers

The tremendous achievements of the Title X program are apparent in the numbers—measured in services provided, health outcomes averted and dollars saved; however, the program's value is far greater than the sum of its parts. By providing aid to establish family planning health centers in local communities and assistance for their ongoing infrastructure needs, Title X is able to leverage the availability of other sources of support, public and private, to stretch the reach of its services. Whereas insurance—either public or private—may cover the costs of contraceptive services for many, women need a place to go to obtain high-quality specialized care. As the fed-

A DIVERSE SYSTEM

Health departments comprise more than half of Title X-supported sites nationwide; three-quarters of all clients obtained their contraceptive services at either a health department or a Planned Parenthood center with the remainder receiving care at other independent clinics, hospitals or community health centers.



Note: 2006 data. Sources: References 4 and 5.

TITLE X BY STATE: MEASURING THE IMPACT

	Women in need of publicly subsidized contraceptive services	Services at Title X–supported centers		Impact of services at Title X–supported centers		% increase in events in the absence of these services		
		% of women in need served	% of clients ≤100% of poverty	Unintended pregnancies averted	Cost savings (in dollars)	Unintended pregnancies	Abortions	Teen pregnancies
U.S. total	17,428,300	27%	70%	973,000	\$3,405,157,000	31%	34%	35%
Alabama	271,200	40	79	22,400	47,987,000	29	54	33
Alaska	36,600	18	80	1,400	10,502,000	20	33	29
Arizona	399,700	10	77	8,300	25,757,000	16	25	14
Arkansas	178,900	42	66	15,700	56,818,000	71	177	86
California	2,373,500	41	76	200,200	581,890,000	33	34	37
Colorado	275,400	17	75	9,600	26,942,000	21	29	26
Connecticut	158,800	25	31	8,100	34,577,000	23	20	36
Delaware	43,600	51	58	4,600	20,219,000	40	48	69
District of Columbia	35,500	49	44	3,600	7,576,000	22	14	26
Florida	971,600	23	45	46,300	129,804,000	23	25	29
Georgia	554,500	27	82	30,600	167,502,000	28	44	33
Hawaii	67,300	30	79	4,200	15,073,000	18	24	34
Idaho	104,000	24	62	5,300	24,348,000	48	102	51
Illinois	708,700	19	80	27,800	96,620,000	20	25	26
Indiana	353,800	11	77	8,300	32,013,000	18	33	21
Iowa	155,400	43	72	13,900	60,228,000	69	113	82
Kansas	153,800	25	54	8,100	25,492,000	32	64	32
Kentucky	264,900	39	69	21,500	109,893,000	67	163	47
Louisiana	287,700	20	89	12,100	54,251,000	23	45	19
Maine	76,800	35	51	5,600	12,541,000	63	92	103
Maryland	258,100	29	76	15,400	67,418,000	22	19	36
Massachusetts	316,400	19	66	12,700	51,100,000	25	23	45
Michigan	554,400	22	68	25,100	63,851,000	36	39	45
Minnesota	274,900	13	67	7,600	19,872,000	17	24	33
Mississippi	197,700	31	86	12,700	23,421,000	31	69	42
Missouri	349,500	21	58	15,000	56,564,000	28	48	29
Montana	59,100	43	57	5,300	14,361,000	62	114	88
Nebraska	102,500	22	55	4,600	8,800,000	48	107	53
Nevada	142,400	17	64	4,900	12,622,000	15	15	17
New Hampshire	65,400	40	53	5,400	17,682,000	63	78	141
New Jersey	385,500	32	45	25,700	133,028,000	23	18	30
New Mexico	136,300	27	71	7,500	27,271,000	41	61	46
New York	1,160,400	27	66	64,700	261,546,000	23	17	32
North Carolina	524,000	26	66	28,200	109,916,000	28	42	32
North Dakota	38,500	37	50	2,900	12,041,000	62	146	83
Ohio	667,300	15	68	21,500	76,641,000	21	31	31
Oklahoma	206,600	39	72	16,900	51,626,000	37	81	44
Oregon	234,500	30	72	14,600	18,199,000	43	53	55
Pennsylvania	684,800	42	67	59,700	183,505,000	44	59	76
Rhode Island	62,700	27	80	3,500	12,894,000	26	24	22
South Carolina	256,600	37	92	19,900	83,193,000	38	62	38
South Dakota	44,400	25	68	2,300	7,660,000	40	122	51
Tennessee	351,600	34	80	25,100	110,619,000	22	42	31
Texas	1,462,400	15	75	45,900	161,738,000	15	22	13
Utah	187,400	15	67	5,900	23,028,000	23	69	55
Vermont	38,900	21	36	1,700	6,163,000	34	39	61
Virginia	375,500	19	57	14,600	68,439,000	18	21	29
Washington	394,800	26	64	21,200	72,159,000	40	45	52
West Virginia	110,300	49	90	11,300	52,354,000	75	163	80
Wisconsin	282,000	19	71	10,800	41,863,000	25	42	36
Wyoming	31,600	38	68	2,500	15,548,000	60	107	74

Note: Percentage increase in the absence of services provided at Title X–supported centers is calculated by dividing the number of events (unintended pregnancies, abortions or teen pregnancies) averted by the total number of events in the state; data for events averted are for 2006 (references 1 and 8), and data for total events are for the most recent year available (2006 for unintended pregnancies—reference 9; 2005 for abortions by state of residence—reference 10; and 2005 for teen pregnancies—reference 11). *Sources:* Columns 1, 2 and 4—reference 6. Column 3—reference 2. Column 5—reference 7. Column 6, U.S. total—reference 1.

eral program organized around the provision of contraceptive services and closely related preventive care, Title X sets national policies and medical standards to ensure clients are receiving optimal care. This includes guaranteeing a client's informed consent before choosing to use contraception and access to the full range of the most up-to-date contraceptive methods either directly or by referral.

Women who do not use contraception or who do so inconsistently represent one-third of all the women at risk of unintended pregnancy in the United States. And they account for 95% of all the unintended pregnancies that take place each year.¹ Unintended pregnancy has long been associated with an increased risk of low-birth-weight newborns and other negative pregnancy outcomes. The broader economic and social benefits of preventing unintended pregnancies and the abortions or births that result may be harder to quantify, but they are no less real.¹²

Empowering women with the information and services necessary to plan the timing and spacing of their children means empowering them with the chance to invest in higher education, obtain a secure and fulfilling job and develop a stable home environment for raising a family.

Being able to determine whether and when to have a child is something that many women in the United States take for granted—and they are fortunate to be able to do so, unless and until they lose that ability. Too many lawmakers may be the worst offenders, however, in glossing over the fact that preventing unintended pregnancy does not simply take care of itself. In this instance, it requires a low-cost investment in basic information and services that yields returns many times over in public health, public dollars and quality of life for economically disadvantaged women and their families. Especially during these difficult economic times, the evidence is clear that it is an investment well worth making. www.guttmacher.org

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