Family Planning

U.S. Department of Health & Human Services • Public Health Service

December 8, 2004

PROGRESS REVIEW

In the 28th and last in the first series of assessments of *Healthy People 2010,* Deputy Assistant Secretary for Health Howard Zucker chaired a focus area Progress Review on Family Planning, in which he was assisted by staff of the lead agency for this *Healthy People 2010* focus area, the Office of Population Affairs (OPA)/U.S. Department of Health and Human Services (HHS). Dr. Zucker observed that this focus area embraces the view that every pregnancy should be planned. The focus area addresses such key issues as adequate spacing between pregnancies, male involvement in pregnancy prevention and reproductive health, and insurance coverage for contraception. Representatives of the Centers for Medicare and Medicaid Services (CMS), the Centers for Disease Control and Prevention (CDC), and other HHS offices and agencies also participated in the review.

The complete text for the Family Planning focus area of *Healthy People 2010* is accessible at **www.healthypeople.gov/document/html/volume1/09family.htm**. The meeting agenda, tabulated data for all focus area objectives, charts, and other materials used in the Progress Review can be found at **www.cdc.gov/nchs/about/otheract/hpdata2010/focusareas/fa09-fp.htm**.

Data Trends

Richard Klein of the CDC National Center for Health Statistics provided an overview of the most significant recent data bearing on Family Planning. In 2000, an estimated 6.4 million pregnancies in the United States resulted in 4.1 million live births, 1.3 million induced abortions, and 1.0 million fetal losses. In 2000, the pregnancy rate for females age 15 to 44 years was the lowest reported since 1976. The pregnancy rate among females age 15 to 19 years had declined by 27 percent since 1990. The birth rate in this age group declined by 30 percent between 1990 and 2003. Nevertheless, the United States still leads all other developed countries by a wide margin in teenage birth rates. The estimated overall cost to the nation of childbearing by adolescent females approaches $15 billion. Of the 13 objectives in the focus area, four have shown progress toward the target from the baseline, two have shown a worsening trend, and two have shown little or no change. The remaining five cannot be assessed because data updates were not available to establish a trend.

Following his overview of the focus area, Mr. Klein provided details about the five objectives highlighted in the review. In 2002, 89 percent of females age 15 to 44 years who are at risk of unintended pregnancy used contraceptives, compared with 93 percent in 1995. In both of those years, contraceptive use among females at risk of pregnancy was roughly 10 percent higher among 20- to 44-year-olds than 15- to 19-year-olds. The 2010 target is for 100 percent of females age 15 to 44 years who are at risk of unintended pregnancy to use contraceptives (Obj. 9-3). Objective 9-6 aims to increase male involvement in pregancy prevention and family planning efforts. In 2002, the baseline year for this objective, 21 percent of sexually experienced, unmarried males age 15 to 24 years reported that they had

accompanied a female partner to a family planning clinic at least once. In that year, the proportion of such males who had visited a clinic broke down by age cohort as follows: 24 percent of those age 22 to 24 years, 25 percent of those age 20 to 21 years, 21 percent of those age 18 to 19 years, and 13 percent of those age 15 to 17 years.

In 2000, the pregnancy rate among female adolescents age 15 to 17 years was 54 per 1,000, compared to 67 per 1,000 in 1996. The pregnancy rates in 2000 for the three largest racial/ethnic groups were as follows: non-Hispanic blacks—101 per 1,000; Hispanics—83 per 1,000; and non-Hispanic whites—33 per 1,000. The target is 43 per 1,000 (Obj. 9-7). In 2002, 70 percent of adolescent females age 15 to 17 years had never engaged in sexual intercourse, compared with 62 percent in 1995. Among males in that age group, 68 percent had always been abstinent in 2002, compared with 62 percent in 1995. Abstinence rates over that time span increased for both genders of three racial/ethnic groups in the age cohort for whom data were available: from 52 percent to 59 percent among non-Hispanic black females; from 65 percent to 70 percent among non-Hispanic white females; from 49 percent to 75 percent among Hispanic females; from 24 percent to 47 percent among non-Hispanic black males; from 65 percent to 75 percent among non-Hispanic white males; and from 50 percent to 57 percent among Hispanic males. The target is 75 percent (Obj. 9-9). Among unmarried females age 15 to 17 years, condom use by the partner at last intercourse increased from 39 percent in 1995 to 56 percent in 2002, thus surpassing the target of 49 percent (Obj. 9-10e). Among unmarried males in that age cohort, condom use at last intercourse increased from 70 percent to 84 percent over that time span, surpassing the target of 79 percent (Obj. 9-10f).

