



A Real-Time Look at the Impact of the Recession on Publicly Funded Family Planning Centers

Background

The recent economic recession has placed tremendous pressures on safety-net health care providers, including public health departments, community health centers and other facilities that care for uninsured and underinsured Americans. Increases in unemployment, as well as cuts in work hours and benefits, have left many families without health insurance and dependent on publicly funded providers for both routine and emergency health care needs. In fact, for every percentage-point increase in the unemployment rate, an estimated 1.1 million additional Americans become uninsured.¹ The U.S. unemployment rate has risen from 4.5% in November 2007 to 10.0% in November 2009,² suggesting that more than six million Americans have become recently uninsured.³ At the same time, public health service providers are facing funding cuts necessitated by declining tax revenues and severe budget crises among many state and local governments.

A recent, nationally representative Guttmacher Institute survey of low- and moderate-income women aged 18–34 found that half were financially worse off now than a year ago; more than four in 10 reported that because of the economy, they wanted to get pregnant later than they otherwise would have planned, have fewer children or not have any more children at all.⁴ Many of these surveyed women, especially those who were financially worse off, reported putting off gynecologic or birth control visits to save money; some reported skipping birth control use or delaying prescription refills as a means of saving money, thus putting themselves at greater risk of unintended pregnancy just when they wanted to avoid one the most.

The stories from women and families about the difficult choices they face—to postpone childbearing, to forgo health care, to skip contraceptive use—as they try to stay afloat during these challenging economic times are compelling, but they are only one part of a larger story. Publicly funded family planning centers—the primary safety-net providers of contraceptive services for economically disadvantaged women—are also facing serious challenges, including the dual pressures of rising demand and shrinking resources. Indeed, increased demand for publicly supported family planning care is being driven not

only by the rising numbers of uninsured women, but also by the fact that more women want to postpone childbearing during the recession^{4,5} and are therefore seeking affordable services to ensure that they can effectively avoid an unplanned pregnancy.

Over the past year, numerous anecdotal news accounts have reported on changes and challenges experienced by publicly funded family planning providers. This report provides the first systematic look at the impact of the recession on the network of publicly funded family planning centers that strive to provide free and low-cost contraceptive care to all of the women who need and depend on this care. Specifically, the report examines changes experienced between early 2008 and early 2009, during the height of the economic recession.

First, to understand the rising demands faced by centers from the numbers of women who are uninsured, this report analyzes the most recent data from the Current Population Survey on the number and percentage of women, and of low-income women in particular, who were uninsured in 2008. It then looks at new data from a survey of 60 family planning centers from around the nation that receive funding through the Title X program,* and that are representative of the range of provider types constituting the family planning center network (e.g., public health department clinics, community and migrant health centers, hospital outpatient clinics and Planned Parenthood clinics). Centers were chosen randomly from among all Title X–funded family planning sites serving at least 200 contraceptive clients a year. Although the sample size is relatively small, the results do represent the first systematic consideration of the recession’s impact on a range of family planning centers in all regions of the country. (See Appendix for additional methodology details.)

*Title X of the Public Health Service Act was enacted by Congress in 1970 and is the only federal program devoted entirely to the provision of family planning services to poor and low-income women.

Findings

Women and Health Insurance

Compared with Americans overall, women aged 15–44 are more likely to be uninsured. In 2008, 15% of all Americans (some 46 million people) lacked health insurance coverage,⁶ as did 20% of women who were of reproductive age (Figure 1). Both the number and the proportion of uninsured women have likely increased in 2009, but even the 2008 data are sobering.

- More than 12.4 million women of reproductive age were uninsured, representing one out of every four uninsured Americans.

Some states had even higher uninsured rates: In five states, at least 25% of women of reproductive age were uninsured. In Alaska, Arkansas and Florida, the percentage of uninsured women ranged from 25% to 27%, while in New Mexico and Texas, more than 30% of women in this age-group were uninsured (Table 1, page 4).

- Certain groups of women were especially likely to be uninsured.

Four out of every 10 poor women (those with an income below the federal poverty level)[†] of reproductive age—some 3.8 million women—were uninsured.