Key Challenges and Current Strategies

The principal themes of the presentations that followed the data overview were introduced by Alma Golden, Deputy Assistant Secretary for Population Affairs and Director of OPA. Dr. Golden was followed by Dennis Smith, Director of the CMS Center for Medicaid and State Operations, and by John Douglas, Jr., Director of the Division of STD Prevention of CDC's National Center for HIV, STD, and TB Prevention. These agency representatives led discussions with review participants, who identified a number of barriers to achieving the objectives and activities under way to meet these challenges, including the following:

- According to data from the National Survey of Family Growth (NSFG), in the United States, approximately half of all pregnancies across the age spectrum are "unintended" and may be associated with social, economic, and medical costs. Dr. Golden noted that, although a pregnancy may be reported as unintended, most children at birth are welcomed and nurtured. The social costs of unintended births can include reduced educational attainment and employment opportunity, greater dependence on welfare, and increased potential for child abuse and neglect, with greater impact noted for adolescent mothers. In general, women who lack preparedness for pregnancy are less likely to receive timely prenatal care, and their infants are more likely to lack sufficient resources for healthy development.
- Chlamydia and gonorrhea, the two most common sexually transmitted diseases (STDs), can have serious reproductive health consequences for women. Both infections can be asymptomatic in a large proportion of infected women. If left untreated, an estimated 20 to 50 percent of chlamydia cases and an estimated 10 to 40 percent of gonorrhea cases will lead to pelvic inflammatory disease, a frequent cause of infertility, ectopic pregnancy, and chronic pelvic pain. Persons under age 25 years account for 74 percent of chlamydia and 60 percent of gonorrhea infections. [Please refer to the July 21, 2004, Progress Review on STDs, which is accessible at www.healthypeople.gov/data/2010prog/focus25.]

- The Title X Family Planning Program, administered by OPA, is the only Federal program devoted solely to the provision of family planning and reproductive health care. The program supports a nationwide network of approximately 4,600 clinics and serves approximately 5 million persons annually. Almost two-thirds of Title X clients have incomes at or below the Federal Poverty Level. OPA also administers the Title XX Adolescent Family Life Program, which includes prevention programs emphasizing abstinence and activities providing health care and educational and social services to pregnant and parenting teenagers.
- Under the Medicaid program, states are required to provide family planning services and supplies for categorically eligible Medicaid beneficiaries, for which the Federal reimbursement rate is 90 percent. Twenty-one states now have Medicaid demonstration waivers that expand eligibility for family planning services. For example, some demonstrations, which must be "budget neutral," provide postpartum women with an additional 1 or 2 years of coverage for family planning services beyond the regular Medicaid limit. Other demonstrations have extended Medicaid coverage for family planning to residents not previously covered under the program by expanding the income eligibility requirements.
- The mainstay of the Federal response to the chlamydia epidemic is the National Infertility Prevention Program, a collaboration between OPA and CDC that has been in existence for 16 years. A pilot program, begun in HHS Region X in 1988, produced a 50 percent decrease in chlamydia prevalence (positivity) rates in family planning clinics over 3 years. That success sparked national legislation to respond actively to preventable causes of infertility and led to expansion of the program into all 10 HHS Regions. Almost $30 million has been awarded to 65 grantees in the Regions.
- Several other Federal programs, including the CDC Division of School and Adolescent Health and the Health Resources and Services Administration's Special Projects of Regional and National Significance (SPRANS), also contribute to efforts to prevent adolescent pregnancy and improve reproductive health.

Approaches for Consideration

Participants in the review made the following suggestions for steps that health professionals and policymakers could take to enable further progress toward achievement of the objectives for the Family Planning focus area:

- In counseling teenagers and adults, health professionals and other counselors should place greater emphasis on the concept of all-around preparedness for pregnancy, including assessment of physical health, social and economic support systems, and family/marriage stability as component contributors to healthy childbearing and child rearing. This approach has the advantage of integrating efforts to prevent and control HIV/STDs and of increasing involvement of male partners.
- Ensure that future family planning research will include strong components centered on improvement of providers' delivery of services, pregnancy planning for families, and involvement of parents in adolescent education.
- Support the expansion and wider availability to youth of athletic programs and other supervised after-school activities, which have been shown to delay the onset of sexual behaviors.
- Ensure that staff of family planning clinics are provided training on how to address with youth the exploitative and coercive behavior of older individuals in sexual partnerships with minors.
- Expand screening and counseling for chlamydia and gonorrhea to additional public health and primary care settings.

- Enhance efforts to expand outreach by staff of family planning clinics to provide services for special populations, including tribal units, individuals with disabilities, incarcerated populations, and vulnerable populations.
- Devise measures for determining the degree of intent and preparation that couples consider before the female partner becomes pregnant. These measures should take account of the influence interventions such as education and healthcare services have on outcomes.
- Expand research on ways to counter the deleterious effects on young people of media presentations that glorify physical abuse and sexual exploitation.

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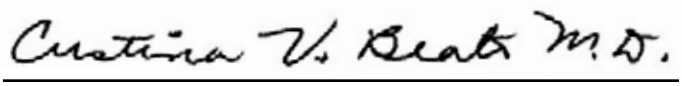

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