Three out of every 10 low-income women (those at 100–250% of the federal poverty level) of reproductive age—some 5.1 million women—were uninsured.

More than one in five women aged 15–29—the age-group most at risk for having an unintended pregnancy—were uninsured, representing some 6.9 million women.

[†]In 2008, the federal poverty level for a family of three was \$17,600.

FIGURE 1. In 2008, women of reproductive age, especially poorer women, were more likely to be uninsured than Americans overall

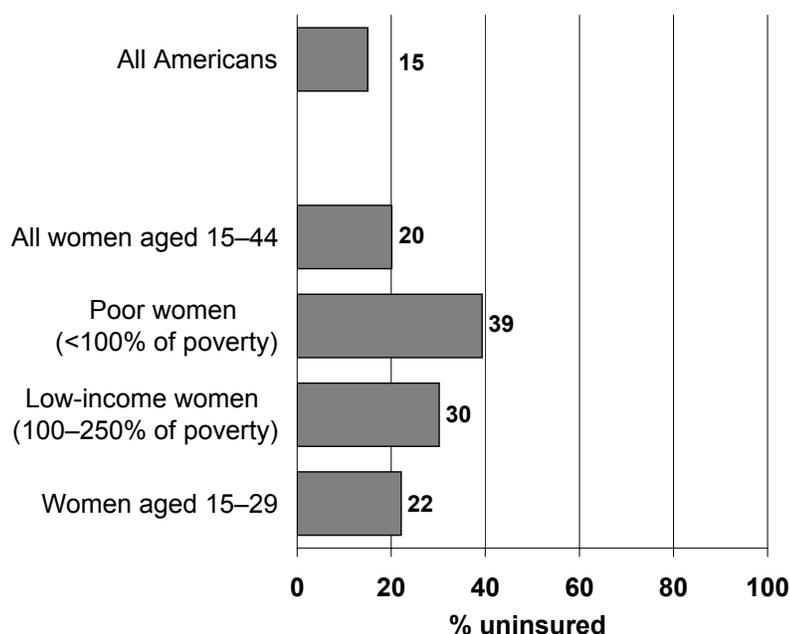


TABLE 1. Percentage and number of women aged 15–44 who were uninsured in 2008, and averaged figures by state for 2007–2008, Current Population Survey

State	%	N
All	20.1	12,405,600
Alabama	17.3	163,000
Alaska	25.3	35,300
Arizona	24.4	314,900
Arkansas	25.7	143,400
California	22.8	1,769,000
Colorado	21.0	212,500
Connecticut	11.7	80,600
Delaware	15.2	26,900
District of Columbia	9.9	14,500
Florida	26.8	930,100
Georgia	22.9	472,000
Hawaii	9.3	23,000
Idaho	21.0	63,500
Illinois	17.0	455,100
Indiana	17.2	219,000
Iowa	14.5	84,100
Kansas	17.5	95,100
Kentucky	22.6	195,000
Louisiana	24.0	218,600
Maine	11.3	28,300
Maryland	17.7	208,400
Massachusetts	7.2	96,500
Michigan	16.0	318,000
Minnesota	11.9	123,400
Mississippi	24.7	148,200
Missouri	17.1	201,600
Montana	21.0	37,900
Nebraska	15.9	56,000
Nevada	22.7	118,600
New Hampshire	13.6	35,300
New Jersey	19.5	337,300
New Mexico	31.2	126,500
New York	17.1	694,500
North Carolina	21.3	403,300
North Dakota	13.1	16,400
Ohio	15.1	344,100
Oklahoma	21.9	157,600
Oregon	19.3	144,400
Pennsylvania	11.4	274,300
Rhode Island	14.5	31,400
South Carolina	20.8	186,200
South Dakota	15.9	24,400
Tennessee	18.3	229,300
Texas	32.3	1,648,900
Utah	15.5	92,000
Vermont	13.8	16,600
Virginia	18.0	286,400
Washington	15.2	202,900
West Virginia	22.3	76,900
Wisconsin	11.0	120,900
Wyoming	19.8	20,500

Note: Survey data for 2007 and 2008 were combined to obtain the state-level estimates, which was necessary to increase the sample size, reduce sample error and increase the stability of the estimates.

Family Planning Centers Are an Essential Safety Net

The recession has increased the demands on publicly funded family planning centers, affecting both the number and the types of clients served. These centers typically serve a wide range of clients, including women whose income makes them eligible for free or reduced-fee services and women able to pay for their care; centers serve uninsured women and those covered by Medicaid, as well as women with private insurance coverage. Because many women have lost their employer-based insurance during the recession, an increasing number of them have turned to the network of publicly funded family planning centers to fulfill their family planning and reproductive health care needs. In addition, compared with before the recession, more of the clients who are now seeking care at these sites are economically disadvantaged.

- Many federally funded family planning centers are seeing an increase in the number of clients seeking contraceptive services (Figure 2, page 5).

Two-thirds of centers[‡] reported an increase in the number of clients served from the first quarter of 2008 to the first quarter of 2009.

These centers reported an average 26% increase in clients served.

- The proportion of the clients seen at family planning centers who are economically disadvantaged is increasing.

More than four in five centers reported an increase in clients who were poor or low-income, and therefore eligible to receive care for free or for a reduced fee.

More than four in five centers reported an increase in clients who were uninsured.

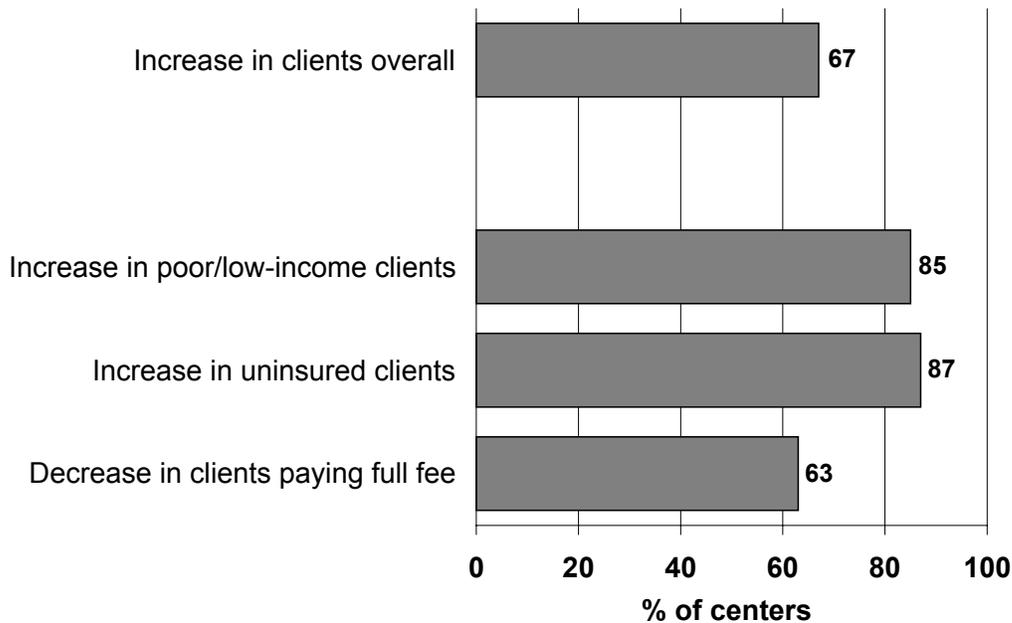
Nearly two-thirds of centers reported a decrease in clients who were able to pay the full fee for their services.

Family Planning Centers' Response

Family planning centers are struggling to meet the increasing demand for contraceptive services. As more women turn to publicly funded family planning centers, some centers report being able to increase access to ser-

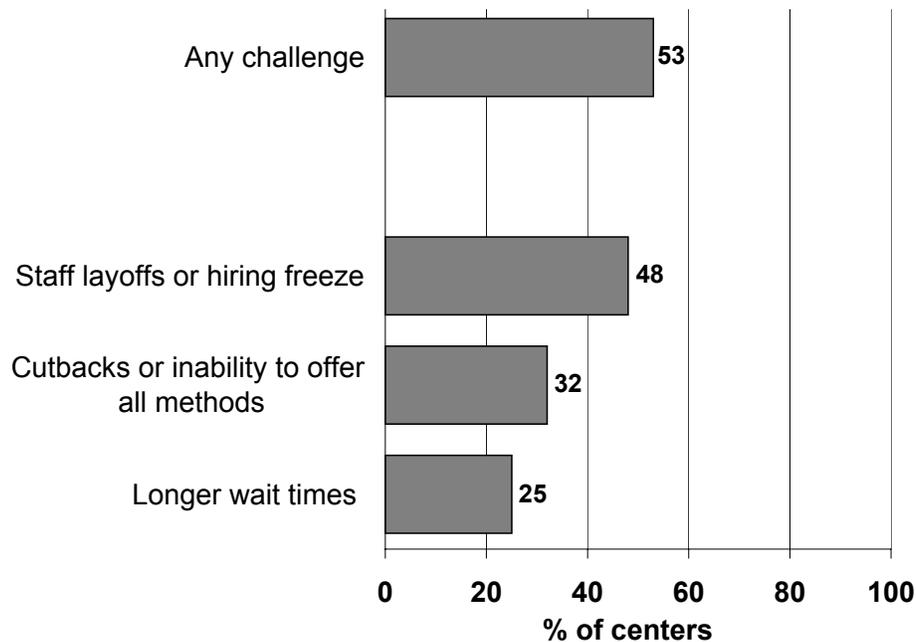
[‡]In reporting results from the survey of family planning centers, percentages were calculated using the number of sites that answered yes or no to a given question (excluding those with either “don’t know” or missing responses). Appendix Table 2 provides the number of sites that gave each response, as well as the percentage responding affirmatively to each question.

FIGURE 2. Family planning centers are reporting that they are serving increasing numbers of economically disadvantaged clients



Notes: In reporting results from the survey of family planning centers, percentages were calculated using the number of sites that answered yes or no to a given question (excluding those with either “don’t know” or missing responses). Appendix Table 2 provides the number of sites that gave each response, as well as the percentage responding affirmatively to each question.

FIGURE 3. Family planning centers are facing a variety of service delivery challenges



Notes: In reporting results from the survey of family planning centers, percentages were calculated using the number of sites that answered yes or no to a given question (excluding those with either “don’t know” or missing responses). Appendix Table 2 provides the number of sites that gave each response, as well as the percentage responding affirmatively to each question.

vices, while others report being forced to make cutbacks that ultimately will reduce access to care.

- Some centers have been able to take steps to accommodate the increasing demand for their services.

Nearly a fourth of centers reported that they had expanded their hours of operation in the past year to meet the increased demand for services.

Several centers described changes made to meet the increased need for social services by their clientele, such as adding appointments for WIC (a nutrition and food voucher program for women and infants) and responding to requests for information about other community resources.

- However, many more centers have had to cut back on the services they offer, or say that the waiting time for clients seeking care has increased (Figure 3, page 5).

Overall, more than half of centers reported one or more service delivery challenges related to staffing or cutbacks in services during the first quarter of 2009, compared with the first quarter of 2008.

Almost half of centers reported staff layoffs or a hiring freeze during 2009.

A third of centers reported that they had reduced the number of contraceptive methods offered, or had been unable to provide all methods to all the clients requesting them. Typically, the methods that were less available were the more expensive ones, such as the IUD, the implant, the patch and some nongeneric brands of oral contraceptives.

One-quarter of centers reported that clients now have longer wait times for initial or annual visit appointments. Of centers that reported the actual wait times for initial visits, the wait typically doubled from less than a week to about two weeks. One center reported that the wait for an initial visit had increased from five days to 60 days.

Several centers reported that clinic hours had been cut or that service sites in their network had been closed due to lack of funding.

Discussion

Over the past two years, the economic recession has had a profound impact on women's desire to limit their fertility and on their need for subsidized services to ensure that they can successfully do so. In the Guttmacher Institute's 2009 Internet survey of low- and moderate-income women,⁴ nearly two-thirds (64%) reported that given the economy, they "can't afford to have a baby right now." Rising unemployment is leaving many of these women without employer-based health insurance and thereby eliminating their access to insurance-covered contraceptive care. In 2008, one in five women of reproductive age were uninsured. That level is undoubtedly higher now, as unemployment has risen precipitously throughout 2009. This confluence of increasing need for contraceptive care to postpone childbearing and a greater need for that care to be subsidized is placing significant strain on the network of publicly supported family planning centers.

The family planning centers that participated in this survey reported that these pressures are indeed real and widespread. A majority of sites confirmed that not only are client numbers and demand for services increasing, but that the characteristics of their clients are changing—more clients are economically disadvantaged and in need of free services, and fewer are able to pay the full fee for their care. Unfortunately, funding for publicly supported care is not growing at the same pace as the demand for family planning services. Funding for the critical Title X program for 2010 is expected to be only 5.8% higher than it was in 2008, even before the recession began. For their part, states are facing even more difficult conditions, as at least 28 have had to make painful cuts to health programs this year.⁷

Family planning centers report a variety of service delivery challenges due to the financial pressures created by the recession. Although some centers have managed to extend their hours to meet the increased demand for services, many others have had to make difficult cutbacks in staffing, institute a hiring freeze, or limit the range of contraceptive methods and services that they are able to provide, and some have even reduced the hours that they are open. Overall, these changes are likely to have real consequences for the women who rely on these centers: Some may not be able to get the contraceptive method they want, especially if they request a long-acting method, and some may find that service hours have been reduced

or the site has closed. Consequently, more women will be unable to get the contraceptive services and reproductive health care they need and want, and some will find themselves faced with an unintended pregnancy—unfortunate at any time, but especially so during difficult economic times when families can least afford the added costs of a new baby.

References

- 1 Rowland D, Health care and Medicaid—weathering the recession, *New England Journal of Medicine*, 2009, 360(13):1273–1276.
- 2 U.S. Department of Labor, Commissioner's statement on the employment situation, news release, Dec. 4, 2009, <<http://www.bls.gov/news.release/jec.nr0.htm>>, accessed Dec. 4, 2009.
- 3 Perry M, Cummings J and Lewis M, *Rising Health Pressures in an Economic Recession: A 360° Look at Four Communities*, Washington, DC: Kaiser Commission on Medicaid and the Uninsured, 2009.
- 4 Guttmacher Institute, *A Real-Time Look at the Impact of the Recession on Women's Family Planning and Pregnancy Decisions*, September 2009, <<http://www.guttmacher.org/pubs/RecessionFP.pdf>>, accessed Dec. 1, 2009.
- 5 American College of Obstetricians and Gynecologists, Bad economy blamed for women delaying pregnancy and annual check-up, news release, May 5, 2009, <http://www.acog.org/from_home/publications/press_releases/nr05-05-09-1.cfm>, accessed Dec. 1, 2009.
- 6 DeNavas-Walt C, Proctor BD and Smith JC, Income, poverty, and health insurance coverage in the United States: 2008, *Current Population Reports*, 2009, Series P-60, No. 236.
- 7 Johnson N, Oliff P and Williams E, An update on state budget cuts, Washington, DC: Center on Budget and Policy Priorities, Nov. 19, 2009, <<http://www.cbpp.org/cms/?fa=view&id=1214>>, accessed Dec. 1, 2009.

Acknowledgments

The Guttmacher Institute thanks Jennifer Frost and Laura Lindberg for their substantial research contributions; Lawrence Finer, Rachel Jones and David Landry for additional data collection and analysis; Nakeisha Blades, Emily Nell, Sameen Qadir and Cecily Stokes-Prindle for research assistance; Sharon Camp, Patricia Donovan, Joerg Dreweke, Rachel Gold, Cory Richards, Gustavo Suarez and Rebecca Wind for reviewing early drafts; and John Thomas for editing the report.

This report was made possible in part by a grant from the Educational Foundation of America and by funding under a cooperative agreement with the Office of Population Affairs, U.S. Department of Health and Human Services (FPRPA006050). The Guttmacher Institute also gratefully acknowledges the general support it receives from individuals and foundations, including major grants from the William and Flora Hewlett Foundation, the David and Lucile Packard Foundation and the Ford Foundation, which undergirds all of the Institute's work.

Appendix: Methodology

Current Population Survey

The Current Population Survey is a monthly survey of about 50,000 households conducted by the U.S. Census Bureau for the Bureau of Labor Statistics. It collects data on a number of economic issues, including the health insurance status of Americans, and the sample is representative of the civilian noninstitutional population. Data for this report were drawn from the Annual Social and Economic Supplement to the 2009 survey, which is conducted in March. The present analysis focused on women of reproductive age (15–44), by income level. For further information on the data and methodology, see <<http://www.census.gov/prod/2009pubs/p60-236.pdf>> and <http://www.census.gov/hhes/www/p60_236sa.pdf>.

Guttmacher Survey of Family Planning Centers

This survey was fielded in 2009 by the Guttmacher Institute as part of a broader study examining family planning center patients and their partners. A representative sample of 80 centers was drawn from the universe of over 3,000 eligible sites; centers were eligible if they received federal Title X funding and served at least 200 female contraceptive clients per year. The sample was stratified by three variables: client caseload (four levels), facility type (three types) and region of the country (four regions). Sampled centers were requested to participate in two ways. First, they were asked to distribute surveys to all contraceptive clients coming in for services during a defined period of time (typically two weeks); second, they were asked to complete a survey about the center itself and the services offered. Centers that refused to participate were replaced with a site having the same characteristics and located in the same region.

During development of the questionnaire in the spring of 2009, stories about the recession's impact on center services were appearing in news sources. In response, several questions were added to the survey that specifically asked about changes in the numbers and characteristics of clients seeking services between the first quarter of 2008 and the first quarter of 2009, and about centers' responses regarding changes in staffing or in the methods or services offered. A total of 60 centers responded to the

survey, and they were distributed by caseload, facility type and region in similar proportions as the original sample of 80 centers (Appendix Table 1, page 9). Hence, the responses from this sample likely represent the range of experiences faced by all types and sizes of publicly funded family planning centers. However, because the sample size is relatively small, the percentages reported have large standard errors. For example, the 95% confidence interval around a value of 70% and a sample size of 60 would be 58.5 to 81.5. Both the number and the percentage of centers that reported specific changes in client numbers and service delivery challenges are provided in Appendix Table 2, page 9, and all percentages were calculated after excluding those sites (between one and 12) with either "don't know" or missing responses.

APPENDIX TABLE 1. Distribution of responding centers and centers in the original sample, by annual client caseload, facility type and region of the country, Guttmacher Survey of Family Planning Centers, 2009

Characteristic	Respondents		Original sample	
	N	%	N	%
Caseload				
200–1,099	15	25	20	25
1,100–2,099	12	20	20	25
2,100–3,799	17	28	20	25
≥3,800	16	27	20	25
Facility type				
Health department	20	33	26	33
Planned Parenthood	24	40	31	39
Other	16	27	23	29
Region				
Northeast	11	18	15	19
Midwest	9	15	14	18
South	21	35	28	35
West	19	32	23	29
Total	60	100	80	100

Note: Percentages may not total 100 because of rounding.

APPENDIX TABLE 2. Number of centers by their response to each question, and percentage responding affirmatively

Question	Response (no.)			Yes (%)
	Yes	No	Don't know/ missing	
During the first three months of 2009 (compared with the first three months of 2008), has this clinic experienced any of the following changes in its family planning client base?				
An increase in the number of family planning clients served.	32	16	12	67
An increase in clients who are eligible for free or reduced-fee services.	46	8	6	85
An increase in clients who are uninsured.	45	7	8	87
A decrease in clients paying the full fee.	32	19	9	63
During the first three months of 2009 (compared with the first three months of 2008), has this clinic experienced any of the following changes in service provision?				
Staff layoffs or a hiring freeze.	28	30	2	48
Cutbacks in methods offered or not being able to provide all methods to all clients requesting them.	19	40	1	32
Longer wait times for initial or annual visit appointments.	13	38	7	25
Increased hours to meet higher demand.	14	46	0	23

Note: Percentages were calculated using the number of sites that answered yes or no to a given question (excluding those with either "don't know" or missing responses).